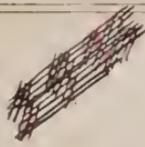




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Sam^l Lewis M.D.



TO READERS, CORRESPONDENTS, &c.

We found ourselves at the limit of our first number without being able to insert several Communications, Extracts, and Literary Notices, which we had ready for the press. In our next, we shall insert them and make a more correct distribution of our matter. Our Periscope especially shall be more full.

We have received from the hands of Prof: Drake of Louisville, Ky., the following pamphlets: a notice of which was prepared for our first number, but unavoidably excluded; viz,

- 1st. *Analytical Report on Mesmerism*;
- 2d. *Northern Lakes and Southern Invalides*;
- 3d. *A Memoir on Trembles; and the Milk-Sickness.*

The following works and pamphlets have also been received, viz:

A Practical Treatise on Midwifery, by M. CHAILLY, doctor of Medicine, and ex-chief of the obstetrical Clinique of the Faculty of Paris, Prof: of Midwifery, Member of the Society of Medical Emulation, &c., &c..

(From the Publishers HARPER & brothers, by the hands of
J. B. STEEL, 14, Camp street, New Orleans.)

A notice of this work will appear in our next number.

Fifth Annual Report of the Ohio Lunatic Asylum, 1843.

The Western Journal of Medicine and Surgery, for April and May 1844.
(From one of the Editors—in exchange.)

Two Lectures on the Natural History of the Caucasian and Negro Races; by JOSIAH C. NOTT, M. D. of Mobile, Ala. (From the Author.)

Sketches from the History of Yellow Fever, showing its origin, together with facts and circumstances disproving its domestic origin, and demonstrating its transmissibility; by W. M. CARPENTER, A. M. M. D., Prof: of Materia Medica and Therapeutics, in the Med: Coll: of Louisiana; Corresponding Memb: of the Acad: Nat: Sci: of Philadelphia, &c.

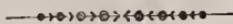
(From the Author.)

Annual Report of the Surgeon General of the Army; THOMAS LAWSON, M. D.
(From the Author.)

Annual Announcement of the Transylvania University, Louisville Medical Institute, and Louisiana Med: College, 1844.

(The Meteorological Tables alluded to in our editorial remarks, have been unavoidably excluded. They will appear in our next).

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INTRODUCTORY ADDRESS.

In offering to the world a new Periodical, to be devoted to the cultivation of Medicine and the Associate Sciences, we embrace the opportunity, in compliance with customary usage, to offer a few introductory remarks to our readers. The occasion and the undertaking are fraught with peculiar interest; and we trust we shall be excused for candidly avowing (at the very threshold,) our deep sense of the responsibility we have assumed, and a reasonable diffidence in our powers to do justice to the work.

But for our conviction of the necessity of such a work to the improvement of the Medical Profession in the South; and the frequent expressions to the same purport which have fallen from every Physician with whom we have conversed for the last few years—but for the improbability which seemed to prevail, that it would be undertaken by abler and more proper hands; and for the kindness and encouragement with which our proposal has been received by the entire Medical Corps of New-Orleans, and the Physicians of other places with whom we have had an opportunity to communicate—we should not have ventured to appear before you at this time.

To collect together the Archives of Medical science from their various sources—to admonish or instruct the members of a learned Profession—to arouse from lethargy the genius and talents which it claims—and to furnish a proper medium of communication by which the labours of its various members scattered throughout the world may be interchanged and compared; is an office that should devolve upon wise, discreet, and experienced hands.

But if these are not to be found, willing to embark in the noble enterprise, should it be abandoned or forsaken? Or would less competent abilities be excusable for venturing on the task; if prompted by an ardent desire for the elevation of their Profession, and the firm determination to grapple manfully with all obstacles that may arise, and overcome them if possible?

Such has been our conclusion, and for our temerity we now throw ourselves upon the indulgence of our Medical Brethren.

It is universally admitted that a Medical Journal is greatly wanted in this region; we have volunteered our services to supply the *desideratum*,

and it remains to be seen whether the Profession will sustain us in our arduous undertaking.

The field is rich; the harvest is varied and abundant; let us see how many laborers are to be found willing to contribute to the general fund—that fund of useful knowledge and experience which is to be preserved and perpetuated, and will enrol the names of the contributors on the list of Fame; whilst the isolated observations of individual experience will perish with their discoverers, and sink together in to the tomb of Oblivion.

Without your aid our work cannot be expected to succeed. With your generous assistance, we shall enter upon our duties with alacrity, and do not hesitate to believe we shall be able to produce a Practical Journal unsurpassed in varied interest and usefulness by any in the world, and an honor to the place whence it emanates.

If we look around us and survey the immense region which we claim as our *own* Literary and Professional Domain—the vast Valley of the Mississippi with its numerous States and varied Institutions, its peculiar climate, soil, productions and diseases—the Southern Atlantic States enclosed between the Alleghanies and the Ocean—the rich West Indies with their tropical climate—the Mexican Gulph Cities, and the interior of Mexico—the flourishing new Republic which has recently shot forth its *Lone Star* in to the Political Firmament—and especially our own growing city, containing already upwards of one hundred thousand inhabitants, with its extensive commercial intercourse and large amount of shipping, its four Hospitals and great variety of human species and diseases, its Medical College and Medico-Chirurgical Society; who can deny the extraordinary advantages our position commands for the concentration and cultivation of Medical Science?

Who can fail to be astonished that such an enterprise has not long since been projected in this admirable field?

We have been raised in the South-West; our Professional career has been chiefly in the South, and we can assert an experience of fifteen years in its peculiar maladies. We therefore have a right to declare that the diseases of the South can only be studied and learned in the South. The Elements of the profession; Anatomy, Physiology, Pathology, General Therapeutic and Chemistry, may be studied to perfection in the Capitols of Europe and the United States; but what Southern Practitioner will deny, that when he obtained his diploma and came to grapple with the Congestive and Yellow Fevers, Bilious Pneumonia and Chronic Diarrhea of the South, and the Milk-Sickness and other curious affections of the West; he had to commence his observations *de*

novo, and to establish for himself a new code of principles and Practice.— On this point we feel confident we are expressing an opinion almost universally entertained in the South; for often have we heard it deliberately remarked by intelligent Physicians, that a patient attacked by Congestive Fever in the severe form often witnessed on the banks of the Yazoo or Red River, would be much more safe under the management of some intelligent Planter or Overseer who had long resided in this region, and who was perfectly familiar with the disease, than he would be in the hands of the ablest Physician of London or Paris, who had never practised beyond their precincts, and who would be guided in his treatment solely by the general principles of Medicine. So important is it for the practitioner to be intimately acquainted not only with the prominent symptoms of this formidable disease, but with the order in which they occur, and the effects of remedies in the peculiar state in which it places the system.

Most of the Diseases above mentioned have rarely been seen by the Teachers of the North, and the Medical *Savans* of Europe. Perhaps a few of them when young, prompted by the thirst for knowledge and the desire for gold, have boldly ventured to visit the climes where they prevail—and Yellow Fever does sometimes extend its ravages as far North as New-York and Boston; but for the most part these learned Teachers have to glean their knowledge of Southern Diseases from the occasional writings which emanate from Southern Practitioners; and God knows they are “like Angel’s visits, few, and far between.”

We repeat; it is in *the South* we must study *Southern Diseases*—We earnestly hope that the Journal which we are now projecting, will give a fresh impulse to Medical Study and investigation — that it will be the means of combining the isolated and disjointed labours and observations of the numerous talented Physicians in the Southern States into a form possessing strength, symmetry, and usefulness—and that it may awaken the Southern Physician to a just appreciation of the profession he has chosen. In fine, that it may elevate the Medical profession from the State of a *mere money making trade*; to its proper position, the *noblest pursuit that ever engaged the attention of man!!!*

We call upon our *confrères* throughout the land to arouse themselves from their lethargy, and come forward to the mighty work. The Physicians of our larger cities are highly respected for their talents and acquirements, and justly occupy a lofty position in Society—and we honestly believe there is scarcely a town, village, or neighborhood throughout the many States which lie around us, that does not claim some member of the profession who has talents enough, if he would apply himself in the manner which the young

Physician is compelled to practise if he ever hopes for success in a large City; to do honour to his calling, and shed a lustre on his name.

Yet what is the humiliating declaration we are bound to make! Few—but very few Physicians in the South have ever offered contributions to medical literature; and there is not a Medical Journal to be found in the United States, south of Louisville. Will it be believed abroad when we add, that in this vast and interesting region, there exist no less than four Medical Colleges, whose halls are annually attended by students, and which are granting Diplomas from year to year? To these Colleges we would now appeal; and entreat them to come forward and let the world see the extent of their pretensions. Have they too assumed the awful responsibility of becoming teachers in medicine for the sole and degrading object of *making money*? Would they sacrifice the noble attributes of science upon the *altar of Mammon*!

We would fain hope that the Professors in these schools, as yet young, will prove themselves worthy the high vocation wherewith they are called—that their lectures may be replete with useful instruction, and high and noble sentiments—and that from them will annually go forth a body of young and ardent devotees to science, well prepared to examine into and unravel the mysteries of nature; and to minister skillfully to the relief of suffering humanity.

Our central position in regard to the Medical Colleges in the West and South, will render our Journal an admirable medium for comparing the merits and abilities of their Professors. Whatever they may publish in our work will probably be most generally read in the region whence they obtain nearly all their students. We expect also to furnish a more extensive circulation to their productions, than could be afforded by any Journal published in a smaller or more retired place.—We even indulge the hope that in a short time we shall see New Orleans, the Emporium of a vast and varied Commerce as it is, become also a *focus* to which shall be concentrated the rays of Medical light from all parts of the world, again to be disseminated for the most useful purposes. Above all, we would desire to render our Journal conducive to the cultivation and promotion of the best feelings of friendship, and of laudable emulation in the Profession. We are united gentlemen in the pursuit of a noble vocation—our legitimate objects are grand and sublime, and our occupation demands the exercise of the highest faculties of the human mind. It is our duty and interest to keep a vigilant eye to the general character and standing of the Profession. Every member should feel, that to his keeping is entrusted a certain share of the professional reputation; and that like *his honour, and his good name*, he is required to preserve

it bright and untarnished.* Nor can we be indifferent to the conduct and standing of our confrères. We are linked together like the family circle, by an *indissoluble bond*. He who immortalizes himself, sheds a lustre upon his Profession; and likewise he who sinks into disgrace, in some degree brings reproach upon his calling.

Then let us cease all bickerings, ignoble jealousies and rivalries—let us be ever ready to extend a helping hand to our brother who occupies a lower round on the *enchanted Ladder of Fame*; and congratulate, instead of envying him whose brow is justly crowned with the never-fading laurel. As is often the case, our worst enemies are in our own ranks—at least they are *piratically* sailing and fighting under *our colours*. Let them be unmasked; and let us show to a liberal, though *most gullible public*, our superior claims to their confidence and respect. This can only be done by correct deportment, constant study, and a display of superior acquirements. True merit, though often long obscured and depressed, seldom fails ultimately to obtain its just deserts; and if we do not possess it, we have no right to demand consideration and respect.

Who does not perceive that the Medical Profession has been for some time gradually losing caste and respectability in the South—that unworthy and incompetent members are constantly gaining admission into its ranks—and that the Charlatan and Empyric annually find it less difficult to maintain a successful competition with the licensed Practitioner? It behooves us carefully to investigate the cause of this state of things, and to make a firm and united effort to remedy it: otherwise we ourselves, after the long years of labour, and the expense which we have devoted to the Profession, will be driven to the necessity of seeking some other method whereby to gain a livelihood; or to condescend to those miserable devices peculiar to the *low station* which the Public seems disposed to assign us. Genius and Talent will abandon Medicine to the *Gothic invasion* of Quacks and Impostors, and seek employment in higher walks and better company.

This is the destiny that awaits us, and the crisis is at hand. We now throw ourselves into the breach, and will make at least one bold, determined effort to rescue our Profession from its impending fate. We call upon you to sustain us, and we do it confidently. Would to God, that with our *willing hearts* we could offer you the service of *abler heads*; but as the Apostles said to those who asked of them alms,—“Such as we have, we give unto you.”

Before closing this Introduction, we must offer an apology for the size of our first number. Owing to the advice and reasons given us by many kind and experienced friends whom we have consulted in regard to the Journal, we have been induced to alter the original plan of the work from

a Quarterly, to a Bi-monthly. The amount of reading matter will be about the same, and we are induced to hope in a more acceptable form. Being smaller, the Journal will reach you more frequently, contain more recent intelligence, and perhaps be more thoroughly read.

We have said in our Prospectus that our Journal shall be *liberal, independent, and impartial*; and such it shall be our earnest endeavor to make it. Whatever credit or folly may be attached to the undertaking, will belong to the Editors alone. It is subservient to no *personal, no party interest*. We pursue a *higher and a nobler aim*—the cultivation of Medical Science, and the improvement of its followers.

We look to the accomplishment of these objects for our reward; and if we fail, we shall at least have the satisfaction of having *attempted something useful*.

To the Medical Corps of New Orleans of every nation and tongue, our pages are freely offered, and their contributions are respectfully invited.—Of course they can only be published in the English Language, but there is no difficulty in procuring good translations.

We now commit the enterprise to the kindness, liberality, and discernment of the Medical Public, and sincerely hope that many a worthy Disciple of Esculapius will join us in the fervent ejaculation—**GOD SPEED THE UNDERTAKING!!!**



THE
NEW-ORLEANS MEDICAL JOURNAL,

N^o. I.

MAY to JULY 1844.

The following Essay on the Treatment of Yellow Fever, was read *in French* before the Medico-Chirurgical Society of Louisiana, in September, 1843. We have not attempted to give a literal translation of the paper, but feel confident that the meaning of the Author is fairly conveyed. The great length of the paper forbids its entire publication; and we have, therefore, suppressed some of the Author's remarks and quotations on the various remedies which have been recommended in Yellow Fever. We have published all that contains his *own views*, and we can testify that in these, some of the ablest Physicians in New Orleans fully concur. On the other hand, we must declare that they are *condemned* by a large and respectable class. It is for the Profession, and not for us to decide upon the merits of the paper, and without further comment, we submit it to our readers.

E^{DS}

An Essay on Yellow Fever, by J. F. Beugnot, D. M. P., read before the Louisiana Medico-Chirurgical Society, Sept. 1843.

Mr. President and Gentlemen. Since I began the practice of Medicine in New-Orleans, I have often been astonished with one fact which has doubtless struck you as well as myself; I allude here to the diversity of opinions among Medical Gentlemen on the subject of Yellow Fever, and in regard to every thing connected with it.

With the utmost difficulty, a few have united upon some important points, some fundamental principles; others have no positive views, but wander through the regions of theory, or profess opinions which are often diametrically opposite. Whence then arises this diversity? Were it an unimportant question, I could easily comprehend it, but it has reference to things, often visible, palpable, perfectly appreciable, which every one, like unbelieving Thomas of old, can

touch with his finger. Does self-love, or interest dictate in this matter? Has each assumed a position, from which he is reluctant to depart? I cannot, nor do I desire to believe it, but rather think that this want of unanimity arises from the isolated state in which the physicians of New-Orleans, have almost always lived. It must be confessed that, heretofore very little harmony has existed among the Medical Men of this country; after great labor, a few Societies have been formed and have adopted the same sentiments, and embraced the same faith. You have been convinced, Gentlemen, that this singular, this unnatural state of things could not last, you have sought to correct it, and you have learned that if union increases physical strength, it may likewise contribute to augment intellectual power. Thanks to you, Gentlemen, who have given an example of concord, and who have written, on the face of the Constitution which governs you, that your object was not only to cultivate science, but to endeavour to establish among all the physicians of this country, friendly relations, and a fraternal feeling. Let us indulge the hope that your noble example will not be lost, and that you will succeed in joining all the Medical Gentlemen of Louisiana into one and the same family.

But this result would be useless, were it not to redound to the advantage of art, were it not to dissipate those scientific differences of opinion, which embarrass us, and which are so fatal to humanity. Let us collect our individual observations, our opinions, and our theories; let us discuss them wisely, faithfully, dispassionately, and we shall succeed, I doubt not, in rearing to the Science of Medicine, *monuments* of which we may be justly proud.

Now, to reduce to practice the principles which I shall proceed to develop, I propose to call your attention to an interesting subject—in a word, to the TREATMENT OF YELLOW FEVER. I shall not attempt to give the entire history of this disease, it would be too long: subsequently, I propose to return to the subject.

In examining the different authors who have been engaged in the study of Yellow Fever; in perusing the works of those physicians who have written on it, we are at once struck with the diversity of opinions which have been advanced, and the great variety of means which have, by turns, been proposed and adopted, to combat that formidable affection: all the Kingdoms of nature have been put under contribution, as therapeutic agents, and this too often without method, and without physiological reasoning. Are not the majority of these means still unsuccessful, and does not Yellow Fever still remain in our nosological tableau, a disease, obscure in its causes, and its nature, insidious in its progress, frightful in its symptoms, and often fatal in its results.

Let us review the majority of these means, and see if it is not possible to draw aside the veil, or rather if this veil has not already been rent by those modest and scientific works of our contemporaries to whom adequate justice has not been awarded. And before entering into the subject, let us bear in mind, that all authors, that all physicians, in spite of their universal disagreement, still unite on one point: all have acknow-

ledged that for the proposed treatment to prove successful, it ought to be employed in the beginning of the disease, in the commencement of what is called its *first stage*.

What are the characteristics of this disease at the commencement?

Let us give a rapid sketch of its symptoms. A man in the enjoyment of moderate health, is suddenly seized with malaise; he experiences inaptitude for exertion, languor, a sense of fatigue, cephalalgia, &c., the symptoms rapidly augment in gravity, painful lassitude increases, muscular pains are developed; the cephalalgia becomes intolerable, fever is kindled up, it augments, and the patient now decidedly sick retires to bed, and claims the assistance of art. What does the physician discover on his first visit? An intense fever, with all the train of its sympathetic phenomena, disease every where, and inflammation nowhere. Should it be in the winter time, the physician would say: I have here a case of congestive fever, which will probably become inflammatory, and be localised on the *prima via*: on the contrary, should it be in summer, and during the prevalence of an epidemic, the patients countenance has a peculiar expression which can easily be recognised by a skilful practitioner, who unhesitatingly pronounces it a case of *Yellow Fever*, either grave or light.

I know that some practitioners wish here to make a distinction, which appears to me very subtle, and refuse to call the disease *Yellow Fever*, which has not run through all its stages, and which is unattended with black vomit or yellow color of the tissues. I know not how these practitioners can make this distinction at the commencement of the disease. I shall leave it to the Medical public to determine whether this opinion, which has been professed here by Dr. Thomas, is or is not true. I shall, moreover, leave it to them to decide whether a disease, which arises under the influence of the same causes, begins in the same manner, in most of those who are attacked by it, presents almost entirely in the first stage the same character and physiognomy—secures equally to those individuals who recover from it, the advantages of acclimation, and differs only in appearance more or less in some symptoms, which, among philosophical physicians, can only constitute a difference in gravity; I say if this affection is not always similar in its nature, if finally the cases observed during an epidemic, should not be considered as different parts of one and the same picture. But let us return to our subject.

Thus the *Yellow Fever* in its beginning assumes the aspect of a *Congestive Fever* more or less violent. At the end of a given time, which varies in each epidemic, the scene changes: the fever persists, but the disease in a majority of cases has a tendency to localise itself on the digestive tube, and the nervous centers. A *Congestive Fever* is almost always succeeded, at least in appearance, by a true inflammatory fever, by a gastro-entero cephalitis. After the lapse of a certain period the scene again changes: the miasmatic principles of which I have expressly neglected to speak, because at the commencement there is no evidence of its existence, this principle, I say, ultimately deve-

loped pernicious symptoms, which it is not my object to examine at present.

This being premised, let us examine successively the therapeutic means which have been proposed and adopted in the treatment of Yellow Fever at its commencement, and particularly discuss their value.

1st. Among the medicamenta which have been recognised for ages in the treatment of Yellow Fever, *purgatives* undoubtedly hold the first rank.

Doctor Pariset, who wrote on the Yellow Fever of Cadiz, in 1819, complains that purgatives, after having been too much lauded, were perhaps a little too much neglected; let us quote the language of this author:—"During the first 48 hours, abundant and spontaneous evacuations of billious matter tend powerfully to relieve the suffering patient, and by reducing the violence of the fever, these evacuations, like free perspiration, tend to calm the extreme irritability of the stomach; hence arises a natural indication of which the physicians of Cadiz avail themselves, by administering laxatives during the first period of the disease; but these laxatives were selected from among the mildest, or if they possessed much activity, they were given in small and repeated doses. Generally we prescribed a weak decoction made of the pulp of tamarind, in which a certain quantity of manna was dissolved, or rather a decoction of barley, to which was added cream of tartar, or simply pure water,edulcorated with sugar, and acidulated with cream of tartar, in the preparation of 2 drachms to 2 lbs of fluid." M. Florés has adopted on this subject a peculiar method: he administered every hour a mixture of *Gr ij* of calomel and *Gr iij* of julap, and did not suspend the medicine until he had obtained a free evacuation, which he estimated according to the state of the pulse, the abatement of the symptoms, and the general sense of well being which the patient experienced. I know not whether the physicians of Cadiz employed calomel with other views than those of evacuating the *primæ viæ*, or whether they used it to provoke ptyalism, and that salutary and protective salivation of which the illustrious Lauzuriage speaks. N. Arejula, no less convinced than M. Florés of the utility of laxatives, likewise employed them, but he preferred the sulphate of magnesia.

In his treatment of the Yellow Fever of America, Louis Valentine says, that in the first stages of the disease the American physicians bled and purged freely. The purgatives consist commonly of calomel and julap, and sometimes of salts. The purgatives most frequently used by Doctor Rush and his partisans, were composed of 15 grains of julap and 10 grains of calomel, to be repeated every 6 hours. Others employed of each 10 grains every three hours. Some have given as high as 100 grains of calomel in three days. Dr. Rush pushed the dose as high as 100 and 120 in 30 or 36 hours. When the object of these physicians is to touch the gums as early as possible, they likewise have recourse in urgent cases to mercurial frictions over the surface of the body, and apply calomel to the gums, lips, &c. A great number of physicians, cited by Valentine, have published cases and observations which go to show

that the disease is usually arrested, if we can obtain the desired salivation at a reasonable period. Walker of Jamaica, states that one patient took as much as sixteen hundred grains of calomel and recovered.

Doctor Bone, a physician of the West Indies, reposes the utmost confidence in saline purgatives; he continues their use for many days in succession, taking care to vary them, alternately administering seidlitz water and cream of tartar.

M. Tegart, ancient Chief of the Medical Department of the English Antilles, to unload the *primæ viæ*, has proposed the application of Croton Oil on the tongue. One or two drops of this substance upon the tongue, will not only excite immediately the action of the intestines without augmenting the irritability of the stomach, but they moreover favor the renal secretions.

According to M. Hacket's report for 1832, a great part of the success in the treatment of Yellow Fever at Trinity, was attributed to the Croton Oil, which he administered in the dose of 3 or 4 drops. This dose, says he, was repeated three times during the night, and it is worthy of remark, that the more irritable the stomach, and the greater the distress of the patient—seemingly contra-indications to the employment of this remedy, the more satisfactory were the results obtained.

If there are authors who recommend the use of purgatives to the entire exclusion of almost every other means in the treatment of the first period of the Yellow Fever, there are a number of others who profess an opposite opinion; and who proscribe these medicamenta as detrimental, so long as the inflammatory symptoms persist. These disputes, which have for a long time divided the Medical world, have again been revived among the physicians of the present day.

Finally, among those physicians who purge with great caution, there are some who have a peculiar partiality for this kind of treatment; varying the agent according to the habits, I was about to say, the caprice of the practitioner. We may, however, here divide those physicians who are advocates for purgatives, into two classes:—1st. Those who belong to the American or English schools, and who seem to possess a singular regard for the milder preparations of mercury, not, however, with a view of exciting, like Rush and his followers, an abundant salivation, but rather for the purpose of simply evacuating the alimentary canal, and modifying at the same time the condition of the liver:—2d. Practitioners of the French schools who dread the use of mercury, and employ in preference laxatives or mild cathartics. Here again there are great varieties; one has recourse to calcined magnesia, or to a mixture of olive oil and the juice of the citron, accompanying the use of these medicines, with the famous pisan of tamarinds, cassia and cream of tartar, with which the *commères* of the country gorge the patients before they consult the medical practitioner; another prefers saline purgatives, and administers quite freely seidlitz water, or the saline mixture, whose composition is varied according to the whim of the practitioner.

It is incontestibly true, that by the methodical employment of purgatives we may, in a number of cases, rapidly reduce the force and fre-

quency of the pulse, and determine a reduction, and even the complete cessation of the symptoms which accompany the first stage of Yellow Fever. This is not only correct in fact, but it is also true in theory; for purgatives, by unloading the congested vessels of the abdomen, and increasing the secretory action of the intestinal mucous membrane and of the glandular structures, remove an amount of blood which is proportionate to the abundance of the secretions; consequently they act spoliatively, no less than the direct abstraction of blood.

During the epidemic of 1839 many practitioners employed purgatives, and the practice in their hands was quite satisfactory. Dr. Solier, a physician of considerable talent, and whose acquaintance doubtless many of you made during his brief sojourn in New Orleans, never gave any other than seidlitz water in the first period of the disease, and this he freely administered. "By this means," he once remarked to me, "I obtain free bleedings of *mucosities* from my patients, which possess, in their ultimate results, advantages absolutely such as those which you procure by your powerful bleedings, both general and local." "In a word," continues he, "I obtain almost immediately a reduction of all the pains, and a temporary apyrexia, which I hasten to protract and confirm by administering large doses of the Sulphate of Quinine."

We shall advert to this last agent in another part of our paper.

Certainly if the state of the digestive tube does not forbid it, I am far from condemning the use of purgatives in the commencement of the Yellow Fever. I have frequently resorted to this mode of treatment when bleedings were not clearly indicated, and the practice has often succeeded in my hands; but I must confess that I have at other times utterly failed with purgatives, while I do conscientiously believe that another mode of treatment, which seems to me generally more rational, might have succeeded. Apart from the advantages which are sometimes offered by this class of medicines—advantages which explain the fondness of certain physicians for them, there are also dangers connected with their use, which compel others to proscribe them altogether. Here, therefore, is an evident contradiction; let us endeavor to explain it.

Yellow Fever, we know, is far from being always exactly the same; one epidemic differs from another in its symptoms, progress, duration, general physiognomy, complications, etc. But I have already stated that in the midst of all these varieties, there is a state which is almost constantly the same in all epidemics; the Yellow Fever, in the beginning, is almost always, in appearance a Congestive Fever, varying in some of its aspects, as I shall by and by demonstrate. But when the duration of this primitive state is protracted, and the tendency to inflammation of the alimentary canal is not observed within the first 48 hours, it may be safe to give purgatives, which, when properly administered, may speedily dissipate the fatal phenomena and establish a partial or complete apyrexia: this was the case in 1839, and this explains the success obtained by A. Solier, and the physicians who imitated his practice. But when there is a rapid localisation of the disease, when there exists a high degree of irritation in the digestive tube, from the very commencement,

soon followed by intense inflammation of these passages, is it rational to resort to purgatives which, however mild they may be, are nevertheless always irritating in their effects? Is it sound medical philosophy to load an inflamed stomach, which rejects the mildest fluids, with either saline, aleuginous, acid, alkaline, mercurial or drastic purgatives, according to the taste and fashion of the day? Are we not exposed to frequent failures by pursuing this erroneous mode of practice? What, I ask you, is it to fail in such cases? Death—death of the unfortunate patient who may be attacked by this terrible scourge, to which, perhaps, he might not have fallen a victim, had the physician avoided the administration of those incendiary remedies, which aggravated instead of alleviating his sufferings.

We remember what happened in the beginning of the epidemic of 1841; it is of recent date, and all will agree to what I am about to state. The advocates for the purgative treatment, seduced by the success which they had obtained in 1839, again desired to resort to the same means; and what was the result? They lost almost all their patients! This is no exaggeration, it is a notorious fact. We know that some highly respectable physicians, eminent in public estimation, had the honesty—the laudable candor, to refuse to treat Yellow Fever during the epidemic, justly alarmed at the unhappy issue of almost all the cases which fell into their hands.—And it cannot be denied, for it is of public notoriety, that all the physicians who adopted the purgative treatment early in the disease, lost the greater part of their patients; and the small number of their *confrères* who, employed another mode, of which I shall speak at length in the proper time and place, cured almost all those who were entrusted to their hands.—In 1841 the disease tended rapidly to a localisation, and possessed an inflammatory character, which evidently contra-indicated the use of irritating remedies.

Thus the purgatives which were useful in 1839, availed nothing in 1841.

In 1839, they were good in the commencement of the disease, but they were highly detrimental after the lapse of a few days. Purgatives are then of doubtful propriety, and can only be employed in certain cases. Purgatives cannot then constitute a general method of treatment in the beginning of Yellow Fever.

We shall soon see that there is a method of treatment which, in spite of modern critics, may be employed *without danger* in almost all cases of incipient Yellow Fever.

Shall I here speak of the duration of the disease, and especially of the convalescence of those who were treated by purgatives? Shall I dwell, moreover, upon those terrible secondary symptoms which too frequently accompany the convalescence of those patients who had been gorged with calomel, as is too often done by American practitioners? Shall I mention those abominable salivations which are so painful, so distressing, and so difficult to arrest—salivations which are frequently followed by the destruction of all the teeth, and by that dreadful mercurial cachexia which stamps such profound alterations upon the entire organism?

If purgatives constitute an uncertain, and often a dangerous means, when they are administered by the mouth, it is not the case when they are given *en lavement*.

The mucus membrane of the rectum will bear the contact of such medicines admirably; and this mode of administering cathartics, is both spoliative and revulsive in its effects, and as an auxiliary, may almost always be employed in the treatment of Yellow Fever. But we have dwelt long enough on purgatives; we will now pass on to another class of agents.

2d. Emetics.—Practitioners and Authors have more generally agreed on the use of emetics than purgatives; almost all condemn their employment, or advise them to be used with extreme caution, which shows that in the majority of cases they consider them dangerous.

To be brief, Authors, with few exceptions, consider emetics as dangerous in Yellow Fever; and here experience has frequently demonstrated that these medicines almost invariably give a fatal turn to the progress of the disease, and too often determine the death of the patient, which might have been averted if the emetic had been withheld; again this agent, with but few exceptions, is generally stricken from the list of therapeutic means employed in the treatment of Yellow Fever.

3d. NARCOTICS.—What has already been said on the action of opium, when combined with emetic tartar to obtain its tolerance, leads us naturally to speak of that Medicinal agent. I do not know that any Author has proposed opium as the principal means of treatment in Yellow Fever; almost all condemn its use, including all other narcotics as well as antispasmodics.

Dr. Thomas, whom I here quote with pleasure, because he is in the right, says that if there are circumstances under which opium, musk, camphor, etc., may be advantageously employed, they are exceptions, and that such will be found in feeble, irritable and nervous subjects, such as females in general.

Well, during the prevalence of the epidemic in New Orleans in 1841, one of my *confrères*, communicated to me a new theory on the nature of Yellow Fever, in which opium played an important part. According to the views of this Physician, the Yellow Fever, in its progress and symptoms, bore the most striking resemblance to *delirium tremens*; hence he concluded that the treatment should be the same in both affections, and as opium is generally considered the most efficacious means in the management of *delirium tremens*, our *confrère* imagined that by giving opium to patients affected with the Yellow Fever, we might confidently hope to effect a cure.

The experiment was tried.—But alarming symptoms, frightful and incurable engorgements of the brain, and the speedy death of the unfortunate patient, soon proved that the analogy was a little forced. This theory and mode of treatment, (which I only mention to prevent others from falling into a similar error,) was soon abandoned.

Yet we must be guarded in proscribing opium altogether. Experience has often demonstrated that morphine in the dose of a sixth or eighth of a grain, dissolved in water, is often useful in arresting certain vomitings which some times supervene after the almost complete subsidence of the inflammatory phenomena.

Under its influence the patient becomes quiet and composed, and that state of inquietude and sur-excitation which often inspires profound apprehensions, soon yields to a tranquil and salutary condition of the nervous system.

4th. I have but few remarks to make on the subject of *diuretics* and *sudorifics*, properly so called, because they are only employed by the physicians of New Orleans as auxiliary means. Diuretics are almost always useless and often dangerous; the suppression of urine which often supervenes on the decline of serious attacks of Yellow Fever, sometimes suggests the idea of using them; but this suppression depends upon an inflammation of the kidneys, or on other causes too serious to be successfully combated by these therapeutic agents; they produce violent irritation of the stomach, to the eminent injury of the patient.

Stimulating *sudorifics* are seldom useful, if we determine an abundant perspiration by the use of diaphoretics, the relief which results from them is most frequently but momentary, and is soon succeeded by the same train of violent symptoms.

To comprehend more fully the bad effects of the agents under consideration, it must be remembered that Yellow Fever, in a majority of cases, is essentially a *sthenic* disease in its first stage. But to subdue that state of sur-excitation, the treatment must be strictly antiphlogistic.—Yet in very light attacks of the disease, a free and abundant transpiration will determine a favourable crisis; but this is an exception to the general rule.

5th. Whilst we are discussing the therapeutic effects of *sudorifics*, we must necessarily dwell on the employment of another agent for a few moments: I allude to the methodical use of cold water applied externally and administered internally with a view to excite certain disturbances, favourable to the production of abundant perspiration; in a word, to *hydrotherapia* or *hydrosudopathia*, as it is called. First, one word on this therapeutic method, of which but little has heretofore been said in New-Orleans.

It is well known that physicians have, in all ages, employed cold water both externally and internally, as an agent in the treatment of disease, or as a simple hygienic means; they however regarded it only as an auxiliary agent, whose employment was perfectly compatible with the administration of pharmaceutical products, and subordinate to the general principles of medicine.

From the earliest periods of antiquity, cold water has been used in the treatment of the diseases of mankind: the ancient hydropathists were much bolder than those of the modern school, who still restrict the application of cold water to a small number of cases.

Gianinni, one of the warmest advocates for cold immersion, has written on the *Nature of Fevers* two volumes, with the exclusive object of recommending this heroic method of treatment. The following is a catalogue of the acute diseases in which he recommends the use of cold effusions:—Common fevers, pestilential fevers, malignant and ardent fevers; acute affections, intermittent and the *Yellow Fever*, the plague, etc., etc.

Caillat, in his work on *Yellow Fever*, (pages 310 and 311,) Bally, in his history of the typhus of America, assure us that they have employed with great advantage affusions of cold water in the treatment of *Yellow Fever*.

These few introductory remarks were necessary to demonstrate that hydropathy is not a new thing, even as a therapeutic agent in the treatment of Yellow Fever.

Let it be observed, however, that modern hydropathy differs from the method which was adopted in former times; it aspires to supercede all other means; it is recommended in almost all diseases, and disavows or disclaims any alliance with the administration of medicines properly so called.

Preissnitz, an almost illiterate individual of Silesian Austria, who is its author, founded his first establishment at Groefenberg, his place of residence; at first this establishment received only a small number of strangers; but now it is an hospital for the incurable from all part of the world. Hydropathy, as practiced by Preissnitz, has had both its friends and enemies; but in spite of its detractors, these establishments, destined to carry out this mode of treatment, have multiplied in a most remarkable manner throughout almost all Europe, and it is a method of treatment which has invaded the domain of the healing art, and ought to occupy the serious attention of every conscientious physician.

I must frankly confess that this mode of treatment charms me; to me it appears very rational, and every way worthy the attention of the Practitioners of this City.

In the action of cold water, I find a *perturbating* agent endowed with great power; I also find in profuse perspirations a *spoliative* means analagous to venesection, and one which acts in the same manner.— Finally I discover in the free use of cold water as drinks, a means of introducing into the circulation a harmless fluid, which must tend greatly to diminish the stimulating property of the blood, and the general sur-excitation.—Hydropathy, I know, is unfortunately a new method, and will doubtless excite the opposition of a multitude of practitioners, who will declare that in every age the most absurd treatment, the most singular remedies, and the most extraordinary plans, have been promulgated as effecting wonderful cures. But will it be possible, when hydrotherapia has proved successful in a number of large establishments directed by the most conscientious physicians, will it be possible, I say, to treat this method with contempt? I think not; but believe, on the contrary, that this branch of the healing art will be studied with all the care which its importance demands. What is necessary for us to repose in it the requisite confidence? A sufficient number of observations to guarantee to every wise physician that the adoption of this method will effect a cure, or that at least, in the present state of science, there is nothing more efficacious than this plan. I think it would be worthy the attention of those of our *confrères* who practice in the hospitals, and who may consequently institute comparisons on a large scale, to try this new mode of treatment upon their Yellow Fever patients. In elucidating this point of doctrine, by a series of observations, they will render a real service to the science of medicine, and perhaps to humanity.

Let no one be mistaken in relation to what I have said. I do not propose hydrotherapia as the only means in the treatment of Yellow

Fever, for I have not tried it myself; I only say that this method appears to me rational in theory, and that consequently it is worthy the attention of physicians, to whom I recommend the plan as deserving a trial.

6th. **DISINFECTANTS.**—I know that many physicians, in the beginning and during the progress of the disease, administer to their patients preparations of chlorine. Is this done with a view to destroy directly the miasmatic principles which contributes to the development of Yellow Fever? or is it only to induce a modifying perturbation? Do they obtain uniform and permanent success by the employment of that medicine? These are questions which, for want of adequate proofs, I am unable to solve. Employed in the treatment of typhoid fever, chlorine has not succeeded sufficiently well to encourage me to administer it in the treatment of Yellow Fever. I shall then leave it to the more experienced, to give you more ample details upon the use of this medicinal agent.

7th. **BLOODLETTING.** — We have now reached the most energetic therapeutic agent—and one which has excited among physicians the most violent discussions, the most animated controversies, and the most contradictory opinions. Some authors condemn its employment. Let us enumerate them: Edouard says, that he does not think bleeding can be proper, if it is not with a view to change the fluxionary movement or congestion which is concentrated upon the stomach.

In the Yellow Fever, says he, there is a strong tendency to anemia, and we should be careful not to increase it.

Valentine, who has never resorted to sanguinous emissions, and who consequently was unable to judge of its influence, does not hesitate, however, to condemn this mode of treatment:—"I have never employed bleedings," says he, "whatever may have been the indications in regard to the pulse, the redness of the face, the irritation, and the inflammatory excitement. Moreover, it did not prevent either gastric irritation or hemorrhages, but accelerated the debility, the prostration, and soon the extinction of the vital forces, which compel me to resort promptly to blisters, and to tonics. All things considered, I have seen more patients recover without, than with the loss of blood." According to *M. Parisét*, the loss of blood is dangerous, and hastens the fatal period: after a bleeding, the patient experiences a momentary calm, which is the precursor of that prostration in which the large majority perish.

Pugnet, *Bally*, *Dalmas*, likewise condemn the loss of blood, or at least recommend it with extreme caution. But apart from these authors, there are a number of others who advise bloodletting as the best means to combat the Yellow Fever. It would be too tedious to quote them.

All who advocate blood letting, have agreed upon one important point: that the good effects of this treatment are the more evident the earlier it is employed in the disease.

M. Rucheaux, who has written a very remarkable work on Yellow Fever, which should be carefully studied, thus expresses himself:—"Bloodletting is, without contradiction, the remedy upon which we ought chiefly to rely;

but it should be practised in the commencement of the disease. In 36 or 48 hours after the invasion of the disease, the mischief is done, the gastric mucous membrane is so much inflamed that the resources of art cannot effect its resolution.—Every curative agent becomes useless, and none will recover but those in whom the disease will yield to the unaided efforts of nature. When venesection has not been practised up to the close of the second day, it is then almost always useless to try it. When we commence with blood letting early in the disease, it may be repeated even a little late in these cases, but even then little benefit is to be obtained by bleeding after the third day.”

Dr. Thomas of this City, expresses himself thus in his treatise on Yellow Fever: — “Dr. Marshall practiced bloodletting with astonishing success, during the epidemic Yellow Fever which raged in New Orleans in 1822. He performed it at the commencement of the disease, plunged the arm in hot water when the vein was open, and encouraged the flow of blood until the patient no longer experienced pain in the head: he then arrested the flow of blood and administered internally diluents and emollients. As soon as the cephalalgia returned, he again bled them in the same manner.” “I confess,” continues Mr. Thomas, “that this mode of treatment, which is analogous to the syncopal bleedings recommended by the celebrated Rush, appears to me well calculated to succeed in many cases, if employed early in the disease, and in robust and plethoric subjects.”

The physicians of New Orleans have almost always been divided in opinion upon the effects and employment of bleeding in Yellow Fever.—Twenty years ago it was generally regarded as hurtful, and was employed with great timidity. It was reserved for Dr. Marshall, according to Dr. Thomas, to show, by the energetic use of the lancet, that excellent effects might be obtained from this practice. Since that period, some physicians have praised sanguineous depletion, when employed in a certain manner, (which I shall soon develop,) as the best means for combating that frightful disease; but their effects, although seconded by extraordinary success, have not yet triumphed over all opposition.

The principal reason advanced to condemn this practice is, that Yellow Fever is a disease essentially accompanied with a tendency to *adynamia* and a decomposition of the fluids; and that in this affection, as well as in typhus, the loss of blood, by increasing this tendency, must be more injurious than useful.

A very common phenomenon, in the course of Yellow Fever, tends to support this doctrine: such as those hemorrhages called *passive*, which supervene towards the close of that disease—hemorrhages which, it is said, indicate that tendency to *adynamia*, by which Yellow Fever is characterized. But are such hemorrhages really *passive*? I confess that it is impossible for me to embrace this opinion, which is, however, generally adopted; and I confess that in the majority, not to say all the cases, I should be induced to consider these hemorrhages as *active*. Let us dwell a little on this question, which is far from being unimportant, and the solution of which will exercise considerable influence over the therapeutics of Yellow Fever.

It is asserted that at the end of the second period of this fever, the blood being modified in its nature, looses its plasticity—becomes more fluid, and at the same time, the vascular tissues are deprived of their tone and resistance; hence the exsudation of the circulating fluids. It is true, that in the latter stages of Yellow Fever, the blood is less fibrinous than in the ordinary state, and that it does not clot so readily; but it is still richer than in some affections where we never find hemorrhages, as in *chlorosis*, for example. Let us reason from analogy. If the want of plasticity in the blood were the chief cause of passive hemorrhages, would not young chlorotic females be constantly exposed to repeated hemorrhages? Far from it—they loose only a few ounces of pale and discoloured fluid at the menstrual period, the active flow of which, I am sure no one will question. The increased fluidity of the blood does not then suffice to explain the tendency of this liquid to escape from its vessels in the course of the disease.

The loss of tonicity in the tissues does not explain this phenomenon better. Nothing then proves such a modification in the vital properties of the tissues; and if we admit its existence, it ought to be general. Why is it then, that hemorrhages only take place in certain points, generally limited, and almost always the same in every case? Why then, are those which appear on certain parts of the digestive mucous membrane, much the most frequent?

So far from admitting a defect of tonicity, I think with *Dr. C. A. Luzenberg*, and contrary to the generally received opinion, that in Yellow Fever there is an increase of tone in the tissues; by this hypothesis, we shall be better enabled to explain hemorrhages: finally, the blood accumulating in the capillary system, under the influence of the vigorous action of the heart, is subjected to a pressure the more powerful in proportion as the tone of the vascular tissues is augmented; this fluid must ultimately make its escape, either through the pores of these membranes, or through the openings which result from the rupture of some of the capillary vessels. The continuance of the discharge is explained by that tendency which the blood always manifests, to rush to the place where an opening exists to allow its escape, and likewise by the fluxion which the morbid cause has determined in those places where hemorrhages occur. The mucous membrane of the digestive canal being more particularly assailed in Yellow Fever than the other parts of the economy, and more inflamed when the disease is once established; a larger quantity of blood accumulates there in an active manner, in the progress of the disease; this must then be the principal seat of hemorrhages, and it is in reality the case. How otherwise admit, with a show of reason, a want of activity in the losses of blood which supervene in the course of an affection that hardly ever presents (although it has been asserted) signs of a real putrid decomposition; hardly ever a complete depression of the forces, even in cases where the pulse has become very small; never adynamia, in the strict sense of the term—an affection which is, on the contrary, characterized by a general super-excitation, a continued restlessness, great agitation, and a preservation of strength, which enables invalids to move from their beds and chambers a short time before death.

Let us carefully examine the patient affected with Yellow Fever, and if he has a hemorrhage from the buccal mucous membrane, it will be easy to convince the most skeptical that in this patient, the coronary arteries pulsate with far more energy than in the normal state. If we exercise pressure on the origin of these arteries, the hemorrhage will be speedily arrested, to be again renewed when the pressure ceases.

Is this, I ask, the character of a passive hemorrhage? Therapeutics itself, so powerfully influenced by the theory which I am endeavouring to develop, contributes in no small degree to solve this question. If the hemorrhages were passive, bleeding, by augmenting the fluidity of the blood and the general debility, should likewise increase the activity of these hemorrhages; this is besides the reasoning of those who are opposed to bloodletting.

Well, I appeal here to those physicians of New-Orleans who employ sanguineous depletion as the principal means of treatment in the fever, and ask them if they have frequent opportunities to witness the development of hemorrhages in their patients. From my own, and the experience of some of my friends, I can on the contrary affirm, that these phenomena are very rare, when the patients are freely bled in the commencement of the attack.

What I have said demonstrates, I believe, in the clearest manner, that Yellow Fever, as observed for a number of years in New-Orleans, is, in the majority of cases, a disease essentially *sthenic*, that is, characterized by a general sur-excitation, and an excitement of the forces which demand imperiously, as a curative means, the adoption of those measures which are eminently calculated to subdue these forces, and to calm that preternatural excitement. I have already shown that emetics could not fulfil that indication—that repeated purgatives were only adapted to some forms of the epidemic, but highly injurious in other cases—that diaphoretics and sudorifics were either useless or dangerous; and that *hydrotherapia*, though plausible in theory, has not yet been sufficiently well tested, to command our unlimited confidence.

After rejecting all these means, what then have we left to meet the indications already specified?—Nothing, save the loss of blood. But to succeed, this treatment should be enforced by an experienced and skilful practitioner.—It demands infinite tact on the part of him who puts it in practice. It is for want of sound philosophical views, and practical sagacity, that bloodletting has so often failed in the hands of a large number of physicians; and this is doubtless the cause of the discredit into which sanguineous depletion has fallen in the estimation of many of the physicians of this City.

Let us then endeavour to lay down the rules which should guide the practitioner in the application of this means of treatment; and attempt to resolve every question connected therewith.

QUESTION THE 1st.—“Should bloodletting be resorted to in Yellow Fever?” In this disease, as in all those which afflict mankind, there are both grave and light cases. The number of the latter seems to have

been, for several years, much superior to the truly serious cases; and so true is this statement, that some physicians are unwilling to admit such cases as genuine Yellow Fever. I have already expressed my opinion on this subject, and I will not return to it. However, it is quite evident that many of these benign cases may be very promptly cured without direct depletion; and by the sole agency of copious spoliative perspiration, which may be brought on by repeated hot pepluvia and thick coverings; but, to this expectant method, I see two objections:—

1st. The fever persists much longer, when we permit the disease to run its own course, than when we endeavor to arrest it in the first stage of the disease by sanguineous depletion. It is about the beginning of the fourth day that the fever spontaneously subsides; whereas, by the aid of a free bleeding, it is often cut short in 24 or 36 hours. Here venesection, although it may not be indispensable, possesses the advantage of shortening the course of the disease, and, consequently, rendering convalescence less tedious and less protracted.

2d. It is not always as easy as one might suppose, to distinguish the truly light cases: nothing is more deceptive than Yellow Fever; a case which, in the beginning, appears perfectly mild, sometimes becomes very serious at the close of the second or third day. What physician has not had frequent opportunities to see these unexpected changes? Where is the practitioner who has not lost some cases, which at first seemed to possess a mild character, and in which the disease, being unfavourably influenced by unknown causes, assumed suddenly formidable symptoms, and marched rapidly to a fatal termination?—Where is the medical man who has not had reason to condemn his want of energy in these deceptive cases, and who has not had cause to deplore the loss of patients whom he might have saved by pursuing a more decisive course of treatment in the beginning? Yellow Fever is a disease which runs its course too rapidly to be neglected. It is much better to employ a vigorous than a mild treatment; in the first case, we will only protract a little the period of convalescence, (and this is not really the case in practice,) when in the last case, we often permit patients to perish whose condition at the commencement inspired little or no apprehension.

The preceding arguments induce me then to lay down as a fundamental and important principle, that—“In all cases of Yellow Fever, either severe or mild, it is invariably good practice to resort to the abstraction of blood in the first stage of the disease—varying it however, according to the nature and violence of each individual case.”

QUESTION THE 2d.—“At what period of Yellow Fever should we resort to sanguineous depletion?” This question has already been resolved. All authors and physicians have agreed upon this fact:—“That blood should be abstracted *in principio morbi*.” Should we abstain from bloodletting when called late in the disease—on the third or fourth day for instance? I ought first to state that most physicians believe the abstraction of blood more injurious than beneficial, when performed as late as the third or fourth day. But is this a correct principle? Truly

the conscientious physician is sometimes greatly embarrassed. He is called to a patient who has been affected with the fever for three or four days, and who has already made free use of those incendiary remedies which *les compères et les commères* so freely administer in such cases, whilst waiting, as they pretend, the arrival of the physician. The disease is already localized; dangerous symptoms now make their appearance; the state of the digestive mucous membrane is wholly unfit to bear the least medicine; what is to be done? give the preparations of chlorine? This practice is very doubtful. Must we resort to blisters and other cutaneous revulsives? These only tend to irritate the patient, who is already too much excited. The subject would not support them. Shall we wait and allow nature to take her own course? But most frequently she does more injury than good when we do not guide her.—What, then, I demand of you, must be done?

Well, I must confess that, in certain cases of this kind, I have sometimes, in spite of almost universal opposition, ventured to abstract blood; and I have occasionally had reason to congratulate myself on the result. I am guided in this practice by the following very simple reasoning:—Bleeding cannot jeopardize the life of a patient who is already considered as lost; on the contrary, it offers, in these desperate cases, a chance of safety, slender, it is true, but one of which we may sometimes avail ourselves with advantage.—Accident, moreover, teaches us the utility of depletion in cases of this nature. Authors cite a great number of such instances. Permit me to communicate a very remarkable fact, connected with this subject, which came under the observation of our esteemed President Dr. Luzenberg, who related it to me some years since:

During the epidemic of 1837, a young *Israelite* had been affected with Yellow Fever for four days, and was pronounced incurable by the physician in attendance. The friends of this unfortunate young man requested the advice of Dr. Luzenberg, who, however, was unable to visit the patient until the next day. During the night preceeding this visit, the patient, who had already had hemorrhages, lost suddenly a large quantity of blood from a carious tooth. In spite of the efforts of the assistants, the blood continued to flow to an alarming extent; for at his visit, Dr. Luzenberg found about four *livres* of coagulated blood in a vessel, and the friends of the young man assured him that this was not more than one half of the blood which had been lost.—What is most remarkable in this fact is, that in proportion as the blood flowed, the morbid symptoms subsided. Finally the hemorrhage ceased spontaneously; and when Dr. Luzenberg reached the patient, he was so well satisfied with his condition, that he only ordered some simple remedies. He perfectly recovered.

To recapitulate, I must here premise that sanguineous emissions should be employed in the beginning of the disease, and when required, be continued during the first days. When the disease has reached its second stage, bleeding is not so clearly indicated, but still constitutes the best remedy that can be employed.

QUESTION THE 3d.—“What is the amount of blood which should be

taken from the system at each bleeding?" Before we solve this question, let us begin by quoting some authorities.

M. Rochoux says that the quantity of blood to be drawn, varies according to the gravity of the symptoms, and the strength of the patient; he pretends to have bled many patients five or six times, and to have drawn, at each bleeding, from 12 to 16 ounces of blood; he adds that it is good to push the bleeding to incipient syncope.

At Gorée, M. Chevé adopted the following method, which I shall transcribe *litteratim*: On the first indications of the disease, when patients have the good sense to call in medical aid immediately, I order them to recline, says he, with the head supported, postpone syncope as long as possible and I never draw less than 24 ounces of blood, which may be pushed as far as 44 ounces—and even beyond that amount; I rarely stop short of syncope, or the commencement of this phenomenon.

M. Catel, of Martinique, states that he has seen the cure effected by one syncopal bleeding, practised upon an individual who was labouring under the fever.

M. Forget, in his *Naval Medicine*, relates many cases of remarkable cures which were accomplished by syncopal bleedings produced either by accident or design.

Aside from those authors who mention the good effects of syncopal bleedings, we find a number of physicians, who, more timid, and reposing less confidence in the efficacy of this means, resort only to small bleedings, which to me seem better calculated to waste the strength of the patient than to subdue the disease. Let it here be proclaimed: that bleeding can only be proper when it is performed at a suitable period, and that it determines certain modifications in the system which will produce a speedy change in the symptoms of the disease. To comprehend more fully this fact, let us see what transpires in the course of the operation.

Take a case of ordinary severity in the very commencement, sit the patient up in bed and make a large orifice in one of the veins of the arm; twelve ounces of blood shall have hardly been drawn, when a more favourable change in all the external phenomena, will take place. The face loses its colour, the eyes their redness, and their unnatural brilliancy, the patient declares that he can see better, and that the head is relieved. By allowing the blood to flow, the patient soon grows pale and feeble; he yawns at intervals, and states that he feels faint, and that the *cephalalgia*, pains in the loins, and limbs, are entirely dissipated.—Soon nausea manifests itself, and is succeeded by vomiting; then a profuse perspiration gushes from every pore, first appearing on the extremities, and finally spreading over the whole body. At this moment, the pulse, which before the bleeding, beat one hundred or one hundred and twenty per minute, gradually falls and sinks in force and frequency to its normal type. If we continue the flow of blood at this critical period, the patient will swoon, and when he recovers his speech, declare that he is infinitely better.

In examining attentively this series of phenomena, we can easily discover in them all the evidence of a profound *perturbation*, which changes, in a

moment the aspect of the disease. Syncope can not supervene until the nervous centers are disembarassed of that excess of blood which is concentrated upon them by the action of a morbid cause, and without producing in the circulating fluid, a centrifugal movement,—a movement characterized by the abundant perspiration which takes place. The vomiting which occurs and which is frequently accompanied by copious alvine evacuations unloads the *primæ viæ*, and at the same time, produces prompt relief.—If, in stead of pushing bloodletting to the verge of syncope, we only abstract through fear, a given amount of blood, the patient will not be relieved, and we not unfrequently see the disease assume a more serious aspect, and progress rapidly to a fatal termination. This difference in the mode of employing venesection, explains very clearly to my mind, why this method succeeds in the hands of one class of practitioners, and fails in those of one other. I cannot repeat it here too often :—it is not so much the loss of blood, strictly speaking, which influences favorably the progress of the disease, as the *perturbation* which supervenes when syncope is produced.

Yet, the principle which I have laid down is far from being of constant application; there are exceptions which it is necessary to specify. Let us recollect what I stated in the commencement upon the *aspect* of the Yellow Fever in its first stage :—it is most frequently a congestive fever, more or less violent, and accompanied with redness of the face and eyes, heat and dryness of the skin &c. These phenomena bear a striking resemblance to those which accompany sympathetic phlegmonous fever, and which, on this account, have been thus designated. This form, which is the most ordinary, demands bloodletting in the manner which I have already indicated.—But Yellow Fever sometimes assumes from the beginning, a form still more rare and much more dangerous : in this form, the face is pale, the pulse is soft and a little frequent; there is great oppression of strength, and a large quantity of blood accumulates in all those organs essential to life. In these cases syncope when provoked by free bleeding would augment the fatal symptoms and produce, almost certainly, the death of the patient. Here the practitioner should attempt, by the aid of small revulsive bleedings, and the application of strong epispastics to the skin, to establish a reaction; and when, by these means, reaction is obtained, he should resort, as in the first form, to spoliative bleedings.

From what has already been said, the following principle may be deduced: In the phlegmonous, congestive, and inflammatory forms, sanguineous depletion can only be useful when pushed to incipient syncope, or, in other words, when carried so far as to reduce the pulse to its normal standard and excite a free perspiration. In the severe congestive form, with yellow colour of the face and oppression of strength, the bleeding should be small, and repeated with circumspection, until reaction is established and the pulse rises; then we should act as in the first case.

QUESTION THE 4th.—“Should bloodletting be repeated?—And if so, at what time, and how often must it be renewed?” I have repeatedly said that after a syncopal bleeding, all the unfavourable symptoms may disappear as by enchantment; it sometimes happens that a free, warm, and salutary perspiration is developed after such a bleeding, and con-

tinues more than 24 hours, especially when the physician is careful to perpetuate it by repeated foot baths, and warm and suitable covering. If, during the perspiration, the pulse does not rise, if the *cephalalgia*, the pains in the loins, and other uneasy sensations, should not re-appear, if the digestive mucous membrane remains sound, or only becomes slightly irritated, and if vomiting does not supervene, we may expect that the disease will terminate favourably in three or four days at most, and then it is entirely useless to repeat the bleeding.

But this fortunate course of the disease is only witnessed in light cases, most frequently in a few hours after the artificial remission obtained by the first venesection, the morbid phenomena re-appear, with less intensity, it is true, and the patient is found in almost the same state as before the vein was opened. In this case it is of the utmost importance to obtain another remission; and to effect this desirable object, there is but one means, which consists in again bleeding the patient.

Here the physician should act precisely as in the commencement of the disease—that is, he should push sanguineous depletion far enough to reduce the pulse to the natural type—to diminish the animal heat—to excite a free perspiration, and to bring about a sensible diminution of all the pains. If, after the second bleeding, the amendment in the symptoms is permanent, we must desist; but if not, we repeat it until the fever is entirely subdued. The time between each bleeding should be as short as possible. We should always remember, that Yellow Fever runs its course rapidly, and speedily assumes a bad character; we must then keep pace with it, and, if possible, anticipate its changes.

Nothing is here so dangerous as temporising, which many physicians decorate with the false name of prudence. Sound prudence consists in speedily curing the patient, and not in waiting until the disease becomes stronger than the remedies. Thus, the practitioner should repeat the bloodletting as often as the symptoms shall demand it. These bleedings, when repeated, must, like the first, be pushed to partial syncope. The intervals between each, must be as short as possible.

I have generally remarked, that in cases where it becomes necessary to bleed several times, an interval of six or eight hours, is quite sufficient.

QUESTION THE 5th.—“Can it be a matter of indifference, whether we resort to general or local depletion?” I do not hesitate to say that the solution of this question is of vast importance; it is by neglecting to act according to the principles of a sound philosophy, in the choice of the mode of depletion, that many physicians so often have reason to deplore fatal results. I cannot too frequently repeat, it is not only requisite that blood should be drawn, but this means must, moreover, be employed with judgement, tact, and skill, otherwise it is impossible to derive from it any excellent effects.

In the commencement of the disease, we can rarely hesitate as to the mode of abstracting blood. Every where we have disease, consequently we must combat it by means which speedily influence the entire organism. Here, general bleeding is clearly indicated, and to this we

must resort. But when the venesection requires to be repeated, it is very important to be well acquainted with the state of the pulse—to know whether the artery, as at first, be large and full, or small and almost empty. In the former case, we must have recourse to general bleeding; the patient will bear it quite well, and will experience from it immediate relief. In the latter case, it is very different: a general bleeding will almost immediately induce syncope, accompanied with singular nervous phenomena, and often with convulsions, which, when dissipated, will leave the patient in a deplorable condition. We cannot abstract more than a few ounces of blood, when these phenomena will supervene, and force us to suspend the operation. These accidents may be avoided if, instead of rapid depletion, we are content to abstract blood with due caution.

It is then local bleeding which is indicated when the pulse is small, and the artery appears empty. But upon what part of the body should we practise local bleeding? We must bear in mind that it is particularly upon the digestive tube and the nervous centres, the blood is concentrated at the onset of the disease; it is likewise upon these points that inflammation is developed, when the disease becomes localized.

It is therefore natural to apply the means of local depletion to those parts which are principally affected. The abstraction of blood from the epigastrium possesses the advantage of disgorging directly the chylopoietic viscera, the entire alimentary canal, and acts sympathetically upon the brain and its appendages.

Here, as in general bleeding, we must continue to abstract blood until the pulse falls, and all the bad symptoms are subdued.

Hence, when we desire to act upon the entire system, we must draw blood locally from the epigastrium. But it often happens that in the course of the disease, particular indications, special phenomena, manifest themselves. Thus, sometimes when the principal morbid symptoms are dissipated, an obstinate cerebral congestion remains, which develops painful cephalalgia; in this case, excellent effects are obtained from the application of cups to the nucha, or mastoid, or by revulsive bleedings from the internal *malleoli*. It is impossible to trace here all the special indications which may be presented—the practitioner must recognise and fulfil them.

In the great majority of cases, we may either resort to leeches or scarified cups, for purposes of local depletion.

I must say, however, that the former means are oftener uncertain, since leeches are more or less active, and the amount of blood which they abstract, is variable and difficult to determine before hand. From cups, on the contrary, we obtain effects which may be determined with mathematical precision; and when they are applied by a skillful hand, they are by no means as painful as Mr. Rochoux seems to think.

Yet there are cases in which leeches should be preferred—cases to which we are called late in the disease, and when the disease is already localized; here general bleeding is hazardous, when pushed to syncope;

the repeated application of cups are inefficacious, whilst the *constant* discharge of blood from the application of leeches, successively applied to the different points of congestion, will produce the happiest results.

To recapitulate, general and powerful spoliative bleedings are indicated in the commencement of the congestive-phlogmonous form of Yellow Fever, and must be employed whenever the recurrence of the fever is attended with a full bounding pulse. Local depletion should be preferred when the pulse is small, and the artery empty, and when the disease is concentrated, (localized.) Revulsive bleedings should be enforced when they are indicated, and when the patient has already lost too much blood to permit us to continue copious depletion. Finally, the constant flow of blood, obtained by leeches, are chiefly useful, when the localization is already complete.

QUESTION THE 6th.—“What is the duration of the convalescent period in those who are cured by bleeding?” Here reasoning will avail nothing—facts alone must speak. I daily hear physicians say, that the depletory method of treatment is objectionable, on the ground that it renders the convalescent period tedious and painful. This is a serious mistake; patients who have been promptly cured by the methodical employment of bloodletting, convalesce with extreme rapidity.

The facts which demonstrate this truth, are numerous and of daily occurrence in this city. To cite one example—I was myself treated for a serious attack of Yellow Fever in 1839. My excellent friend, Dr. Luzenberg, whom I requested to treat me, commenced a bold and decided course. I was bled in the commencement to syncope; one hundred active leeches were applied to the epigastrium on the same day; on the next day another application of thirty leeches to the same place.

Well, on the fourth day of the disease, I began to convalesce, and left for the country, where I remained four or five days, which sufficed for the recovery of my strength, and I was enabled to resume the duties of our laborious profession.

One of the most remarkable facts, which I cannot omit, is that related by Mr. Chev  in his excellent thesis of 1836, on the Yellow Fever of Gor e.

Mr. Chev  was attacked by the fever, and in the course of his disease five copious general bleedings were practiced upon him, amounting, in all, to eight *livres* of blood, and about 200 small Senegal leeches were also applied.

Well, the disease continued for five days, and convalescence thirteen. From that time, adds Mr. Chev , I was completely restored, and supported, without the least indisposition, the greatest fatigues and absolute insomnia, for three months and a half.

I can then affirm, contrary to the opinion of many physicians, that when patients are cured by the methodical employment of bloodletting, convalescence is almost always short and permanent.

The mode of treatment which I have developed in *extenso*, has been designated the *coup sur coup* method of bleeding, and also the *methode*

des saignées jugulantes. The last name was given for the first time by *M. Bouillaud*, to the energetic and repeated employment of bleeding—in the treatment of certain acute inflammatory diseases, such as typhoid fever, pneumonia, and articular rheumatism. Hence, doubtless, originated the *method of Bouillaud*, which I understand to be given by some of our young *confrères*, late from Paris, to the employment of energetic bleedings in the treatment of Yellow Fever. “Let us render unto Cæsar the things that are his.”

M. Bouillaud has had nothing to do with the Yellow Fever; he has already claims enough upon the admiration of the medical world, and to immortality, without the necessity of seeking to add another chaplet to his crown. The employment of bloodletting in Yellow Fever not only does not belong to *M. Bouillaud*, but his *methode jugulante*, besides, differs essentially from that which I have developed; insomuch, that if we treated our Yellow Fever as he treats his typhoid fevers, his pneumonia, &c., we should run the risk of losing most of our patients.—Let each physician reflect for a moment, and he will recollect that *M. Bouillaud* specifies *in advance* the precise amount of blood to be drawn at each bleeding, which rarely exceeds 12 or 16 ounces. But we are governed more by the effects produced, than the quantity of blood drawn; our object is to produce incipient syncope at each venesection; if this result can be obtained by the loss of a small amount of blood, so much the better; but it is impossible for us to determine, in advance, the quantity that may be required to produce this effect.

We see then, that this mode of procedure is very different, and that the method which *M. Bouillaud* practices in the treatment of acute inflammation, will be far from having that energy and curative power necessary to combat the Yellow Fever.

In perusing the different authors who have written on this disease, we find scarcely any thing on the subject of syncopal bleedings; a few only have foreseen its good effects, but not one of them has pointed out the rules which should guide us in their application. Who is then, the physician to whom we really owe the introduction of this new method of treatment? Who has proposed and advocated it both by argument and example? Who has developed its rules, sometimes so subtle, and so difficult to seize? Who has explained its true philosophy? I proclaim it, gentlemen, with pride, that this honour is due to a physician of New Orleans—it is to our honorable President, *Dr. C. A. Luzenberg*, in fact, that we owe the regulation of that method which he has employed with rare skill since 1829.

It is to him, be it remembered, that I am indebted for most of the information which I have communicated to you; and I here avail myself of this opportunity to render to him the just tribute of my praise and gratitude.

I do not hesitate, gentlemen, to declare, that the syncopal method of bleeding is, in the present state of our knowledge, the only one which can be employed with safety in the commencement of the fever, whatever may be the form and mode of practising it. It furnishes, on the

whole, very satisfactory results. I appeal here to my esteemed friends, Drs. Valetti and Rhodes, who, as well as myself, enforced this method of treatment, and ask them if, in 1841, when most of the patients who were treated by purgatives succumbed, they did not succeed in curing their cases in the majority of instances.

I appeal particularly to Dr. Luzenberg, who can furnish the requisite information from the statistics which he has collected in the course of his enlightened and successful practice.

Sth.—It remains for me to speak of the preparations of *cinchona*, and especially of the sulphate of Quinine—to conclude what relates to the treatment of Yellow Fever.

Adouard, of all authors, is the warmest advocate for *cinchona*, as the principal means to be employed in the treatment of the fever; according to his views, this medicament acts as a tonic upon the capillary vessels of the stomach. "It is in this way," says he, "that it prevents hemorrhage. Its effects upon the mucous membrane are similar to those which it determines when we witness its *styptic* influence on a bleeding surface, or when we use it in cases of excessive loss of blood.

"Should these hemorrhages cease, the result is attributed to the tonic and astringent property of the medicine. Should we reason differently on its mode of action in the Yellow Fever?"

Valentine says, that in the remittent form of Yellow Fever almost all medicines fail, and that as an anti-septic, the Peruvian bark is most apt to prove successful.

He thus expresses himself on this subject:—"If the prostration of strength, the feebleness of the pulse, and the cold sweats, will not permit us to administer an emetic, I hasten to introduce the *quinquina* in substance, *at first*, in purgative doses. I gave the red bark finely pulverised, without regard to the quantity, and as much as the stomach would retain. If the stomach rejected it, I ordered three or four times as much *en lavement*, which produced effects equal to the other mode of administering it, when the patients could retain the dose."

M. Bobadilla, quoted by Devezé, employed the bark from the commencement of the disease, and in all cases; he pretended to cure all those to whom he could give it early in the attack.

In spite of these recommendations, Peruvian bark, in its natural state, has never enjoyed much favour among physicians, as a therapeutic agent in the first period of Yellow Fever. Almost all authors who have written on this subject, condemn its employment, and I do not know a single physician in New Orleans who makes use of the Peruvian bark.

The same is not the case in regard to the sulphate of quinine, which has played an important part, especially of late, in the treatment of this disease.

We will dwell a moment on this important remedy. The observation of the different epidemic Yellow Fevers which have prevailed in this and other countries, demonstrates that this disease, in its course, presents two very distinct types which have been well described by Valentine. Some-

times the disease is *continued*, that is, formed of a single paroxysm, which terminates either in a complete cure or in the death of the patient. Sometimes, on the contrary, it resembles *remittent* fevers, that is to say, is composed of a well-characterised paroxysm, which is succeeded in three or four days, by an evident improvement in the gravity of the symptoms, an apparent amelioration in the condition of the patient—in a word, a more or less complete remission, which, in very grave cases, is followed by the development of fatal symptoms.

The well known anti-periodic powers of the Peruvian bark and the sulphate of quinine, have naturally enough suggested to those physicians who have witnessed this remittent form, the idea of administering these remedies during the remission, with a view to neutralize the morbid principle, and to obviate the fatal symptoms of the second stage.

Let us first cite some authorities. M. Lefort, a physician of Martinique, recommends the use of the sulphate of quinine. "Having employed," says he, "for three years, the sulphate of quinine in the treatment of all fevers, and obtaining the most uniform and happy results from this invaluable remedy, I was induced to resort to this medicine, on the appearance of the Yellow Fever, as the only means of hope and safety. The effects far surpassed our most sanguine expectations. As soon as the patient had swallowed this salt, he experienced in the epigastric region, a sense of gentle warmth which diffused itself and was communicated, through sympathy, to the other viscera. This medicine arouses very promptly the energy of the stomach, excites the appetite and revives nutrition. Extending its powerful influence to the other organs, it soon causes them to participate in the salutary impressions which have been made upon it, (the stomach;) the respective functions of all the organs are aroused, reanimated, renewed, and the patient convalesces."

MM. Bally, Pariset et Francois, in their account of the Yellow Fever as observed in Catalonia in 1821, thus express themselves on the employment of anti-periodic remedies:—"On the 2d or 3d day the second period commences, the perspiration ceases, and the patient's sufferings now almost over, he flatters himself that he is cured; but this deceitful calm, far from tranquilizing the practitioner's mind, should inspire him with the greatest apprehension; he should only see, in this apparent improvement, which is without a crisis, the most imminent danger, denoting the fallacious course of the disease.

It is then, that we should employ the Peruvian bark, the sulphate of quinine, &c.

M. Pelletier, having learned that we had found at Barcelona only 40 grs. of the sulphate of quinine, sent us immediately from Paris, a large quantity of it.

We immediately resorted to this precious salt, and were highly gratified with the results.

M. Rochoux states, on the authority of two physicians of Martinique, Drs. Barbes and Liblanc, that at Point-a-Petre, which is surrounded by marshes, the Yellow Fever is much less dangerous than at Basse Terre,

where there exists no such exciting cause. In the first city the intermittent character of the disease frequently enables us to exhibit with advantage the preparations of quinine, whilst at Basse Terre, where the Yellow Fever always assumes a continued type, this medicine cannot be employed.

Many other physicians advise the use of the sulphate of quinine, observing, however, that this remedy is only advisable when the disease assumes an intermittent form; and this is the type which it is most likely to present in marshy localities."

By the preceding quotations, we see that for a number of years the administration of *cinchona* and the sulphate of quinine, have been recommended by authors in the treatment of Yellow Fever of an intermittent character. I have been at some pains and trouble to consult *authorities* on this subject; but I confess, with some humility and shame, that I was not very well informed on this point when I arrived in New Orleans; I acknowledge, moreover, that not having at this period in my hands those authors whom I have quoted, it was very difficult for me to profit by their instructions, to follow their precepts, and to apply in practice their different methods.

On arriving here in 1837, at the close of that terrible epidemic which, during that season, ravaged this City, what did I learn, on conversing with many respectable physicians, with a view to be instructed and to profit by those lessons and precepts which I might be enabled to gather? I ascertained one thing, which was in the mouth of every one: that the epidemic which had just run its career, manifested a distinctly intermittent type; and that a close attention to this feature of the epidemic, had suggested to Dr. Lambert, a young and skillful physician of this City, the ingenious idea of employing the sulphate of quinine in the pestilence; I moreover was informed that this remedy, when properly administered during the remission, had produced the most satisfactory results; a fact which soon rendered this method of treatment popular, and caused it to be adopted by the majority of the medical practitioners of New Orleans. Pushing my enquiries still farther, with a view to avail myself of all the information possible, I was informed that the first time the sulphate of quinine was methodically employed in New Orleans, in the management of the Yellow Fever, was in 1837; and that Dr. Holpen had spoken very favourably of the good effects of this remedy in a monograph which he had published; but that this fact had been almost entirely overlooked, when Dr. Lambert suddenly gave a new impulse to the employment of this medicament.

What I have communicated to this Society, I wrote and published in an Daily Journal in 1838. The anonymous article which I then addressed to the Bee, so far from exciting, as I anticipated, a decorous and respectful discussion, terminated in polemics, full of the bitterest personalities, which caused me to regret the opinions I had promulgated. If I return to this subject at present, it is to enable those who hear me, and who have known for a long time my scientific opinions, to comprehend the change which have been produced in my mode of viewing this matter. It is to explain how it happened, after having

asserted in 1838, at a time when I saw only with other's eyes, that the sulphate of quinine *was* the *definitive* and *supreme* remedy in Yellow Fever, I find myself now, that I have opinions of my own—opinions based upon individual experience, forced to view this medicament only as a modest remedy, which holds an honorable place in the therapeutics of Yellow Fever; an excellent remedy, moreover, under a variety of circumstances, but useless and sometimes hurtful in certain forms which I shall attempt to develop.

Thus the majority of authors, and almost all physicians, now admit as a recognized truth, that when Yellow Fever assumes a well marked remittent or intermittent form, the sulphate of quinine administered during the remission, when the patient has been subjected to proper previous treatment, most frequently prevents the access of what is called the second stage, and effects a *definitive* cure. This practice proved successful in the hands of those physicians who tested it in the epidemic of 1837. To stop at this point would be to act, in my mind, very unphilosophically.

Since 1839, these epidemics have never presented the well-characterised intermittent type; and yet the sulphate of quinine has rendered incontestible advantages in the hands of many practitioners.

Now that I have observed much, I am convinced that by free bleedings we obtain, in 36 or 48 hours, in a great number of cases, an *artificial* remission, absolutely similar to that which supervenes in the course of diseases of an intermittent type.

By availing ourselves of this apyrexia to administer the sulphate of quinine in fractional doses of 26 or 36 grains during the day, we shall neutralize, in a great measure, the morbid principle, and pave the way for a rapid convalescence. But this method of treatment is only good in those cases where the remission is well marked, which may always be recognized by a general calm, accompanied by a moderately elevated pulse, (between 80 and 90 per minute,) and by the state of the skin, which is tolerably cool and moist. But when the remission is incomplete, and when, notwithstanding the slight abatement in the pulse, malaise, agitation, dryness and heat of skin persist, the quinine should be avoided with the greatest care, for in this condition of the system it has appeared to me to produce effects contrary to those which I wished to obtain: that is, it augmented the malaise, increased the agitation, heat, and other febrile phenomena, and determined a series of unfavourable symptoms. This effect is observed chiefly in nervous and excitable subjects, whilst in persons of a sanguine or lymphatic temperament, the remission is almost always more complete, and the sulphate of quinine the most useful. There is besides, a state of the system which seems to forbid the use of this remedy.—It is when feeble subjects are profoundly prostrated by the combined influence of the disease and the remedies employed; in such the quinine induces a complete prostration of the forces, and often determines cold sweats, similar to those which exists in the interval of the paroxysm of a pernicious intermittent fever, and which always augurs ill for the patient.

When I determine to administer the sulphate of quinine, I order it in doses of two grains every hour for adults, until the system is saturated, which may be recognised by a species of intoxication and partial deafness, too well known to attend the exhibition of this medicine to be mistaken.

I believe that in a great number of cases where patients have been cured after having taken the quinine, the cure might have been obtained without the use of this remedy; but why neglect an agent which, were it only auxiliary, always has the advantage when we employ it opportunely, to confirm a cure which, without it, would remain doubtful. I have sometimes attempted to dispense with its use, and in some few cases I have had reason to deplore its omission, for I had the misfortune to lose some patients in whom the remission was so complete, that the administration of quinine might certainly have effected a cure.

Heretofore the administration of the sulphate of quinine, as an anti-periodic during the remission, has not been called in question. But this is not the only mode of exhibiting this medicament: there is another of which I must speak. During the epidemic of 1841, I reflected whether instead of waiting until the remission was complete and permanent, to administer the sulphate of quinine, it would not be as natural and more efficacious to administer this remedy *de prime abord* during the short remission produced by a large syncopal bleeding.

Let me illustrate the position:—Suppose an individual in the onset of Yellow Fever is as stout as we could wish; a general bleeding is practised upon him, and this bleeding, when pushed to incipient syncope, induces all that series of phenomena which I have described above—phenomena which, in their *ensemble*, constitute a temporary but genuine remission. Well, can we avail ourselves of this momentary calm to administer the quinine in doses sufficiently large to create a profound perturbation, and break up that morbid chain on which the disease depends?

Such was the question which I propounded to myself in 1841—one which I resolved to test by clinical experience. After much hesitation, I determined to try the experiment, and the subject on whom it was made, was cured as by enchantment. Encouraged by this result, I repeated the experiment a second, then a third, and the fourth time, and always with the same success.

Astonished at these triumphant results, I communicated what I proudly called my new method, to some of my *confrères*—to Dr. de Valetti, who deemed it rational—to Dr. C. A. Luzenberg, who condemned it as being too bold and hazardous; and lastly to Dr. Lewis, who, to my great surprise, informed me that he had conceived the same idea, and that for some time he had treated almost all his patients in this manner, and with the most gratifying results. I requested Dr. Lewis to continue his experiments, and to report his success.

The adage, that there is nothing new under the sun, is as true as it is old. I flattered myself that I had discovered a new method for promptly

curing Yellow Fever, by the combined use of free bleedings and the sulphate of quinine in large doses. *Ah bien!* I am compelled to admit that Dr. L. has equal claims with myself to this suggestion. I soon found that I was in error in regard to our supposed discovery, and to avoid all reproach, I consulted many *authorities*, before submitting to you my experience, and found that we had been anticipated by many years. But in my researches I found a thesis, of which I was entirely ignorant—a thesis as modest as interesting, and from the perusal of which I derived great pleasure: it was written by M. Chev , on the Yellow Fever of Gor e. M. C. states that after abstracting between 24 and 44 ounces of blood from the patient in the onset of the disease, and that during the temporary apyrexia which follows it, he immediately administers the sulphate of quinine in large doses (4 grains) at an interval of one hour. "This dose," says he, "appeared to me sufficient after such a large bleeding; it is at least certain, that ALL those in whom the disease was thus arrested in the early stage, were promptly restored to health, and afterwards passed through the epidemic without the slightest accident, and without a *single* relapse."

In conclusion I must add, that if this mode of administering the sulphate of quinine in the onset, almost immediately after a syncopal bleeding, appeared to me rational and worthy the attention of physicians, it has not yet been sufficiently tested, to justify its unqualified recommendation. I hope physicians will test this practice with prudence, always avoiding individuals of a nervous temperament.

I shall neither speak of blisters, in the application of which we are governed by the principles of general therapeutics; nor of drinks, which I regard as unimportant, and which may be varied to suit the taste of the patient; nor of the long catalogue of remedies which are deemed infallible by those who have more charity than wisdom.

I now bring this paper, already too long, to a close, and thank you, gentlemen, for the patient indulgence with which you have heard me.

Art. II.—Calomel considered as a Poison, by Thos. D. Mitchell, M. D., Professor of Materia Medica and Therapeutics in Transylvania University.

The following article is extracted from an unpublished work, designed as an aid to Medical Practitioners in the management of the more ordinary cases of poisoning. And as this paper will probably meet the eyes of many who have belonged to my classes, I take this opportunity of saying, that my book will be put to press early in the present season, and be ready for delivery in the fall.

To some it may seem strange to introduce calomel in this place—

What! calomel a poison? Can it be that an article administered in all parts of the civilized world as a cathartic, is deleterious? It is even so.

It has often been remarked that poisons, acknowledged to be virulent, do not always kill in a short period, but that the fatal result may be long deferred. We do not, for that reason, refrain from designating the article by its proper name; and if the enormous doses of calomel that are sometimes packed in the stomach, do not kill the patient directly, the circumstances are often so palpable, that no honest man, competent to judge, could hesitate in pronouncing a verdict against it. The only reason why we do not more frequently hear the death of a neighbor attributed to calomel, is because we have become so familiar with it as a remedy, that we think of it in no other light.

An old Medical writer, (Hoffman,) so old indeed that his books are unknown, except by name, to a large portion of the profession, mentions two cases of the fatal action of calomel, in boys, from 12 to 15 years of age. Neither of these fell as if shot by a rifle, or instantly killed by prussic acid. The one died on the sixth day, after vomiting severely, having constant tremors of the extremities, restlessness, and great anxiety; and the other did not live quite so long a period. Even yet farther back, we find the injurious effects of calomel noticed. In 1692, according to the *Miscellanea Curiosa*, death was the result of half an ounce of calomel, taken accidentally: vomiting soon came on, with slight acidity of the throat and fauces, profuse diarrhœa, prostration of strength and torpor of the external senses—death, in a little over 24 hours, closed the scene. In this case, the poisonous dose was taken *accidentally*; and can it excite wonder that doses quite as large, *given by design*, and even for good ends, should kill in 24 hours, or after the lapse of a longer period?

Some doubt has been expressed as to the *irritant* quality of calomel, but, as I think, unnecessarily. That it is an irritant in many cases, all the symptoms conspire to make manifest: yet, if it be taken in excessive portions, it may evince a direct *sedative* or *narcotic* power, may paralyze the stomach and bowels, and kill, without effecting a single evacuation. The various and even opposite action of calomel, as here hinted at, is witnessed by practitioners repeatedly; and the same is also remarked of tartar emetic and other remedies. So changeable are the circumstances attendant on Epidemics, so unequal the conditions of the system in different seasons, that we are often disappointed in our reasonable expectation of therapeutic operations. The truth of these remarks is well illustrated in the account of *Fever*, as it prevailed in some parts of Virginia in several successive years, by Dr. Lucas, and reported in Vol. 5th of the American Medical Recorder. "In 1818," says Dr. L., "from 7 to 10 grains of tartar emetic, and from 15 to 20 grains of calomel, operated like a charm. In 1819, less than from 25 to 40 grains of emetic tartar, would not excite vomiting; and the doses of cathartics had to be increased in the same proportion. The case of a patient is stated, who took 9 drachms of calomel, with oil, salts and jalap, without an emetic, cathartic, or sialagogue effect." "I never could tell," says the writer, "what became of the calomel."

It may be proper here to say, that calomel *may* be changed into corrosive sublimate in the stomach, if common salt or hydrocyanic acid be present.— But it is not at all probable that much of the deleterious agency of pure calomel is assignable to this agency. Thousands take it every day, in moderate doses, with no bad effect, whose stomachs are as likely to contain the agents said to convert it into the bichloride, as are the stomachs of other persons. In truth, we are not of those who believe the stomach in all cases to be a mere chemical retort, in which precisely the same decompositions and recompositions occur that take place out of the body. On the contrary, we know and teach, that the vital powers are capable of effecting changes that are impracticable by the same amount of chemical agency out of the body, and which cannot be accounted for apart from the vital energies.— Oxydes and salts are decomposed and metallic matter deposited under a temperature never exceeding 100 deg. Fahr., while the same compounds out of the body require for decomposition, three or four times that amount of temperature.

In respect to the quantity of calomel that will exert a poisonous influence, we remark that this must, from necessity, be indefinite, inasmuch as different persons taking the same dose may, if rightly inspected, present much diversity of constitutional peculiarity, exemplified especially in the state of the stomach and bowels. Hence the varied results from equal quantities of other active medicines taken by the same person, at different times.

The English writers who have quoted some accounts of large doses of calomel as employed in India and in this country, have yet to learn what is meant by *large* doses. *Christison*, well informed as he is, has been able to cite the use of this medicine to no greater extent than 840 *grains in eight days*; and he gets that fact from the *American Journal of Medical Sciences*, Vol. 27. What will he say of *table spoonful doses every hour*, until the patient held, somewhere between the mouth and rectum, a *pound* of that article? That such doses have been given, is just as susceptible of proof as the fact that calomel is employed at all. I have known it prescribed in tea spoonful doses, as if it were calcined magnesia. And there is now remaining in the hands of a gentleman in Lexington, the last of twelve powders ordered for a cholera patient in 1833; which contains *one ounce* of calomel. Eleven of the same size were actually administered, but the patient died before the twelfth could be given. The reader who may desire a further acquaintance with facts in this relation, is referred to the American edition of *Pereira's Materia Medica*, published in 1843, at Philadelphia.

That some persons who took enormous doses of calomel during the prevalence of epidemic cholera, have survived the effects of the remedy, is not denied. But I know it to be as true, that thousands recovered who took no larger doses than ten grains of calomel with one of opium, at suitable intervals. And the melancholy record, if it could be written out, would show that the *mammoth* doses have, in hundreds of cases, induced a total disorganization of the living system, deteriorated every solid fibre, as well as the whole circulating mass, and thus accelerated the fearful ravages of the epidemic.

I arrived in a town in the far West some years ago, just as the cholera had spent its force on the populace. Of one thousand persons, one hundred and forty were cut off, in about four weeks. From some of the medical attendants I learned enough to assure me, that if the cholera had killed the people, calomel had also a share in producing the terrible results. A case was detailed, on the most undoubted authority, in which that medicine was forced into the victim without measure; and although his death was a little delayed, the soft parts of the mouth, cheeks, &c., fell out a putrid mass, indicative of the horrid ravages of the disease and remedy conjoined. And this is only a specimen of hundreds of cases that might be gathered with ease in various sections of country. Now, I care not *how* these and other deleterious effects of calomel are brought about, so far as the facts are concerned. The *how* does not at all affect the *reality*. I may not be able to explain a fact, but that defect does not annihilate it. Who has ever seen cholera patients die in like horrid circumstances, under the more simple treatment as practised in its early history? And how will any one attempt to explain the aggravation of circumstances, the disgusting scenes referred to, where the table spoonful doses have been employed, apart from the baneful influence of the remedial agent mainly relied on?

It may not be irrelevant to notice in this place a discussion had in March, 1843, at a meeting of the *Royal Medical and Chirurgical Society of London*, on the agency of calomel in inducing that horrid sloughing of the mouth, cheeks, &c., that is sometimes the cause of death in young children. We agree with all the speakers, and believe that a disease of this nature may arise independently of mercurial medicines, while we are equally confident that it often has a mercurial origin. Such was the opinion of the President of the Society, who quoted a case that had lately fallen under his notice, about which there could be no mistake.

We have seen cases of the kind referred to, that could be accounted for only on the morbid influence of calomel unwisely administered. It affords us much pleasure to learn from the discussion of this question, and from subsequent publications, that this disgusting and painful disease is manageable by the liberal use of the chlorate of potash. Dr. Hunt gives from one to two scruples of the salt in 12 hours, according to the age of the patient. The happy effects are visible in 48 hours, and the remedy will succeed if administered prior to the occurrence of serious exhaustion. The medicine is readily taken in sugar or syrup.

A very interesting, but not fatal case of poisoning by calomel, is reported in the *American Journal of Medical Sciences* for November, 1838:—About one ounce was swallowed by a young female, accidentally, in mistake for calcined magnesia: two hours elapsed before the error was detected, and yet no obvious effect had been produced; probably in part owing to the milk in which the article was mixed.

That the dose had partially paralyzed the stomach, may be inferred from the fact that 30 grains of Ipecacuanha had no effect, and a like dose was called for in order to set up vomiting. Under ordinary circumstances, 20 grains or less would have sickened her. A large bulk of calomel was discharged at once, entangled in a thick ropy mass, made up of coagulated

milk and other substances, which rendered the calomel, to a certain extent, harmless. Gentle cathartics were given, and the girl recovered in three days, without an untoward result. Had the same quantity of calomel been taken at bed time, and the fact been undetected until the next day, it is more than probable the issue would have been far less favourable.

There are some practitioners whose practice in the use of calomel in diseases that do not quickly run their course, can hardly be exonerated from the charge of poisoning. For example:—A physician devoted to calomel gives it in 40 or 60 grain doses, three times a day, or every two hours, in a bilious pleurisy, as he calls it, expressly to set up free salivation. That is the *desideratum*, and is held to be synonymous with *cure*.—But is the patient cured? Let us see.—His tongue is protruded out of the mouth, the face greatly swollen, and the saliva streaming out at the rate of from a pint to a quart in 24 hours. But the patient is still swallowing the calomel powders, (disguised with cochineal,) two scruples at a dose, several times a day. You ask the Doctor what this means, and he replies—“Oh, Sir, the disease is broken, the man will be well in a few days, and I am giving these small powders just to purge what mercury he has taken, out of the system.” And what then? The system is sinking, the powers of life are fast ebbing, and in a week the man is in his grave.

Now if this abuse of calomel, after salivation has been established, be not a species of *poisoning*, I beg the executors of *Noah Webster* to get out a new edition of his Dictionary, to provide for such cases. Does any one inquire if the practice alluded to is not a very rare occurrence? Alas, for society! it is but too common in many portions of our country; and it is high time that it should be spoken of in the language of undissembled rebuke.

The remarks just made, are intended mainly to rouse the attention of our profession to the rash, inconsiderate, routine and purely mechanical manner, in which calomel is dealt out to patients in the South and South-Western portions of our country. A devotion to theory should never blind any practitioner so effectually, as to lead him to adopt a system, because he has been taught that it is *the true* system. Nor should he allow himself to be so much enamoured of a remedy, as to fancy it can do no harm; yea, that without its aid he can do nothing in the management of disease. The moment he reaches this point, the wheels of his chariot are clogged. Go backward he may, but to advance is not practicable.

That I may not be thought singular in denouncing the abuse of calomel as little better, or rather no better than poisoning, be it remembered that our best writers have so regarded excessive salivation. Hence the repeated essays to show the pernicious effects of mercury, in every form, to establish in the system that exceedingly troublesome and often unmanageable product of calomel and other mercurials, known by the appropriate name of *mercurial disease*. The ignorant and empirical use of the remedy lays the foundation of a morbid state, worse, in some respects, than the disease it was intended to remove. We allude not here to syphilis alone, but to a variety of acute and chronic affections, which, in the crude judgement of some practitioners, are curable only by a profuse salivation. Who does

not know that, to save the trouble of reading and observation, hundreds of physicians pour in mercurial medicines for no other reason than because they suppose a fœtid drain from the mouth for weeks or months, will infallibly cure ?

My readers doubtless recollect a short article that made its appearance in many of our newspapers not long since, in the shape of a denunciation of calomel. The authorship of this publication was reputed to have its location in the uppermost chair of the University of Pennsylvania ; and even that elevated post did not prove a screen from the shafts of opposition, and I may add, of malice. Very suddenly, however, the vane turned completely round, and the poor Thompsonians had the lash applied most liberally, for this mortal sin. Among the foremost to be severe in their denunciations, were some who profess to be Champions of what is called *Southern Practice*, just as if any kind of practice might be tolerated, right or wrong, on the naked score of latitude and longitude.

Now, I care not *who wrote* the article to which reference has been made, half so much as I care *whether it be true*. And as I profess to have as much respect for *Southern Practice* in medicine as any other man, so far as that practice is correct, a quotation from an Essay written in the South twenty years ago by a gentleman of acknowledged talents, will be submitted for the especial benefit of those who denounced Professor Chapman very recently for similar sentiments and views, supposed to have been uttered by him.

The author from whose paper I quote, has resided in Alabama more than 20 years, and but for a chronic disease that has greatly enfeebled him, would, I doubt not, have been known several years ago as Professor of Theory and Practice, in one of the most respectable schools in America.

In the American Journal of Medical Sciences, Volume 2d, page 42, (1828,) Dr. Heustis, then of Cahawba, Alabama, thus spoke :—"The horrid spectacles frequently to be seen as the consequences of the mercurial treatment, are shocking to humanity and disgraceful to the profession.—Even were mercury the only alternative, that life is dearly purchased which is bought at the sacrifice of every thing that renders life desirable—the constitution broken and destroyed—the person maimed and disfigured, so that it is scarcely recognized by the unfortunate sufferer himself—an object of pity and horror to his friends. Deprived of their teeth, perhaps of their jaws, we sometimes see these pitiable objects with distorted features, the cheeks and palate partly destroyed by mortification, and the remaining portions cicatrized into an unsightly knot, with the mouth twisted from its natural position, drawn obliquely towards the ear, and the lips and cheeks consolidated with the gums.

"Calomel is often given to a great extent during the continuance of a fever, without inducing any sensible effects, and it is only after the solution of the disease, when convalescence is about to ensue, that this latent poison breaks forth with tenfold violence. The patient who a day or two previously flattered himself with a speedy recovery, now finds himself sadly disappointed, and is doomed to undergo a factitious disease more tedious and painful than the first."

But it may be said that further experience very probably altered this Southern practitioner's views. Let us see.—In 1836 he resided at Mobile, and if living, is there still. I need not say that Mobile is a sickly post, as that point has been abundantly made out. In the same Medical Journal, Vol. 19, we find an essay from the same pen, in which, while the excellent virtues of calomel are noticed, he thus writes:—"In this way," (speaking of *bilious fever*.) "I have known an artificial disease produced and kept up by the daily exhibition of calomel; and because a flow of saliva was not excited, it was concluded that the medicine had not exerted its specific effect, or not been given in sufficient quantity. It was, therefore, pushed further, and sloughing and mortification of the gums, cheeks and fauces, and death itself followed in the train. Let the young practitioner, therefore, beware of the dangerous rock on which so many lives have been prematurely lost."

Such is the testimony of an old Southern physician, in a Southern climate, touching the pernicious agency of calomel; not in syphilis, but in a disease peculiar to the climate. And if it were needful to add further testimony of a similar character, it could be adduced in abundance.

The distinguished British Surgeon, Mr. Liston, says he does not believe that any man ever lost the bones of his head or face, by syphilis alone. To mercury, chiefly, he attributes the result.

We may go even further, and say, that to put a man's system, needlessly, in such a condition as will expose him to the hazard of life, from mere contingencies, is so much like *poisoning*, that we have not a sufficient quantum of discriminating tact, to point out the difference. And who does not know that a sudden exposure, (perhaps unavoidable), to a cold rain, has so violently affected the salivated man, as to cut short his days by a fatal metastasis! We are not ignorant that under the wisest management, and contrary to the wishes of the physician, his patient may be profusely salivated; but that belongs to casualties, and differs wholly from the case of deliberate, intended, profuse salivation, as the *sine quâ non* of cure.

As the unavoidable result of all this malpractice, we find that toxicologists devote a portion of their writings to the best means of arresting mercurial salivation, because its unchecked operation is often highly injurious, and sometimes fatal. A few remarks, therefore, on this point, will not be out of place.

It is known that mercurial salivation has been checked by a change of air, independently of dampness and moisture, and strong currents of wind. So also nutritive diet, cathartics, and sometimes mild tonics, have had the same effect. The result depends much on the actual state of the system, as to inflammatory symptoms, debility, &c., &c. Small doses of tartar emetic, so as to act gently on the skin, have also succeeded. Large doses of acetate of lead have been given with success, for the same end; but I have derived most benefit from the watery solution, as a mouth wash. It blackens the parts temporarily, owing to sulphuretted hydrogen gas in the saliva; but that is not worth naming, as an objection. The solution should consist of two drachms of the acetate to six ounces of water, and be employed five or six times a day.

Flowers of sulphur, mixed with molasses, have long been used for this purpose; and the gently laxative property of the mixture may be beneficial. But the notion of a chemical action and the formation of a sulphuret of mercury being the secret of success, is nullified by the well known fact that the sulphuret is a sialagogue.

Jodine, in watery solution, and in tincture, has also considerable reputation for its property of arresting mercurial salivation; and in persons of a scrofulous diathesis, may be an excellent remedy. The late Dr. Stuart of Philadelphia, relied on the efficacy of a strong infusion of green tea, as a lotion. But in my judgment, the best expedient is the liquid chloride of soda, in the proportion of two drachms to four ounces of pure water, to be used as a mouth wash, very frequently. It very promptly subdues the fætor of the discharge, and soon abates the whole evil.

Art. III.—An Account of the Yellow Fever which prevailed at Rodney, Mississippi, during the Autumn of 1843, by William G. Williams, M. D., and James Andrews, M. D.

(The following paper was obligingly furnished in reply to a letter from one of the Corresponding Secretaries of the Louisiana Medico-Chirurgical Society, dated October 14th 1843. A similar Communication requesting information as to the nature, causes, and treatment of Yellow Fever in the Towns on the Mississippi River above New-Orleans, was also addressed to some of the physicians of Natchez and Vicksburg, but no reply has yet been received. It is earnestly hoped that the Physicians residing in those River Towns which are accasionally visited by this disease, will hereafter give the subject, the attention which it importance deserves, and publish to the world the result of their observations.)

In complying with the request contained in your letter, we shall so far as topography and the condition of our town are concerned confine ourselves to a simple statement of facts, and leave you to draw your own deductions.

RODNEY is situated on the East bank of the Mississippi, forty miles above Natchez, in latitude about $31 \frac{1}{2}$. On the North and East, there is a succession of high hills, those on the East extending South of the village, and terminating within four hundred yards of the Mississippi, between which and the river, the land is low and flat, and subject to inundation whenever the river rises above its banks. There is a valley varying in width from one hundred, to one hundred and fifty yards, extending itself in an eastwardly direction from the river, which is occupied by dwellings. On the south side of this valley, there is a small stream which pursues a

westwardly course until within a few hundred yards of the river, where it changes its direction, runing north and forming a junction with a large bayou which bounds our village on this side.

After rains, all the water that collects from the neighboring hills on the East, passes down this valley, which is frequently overflowed in consequence of the channel being insufficient to contain it. During the past spring and summer, those occupying this part of our town have been very much annoyed by the water, the season having been very rainy. Some of the houses on the East side of the street, running parallel with the river are but badly provided with gutters, and the consequence is, that the water after rains accumulates under them. We deem it proper to state that this has been the case for years, and although the congestive forms of disease, and the gastric and hepatic modifications of remitting fever have been common, this is the first time our village has ever been visited by Yellow Fever. (1) The health of our town in 1836 was very bad, and the diseases of 1837 were malignant and marked with unusual fatality. During both these years in addition to the causes that have usually operated to produce disease, there was a quantity of corn and bacon thrown from flatboats, and left to decay on a mud bank which is always left exposed to the action of the sun when the river recedes within its banks. This bank is situated between the business part of our town and the river, and the stench emitted from it during the months of july and august 1836 and 1837, was almost intolerable. Both these years our village contained a population double what is has been this, and was so far as our senses have been capable of appreciating, in quite as filthy a condition. Indeed we can see no cause to produce this disease that has not been in operation in former years, unless it be the frequency of rains during the past spring and summer. That the condition of our town, together with the frequent rains, were circumstances which favored the spread of the disease,, we deem altogether probable. But that the local causes of disease existing here served exclusively to develope this peculiar form of fever, we doubt. Whether the disease in question originated from local causes altogether, or being introduced into an atmosphere favourable to its propagation became epidemic, we cannot from the facts and circumstances within our knoeledge, certainly make appear.

We are among the few however who believe Yellow Fever to be indigenous to tropical latitudes, and incapable of production beyond, unless the infection be transported.

That there was a state of atmosphere here, which favoured the spread of the disease, we are willing to admit, otherwise it could not have become epidemic.

(1) As much has been said by those who differ from us in opinion, respecting the condition of the houses refered to, we have since writing the above visited and examined each of them respectvelly, and have to state as the result of such examination as we could make, that we found no water standing under any of them, as had been represented to us. We had been informed that such was the fact, and being desirous to represent every thing in its true light we mentioned it. We have since examined for ourselves and would respectfully suggest to those who dissent from us in opinion respecting the origin of this Fever, to do likewise.

SMALL POX, a disease acknowledged by all to be contagious, will assume an epidemic character under like favourable circumstances, as has been the case in Philadelphia and other parts of the United States.

But in what this state of the atmosphere consists, or what atmospheric changes occur to favour a particular disease becoming epidemic, we know not, and we are perfectly satisfied to have those who differ from us, attribute this change to any thing that may strike either their fancy or senses. What we contend for is, that the existing state of the atmosphere, vitiated by the decomposition of vegetable or animal matter, or both combined, did not generate Yellow Fever here; and we consider this evident upon every principle of induction, however heterodox our opinions may be considered by others. An epidemic constitution of the atmosphere acts as we conceive by favouring the diffusion of the poison productive of disease, whether eliminated from the bodies of those affected, or the *tertium quid* formed by the chemical changes that take place in the decomposition of vegetable and animal matters.

The communication between this place and New-Orleans has been uninterrupted; many boats have landed at this point and discharged freight with cases of the disease on board, and it is a common thing whenever boats stop, for our citizens to visit them. Goods were received here from New-Orleans, during the latter part of August and September, immediately preceding the appearance of the disease, and during its prevalence. If Yellow Fever can be communicated in this way, the opportunities have certainly been ample.

We have been able to ascertain that the last goods which were received here before the disease appeared, arrived on the 3d of September. Mr. Brown whose case was the second that occurred, informs me that he assisted Mr. Ricks to open these goods. The first case of the disease was that of young Mr. Logan, who is known to have been on board of almost every boat that landed. One of our citizens informs me he saw him on a boat where there were several cases of Yellow Fever only a few days before his illness.

This young man was attacked on the 6th, and died with black vomit on the 12th of September. Mr. Brown was taken on the 7th day after, and recovered. Mr. Ricks, who received the goods from the boat which Mr. Brown assisted him to open, was attacked on the 10th, and died with black vomit on the 15th of September. We will here state that Mr. Ricks was with Mr. Logan during his illness, and that out of six persons who composed the white family of Mrs. Logan, including a married daughter, only one escaped the disease and four died of it. One of the family servants died also.

We consider it a matter at this day clearly settled among the better informed on this subject, that the cause productive of intermitting and bilious remitting fever will not produce Yellow Fever. We not only consider the cause of the latter peculiar, but the disease itself as distinct from Bilious Fever as scarlatina or plague. Professor Caldwell, who has always been a noncontagionist, and who has laboured as hard to prove the origin of Yellow Fever from local nuisances as any other medical man, in a Prize Essay on Febrile Miasme, says: "If at the commencement of Yellow Fever the nuisance to which it is attributed be removed, the disease is not

eradicated. It not only continues to prevail in the place of its first appearance, but spreads to distant points, and does not disappear until its extinction by a change of season; the actual passage of the summer and autumnal temperature into that of winter. . . .

"When an epidemic Yellow Fever has begun its career in one of our large commercial cities, nothing but a termination of warm weather can arrest it. Local nuisances may be removed, the inhabitants of the city may fly, man may erect his artificial barriers, currents of water may be made to flow along the gutters, rains may fall and wash the entire streets, and the winds may blow and change the atmosphere of the place; but all to no purpose. If the temperature of the atmosphere continues high, the epidemic mocks at resistance until it expires under a regular change of season." The doctor says the problem this presents "is difficult of solution," and offers but one explanation which he observes is unsatisfactory to himself. Now we ask why is this the case? If the disease be generated by local nuisances, why does it not cease when these causes are removed? Is not this presumptive evidence at least that the disease does not proceed from these sources? It seems so to us, and the only reason we can assign for the disease continuing to prevail under such circumstances is, that when once excited it will reproduce itself.

But further. Doctor Rush, who was the prime disseminator of the doctrine of the local origin of Yellow Fever, and who traced (as he tells us in the 3d vol. of *Inquiries*) the origin of the epidemic of 1793 in Philadelphia, to some damaged coffee and spoiled hides, says that "out of forty scavengers who were employed in collecting and carrying away the dirt of the streets, only one took the disease and died of it."

See his *Inquiries*, 3d vol. page 102: "Persons confined in the house of employment, in the hospital, and in the jail, were preserved from the fever." Page 101, same vol.

"Citizens thus impregnated with the contagion communicated it in several instances to their country friends." Page 107, vol. 3.

The disease commenced its ravages in Philadelphia about the 1st of August 1793. On the 4th or 5th of September, Dr. Rush published the following article in the *American Daily Advertiser*.

"It has been remarked that the black people have in no one instance been infected with the malignant fever which now prevails in our city. The late Dr. Lining of S. C., long ago made the same remark. There is something very singular, says the doctor, in the constitution of the negroes, which renders them not liable to this fever; for though many of them were much exposed (as the nurses) to infection, yet I never knew one instance of this fever among them; though they are equally subject with the white population to the bilious fever.

The only design of this remark is to suggest to our citizens the safety and propriety of employing black people to nurse and attend persons affected by this fever; also to hint to the black people that a noble opportunity is now put into their hands, of manifesting their gratitude to the inhabitants of this city which first planned their emancipation from slavery, and who have since afforded them so much protection and support as to place them, in point of civil and religious priviledges, upon a footing with themselves."

A day or two after this publication of Dr. Rush; the following communication was received by the Editor of the "Mail" from the mayor.

"SIR—It is with peculiar satisfaction that I communicate to the public through your paper that the African Society, touched with the distresses which arise from the present dangerous disorder, have voluntarily undertaken to furnish nurses to attend the afflicted, and that by applying to Absalom Jones and William Gray, both members of the society, they may be supplied."

(Signed,)

MATTHEW CLARKSON,

September 6th 1793.

Mayor.

Dr. Rush adds, "It was not long after these worthy Africans undertook the execution of their humane offer of services to the sick, before I was convinced I was mistaken. They took the disease in common with the white people, and many of them died with it;" 3 Vol. inq. page 95.

The contagious nature of typhus fever is at this day generally admitted by medical men. Dr. Caldwell observes of typhus miasm, that "there is reason to believe it can adhere to the body and clothes of an individual, and being in this way carried to a distance, escape from him and generate disease in other persons; and the individual from whose secretions the poison is formed, may still retain his health. Thus persons taken from their dungeons to trial, themselves free from typhus, have, by the miasm carried along with them, produced that complaint in those whom they approached.

To say nothing of the reported occurrences at the Black Assizes and the Old Bailey, other facts of similar import may be adduced. If our own authority may be admitted in support of our position, we will relate one which we witnessed ourselves:—"A criminal who had been long confined in a small, foul, and badly ventilated dungeon, was about to be brought to trial; his counsel wishing to converse with him, but unwilling to enter a place so offensive, had him brought into an adjoining apartment. During the conference he was assailed by a noisome odour from the culprit's body, which produced once or twice a slight degree of nausea. In a few days afterwards he experienced a violent attack of typhus fever, from which he recovered with great difficulty. The place at the time was free from disease; nor had the prisoner been sick. The poison issuing from his person and clothes, was the only cause to which the disease of his counsel could be referred." (Caldwell on Febrile Miasms.)

Now Yellow Fever, as it prevailed here, seemed to be a modification of the synochus grade, rapidly assuming a typhus aspect. The effluvia from the bodies of the sick in grave cases, was highly offensive, and the atmosphere of their apartments completely surcharged with it. A gentleman with whom we were conversing a few days since on this subject, remarked he believed he would be able to recognize the disease in its advanced stages by the sense of smell alone.

Typhus and typhoid fevers can be distinguished easily by those who are familiar with them, in this same manner.

If then, from the secretions of an individual in health, a poison can be formed capable of engendering disease in others, is it reasonable to suppose that the excretions of a person labouring under a disease so malignant and offensive as this, are entirely innoxious? Whilst Yellow Fever was pre-

vailing here, all our citizens, with but few exceptions, were in the habit of frequenting the chambers of the sick, and many undoubtedly took the disease, and some lost their lives, from thus exposing themselves to the infection. But it is not our intention to pursue this branch of the subject any further. To enter upon a full discussion of the infectious or non-infectious nature of Yellow Fever, as also the probable nature and operation of its causes, would far transcend the limits designed for this communication.— It is a difficult matter to combat old and received opinions, and we are aware that the views we have expressed are counter to those of many, perhaps a majority of our professional brethren. These convictions, however, have been forced on us from observation and reflection, in opposition to early imbibed impressions, and the views of those in whose opinions we were thoroughly indoctrinated. A few years ago a medical man could scarcely be found who would venture to advocate the opinions we have expressed on this subject. But we have the satisfaction of knowing at this time, that many physicians not only in the valley of the Mississippi, but in the Northern States, concur with us. We should in all our investigations divest ourselves of our prejudices and predilections. Too many have commenced their inquiries with preconceived theories, and to these made facts subservient. This in the present as well as preceeding age, has clogged the wheels of investigation, and limited the usefulness of those who otherwise might have been instrumental in preserving the lives of thousands of their fellow beings, whilst as many have fallen victims to false and absurd theories. The discordant opinions and practices of medical men arising from this source, have not only alienated public confidence, but served to increase greatly the triumphs of mortality over the healing art.

A little further advancement in the science, and a few more revolutions consequent in the opinions of the medical world, will level many of our present theoretical monuments in the dust, and others rear more perfect in construction, and free from the rubbish of ignorance and speculation. It is not improbable that to the age which is to succeed, some of our present opinions will appear as absurd as do many of the preceeding to us. This should prompt us not to rely too implicitly on the opinions and investigations of others. In endeavouring to fortify the position we have assumed in relation to the transportability and infectious nature of Yellow Fever, we have not availed ourselves of much evidence that might be adduced; aware that it would be folly under existing circumstances to endeavor to reconcile conflicting opinions on this subject. We feel perfectly willing, however, as well as our professional brethren who think with us, to submit our opinions to the test, and can see no good reason why those who differ from us should interpose obstacles to the establishment of quarantine regulations. As it has been reported that a number of cases of Yellow Fever have occurred in Natchez this season, we subjoin the following, transcribed from a letter received a few days since from a physician of high standing in that City:—

“No cases of Yellow Fever have occurred in my practice this season. Some cases were said to have occurred at the lower landing, in the immediate neighborhood of a case that terminated fatally from New Orleans.— My confidence in quarantine is strengthened from this year’s experience. So entirely satisfied am I of its protective agency, that I feel a perfect

assurance that as long as a proper quarantine is enforced, our city will remain forever exempt from Yellow Fever.

“Until the year 1817, no Yellow Fever was known in this city, and that was the first year that Steamboats commenced running on the lower Mississippi.”

SYMPTOMS.—The invasion of the disease was frequently sudden, and characterized by a cold stage which varied from a slight sense of chilliness to the extreme of an intermittent. During this stage of the disease, there was pain in the back, loins, and extremities, which in some cases seemed almost insupportable. As the stage of excitement came on the eyes became red and watery, the face suffused, and in many cases presented a swollen or besotted appearance. Pain in the region of the frontal sinuses was now superadded to that in the back, loins, and extremities. The appearance of the eyes was peculiarly characteristic of the disease, and lent to the countenance during the early period of excitement an expression of animation, attributable no doubt to preternatural excitement of the brain. In all the cases we saw where the force of the disease seemed directed towards the brain, there was a strong disposition to coma on the second or third day. When the individual was aroused, he awoke with an air of confusion or surprise, and when interrogated as to his situation, was apt to reply he felt very well. This was a bad omen, though it was observed in some who recovered. The tongue was sometimes clean, at others coated with a light-coloured coat, which, as the disease advanced, became brown, and finally assumed a black appearance. In some cases the pulse was soft and compressible, lacking the force and volume of health from the accession of the fever to its termination. In others the arterial excitement was tumultuous, and it was an easy matter to count the number of pulsations by the motion of the head at every contraction of the heart. In these cases the surface was intensely hot, the pulse at the wrist gaseous, and although the artery was easily compressed, it would bound against the finger when raised.

As the febrile symptoms abated, the pulse often became very small, and not unfrequently fell below the natural standard in point of frequency, beating from fifty to sixty strokes in a minute. This state of things continued for a longer or shorter time during the early period of convalescence, and when attended as it sometimes was with too cool a skin and a tendency to inordinate perspiration, required the use of stimuli.

A silent, indifferent, or unsuspecting aspect—a glassy, tearful, yellow eye—a cold, moist, inelastic feel of the flesh—a dark, brown, or black tongue, with sordes about the teeth—hiccough, delirium, subsultus, hemorrhage, and black vomit, were the precursors of dissolution. Yellowness of the skin, though always present in cases where the disease terminated fatally, was not perceptible in many who recovered.

TREATMENT.—In some subjects of the sanguine or sanguineo-bilious temperaments, the cautious abstraction of blood from the arm was followed by good effects; but these cases were rare, and in the great ma-

majority of instances it was not only uncalled for, but positively injurious. The powers of the system seemed to succumb to the lancet; and the depressing effects of depletion, either by the abstraction of blood from the general circulation or by active purgation, soon became visible. In some cases where it was deemed necessary to resort to cupping a second time, a manifest impression was made on the pulse. In most cases where the lancet was used, and more particularly where this practice was conjoined with the liberal use of calomel, as the febrile symptoms abated, the pulse sunk, the skin became cool or cold, and bedewed with a clammy perspiration, coma ensued, and death shortly closed the scene. After the fever was fully developed, cupping over the epigastric region about the temples, and along the spine, together with cold applications to the head, was productive of the happiest effects.

Emetics were administered early in the disease, with a view of modifying the character of the excitement, developing the pulse, and placing the system in a condition favourable for the use of the lancet. Their effects were too equivocal to be relied on, as they not only failed to fulfil the indication, but served sometimes to create much gastric distress.—Although active purging was prejudicial, mild cathartics were of great utility, for the purpose of preparing the system for the more efficient operation of other remedies, as well as by removing all sources of irritation from the alimentary canal. Castor oil aided when tardy in its operation by injections, answered best. After the bowels were moved, when the stomach would bear them, the diaphoretic infusions were of much service.

When the dejections were of such a character as to indicate a torpid condition of the biliary organs, blue mass, aided in its operation when necessary by the saline cathartics, was far preferable to calomel. Blisters to the back of the neck and over the epigastric region, as also between the shoulders, when coma came on, were used with advantage.

Mustard baths were found serviceable when the reaction was imperfect or feeble, for the purpose of recalling the circulation to the surface. Sinapisms were resorted to with the same view. In such cases as these oil and turpentine answered well as a cathartic. Diuretics were frequently found of much service, and the value of the above combination seemed to be enhanced by the diuretic properties of the turpentine.

From what we have seen of the disease, we have come to the following conclusions:—

- 1st. That the disease did not originate here from local causes.
- 2d. That the evidence in favour of this opinion is sufficiently conclusive to warrant the establishment of quarantine regulations.
- 3d. That if produced by the chemical changes which take place in the decomposition of vegetable or animal matters, the miasm evolved is different from that productive of bilious remitting fever.
- 4th. That Yellow Fever is a disease distinct from bilious remitting fever.
- 5th. That the disease will reproduce itself and become epidemic under a favouring state of the atmosphere.
- 6th. That the disease in different latitudes and at different times, varies its aspect and requires a corresponding modification of treatment, and that

to this is attributable in a great measure the conflicting opinions of medical men in relation to the treatment applicable.

7th. That the proximate cause of Yellow Fever is irritation seated in the brain or nervous system.

8th. That this irritation gives rise to local determinations of blood.

9th. That thus life may be destroyed without the supervention of local inflammation, the energy of the brain being impaired or destroyed, and excitability of the nervous system exhausted.

10th. That the character of the excitement in the cases we saw, was attributable to a loss of balance between the nervous and vascular systems.

11th. That the nervous power or influence being impaired or destroyed, and local accumulations of blood occurring, imparted a strong septic tendency to the system and that decomposition often commenced before vitality was extinct.

We have thus given you a succinct history of this disease as it prevailed here together with our views, some of which you may be disposed to consider chimerical. We have avoided prolixity in this communication, unable as we feel (after the vast deal that has been written on this subject) to offer anything new, interesting, or instructive.

Rodney, Miss., Dec. 18th, 1843.

Art. IV. — Some account of a new method of reducing dislocations, applicable both to recent and ancient cases; by Sam. A. Cartwright, M. D., read before the Natchez Medical Society, on the 7th of March 1844, and ordered by the Society to be published in the New-Orleans Medical Journal.

It is quite probable that the new method about to be detailed, of reducing dislocations, if it attracts the attention of the profession elsewhere, will be received with less inclination to examine into its merits than to ridicule it in advance. The medical world are not looking to the far distant Mississippi for any discovery in surgery. History, however, abundantly proves, that nature has not confined herself to any particular localities in revealing new truths, as a large portion of the most useful discoveries have been made in other places than the renowned seats of science, and by other persons than those of aspiring pretensions.

At the present day throughout Europe, physical force, in some form or other, is thought to be an indispensable element in overcoming the resistance of muscular action in the reduction of dislocations of the joints. Yet a number of authentic cases are on record of dislocations having been suddenly reduced by some fortunate turn of the patient in bed, after the common method by extension and counter-extension had been tried in vain.

In such fortunate accidental reductions, it is evident that nature pursues a different and much less painful process in restoring the dislocated bone to its socket, than that recommended, from time immemorial, by surgical writers, and taught at the present day by the learned professors of the medical schools in Europe and America. The new method proposes to imitate nature instead of them. Accidental reductions prove that there is a latent power lodged somewhere in the human body, (so wonderful is its anatomical construction,) sufficient of itself, when brought into action, to correct those evils called luxations without the necessity of physical force. What that power is, where it resides, and how it can be brought into action, in a uniform and regular manner, will, if sought for, lead to the new method about to be detailed. In the common and long established practice of reducing luxated bones by violence, anatomy plays a poor, subordinate part, as it merely directs and aids the tortures inflicted on the unfortunate patient.—Whereas, in the new method, anatomy is every thing—aptly illustrating the adage that “knowledge is power.” The proper application of anatomical knowledge to dislocations, will make all manner of violence unnecessary in effecting their reduction. Taking for granted the necessity of violence to overcome the resistance of the contracted muscles, surgeons looked to anatomy only to learn the proper direction to make the extension and counter-extension.

But for this radical error, originating in the infancy of anatomical knowledge, and handed down from generation to generation, they would long since have looked to the anatomical construction of the human body, to find out those positions which would give them command over the muscles of a dislocated limb, enabling them, as if by enchantment, to remove the pain and tension, and to make the resisting muscles themselves assist in effecting a speedy reduction of the bone to its socket, without pain or violence of any kind.

In order to demonstrate the practicability of reducing luxated bones of the ball and socket joints, without subjecting the patient to the pain and violence of the common method, it will be necessary to take, as an example, some particular kind of luxation of a particular joint, and to consider its anatomy with special reference to placing the dislocated limb and the body of the patient in such a position as must, from necessity, relax the muscles which are on the stretch, and extend those that are too much relaxed. Let, for instance, the dislocation to be reduced be the hip joint—the most difficult of all luxations to reduce, and, next to the shoulder, of the most frequent occurrence.

Of the various kinds of luxations of the hip joint, that in the iliac fossa occurs much oftener than all the others combined. Let this particular kind of luxation, therefore, be taken as an example to demonstrate the anatomical practicability of reducing the bone without giving pain to the patient, or using any other force (after placing the limb and the body of the patient in a proper position) than that given by the muscular system of the patient himself. To say that this dislocation of the hip joint can be reduced without extension and counter-extension, will scarcely be credited, unless its practicability be demonstrated by anat-

my. In proceeding, therefore, to the demonstration, it will be necessary **IN THE FIRST PLACE**, to call attention to the fascia and sheaths of the muscles, or in other words, the frame work in which the various muscles play; also, to the origin, insertion, size, strength, situation and use of all the muscles connected with the motions of the thigh on the pelvis, and the leg on the thigh—and how their actions are influenced by different positions of the limb in certain attitudes of the body.

SECONDLY.—To the situation of the displaced bone; the motion it will admit of and those that it will not admit of; to the muscles which are on the stretch and contract from that cause; and to those muscles which fall into another kind of contraction from an approximation of their points of attachment.

THIRDLY.—To point out those positions of the limbs and body, which must, from necessity, remove the tension of the fascia and the sheaths of the muscles, approximate the point of attachment of those muscles which are on the stretch, and at the same time, separate the points of attachment of such as are too much relaxed; or in other words, to point out what positions of the limbs and body will effect spontaneous reduction by calling into play the natural actions of the muscles themselves.

A very important consideration in the reduction of dislocations is, that the fascia covering the muscles, has no elasticity or power of elongation and contraction. Like tendons and ligaments, if stretched beyond a certain point, it breaks instead of yielding. The fascia covering the muscles of the thigh and pelvis, and the ligamentous processes it sends between the various muscles it covers, are of the same unyielding nature as the fascia elsewhere. The sheaths of the muscles are also, in the natural state, sufficiently loose to admit of the muscles playing within them with facility. But when a bone is displaced from its socket, the muscles are also more or less displaced. They often force their sheaths or escape, in part, from them, forming what has been very properly called "*luxation of the muscles.*" When some of the muscular fibres escape through a rent in the sheath muscular hernia is the consequence. In every instance of dislocation of the hip joint some of the muscles are impeded or restricted in their action by their sheaths, or by the fascia being too tense over or across them. Some one or more muscles are also *luxated*; for instance the gluteus minimus, in the dislocation of the thigh in the iliac fossa, ruptures its sheath and forms a kind of cup around the head of the bone. It is the tension of the muscular sheaths, more than the contraction of the muscles themselves, which gives the pain and opposes the reduction of the bone under the mechanical process of extension and counter-extension. The tension of the desmoid tissue enveloping the muscles, cannot be overcome by mechanical means, owing to the physiological fact that this tissue will not admit of extension beyond a certain point without laceration. But this main obstacle to reduction can be easily overcome or eluded by putting the dislocated limb and the body of the patient in such a position, as will relax the desmoid frame work in which the muscles play. That position can only be ascertained by a clear anatomi-

mical knowledge, both of the muscles and their sheaths, connected with any particular dislocation. Irregularity in muscular contraction always ensues from any derangement in the sheaths of the muscles. Whether the sheaths be displaced, torn, or stretched, the action of the muscles within them becomes deranged; and the equilibrium, between a whole congeries of muscles and their antagonists, is lost. Thus, the rupture of the delicate tissue, covering a few fibres of the sterno-cleido-mastoideus, will throw the whole muscle into isolated contraction, break the equilibrium between the antagonist muscles and draw the head to one side as in torticollis. If such be the effects of a rupture or violent tension of the sheath of a small fassculus, it will readily be perceived, that muscular action must be greatly disturbed by the tension, or rupture of the muscular sheaths in dislocations of the joints. The sheaths or frame work in which the muscles play, merit, therefore, particular attention. All the muscles, connected in any manner with the hip joint, are covered by a tendinous fascia more or less dense, and from the internal face of this fascia, partitions pass off, separating the muscles from one another.—The iliac fascia, covering the internal pelvic muscles, adheres to the crista of the ileum and is inserted into the crural arch. It there becomes blended with the transverse abdominal fascia. The external muscles of the pelvis, and all those of the thigh are covered by the *fascia lata*. This fascia, arising from the whole length of the crista of the ileum, is aponeurotic in its character, and is closely adherent to the gluteus medius muscle. This is the muscle, which the end of the bone lies under, in dislocations in the iliac fossa. Many of the fibres of the gluteus medius are inserted into the fascia. Anteriorly the fascia adheres to the tendon of the external oblique and descends from the ileum and pubes to the knee, where it is closely blended with the tendons of the extensors of the leg. Posteriorly, it descends from the upper part of the gluteus maximus to the ham. On the external part of the thigh, it is very thick and strong, thinner behind and weaker in the inner side. As it passes from the gluteus medius to the groin, it separates into two lamina, inclosing a small muscle, the tensor faciae femoris. The sartorius muscle is also enclosed in a duplicature of the fascia lata. The posterior lamina of the sartorial duplicature passes over the iliacus internus and psoas muscles, and thence to the pectineus. The anterior lamina is continuous with Poupart's ligament, and terminates in a point called Hey's ligament. When the leg is extended and the foot moved laterally, it will be seen, that the fascia lata and the tendon of the external oblique exercise a mutual tension;—proving that that position is most unfavorable for reduction.—From the internal face of the fascia partitions pass off, separating the muscles of the thigh from one another and forming sheaths for them. Some of these processes are merely cellular substance, as those between the extensor muscles in front and the adductors on the inner side of the thigh; but others are ligamentous as the partition between the vastus externus and biceps flexor cruris. The great gluteus, being not only covered by the fascia but inserted into it, cannot be commanded when the fascia is in a state of tension. This aponeurotic membrane will not yield to exten-

sion, and it prevents the muscles from yielding.—It cannot be stretched beyond a certain point, but it can easily be relaxed by altering the position of the limbs and the body.—When thus relaxed, the muscles are easily commanded.

Having thus glanced at the unyielding frame work in which the muscles play, the muscles themselves will deserve particular attention to understand the new method of reducing luxations. The various movements of the thigh on the pelvis and the leg on the thigh are performed by six different sets of muscles differing in size, situation and use.

1st. The thigh is drawn up towards the abdomen and the body bent forwards by the great psoas and the internal iliac muscles. They might properly be considered as one muscle with two heads. The first arising as high up as the last dorsal vertebra and the second from the last lumbar, forming a fleshy cushion on the sides of the lumbar vertebrae and lining the whole internal cavity of the pelvis,—uniting in a common tendon, which, escaping from the pelvis under Poupart's ligament, is inserted into the trochanter minor. It will simplify the subject by calling these the internal pelvis muscles.

2d. The thigh is drawn backwards and extended on the pelvis by the glutei or external pelvic muscles. They are much stronger than their antagonists, the internal pelvic muscles.

The motions they perform are exactly opposite to those of the psoas and iliacus. The glutei, however, execute two other additional movements according to the position of the limb. For instance, they assist in those motions called abduction and rotation. The great gluteus is the principal antagonist of the internal pelvic muscles, while the medius and minimus assist, in certain positions of the limb, the weak abductors to antagonize the strong adductors. These two are inserted in and near the great trochanter, but the gluteus maximus spreads its broad tendon, from the out side of the trochanter, the whole length of the upper third of the linea aspera. When the thigh is extended on the pelvis, the glutei, particularly the two smaller muscles of that name, draw the limb outwards or assist the abductors, but when it is flexed, they rotate it outwards or inwards, according to the part of these muscles which may be thrown into action by the peculiar form of the position.

3d. The thigh is drawn inward and forward by the adductor muscles, viz: the pectinalis, adductor longus, brevis and magnus; the three last being often called the triceps adductor femoris. The whole of them might properly be considered as one muscle—the pectinalis in its course and character properly constitutes a fourth head. They all arise from the pubes and are all inserted into the linea aspera. They separate the muscles on the anterior from those on the posterior part of the thigh.—Next to the glutei, they are the strongest of the femoro-pelvic muscles. In size and strength they greatly exceed their antagonists, the abductors.

4th. The thigh is drawn outwards and rotated outwards by what are called the abductor muscles. They are six in number, and whether considered separately or together, they are the smallest and weakest muscles connected with the thigh or pelvis. In every kind of dislocation of the hip joint, they are all more or less stretched or extended, as will, by

consulting the best authorities, appear. Hence an intimate acquaintance with their anatomy is absolutely essential, to a proper understanding of the new method of reducing luxations.

The pyriformis or pyramidalis, the upper muscle of the six abductors, arises from the second, third and fourth bones of the sacrum, soon becomes conical, and passes out of the pelvis through the upper part of the sacro-sciatic foramen. It is inserted into the upper middle part of the great trochanter. Next below the pyriformis, is the superior geminus, next to which lies the obturator internus, and then comes the inferior geminus.—Both the gemini arise from the posterior part of the spine of the ischium, and are inserted into the deep cavity at the root of the trochanter major, in the posterior part of the thigh bone. The obturator internus lies mostly within the cavity of the pelvis, taking its origin from the border of the thyroid foramen and the ligament stretched across it. It passes out of the pelvis over the trochlea of the ischium, between the sacro-sciatic ligaments; its tendon runs between the two gemini, to be inserted into the cavity at the root of the great trochanter. The obturator externus lies below the inferior geminus, in front it is concealed by the pectinalis and the triceps adductor, and behind by the quadratus. It arises from the outer border of the thyroid foramen, and the outer face of the obturator ligament. It passes beneath the capsular ligament of the hip joint, adheres to that ligament, and is inserted with the other abductors into the cavity at the root of the great trochanter. The last and lowest down of the abductors is the quadratus femoris, arising from the outer edge of the tuberosity of the ischium, its tendon crosses the posterior face of the neck of the thigh bone, forming a superficial fossa very perceptible on the bone, and is inserted into the rough ridge between the two trochanters. These several abductor muscles perform three simple or direct motions. In the position of standing upon the foot, they move the pelvis upon the thigh as upon a pivot. This graceful motion is very conspicuous in dancing. When the limb is free they rotate it on the pelvis, and when flexed they separate it from the other limb. They also assist in the compound motion called circumduction.

5th. The leg is flexed on the thigh by the gracilis, the biceps flexor cruris, the sartorius, semi-membranosus and semi-tendinosus. They are inserted either into the tibia or fibula. They all arise from the ischium, except the gracilis from the pubis and the sartorius from the ilium. The biceps, or outer hamstring muscle, is the only one of these muscles which lies on the outer part of the thigh. All the others lie on the inner side.

6th. The leg is extended on the thigh by the rectus femoris, the vastus internus, vastus externus and crureus. They are all inserted into the patella and they all arise from the linea aspera, except the rectus, from the ilium. Having a common insertion, Sommering considered them as one muscle or quadriceps. Three of them might be considered as continuations of the great triceps adductor, as their origins are closely connected with the insertion of that muscle.

IN THE SECOND PLACE, let us now consider the situation of the bone, in one of the most common kind of dislocations of the hip joint, the upwards dislocation or that in the iliac fossa. In this dislocation the head of the bone lies upwards and backwards, and the trochanter major is brought much

nearer the anterior superior spinous process of the ilium than in the natural state. The glutæus minimus is pushed upwards, and forms a kind of cap for the head of the bone, which is buried beneath the glutæus medius. The points of attachment of the glutæi muscles are approximated. All the adductor muscles, viz: the pyriformis, the two gemini, the two obturators, and the quadratus, are put upon the stretch by the wider separation of their points of attachment. The protuberance of the nates on the affected side is higher than on the opposite side. The thigh is shortened, thrown inwards, or adducted. Neither rotation outwards, nor abduction, can be performed; and all attempts to give the limb these movements, cause severe pain. Whereas flexion of the thigh on the pelvis, rotation inward, and adduction, can be performed to a certain extent without pain. The will, in every luxation, loses its power over those muscles which are too much relaxed by the approximation of their points of attachment, and also over those which are too much on the stretch. In this luxation, the relaxed glutæi and the distended abductors cease to be influenced by the will.—When a muscle is put in action by the will, it soon becomes fatigued and requires rest. But when put in action by other causes, its action becomes fixed and permanent. It knows no fatigue nor relaxation, but continues indefinitely contracted. When a joint is dislocated, the muscles, whose points of attachment have been approximated, pull the bone as far from the articulation as the surrounding parts will permit it to go. The glutæus maximus, when the head of the thigh bone is dislocated on the dorsum of the ilium, is thrown into contraction or tonic spasm, by the approximation of its points of attachment, and carries the head of the bone from the dorsum of the ilium, near the cotyloid cavity, into the external iliac fossa, and retains it there. It is this contraction of the glutæus, which makes the nates of the affected side higher up than on the sound side.

Besides the tension of the fascia when the bone is displaced, two different kinds of contraction oppose reduction:—First, the contraction or tonic spasm of the glutæi, brought about by the approximation of their attachments—and secondly, the contraction of the six abductors, brought about by the opposite cause of having their points of attachment separated to a greater distance than in the natural state. A short time after the accident the abductor muscles, or those put upon the stretch, offer the chief muscular impediment to the reduction. But in a few hours afterwards, the glutæi begin to set up a resistance to the reduction, by the progressive contraction of their fibres upon themselves. The longer the limb remains unreduced, the more that resistance increases. At length in a few weeks or months, the contraction, rigidity and shortening of the glutæi muscles, have become so great as to make the reduction an impossibility by the ordinary method of extension. It is only, therefore, in very recent cases that reduction can be effected at all, by the best surgeons of the world—proving that some great error lies at the root of their practice. Otherwise they would be able to reduce at least some old luxations, if force were the true principle to found their practice upon. In recent cases the tension of the fascia, and the contraction of the muscles under the influence of the will, and the contraction of those on the stretch from the separation of their points of attachment, are the main impediments, under the ordi-

nary process, to the reduction of the bone. The resistance of the muscles under the influence of the will, is often eluded by throwing the patient off his guard while extension is making, and the other is overcome by main strength. But after the relaxed muscles have had time to adjust themselves to their new situation, and to become permanently contracted, rigid and shortened, human nature is not able to bear the extension sufficient to reduce the bone, unless the fascia be relaxed by a change of position. The muscles themselves will not bear it. Even in recent cases extension often fails, particularly when there is much irritation of the muscles connected with the dislocated joint. The accidents which caused the displacement of the bones, sometimes injure and irritate the muscles about the joint. Whether these muscles be too much stretched or too much relaxed by the dislodgment of the bone, or unaffected thereby, the contraction they fall into, from mere irritation, offers a serious impediment to all attempts at reduction by extension and counter-extension. Hence in such cases the best surgeons endeavour to remove the muscular irritation by local or general bloodletting, evaporating washes, counter-stimulants and purgatives, before they commence the extending process. The main difficulty, however, in reducing recent luxations of the os femoris on the ilium, consists in the tension of the fascia lata, and the contraction of the six small abductor muscles which are always put upon the stretch. In ancient luxations, the principal impediment to the reduction will be found in the permanently contracted, rigid and shortened state of those muscles which were in the first instance too much relaxed—next in the adhesions and attachments around the head of the bone in its new situation, and last and least the tension of the over-stretched muscles.

THIRDLY—*Mode of procedure under the new method of reducing luxations of the thigh bone on the ilium.*—The principal resistance to the reduction in recent cases, being the tension of the fascia and the six abductor muscles, can be overcome in a moment by merely placing the patient in his primitive posture, or that position of the limbs assumed by the *fœtus in utero*.

In this dislocation the limb can be moved inward and upward, or obliquely upward, without pain, or at least with but little suffering. The body can also be bent forward. The patient seated in a chair, the surgeon takes hold of the foot of the dislocated limb with one hand, and placing the other hand under the thigh, carries the bone of the dislocated limb obliquely upwards, towards the patient's shoulder. The patient, in the mean time, is directed to bend his body forward, and also to make a lateral flexion of the spine on the pelvis, by leaning towards the side affected. The lateral flexion of the spine on the pelvis, and the flexion forward, not only relaxes the fascia, but lessens the distance between the points of attachment of the *psaos magnus* and *iliacus internus*, while the effort in flexing the body forward puts these muscles into action.—They are the antagonists of the *glutæi*, as their office is to bring the thigh forward and to bend the body, while that of the *glutæus maximus*, in particular, is to carry it backward and to keep the trunk erect. As the thigh moves upwards to gain its primordial position, the great trochan-

ter necessarily recedes downward and backward from its upward and forward position on the ilium. The trochanter is always found, in this luxation, upward and forward, much nearer the anterior superior spinous process of the ilium, than in the natural state. The recession of the great trochanter from its upward and forward position, by the elevation of the knee towards the shoulder, must of necessity relax the six abductor muscles, by bringing nearer together their points of attachment—therefore relieving them, as if by enchantment, of their unnatural tension, and thus removing the principal obstacle to the reduction of the bone.

The same position relaxes the fascia and the frame work in which the muscles play. Relieved of their tension by the approximation of their attachments, they become obedient to the will, and fall into their natural action of rotating the thigh outwards and separating it from its fellow, thereby enabling the surgeon to carry the limb towards the shoulder, to make it assume a similar position to the same member of the fœtus in utero.

In this position nature erected the frame work for the muscles to play in, consequently that frame work must be relaxed when the body is put in its original position. The glutæus medius and minimus, particularly the former, assist in rotating the thigh outwards when it is flexed upon the pelvis; because this is the natural action of those muscles in that position. The great glutæus, finding its antagonists in action by the flexion of the body forward, and the whole muscle being lengthened by the position, no longer draws the head of the bone upwards and backwards into the iliac fossa, but is excited into its natural action, and struggles to extend the limb on the pelvis.

The very muscles, therefore, which offered the principal resistance to the reduction of the bone are, by this position of the limb and the body, put in a situation the most favourable for effecting, by their natural and united action, a spontaneous reduction of the dislocation.

It is manifest that by the flexion of the thigh upwards on the pelvis, the rough ridge, between the trochanters, into which the quadratus femoris is inserted, is brought nearer the outer edge of the tuberosity of the ischium, where that muscle arises; consequently the tension of the quadratus, holding the trochanter firmly against the back of the ilium, and arresting the motion of the limb outwards, is taken off.

The obturator externus, the next muscle above the quadratus, is likewise relaxed by the same position. The tendon of the obturator internus and the two gemini, coming out from the pelvis between the sacro-sciatic ligaments, and running over the trochlea of the ischium, to be inserted into the cavity at the root of the great trochanter, cease to stretch its several muscles, as soon as that part of the bone into which it is inserted, is made, by the elevation of the limb, to approximate the origin of those muscles.

The pyriformis, or upper abductor muscle, attached by one extremity to the anterior face of the sacrum, and by the other to the trochanter major, must be relaxed when the trochanter is made to recede nearer to the sacrum by the flexion of the thigh on the pelvis. Thus all the

six abductors are relaxed, or in other words, the six straps binding the great trochanter firmly against the ilium, are unbuckled.

In placing the thigh in its primitive position, there is another class of very strong muscles, together with the fascia around them, put into the most easy and natural state of relaxation. These are the pectinalis and the great triceps adductor femoris. Arising from the pubis and running down to the linea aspera, they are relaxed by the approximation of their points of attachment. The great flexors of the leg, viz : the sartorius, extending from the spine of the ilium to the tibia ; the gracilis from the pubis to the fibula, are relaxed as a matter of course by the flexion of the thigh on the pelvis, and the tension of the aponeurotic sheaths enveloping them, entirely removed. Relaxation, from the same cause, takes place in the rectus femoris, in extension of the leg, which arising from the lower spinous process of the ilium, runs in front of the thigh to the patella. The flexors of the leg, the biceps flexor cruris lying on the outward and back part of the thigh, and the semi-membranosus and the semitendinosus on the inner part, we might at first suppose, would be put upon the stretch from the same cause, which relaxed the rectus and other muscles in front. These flexors of the leg, however, all arise from the tuberosity of the ischium. The flexion of the thigh on the pelvis causes the head of the bone to descend towards the ischium ; and consequently approximates the points of attachment of these muscles also. The only remaining muscles of the thigh, which have not been considered, are the vastus internus, externus and crureus. These extensors of the leg are inserted into the potella. They are unaffected by any direction given to the shaft of the bone on the pelvis ; because none of them arise from the pelvis, but from the linea aspera. Thus, by making the thigh assume its primeval position, or that which it originally assumed *in utero*, every muscle connected with it is put in the most easy and natural state of relaxation, and the whole frame work in which these muscles play, sometimes spontaneous reduction occurs before the thigh gains its primitive position. After it is carried, however, as near as practicable to that position, if spontaneous reduction does not occur, it should be drawn a little downwards. The surgeon, holding the foot, places his knee in the patient's ham, and putting his hand and arm on the upper part of the dislocated limb, presses the thigh downwards ; and with the other hand turns the foot outwards, directing the patient at the same time, to bend forward and incline his body towards the side affected as if he were about to pick up a pin under the chair in which he is sitting. This manœuvre brings into action the great glutæus to antagonize the psoas and iliacus, thrown into contraction by the patient's efforts, in bending his body forward and to one side. It is necessary to bring the limb a little lower down than its primitive position, in order to excite the action of the glutæus maximus. That muscle contracting on itself draws the head of the bone into the iliac fossa, but when excited into its natural action of antagonizing the internal pelvic muscles, it becomes a most efficient agent in dislodging the head of the bone from its unnatural situation in the iliac fossa. A little variation in these movements may be necessary in adjusting the balance of power between the internal and external pelvic muscles. Some variations of the position of the dislocated limb, in regard to adduction or abduction, may

also be necessary to adjust the balance of power between the abductor and adductor muscles. The balance of power between the various antagonistical muscles being adjusted, nothing more will be necessary to reduce the bone, than for the surgeon to make the dislocated limb perform the motion of circumduction. Sometimes, however, particularly in ancient dislocations, it may be necessary to pass a folded sheet or towel in front of the patient over the abdomen, carrying the two ends behind the back of the chair in which he is sitting, to be held by an assistant, so as to keep the patient firmly in his seat. The surgeon taking hold of the affected limb, carries it upwards as far as it will go, then putting his shoulder under the ham of the dislocated limb, and clasping both his hands around the upper part of the patient's thigh, draws the head of the bone downward from the iliac fossa, while the knee of the affected limb, over the shoulder of the surgeon, is carried firmly upwards and forwards towards the shoulder of the patient. A double lever is thus brought into action in dislodging the head of the bone from its unnatural position in the iliac fossa and in breaking its adhesions and attachments. The muscles, in this position, can scarcely offer any effectual resistance to the dislodgement. The great gluteus so far from setting up a resistance to the reduction, as it invariably does, in the common position of reducing this joint, becomes a powerful assistant in facilitating the reduction, because the very contraction, it is thrown into, by the elevation of the knee towards the shoulder, tends to draw downward the head of the bone.—The fascia covering the muscles of the thigh and pelvis, the sheaths of the various muscles and the partitions sent down from the fascia between the muscles, are also put in an easy and natural state of relaxation when the thigh is carried upwards on the abdomen and breast to assume its primeval position.—It should never be forgotten that in this primeval position the frame work of the muscles, or those envelopes in which the muscles glide, was first laid. To elude the resistance, therefore, of the unyielding desmoid coverings of the muscles and to set them free from constriction, it is necessary that those membranous coverings should be relaxed. No position will so effectually relax them, as that primary one, in which they were first organized. When freed from the constriction of tense unyielding ligamentous envelopes, the muscles themselves are easily commanded. The head of the bone, being no longer tied down to the dorsum of the ilium by the tension of the fascia and the contraction of the six abductor muscles, will admit of various movements on its axis, sufficient in the most of cases, *even old cases*, to break up the adhesions and artificial bands and attachments around it. The practicability of breaking up such adhesions can be better understood by calling to mind the truth noticed, long since, by Mr. Pott, "That the strength, as well as the motion of the joint in the enarthrosis articulations, does not depend upon the ligaments of the joint, but upon the muscles." It is evident that the thickened cellular membrane and artificial bands, around the head of a bone long displaced from its socket, can seldom be as strong as the ligaments of the joints in their natural situation. It cannot be the artificial attachments, therefore, which give the most resistance to the reduction of ancient dislocations. As the muscles and fascia around the muscles offer the principal resistance to the displacement of the bone from the natural joint, so do the

muscles and the fascia around the muscles offer, in ancient luxations, the principal resistance to the dislodgement of the bone from the artificial joint. It is more especially the muscles, which, in the first instance, were relaxed by the dislocation, or those, which lost, by the accident, the resistance of their antagonists, that oppose reduction in ancient cases. It should be recollected, that muscles left without a sufficient antagonizing power, contract upon themselves, become shortened and fall into a state of tonic action or permanent rigidity. Such muscles offer the principal resistance in old cases. Whereas in recent luxations, the muscles which were put upon the stretch and the tense fascia over them constitute the principal difficulty. These, however, in ancient cases offer less resistance than in recent. They become attenuated by the constant tension, and lose much of their original energy. To the muscles at first relaxed by the displacement of the bone and which afterwards, from not having sufficient counteracting power, gradually shortened themselves and become rigid, we must look for the resistance, which opposes reduction in old dislocations. To counter-act that resistance, the limb should be put in such a position as will relax the fascia and separate the points of attachment of the contracted muscles.

In old dislocations of the hip joint on the ilium, it is the *glutæus maximus* contracting upon itself, which retains the bone in the iliac fossa.—It contracts upon itself and draws the nates upwards, because its points of attachment are approximated. When, however, the thigh is flexed on the pelvis, this muscle, lying immediately under the skin, is made to describe a large segment of a small circle; the spine of the ilium and the upper third of the *linea aspera* being the extremities of the segment. That this curved position lengthens the muscle, admits of mathematical demonstration. The lengthening of the muscle removes the tonic spasm which seized it when it became shortened. The tonic spasm of the *glutæus maximus* holds the bone in the iliac fossa. This spasm is the effect of the approximation of the points of attachment of the muscles by the displacement of the bone. As soon as the muscle is elongated by flexing the thigh on the pelvis, and carrying the knee to the shoulder, it regains its natural action. That action tends to draw the thigh bone downwards, instead of upwards in the iliac fossa. In other words, the great *glutæus* is made to assist the surgeon in the reduction, instead of opposing him. But a question arises:—Can a muscle which has long been contracted and shortened, from an approximation of its attachments, (brought about by a dislocation,) recover its natural action, when its points of attachment are again separated, or removed farther apart? The *a priori* reasoner, and also the mere anatomist, would be likely to answer this question in the negative; considered, however, *a posteriori*, and with due regard to the established truths of physiology, it must be answered in the affirmative. Unfortunately, in that part of surgery connected with ancient dislocations, the truths of physiology have never been turned to practical account.

It is well known that from the internal face of the sheath of every muscle partitions pass off, penetrating the body of the muscle, and dividing it into *fasciculi* or *lacerti*, varying in size—that every muscle is, in fact, a

congeries of little muscles, and that these again are composed of other *lacerti* still smaller—that the smallest fasciculus perceptible to the eye, is found to be composed of a bundle of fibres, lying parallel with one another and extending the whole length of the muscle—that every muscular fibre, however minute, not only runs the whole length of the fleshy substance of the muscle, but that the atoms of each fibre adhere in a line to one another by an invisible medium—that when the muscle contracts, the fibres which compose it lose their straightness; *yet no change is effected upon the form of the atoms*; and lastly, physiologists have proved that many years of the most rigid contraction do not change the form of the atoms. It is known that in mania muscular power is doubled or trebled, and destroyed in stupor or coma. Fright, narcotics, alcoholic drinks, poisons and mephitic gases, strike the muscles with atony; while passion, or mad ambition, gives them energy. Every cause, acting strongly on the brain, reacts suddenly on the muscles, producing two opposite conditions—paralysis or convulsions. The condition of the muscular system is a thermometer of the condition of the brain. A muscle thrown into contraction by the will, is soon fatigued, but it never tires when thrown into action by other causes, as irritation for instance. Such physiological truths are sufficient to prove that the laws governing other matter are not applicable to the living muscle. Yet the idea of shortening and rigidity in other substances, seems to have led surgeons into the error of supposing that shortening and rigidity in the muscles are similar. Abundant facts, however, prove that muscular contraction and rigidity are governed by different laws and are under different influences, from contraction or rigidity in any other kind of matter. Thus, if the biceps muscle of the arm be cut, the triceps extensor will fall into a state of permanent contraction or rigidity, and nothing will remove the contraction and rigidity of the triceps, until its antagonist, the biceps, regains its integrity. Nothing will remove the contortion of the face, produced by the contraction of the muscles of one side from a paralysis of the muscles of the other side, but the cure of the paralysis. The moment the galvanic fluid excites a paralyzed muscle into action, the antagonist muscle instantaneously recovers from a contraction and rigidity of years duration.

In trismus it would do no good to prize the mouth open—the cause contracting the muscles of the jaw, remaining. In ancient dislocations, the muscles which were in the first instance relaxed by the accident, become so contracted and rigid as to defy all mechanical means applied for extending them. Because they resist such means, surgeons generally give up old cases as irremediable. But it does not follow that such are the only means suitable to such cases, unless muscle and other matters were similar.

In proof that muscles which have been shortened, contracted and rigid for years, can be restored in a moment to their natural action, reference to a case reported in Sir Astley Cooper's works will be sufficient.—A man who had been a cripple for five years, from a luxation of the thigh bone in the iliac fossa, accidentally fell out of a boat into the water. He immediately threw away his crutches and walked without lameness. The case happened in the practice of Mr. Cornick, of Falmouth, and is reported by Sir A. Cooper. If it stood alone, it would be sufficient to prove that muscles, unlike any other substances, can recover instantaneously from a state

of rigidity and contraction of years duration. But the annals of medicine contain many such cases.

In what manner the rigidity and contraction of the muscles of a dislocated limb can be overcome in a few moments, may be learned from another case, reported by M. Chassaignac, and published in 1837, at Paris, in his French translation of Sir A. Cooper's works, at page 17. The case referred to is that of a boy with a luxation of the femur in the iliac fossa.—Twenty-five days after the accident, reduction by extension and counter-extension "was again tried and failed.—The extension by means of machinery, was kept up for half an hour, but without moving the head of the bone." "The patient," says M. Chassaignac, "suffered very much." The next day another unsuccessful trial was made.—"*Then Mr. Arloing took hold of the thigh with one hand above the knee, and flexed it briskly on the pelvis, and at the same time, with the palm of the other hand, he pushed downward the head of the bone. The muscles surprised, in some manner yielded, before they had time to contract. The operator felt the head of the bone move down from the iliac fossa, and he conducted it into the socket by turning the limb outwards and a little backwards.—All the movements were easy, and gave no pain.*" The successful reduction in this case, after the bone had been out nearly a month, and after extension had several times been tried in vain, made no impression upon the mind, because the *principle* of the reduction was not understood.—The reduction was erroneously attributed to "a surprise in some manner of the muscles." The principle is evidently this, viz:—When M. Arloing flexed the thigh on the pelvis, he relaxed the fascia lata, and the whole frame work in which the muscles of the thigh and pelvis play. It was the unyielding nature of this aponeurotic frame work which resisted the pullies in the extended posture. As he carried the thigh upwards towards its primitive position, and at the same time with the other hand pushed down the head of the bone, he elongated the glutæus maximus, which instantly recovered from the contraction or tonic spasm in which it had been thrown by the approximation of its attachments.—The same movement which separated the points of attachment of the glutæus, approximated the points of attachment of the six abductor muscles, which the dislocation had put upon the stretch. The glutæus, relieved of its spasm, no longer opposed the descent of the head of the bone from the iliac fossa, but rather assisted M. Arloing in bringing the head of the bone down by assuming its natural action. The abductors, released from their unnatural tension, by the descent of the great trochanter in which they are inserted, towards the ischium and sacrum where they arise, enabled the operator to turn the limb outwards and to conduct the head of the bone into its socket. All the movements were easy, and gave no pain; because they were such as must of necessity, from the anatomy of the parts concerned, relax the tense and painful fascial coverings and envelopes of the muscles; such as must remove the tension of those muscles on the stretch, and by extending others which had been shortened, relieve them of the tonic spasm or rigidity which that shortening had occasioned.

Art. V.—Facts illustrative of the practical importance of a knowledge of the Anatomy and Physiology of the Nervous System, by J. C. Nott, M. D. of Mobile, Ala.

Practitioners of medicine are too apt to regard a minute knowledge of the nervous system as important only to the anatomist and surgeon, and the great mass of them pay little attention either to its anatomy or physiology.—This is a capital error, for no one can be master of diagnosis, without being familiar with the distribution and function of the nerves—in fact so intimately are all other tissues, and diseases connected with this system, that I am almost tempted to assert that the competency of the physician is commensurate with his knowledge of the Nervous System.—Cases are every day met with when, for want of this kind of knowledge, mistakes in diagnosis are made, and consequently improper treatment adopted.—The physician should never forget that the seat of pain is not necessarily the seat of the disease, but often the effect of sympathy, and that if these sympathies are properly understood, they lead to the detection of the true seat of disease.

The work of sir Charles Bell on the Nervous System is one of the most important contributions made to medical science, during the present century, and yet how many members of the profession are ignorant of the contents of this, as well as many other valuable works on the same subject.

I will now give a few practical illustrations which I hope may not be without interest, particularly to the younger members of the profession.

CASE I.—*Neuralgia and paralysis from a decayed tooth.*—Mrs. G.—age 28—delicate constitution—nervous temperament—had an abortion with alarming hemorrhage—menorrhagia at the four successive menstrual periods—was then seized with excruciating neuralgic pains in the back of the neck which after a few days attacked the left side of the face and head—afterwards occasional attacks of pain were felt in the right side of the face, and in the feet and legs, though flying from one part to another, the most constant and violent pains were in the back of the neck, left shoulder and side of the face—all the branches of the trigemini and cervical nerves were affected by turns.—I tried anodynes internally and externally without the slightest relief—applied blisters to the nape of the neck, gave quinine, iron, &c., &c., but all without avail.

This state of things continued for some weeks, and at length there supervened *entire loss of sensation in the lower lip and chin, and she was unable to drink without pressing her lip against the cup with her fingers.* As soon as this new symptom occurred, my memory called up the facts recorded by sir Charles Bell.—He demonstrates clearly that the *Portio Dura* supplies motion, and the *trigeminus* sensation to the face—my patient had lost sensation in the lower lip and chin, and consequently a branch of the *trigeminus* must be at fault.—I knew that the lip and chin were supplied by the terminating branch of the inferior maxillary nerve, which after entering the posterior mental foramen passing along through the bone and sending off a branch to each tooth, makes its exit through the anterior mental foramen and is lost upon the lip and chin. Knowing these facts, it was natural to

enquire whether the paralysis and neuralgia were not both dependent upon irritation in the course of the nerve from a diseased tooth. There had been no toothache, but on examination, I found the last molar tooth on the left side of the lower jaw, decayed—I ordered it to be extracted, and found the extremity of the fang also carious.

The neuralgic pains were very much moderated immediately, and after diminishing gradually in force and frequency for a month, disappeared entirely, as did also the paralysis. Twelve months have now elapsed, and there has been no return of the disease.

CASE II.—*Extirpation of the Os. Coccygis for Neuralgia.*—Miss———, aged about 25, had been very much deranged in general health, and suffering with neuralgia for 10 months, for which she was treated by an eminent physician in Charleston, and afterwards by Professor Jones in New Orleans—came under my care the latter part of June, '43, at which time her condition was a deplorable one—her general health was completely shattered and strength exhausted—dyspepsia, constant nervous headaches, menstruation regular though difficult, excruciating pain at the point of the coccyx, pains in the uterus, vagina, neck of the bladder, and back. *The most prominent symptom was the excruciating pain at the point of the coccyx, which became intolerable when she sat up, walked, or went to stool, or in short when motion or pressure were communicated to it in any way.* This symptom was so peculiar, that I was led to suspect some organic lesion about the coccyx, and on questioning her closely, she informed me that she had fallen about four years ago and received a blow upon the coccyx, which gave her a good deal of pain at the time, and for several weeks afterwards; but these symptoms passed off, and did not return until about 10 months before I saw her—this fact had been concealed from her former medical attendants.

I then told her that her physicians had exhausted all the articles of the materia medica which afforded any prospect of relief, and that she had better consent to an examination to ascertain whether the coccyx, either by disease or displacement, had not become a source of irritation to one or more of the nerves in its vicinity. She consented, and on examining the whole course of the spine, I found no tenderness of any consequence until my finger touched the point of the coccyx, when she screamed with pain. I then proposed the extirpation of this bone as the only chance of relief—she had suffered so long and so severely, that she did not hesitate, and told me she was in my hands, to do what I thought best, and would submit to any thing I would advise.

Accordingly, on the 2d of July, I made an incision down to the bone, and extending from the point upwards two inches: I then disarticulated the bone at the second joint, divided the muscular and ligamentous attachments, and without much difficulty dissected out the two terminating bones. On examining the bones after the operation, I found the last one carious, and hollowed out to a mere shell—the nerves were exquisitely sensitive, and the operation, though short, was one of the most painful I ever performed. For several hours after, the pains were extremely violent, coming on every 10 or 15 minutes, and accompanied by a sensation of bearing down like labor pains. Morphine in large doses, and other anodynes, afforded no relief—the pains became gradually less frequent and less vio-

lent—the wound soon healed, and at the end of a month the local disease disappeared, and the general health was much improved.

About two months after the operation, she was seized a few days after her catamenial period with violent pains in the back, uterus, vagina, neck of the bladder, &c., but *none at the coccyx*; these pains continued for about four days, producing a degree of suffering I have never seen surpassed. I gave anodynes internally—used anodyne injections into the vagina and rectum, but they seemed only to aggravate the symptoms. I tried fomentations, blisters, &c., &c., but nothing afforded the slightest relief, except injections of nitrate of silver into the vagina, and this was very partial, the attack seemed to pass off of its own accord. Similar attacks occurred after the two subsequent catamenial periods, and I was induced to suspect some organic lesion of the uterus. On examination, however, I found the uterus healthy, except a little morbid sensibility to the touch—there were, however, several points of the vagina (one the side and part next to the rectum,) and the neck of the bladder, exquisitely sensitive, and when touched, she screamed and said these were the seats of her great suffering—when I touched them the pains would dart up to the loins, and all her aggravated suffering be produced. I was then led to the conclusion that these symptoms were all neuralgic and were consequences of the diseased coccyx. I put her on the use of citrate of iron, 5 grains three times a day, and continued it steadily on through the month—the next expected attack did not come on, and I continued the iron twice a day through the second month, when she passed over the second time, and I then discontinued the medicine.

When I saw her last, she had been three months without an attack—her health, which was always delicate, had become pretty good, and she was riding about and taking her part in society as usual, after more than a year of seclusion.

This case is novel and instructive—I know of no one like it on record. No doubt many similar cases have occurred and their true nature been overlooked. I have another at this moment under my charge, produced by a fall on the sacrum, and almost identically the same in every respect—it will probably also require an operation for relief.

The case of Mrs. G— is not one of very rare occurrence, but I have seen several which had been misunderstood and submitted to treatment long, painful, and worse than useless.

We have only to remember that the nerves are the seat of all pain, and the agents of all sympathies, to be convinced of the immense importance of a thorough knowledge of this system to the practical physician—this study is yet but in its infancy, and we have a vast deal to learn about both healthy and morbid sympathies—some idea may be formed of their value by the utility of those we already know, for example :

A diseased tooth may produce neuralgia, nervous headache, dyspepsia, paralysis of the muscles of the face, apoplexy, amaurosis, &c. We are led sometimes to the detection of hip disease by pain in the knee—the passage of a calculus through the ureter produces pain in the testicle—a wound in the foot, trismus or tetanus—injury of the supra-orbital nerve destroys vision—diseases of the rectum induce neuralgia of the uterus,

bladder vagina, &c., and seminal weakness and impotency in the male—stone in the bladder gives pain in the glans penis and anus—diseases of the uterus cause pain in the back, and may affect any or all the nerves in the system—hepatitis is indicated by pain in the shoulder—injury or disease of the trunk of a nerve creates pain at its termination—neuralgia of the intercostal nerves simulates pleurisy—neuralgia of the skin is often mistaken for inflammation of deep seated organs, &c., &c. Pages might be added of similar instances.

Art. VI. — Remarks on Belladonna in Scarlatina, by Thomas M. Logan, M. D.

From the circumstance of the re-appearance of Scarlatina in the Orphan House of Charleston, S. C., after an interval of about 6 years, my attention has been called by a letter addressed to me in my official capacity as Corresponding Secretary of the Medico-Chirurgical Society of Louisiana, from the attending physician, my father, Dr. G. Logan, to a subject connected with this disease, full of interest and worthy the thorough investigation of the Profession.

In a brief account of this formidable epidemic, published in the American Journal of the Medical Sciences, No. XLVII, May 1839, as it prevailed at the above mentioned Institution during the months of June and July 1838, it is stated that at my instance belladonna was resorted to as a prophylactic, and that, in consequence of this and other preventive measures, "about fifty inmates of the House, subjects for the disease, escaped." Now as it has frequently been enquired by my professional acquaintances what was the exact course pursued in the exhibition of this prophylactic, and what the result of my experience, I do conceive that I cannot, at this time, when the disease is at our doors, do more towards contributing my mite in substantiating the claims of our profession of the high encomium passed upon it by the great Utilitarian, Bentham, (when contrasting the conduct of medical men in promulgating discoveries, like vaccination, which have a direct tendency to diminish their emoluments with lawyers, who have always resisted any attempts to simplify the law, and to shorten or diminish the expense of litigation,) than by publishing the little I may know upon this subject.

It was not until some fifty cases of scarlatina had occurred in the Orphan House, and my father and myself found ourselves burdened daily with new cases, and had reason to apprehend that every subject for the disease would be attacked by it, that I suggested a resort to the atropa belladonna. In accordance with my views, we proceeded to its administration to every child who had not yet contracted the disease, in the following manner:—Five grains of the extract were dissolved in one ounce of cinnamon tea, and of this five drops were given morning and night to every child at or under 3 years of age, and one drop more for every year above that age.

In some few of the children under its influence, we observed a slight redness of the fauces and lips, with a faint efflorescence on the skin of the throat and cheeks, which might perhaps be attributed to a modified attack of the epidemic, or more probably to the effect of the remedy—whence possibly its specific name *bella-donna*, *beautiful lady*; although Dr. Paris informs us that it is so called from the Italian ladies using the juice of its berries as a cosmetic to render their faces pale, which they regard as an aid to beauty.

It was from the observance of such phenomena, viz: dryness and redness of the pharynx and mouth, and erythematic appearances of the skin, that Hahnemann thought he perceived some analogy between the phenomena of scarlatina and those produced by poisoning from belladonna; and thus first pointed out its prophylactic properties in 1807. He recommended a much more infinitesimal proportion than we employed, viz: the one fifty-third of a grain twice a day; but as we had not any confidence in the homeopathic doctrine, we determined to try the efficacy of a dose of a somewhat more appreciable quantity.

This practice was continued until the disappearance of the epidemic, in the course of eight weeks from the time of its first visitation, and three weeks from the commencement of the belladonna treatment. Not more than about 6 or 7 new cases occurred after the exhibition of this prophylactic, and the greater part of these occurred during the first week of its employment.

Such are the facts of the case, and it is to these facts I wish particularly to call attention. They are publicly sustained by a Board of 12 Commissioners or Administrators, selected from among the most respectable citizens of Charleston, by the City Council, as guardians of the "Public's children," and of course cannot be controverted; indeed one of the members of the board, Mr. Daniel Ravenel, a gentleman of literary acquirements and high attainments, was himself instrumental in instituting the prophylactic remedy under discussion. Here then we have a large family, of 110 children, all ripe subjects for scarlatina. In the course of 5 weeks one half fall under its influence—a prophylactic is suggested—it is tried; and suddenly, in the midst of its malignancy and prevalence, the epidemic is arrested and soon disappears altogether.

It is true that besides the use of belladonna, other prophylactic measures were also resorted to, such as inoculation for scarlatina among some who escaped, after the plan of M. Miguel (1) of France, and the employment of disinfecting substances, chloride of lime, fumes of vinegar and nitre, &c.; but these measures were adopted at the commencement of the epidemic, and it was not until the subjects were put under the belladonna treatment, that the interruption of its course occurred. Indeed, at the time of the resort to the belladonna, the epidemic was assuming a more aggravated form and spreading with augmented frequency.

Can there then exist any scruples in admitting that in this instance, at

(1) See MEMOIR presented to the Royal Academy, and published in the Am. Journal of the Medical Sciences, N^o. XXVIII, 1834.

least, the prophylactic virtues of belladonna were satisfactorily proved? and can we be accused of easy credulity in adding our testimony to the many respectable authorities that have preceded us, to its efficacy as a preventive in scarlatina?

Notwithstanding the seeming absurdity of expecting any effects to be produced on the system by one fifty-third of a grain of extract of belladonna, as Hahnemann directs, even in the youngest child, still the virtue of this practice has been corroborated by so many respectable physicians, that I should, after the successful trial of it just detailed, in larger doses, be disposed myself, if another opportunity offers, to follow out more closely the directions of the author of the homeopathic doctrine. For if we admit that all medicines are poisons, and of which fact there can be no doubt, assuredly it is most desirable to introduce the smallest quantity possible into the system whenever we are obliged to resort to them for the purpose of controlling disease, and especially during health.

Randhaken, physician to the Orphan Hospital of Langendorf, in Prussia, affirms, that by the employment of Hahnemann's method, he secured safety to 160 children exposed to the contagion. Killenkamp, another German physician,(1) employed, during the prevalence of an epidemic scarlet fever, a solution of only two grains of the extract of belladonna in an ounce of canella water, of which one drop was administered morning and night for every year of the child's age, among 120 children from 1 to 6 years old, regularly: among 20 or 30 irregularly: and 25 or 30 were left untreated. Of the first but 5 contracted the disease—of the second 8—of the last 11. Of the children who died of the epidemic, none had taken the belladonna.

Observations confirmatory of this interesting prophylactic method of Hahnemann's, have also been made by Dr. Berndt of Castria, Dr. Dusterberg of Evarberg, Dr. Beck of Bernberg, by Professors Koreff and Keinzman of Berlin—indeed, the German Journals are crowded with facts corroborative of the efficacy of belladonna.

As to its *modus operandi*, all is yet conjectural. Some believe that the perturbation produced by the belladonna, is the cause of its preservative virtue; others, at the head of whom is Professor Hufeland, who has done more than any one else to sanction its utility, believe it is by diminishing the nervous susceptibility, that belladonna produces the immunity from the contagion. Be this as it may, if our science is to be perfected by a careful observation of facts alone, the subject is worthy of a more careful examination by the profession, and especially by those members of it who have the charge of establishments for children.

There certainly can be no objection during the prevalence of a dangerous epidemic, to making an experiment which may arrest its progress, and which, even if it should fail in its desired results, is perfectly harmless.

(1) Hufeland's Journ. Prac. Heilkunde, Nov. 1825.

**Art. VII.—Successful removal of a Tumour from the Abdomen,
by George G. Banks, M. D., of Clinton, Missip.**

On the 3d of February, 1843, I was called in consultation with Dr. J. A. Cotton, to examine a negro woman, the property of Gen. P. Henry of Hind's County, Missip. who was suffering much from a large and painful tumour that extended from the left hypo-chondriac region, obliquely downwards to within a short distance of the symphysis pubis. The object of the consultation was to determine on the feasibility of an operation for its removal, as it was evident that no other plan of treatment offered any rational hope of success.

On examination, I found the tumour hard and lobulated—the integuments unattached and movable over it; though it was probably adherent to the peritoneum within. It was about six inches in length, by four in breadth, and received the epigastric artery, which could be distinctly felt pulsating at its lower edge.

The operation was considered practicable, with a prospect of success; and as the tumour had recently grown rapidly, and the general health was suffering, we determined to operate without delay. Accordingly, on the 5th of February, the operation was performed in the presence of Doctors Cotton, Williamson, and two Medical Students. It was commenced by an incision about $5\frac{1}{2}$ inches in length, from above downwards, the full extent of the tumour, through all the integuments and down to the proper sac. The integuments were dissected back, and we commenced detaching the tumour at the upper part, so as to avoid the epigastric artery as long as possible. We found much more difficulty in dissecting it up than was anticipated; as it was found to occupy the entire space between the skin and peritoneum—the muscles and fascia having been completely absorbed. It was raised, however, as rapidly as possible, until we reached the central portion, where it was found so intimately blended with the peritoneum, as to render it almost impossible to separate them. We would have preferred leaving a portion of the sac and tumour, to wounding this important membrane; but having accidentally done so, we determined to leave no vestige of the morbid growth. In doing this a portion of peritoneum, about $1\frac{1}{4}$ by half an inch was removed. A portion of omentum and intestine now protruded, and interfered somewhat with the remaining steps of the operation; but it was soon completed by turning down the tumour, dividing the epigastric artery, and its adhesions to the round ligament at the internal abdominal ring. The artery was found very much diminished in size, and did not require a ligature, although the wound was kept open till reaction was fully established. The patient bore the operation, (which occupied about 20 minutes,) with great fortitude.

When the visceral protrusion occurred, the patient had fainting and frothing at the mouth, but these symptoms disappeared as soon as the omentum and intestines were returned.

As soon as reaction was fully established, the wound was closed by the continued suture. The after treatment (strictly antiphlogistic) was conducted by Dr. Cotton. In 72 hours, three-fourths of the wound was united by the first intention, and most of the threads were removed—the remaining

portion left intentionally open, showed healthy suppuration. No unfavourable symptom occurred till the 9th day, when abdominal tenderness and dysenteric discharges required venesection, full anodynes and hydrary; cum. cretâ to relieve them. It was found necessary to draw off the urine with the catheter for two weeks after the operation.

On the 25th the patient was convalescent, and she has continued well up to the present time. She has no hernia at the part as I apprehended, but has complained occasionally (some months since) of considerable soreness over that region, which has led me to believe that the omentum has become adherent at that point, and probably prevented the bad consequences which sometimes follow wounds of the peritoneum.

The tumour was fibro-cartilaginous, increasing in density from the surface to the centre. It was very firmly enclosed in a sac of considerable vascularity. It weighed about 2 lbs.

Clinton, Missip. March 12th, 1844.

Art. VIII.—Case of spontaneous removal of a Cataract.

Mr. R., a carpenter and joiner, ætat—57, had cataract of the right eye fifteen years, and for five years past has not been able to see at all with this eye. A short time ago, he consulted a well-known oculist in New York, who advised an operation, which circumstances obliged him to defer. About six weeks ago, while on a visit to a friend, he took up a pair of double convex spectacles, and applying them to his blind eye, discovered to his astonishment that he could see and even read small print. He consulted a surgeon on this singular occurrence, who informed him, that by some means which he could not account for, the cataract had become detached, leaving the pupil clear.

The eye now presents the following appearances. When at rest, the pupil is perfectly clear, and the contractions of the iris natural. The posterior chamber is very large, and the iris slightly tremulous. When the ball of the eye is moved, there suddenly shoots up behind the iris an opaque lens, of grayish color, medium size, and perfectly circular. It sometimes rises so high as to close the pupil entirely, particularly if the head is inclined forwards; generally, it covers only the lower half of the pupil, and its motions are so rapid as not to interfere with vision any more than the act of winking. There is no pain in the eye, nor has there been any sign of inflammation. The patient is of very temperate habits, and is positive that he has never received a blow on the eye, or head. He now uses this eye principally, on account of a cataract forming in the left eye.

From the size of the posterior chamber and the tremulous motion of the iris, I was at first inclined to account for the displacement of the lens by dissolution of the vitreous humor (*synchisis oculi*). But the globe of the eye is firm, shining and elastic, the sclerotic of its natural color, and the

sight good. Moreover, the vacillating motion of the iris is no greater than we often see after the removal of a cataract. In the four weeks that have elapsed since I first saw this case, I cannot detect any change in the appearance of the lens; it is probable that it is still enclosed in its capsule, which protects it from the dissolving properties of the aqueous humor.

This case is interesting, because it proves that cataract may sometimes be cured spontaneously. By a sudden jerk of the head, a fall, a blow on the eye or the temple, the opaque lens may be torn away from its natural connections, and removed entirely out of the axis of vision, leaving the eye in the same condition as after the operation by depression. Whether a change has taken place in the ciliary body, by which the connections of the lens are softened and loosened, is a question which we are not competent to answer. It is probable that some such change has occurred, or the spontaneous removal of the cataract would be of more frequent occurrence. Whatever this change may be, the present case shows that it is not always of sufficient gravity to interfere with perfect vision.

As long as the opaque lens remains behind the iris, it gives no uneasiness; but if it should pass into the anterior chamber, it is liable to create so much pain and inflammation, as to require its removal. This may be done by incision of the cornea, as in the operation of extraction, or we may adopt the expedient of Demours, and attempt to return it to the posterior chamber, by laying the patient on his back, and dilating the pupil largely with *Belladonna*.

JOHN F. EUSTIS, M. D.,

New-Orleans April 5th 1844.



PART SECOND.

HEALTH OF THE CITY — TOGETHER WITH AUTHENTICATED REPORTS FROM THE NEW-ORLEANS HOSPITALS AND INFIRMARIES.

NEW-ORLEANS MAY 15TH 1844.

Under this head we design giving some account of the different Medical Institutions of New-Orleans—reports from the Hospitals—the existing state of health—and whatever professional intelligence of a local nature, we may be able to collect, which we think will be interesting to our readers. We shall perhaps not be able in our first number to give a full account of all the Institutions above alluded to; the subject, however, will be continued from time to time until they all receive the notice they deserve.

We embrace the occasion presented by the appearance of our first number, to express the deep interest we feel in the prosperity of all the Medical Institutions in the South, and particularly those of our neighboring and sister cities, Mobile and Natchez, in each of which we are aware there exist Medical Societies, and one or more Hospitals.

We are much gratified and encouraged by the interest and good feeling displayed by the Medical Faculties of these cities in the success of our work, and have good reason to expect much valuable aid from them. With but slight variation, our climate and diseases are the same; and we earnestly hope and believe, that the three cities will lend their united efforts to sustain a Journal devoted to the improvement of the Medical Profession, and to the elucidation of Southern Diseases. It is our earnest desire to see established among the members of the Profession in the South, the most *liberal, cordial, and fraternal* feeling; we will even venture the prediction, (at the risk of being considered visionary,) that the period is not far distant, when the great body of the Profession in this region will be united into a grand Medical Society, similar to the British Association, and hold Annual Conventions for the purpose of comparing observations, and conferring upon the important objects to which they have devoted their lives. Then, and we fear not till

then, shall we see medicine elevated to its proper rank and dignity among the pursuits of educated and enlightened men.

The Medical Societies already in successful operation, together with others contemplated and soon to be organised, constitute the surest harbinger of this important event. And if our enthusiasm on the subject is not altogether romantic, what might not be expected from the associated labours of the Physicians of New-Orleans, and all that region of country tributary to it?

We hope to be able in our second number to give a full account of the Medical Societies and Hospitals of Mobile and Natchez, and to furnish regular reports from them afterwards. We are duly grateful for the two interesting papers from these places, which we have the pleasure to lay before our readers in this number, and trust we shall be furnished with many more from the same able pens.

Having changed the plan of our Journal from a *Quarterly* to a *Bi-Monthly*, we shall only have a space of 60 or 70 pages to appropriate to original communications—we must therefore request our correspondents to be as brief and concise as possible in their communications, that we may be enabled to give a greater variety of matter, and from a larger scope of country. We hope no gentleman will be deterred from communicating an interesting case, or valuable fact, on account of its brevity; nor need a lengthy paper be withheld, if it will admit of division. It shall be our studious endeavour to render equal justice to the claims of all sections of the country.

We insert with much pleasure the interesting communication of professor Drake, and sincerely hope the physicians of the South and South-West will promptly respond to the call made upon them. It is a duty they owe both to society and to science, to contribute their quota to the general fund of useful information, which doctor Drake has undertaken to collect. Perhaps no physician in America is better qualified for the task; and we look forward with much interest to the appearance of his work. He has been spending a considerable time in this city and Mobile, during the spring, and in his further sejour through Mississippi and Tennessee, will no doubt amass a most valuable fund of practical knowledge.

We are indebted to the Medico-Chirurgical-Society, for two of the original papers in this number, and shall probably be allowed unlimited access to its archives. Some of the professors in our Medical College are already known as authors, and have promised us the assistance of their pens.

Professor Mitchell, of Transylvania, is entitled to our acknowledgments for his valuable paper "On Calomel as a Poison." We have no doubt it will have a very beneficial influence in the South, where this invaluable remedy is often so greatly abused.

Some apology may be due for the lengthy notice, we have given of the Louisiana Medical Board, and the laws governing the profession in this state; as also for the long historical notice of the New-Orleans Charity Hospital; but we could not have said less upon these important subjects, and we hope it will be interesting to our readers. The other institutions of our city, although not less important, we shall be able to sketch with more brevity.

The reports of Yellow Fever cases from the note book of Dr. Slade, we feel assured are most faithfully drawn up. Dr. S. is a graduate of Pennsylvania University, of near 20 years experience, and being recently settled in this City, has made its great epidemic his particular study. He selected fatal cases with the view to show the progress of the disease—the effects of the remedies used, and the post mortem appearances.

A few cases that terminated favourably are reported from the note books of the Editors. The House Surgeon of the Charity Hospital (Dr. Wedderstrandt), has kindly offered to assist us hereafter in these reports.

Our readers will doubtless appreciate the valuable Meteorological Tables furnished us through the kindness of Mr. D. T. Lillie. Mr. L. has been careful and minute in his observations, and we are satisfied that his Tables have been most accurately compiled.

The Institutions which remain to be noticed in our next number, are the U. S. Marine Hospital—Stone and Kennedy's "Maison de Santé"—the Circus Street Infirmary—the Medico-Chirurgical Society of Louisiana, and the Board of Health.

The difficulty of starting a work like this in such a City as New Orleans, where there is no publishing office for books, and the cost of printing is so high, cannot be conceived. This must be our apology for the slight delay of our first number; as well as for any inaccuracies or defects that may be observed. They shall be avoided in future as far as practicable. Our subscribers may rely upon our firm determination and unremitting exertions to maintain the work. If we live, it shall not be abandoned—at least until a fair experiment has been made.

Art. I.—STATE OF HEALTH.

We have nothing particular to remark in regard to the health of the City. The usual diseases of the season, Pneumonia, Catarrh, Measles, Whooping-Cough, Erysipelas—and more recently Diarrhea and Cholera—

Morbus, have made their appearance—but all in a mild form, and to but a moderate extent. We have had no malignant epidemic during the winter or spring.

From this time forward we shall report regularly the mortality of the City, and shall endeavour to publish similar reports from Mobile and Natchez;—then we shall be able to draw a parallel between the mortality of Northern and Southern Cities.

Art. II.—Dr. DRAKES' LETTER.

To the Editors of the New-Orleans Medical Journal.

GENTLEMEN.—You will greatly oblige me by inserting this note in the first number of your forthcoming Journal. I am in the “lower country” as you know, collecting information on its topography, climate, and diseases; but of course shall not be able to visit every part of it, and must therefore make known my object to its physicians, through the press.

For many years I have had it in view to write a history of the prevalent maladies of the Mississippi valley, but till within the last two, have been unable to make those personal observations which are indispensably necessary to the collection of the required facts and observations. In my visit to a part of the South-West, last spring, the courteous liberality of its Medical Gentlemen enabled me to amass much valuable *materiel*; but I need a great deal more, and as a visit to all parts is of course impracticable, I shall have to rely to some extent on this mode of soliciting additional contributions.

The remittent and intermittent fevers of the country, especially those of a malignant character, and the Yellow Fever of the cities and smaller towns, are objects of deepest interest. In reference to the whole, I ask for facts, rigidly observed and concisely recorded, without accompanying hypotheses or speculations of any kind, as the plan of my projected work excludes, I may say almost every thing but facts. The circumstances under which autumnal fever assumes a malignant type, its treatment, and the pathological anatomy of its victims, are of the deepest interest. It is almost discreditable to us as a profession that, this fever, the great endemic of the United States, should be so little known by its anatomical characters. Essentially rural in its prevalence, it is to the physicians who practise in the country, that we must look for this, and indeed all portions of its history. Of Yellow Fever, the same remark might be made; but it is chiefly in New-Orleans and Mobile, that its treatment and the lesions of structure which it produces, can be studied with success. When, however, it appears in villages the mode of its origin may be investigated, and facts collected that cannot fail to shed light on its cause. It frequently happens, that people go into the country with the *semina* of the fever in their systems, and are taken down. The degree in which the disease spreads from them,

if it ever does, deserves the deepest attention. Thus village and country practitioners, not less than city, may contribute to the settlement of the question which has so long divided the profession and agitated the community.

In the South, I find that *trismus nascentium* and *tetanus* both traumatic and idiopathic, are much more frequent, than in the higher latitudes, and therefore deserve special attention.

There is reason to think, moreover, that uterine affections, both organic and functional, prevail more below, than above the latitude of 33 degrees, and the study of them is of course a special duty of the physicians of the former.

On the other hand, the winter endemics, especially the phlegmasiæ of the lungs, with tubercular phthisis and scrofula; the natural group of spring and summer diseases, cholera morbus, cholera infantum, diarrhæa and dysentery; and the eruptive fevers, appear to be milder in these latitudes, than on the banks of the Ohio and the shores of the northern lakes, concerning the whole of which I am anxious to receive authentic information.

I have not, however, made these specifications with the design of limiting those who may feel inclined to afford assistance, for every new fact relative to the causes, symptoms, and treatment of all orders of the maladies of this region, will be gratefully received.

It is my intention to present, in separate chapters, an account of the physiology and diseases of the Negro and the Indian, compared with each other, and with the white man. For this purpose I have collected a considerable number of interesting observations, but wish for many more; and will be thankful to those who may have mingled much with the Indians, and those who practice on the cotton and sugar plantations, for all the facts they can supply, not only in relation to those races, but the families of mixed-blood Mulattoes, Quadroons, and Mestizoes. I am particularly anxious to acquire precise information concerning the results of the inter-marriage of these races for several generations, as it has been lately affirmed, that after three or four generations they prove unprolific, and the races expire.

On my return to Louisville, at the opening of the next session of its Medical Institute, I hope to begin the arrangement of the facts I have collected, and will be pleased to receive contributions throughout the winter, and, indeed, to the end of the following summer. If gentlemen should at any time prefer to publish their observations, and for that purpose should send them to you, or to the editors of the *Western Journal of Medicine and Surgery*, in Louisville, they will be as available to my object as if sent to me in manuscript.

In conclusion, gentlemen, suffer me to express the hope that your laudable enterprise may be extensively patronized. Notwithstanding so many Journals are published in the United States, I have had opportunities of knowing that there are physicians in every part of the West and South, who do not receive one, although all who practise medicine should take at least two, if they would keep up with the improvements in the profession.

With respect, I am your very ob't serv't,

DAN'L. DRAKE, M. D.

New Orleans, May 9th, 1844.

Art. III.—LOUISIANA MEDICAL COLLEGE.

This Institution was chartered by the Legislature in 1835. Six physicians, whose names were given, were incorporated into a body politic, with authority to adopt a systematic course of medical instruction, to confer honorary degrees, and to fill all vacancies that might occur in their ranks. The Governor of the State, together with several other high official functionaries, and a few influential citizens, were constituted a Board of Trustees, but were only authorised to extend their patronizing influence over the infant Institution. The Medical Faculty of the College are now a self-constituted body, and have a right to manage it in any manner they may think proper. But one of the original Faculty remains in the Institution—the others have resigned their places at different times, and have been succeeded by the present Professors.

The Faculty laboured under great disadvantages from its commencement, for want of a suitable house in which to deliver lectures; but this defect is now remedied, and they have a beautiful edifice, erected during the past year, possessing every convenience necessary to this object. It is situated on a portion of the Capitol Square fronting on Common Street—the façade being adorned with two very rich Corinthian columns. It contains on the ground floor a large and well arranged Lecture Room, capable of holding at least 200 students; to which is conveniently attached the Chemical Laboratory—also two smaller rooms, appropriated to the purposes of a Library and Reading Room. On the second floor is a large room which contains the Museum, besides two smaller rooms, and the Amphitheatre.—On the 3d floor is the Dissecting Room.

The Library and Museum of the College are as yet small, but the Faculty are making laudable efforts to increase them. The Medical Class the past season consisted of 65 Matriculants, a number more than double that of any previous year. The prospects of the ensuing season, we are informed, are still more flattering. New Orleans unquestionably possesses admirable advantages for the instruction of Medical Students, particularly those destined for Southern Practice; and we hope soon to see several hundred coming here annually to enjoy them. We need only mention two of these advantages, viz: the great facility of obtaining subjects for dissection, and the fine field for clinical observation presented by the Charity Hospital, with its average number of about 350 patients of all nations, countries, ages, and sexes; and affording specimens of almost every variety of ill that human flesh is heir to. During the season of Lectures, all the Professors are usually elected attending Physicians and Surgeons to this Hospital, and thus are enabled to afford their classes clinical instruction to any extent.

The present Faculty deserve much credit for the efforts they are making to build up a Medical School in New Orleans. It is composed of the following Professors:—

JOHN HARRISON, M. D., Professor of Physiology and Pathology.

JAMES JONES, M. D., Prof. of Theory and Practice of Medicine.

WARREN STONE, M. D., Prof. of Surgery.

J. L. RIDDELL, M. D., Prof. of Chemistry.

A. H. CENAS, M. D., Prof. of Obstetrics, &c.

W. M. CARPENTER, M. D., Prof. of Materia Medica and Therapeutics.

A. J. WIDDERBURN, M. D., Prof. of Anatomy.

JOHN F. EUSTIS, M. D., Demonstrator of Anatomy.

Their Lectures commence on the 1st Monday of December, and terminate on the last of March.

The graduates in Medicine for the Session of 1843-4, were 12, and in Pharmacy 1.

A diploma from this school entitles the graduate to practice Medicine throughout the State of Louisiana, without a license from the Medical Board. The law chartering this school also incorporated a number of French Physicians under the title of the Medical College of Orleans, but we believe the Institution has never been put in operation.

ART. IV. — HISTORICAL SKETCH OF THE CHARITY HOSPITAL.

The first hospital for indigent persons, erected in our city, was built of wood on the west side of Rampart street, between Toulouse and St. Peter, and was totally destroyed by a hurricane in 1779.

In 1784, don Andrez Almonaster y Roxas, following the impulse of that benevolence which sums to have characterized him, applied to the Royal Government for permission to erect at his own expense, another edifice of brick on the same premises, and having received it, completed it in 1786, at a cost of \$114,000—to which he gave the name of the sovereign under the title of the "New Charity Hospital of St. Charles." He endowed it moreover with a perpetual revenue of \$1,500 per annum, by appropriating the rents arising from stores, at the corner of St. Peter and Old Levee streets, and making a donation to it of five slaves. For which charitable actions, the king, by a royal *cedula*, dated Aranjuez 23d April 1793, appointed him patron for life, with reversion to his heirs direct or collateral; under the direction of whom it was administered until march 9th 1811, when Michalle Almonaster, the surviving patroness made a relinquishment of all her rights and privileges to the city corporation of New Orleans. Previous to this however, the building was destroyed by fire. In the year 1815, the buildings now occupied by the Legislature and officers of State were finished and opened as an hospital for patients, and they were received here until the great increase of population rendered a larger and more commodious edifice necessary. Accordingly, the old hospital was sold to the State for the sum of \$125,000, and the new one was begun in 1831, and completed so that the patients were removed into it in the winter of 1833-4. The lot and building cost about \$150,000.

The "New Charity Hospital" so called, is a building of great size, being about 290 feet in length and three stories high. It is situated on the square of ground bounded by Girod, Gravier, St. Mary and Common streets. The

front (on Common street), is plain and imposing, having a single story doric portico in the centre, and wings at each end, the full height, projecting front and rear. The principal entrance opens into a spacious hall, which is intersected at right angles by a wide passage running the whole length of the building, on which the wards open. In this hall is a tablet giving a sketch of the history of the building, and having inscribed the names of its principal benefactors, with the sums contributed. The lower story consists of rooms appropriated to the council of administrators, the house surgeon, and apothecary's store, five surgical wards, and a number of apartments for domestic purposes. Broad stairs lead from the central hall to the stories above—narrower ones ascend at the extremities. The upper stories are arranged like the lower, with the exception of one large room devoted to the purposes of a chapel, and some others as sleeping apartments for the Sisters of Charity, they are all used as medical wards. It is calculated to hold 540 patients.

The grounds around it are enclosed with a substantial brick wall; handsomely improved, and very neatly kept.

In the rear of the main building is the Lunatic Asylum, built by an appropriation of the Legislature in 1841. This building is 103 feet long by 35 feet broad, and three stories high.—A gallery extends the whole length and height of the house in front, and affords a fine promenade: a passage 9 feet wide runs through the whole length of the building on each floor. On each side of these passages, the rooms open, 38 in number, well supplied with light and air, and with doors and windows well secured. The stairs run up at the end of the house, and occupy but little space.—At the opposite end from the entrance, on the ground floor, is the bathing room, in which is to be found an admirable apparatus for the shower bath, the use of which is so often required in the treatment of mental diseases.

The third story of the Asylum, is divided into two spacious sleeping apartments. At each end of the building are spacious arbours which are covered with vines, affording an admirable shade in warm weather. These with the grounds immediately around the Asylum, are well adapted for exercise in the open air.

Still farther behind the main building, the Dead House is situated. This is a small single story building, having two rooms; one contains the corpses before burial; the other is appropriated to the purposes of post mortem examination and dissection. This latter is well supplied with light, air, water, good tables and benches; and is altogether admirably adapted to the purposes for which it was designed. It is doubted whether any city in the world presents so pleasant and convenient a place for the study of anatomy, as this Dead House. Well lighted—well ventilated, a hydrant of clear gushing water, and plenty of fresh subjects—what more could be desired!

In front of the hospital are two neat offices appropriated to the clerk and the porter. The clerk keeps a record of all admissions into the hospital—their age—sex—nativity—last residence—vocation—disease—length of time sick, and also the deaths and discharges. He furnishes a monthly report to the board of administrators, and an annual one for the inspection of the Legislature.

It is the duty of the Porter to attend at the front gate, and admit none but

certain privileged persons, without a fee of 25 cents. Also, to see that no one leaves the Hospital or returns improperly. Upwards of \$1,500 were received at the gate during the last year.

Since the year 1813, the Charity Hospital has been managed by a Council of Administrators, appointed by the Governor and Senate for the term of one year. This board consists of eight members, and the Governor of the State, who is *ex-officio* President. They meet regularly once a month at the Hospital, for the purpose of examining into its affairs, receiving the monthly reports of the attending Physicians and Surgeons, and making provision for the expenses of the Hospital. At each meeting a monthly committee of two is appointed, whose duty it is to visit the Hospital twice in every week, to superintend its general management, and to see that the rules adopted by the Board are strictly observed.

The Board of Administrators get no compensation for their services.

Previously to 1843, the Board of Administrators elected annually four Physicians, one Visiting Surgeon, and a House Surgeon, to perform the professional services of the Hospital, for 12 months; who had their duties prescribed, and received a small compensation.

At the session of the Legislature in January, 1843, the Professors of the Louisiana Medical College petitioned that body to grant them a certain portion of the public square, on which to build a College edifice; in consideration for which privilege, they offered to render all the necessary professional services to the Charity Hospital for the term of ten years, free of charge. As soon as the other Physicians of the City became apprized of this movement, they at once sent to the Legislature a counter-petition, numerously signed, protesting against the prayer of the Professors, so far as related to the granting the exclusive attendance of the Hospital, but making no objection to any other aid the Legislature might think proper to extend to the Medical College. They likewise agreed to attend the Hospital gratis.

The result was, that the Legislature very properly granted the Professors a site for a College edifice, and held them bound to attend the wards of the Hospital for the next ten years, provided they should be called upon: but that they should be entitled to no preference in the election of attending Physicians and Surgeons by the Board of Administrators. The Board can make its selection from the body of the Licensed Physicians in the City: and if their appointments are not accepted, they have a right to demand the services of the aforesaid Professors. They moreover increased the number of attending Physicians to eight, and visiting surgeons to two, and made the election semi-annual.

The Professors are generally elected to attend the wards of the Hospital during the winter season, and are enabled thereby to deliver valuable clinical Lectures to the Medical Class.

During the term following the adoption of these new regulations, the professional services were most punctually performed; and the mortality of the Hospital will compare favourably with any previous similar period.

The Hospital was more frequently visited by the Physicians of the City, and more attention was paid by them to post mortem examinations, and to special anatomy, than probably was ever done before during the summer season.

Some half dozen house students are admitted into the Hospital who are furnished board and lodging in the house, and are required to perform all the minor operations prescribed by the attending Physicians. To be admitted, they are required to give satisfactory evidences of their qualifications, moral character, &c.

Admirable opportunities are afforded these students to prosecute their studies; but few of them, however, can be induced to remain at their posts during the sickly season; and it is melancholy to relate that of the three who determined to stay last summer, two died of Yellow Fever.

The first aid extended to the Hospital by the State, was in 1812, of \$3,000, and again of \$1500 in 1814. In 1816, the State of Pennsylvania, with characteristic liberality, granted to this Hospital the sum of \$10,000. No other State has contributed any thing, notwithstanding the large number of their poor citizens who annually receive relief within its walls. The Hospital once derived great aid from the tax levied on gaming houses, which amounted to from \$30,000 to \$40,000, per annum; but since the abrogation of that law, it has had to rely chiefly upon taxes laid upon theatres, balls, and other public amusements; upon travellers arriving in the City, and occasional donations from the State. The Institution is now considerably in debt. In 1843 the Legislature laid a heavy tax upon all persons arriving in the City from beyond the limits of the State; which, if it could have been collected, would soon have relieved the Hospital from debt; but the constitutionality of the law has been contested, and the collection of the tax in a great degree arrested. The Legislature at its last session appropriated \$15,000 to the relief of the Hospital, and reduced the tax upon travellers to an amount which it is hoped will be unexceptionable, and if collected will, with its other sources of income that may be relied on, afford an abundant revenue.

The Physicians and Surgeons are required to visit the patients every morning, and during the prevalence of epidemics, twice a day. They are required to report to the Board of Administrators at their monthly meetings, the number of admissions, discharges and deaths, in their wards; and any thing else they may think worthy of notice.

The internal economy of the Hospital is entrusted to the Sisters of Charity, 20 in number. They have power (subject to no other control than the Administrators) to establish such rules as they may deem expedient, to preserve good order, regularity and cleanliness. They have the superintendance of the sick wards, and the management of all the household concerns, and take under their charge all the property, stores, &c., of the Institution. The sister superior has the control of the nurses, and in concurrence with the House Surgeon, the right to appoint and remove them. She also directs the disbursements for marketing, and designates the necessary supplies for the whole house.

The Sisters of Charity (St. Joseph's) are all Catholics, and have had charge of the internal management of the Hospital since 1834. Their dress is perfectly plain and uniform; they reside in the Hospital, and are furnished with board and a trifling compensation. They have a neat apartment appropriated to the purposes of a Chapel, where their religious devotions are most rigidly performed, and they are to be seen at all hours of

the day going the rounds of the Hospital, to see that neatness and order are observed, and strict attention is paid to the prescriptions of the Physicians, both as to medicine and diet. They also see that the nurses attend to their duties. The house is kept remarkably clean, and the visitor seldom fails to observe the good order that is maintained.

The Catholic Sisters of Charity are renowned throughout the world for their piety and benevolence. Wherever disease and death are wont to display their dread power over poor, frail humanity, there they are to be found, like ministering angels, ever ready to afford consolation and relief, though not exempt from the common lot of mortals themselves—nay, but too often the doomed victims of the deadly pestilence. The approbation and gratitude they receive from their fellow-beings, is but a poor compensation for the toil and privations they endure. They seek their reward from a *higher Power*. We might easily expatiate on this interesting theme, but our time and the occasion forbid. We will confine ourselves more strictly to an account of the Hospitals.

The nurses of the hospital are generally selected from among the convalescent patients, and receive a small compensation for their services.

Three rooms on the second floor are appropriated to female patients; one to those of good character, one to the bad, and one to surgical and obstetrical cases. According to the last annual report, there were 21 obstetrical cases in 1843. They have female nurses and excellent accommodations.

The beds and linen of the hospital are very good and clean.

The table of statistics, which follows, carefully compiled from the records of the hospital, will show the total annual admissions from 1830 to 1844 inclusive, together with the countries and states whence they came. The reader cannot fail to be struck with the large number of foreigners, and the small amount furnished by the State of *Louisiana*. The table will moreover indicate the propriety of the other States in the Union, contributing something towards the support of an institution which affords relief to so many of their indigent and distressed citizens when far removed from the consolations of kindred and friends. Will none of them follow the noble example of Pennsylvania?

In regard to Yellow Fever, the great epidemic of New Orleans, we have searched the records of the hospital as far back as 1822; and have compiled the following table which will doubtless, be interesting to our readers.

It will be observed that this table furnishes pretty full information upon two very interesting points—viz: the commencement and cessation of the disease every year. It is a good criterion; for the first cases usually occur among the lower class of people, that which chiefly supplies the hospital with patients.

When we take into consideration the class of people whence these cases are derived, their recklessness, improvidence and ignorance; it is not really surprising that so many of them should fall victims to this pestilence. In the midst of the most dreadful epidemic, many of them seem unconscious of the danger to which they are exposed. They go on eating, drinking and committing every imprudence; and even after they are taken sick, they neglect that timely care and attention, ever within their reach in New Orleans, without regard to which, the disease soon advances to an incurable stage.

Yellow Fever is rapid in its progress. In most cases, if 24 hours are suffered to elapse without the use of the most prompt and efficient means to arrest it, the victim is doomed, or will at least have to rely almost entirely upon the vigour of his constitution and the vigilant care of his nurses and attendants. It seems impossible to impress upon the poor patients of whom we are speaking, the importance either of using any precautions, or of obtaining medical aid as soon as they are attacked.—A great many enter the Hospital in a moribund state, after the fatal black vomit has appeared, and their cases are utterly hopeless.

These remarks afford a sufficient apology for the great mortality from Yellow Fever that is observed at the Charity Hospital. The success obtained in private practice affords a striking contrast; especially among the better class of citizens, who, if not as regardful as they should be of the dictates of prudence and discretion, for the most part resort to the most efficient measures of relief when they are taken sick.

It is remarkable to witness the indifference with which the victims of Yellow Fever in this Hospital seem to view death. The large congregation of sick and dying, seems to render them familiar with his face, and to rob him of more than half his terrors. After entering the Hospital and witnessing the dying struggles of some half dozen or a dozen fellow-sufferers, they meet their fate with composure, and quietly resign a life which, perhaps to many of them, had presented naught but a varied scene of toil and care.

It were foreign to the purpose of this article, to enter into a minute description of Yellow Fever scenes, either at the Charity Hospital or in private practice; or we could "a tale unfold" that would touch the feelings of the most stoical. Suffice it to say, that as good attendance and accommodations are provided, as could be expected in so large an Institution; and that although some may be annually lost for the want of services not to be obtained, yet many, very many, are annually saved from destruction.

Art. V.—Medical Board, and Laws governing the Practice of Medicine in the State of Louisiana.

As editors of a Medical Journal, we regard it a duty which we owe to ourselves no less than to the public, (for whose health and happiness we toil,) to publish an abstract of the laws which have been enacted at different periods by our Legislature, to regulate the practice of Physic, Surgery, Obstetrics, and the profession of an Apothecary in the State of Louisiana. As there are doubtless many in the State who may be ignorant of the existence of such laws, we will hasten to lay before them the requisite information on this subject.

To guard the public against fraud and gross imposition—to distin-

guish the educated and conscientious Physician from the ignorant and boasting Quack—in a word, to select and to encourage competent medical men to take up their abode among us, and at the same time to intimidate those who are disqualified to practise medicine; such was the object of our enlightened Legislature when the earnest attention of that body was first directed to the state of the profession and the interest of the public.

The United States have long been the great theatre for mountebanks and charlatans, and New Orleans their favourite spot—their chosen seat. In consequence of the encouragement bestowed on them by the great body of the people, and the impunity with which they have gulled the American invalid; nostrum-venders and quacks have emigrated to this country from all parts of the world, until we now have a remedy for all the diseases to which man is exposed, and an elixir, a balm, for every pain to which we are liable.

Nor is this misplaced confidence in unworthy persons, an evidence of ignorance, or a want of education on the part of the public, it must be sought, and will be found, to reside in that part of the brain designated as the organ of *wonder*. This organ is unusually developed, according to Morton's "Crania Americana," in the cis-atlantic Anglo-Saxon race.—We delight in the marvellous, the wonderful; only promise to effect a speedy cure, and the invalid is already half cured.

The first steps taken by the State Legislature to examine into the qualifications of Physicians, before they should be permitted to practise medicine in the Territory of Orleans, is embodied in an act of the Legislative Council and House of Representatives of the Territory of Orleans, passed and approved March the 23d, 1808.

This act prohibited any person or persons from presuming to practice Physic, Surgery, or the profession of an Apothecary, in the Territory of Orleans, without first exhibiting evidences of competency, by producing a diploma from some respectable University or other Medical School, in which he may have pursued his studies. The candidate was required to exhibit his diploma to the Mayor of the City of New Orleans, who was authorised to select four Physicians, or as many Surgeons of the City, distinguished for their literary and scientific attainments, who should examine the candidate publicly, and grant him a certificate, if found duly qualified, signed by the four examiners and the Mayor, who should cause the seal of the City to be affixed to said certificate.

The act of the 23d of March, 1808, was in force up to March 1816; when it was abrogated, and another was passed, "prescribing the formalities to be observed in order to obtain the right to practise physic or the profession of apothecary within the State of Louisiana, &c."

Section 1st, declares that from and after the 1st of August, 1816, no individual shall have the right to practice physic or the profession of an apothecary *in any part* of the State of Louisiana, without having previously undergone an examination in the City of New Orleans, and obtained a certificate which shall be delivered to him, &c.

By section 2d, it was made the duty of the Governor of the State to appoint on the second Monday of April of each year, a medical board,

composed of four physicians, and one apothecary, whose duty it should be to examine all those who may apply for the right of practising physic or the profession of an apothecary within the State of Louisiana.

Any person who wished to practice physic or follow the profession of an apothecary, and who was desirous to conform to the law, addressed a note to the Mayor expressing his wish to be examined, who, thereupon, convened the medical board at such time and place as he might think proper. It was then made the duty of the board to proceed to the examination of the candidate, in the presence of the Mayor and two Aldermen; and if a majority of the board were satisfied with the answers of the candidate, they should grant him a certificate or license to practice, which certificate or license shall be signed by all, or the majority of the members of the board, and approved by the Mayor; the certificate or license granted the candidate, must be recorded in the clerk's office of the parish in which he exercises his profession, in order to apply to it should it become necessary.

Section the 4th, declares that, if any one shall practise physic, or exercise the profession of an apothecary, in contravention of the law, the person so offending shall incur a *fine* which shall not exceed \$100, for the first offence, and should the offence be repeated, such person, for every new offence, of the same description, shall be subject to a fine at the discretion of the Judge, which shall not exceed \$200, and to an imprisonment, also at the discretion of the Judge, which shall not exceed *one year*; and it shall be the duty of the Attorney-General of each District, to prosecute the person so offending.

It was soon found that it would be necessary, for the convenience of those who wished to conform to the law, by obtaining a certificate to practice medicine, to establish a second board of medical men near some central part of the State, who should likewise be empowered to grant certificates of qualification. Accordingly, a supplementary act was passed and approved February 18th, 1817, which declares that, for the accommodation of the citizens of this State, there shall be appointed in and for each of the Judicial Districts of the Supreme Court of this State, a Medical Board, composed of physicians eminent for their medical skill and science; and this shall be called the board for the Western District, and shall hold their sessions at Opelousas, in the town of Alexandria and Parish of Rapides, and shall be composed of 6 members; the board for the *Eastern* District shall be composed of 5 members, and shall hold their sessions in New Orleans.

Three of the members of either shall constitute a quorum to transact business; the Governor, with the advice and consent of the Senate, shall appoint persons to fill such vacancies as may occur by death or resignation. No medical man was considered competent to serve in either Board, who had not obtained a certificate of qualification under the laws of the State of Louisiana. The apothecary who may belong to the *Eastern*, or New Orleans Board, shall *only be permitted to examine apothecaries*, and in no case assist in interrogating the physician or surgeon.

The President of each Board shall be chosen from among its own members, who shall preside at each meeting and direct the proceedings

of the Board. They shall also appoint a clerk, who shall keep a correct journal of all the proceedings of the Board, with the names of the different applicants that may be admitted to the practice of surgery or physic; and the majority of either Board shall have power to issue certificates to those found duly qualified, after an examination; for which they may demand and receive the sum of \$20, to be appropriated as the Board may direct.

Section 5th of the supplement to the act of 1817, declares that all persons who may have practised medicine in this State for and during the space of 10 years prior to the date of the act to which this is a supplement, are hereby permitted to practice physic in this State, without being obliged to obtain a license as required for other physicians by the laws of the State.

In March, 1820, an act supplementary to the preceeding, was passed and approved, which declared that any applicant who may have been graduated, or obtained a diploma of Doctor of Medicine in any of the Colleges or Universities of the United States, shall, on presenting the same, with satisfactory evidence of good moral character, to either of the Medical Boards, be admitted to practice medicine within this State.

Section 5th. Whenever it shall by any means come to the knowledge of the President of the Medical Board that any person *has practised*, or *pretended* to practice medicine, or the profession of apothecary, within the County of Orleans, *without a license*, it shall be the duty of the President of the Board immediately to give information to the Attorney-General, who shall be *bound to prosecute* such persons for the fines and forfeitures of the law.

Section 6th repeals the act which makes it necessary for the examination of the applicants to take place in the presence of the Mayor and two Aldermen.

An act relative to the Medical Board of the Eastern District of the State of Louisiana.

SECTION 1st. Be it enacted, &c., That the Medical Board of the Eastern District of this State, shall, from and after the passage of this act, consist of *six* physicians and *two* apothecaries, who shall be appointed agreeably to the laws passed relative to said *Medical Board*.

SEC. 2d. That every individual who shall intend to practice the profession of physician, apothecary, or of midwifery, within this State, shall present to and deposit with the Secretary of the Medical Board, a diploma obtained from a Board of Physicians or a legally instituted Medical College, or in lieu thereof, satisfactory evidence that he has been possessed of such a diploma of which he has been deprived by some unavoidable cause; it shall then be the duty of the Secretary to convene the Medical Board, four members of which shall form a quorum.

SEC. 2d, That a candidate who shall have graduated in any other than the Medical Colleges of Louisiana, shall not be permitted to practise the profession of physician, an apothecary, or of midwifery, unless

said person shall previously have established to the satisfaction of the Medical Board, either by a formal examination or by a scientific conversation, that he is entitled to his diploma; and whenever the majority of said board shall acknowledge said candidate to be possessed of all the information and moral qualities required by the branch of the profession for which he applied, they shall deliver to said candidate a license designating on which of the three branches of the profession he was examined, and said board shall have a right to demand, and receive from said candidate at the time of the delivery of such license, the sum of twenty dollars, if the application be to practice as a physician, or an apothecary, and the sum of ten dollars, if to practise midwifery, which sum (after the expenses of the board have been deducted) shall annually be paid over to the Treasurer of the Charity Hospital, to be appropriated to the use of said Hospital; and any candidate who, agreeably to the said section of this act, shall have been admitted to an examination on the exhibition only of a certificate testifying the loss of his diploma, shall receive only a temporary license, to have effect only during the time that may be necessary to obtain from the Medical Board or College, of which he is a graduate, another diploma, or an equivalent document; and the said time shall not exceed three months, when said candidate shall have graduated in America, or six months, if he has graduated in Europe.

SEC. 4th, That any candidate who shall have been rejected, shall have a right to claim a public examination by the same members of the Board who rejected him, and notice of said examination shall be published three successive days in English and French, in one or more Gazettes of this State.

SEC. 5th, That every person who shall practice in the State of Louisiana the profession of a physician, an apothecary, or that of midwifery, without a special license granted by the Medical Board, shall be liable to a fine that shall not exceed the sum of one hundred dollars for the first offence, and the second offence, such person shall be fined in a sum that shall not be less than two hundred, and not more than five hundred dollars, recoverable by said Medical Board, before any court of competent jurisdiction in this State, and said fines shall be paid over to the Treasurer of the Charity Hospital.

SEC. 6th, That all laws or parts of laws contrary to this act, shall be and are hereby repealed.

(Signed,)

WILLIAM DEBUYS,
Speaker of the House of Representatives.

(Signed,)

FELIX GARCIA,
President of the Senate.

Approved March 27th, 1840.

(Signed,)

A. B. ROMAN,
Governor of the State of Louisiana.

Thus we have published all the laws which have been passed relative to the practice of physic, surgery, &c., from 1808 down to 1840. We

shall proceed to show how these laws have operated, and how far they have tended to correct the evils contemplated by our Legislature.

In a Republican Government like ours, where every man claims the right (and generally exercises it too) to follow whatever occupation or profession most congenial to his own feelings, or best calculated to "put money in his purse," without regard to, and in defiance of, all Legislative enactments, we must expect them to resist every restriction which may tend to interfere with this high prerogative, or to confine them to their legitimate business or avocations. To this propensity, almost instinct, inherent in the American mind, the public, for whose health and well-being these laws were enacted, lends its patronage and powerful influence.

Hence the evil, against which the law was leveled, has been only partially corrected; the spirit and even the letter of the law has been violated or evaded under various pretences, and we now see established in every quarter of our City, those who are not enrolled on the *ad eundem* list, and who nevertheless practise every branch of the profession, and that too without molestation or restriction. These *soi-disant* followers of Machaon, are violating the laws of the State from day to day, and our Medical Board of examiners, either connive at this open, this public infringement upon the dignity—the respectability of the medical profession, and positive violation of our Statutes, or neglect to discharge an important and solemn duty to the public. In either event, the consequences are most disastrous to the profession, and highly detrimental to the public welfare.

So long as the Board permits this evil to continue in force, the community will not, cannot complain; since it is presumed that these *Harpies* of the profession, practice either by the authorization or permission of the Medical Jury.

We hope the Members of the Board will be aroused to a sense of their duty, and come forward to vindicate their character before this people and the profession. The time has arrived, and is now full, when something must be done,—or those who are empowered to enforce the law regulating the practice of physic, must quietly submit to see our humane and learned profession (which even the meek and lowly Nazaren deigned to practice), wrested from the hands of its legitimate disciples by those who are ignorant of its true principles, and utterly incapable of comprehending its real object and its destiny.

The Board is amenable for all the mischief that may result to the public health from this indiscriminate,—this whole sale—vending of "*villanous compounds*;" "and highly concentrated extracts."

Into their hands the best interest of this community, its health—and the honor and integrity of the medical profession are committed. Will they prove recreant to the welfare of science, and indifferent to the just claims of humanity. Can they remain supinely inactive, and view without a blush of shame, the emblems of quackery suspended at almost every turn of our streets? Let the Members of the Board arouse themselves in the work of reformation and purgation; let all who are not licentiates of the Medical Jury, or who have no well-founded scientific claims in the healing art, be subjected to the fines and forfeitures of the law." If the board is not more

efficient for the future, than it has been during the past; let the Legislature repeal the law and abolish the Board. As it now stands, its force is expended alone on the worthy and deserving members of the profession, who, prompted by just motives of pride, come before the Board, in obedience to the dictates of their own feelings, and in order to conform like every good citizen, to the laws of their adopted State.

Art. VI.—QUARANTINE.

The subject of Quarantine has been attracting a good deal of attention among the physicians and citizens of New Orleans, Natchez, and other river towns, within the last year or two. We find that a good many of our oldest and most respectable physicians have changed their original opinions in regard especially to the transportability of Yellow Fever. Some believe this disease not to be indigenous to New Orleans, and that it may be kept away from here entirely by a proper system of Quarantine Regulations. Others do not go quite so far—they do not altogether deny that *it may originate here*, but are *perfectly satisfied* that it may be conveyed from this to the towns on the river above, and in the interior—that it never occurs spontaneously in those places, and may most assuredly be kept away from them by Quarantine Regulations. A system of Quarantine was adopted at Natchez in 1841, and has continued in force ever since. They have had no epidemic since its adoption; whilst the towns above and below have been severely scourged.

The attention of the Medico-Chirurgical Society of Louisiana, was called particularly to this subject early last summer, before the disease had began to rage here, and a resolution was adopted, making it the duty of each member to observe closely its first appearance in the City, and to report to the Society whatever facts or information might be obtained, tending to illustrate its domestic or foreign origin. In pursuance of this resolution, a paper was subsequently read before the Society, giving a detailed account of the first 8 or 10 cases that had occurred, and these were certainly in favour of the former position. The facts reported were recent, yet not attempted to be gainsaid.

About the 1st December following, a pamphlet appeared from the pen of Professor Carpenter of this City, under the title of, "*Sketches from the history of Yellow Fever; showing its origin, and demonstrating its transmissibility*"—in which he enters minutely into the history and chronology of Yellow Fever. His main objects are to prove the transportability of the disease, and the necessity of Quarantine regulations. The pamphlet is not free from errors, but we shall not attempt at this moment to point them out. The Doctor says it was written in haste, at the instance of some of the members of the Legislature, in expectation of the subject's being brought before that body at the ensuing session.

Soon after the meeting of that body, the subject of quarantining the City of New Orleans was formally introduced, and referred to a committee. The

Chairman of this committee addressed a letter to the President of the Louisiana Medico-Chirurgical Society, requesting the views of the Society as to the necessity of adopting Quarantine Laws for the protection of New Orleans against contagious diseases. Although not so specified, Yellow Fever was the disease particularly had in view. An extraordinary meeting of the Society was called for the purpose, and the letter of the Chairman of the Legislative committee referred to a committee of three members, consisting of Drs. Beugnot, Mercier and Luzenberg, with instructions to report as early as practicable the result of their labours. At a subsequent meeting, Dr. Beugnot, on behalf of himself and Dr. Luzenberg, made a lengthy report, in which is maintained the infectious nature of Yellow Fever, and the propriety of establishing Quarantine regulations for this City. In the general consideration of contagious diseases, the reporters give some valuable suggestions in regard to the regulation of *Prostitution* in New Orleans.

Dr. Mercier offered a counter-report, in which he controverted all the positions taken by the majority of the committee in regard to Yellow Fever, but coincided in all their other views. Neither report was adopted by the Society. The President was instructed to reply to the letter, and to say that the Society was not prepared to recommend the adoption of Quarantine regulations at this time—that the subject in all its bearings had engaged the attention of this Society for some time, and would continue to do so; but that if the Legislature should determine to adopt a system of Quarantine, the services of the Society were offered to have it put fairly into practice. The proposition failed before the Legislature, and the subject remains *in statu quo*.

By general consent of the physicians of New Orleans, we believe the most vigilant attention will be hereafter paid to the first appearance of Yellow Fever in this City, with the view to settle the question of its domestic or foreign origin; and we believe it will require but a few years of careful observation to do so to the satisfaction of all candid and impartial minds. The assistance of our medical brethren residing in the river towns above, is particularly solicited in this important investigation.

We are aware that the opinion of its transmissibility from place to place, has rapidly gained ground within the last few years. In Natchez they have established a system of Quarantine, and we have endeavoured to obtain an account of its operation, but have not yet succeeded. We hope to be able to lay the desired information before our readers in our next number. Dr. Monette, of Washington, Miss., a most respectable practitioner and writer, has given us a very interesting little work on Yellow Fever, in which he maintains the infectious nature of the disease, and brings to the support of his position many striking facts and forcible illustrations. The doctrines of the American Schools, perhaps without an exception, are opposed to this view; and almost every physician who has been educated within the last quarter of a century, entertains convictions adverse to the contagious, infectious, or transmissible nature of Yellow Fever. Yet we may be all wrong—our motto should be, "*nullius addictus jurare in verba magistri.*" Let us examine for ourselves, and we shall then at least be satisfied, whether we succeed in convincing others or not. Any facts bearing upon this subject, will be thankfully received.

Art. VII.—Reports of cases of Yellow Fever, treated in the Medical Wards of the Charity Hospital of New-Orleans, during the Epidemic of 1843, from notes taken at the bedside, by J. B. Slade, M. D.

The following cases of Yellow Fever were originally sketched at the bedside, in the Charity Hospital during the prevalence of the late Epidemic, not with a view to giving them publicity, or with the expectation of adding any thing new, to the already accumulated mass of recorded matter; but solely to gratify myself, in drawing a faithful outline of some of its most striking features, with some detail in the progress of the symptoms; in noting the varied treatment as pursued by the several intelligent physicians who had charge of the wards; and in recording the pathological conditions of organs and tissues after death.—Not having any special interest to subservise, or preconceived theories to support, and discarding alike all popular prejudices, and long cherished views of practice, I claim no other merit, than that of disinterestedness, in endeavoring to give an impartial transcript of facts, as they occurred to my observation.—The cases, here selected, are few in number, that they might not prove too tedious, and are those, whose history could be satisfactorily ascertained, and which had undergone no modification from treatment, previous to admission; and are merely offered, for what they are worth, without purporting to give each variety of the disease, or every plan of treatment; and least of all, to enter into any illustration of its unsettled pathology,—whether, it be, as formerly supposed, a gastro-enteritis, or more recently, a lesion of the function of hematosis or of innervation, primarily or consecutively.

CASE I.

W. B., Englishman, aged 23, of fair complexion, light hair, muscular, and apparently of vigorous constitution, has been living in the City four weeks, officiating as cook in a boarding house in the lower part of the 1st Municipality. He states that he was attacked on the 29th July with chilliness and great pain in his head, back and limbs: felt better next morning, and resumed his duties. About noon the same symptoms returned, and caused him to take his bed, where he wrapped up warmly, which induced a free perspiration and relieved his pains, although he spent a wretched night. Finding himself better in the morning he again rose, but had to get to bed about 12 o'clock, M.; and in the evening was conveyed to the Charity Hospital, where he remained without any treatment until 8 o'clock next morning, 1st August, when he presented the following state:—Countenance anxious, face very red, tongue thickly covered with a white coat, red on the tip and edges, thirst moderate, complains of hunger, which he says he had before he came in, abdomen free from pain on pressure, bowels had been opened several times, supra-orbital pain great, skin dry, breathing a little hurried, pulse 88, full but not tense, general prostration. *Treatment* by the attendant

physician—scarified cups to back of the head, hot mustard foot bath, mass: hydrarg: gr. x, cold applications to the head—drink, iced gum water.

6 o'clock, P. M. Pain in the head had left him, bowels had been opened several times—discharges, small and liquid. In other respects, much the same.

Aug. 2d, 8 o'clock, A. M. Several discharges of same character during the night and morning, flush of countenance had disappeared, still complains of hunger, but no thirst, slight uneasiness in the bowels, skin dry, pulse 82—ordered, Anodyne enema—lemonade drink, tea and toast, broth for dinner.

6 o'clock, P. M. Bowels had been acted on but once, hunger had ceased upon taking the tea and toast,—ordered, hot foot bath, and cold applications to the head.

3d, 8 A. M. Delirium came on during the night, and his ravings disturbed the other patients of the ward—intellect little confused, temper cross and vexed, no hunger or thirst, no discharge from his bowels, skin still dry, no pain, pulse 80—ordered, blister to epigastrium—drink, iced gum water.

6 P. M. Countenance paler, talks incoherently, his vexation amounts to anger, tongue has lost its white coat, and is now livid, bowels not opened, pulse 82, prostration, subsultus tendinum.

4th, 8 A. M. Restless through the night, got up frequently and walked about the room; at present appears a little drowsy, indifferent to objects around him, slight hemorrhage from the lips, skin dry, fœtor about his body, pulse 90—ordered, emollient poultice to blister over epigastrium, blisters to calves of the legs, elixir vitriol drink.

6 P. M. Continues to get worse, had to be confined to his bed, and during this confinement died, at 5 o'clock next morning.

Autopsy four hours after death.—Externally, the body intensely yellow, the under parts livid from cadaveric hyperæmia. Muscles every where rigidly contracted.

Stomach was about one third filled with dirty coloured sanguinolent fluid; the mucous membrane throughout very much injected with blood, which gave it a dark brown color; and about the pyloric orifice it was greatly corrugated. The duodenum contained the same kind of fluid, and was likewise injected, but a little more intensely; the whole extent of the ileum and the large intestines of the same deep color, and containing a brownish bloody fluid.

Liver yellowish, or dark ginger-bread color, maculated and stellated with effused blood; hyperæmic; firm consistence; the portal and hepatic veins filled with dark blood; bile in the biliary vessels; gall bladder contained an ounce of dark viscous bile, of a greenish yellow when spread out; the hepatic duct free.

The *Heart* on its right side, with ascending and descending cavæ, gorged with dark blood; the left side and aorta contained also a small quantity of blood, of the same appearance; the cavities had no fibrinous clots; the left ventricle rigidly contracted in common with the muscular system; about half a gallon of blood flowed from the vessels upon

the removal of this organ; the pericardium contained about an ounce of yellow serum.

Lungs free from disease, but engorged, particularly the lowest portions.

Brain—Great turgescence of its vessels and membranes, with serous infiltrations into the sub-arachnoid cellular tissue; a small quantity of pink colored serum in the lateral ventricles, and two and a half ounces in the base of the brain; its substance was of normal consistence, but when cut into, was dotted with red points.

Kidneys were so hyperæmic as to appear livid.

Bladder empty.

Remarks.—If the statement of the patient himself is to be relied upon, there were two remissions in this case at an interval of 24 hours, in the early stage of the disease; no paroxysmal character, however, was observed after he entered the hospital. It is a striking instance of non-depletion by bloodletting; hence the engorgement of all the viscera, and especially of the accumulation of blood in the cavæ and right side of the heart. And it is not improbable, had not the case been reduced by the action of cathartics, that this engorgement and accumulation would have been greater.

Here is also presented, what is occasionally observed in Yellow Fever, the presence of bulimia and the absence of thirst, accompanied with a highly injected gastric mucous membrane—phenomena difficult to accommodate to the pathological view of a gastritis.

CASE II.

V. Y., German, aged 23, of stout frame and muscular, blue eyes, fair hair and dark skin; has been in the City about 7 months; states that he was taken on the 4th August, about 5 o'clock A. M., upon rising from bed, with rigors and trembling, pain in the head and back; was soon conveyed to the Charity Hospital, and at 11 o'clock A. M., the House Surgeon prescribed for him: ol: ricin: $\frac{3}{4}$ iss—Hot mustard foot bath, cold applications to the head.

6 o'clock P. M. He presented the following state: face flushed, full, and polished; eyes injected; tongue furred and red; no pain in the epigastrium or abdomen upon pressure, bowels not opened from morning prescription; pain in the head and back; skin slightly moist, and had been so from patient's representation through the day; pulse 120.—The visiting Physician determined to treat this case, by sanguineous emissions, *coup sur coup*.—The patient was set up and directed to be bled *ad deliquium*.—Scarcely had he lost $\frac{3}{4}$ vj before syncope ensued, and as the emission was so small, the patient was laid down, and the stream permitted to flow to the amount of $\frac{3}{4}$ vi more, when it was arrested on account of an urgent call to stool.—A sudden collapse came on, with palor, prostration of muscular force and profuse perspiration.

9 o'clock P. M. Complete reaction had taken place since the last visit, and he was now bled to the amount of $\frac{3}{4}$ xvi. Ordered cold applications to head, and cold drinks.

5th, 8 o'clock A. M. Attendants stated patient had sweated freely

after last visit and passed a tolerable night, bowels open. Now reaction as complete as ever; supra-orbital pain, pulse 98. Ordered V. S., \bar{z} xvij cups to the mastoid processes, cold applications to head and cold drinks.

6 P. M. Free from pain, but expression of countenance sullen; skin hot and dry; pulse 94;—applications and drinks continued.

6th, 8 A. M.—Had slept but little; expression same; lies quiet; tongue covered with white fur and little pale; thirst for the first time; bowels open; urinates; breathing rather short, with groaning; pain in the head; moisture about the head and neck, rest of the body dry, hot over the abdomen.—Ordered cups to epigast: \bar{z} x, and to the mastoid processes \bar{z} iij applications and drinks cold.

6 P. M. Only \bar{z} xii of blood had been extracted—looks brighter in his countenance; no pain; skin inclined to moisture generally over the body; bowels free; pulse 100.—Not able to sleep.—Ordered, applications and drinks to be continued.

7th, 8 A. M. Since last evening has got much worse—inclined to somnolency, lies very still and aroused with difficulty; rational, but sullen and vexed; headache; skin little yellow, dry except about the head; pulse 90.—Ordered blisters to extremities.

6 P. M. Coma, restlessness, angry, furious, biting and scratching; pulse 100; no urination.—Died 2 o'clock at night.

Autopsy 10 hours after death.—External surface light yellow; slight cadaveric lividity on the under parts of the body.

Stomach, contained fluid, very black in the bulk, but slightly redish when spread out on a white surface—upon inversion the mucous membrane presented over its whole surface, a mottled ash grey appearance, mammellated and thickened in patches, no particular softening.—The color of the duodenum was nearly the same. The submucous cellular tissue in both highly injected.

Intestines flaccid.—The upper portion of the jejunum, contained a pasty black matter, upon the removal of which, the mucous membrane appeared normal; the lower third of the ileum was highly injected in the cellular coat, and a few patches of hyperæmia were observed in the mucous membrane, with a projection or elevation of the glands of Brunner and Peyer's plaques.—There were also some patches of sanguineous infiltration in the cellular coat of the colon.—The mesenteric glands red and enlarged.

Liver—normal in size, color and consistence; so likewise of the spleen, unless perhaps too florid.

Lungs entirely sound, the lowermost portions engorged from the influence of gravity.

Kidneys slightly injected; bladder empty.

Heart and vessels on the right side filled with blood; no coagula within the cavities.

Brain.—Engorgement of the vessels, with patches of effused or echymosed blood into the sub-arachnoid cellular tissue.—In the base of the brain, there was about \bar{z} j of pink colored serum, and also a small quantity in the lateral ventricles.—Upon slicing, the medullary portion exhibited a dotted appearance, from the effusion of blood.

Remarks. In the leading feature of treatment, this case is antithetical of the preceding, but the same in result.—About sixty ounces of blood were taken in all; forty eight of which were abstracted in the first 28 hours.—In consequence of this liberal depletion, the organs after death, did not appear greatly engorged.

CASE III.

J. F. Englisman, aged 18, dark skin, black hair and eyes, small in stature, muscular, was taken into the Charity Hospital, in the evening of the 6th August, and was so delirious that he was unable to give any account of himself.—He had a flushed face, swollen and shining; skin hot and frequent pulse.

The House Surgeon ordered him to be bled, to take calomel followed by oil: ricin: in the morning—cold applications to the head and cold drinks. The V. S. was performed at 7 o'clock, to the amount of $\frac{3}{4}$ xxiv.

7th, 8 o'clock A. M. After the bleeding, he became rational about 11 o'clock last night.—Now states, that he has been in the City since Nov last; that he was taken about 7 o'clock P. M. on the 5th, with pain in the head and prostration.—Had taken nothing up to the time of his admission, except a few sarsaparilla pills. The cathartics had operated well—symptoms at present are: pain in the head upon motion; tongue red and clean; thirst, drinks produce nausea; pain in the epigastrium; slight sighing; skin hot and dry; pulse 120.—Ordered by attending physician V. S. ad deliq: cathart: enema morning and evening; hot mustard foot bath, to be repeated, with cups to back of the head if necessary.

6 P. M. $\frac{3}{4}$ xl blood was drawn before the desired effect was produced. Had slept some; no pain; still thirsty; tongue clean and of natural color; bowels had been opened four times; skin hot and dry; pulse 120.

8th, 9 A. M. Seems quiet, says he has no pain, except from lying. Little fur on tongue; bowels frequently opened; thirst; skin inclined to moisture; pulse 110. Ordered emollient enema, lemonade.

6 P. M.—Continues much the same.

9th, 9 o'clock A. M.—Says he rested pretty well. Face pale, tongue freshly cleaned off and florid; thirst, but gum water which he has been taking, disagreeable; some retching which he ascribes to the drink; some uneasiness in the epigastrium; bowels open; skin inclined to moisture and of natural temperature; pulse 90.—Ordered sinapism to epigast: pil. Hydrarg: gr. iv, *aqua calcis*, a table-spoonful every 2 hours; body to be cold sponged 4 times through the day.

6 P. M.—Heat of skin little increased; bowels open; has ejected a small quantity of greenish mucus; slight inclination to eat.

10th, 10 o'clock A. M. Nervous symptoms; unable to sleep last night, querulous; countenance distressed; eye slightly icterose; tongue pointed and red at the apex; slight heat of skin, with inclination to moisture. yellowish, thirst great; bulimia; bowels open; extensive petechiæ from musquito bites, as his bar was tossed aside in his restlessness; complains of weakness, pulse 90. Ordered chicken broth; iced barley water.

6 P. M. Disposed to be drowsy; thirst not urgent; bowels open; uriates: surface hot over abdomen; pulse same.

11th, 9 A. M. Had been somewhat restless through the night, but now lies quiet; tongue clean; slight thirst; bowels open; urinates, skin dry but not hot; drowsy; pulse 100 soft and small. Ordered cups over epigast: $\bar{3}$ xii; cataplasma to abdomen.

6 o'clock P. M. Has had large sanguineous discharge from the bowels; still drowsy, will not answer questions; jactitation; pulse same.

12th, 8 o'clock A. M. Complete delirium; eyes partially closed, roll in their orbits; mouth dry; groaning; pulse 150. Died 5 o'clock P. M.

Autopsy, one hour after death.—External surface slightly yellow; body warm; no muscular contraction.

Stomach, contained nearly half pint of dark fluid, in which flocculi floated; and which fluid when spread out on the sides of a white vessel had a slightly red tinge; mucous membrane red, corrugated, thickened and considerably injected.

Intestines.—*Duodenum* presented nearly the same injected appearance as the stomach, the rest of the small intestines were small and contracted, containing a portion of inky black pasty mater. The mucous membrane was pale and softened, with a few spots of injection, mostly about the ilco-cæcal-valve,—the large intestine also contracted. The mucous lining of the whole cæcum and six inches of the adjoining portion of the colon very red; the greater part of the mucous membrane of the colon injected and softened.

Liver and spleen natural in size, color and consistence.—The gall-bladder had $\bar{3}$ ss of thick inspissated bile.—The biliary vessels tinged yellow from the presence of bile, as though this secretion were not entirely suspended.

Kidneys and bladder natural.—The latter organ held about $\bar{3}$ vj of healthy looking urine.

Heart, slightly hypertrophied and enlarged in its cavities, with specks of false membrane upon the external surface of the right auricle. No coagula within the organ.

Lungs,—adhesion of the right lung, in other respects natural

Brain—several ounces of serum in the base, a small quantity in lateral ventricles, and sub-arachnoid cellular infiltration.—Vessels of the brain moderately injected.

Remarks.—This is another case of bleeding carried to great extent—in all $\bar{5}$ lxxvi. The first emission $\bar{3}$ xxiv, twenty four hours from the onset, was followed by auspicious results; but in fourteen hours after $\bar{3}$ xl more were taken; and on the sixth day $\bar{3}$ xii more.

CASE IV.

A. G., Irishman, aged 30, florid complexion, red and curly hair, muscular, temperament sanguine, has been in the City nine weeks, states that he was taken on the 8th, about 8 o'clock, A. M., with pain about the stomach, followed soon after by pains all over his body; and in the course of three hours, had violent retchings and throwing up of bile.—This vomiting continued until he was admitted into the Charity Hospital at 2 o'clock, P. M., when he was ordered by the House Surgeon, V. S.

ʒ. s. calomel, gr. xv, ol. ricin: four hours after—hot mustard foot bath, cold applications to head, and cold drinks.

9th, 9 o'clock, A. M., ʒ xxx blood had been drawn, had spent a restless night, cathartics had operated this morning two or three times, at present is in the following condition:—Drowsy, and disinclined to be interrupted, answers questions apparently with effort, face red, eyes injected, tongue thick and coated with brownish fur, hot and feverish breath, thirst, anorexia, some nausea, pain in the head, skin moist, hot on the forehead and abdomen, breathing labored, pulse 104—ordered by attending physician, cups to epigast, ʒ xv, to mastoid processes, ʒ xjj, warm poultice to abdomen, hot mustard foot bath every 3 hours, cold applications to head, and cold drinks.

6 P. M., face still red, drowsy, breathing a little hurried, thirst, bowels open, no urine, skin hot and dry, pulse 93—the attending physician ordered V. S. *ad nauseam*, to which he added, body to be sponged with vinegar and water, hot foot bath, poultice to abdomen, cold to head, lumps of ice.

10th, 10 A. M., the V. S. had been carried to the amount of ʒ lxx before nausea ensued, although the subject had been placed in the erect posture—at present, palor of countenance, complains of great prostration, drowsiness still continues, tongue furred and pale, thirst, no pain, bowels open, slight urination, still restless, skin cool and moist, head and abdomen too warm, pulse 80—ordered, lime-water, a table-spoonful every 2 hours; an enema of sulph: quin: ʒ ss, sulph: morphine, gr. ½, mucilage ʒ j to be repeated in 4 hours, mustard foot bath, poultice to abdomen.

6 P. M., restless, face pale, unmeaning smirk of the lips, tongue pale and less furred, thirst, sour taste, slight pain in the stomach, has thrown up *black vomit* two or three times, bowels not opened, no urination, skin cool, pulse 75—ordered a large blister to epigast: followed by emollient cataplasm, sponge surface with *lime juice*, repeated hot *mustard pediluvia*, sub. carb. soda: ʒ j, muriat: soda: gr. xv, sulph: morph: gr. j, aqua f ʒ ij, one fourth every half hour or p. r. n.

11th. Nurse states he seemed to be doing pretty well, was calm, and expressed himself better until 2 o'clock in the morning, when the bandage was rubbed off his arm, and the blood gushed out afresh from the orifice—the quantity of blood lost was ʒ xx or more—he sunk soon after, and died about 3 o'clock, A. M.

Autopsy five hours after death.—Externally, body yellowish, cadaveric hyperæmia not very striking, muscles very rigidly contracted.

Stomach contained a small quantity of thick flocculent mucus, with greenish flakes; the mucous membrane was thickened and corrugated, and somewhat injected in the great *cul de sac*, and in some other points about the cardiac orifice; and it presented generally a reddish appearance from the injection into the submucous cellular tissue.

The *intestines* contained some of the same kind of fluid, slightly tinged with red; there was submucous cellular injection in the upper portion of the duodenum and the lower third of the ileum; the mucous membrane in these localities had a few spots of injection, in other respects quite sound.

Liver, bright yellow, not engorged with blood; no bile discoverable in

the biliary vessels, instead of it, was observed a transparent sero-albuminous fluid; the gall bladder was *seven inches* long, greatly distended with the same fluid, bearing a striking resemblance to a *dropsical oyster*; it was dissected out and hung up, and the fluid, after a few days, leaked out through the process of exosmose.

Lungs healthy, but had the usual cadaveric hyperæmia, perhaps more strikingly observed in Yellow Fever cases, than any other common form of disease.

Heart, on its right side, together with the cavæ, filled with dark blood; the right ventricle contained also a small colorless coagulum; left ventricle empty; when washed the heart appeared rather pale.

Kidneys, internally highly injected, and contained within the pelvis a muco-purulent fluid.

Bladder empty.

Brain presented nothing very unusual; the vessels of both cerebral substance and membranes were to some extent injected, and there were patches of bloody effusion in the sub-arachnoid cellular membrane on the lateral portions of the hemispheres; no effusion was remarked in the ventricles or base of the brain, probably owing to the very awkward manipulation of the operator; the substance when cut into, showed the usual red points.

Remarks.—The most striking peculiarity in this case, is the quantity of blood drawn; fifty-seven ounces had been drawn, before the large bleeding to syncope had been insisted upon, which, from the representation of the house student, was not less than sixty-five ounces more. Whether the patient then would have survived, had not the accidental hemorrhage supervened, is exceedingly problematical, although he seemed a little better, for dark vomitings had already appeared previous to this untoward occurrence; and this temporary calm might have been ascribable to the influence of the morphine. The whole amount lost in this interesting case was nearly nine pounds.

CASE V.

C. W., Swede, aged 22, fair complexion, blue eyes, brown hair, muscular and vigorous, by calling, a clerk; says this is his second summer in the City, and that he was taken 11 o'clock, A. M., on the 7th, with a chill, pain in the forehead, small of the back and limbs. He came to the Charity Hospital 9 o'clock, A. M., on the 8th, and was immediately prescribed for by the House Surgeon, V. S. \bar{z} xvj, calomel gr. xv, ol. ricin: 7 hours after, hot mustard foot bath, cold applications to head, and gum water.

8th, 6 P. M., presents the following state:—Countenance distressed, face red, lips vermilion hue, tongue thick and flabby, furred with a thick brownish coat, margins not unnaturally red, bad taste, not much thirst, gum water disagreeable, no pain or fullness upon pressure of the abdomen, bowels had been opened, pulse about 98, skin dry, but not hot—ordered by the attending physician, cups to epigast: hot foot bath, cold applications, and drinks continued.

9th, 9 A. M., spent a restless night, countenance still distressed and anxious, face red, tongue has lost its brown appearance, in other respects the same, hot and offensive breath, thirst, bowels have not been opened, pain

in the lumbar region great, also aching pains in the lower extremities, skin moist, but not hot, pulse same—ordered V. S. $\frac{3}{4}$ xij, hot poultice to abdomen, sinapisms to back, hot mustard foot bath, applications and drinks continued.

6 P. M., countenance better, but face still flushed, thirst, bowels open, urinates freely, skin moist and warm, pulse same, blood drawn in the morning, examined an hour or two after, showed a soft clot, with one-third of yellowish serum—ordered, V. S. $\frac{3}{4}$ x, hot foot bath, continue applications and drink.

10th, 10 A. M., before seeing patient, the following prescription had been made and enforced—V. S. $\frac{3}{4}$ xij, sinapisms to back and extremities, poultice to abdomen, cold applications to head, and iced lemonade for drink, rested badly last night, countenance anxious, face paler, tongue thick, covered with white fur, thirst, bowels open, pain in back now relieved by the sinapisms, and free of pain generally, but restless, skin slightly moist, hot over the abdomen, ice to his head feels agreeable, breathing little labored, pulse 90 and filiform.

6 P. M., has slept a little, countenance distressed, face red, tongue red at the apex, thirsty, nausea, bowels open, urinates, breathing short, sighing, skin hot over the abdomen, pulse 94—ordered cups to epigast, $\frac{3}{4}$ viij, followed by a blister 8 x 8, calomel gr. xx, iced lemonade.

11th, 9 A. M., has slept none, says his head is confused, as if he had been drunk, face pale, tongue has lost its redness at the apex, thirsty, bowels open, urinates with pain from the effects of the blister, heat of skin greatest on head and over abdomen, pulse 96—ordered calomel gr. xx to be divided into 4 powders, one every 2 hours, dress blistered surface with merc: oint. continued cold to head, lemonade.

6 P. M., countenance better, slept some, slight head ache, thirst, bowels not opened, strangury troublesome, pulse 100—ordered calomel powders to be continued, poultice to abdomen, laxative enema, hot mustard foot bath, cold to head, and iced lemonade.

12th, 8 A. M., slept, but tormented by bad dreams, at present restless, probably owing in part to want of drink, which he has been without several hours, tongue furred, moist, not red, pulse 100—ordered mer: oint: to be repeated, cold to head, and lemonade drink.

6 P. M., free from pain, skin moist, thirsty, bowels open, urinates, breathing little labored, pulse 100—ordered calomel gr. xv, continue mer. oint. $\frac{3}{4}$ ij hot mustard foot bath, cold applications to head, lemonade and lumps of ice.

13th, 9 A. M., the whole abdomen completely denuded from the blister, and the repeated dressings of mer. oint. which greatly annoys the patient, and gives him pain from strangury, in other respects absence of pain, disagreeable mercurial taste, but none of the characteristic foetor of ptyalism, thirst very great—ordered mer: oint: $\frac{3}{4}$ ij; laxative enema, elixir vit. drink.

6 P. M., querulous, finds fault with his acid drink, bowels open, urinates, skin moist, pulse 100.

14th, 9 A. M., had become so restless, that he had to be confined to his bed by fastenings, face livid, asphyxiated—died 11 o'clock, A. M.

Autopsy seven hours after death.—The exterior of the body faintly yellow, muscles rigidly contracted.

The *stomach* was contracted, and had a white appearance externally; it

contained an ounce or two of black viscid mucous; the lining membrane greatly corrugated, red in streaks over its whole surface, softened and thickened.

The *duodenum* presented a dark appearance externally, and contained bile mixed with black matter; the jejunum was a little puffed, dark red on the exterior, to the extent of three feet, and contained a dark liquid in the upper portion, which increased in intensity and lessened in fluidity, in its descent, until it became inky black and pasty, and gradually disappeared, leaving the rest of the small intestine with only its natural mucus, down to the lower third of the ileum, where the exterior became again dark, and which continued through the large intestine; this reddened portion of the lower intestines contained a dark sanguineous fluid; in the upper part of the colon were scybala very black and fœtid; the mucous membrane was slightly injected in all this extent, but the chief intensity of color was derived from the engorgement of the vessels of the sub-mucous cellular coat; the mucous membrane of the colon was also greatly softened.

The *Liver* appeared very natural in color, size, and consistence, and was freely secreting bile; the hepatic, cystic, and common ducts, were all of a deep yellow, from the presence of this secretion; the gall bladder, likewise, contained about an ounce of thick yellow bile.

Spleen, normal.

Bladder, distended with urine.

The examination was not carried farther an account of the approaching darkness.

Remarks.—This subject presented a remarkably favorable case for treatment, so far as youth, vigor and excellent constitution were auxilliary.—It was, however, of a mixed kind, without apparently, a special or paramount reliance upon any definite plan; and consisted in general and local depletion to the amount of $\frac{3}{4}$ blood; cathartics of calomel, in all gr. $\times c$; mercurial inunction $\frac{3}{4}$ vj, vesication, application of ice, &c.—Yet it may be considered interesting, as a case treated, from the appearance of the symptoms. It is also interesting, as shewing the inutility of mercury carried to the extent of pyalism.

N. B.—Dr. Slade was not one of the attending Physicians of the Hospital when these notes were taken, but merely a *Looker on*.—Eds.

(The following successful cases of Yellow Fever are taken from the Note Books of the Editors.)

CASE 1st.—*Yellow Fever—hemorrhage from the scrotum—cure—remedies usually relied on in Hemorrhage.*

S. N., German, aged 25, very tall, robust, having a dark swarthy complexion, in the City 8 months, entered the Hospital July 29th, then sick 2 days, of which he could give no intelligible account, as he spoke the English language very badly.

Symptoms—Pain in the head and limbs, skin not very hot, but dry, and the capillary circulation torpid, pulse 90, tongue clean, thirsty, groans and complains a good deal.

Treatment—Cups freely to back of head, purg. calomel and rhubarb, $\ddot{a}\ddot{a}$ gr.x, hot mustard foot bath, cold cloths to head, and iced gum water for drink.

July 30th. Appears better, head relieved, no particular pain, but groans and is restless, bowels freely purged, of very acrid, bilious matter, but little fever, skin dry, and cooler than yesterday, slight thirst, tongue clean.

Treatment—repeat hot mustard foot bath, warm poultice to abdomen, cool mucilaginous drink.

July 31st. Appearance much the same as yesterday, spent very bad night, moaned and was restless, complains now of excessive soreness of the scrotum, on examination, found it inflamed and excoriated, (apparently from neglect of personal cleanliness,) it was disposed to bleed—ordered ol. olivar to scrotum, to continue mucilaginous drink.

Aug. 1st. Spent a restless night, but is quiet this morning, no fever, skin cool, pulse slow, no thirst, complains bitterly of the scrotum, which has been bleeding considerably—ordered cold poultice to it, but he would not suffer it to be touched.

Aug. 2d. Condition about the same as yesterday morning, moaned greatly last night again, considerable hemorrhage from scrotum, and slight from gums—ordered mild dressing to scrotum—porter to drink.

Aug. 3d. Condition same—ordered to drink water acidulated with elixir vitriol, powdered starch to scrotum.

Aug. 4th. Hemorrhage still continues from scrotum, skin cool, pulse slow, (about 56,) no stool for 2 days, urinates freely—ordered to continue elixir vitriol drink.

Aug. 7th. He has been gradually improving for the last 3 days, the hemorrhage has ceased, and he has some appetite, but threw up his breakfast this morning, his skin is warm and moist, slept well last night, had an alvine evacuation this morning, the first for about 6 days, urinates freely, pulse 50 per minute.

Aug. 8th. Condition still improved, has appetite, no fever, sweats, no hemorrhage, a dry scab on the sore, convalescent.

Remarks—This case has only been remarkable for the low degree of febrile excitement and the hemorrhagic tendency that existed; the seat of hemorrhage was extraordinary, as well as the extreme pain and tenderness in the part; the moaning and restlessness indicated some obscure affection of the brain.

About the period of this observation, there were in the Hospital some 5 or 6 cases of Yellow Fever with hemorrhage from different parts, getting well. It is generally considered one of the most dangerous symptoms of the disease. The most common seat of hemorrhage is the gums; they scarcely ever escape when this symptom appears; but all the outlets of the body, as also leech bites and scarifications, are liable to the discharge.

When hemorrhage sets in, the skin is apt to become cool, and the pulse slow and weak; the thirst is apt to continue; if convalescence takes place, the thirst diminishes, the skin becomes moist, but is apt to turn yellow; so also the eyes. The hemorrhage seems to be of a passive nature, and the blood is very dark. If there be suppression of urine in hemorrhagic cases, the prognosis is very unfavourable; if the urine flows freely, there is hope of recovery.

The mineral acids and chloride of Sodium, are the remedies usually given, but their beneficial influence is not well established.

CASE 2d.—*Yellow Fever—hemorrhage from the gums—recovery.*

J. E. R., aged about 25, Irishman, slender form, very light hair, and florid complexion, in the City 4 months, was attacked on the 5th August with chill, soon followed by high fever, severe pain in the head, back and limbs, took a dose of salts and senna on the 6th, which purged him freely—on this day says that his gums commenced bleeding, that they are usually spongy and disposed to bleed, from the previous abuse of calomel; they continued to bleed freely day and night, until he entered the Hospital on the 9th August, 4th day of sickness.

Present symptoms—Slight fever, headache, vomits occasionally the blood he has swallowed, thirst, hemorrhage from gums, cannot sleep, bladder free, bowels slow.

Treatment—Ordered cups to back of head, purg. enema, cold drinks.

Aug. 11th. Patient says he has not slept since he has been sick, has now no pain, skin cool and moist, pulse 80, urinates freely, bowels easy, not so much thirst, constant oozing of blood from the gums.

Treatment—Continue cold drink (iced gum water) and enemata.

Aug. 12th. Would have slept last night, but was disturbed, feels better this morning, skin cool and moist, pulse 80, but little hemorrhage, bowels and bladder free, scarcely any thirst, some appetite.

Treatment—Ordered very light nourishment.

Aug. 18th. Patient continued to mend since last date, hemorrhage ceased, no fever, appetite, and was considered convalescent. On yesterday evening he was attacked with a distressing hiccough, which continued through the night, and is very troublesome this morning; he has no other unpleasant symptom whatever.

Treatment—Ordered G. camphor grs. $\text{ijj } \frac{1}{2}$, every 2 or 3 hours.

Aug. 19th. Hiccough ceased yesterday evening, and he rested well at night; this morning his skin is cool and moist, pulse 62, tongue clean, craving appetite—ordered light food.

Aug. 21st. Has continued to improve—convalescent.

Remarks—Hemorrhage occurred unusually early in this case, (the second day,) doubtless from a tendency acquired by the abuse of mercury. It also continued longer than usual. This symptom generally appears at the crisis of the disease.

CASE 3d.—*Yellow Fever—Extraordinary depletion—Curc.*

T. B., Irishman, aged 30, very robust, Steam Boat hand, in the City at short intervals for the last 5 years, here constantly for 2 months past, attacked on the 24th August with violent fever, severe pain in the head, back and knees, took no medicine, entered Charity Hospital (4th day of sickness) Aug. 28th, morning.

Symptoms—Considerable fever, severe pain in the head and back, flushed face, skin hot and dry, pulse 102, full and yielding, tongue dry and clean, great thirst, vomited this morning, urinates freely, bowels rather slow.

Treatment—V. S. *ad deliq.*, lax. enema, sponge body, cold mucilaginous drink.

6 o'clock, P. M. The visiting physician was perfectly amazed at the altered appearance of the patient; he had left him in the morning florid and plethoric, now he found him pallid and collapsed, bathed in sweat, and a pulse without force.

In carrying out the morning prescription, the house student had extracted 4 lbs. of blood *by weight*, and yet fainting was not produced, notwithstanding the patient sat erect in bed; *nor was there any relief of the headache*. The attending physician could scarcely realize that this was the same man. His bowels had been acting freely also.

Treatment—Sinapisms to extremities, anodyne enema and porter.

Aug. 29th, 8 A. M. Had rested tolerably well, although somewhat disturbed with his bowels, feels better, still has pain in the head, skin pale and sweating, tongue white, but little thirst, pulse 102, small and soft, bowels loose, urinates little.

Treatment—Sinapisms along spine, and to extremities, porter, iced lemonade.

6 o'clock, P. M. Feels much better, very little headache, skin cool and moist, tongue has yellow fur, but little thirst, has vomited once, purged 15 or 20 times, urinates freely.

Treatment—Solution quinine and syr. morph. at alternate intervals.

Aug. 30th. Rested pretty well, somewhat disturbed with bowels, vomited bile this morning, has but little pain, pulse 100, skin cool, urinates well.

Treatment—continue quinine, sinapism to epigast: lumps of ice.

Aug. 31st, 8 A. M. Rested finely all night, free of pain, pulse 90, no thirst, some appetite, take light food.

Sept. 1st Rested pretty well, complains of great debility, tongue nearly natural, slight thirst, skin cool, pulse 76.

Sept. 2d. Slept well, condition as yesterday, complains only of debility, conjunctiva appears slightly inflamed—ordered nourishment.

Sept. 3d. Patient convalescent.

Remarks—The foregoing case is remarkable for the large amount drawn so late in the disease, viz: 64 ounces on the 4th day. Quere, did this large bleeding save his life? or did he get well in spite of it? Venesection is practised at so late a period in Yellow Fever, only by a few physicians in New Orleans.

CASE 4th.—J. J. *ætat*: 26, a resident of New Orleans for 3 months, was brought to Charity Hospital in a carriage, and entered that Institution on the 12th of August, sick 48 hours, before his admission. As he reached the Hospital after the evening visit, nothing was done for him until the morning of the 13th. He has light hair, fair complexion, light blue eyes, large muscular system, very athletic, by birth a German; of a mixed sanguine and lymphatic temperament. He states that about fifty two hours previous (8 o'clock A. M. of the 13th), he felt indisposed; was attacked with malaise, prostration,—pains in his limbs; which were greatly aggravated by his occupation as a ferryman on the Mississippi River: pains across the lower part of chest, violent cephalalgia succeeded by high fever.

Present condition: face red, cheeks flushed, color heightened from his

exposure to the direct rays of the sun. Ascribes his attack to the combined influence of the sun by day, and the dews by night.

His pulse is full, well developed, but not hard; it ranges from 90 to 95; tongue hot to the touch, and intensely red at the point and around the edges; coated with a long white fur on the dorsum, great thirst, drowsy as if narcotized; conjunctivæ intensely red, easy respiration, 28; bowels regular, skin hot and rather soft; intense headache.—Ordered cups to *mastoids* to $\frac{3}{4}$ xv of blood; seidlitz powders, to be repeated until they operate; hot saline foot baths; tepid infusion of orange leaf tea, enema of solut: muriat: sod:

Evening visit: 6 o'clock; cups relieved the cephalalgia, skin much hotter than in the morning, seidlitz powders moved the bowels three or four times during the day; pulse quick, and compressible, 106 per minute, respiration 28.—Flow of urine, eyes as before. Ordered: hot mustard foot bath every 2 hours; surface sponged with acetic acid and ice water to abate heat of surface; lumps of ice the only drink allowed; rept: same enema, cold applications to head.

August 14th, 8 A. M. Spent a quiet but sleepless night, tongue as last described, no cephalalgia, thirst, face, breast, and eyes highly injected, skin hot and soft, pulse 100—flow of urine; no nausea nor vomiting; several thin fluid evacuations during last night. Ordered, hot m. foot baths; sponge body with solut: muriat: ammon: lumps of ice allowed.

Evening visit.—Face yet red and covered with small white vesicles, filled with a colourless serum; conjunctivæ as before; gums look hemorrhagic; bowels acted on three times through the day. The solut: m: ammon: promptly reduced the heat of surface and quenched thirst, pulse full and quick; fallen to 80 strokes; respiration 20; free flow of urine; skin cool; somnolent. Cortin: treatment.

August 15th, 8 o'clock A. M. Had a bad, a restless night, was slightly delirious, in other respects as on last evening; bowels moved three or four times; pulse 80, soft and regular, skin cool and moist; intellect clear, in other respects as before. Ordered: *sulph. quinin*: gr. xv every two hours *per anum*.

In the evening of the same day, he asserted that he felt "first rate"; no change; complains of a slight sense of uneasiness in loins; slept during part of the day; is cheerful, skin cool and soft.—Ordered, an enema containing gr. i of morph:

August 16th, 8 A. M. The enema determined sound and refreshing sleep; no delirium through the night—flow of urine, adnata icterose; so also the whole surface of body; tongue broad and cleaving.

Ordered.—Enema of gr: xij sulph: quinin: every 2 hours.

Evening.—Better.

August 17th, 8 A. M. Had a good night; skin quite normal; tongue nearly clean; little thirst; eyes yellow; vesicles on face disappearing; all the secretions are becoming normal; desires to eat.

Ordered.—Weak solut: quinine, through the day; beef, tea.

August 18th, 8 A. M. Slept well; tongue clean; no thirst; pulse and skin, normal; appetite. Light soups allowed; patient convalescing.

21st, discharged cured.

CASE 5th.—Madame G——, aged 25, of fair complexion, dark hair, habitually healthy, residing on Bourbon Street, was attacked on the morning of the 4th September, with slight chilliness, attended with a sense of uncomfortable coldness of the feet and hands, succeeded by violent frontal cephalalgia, lumbalgia, fever and thirst, hot and dry skin, pain in the eyeballs, constipation, &c. A few days prior to this attack, her menstrual discharge came on, but for 36 or 48 hours before the seizure, it ceased suddenly, again to return on the evening of the 4th, more profusely than before. About this time we saw her; we found her with a hot but not very dry skin, face flushed, swollen, eyes extremely sensible to light, intense cephalalgia, pain in lumbar region, thirst, tongue cuneiform, red at tip, covered at base with a whitish fur, pulse quick, resisting, between 115 and 120, dyspnoea, neck and breast very florid, constipated, free menstrual discharge.

The strength, frequency, and tension of the pulse, the vigor of her constitution, the period of the disease, joined to the cephalalgia, the lumbalgia, hot and dry skin, etc., induced us at once to order a free venesection from the arm; ol: ricin: was directed to be given until the bowels were freely acted on, hot lemonade to promote diaphoresis, aided by repeated hot mustard pediluvæ.

6 o'clock, on the morning of Sept. 5th, V. S., ad ℥xxx , which produced incipient syncope, nausea, vomiting, sweat, &c.

The V. S. relieved the head and loins, the oil evacuated the *primæ viæ*, the warm lemonade, assisted by the hot stimulating pediluvæ, maintained a free and profuse sweat; and we found her quite comfortable, with a slight pain in the head, produced and kept up by some 4 or 5 carpenters, repairing a house beneath.

The menstrual flow arrested, the tongue more coated, some thirst, pulse quick, 98, flow of urine—ordered the following :

℞. quinine sulph: gr: xxx mucil: gum: arabic, ℥viiij , large table spoonful every 2 hours, hot lemonade, rept: hot sinapised pediluv:, ice to head.

12 M. of same day, headache excited by cause already mentioned; she was bathed in a profuse and universal sweat, with a sense of considerable heat of skin when the hand was applied for any length of time on the surface, little thirst, took 4 or 5 doses of the solut: quinine, pulse 90, and soft, tongue coated on dorsum, complained of some dyspnoea, face swollen and flushed; suspend the quinine—ordered an enema of cold flax-seed tea, hot foot baths, cold applications to head.

7 o'clock, P. M., same day, the cephalalgia ceased with the noise below, skin moist, and less heat in it, thirst, free of pain, complains of sense of fullness in abdomen, caused no doubt by throwing into the bowels a quantity of air with the enema, pulse 90, and soft—continue same treatment.

Sept. 6th, 7 A. M. Some sleep last night, tongue as heretofore, skin rather hot, soft, no flow of urine this morning, pain in lumbar region, thirst, pulse 88—ordered cold emoll: enema, cold applications to head and breast, hot mustard foot baths, iced gum water.

12 M. Skin good, tongue as before, ditto pulse, same treatment.

9 o'clock, P. M. General external symptoms better, surface particularly so, asks for something to eat, pulse 85, continue iced gum-water, to which was added thin rice water.

Sept. 7th. Better, face still swollen—ordered the following:—

Sulph: quinine gr: xx, mucilage gum: arabic q. s. fts. pills No. x, one every 2 hours, up to 2 P. M., hot mustard foot baths if necessary.

The pills were taken as ordered, the skin and pulse were in excellent condition all day, no thirst, tongue cleaning, some appetite, free flow of urine.

In the course of the day, she lost several ounces of blood from an open alveolar abscess, which produced great prostration of strength. Astringent gargles arrested it, however, and from this time she rapidly recovered.

CHARITY HOSPITAL MONTHLY REPORTS FOR 1844.

JANUARY.				MARCH.			
Number remaining on the 1st.—429				Number remaining on the 1st.—395			
Admitted,	Males,	334	} 377	Admitted,	Males,	302	} 350
Do.	Females,	43		Do.	Females,	48	
Discharged,	Males,	279	} 327	Discharged,	Males,	248	} 295
Do.	Females,	48		Do.	Females,	47	
Died,	Males,	47	} 51	Died,	Males,	48	} 52
Do.	Females,	4		Do.	Females,	4	
FEBRUARY.				APRIL.			
Number remaining on the 1st.—348				Number remaining on the 1st.—326			
Admitted,	Males,	328	} 377	Admitted,	Males,	272	} 320
Do.	Females,	49		Do.	Females,	48	
Discharged,	Males,	290	} 343	Discharged,	Males,	248	} 289
Do.	Females,	53		Do.	Females,	41	
Died,	Males,	51	} 55	Died,	Males,	43	} 47
Do.	Females,	4		Do.	Females,	4	

TABLE

Showing the Number of Admissions, Discharges, and Deaths, at the New-Orleans Charity Hospital, during the year 1843. -- Together with the Countries & States whence they came. Extracted from the last Annual Report of the Administrators.

FOREIGN COUNTRIES.		FOREIGN COUNTRIES.		UNITED STATES.	
Ireland.....	1,864	Brought forward....	3,846	Brought forward...	974
Germany.....	851	Malay.....	1	Delaware.....	11
France.....	354	Bavaria.....	2	Georgia.....	14
England.....	281	Greece.....	5	Connecticut.....	19
Spain.....	88	Turkey.....	1	Alabama.....	8
Prussia.....	25	Sardinia.....	2	New Hampshire....	19
Scotland.....	92	Guatamala.....	2	Arkansas.....	4
Portugal.....	19	Chili.....	1	Mississippi.....	6
Denmark.....	28	Unknown.....	79	Illinois.....	2
Italy.....	39			District of Columbia	7
Mexico.....	21		3,939	Missouri.....	7
Sweden.....	28			Vermont.....	11
Holland.....	7	UNITED STATES.		Missouri Territory..	1
New Brunswick....	4	New-York.....	222	Florida.....	1
East Indies.....	4	Pennsylvania.....	189		
Cuba.....	5	Virginia.....	93		1,084
Nova Scotia.....	11	Louisiana.....	59	Foreign.....	3,939
Canada.....	36	Maryland.....	50	United States.....	1,084
Austria.....	3	Ohio.....	55		
Belgium.....	3	Massachusetts.....	81	Total.....	5,023
West Indies.....	18	North Carolina.....	24		
Norway.....	8	Kentucky.....	64	Discharged.....	3672
Isle of Man.....	3	New Jersey.....	21	Died.....	1041
Malta.....	4	Indiana.....	18		
Poland.....	7	South Carolina.....	29	Remaining on } 362	
Wales.....	22	Tennessee.....	27	1st. Jan. 1844. }	
Switzerland.....	19	Rhode Island.....	4	Insane De- } 67	
Russia.....	1	Maine.....	38	partment.. }	
Africa.....	1				
Carried over.....	3,846	Carried over.....	974		429

**List of Admissions into the Charity Hospital of New Orleans, from
the 1st. January 1830 to the 1st. January 1843 inclusively.**

FOREIGN COUNTRIES.		FOREIGN COUNTRIES.		UNITED STATES.	
Ireland.	20,742	BROUGHT FORWARD	41,366	New-York.	3,059
Germany.	5,492	China.	7	Pennsylvania.. . .	3,092
England.. . . .	4,389	Hanover.. . . .	9	Massachusetts.. .	1,359
France.	3,238	Isle of Man.. . .	2	Virginia.	1,448
Spain.	1,585	Sandwich Isles. .	3	Ohio.	855
Scotland.	1,595	Palestine.	1	Kentucky.	879
Sweden.	676	New S'th Wales.	1	Maryland.	909
Italy.	528	Sardinia	8	Maine.	667
Portugal.	252	Brazil.	2	Louisiana.	556
Canada.	420	Sicily.	4	New Hampshire.	272
Switzerland. . . .	298	New Brunswick..	6	New Jersey.	430
Denmark.	369	Finland.	4	Connecticut. . . .	384
Wales.	63	Texas.	1	South Carolina. .	416
Norway.	207	Tuscany.	1	North Carolina. .	529
Prussia.	269	Russia.	1	Tennessee.	587
Mexico.	199	Unknown.	437	Missouri.	178
Poland.	153			Indiana.	266
Holland.	211		41,853	Alabama.	78
Hayti.	4			Rhode Island. . .	259
Belgium.. . . .	15			Georgia.	164
Hamburgh.	42			Mississippi. . . .	112
East-Indies. . . .	37			Illinois.	124
New-Foundland .	4			Delaware.	182
Austria.	10			Florida.	24
Hungary.	2			Michigan.	24
Peru (other parts } So. Am. incl'd.) }	117			Vermont.	242
Africa.	27			Arkansas.	13
Cuba.	90			Columbia.	84
Nova-Scotia. . . .	116				17,192
West-Indies. . . .	195			Foreign countries	41,853
Bavaria.	11			U. States.	17,192
Greece.	10				59,045
				Louisiana.	556
CARRIED OVER.....	41,366				

TABLE

Showing the Number of Cases of Yellow Fever admitted into the New Orleans Charity Hospital, from the 1st. January 1822 to the 1st. January 1844, inclusive, together with the dates of the first & last cases each year, the Discharges & Deaths.

YEAR.	FIRST CASE.	LAST CASE.	N ^o . ADMIT'd.	DISCHARG.	DIED.
1822	Sept. 3d.	Dec. 31.	349	98	239
1823	Sept. 11th.		1		1
1824	Aug. 4.	Nov. 13.	167	59	108
1825	June 23.	Dec. 19.	94	40	59
1826	May 18.	Nov. 18.	26	19	5
1827	July 17.	Dec. 5.	372	263	109
1828	June 19.	Dec. 10.	290	160	130
1829	May 23.	Nov. 29.	435	220	215
1830	July 24.	Nov. 29.	256	139	117
1831	June 9.	Oct. 7.	3	1	2
1832	Aug. 15.	Oct. 25.	26	8	18
1833	July 17.	Nov. 17.	422	212	210
1834	Aug. 28.	Nov. 22.	150	55	95
1835	Aug. 24.	Nov. 27.	505	221	284
1836	Aug. 24.	Oct. 25.	6	1	5
1837	July 13.	Nov. 28.	998	556	442
1838	Aug. 25.	Nov. 1st.	22	5	17
1839	July 23.	Nov. 17.	1086	634	452
1840	July 9.		3		3
1841	Aug. 2.	Dec. 8.	1113	520	594
1842	Aug. 4.	Nov. 26.	410	214	211
1843	July 10.	Dec. 31.	1053	609	487

NOTE.—It will be observed that in the above Table there is sometimes a slight discrepancy between the number of admittances, discharges, and deaths. This arises from the fact that a good many cases of Yellow Fever occur after the patients have been admitted into the Hospital for other diseases.—Some remain to be treated for other diseases, long after having been cured of Yellow Fever. It may even happen that some cases of Yellow Fever are not noted on the books of the Hospital at all. This Table has been compiled from the records of the Hospital, with much labour and care.

PART THIRD.

PERISCOPE OF PRACTICAL MEDICINE; OR, SPIRIT OF THE
MEDICAL JOURNALS, FOREIGN & DOMESTIC.

ART. Ist. *Efficacy of New Remedies.*—“Among the various Societies which have been formed in this country for the promotion of medical knowledge, it is much to be regretted that there is none of which the professed object is to test the efficacy of *New Remedies*. Such a body, well constituted, would not only contribute greatly to extend our acquaintance with therapeutic agents, but would afford the most effectual means of checking that worst species of quackery which is carried on within the professional sanctuary, and which, we deeply regret to say, is becoming every day more frequent. A common quack, who professes to be nothing *but* a quack, stands merely in the category of those ingenious persons who derive a livelihood from the gullibility of their neighbours—a class which, we fear, would prove a very extensive one, if all vocations were subjected to a searching analysis. But a quack within the pale of the profession is the most disgusting of all hypocrites, and the most noxious of impostors. He assumes the honoured insignia of legitimate medicine, while he is secretly endeavouring to enrich himself by the exercise of those despicable arts which he, perhaps, would be the first to declaim against in the instance of the extra-professional charlatan. There are two varieties of “regular” medical quackery, the one of which is based on cold-blooded and unmixed knavery, while the other involves both dishonesty and ignorance. When, for example, a man conversant with the pathology of the lungs, and skilled in the diagnosis of their diseases, puts forth a remedy for the advanced stage of phthisis, and at the same time adduces, in evidence of its efficacy, a set of cases which he well knows are not of the nature alleged, that man presents an example of unmitigated knavery which can scarcely be equalled under any other circumstances. But suppose a man arrayed in all the glories of the medical doctorate, yet extremely ignorant of the pathology of the lungs, and the diagnosis of their maladies—a case, alas, of no unfrequent occurrence. Suppose, further, that such a man stumbles on a remedy which the ignorant or careless observation of a few cases leads him to believe specific in phthisis, and capable of curing the disease even in its advanced stage. His flourish of trumpets in honour of the immortal discovery, might at first seem to be the result of simple ignorance and folly. But if his conduct be viewed more narrowly, it will be found that he also is a knave of a deep dye, though his knavery, being diluted by his ignorance, is of a less diabolical cast than that of the better informed professor of “consumption curable.” If a man be ignorant of the diagnosis of a disease, *he must know and feel his ignorance*, whatever parade of science he may make to overawe the credulity of the multitude. How, then, does such a booby as the man in question dare to tamper with so serious a case

as that of phthisis? How does he dare to come before the profession and the public with alleged cures of confirmed phthisis, when he knows, in his inmost heart, that he is devoid of the means of discriminating a case of phthisis from any other case?

“But if such an institution existed, as that of which we now lament the absence, such enormities as these could never be attempted with impunity.—The impostor, whether knave, fool, or both, would at once be detected and exposed, by the fair and simple measure of bringing his allegations to the test of public observation. “Consumption curable,” whether by rubbing, or inhaling, or traction, homœopathy, and hydropathy, and all the other “fallacies” and humbugs by which medicine is disgraced, and her legitimate professors tormented, would hide their diminished heads, and quietly sneak out of the arena; and such a trial of every alleged remedy as that here recommended, would afford not only the most efficient, but the only equitable means, of deciding on the pretensions of alleged remedies. However complete may be our conviction of the falsehood of a *new* allegation respecting a matter of fact, we have no *right* to affirm that it is false until we have brought it to the test of direct observation. So far do we carry this principle, that if a man were to profess to us his ability to leap over the monument, we should not say to him as SAMUEL JOHNSON would have done, “Sir, you lie,” though we should perfectly know that he was lying; but we should say, “Sir, favour us with an exhibition of the feat.” In like manner, when we are told that any substance can cure phthisis in the last stage, we perfectly know that the assertor is either himself deceived, or wishes to deceive us. But we would not arbitrarily arraign the propagator of such an error of ignorance or falsehood. We should merely say,—“Allow us to bring before you a certain number of cases, ascertained by “competent judges, to be unequivocally phthisis in an advanced stage, and let us see what impression your treatment will make upon them.” Let the public be assured that this is the only true way to deal with quackery. Mere condemnation has never yet proved or disproved any thing; nor can argument, however grave and well conducted, lead to any more satisfactory issue, so long as *alleged facts remain untested by observation.*” (*London Lancet.*)

ROYAL ACADEMY OF MEDICINE, PARIS.

AMONG the proceedings of this body in November last, we find a report of MM. Lagneau, Gimelle and Berard, on several surgical cases, addressed to the Academy, by M. Lépine, surgeon to the Hospital of Châlons-sur-Saône.

Wound of the left hypocondrium.—Escape of the Stomach.—Illustration of the true mechanism of vomiting.

This case was one of a penetrating wound of the abdomen, followed by escape of the stomach, the transverse colon, and the epiploon, cured in twenty-one days.

A labourer, endeavouring to place a yoke on the head of a bull, received several wounds in the abdomen from his horns. One of these, about eight inches in length, occupied the left superior lateral region of the abdomen, following the margin of the false ribs and of the last true one, as far as the

the errors and evils alluded to, is the establishment of a work house, in connection with the hospital, where the invalids may perform gentle and moderate labor; and we are pleased to add, that we learn the Board of Administrators have a *projet* of the kind under consideration. The physicians and surgeons attend the Charity Hospital, and perform the arduous duties required, *gratis*; and it is unreasonable and ungenerous to take the bread out of their mouths, by offering an asylum to every sick person in the city, who is too penurious to pay a small fee for being cured. The practice of medicine is known to be one of the most unprofitable pursuits in New Orleans, yet, who that knows the toil and danger inseparable from it, will deny that it ought to be liberally rewarded?

To return to the occurrences at the hospital—since our last number was issued, many extraordinary and very interesting cases have been witnessed, some of which will follow these remarks; we cannot make room for them all. To enumerate some of them—there were two cases of diabetes, one cured, the other not—one case of gangrene of the lungs—one of hepatic abscess—two of fever with hemorrhage, resembling yellow fever—one of cancer of the face, in which the entire lower jaw was destroyed—one of traumatic tetanus—one of ankylosis of the jaws, in which the mouth had not been opened for sixteen years—one of cancer of the stomach—and some of sun-stroke.

In surgery, we had amputation of the thigh, section of the tendo Achillis—extirpation of a tumour from the gastrocnemius—several operations for stricture of the urethra, and one for fistula in Ano—reduction of a dislocation of the humerus, six weeks after the accident—one of gun shot, fracturing the femur, and sundry other fractures, simple and compound. A simple detail of these cases would render this number of our Journal sufficiently interesting, but we cannot make room for them all. In short, this hospital alone would furnish abundant matter for a Journal, and we almost regret that we did not adopt the plan of a monthly or weekly periodical, devoted exclusively to the collection of facts and cases, surgical operations, &c. We are sensible of the kindness and civility of the attending physicians and surgeons, but should be more grateful for their co-operation in the compilation of these valuable facts and cases.

Art VII.—HOSPITAL REPORTS.

SURGICAL WARDS.

There are eight wards in this hospital appropriated to surgical cases, six of which are attended by the visiting surgeons, A. Mercier and J. Le Monnier; and two under the special attendance of the House Surgeon, J. C. Wedderstrandt. The beds in these wards are generally full, the majority of cases consisting of ulcers, syphilis, and chronic ophthalmia. The greater number of operations have been performed in Dr. Mercier's service, but owing to peculiar and special engagements

He has not been able to furnish us his observations for publication. Having witnessed the most of his operations ourselves, we offer the following remarks upon them.

DR. MERCIER'S SERVICE.

1st. Amputation of the Thigh.—The subject had been intemperate, and entered the hospital on 22nd of February last, in a state of *mania a potu*, with a fracture about the acetabulum, which gave rise to various opinions among physicians as to its diagnosis—some thinking it a fracture of the ileum, and others of the neck of the femur. He recovered of this, however, with a shortening of the limb of about three inches. There now occurred abscesses of the leg and caries of the tibia, which caused so much constitutional irritation, that Dr. M. thought that amputation offered the only chance of cure, and even this was very doubtful, owing to the debilitated condition of the patient. He performed the double flap operation, which the patient bore with remarkable fortitude. The loss of blood was very trifling, but it was soon apparent that the powers of nature were too far exhausted to make any effort at restoration. The patient sunk on the 10th day after the operation.

The autopsy displayed a most extraordinary fracture. The femur *had not been broken*, but its head had been forced up through the acetabulum into the cavity of the pelvis, completely separating the ileum from the pubis, the space of nearly an inch, and also from the ischium, posteriorly and below. All inflammation had long since ceased about the parts, and if his constitution had not given way, he might have recovered with a shortening of the limb and eversion of the toes.

2nd. Extirpation of a Schirrous Tumour, from the outer belly of the Gastrocnemius Muscle.—This tumour was not larger than a hen's egg, and deeply imbedded in the substance of the muscle. Dr. M. made but one long incision, which enabled him to get completely round the tumour. In removing it, some muscular fibers were also taken away which presented, after the operation, a singular phenomenon. Ten or fifteen minutes after removal, if pricked with the point of the scalpel, they contracted strongly. This was done repeatedly. The interior structure of the tumour had begun to soften. The wound was allowed to suppurate freely, and inflammation was pretty high for a few days, but the place is now almost healed.

3rd. Division of the Tendo-Achillis.—The subject of this case entered the hospital last winter for Erysipelas. It traveled over his whole body, but affected one of his feet and ankles particularly. Numerous openings had to be made around the joint for the escape of pus, and the case finally terminated in a stiff joint, with contraction of the gastrocnemius, and consequent extension of the foot. The man had recovered his health entirely, when Doctor Mercier operated on him in June. The Doctor made the section according to the directions of M. Guerin—he first punctured the skin with a lancet on the side of the tendon—he then introduced the bistoury external to the tendon and cut inwards until it was divided. The divided ends at once separated, at least half an inch. The joint would admit of scarcely any motion.

IV. *Prolapsus Uteri*—from LISFRANC'S Surgical Clinique.—'Upon the effect of *Engorgement* or *Hypertrophy* of the Uterus in inducing this, the author thus remarks.'

"Displacements of the uterus are astonishingly frequent. I have demonstrated this fact too frequently to my clinical class at La Pitié for it to be doubted. But it is generally believed that these affections are almost always essential, (primary). I am not of this opinion, and it has caused grave errors in therapeutics to be committed; for, on admitting it, the descent, or deviation of the womb is alone treated, and the uterine engorgements are neglected until they become incurable. I have advanced elsewhere that I will prove, whenever it may be required, that the descent, prolapse, anteversion, retroversion, and lateral inclination of the uterus, are excessively rare, when this organ is exempt from hypertrophy. For more than fifteen years I have especially directed my attention to this important point of pathology. I have examined thousands of women, and, to the present time, I have found some few cases only in which these morbid affections existed without a sensible increase in the size of the uterus. * * * *
When the uterus is engorged in its entire circumference it descends parallel to the pelvic axis: if its increase of volume prevails in front there is anteversion, and the contrary when such augmentation occurs at the posterior portion of the organ. Lastly, when the induration exists upon one side, to that side it inclines. It requires but the simplest knowledge of physics to perceive that a pyriform body, somewhat flattened, suspended in the pelvis by four supports, must, if its anterior portion acquires a considerable thickness, execute a movement which will carry its superior portion towards the symphysis pubis, and *vice versa*.

"But I have often heard the following question asked by men who object to these new ideas. 'Is this hypertrophy, which is observed in displacement of the uterus, primary or consecutive?' If it followed the displacements it is evident we should very frequently meet with these affections alone, for, before the development of the engorgement, the patients would suffer pain, and in examining them we should find such engorgement absent; but essential displacements being in fact exceedingly rare, every one must admit their production by the hypertrophy. If required, there is still another proof in favour of this opinion. The engorged womb is displaced.—I confine my treatment simply to the engorgement. I cure it, and the organ shortly after resumes its natural position in the pelvis.

"These statements are neither idle nor merely curious. Every one, reflecting upon the subject, must see that it is not a matter of indifference whether we exclusively treat any displacement of the uterus, or whether we attack an engorgement of that organ."

"The engorgement, in fact, must be the primary object of treatment, and if degeneration of structure has not occurred, may often be effectually relieved. The pessary must be delayed until this is subdued, and may not even then be required.

"In reference to the irritation of the bladder, so frequently prevailing when the uterus is displaced, M. Lisfranc observes—"

“This inconvenience is especially found in pregnant women. An advantageous means of facilitating the expulsion of the urine is to pass the finger into the vagina behind the pubes, and thus relieve, for the time, the neck of the bladder and urethra from the pressure which the uterus exerts upon them. The patients easily perform this manœuvre for themselves.

“Women are also often tormented by excessively frequent desire to urine, so that, especially about the menstrual periods, they have to rise sometimes 15 or 20 times in a night. Topical emollients and narcotics occasionally produce excellent effects. I have great confidence in the following remedy, founded upon the great success that has attended my use of it, conjoined with derivative bleeding from the arm. A small lavenent, nearly cold, is administered night and morning, containing a few grains of camphor, suspended in yolk of egg, and a few drops of Sydenham’s laudanum.”
(*Med. Chir. Rev.*)

V. *Magnetism in uterine suffering*—from LISFRANC’S Surgical Clinique. —‘Mr. Ward of Ollerton and his lawyer-operator, must not imagine themselves the introducers of magnetism as an agent in surgery. Our author has the following passage.’

“Many affections of the womb produce violent sufferings, which even the muriate of morphia introduced by means of a blister fails to relieve. These pains, which manifest more or less of a neuralgic character, are remittent or intermittent, their exacerbations produce in the patient a state amounting to desperation, leading her sometimes into the greatest danger. The physician, finding he has exhausted the resources of his art, remains a mere spectator of these dreadful scenes, whose termination cannot be foreseen. There is, however, a powerful means to which you must then necessarily have recourse, viz. magnetism. Far be it from me to admit the reveries of the magnetizers; but it is quite certain that Mesmerism produces a most extraordinary effect upon the nervous system of the women we are now alluding to. I have convinced myself of this a great number of times. I have seen the pains dissipated as if by enchantment.”
(*Ibid.*)

VI. *On the Treatment of Gonorrhœa, by superficial cauterization of the urethra.*—By G. B. CHILDS, Esq.

‘After some observations upon the prejudices which exist in the medical profession, against “bold practitioners,” Mr. Childs explains his mode of treating gonorrhœa at its commencement, when pain and inflammation are present, attended with discharge.’

“Immediately a patient applies to me, I introduce an instrument, a modification of Lallemand’s caustic-holder, smeared with oil, carrying it as far back the passage as from the symptoms may be deemed expedient. The caustic being exposed by pressing the stilet forward, the button at its extremity must be rapidly rotated between the thumb and fore-finger of the right hand, in order that no part of the mucous lining may be left intact,

whilst the instrument is at the same time gradually withdrawn from the passage.

“In a few hours, a considerable degree of inflammation comes on, and in some instances slight bleeding, but these symptoms are but temporary, and subsiding leave the membrane almost free from discharge.

“In most cases of gonorrhœa the inflammation does not extend beyond three or four inches from the orifice of the urethra, this was called by Mr. Hunter its specific extent; further back than this, therefore, the instrument need not generally be passed.

“One application of the caustic I have sometimes found to destroy the virulence of the disease; but when, after the irritation attending the first application has subsided, any discharge remains, we should again resort to its employment. Whilst pursuing this treatment internal revulsives are to be administered in the form of copaiba and cubebs combined, and the penis is to be enveloped in a cold saturnine lotion.

“With such means as these we shall rarely fail to check the disease in a few days; an assertion I could easily corroborate by the recital of cases, did I feel it might be requisite so to do.”

‘Mr. Childs disposes summarily of any objection to this plan on the grounds of the chance of stricture or epididymitis ensuing, by asserting that the chances of these affections are considerably less the earlier we destroy the specific inflammation attending gonorrhœa.’

“The first and most important indication in the treatment of gonorrhœal urethritis is to make such an impression on the inflamed vessels as shall change the original character of the disease, and substitute, in its stead, simple common inflammation of a sufficient extent to overcome the diseased action: and I feel assured, nothing can so effectually induce this as superficial cauterization.”

(*Med. Chir. Rev.* from *Medical Gazette*).

VII. MORALITY *versus* PHYSIOLOGY.

“There has been a good deal of ink shed within this month or two on impotence, seminal weakness, and so forth. One gentleman laments pathetically enough, and not without reason, that the quacks have got possession of the subject. A student tells us that the regular lecturers seem to have *tabooed* it; but hopes for a new era and for better times. The main battle, however, has turned on the moral point of the question. One party contends that Nature meant men to have connexion with the female sex, and that prolonged continence or masturbation leads to an irritable condition of the generative organs, nocturnal emissions, “spermatorrhœa,” and the ills that follow them.

“Dr. Bull, on the other hand, protests against this doctrine as at once unphilosophical and irreligious, and declares with warmth that “*the laws of physiology are never at variance with those of morality.*”

“How far this abstract position may be found true, we will not take upon us to determine. But this we will say—that if morality means continence,

the laws of physiology are *not* in its favour. Ask the opinions of men in practice. How many instances do they not see of health damaged by forced chastity in the female sex—of health restored by the mere fact of marriage. Amongst men, fewer cases of disorder or disease induced by abstinence from sexual intercourse present themselves, because men do not and will not restrain their inclinations to the extent to which women *must*. But the great experiment of the Church of Rome has surely settled the matter. The celibacy of its clergy has been a signal failure in a moral sense, however it may have served the political objects of the Papacy. Nature has been too strong for the fetters of priestly policy or of religion and impaired health; or a fanatical asceticism upon one side, with every species of excess upon the other, have been, in the gross, the products of the system.

“If we descend to private and personal observation, we find corroborations of the same fact. Men, who, in early life, put an absolute check on their passions, are found on the whole to suffer from an irritable state of testis, head-aches, malaise, &c., and from nocturnal emissions. How rarely do we see these in married men! In short, the morality of *Nature* and of *Physiology*, if such morality there be, points not to continence, but marriage, and the condition which best realises *every* requisite, appears to be *monogamy*.
(*Med. Chir. Rev.*)

VIII. *The Automaton with Articulated Voice*.—“We have had the pleasure of examining privately this *chef-d’œuvre* of human ingenuity—the result of eighteen years, unceasing labor, by a German, named Faber. It is constructed upon the model of the human organs of voice, the tongue, larynx, &c., being made of caoutchouc. As voice is the sound produced by air driven from the lungs through the larynx, causing a vibration of the chordæ vocales, it is a function of *animal* life; but the function, in the animals inferior to man, as well as in the idiot, is limited to the production of the *simple* or *instinctive* voice; while, in intellectual man, it becomes sufficiently complicated for the purpose of articulation. This is regarded as an evidence of man’s intellectual superiority. Here, however, we find the same phenomena produced by an apparatus of caoutchouc and a bellows!

“The automaton is represented by a bearded Turk, and the articulations are produced by playing upon sixteen keys. We were quite surprised at being addressed by the automaton, in words very distinctly articulated, thus: “Wel-come Doc-tor For-ry.” “Please ex-cuse my slow e-nun-ci-ation.” After giving various other illustrations of his vocal powers, the automaton sang “Hail Columbia, &c.,” as we were about leaving, he said, “Gen-tle-men, I thank you for your vis-it.”

“But, after all, *cui est bono?*” (N. Y. *Journal of Medicine*.)

IX. *Wound of the Intestine, treated by suture. Recovery*.—“The following interesting case is contained in a letter from Dr. J. D. McBrayer, of Harrodsburg, Ky., to Prof. Gross.”

“ On the 18th of March, 1843, a negro man (belonging to J. T. of Mercer county), 30 years of age, strong and athletic, received several stabs, one of which penetrated the cavity of the abdomen, midway between the umbilicus and the anterior superior spinous process of the ilium. The wound externally was about three inches in length, but not more than an inch where it penetrated the cavity of the abdomen. I saw him eight hours after the injury was inflicted, and found eighteen inches or two feet of the small bowel protruding. A moist cloth had been laid over the exposed bowels for protection; they had become partially dry and adherent. Warm fomentations were applied and the cloth removed; upon examination of the protruded bowel, a small puncture, about four lines in length, was discovered, penetrating it transversely, the mucous edges being completely inverted. Fortunately, remembering the strict injunctions given in your interesting lectures upon that subject, I adopted the course recommended by you, of closing the puncture by suture where there existed a liability to the discharge of fecal matter through the wound. A single stitch with a common sewing needle armed with silk, sufficed to close the orifice so as to prevent the escape of the contents of the bowel. With some little difficulty, the bowel was reduced without further dilating the wound. After ascertaining that there was but little if any hemorrhage into the abdomen, the edges of the wound were drawn together, and retained by three stitches, supported by adhesive strips, a compress and roller, &c. The other wounds were dressed by suture, adhesive strips and the bandage.

“ The patient being considerably exhausted by loss of blood from a wound on the hip involving the gluteal artery, stimulants were administered with freedom, during the dressing and for several hours after. About six hours after the dressing, when he had partially recovered from the immediate effects of loss of blood, the bowels were thoroughly evacuated by an enema of warm water.

“ March 19th. Circulation rather feeble with general languor and harassing cough, probably induced by remaining for some hours in his bloody clothing,—directed some mild expectorant remedy.

March 20th. Less languor; cough mitigated; pulse has more force and frequency; bowels sufficiently active.

“ 21st. No improvement in the cough; reaction thoroughly established; slight soreness of the bowels; pulse small and tense; directed a saline draught.

“ 22d. Cough continues; complains of pain in the bowels, increased by pressure; pulse hard and 120 to the minute; V. S. to $\frac{5}{8}$ x. when the pulse became soft, full, and less frequent, and the pain in bowels greatly relieved. In the afternoon, the pain returned with the tension and force of the pulse; V. S. to $\frac{3}{4}$ vij.; soon after which all symptoms of peritoneal inflammation subsided. His bowels were regulated by the use of oil and saline purgatives.

“ On the 25th the dressings were changed; the wounds looked healthy and were healing.

“ After this the dressings were regularly renewed every two or three days. The stitches closing the wound of the abdomen were not removed until the 15th day, in consequence of a remaining disposition to cough. In

twenty days from the time the injury was received, the patient was enabled to walk out, and in six months he resumed his ordinary business. He still remains well.”
(*West. Journ. Med. & Surg.*)

X. *Galvanoplasty applied to the preservation of bodies.* — ‘Doctor Somme, of Anvers, communicated to the Royal Academy of Sciences of Brussels, at the sitting of last July, a new mode of preserving bodies, which seemed to be superior to all the processes of embalming hitherto known.’

“Some years since it was discovered that the voltaic pile possessed the power of decomposing bodies when submitted to its action.

“By establishing a galvanic current through a solution of copper, of silver or gold, the metal is precipitated in very thin layers upon the substance thus exposed. In a few minutes the object is covered by the dissolved metal. Art soon began to avail itself of the marvellous property of the electric agent: this is denominated *Galvanoplasty*.

“A pharmacist of Anvers, M. Michiels, made an experiment to ascertain if the same result would not follow when animal substances were subjected to the same galvanic influence.

“He succeeded in covering completely with copper some anatomical specimens, so effectually as to cut off all access from the atmosphere, and consequently to preserve it against putrefaction.

“The forms of bodies—the most delicate folds of the skin—the features of the face, every lineament is accurately represented. A mother who should be reluctant to part with an infant whom death had cut down, might thus keep it in her apartment, covered with copper; it might be gilded to prevent oxydation.

“Specimens thus prepared by M. Michiels, have been presented to the Academy.

“Some members remarked that similar attempts had already been made, especially for the preservation of plants.”

(*Bulletin de l'Académie des Sciences de Bruxelles*).

XI. *Infantile Encephalitis cured by iodide of potassium*, by Dr. ZIMMERMAN of Hamburgh.

“A small boy *ætat*: 2 and half years usually healthy, fell from a table, and injured his head; he remained giddy, and confused for some moments; he vomited several times, and had considerable febrile excitement during the night.

“Dr. Zimmerman was called in on the 16th day, and remarked the following symptoms: forehead very hot, circumscribed blush on the cheeks; eyes turbid and lachrymose; pupils dilated, both the superior and inferior extremities extended at nearly right angles with the trunk; pulse accelerated, respiration slow and interrupted with sighs, and intense fever. The little patient cried and groaned constantly; he had frequent vomiting; the bowels costive and the urine scanty. Leeches, *submur*: *hydrag*: and cold applications were ordered.

“Notwithstanding the above remedies, on the 10th day of the disease, general convulsions supervened, succeeded by loss of consciousness, and coma, with immobility of the pupils which were largely dilated. The cries of the little patient became more frequent and violent; and no secretion of urine.

“This state of things was kept up for nearly six days, at the end of which time, a slight improvement began to manifest itself, but was soon succeeded by an aggravation of all the symptoms, attended by tonic convulsions.

“Reflecting upon the inutility of the means generally adopted under such circumstances (such as calomel combined with jalap, mercurial frictions, blisters, leeches, fomentations and cold affusions), M. Z. resolved to try the *iodide of potassium*, as recommended by M. Raser, in the dose of 4 grains dissolved in ℥v. of distilled water, of which a coffee spoonful was administered every 2 hours.

“Under the influence of this medicine deglutition became gradually more easy; the cries of the patient fell to feeble groans, and the urinary secretion became at once more frequent and abundant.

“The dose of *iodid: potass:* was increased to 8 grs: in the same amount of water.

“On the 5th day of the employment of the *iodid: potass:* (the 25th of the disease) an extraordinary flow of mucosities took place from the nose, which was of a pale bluish color, accompanied with copious alvine evacuation of a pultaceous appearance, and a free flow of urine.

“A short time afterwards, a furunculous eruption appeared on the back; at this time a blister was applied to the *nucha*, which discharged profusely. From this hour the pupils lost their immobility, and the upper extremities which were partially paralysed, recovered their power to move. Finally the little patient became tranquil, and soon recovered his usual health.

(*La Lancette Française*, 1843)

XII. MEDICAL SOCIETY OF THE TEMPLE.

Séance 4th July 1843.

“M. LOZES propounded to the Society the following question. Can a female become pregnant after she has ceased to menstruate? This question, said he, has been suggested to me by two facts which I had an opportunity to observe, and to which I have found nothing analogous in authors.

Here are the two cases:

“I was called one day to an a woman who was supposed to be afflicted with a polypus of the uterus; the touch enabled me to discover at once that the supposed polypus was no other than the child's head already descended into the cavity of the pelvis. In fact, the delivery was soon accomplished.

“This woman was married at 23 years, had never had children previously; she was then 52 years of age, and her menstrual discharge had ceased for eight years.”

“An other occasion, I was consulted by a female who imagined herself to be dropsical;”

“In manipulating the abdomen, I detected the characteristic movements, and informed her that she was pregnant; but she repelled this idea as impossible. Yet she proved to be pregnant, and was delivered at the full time.

“This female, who was a servant to an ecclesiastic with whom she had been on terms of great intimacy, had ceased to menstruate for ten years, and they therefore imagined that they might, without danger, dispense with the precautions, which they had adopted during the flow of the menses.”
(*Gazette des Hôpitaux.*)

XIII.—SUBSEQUENT SITTING OF THE SOCIETY.

M. *Felix Legros*. The question called up by M. Lozes at the last sitting, in relation to the possibility of fécondation after the normal cessation of the courses, is very interesting. In addition to those facts which have been cited in illustration of this anomaly, I will add another which came under my own observation :

A married woman, who had a daughter eight years old, and a son nineteen, experienced about her forty first year, all the symptoms which characterize the age misnamed, *critical*. Soon afterwards, she ceased to menstruate. Two years later, derangements of her health, induced her to consult me; she was thin, of a pale yellow complexion, and every thing seemed to denote in her, a cancerous cachexia.

However the patient assured me, that she might be pregnant; but recollecting how common it is for certain females to imagine themselves in this state in the first stages of uterine cancer, and relying moreover on the disappearance of the courses for several years, I paid but little attention to the suspicions of the patient, and recommended an appropriate regimen.

Some months afterwards she was delivered of a child, which still survives. Since, I have ascertained that this woman, supposing herself out of all danger, had thrown herself into the arms of a young man. May we not ask if the *stimulus* of a new *amour* was not capable of arousing anew the uterine functions.

This then is an observation which may be added to those already communicated to the Society, and to those which are recorded in the annales of extraordinary facts.

We there find many females who became pregnant at an advanced age; but they were indebted to the menstrual flux for this privilege. Without referring to the history of Abraham and Sarah, of Jacob and of Rachael, &c., of Cornelia who, according to Pliny, brought forth Valerius Saturninus at the advanced age of 62, we find in Fodéré, and in Haller, examples of females who accouched at 63 and 70 years of age.

The menstrual function presents a great number of peculiarities. We sometimes find it established in children, and in the aged: (we once saw a little girl between three and four years of age, in whom, a discharge took place from the vagina, bearing a striking resemblance to the menstrual; she was subject to chronic diarrhæa, was of a thin habit of body and extremely delicate. In infancy, it sometimes attends dentition, verminose diseases, &c.). Again we find it absent in females, who nevertheless are fruitful and bear children, contrary to the assertion of Linnæus. Some

menstruate only during pregnancy, (we saw one case of this), and in others it makes its appearance for the first time after one or more accouchments.

Kluman mentions a married female, twenty seven years of age, who menstruated for the first time after the eighth accouchment.

But the woman who, at the usual period, ceases to menstruate, and who subsequently bears children, is a more extraordinary phenomenon; we, at all events, can find but few examples of this kind. This subject is interesting and deserves our attentive study." (Ibid.)

XIV.—BLACK TONGUE.

A very extraordinary and fatal endemic has prevailed in a portion of the state of Miss. during the past winter and spring, and previously in Tennessee, and some of the Western and Eastern States, which we think is worthy of serious attention, as we may expect its recurrence at its proper season, and every portion of the country may be visited by it. From one of its prominent, though by no means invariable symptoms, it has obtained the horrid name of *black tongue*—a name of itself sufficient to strike terror into the hearts of all who may happen within the sphere of its dreadful influence.

A friend of ours, who resides in Warren county, Miss., was in the City a few days since, and gave us such a shocking account of the mortality on his own plantation, very recently caused by this disease, that we at once resolved to make it an object of particular inquiry, with the view to collect all the useful information within our reach, for the benefit of those who may be attacked by it at a future period.

In the *American Journal of the Med. Sciences*, for January 1844, we are pleased to find two exceedingly interesting communications upon this subject.

The 1st, is an original communication for the *Amér: Journ: of Med: Sci:* intitled—"Account of the *Erysipalitous Fever*, as it appeared in the Northern section of Vermont and New-Hampshire, in the years 1843—4, by Charles Hall, M. D. of Burlington, Vt., and Geo. L. Dexter, M. D. of Lancaster, N. H."

The 2d, is extracted from the *Western Lancet*; and entitled: "*Epidemic Erysipelas, known by the popular name of Black Tongue; which recently prevailed in Ripley and Dearborn Counties, Ia.*, by George Sutton, M. D." From the excellent descriptions given by these writers, we feel no doubt as to the identity of the diseases of which they treat, nor that it is the same malady that made its appearance in Warren, Claiborne, and some other countries of Miss, within the last few months; and is still prevailing there. We very much regret not being able at this time to make room for some extracts from these interesting papers: our limits compel us to postpone them to our next number. Our friend above alluded to had lost 13 negroes when he left home, and several others were despaired off. We have addressed three of the physicians residing in the neighborhoods lately visited by this disease, with the request that they would favour us with an account of it for publication; and sincerely hope we shall not be disappointed. (Edrs.)

PART FOURTH.

BRIEF NOTICES OF RECENT MEDICAL LITERATURE.

ART. 1st. *An Experimental and Critical Inquiry into the Nature and Treatment of Wounds of the intestines, illustrated by engravings.* By SAMUEL D. GROSS, M. D., professor of surgery in the Louisville Medical Institute, &c., &c. (1843). P. 219.

This monograph, as the author modestly calls it, will fill up a *hiatus*, which has existed for a long time, in the english language, on the nature and treatment of Wounds of the intestines.

By his numerous and elegant translations of some of the best works of the day, professor Gross has already acquired the reputation of a scholar and a linguist.

His late work on "Pathology," which has shed a lustre on his name and the country whence it emanated, will establish his claims as a learned and laborious physician and a profound pathologist.

We are proud to claim him as a Western-man,—as an American; and as the author of the "Experimental Inquiries, &c.," we congratulate him, and tender to the genius which has guided him through this new and rich field of pathological inquiry, the homage of our feeble, but sincere praise. No physician in the West, nay, in the United States, so young, has done "so much and so well" in so short a time.

What Majendie has done in the old world for Physiology, we trust Dr. Gross will accomplish, in the new, for Pathology.

It is only by well-directed experiments,—by subjecting nature to the torture, that we can hope to wrest from her those secrets, and those great truths, which are yet unrevealed to the scientific world. When *she* speaks, let us listen—when *she* teaches, let the philosopher learn wisdom!

From this last effort, we may predict for professor Gross, the proudest achievements in chirurgical pathology, and a name that will go down, upon a gathering tide of praise to the last recorded discovery of science.

His experiments, amounting in all, he tells us, to about *seventy*, were performed chiefly on the dog. They were conducted with infinite skill, and the results recorded with much candour and great accuracy. The whole is beautifully illustrated by appropriate engravings, and the style and language of the author are simple, but forcible and well adapted to the subject.

We regret that the nature of our work and the limited space allowed us, preclude such an analysis of the book, as the importance of the subject and the merits of the work, demand.

With these few remarks, we dismiss the "Experimental Inquiries," fully persuaded that the valuable truths with which they abound, will be the best recommendation to the medical public.

ART. II. *Lectures on the principles and practice of Physic, delivered at King's College, London.* By THOMAS WATSON, M. D. &c.

We regard these lectures as the best exposition of their subjects of any we remember to have read. The author is assuredly master of his art. His has been a life of observation and study, and in this work he has given us the matured results of these mental efforts. How successful these efforts have been, a careful investigation will evince. In establishing his principles, and deducing therefrom his practice, the Doctor has passed by, as unworthy of considerate notice, no one of the subdivisions, which, taken together, make Physic something more than a tentative art, which make it in fact a positive science, acquiring with time an exactness and certainty belonging only to a science. Borrowing from physiology its last achievements, he has interwoven its truths into his narrative of disorders so as to be both explanatory and instructive. We might cite his lectures in the various diseases of the sensorial organs and their investments as cases in point. We might cite them as evidences of his industry, reflection and judgment, for no where do we remember to have seen these disorders, obscure at the best, treated with so much learning, discernment and original vigor of thought. Indispensable now-a-days as a full and accurate knowledge of Physiology is to the modern practitioner, the labor and genius of our age have built up a dependant department in Pathology. The two together compose essential branches of knowledge, as necessary as a knowledge of the different structures which form the economy. To separate them is to mar the beautiful progress of our science, as it is to limit the fitness and utility of the profession for its serious responsibilities. Dr. Watson felt this, and his clear but concise synopsis of the elementary truths of Pathology, forming the introductory Lectures, has been the product of this conviction. Were it our purpose to give a critical analysis of this work, we might refer to this subject at length. We might travel with the Doctor step by step, and point out his admirable summary of all that is worth learning in this department. But we design no such supererogatory task as our notions conform too closely to make criticism available. We intend merely to call the attention of the profession to the rare merits of these Lectures. Upon one point only will we record a fact or two. And we do this the more cheerfully as we think they are curious not to say anomalous. We have also another object. And that is to direct to the notice of the learned and ingenious author of the late "Essay on the nervous System"—our worthy fellow citizen, Dr. Harrison—these facts as bearing pointedly on the subject of his essay. In his chapter on Transmission, the Doctor says: "Here an interesting question arises. Is transmission in these two sets of nerves ever reversed? That is, do the nerves of motion ever transmit impressions to the centres; and the nerves of sensation to the periphery?" In leaving these interrogatories unanswered, we have no reason to believe Prof. Harrison was uninformed of any contradictory facts.

Indeed the paragraph subsequent to the one quoted supposes this, for he says: "In the present state of our knowledge it is impossible to give a positive answer to the question." In health no such vicarious office, we believe, is ever assumed by either of these divisions of nerves. Dr. Watson on this subject, says: "It is not so clear, although that opinion is a

prevalent one, that the anterior columns of the spinal cord are subservient to the purposes of motion, and the posterior to the faculty of sensation. This has been inferred too hastily perhaps, from the ascertained endowments of the anterior and posterior *roots* of the *nerves*; and cases are cited which appear to favour such a notion: but then other cases go completely to contradict it. Thus Mr. Stanley has recently published an account of a patient who died in St. Bartholomews Hospital. For some time before his death, he had been completely unable to move his lower limbs throughout their entire extent; while there was no discoverable impairment of sensation in any part of either limb. The spinal cord was the only part found diseased; and the disease was strictly limited to its posterior half or column. This portion of the cord in its whole length, from the pons to its lower end, was of a dark brown color, and extremely soft and tenacious. The anterior half in its entire length exhibited its natural whiteness and firm consistence. The roots of the spinal nerves were unaltered. It was remarkable and illustrative of the difficulty of these subjects that with the change of structure which the cervical portion had undergone in this instance, there was no impairment either of motion or sensation in the upper limbs." This fact, solitary though it is, to our mind seems pointed, that in a state of disease, the separate divisions of the cord may be reversed in their functions. And if the cord, why not then the nerves?

We have extended our remarks farther than was our original purpose. Intending merely to notice the Lectures, as a system of Physic; aptly illustrating in their contents the enlightened state of the medical profession in our day, we were willing to leave them to their more intrinsic merits for approbation and success. We cannot close, however, without briefly expressing our opinion of the style. Simple and elegant as it is, it is loose and inexact at times. This perhaps is a necessary consequence in lectures designed rather for the class than to be regarded scientific in aught save their facts and principles. We may say of them in a word with the ancient poet;

"Ter purè lecto poterunt recreare libello."

ERRATA.

In regard to the *typographical errors* to be met with this number, our sole apology is, that the only person we could engage to print the work upon *any thing like reasonable terms*, was a Frenchman who understands the english language very imperfectly. Our own labours have consequently been greatly encreascd, and yet with unsatisfactory results. We believe however the are altogether *typographical*, and do not affect the sense.



lateral view



*length of femur
diameter*



lateral view, and 2/3



~~THE~~

NEW-ORLEANS MEDICAL JOURNAL,

DEVOTED TO

THE CULTIVATION OF MEDICINE,

AND THE

ASSOCIATE SCIENCES.

(BI-MONTHLY.)

ARRANGEMENT.

- 1.—Original Communications, Cases, and Surgical Operations occurring in Private Practice.
- 2.—Health of the City, with Reports from the New-Orleans Hospitals.
- 3.—Periscope of Practical Medicine — or Spirit of the Medical Journals, Foreign & Domestic.
- 4.—Brief Notices of Recent Medical Literature.

EDITED BY

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AND

A. HESTER, M. D.,

One of the Physicians to the New-Orleans Charity Hospital.

"Summum bonum Medicinæ Sanitas."

(GAL.)

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TO CORRESPONDENTS, &c.

Those who may wish to insert articles, will please forward them early. The following Journals have been received in exchange:—

- The *New York Journal of Medicine* for July.
- The *Medical Examiner*, Philadelphia, from the first of the year.
- The *Bulletin of Medical Science*, from the first of the year.
- The *Western Journal of Medicine and Surgery*, Louisville, Ky.
- The *Western Lancet*, Cincinnati, Ohio.
- The *Illinois Medical and Surgical Journal*, Chicago,
- The *American Journal of Insanity*, Utica, N. Y.

(This work is Edited by Dr. BRIGHAM, and is really one of the most interesting publications of the day, judging from the last number, which is the only one we have seen.) We have received also, the Circular and annual announcement of the Trustees and Faculty of the St. Louis Medical College for the ensuing season.

THE
NEW-ORLEANS MEDICAL JOURNAL,

N^o. II.

JULY TO SEPTEMBER 1844.

The following Paper was read before the Mobile Medical Society, May 6th 1844, and ordered to be published in the *New-Orleans Medical Journal*.

Art. 1st—Case of Poisoning by large doses of the *Secale Cornutum*, by Richard Lee Fearn, M. D., Pres. of the Mobile Medical Society.

GENTLEMEN,—My object, in making the present communication, is to bring before you an interesting case of poisoning, by the irregular and criminal use of large doses of the powder of Ergot, for the purpose of producing abortion, which occurred in my practice some years since. In consequence of the probability that its publicity might involve the individual in a legal prosecution and thereby drag professional arcana into public exposure, the necessity arose with me of deferring this publication, until time should envelope the events in oblivion.

The credit is due to our own country for the introduction of the *secale cornutum*, or Ergot into the practice of medicine. Previous to the communication of Dr. Stevens, published in the *New-York Medical Repository*, in 1807, some vague information existed in Germany, France, and Italy, of a fungous grain used by women and empirics, for the purpose of producing abortion; but no evidences exist of its employment in the regular practice of Physicians, until the publication of Dr. Stevens.

Our own State has just claims to a portion of the honor of introducing this valuable remedy to the favorable notice of the profession. Ten years after the recommendation of Dr. Stevens, very few practitioners ventured to try an article considered exceedingly uncertain, and dangerous in its effects. At this time, Dr. Alexander Erskine of Huntsville, offered a thesis to the Faculty of the University of Pennsylvania on the effects of Ergot on the impregnated uterus, supported by a number of interesting experiments and observations. This dissertation so creditable to the talents and industry of the very estimable gentleman who wrote it, contributed not a little to dispel the prejudices and objections, previously urged against

its use. Immediately after this period, it speedily wore its way into general practice in the United States, but it was not used in England, until 1824, and did not obtain sufficient confidence to be trusted by the Physicians on the continent until about 1830 to 1833. The article is now so extensively employed throughout the medical world, that I have thought the details of the following case, might afford some interest to the members of the society illustrative of the effects of an over dose, which, from the nature of the cases in which they occur, must very rarely meet the eye of the Physician.

On Sunday, in the last of October, I was requested to visit a lady, in much haste as she was supposed to have Yellow Fever in its most rapid and malignant form, accompanied with black vomit, &c., &c. The fever was then prevailing in the City, and a death had occurred that morning in the adjoining house from black vomit.

As soon as I was ushered into the room, the woman in great alarm and agitation requested her friends, and the nurse to leave the room; immediately pointing to a quantity of dark brown fluid which she had just vomited; she besought me, with extreme anguish and alarm, to have pity on a miserable being who was about to die from the consequences of her own crime. After extracting the promise, that I would not under any circumstances expose her guilt, to the mortification of her friends, and the exultation of her enemies after her death, which she deemed inevitable, she commenced by informing me, that until Tuesday last, she had been in excellent health, she is now 32 years old, has borne three children, with no peculiarity worthy of remark—she is six months gone in pregnancy;—on Tuesday morning last, she commenced taking powder of Ergot, in doses of 40 grains every 25 or 30 minutes, for the purpose of producing abortion. Three or four doses were taken, when no apparent influence being exerted on the uterus, and a chill coming on, followed immediately by nausea, sharp pain in the head, with dizziness and partial blindness; it became necessary to discontinue the medicine. Three or four hours after the chill, spontaneous diarrhoea commenced and lasted five or six hours, carrying off the nausea, headache, &c. The patient passed a restless feverish and sleepless night, with great nervous agitation. On Wednesday morning, the diarrhoea had ceased, the pain in the head and fever had returned, with thirst, great irritability of the stomach, toast-water, lemonade and iced water being ejected almost as soon as swallowed—supposing it to be a bilious fever, the patient, after applying a mustard cataplasm to the epigastrium, took a dose of calomel and jalap, which acted well in the afternoon. She slept well, and the next morning, Thursday, felt quite well, which confirmed her in the opinion, that the sickness had been caused alone by the presence of bile in the stomach, and that the Ergot used was entirely inert. Resolved not to abandon her purpose, she then sent to another apothecary of high reputation for his care in selecting and his accuracy in compounding his medicines, and procured one ounce of a parcel of which a portion had been used the day before by a Physician of the City, with prompt and energetic action. This quantity was divided into four doses, three of which were taken in six hours, without producing the slightest expulsive uterine effort. In the words of the patient—“no pains or

signs of labour appeared," she became so sick that she could take no more. Then followed excessive nausea and debility with very little vomiting of a dark brown coffee ground looking fluid, pain in the head and eyes, a burning, torpid, prickly sensation, over the whole surface, with much difficulty in moving the extremities accompanied by a sensation, like that produced in a limb by pressure on the trunk of a nerve, when we say that the limb is asleep.

These symptoms during Friday and Saturday, increased in violence, attended by an entire absence of sleep, the pain in the head became intense, with transient delirium; pain in the back and limbs with incessant vomiting of a brownish water with occasional streaks of blood, great prostration accompanied with a slow feeble pulse, pupils dilated, vision imperfect, at times almost total blindness, tongue dry, scarlet at the edges, crimson and black in the middle, intense thirst with no abatement by iced water or lemonade, burning in the fauces and along the œsophagus to the stomach, tenderness of the epigastrium, much difficulty in swallowing. The muscles subject to volition responding irregularly, with occasional violent spasms of the muscles of the extremities and back. The skin dry and of a muddy yellow hue.

On Sunday morning at 9 o'clock A. M., when I first saw the patient, I found the above detailed symptoms, with the addition of the apparently well marked black vomit.

I assured her that although her case might possibly be somewhat influenced by the prevailing epidemic, yet the symptoms could well be produced by the Ergot together with her mental excitement; and that I had little doubt but that her illness was mainly attributable to the latter causes.

As the bowels had not been moved for more than 24 hours, I directed the immediate administration of a brisk enema of senna tea and sulph: magnesia; also calomel grs x comp: rhu. pills no. 2. — Mucilage of gum arabic with effervescing mixture every 15 minutes, sponging the whole surface with iced water and vinegar—and iced water to the head. (1)

4 O'clock P. M. The bowels have been freely evacuated, pulse quicker with more resistance, 82 per minute, vomiting continues but with less violence. Pain in the abdomen, other symptoms nearly the same as in the morning. Continued the cold applications and sponging, ordered calomel, grs x sulph: quinine grs iij—Blister to the epigastrium—for drink, gum water. Arrow root jelly and claret.

10 O'clock P. M. Skin hot and dry, pulse 110 per minute, thirst abated, vomiting at longer intervals and the matters ejected changed to the appearance of those taken; has had two full, black, watery evacuations from the bowels, vision improved, pain in the head, back, and limbs, abated in some measure. Ordered effervescing draught with a portion of sulph: morphia, flaxseed poultices to the abdomen and to the blistered surface of the

(1) As Chlorine decomposes Ergotin, the active principle of Ergot, water impregnated with Chlorine has been recommended by some European Physicians as an antidote for it. I did not use the Chlorine in the present case, as nothing could be expected from the decomposition after so long a time had elapsed since its introduction into the system.

epigastrium; cold to the head continued, gum mucilage and claret for drink during the night.

Monday 8 o'clock A. M. The patient took half grain of sulph: morphia before one o'clock when she slept four hours, then had a copious dark gummy evacuation from the bowels, the violence of all the symptoms was much abated, pulse 100.—Vomiting ceased, tongue red and dry, thirst, pain in the head and dizziness, yet troublesome but much alleviated.—Continued the flaxseed poultices to the abdomen, and the drink of gum water, claret and arrow root jelly.

4 O'clock P. M. Patient much more tranquil, two or three thin watery stools, almost without colour, attended with griping and nausea—Continued the prescriptions of the morning, with the addition of calomel grs XV. opium gr. j.

Tuesday 9 o'clock A. M. The patient much improved; head, limbs and bowels almost free of pain; pulse 80—has slept well during the night, no evacuation from the bowels.—Ordered, the mixture of ol. Ricini, every two hours until it operates, and with the exception of the calomel and opium, the prescriptions of the last night continued.

4 O'clock P. M. The patient is quite relieved, the mixture has acted well; pulse 80.—The patient, this afternoon perceived the motions of the fœtus for the first time since Thursday last. After this, the patient continued to improve without any occurrence worth notice, and after a few days resumed her accustomed occupations.

On the first of January, three months after the last visit as above stated, I was called to see the same patient, in regular, natural labour, nothing occurred in its progress worthy of a remark—in four hours a perfectly formed, large, healthy child was born—which two hours after its birth weighed eight pounds. The mother recovered without difficulty, and her health remained good during lactation. The infant, with the exception of a few weeks during the summer while teething, has had good health, and neither the mother or child have given, to the present time, any evidences whatever of the injurious effects of Ergot.

Art. II.—An Essay on Yellow Fever, read in French before the Louisiana Medico-Chirurgical Society, by P. A. Lambert, M. D., 1843.

CAUSE OF YELLOW FEVER.

If we study attentively the physical conditions which seem to influence the development of Yellow Fever in New Orleans, we shall find that this disease makes its appearance towards the close of summer or in the beginning of autumn, when the days are excessively hot, and the nights quite cool.—Being once produced, the disease rages for an uncertain period, and does not disappear until after a killing white frost.—Let us endeavour to explain this fact.—During the months of May, June and July, the turbid and stagnant waters which surround the City, being heated by a burn-

ing sun, evaporate in consequence of the temperature of the air and other favourable physical causes.—The stratum of air becoming saturated, and much lighter than that which is in contact with it, soon ascends, and gains its equilibrium in the upper regions of space; each stratum becomes successively charged in the same manner, and by the same mechanism ascends: hence it follows that at a certain height, the air becomes completely saturated with aqueous vapour.

Should this temperature be diminished in any manner, the watery vapour must be condensed in the same proportion, and descend to the surface of the earth.—Having premised this, is it not reasonable to admit that those substances—those miasms, formed by the decomposition of certain bodies under a favourable state of the atmosphere, and being transported into the higher regions of the air by the watery vapour, will descend again, when its temperature is lowered, in the form of fine watery particles, or mist and be diffused every where?—These deleterious exhalations must then exercise an unfavourable influence on human health.

This theory derives additional support from the fact, that the sudden condensation of these watery particles, in the form of a white frost, puts a period to the ravages of the Yellow Fever. It is impossible, in the present state of science, to determine the nature of these miasms, and to say what are the material causes and conditions of their development.

We know that they exist by their effects upon our organism, and further than that, we know nothing.

These miasms must vary in quantity; they must be more or less irritating,—more or less poisonous, according to the medical constitution of each epidemic. They are obviously influenced by the different meteorological conditions of the atmosphere; very heavy rains, the course and violence of the winds and storms, must necessarily exert a modifying influence.—The cause of Yellow Fever is material; yet how vain the effort to attempt to seize it, to analyse it, and lastly to discover its antidote. The solution of a question which is of such high interest to mankind, will probably devolve upon the science of chemistry.

Absorption of miasms by the pulmonic passages.

When miasm is once produced and placed in such a manner as to penetrate our organism, it enters it through the pulmonary organs; and to form some idea of the quantity of miasm thus introduced into the economy by the lungs, let us estimate, approximatively, the volume of atmospheric air which subserves the purposes of respiration in a given time, during 24 hours, for instance.

Thompson thinks he is not far from the truth, when he fixes the volume of air which our lungs contain, at 4,588 cubic *centimètres*.

According to this *savant*, about 655 cubic *centimètres* of atmospheric air are received into or expelled from the lungs at each expiration; so that, if we make 20 inspirations per minute, the volume of air inspired or expired in this interval of time, will be 13,100 cubic *centimètres*; that is, 786 cubic *decimètres* every hour; or if you please, 19 cubic measures every 24 hours, which, when reduced to weight, is 51 lbs.

Such a mass of vitiated atmospheric air, designed to serve the purposes of

respiration—that is, the accomplishment of a function on which all others are dependent, will produce diseases which it is no difficult matter to comprehend.

In fine, the pulmonary veins, absorbing the deleterious particles which this air contains, transport them with great rapidity from the lungs into the left side of the heart; becoming there mixed with the blood, they are first propelled into the aorta, and afterwards distributed to the various organs of the body.—This distribution will be carried on and perpetuated every moment, but in an unequal manner for all the different tissues of the economy: the most vascular structures, those the best supplied with nervous filaments, and finally those in which nutrition is carried on the most rapidly, will receive the largest amount of this altered, this deteriorated blood.

Lastly, the organs will make every effort to throw off, to expel these morbid principles, which the natural emunctories of the body may be unable entirely to eliminate; whilst the blood is being constantly supplied with the same poisonous principles.

When the organs are no longer capable of exercising those functions, compatible with health, in consequence of the presence of a large quantity of these miasms, they make vigorous efforts—and the disease is declared. An intense and general reaction announces the commencement of the contest between the vital force which resists, and the cause which assails. The surexcitation which prevails, expresses for the physician, the amount of irritation in the circulating apparatus; it is then correct to say that the disease is both in every part, and in no part at the same time.

The phenomena of reaction are soon succeeded by groups of symptoms which indicate that dangerous congestions are about concentrating upon the different organs, and especially upon the digestive tube and its annexæ.

These functional disturbances must, and do present, a great number of varieties, as to their forms: it is possible however, to refer them to a certain number of types, which are quite constant, as I shall show in the course of this treatise.

The hypercæmic condition of the different tissues, at this stage of the disease, already indicates a victory of the morbid agents over the vital forces—the reaction; in fine, vitality will soon begin to diminish in the different structures of our organs, to give way to a more or less complete collapse, which in turn, may be replaced by the cessation of all our functions. The series of phenomena which I have enumerated, and their succession constitute so many phases of the disease—so many periods that I shall class them in the following order: *the period of impregnation, of saturation, of vital reaction, of active congestions—of diminution of organic action, and of collapse.*

These divisions appear to me important; they possess the great advantage of simplifying the therapeutic indications; they serve as a sort of regulator for the practitioner, which he will do well to consult.

We have said that in Yellow Fever the forms and functional expressions were produced by those congestions which are determined in the different organs; and that these congestions, which do not always take

place in the same organ, nor in the same apparatus of organs, should rarely ever be the same.—We have also remarked, that the digestive tube and its *annexæ* would seem to be the parts most generally affected. Let us see now, what are the most usual forms of the different epidemics of Yellow Fever; and as the therapeutics of this disease should vary with them, endeavour to establish them all clearly, and let us begin first with the inflammatory or angiotenic form of Yellow Fever.

Yellow Fever of an inflammatory or angiotenic form.

The angiotenic form of Yellow Fever is not usually preceded by a chill. Fever declares itself; the patient's face is red, *vultueuse*, his eyes are filled with tears, and strongly injected; his physiognomy and attitude bespeak great prostration; he complains of a sense of general uneasiness,—of violent pain in the head and back; his skin is of a fine florid color, presenting a kind of intumescence or tumefaction, more obvious on the face, and lids than elsewhere; great heat of surface; the heart and arteries beat with great force; the veins are gorged with blood, the thirst is tormenting; the mouth clammy, the tongue is white; at this time hemorrhages may supervene from the different outlets of the body; they exercise then a salutary influence over the progress of the disease. The blood which is discharged or which is obtained by venesection, abounds in fibrine and coagulates into a firm solid mass.

Fatal congestions may take place in those organs important to life. Vomiting takes place; they are composed first of drinks, and the mucus from the stomach, afterwards, of bilious matters. The epigastric region becomes painful from pressure; respiration takes place with some difficulty; it is profound and sighing. The general reaction is less intense; a slight ieteric tinge now appears, first over the face, neck, breast, and finally extends over the entire body.

The renal secretion is greatly diminished, or entirely ceases. A deceptive improvement in the state of the patient supervenes; all the symptoms become calm; still, the physiognomy of the patient is profoundly altered; vomiting now is renewed with increased violence; some points black, and some striae of the same color, as we find in the matters evacuated, announce the appearance of black vomit; in fact, this fatal symptom is already manifest: the features are altered; the yellow hue of the skin becomes more marked; passive hemorrhages take place from the nasal—the buccal mucous membrane; these hemorrhages exhaust the strength of patients; the intellect is disturbed; hiccough supervenes; the extremities become cold; the pulse sinks; and the patient soon breathes his last.

Of the Meningo-Gastric, or bilious form of Yellow Fever.

In the Meningo-Gastric form, the fever ordinarily sets in after a severe chill; it is accompanied, from the commencement, with a yellow tinge of skin, which is first seen in the face, and more particularly about the lips and near the *alae nasi*. The movements of the patient are stiff and painful; he complains of his loins,—of his head; the pain is fixed over the orbits and frontal sinus.

The pulse, variable as to its force, is always frequent; the heat of skin is sharp and biting; the impression which it makes on the finger, after prolonged contact, does not disappear, as in cases when the heat is elevated, but less morbid; the thirst is intense; there is a constant and insatiable desire for cold acidulated drinks; the mouth is bitter and dry; the taste is perverted; the tongue is covered with a yellow coat; the breath is fetid and nauseating. Free vomiting frequently supervenes at the onset; they are very obstinate, and cause the physician to despair in more than one case; the matters rejected present every variety of shade, from a pale clear yellow to the deepest green.

Black vomit, though rare at this period, may however be produced; it is sometimes discharged per anum. The urine is scanty. The epigastric region and the abdomen become painful on pressure.

The patient respire with difficulty; he experiences a sensation of great oppression towards the lower end of the sternum; finally, after a remission of variable duration and one too characterized by an abatement in the intensity of the general reaction and the different phenomena which we have pointed out, formidable symptoms, very nearly similar to those which we gave when speaking of the angio-tenic form, now make their appearance.

First, in this catalogue of unfavourable symptoms, must be placed black vomit, which is especially likely to occur in this form of fever.

Of the Bilious Inflammatory form.

Under the name of the Inflammatory Bilious form of Yellow Fever, I intend to specify a mixed form which results from a combination of the symptoms that appertain both to the angiotenic, and the meningo-gastric. To describe it, is superfluous; I shall simply remark that it is generally, much more formidable than each of the species which constitute it: this form is moreover one of those in which black vomit is most common.

Of the Adeno-Meningeal or Mucous Yellow Fever.

Persons of a lymphatic temperament, and those who may be exhausted by privations of all kinds, present this form of fever, which may become epidemic, and is characterized by a state of general debility. Both the physiognomy and attitude of the patient express great languor and apathy; his complexion is of a pale yellow, or dirty color. He is disqualified for all muscular exercise. He has neither appetite nor thirst; the pulse is frequent and soft; the tongue moist, broad and white. The buccal mucous membrane is covered with a pseudo-membranous layer; at the junction of the teeth and gums, this membrane or layer is much thicker, and there it assumes a festooned or fringed form.

Dr. De Valetti, who was the first to call attention to this phenomenon, attributes considerable importance to it, and regards it as one of the best pathognomonic signs in the early stage of Yellow Fever. The form of the disease which I have described, is attended with exacerbations in the evening which continue through the night. The development of these paroxysms is slow and gradual; the pains in the loins and head continue

to augment; the face and especially the malar eminences become highly colored, and assume a reddish yellow hue, which has a distinct outline.

The pulse becomes more frequent; the heat increases; thirst is sometimes superadded to these phenomena; and the mouth is occasionally dry. Towards the declension of this paroxysm, an abundant perspiration sometimes covers the body. Ordinarily the patient vomits his drinks, mucus or bile. The respiration is laborious and profound; the patient complains of a sense of burning at the stomach; he has symptoms of gastric and intestinal embarrassment; he has borborygmus and abdominal pains.

The stools are sometimes serous, at others mucous, or bilious. In this form, the urine is rarely suppressed at this period of the disease; it is less abundant however, and its emission is sometimes accompanied with very severe pain. If the disease persists, a calm, as usual, supervenes; then the symptoms of the last stage make their appearance: the vomiting is renewed with more violence than in the beginning; they may now assume the fatal dark color; icterus is developed, should it not already exist; the conjunctiva assumes a yellow tinge; profuse and obstinate hemorrhages take place from the pituitary, or some other portion of the mucous membrane; the urine ceases to be secreted; the nervous system is deranged, and death is now near at hand: this is the form which is characterized by passive hemorrhages.

Of the Adynamic or Putrid form of Yellow Fever.

The Adynamic form of Yellow Fever is very frequently ushered in by a violent chill, which is soon succeeded by high fever; the patient's countenance becomes animated; the face is sometimes highly florid, but most frequently of a bluish tinge; the eyes are greatly injected, weeping and extremely sensible to the stimulus of light. A peculiar expression is stamped upon the physiognomy, which forebodes a serious disease; the features wear the aspect of great dejection; a want of moral energy increases the physical weakness of the patient. The patient is tormented with violent pains in the head, loins, and indeed in every part of the system. The skin is burning hot. The pulse, feeble and rapid; in some cases, it possesses an apparent fulness; the tongue is covered with a tenacious coat; it has a tendency to become dry; the thirst is intense; vomiting, if it occurs, may be black either on the second or third day. The abdomen becomes hard, tympanitic and painful. In some, we have constipation; but in a large majority of cases, we have diarrhœa. The matters discharged are very fetid, and may have the dark color of the fluids vomited. The renal secretion soon becomes suppressed. All the symptoms now assume a more dangerous character; the alteration of the countenance is extreme, the features are fixed, and uninfluenced by surrounding objects; the patient is heedless of every thing that transpires about the bed; the cheeks are pendulous; the mouth open; the lips, tongue and mucous membrane which lines the interior of the *buccal* surface, are covered with a dark brown layer, and becomes more and more abundant; it has a tendency to become fluid; the patient is greatly annoyed by it,—and endeavours to get rid of it by constant spitting. This substance becomes thinner; it is transformed into black blood, of an extremely fetid odour, even

to the patient himself; the blood gradually assumes its ordinary fluidity and color; and hemorrhages, more or less profuse, now take place from the buccal mucous surface. This is soon succeeded by *black vomit*; the pulse becomes small, trembling, and easily extinguished; the urine, if not heretofore suspended is now suppressed; jaundice is now evident, and begins to extend more and more, the nervous system is involved; delirium supervenes; the patient now displays incredible muscular power; he breaks, he crushes every thing put into his hands; he strives to escape; finally, this power, wholly factitious,—this last effort of the expiring nervous system, is only temporary, and soon the unfortunate patient himself succumbs to the disease.

Of the Ataxic or Nervous form of Yellow Fever.

This form—the last that I have admitted, is characterised by a fever accompanied almost always with pain in the head and loins, and a general or partial disturbance in the functions of innervation. In this form, which is rarely epidemic, the sensations, the perceptions—the intelligence, sensibility and movement may suffer various lesions, and in a thousand forms. These different affections, when they assume an intermittent type, demand the undivided attention of the physician. To the general description of forms, I ought to add what might be called the frank, open or legitimate. To the observer, this form presents a series of morbid phenomena, without any well marked predominance of one set over that of another, and is characterized by a very high fever accompanied with more or less violent pains of the head and loins. Death may supervene to the great astonishment of the physician, although vomiting and icterus may be absent, whilst the urinary secretion may continue to take place: this is a case in which the disease is every where equally intense.

In the commencement of this work, I stated:

1st. That the fever, or general reaction, emanated, probably from irritation in the sanguine capillary vessels, produced by the deleterious influence of miasmatic poisons.

2d. That the sanguine congestions which manifest themselves, after an attack, were the result of the direct action of the morbid cause upon the organs of life.

3d. That the functional derangements were evidently correlative with the different active hyperaemia which take place in the structure of the organs or in the apparatus of organs.

Finally, I have stated, that the gastro-intestinal mucous membrane was the most ordinary seat of the lesions which are found in post-mortem examinations. It is not a little curious to observe that the epidemic forms of the disease are constituted precisely of the different groups of symptoms, which, since the days of M. Pinel, have been referred to phlegmasiæ of the digestive tube. It would be highly important to ascertain with what part of the intestines, each particular form of the disease under consideration might be found to correspond: does not the bilious form, for example, result from a morbid congestion of the stomach,—of the duodenum, and of the biliary or pancreatic apparatus?

—Is not the mucous form connected with a hyperæmic condition of the mucous crypts and the intestinal mucous membrane itself?

—Will not the adynamic form coincide, more particularly, with a lesion of the inferior portion of the small intestine, and especially with that of the glands of Peyer?

—Could not the angiotenic form be referred, as professor Bouillaud has done, to irritation of the internal membrane of the heart and great vessels?

—Finally, does not the primitive nervous form, reveal to the intelligent physician, some alteration in the cerebro-spinal apparatus? I do not doubt that the future labours of the Medico-Chirurgical Society will be enabled to determine definitely these different questions.

Yellow Fever is far from presenting all the symptoms which I have ascribed to it; we must not expect to witness, as often as I have stated, black vomit and hemorrhages in the last stages of the disease. In many cases, its progress is far from being as regular, and its periods as well marked as have been described. The gravity of the disease is far from being constantly the same; in this respect, it presents an infinite variety of shades, many of which it is impossible to seize or to describe. Much difference of opinion exists among the physicians of our City, in regard to what should be understood by Yellow Fever. With some, every fever accompanied with cephalalgia and pains in the loins constitutes the disease; with others, nothing short of black vomit, and hemorrhages can characterize the Yellow Fever. To me, both these opinions appear too exclusive. We should pronounce every disease Yellow Fever, which persists for at least four days;—which is developed during an epidemic, in unacclimated individuals, and which displays more or less perfectly, the symptoms which we have assigned to the different forms of this affection during its periods of reaction. Guided by this rule, the physician will rarely err in forming his diagnosis, and will promptly apply the proper remedies to the disease.

Yellow Fever ordinarily presents three types:—the continued, the remittent, and the intermittent.

The last of these three types alone deserves our special attention; it is of the utmost importance to distinguish it from the remittent type, because such a distinction is of the utmost value in the treatment.

We have already spoken of that deceptive remission which precedes the reappearance of those formidable symptoms in the latter stage of the fever. This remission, which will not be mistaken by the experienced practitioner, bears not the slightest resemblance to that apparent resolution of the disease which the intermittent fever presents. In the intermission, in effect, not a single trace of the first symptoms can be found; the patient thinks himself, and appears to be completely cured; he may sometimes go out and attend to his ordinary occupations; but soon the disease, which is only lulled, is rekindled with great intensity, threatening the most serious consequences, and ultimately producing the death of the patient.

We have announced that the blood, in Yellow Fever, was changed by the miasm; we have seen this miasm deposited in the various organs of our body,—we have studied the disorders which it produces,—we

have expounded the general phenomena which were consequent upon them; it is necessary, now, to demand, what becomes of this miasm when the *vis medicatrix*—or vital force triumphs over the miasmatic poison?

In order to reply to this question, we must demonstrate that every foreign substance, when mingled with the blood, and incapable of assimilation, is necessarily expelled from the living economy. To accomplish this expulsion, nature avails herself of the various exhalent surfaces: the mucous, the cutaneous, the glandular, and all the natural emunctories. It is certain that substances introduced into the system, and carried towards the intestines, are deposited upon its internal surface, to be afterwards thrown off with the excrementitious matters. In some cases of purulent re-sorption, have we not seen the product of the morbid secretion find its way into the digestive tube, and afterwards be expelled with the fæces?—To prove that pulmonary exhalation does take place, dissolve phosphorus in some oil, and introduce it into the veins of a dog, and you will soon discover the vapour of phosphoric acid, issuing from the throat and nose of the animal, which becomes luminous in the dark. In regard to cutaneous exhalation, it is only necessary to call attention to the odour of females recently delivered, and to nurses; and do we not detect the characteristic odour of urine in those persons in whom this secretion is suspended? do we not see individuals exhaling the odour of certain vegetables when freely used as a part of their diet?

In jaundice, does not the colouring matter of the bile, or the bile itself, penetrate the integuments and stain the linen which covers the body? Spontaneous combustion, which cannot be called in question, and to which corpulent persons, and those who indulge in spirituous liquors, are exposed, is caused by the combustion of highly carbonized hydrogen gas, or by the alcoholic vapours which exhale from the bodies of these unfortunate victims.

The chemical composition of the urine itself is not always the same; it is rendered yellow by the use of rhubarb, and blood red by madder. It acquires the odour of violets, if we breathe an atmosphere charged with the vapour of the essence of turpentine.—Subject any amount of the prussiate of potassa to the action of the absorbents, and the sulphate of iron will demonstrate the presence of this salt in the excretions of the body.—The endermic method will add another strong proof, if it were required, to those already adduced. Medicaments are not only taken up by the absorbents, but they are, by a singular influence, conveyed towards those organs whither the most powerful vital affinities attract them.

Why then, should not those miasms (which develope the Yellow Fever), when placed in the same circumstances, be obedient to the same laws, and be expelled from the system through the same emunctories?

To me it seems highly probable, that the material, out of which the black vomit is formed, is composed of these miasmatic principles mingled with altered blood. Both the urine and the perspirable matter must likewise contain a variable quantity of this deleterious principle.

The following experiment performed by M. Majendie, will strengthen the opinion already advanced:—introduce into the jugular vein of a dog, says this learned experimenter, a few drops of water which has been

allowed to remain for some time with animal matter in a state of putrefaction, about one hour after its introduction, the animal will become dejected,—he will lie down; he will be assailed by a burning fever;—he will vomit dark fœtid matters;—his alvine evacuations will be of the same character; his blood will no longer coagulate—it will be extravasated into the different tissues;—and death will soon put a period to his existence. Finally, if we study attentively what transpires in the systems of those who recover from the Yellow Fever through the unaided efforts of nature, we shall find that the sudden and successive disappearance of the morbid symptoms coincides almost always with the appearance of those phenomena which the ancients designated *critical*: thus the disease sometimes diminishes in a sensible manner, after very dark alvine dejections,—abundant sweats—and flocculent and sedimentitious urine.

Miasm is then expelled from the system by the excretions,—by cutaneous and pulmonary exhalation;—and it is remarkable, that the breath of the patient diffuses a characteristic odour, which it is however difficult to define,—a sort of malarious smell. This being premised, we can understand how Yellow Fever may be communicated to unacclimated persons, by means of the miasm which is exhaled from a large number of persons, congregated in small and badly ventilated apartments.

Infection as usual, will, with some exceptions, be communicated through pulmonary absorption. This theory has been established by a great number of well observed and well attested facts.

If it be true that Yellow Fever consists of a special lesion of the solids, and that this lesion results from an alteration of the blood produced by the miasms taken from without, is it not evident that the general treatment of this disease should repose upon the three following indications?

To destroy, if possible, these deleterious principles;—to expel them from the economy, if to neutralize them be impracticable;—finally to combat the disorders which they develop in the structure of our organs.

We possess no specific for Yellow Fever; the sulphate of quinine, tea, and green coffee appear to me to display very feeble prophylactic properties.

Miasm may be eliminated by the natural emunctories, and by some artificial means, of which I shall by and by, speak.

To accomplish this two fold object, various outlets are at our command: the skin, by cutaneous transpiration; the stomach, by vomiting; the intestinal mucous membrane, by purging, and finally, the urinary secretion, by the kidneys.

General bleeding and hydrotherapia constitute the artificial means to which I have alluded. To combat the symptoms created by the direct action of the miasmatic poison upon our tissues, we may order local depletion by leeches and cups, and some revulsive agents which we may apply to the surface of the body.

Let us take a rapid survey of the different therapeutic indications which I have specified, and review the remedies which may be adopted to fulfil these indications. The sulphate of quinine, and the other medicines of the same class should be administered as early as practicable. To me it seems best to practise a general bleeding before using these medicines, when the

strength of the patient does not forbid it. Venesection moderates the violence of the fever, and at the same time hastens the absorption of the medicines.

We should keep up a free and constant perspiration, by acting directly on the skin by means of heat; and indirectly, by warm diaphoretic drinks. A constant and copious diaphoresis may effect a salutary crisis; this is indubitably the best channel through which to expel the offending fluids.

It may be useful sometimes to employ an emetic; but it is highly important never to lose sight of the state of the stomach, when we are about to introduce into this organ a medicament, the action of which may determine the speedy death of the patient. (1)

Purgatives, particularly the saline, are more easily managed; they constitute an excellent means, and likewise demand, on the part of the physician, proper precaution.

Diuretics should be most rigidly proscribed, when the suppression of urine arises from deep seated irritation of the kidneys. We must endeavour to overcome such an alarming complication by an antiphlogistic treatment. In a large majority of cases, excellent effects may be obtained from the free use of gaseous waters; seltzer water for example, may stimulate the secretory action of the kidneys.

Phlebotomy, which is, perhaps, too frequently resorted to in the treatment of Yellow Fever, is performed in many different ways. Some employ it by measurement to diminish the general erethism, and to prevent inflammation; others, with more boldness, employ it *coup-sur-coup*, according to the method of professor *Bouillaud*; some again push it *usque ad syncopem*, and thus repeat it until both the force, frequency and rhythm of the pulse are reduced. The nervous disturbance which precedes the syncope; the copious sweats which result from it, and the abundant alvine evacuation, which, under certain circumstances, follow it, constitute an *ensemble* of phenomena that, according to some physicians, exercise an extraordinary influence over the ulterior progress of the disease. Dr. Luzenberg, who was the first to illustrate by his practice, the happy effects of synocal bleedings, in certain cases, which he has carefully pointed out, considers this mode of practice the most powerful that can be opposed to the progress of this formidable epidemic. Dr. Beugnot, whose views on this subject, coincides with Dr. Luzenberg, has written a long memoir in

(1) This practice is not only hazardous, but unnecessary. As the disease, in the commencement, is liable to become localized upon the gastric mucous membrane, we should studiously avoid introducing any thing into this organ, calculated to determine phlogosis of this surface. Moreover, in the onset of Yellow Fever, the stomach be loaded with crudities or other indigestible matters, we have always found nature competent to relieve herself, by exciting a free and spontaneous emesis. During our attendance at the Charity Hospital, we have been struck with one fact which is directly in point: that those cases which had been treated by emetics prior to their reception at the hospital, invariably perished early in the disease. Spontaneous vomiting in the onset of Yellow Fever, by no means augurs an unfavourable issue; even here, it should not be encouraged, but repressed by appropriate topicals, and cool acidulated or mucilaginous drinks. (Eds.)

which he displays, with great ability, the superior advantages of this method over all others.

I shall withhold any expression of my opinion on a question which experience alone can enable us to decide.

I have said that bleeding may be employed as a means of eliminating the miasmatic poison; it may be readily perceived that, by diminishing the amount of circulating fluid, we may, in the same proportion, lessen the quantity of deleterious matters which the blood contains.

By the powerful revulsion which it exercises on the skin, and the copious sweats which it determines, *hydrotherapia* is said to render essential aid to our *therapeua* in this fever.

Yet, the depression which it first produces in the nervous system, should render the physician extremely circumspect in its employment; for who can predict that this depression will be necessarily followed by reaction? and should this effect fail to take place, who will not see that the death of the patient will be the inevitable consequence?

Leeches as well as revulsives, employed in the treatment of local congestions, operate in nearly the same manner; leeches disgorge directly the organs,—restore the capillary vessels to their ordinary calibre, facilitate the circulation and augment, at the same time interstitial absorption.

Revulsives, by causing an increased flow of blood to the place where they are applied, diminish the relative quantity of blood in the tissues and tend to establish the equilibrium of the circulation.

In the foregoing remarks, we have confined our observations to the treatment of the first stages of the disease. What treatment must be adopted when the capillary vessels, deprived of their contractility—their sensibility, yield to the distending power of the more fluid portion of the blood, which circulates through them, and what finally is to be done in the collapsed stage, at that period of the disease, when passive hemorrhages supervene? However feeble may be our resources, in such cases, we must nevertheless act; we must arouse innervation which is now extinct, restore to the small capillary vessels the power to contract and propel the blood towards the centre of the circulation. The vital powers must be stimulated by the action of diffusible stimulants, administered through the most appropriate channel; tone may be restored to the organs by the internal administration of astringents;—finally the flow of blood must be combated by astringents and cold applied to the surface whence the blood emanates.

A physician of New Orleans has published, in an excellent work on the nature and treatment of Yellow Fever, an opinion diametrically opposed to the one which I have advanced in the preceding paragraph. He maintains that the hemorrhages, which supervene towards the close of the disease, are *active*, in a majority, not to say, all the cases. “It has been pretended, says this physician, that towards the end of the second period of this affection, the blood being modified in its composition, loses its plasticity, and becomes more fluid, and at the same time the vessels which hold it, are deprived of their tonic power and hence are unable to resist the escape of the circulating fluid. It is true, that about the close of Yellow Fever, the blood becomes less fitious than in a normal state, and forms a more

imperfect coagulum;—but it is still not so much impoverished as in certain affections where we never meet with passive hemorrhages, as in *chlorosis* for instance. Here we must reason from analogy.

If the want of plasticity in the blood be the main cause of the development of these passive hemorrhages, should not young chlorotic females be constantly exposed to hemorrhage?

Far from it; at their menstrual periods, they loose only a few ounces of pale discoloured blood, the active flow of which I think no one will call in question. The greater fluidity of the blood does not then suffice to explain the tendency of this fluid to escape from its vessels in the course of the Yellow Fever.”—Why has this author selected *chlorosis* as an example which bears so little resemblance to the Yellow Fever, in preference to *scorbutis* or to low hemorrhagic fevers, which are much more like it?

He maintains that “the loss of tone in the tissues does not afford any better explanation of this phenomenon. In the first place, nothing demonstrates such a modification in the vital properties of the tissues, and if we admit its existence, it must be general. Why then should hemorrhages only take place at certain points generally circumscribed, and nearly invariably the same? Why then are those that appear on certain parts of the digestive mucous membrane, the most frequent?”

He thus continues: “So far from admitting a defect of tonicity, I think with Dr. Luzenberg, and in opposition to the generally received opinion, that in the course of Yellow Fever, the tonic force of the tissues is augmented; by this hypothesis, we shall be better enabled to explain these hemorrhages. To conclude, the blood, accumulating in the capillary system under the influence of the vigorous action of the heart, is subjected to a pressure proportionately increased as the tone of the vascular membranes is augmented.

Under these circumstances, the circulating fluid must make its escape either through the pores of these membranes, or through the openings which result from the rupture of some of the capillary vessels. The continuance of the hemorrhage can be explained by the tendency which the blood always manifest to flow where an outlet is made for its escape, and also by the fluxionary movement which is increased by the morbid cause in those places where the hemorrhages are developed.

The gastro-enteric mucous membrane, being more especially attacked in Yellow Fever than the other parts of the economy, is likewise more congested in the beginning, and subsequently becomes more inflamed when the disease is confirmed. On this surface a larger amount of blood accumulates in an active manner in the course of the disease; and hence this is, in fact, the principal seat of hemorrhage.

How otherwise admit with any appearance of reason, a want of activity in those losses of blood which supervene in the progress of an affection which rarely ever presents, (though it has been asserted), signs of a veritable putrid decomposition; rarely ever complete oppression of the forces, even when the pulse becomes very feeble, never adynamia in the strict sense of the word;—an affection which is, on the contrary, marked by a general sur-excitation,—a constant wish to move,—great jactitation and a

conservation of strength which enables the patient to move himself without assistance a short time prior to death.”

To reply to this explanation (which is wholly mechanical), let us state the conditions of the problem, and make some deductions from the laws of hydrodynamia which are quite applicable to the movement of our fluids in those canals through which they circulate :

1st. When a fluid moves through a full tube, the quantity of the liquid, which, in a given time, traverses the different sections of the tube, must be every where the same; hence it follows that the rapidity must be augmented when the calibre of the tube is contracted, and diminished, on the contrary, when it is enlarged.

2d. The pressure exerted against the walls of the tube, is in an inverse ratio to the velocity of the fluid which passes through it.

3d. This pressure increases with the square of the diameters of the tubes; so that, if the tube be doubled, the pressure sustained by its walls becomes four times greater.

Now, if the tonic force of the tissues is augmented, the capillary vessels which enter into their composition, will be contracted; this contraction, according to our first law, will increase the rapidity of the circulation; and consequently diminish the pressure of the blood upon the walls of the vessels, exactly in proportion to the augmentation of the squares of the diameters:—then any effusion of blood will be impossible.

Suppose, on the contrary, a more feeble irritability is necessary for the escape of blood from our tissues; in this case, the vessels, not having sufficient force to re-act, will have their calibres increased; the circulation will become slower,—the pressure greater,—the pores more dilated; and hemorrhages being favoured by the greater fluidity of the blood, must necessarily take place.

Shall I now speak of the muscular power which patients manifest just before death, and on which it has likewise been insisted to demonstrate the *sthenic* character of the disease. It is evident, that, according to sound physiology, this strength could not be imparted by those violent perturbations of the nervous system which precede death a few hours—or only a few moments. A female, although feeble and delicate, in a state of health, may nevertheless display extraordinary muscular power during a violent attack of hysteria. Animals that are bled to death, are seized with terrible convulsions when about to expire; again, these disturbances in the nervous system by no means indicate the real amount of force.

“Let us carefully examine, says this author, a patient affected with Yellow Fever, and if he has a hemorrhage from the buccal mucous membrane, it will be easy to convince the most skeptical that in this patient, the coronary arteries pulsate with far more energy than in the normal state. If we exercise pressure on the origin of these arteries, the hemorrhage will be speedily arrested, to be again renewed when the pressure ceases.”

As to the pulsations of these arteries, they are quite evident and, are readily explained according to our own views on the subject:—the cir-

culatation in the vessels being diminished, their walls are rendered much more tense, and consequently the pulsations much stronger.

The author finally concludes : " Therapeutics itself, so powerfully influenced by the theory which I am endeavouring to develope, contributes in no small degree to solve this question. If the hemorrhages were passive, bleeding, by augmenting the fluidity of the blood and the general debility, should likewise increase the activity of these hemorrhages ; this is besides the reasoning of those who are opposed to blood-letting.

" Well, I appeal here to those physicians of New-Orleans who employ sanguineous depletion as the principal means of treatment in the fever, and ask them if they have frequent opportunities to witness the development of hemorrhages in their patients. From my own, and the experience of some of my friends, I can on the contrary affirm, that these phenomena are very rare, when the patients are freely bled in the commencement of the attack."

—I am unable to explain the fact as above stated. Even admitting that hemorrhages may be due to increased tonicity of the different tissues, and to a powerful momentum communicated to the blood by the heart, we shall be at a loss to explain their rare occurrence in the early stage of the disease, when general irritation and reaction are so much increased.

Nor is this all : let us endeavor to specify both the general and local characters of active hemorrhages ; and see if they correspond with hemorrhages which supervene in the last stages of the disease.

Active hemorrhages, generally affect young and robust subjects, and are often preceded by a *molimen hemorrhagicum*—an effort on the part of the organ which may be the seat of it. The blood flows with rapidity ; the discharge takes place from only one organ, and is followed by prompt relief, and the patient is often cured by this accident itself.

Hemorrhages in the latter period of Yellow Fever occur, on the contrary, under opposite circumstances ; the patient is exhausted by the violence of the disease, from which he seldom escapes but by a miracle ; the hemorrhagic effort of which we have spoken, never takes place ; the blood which escapes from the vessels, is very fluid, and but little disposed to coagulate ; it flows in some subjects from different points of the digestive mucous membrane ; the patients become cold and lose the little strength that remains ; their condition is the more aggravated as the quantity of blood lost is increased, and sooner or later they succumb.

The mode of viewing these hemorrhages before introducing a complete change in the employment of the therapeutic agents which are brought to bear upon them, has urged me to endeavor to comprehend their fundamental character. This study seems to me the more useful as an opinion, at variance with my own, has been advanced by a physician of talent, whose judgement possesses great weight in the eyes of his *confrères*.

To embrace more fully the treatment of Yellow Fever, it should be made to consist of periods,—of forms, and the progress of the disease,

We are taught by the study of its periods to regulate the vital forces;—to moderate,—to stimulate them according to the case.

A knowledge of its forms, acquired by actual experience, teaches us that copious and repeated bleedings are adapted to the inflammatory form;—purgatives to the well marked bilious;—stimulants to the mucous,—anti-septics to the adynamic; and anti-spasmodics to the nervous form. I cannot too often repeat, that the state of the digestive tube demands special attention on the part of the physician, when it becomes necessary to fulfil any one of the preceding indications. Much importance should likewise be attached to the progress of the disease : when violent and dangerous symptoms yield and hold out the promise of a cure, too flattering to be real or lasting, we must, without the least delay, administer, in the commencement of the apyrexia and through the best channel, the sulphate of quinine (in considerable doses). Such a course of treatment, which can never give rise to any inconvenience, will be often followed by a prompt cure.

For the following description of the cadaveric lesions, I am indebted to Dr. Peter Tricou, who obligingly communicated to me a summary of the autopsies which he made or saw performed at the Charity Hospital, during his service there, in the capacity of physician. All these lesions come under the head of different degrees of sanguineous congestion, or of more or less extensive hyperæmia ; but the digestive tube is unquestionably one of the organs which presents the most constant alterations. One word in reference to some of these lesions.

Exterior habitude of the body.—Icterus varies in the different subjects; it is almost always to be observed; petechiæ and ecchymosis are much more rare. *Matter contained in the cavity of the digestive tube.*—The stomach, very frequently contains a black matter similar to coffee grounds or of a dark chocolate color. The fluids found in it vary both as regards consistence and color ; they are more or less thick; sometimes they are of a greenish bilious tinge, sometimes of a grayish hue. The substances found in the intestines present the same characters—the same varieties ; they are, however, less frequently found to be black than those in the stomach.—All these substances doubtless result from an exsudation of blood through the walls of the vessels ; but this exsudation does not always take place by reason of the hyperæmic surface which furnishes it.

Gastro-intestinal mucous membrane.—Vascular injection is more frequently manifested in the stomach and duodenum than in the rest of the intestinal canal. The redness of the mucous membrane varies both as to intensity, extent and form. It may present all the tints from an intensely florid red to a deep violet,—occupy a circumscribed spot,—a considerable extent, and even the entire surface of the stomach;—it may appear in the form of striae—bands, plaques of various shapes and sizes. This portion of the mucous membrane is often softened and thickened, according to some ; by others it is affirmed that it is never, or rarely ever thus affected. How shall we explain such a difference of opinion ?

The changes of structure which we have pointed out, are also to be

found in the intestines; they may even be better marked than in the stomach; finally, cases are rare, in which we find absolutely nothing in the digestive tube.

The Glands of Brunner and Peyer.—These Glands, very frequently present an abnormal development. The agminated follicles are sometimes of a dull white, and the mucous membrane which surrounds them, is not sensibly congested; at other times they are more or less injected, but never ulcerated or softened. The isolated follicles are likewise sometimes engorged to a considerable extent, and like the preceding, they are never ulcerated.

Mesenteric Glands.—These are generally tumified and more or less red, but never much softened or in a state of suppuration.

Liver.—This organ is manifestly congested, and generally more voluminous and heavier than in a normal state.

It is sometimes softened, and friable; breaking like ginger bread; its color is frequently altered, assuming a pale yellow or rhubarb color; but in a few cases its normal color is without change.

Gall Bladder.—This sack is usually sound; its lining mucous membrane is sometimes injected; in a great number of cases, it contains but little bile; but this fluid is occasionally of a dark green or dark color.

Kidneys.—They are both more frequently injected than otherwise; the seat of this engorgement is generally the cones, and sometimes the cortical portion. Moreover, these secretory organs are rarely ever softened.

Bladder.—It usually presents nothing worth recording.

Lungs.—In some cases they are highly congested, and this congestion, which is more or less extensive, may sometimes occupy both lungs. The parts engorged are crepitant; the blood which they contain may be removed either by incisions or by washing; they do not collapse usually on opening the chest, they sometimes present a deep violet color.

The heart.—The heart is the seat of some slight lesions, but so unimportant, that I deem it unnecessary or useless to specify them. The blood which we find in this organ and the great vessels possesses a remarkable fluidity.

Brain.—The brain has no appreciable softening, even in those who have died with delirium or coma; we very frequently find it dotted with points of blood, and likewise, under certain circumstances, the apoplectic points designated by professor Cruveillier capillary hemorrhage. We sometimes find a little serosity in the lateral ventricles, in the great cavity of the arachnoid, and in the sub-arachnoid. Neither pus, blood nor false membranes have ever been detected in the brain. When the patient has had delirium, the pia-mater is visibly injected, and covered with a little bloody serosity, which may be found in the cerebral anfractuosités, as we detach that membrane from the convex surface of the hemispheres.

Spinal marrow.—Dr. Luzenberg, who has devoted much attention to the pathological anatomy of Yellow Fever, asserts that he has never detected the lesions described by authors, in the spinal marrow. This organ and its envelopes he has always found sound.

Intermittent Fever considered in itself and in its relations to Yellow Fever; theory of intermission; explanation of its principal types.

Authors, as is well known, have by no means agreed as to the nature of intermittent fevers, and especially in regard to the interpretation of the different phenomena, which constitute its types. Pinel and Broussais, in confessing that Intermittent Fevers are of the same nature as the continued, do not separate *these two orders* of the disease from each other. Professor Bouillaud, participating in the doctrine, that the essential continued fevers of the ancient physicians have been, in modern times, associated with the phlegmasiae of certain organs, refers essential Intermittent Fevers, which correspond with those of the ancients, to the active neuroses of the same organs.

This professor would regard simple Intermittent Fever, as symptomatic of a nervous irritation of the sanguine vascular system. These ideas appear to me very sound; they square exactly with my theory.

MM. Rayer et Bayle, pretending that there exists no natural affinity between Intermittent and continued Fevers, separate them altogether from each other.

In the estimation of professor Rayer, the symptoms which characterize a paroxysmal fever, indicate some alteration in the cerebro-spinal nervous system; according to M. Breschet, these symptoms should express a lesion of the ganglionic system of nerves.

It would be no less curious than important to ascertain at this time, the cause of the intermission and its different types in those diseases called intermittents.

Many of the physicians who have attempted a solution of this problem, have only eluded or postponed the difficulties which it presents.

Thus, Th. Willis attributes the intermission to the periodic development of a fermenting substance in the blood; Hr. Deleboë also states that the intermission depends upon the introduction of highly acid pancreatic juice into the blood.—Borelli, Torti, Boerhaave, Stoll, Selle, G. P. Franck, &c., would find no difficulty in explaining the subject, if we could be persuaded that they had expounded in a satisfactory manner the phenomenon of intermission, by asserting that it depended upon the development of an acid principle in the nervous fluid (Borelli),—an inexplicable affection of the nerves (Boerhaave and Stoll),—a peculiar irritation of the nervous system, and especially of the *primæ viæ*. (G. P. Frank).

Reil refers the intermission of fevers to the periodic action of the organism in general, and to that of nutrition in particular.

Dr. Roche, wisely attributes the intermission of fever to the suspension of the causes which produce it.

It is not then the intermission of the fever, but rather its causes that we must study to be enabled to penetrate the mystery. M. Bailly thinks he has discovered the best possible theory to explain the intermission of fevers by attributing this phenomenon to the modification which the system undergoes, and especially the circulation, during the 24 hours which constitutes day and night.

M. Mongallas maintains that the paroxysm of an intermittent fever does not so much constitute one and the same disease, as a series of diseases similar to each other.

Werlhof has discussed, in a very learned manner, the problem of intermission and periodicity; he avers that this question remains yet to be solved. (*Bouillaud, Diction. de Medec. et Chirurg. practic; en 15 vol.*)

Intermittent Fever is, like Yellow Fever, the product of an alteration of the blood from miasmatic poison.—The miasm which develops Yellow Fever is the result of the decomposition of certain substances of whose essential nature we are ignorant; that which gives rise to paroxysmal fevers is the product of the decomposition of vegetable substances. The miasm which generates Yellow Fever is more septic than irritating; that which causes Intermittent Fever is more irritating than poisonous;—the action of the first is not usually repeated; it is precisely the contrary with that of the latter. In both cases, the miasm enters our tissues through pulmonary absorption; the arterial blood acts as a common vehicle for both miasms.

They are unequally distributed to the various organs of the body,—being more abundantly communicated to the most vascular structures, and to those organs which perform the office of reservoirs for the blood which penetrates them. Here the analogy between the action of these two orders of causes is, for a moment, arrested.—In Yellow Fever, the sanguine capillaries seem to experience the first impression of the disease,—in marsh fevers, it is the entire nervous system,—it is the nervous ramifications which receive the first shock. We dwell at some length, in the first part of this work, upon the mechanism of the development and cure of Yellow Fever.

Let us now see how these things work in paroxysmal fevers. The arterial blood, the chief medium of the disease, deposits constantly in the intimate structure of our organs, the morbid exhalations which it carries: one portion of the matter thus deposited remains in the parenchyma; another is expelled from the system through the excretions;—a third, being taken up by the venous radicles, is carried again into the torrent of the circulation.

The blood constantly traveling to the same source, there receives a greater or less quantity of miasm, and at the same time distributes a larger proportion of it to the various parts which it nourishes.

This alteration in the blood seems to be compatible, to a certain extent, with the free exercise of our functions; but what is this limit? It may be conceived that it should not be the same for all individuals; that it must vary in each individual, according to the greater or less activity of pulmonary absorption,—according to the degree of resistance which the vital force shall offer to the action of the morbid cause. Finally, after the lapse of a certain time, the shock will be given, and communicated to the nervous system;—a chill will be produced; but innervation, at first depressed, will soon be aroused;—it will react with energy; distribute its vivifying influence to the periphery; and there determine capillary engorgement and consequently morbid heat. Soon profuse perspiration will take place, and carry off, in its effluent tide a

part or the whole or the miasm which had deteriorated the purity of the blood. A calm then supervenes, and soon a remission *manifests* itself.

The description which we have given, corresponds particularly with the *benign*,—the *unmasked* form of some authors. It seems to me that the form, which has been designated the inflammatory Intermittent Fever, should be ascribed to nervous irritation of the sanguine capillary system. The bilious,—the mucous and the adynamic forms, which constitute the essential fevers of the ancient pyretologists, obviously correspond with the active neuroses of the different portions of the digestive tube. In Yellow Fever, if we will but recollect, the same symptomatic expressions originate from a primitive hyperæmic state of the intestinal canal and its annexæ; in the fevers under review, it is the nervous ramifications which first suffer, and congestion does not take place until after the blow is struck,—after the first impression. It may be conceived that these repeated neuroses, by frequently inviting the blood to the same organs, must there determine various degrees of congestion, and ultimately, produce durable and material lesions of structure.

We have stated that the remission emanates from the depuration of the blood through our natural emunctories, and more especially by sweat. We have seen cures spontaneously effected by the unassisted energies of nature, but such a cure could not be permanent; for through pulmonary absorption, foreign substances, from which it had been relieved, being constantly carried into the torrent of the circulation, must ultimately change the blood again, and renew the paroxysm.

This will subside a second time, to reappear a third, and so on,—allowing, at each time, between its appearance and disappearance, a certain period to elapse which characterises its types. Now, we shall have the quotidian type, when the blood requires an entire day to introduce into the system the quantity of miasm necessary to produce the fever. We shall have the tertian or the quartan type in those cases where these phenomena shall not be accomplished until after an interval of two or three days.

When the paroxysms of an Intermittent Fever rapidly succeed each other, the absorption of the deleterious principle, must be greater than its elimination.

When, on the contrary, the interval between the paroxysm is protracted, it is the elimination which becomes more active than the absorption. The paroxysms of a fever may press so closely on each other, as, in some measure, to touch;—this is the *sub-intrant* fever of authors.

It is known that patients will always or very frequently be cured by flying from the focus of infection; when the result is different, the fever is then perpetuated by the absorption of the matters which we have said were deposited in the structure of our organs; and this fever will not disappear until the cause which excited it, has been expelled from the economy. We may, to a certain extent, verify this theory by the administration of the sulphate of quinine, given in various ways and in different doses. By the artificial sweats which it determines, hydrotherapia, might, it appears to me, add to the proofs already mentioned.

As might be supposed, it is not my intention to find an algebraic

formula, adapted to the solution of all the questions which might be proposed to solve the theory of types. Moreover, the phenomena, which are developed in organized bodies, are too variable to be subjected to the rigorous calculation of quantities.—Every physician may strive to give a correct explanation of the types which are met with in nature; those of which authors speak, and which we find in their books alone, elude the most ingenious interpretations.

To conclude, and at the same time, to express our ideas more clearly on the subject of intermission and types, we may state:—

1st. That Intermittent Fever, in its simplest form (chill, heat, sweat), results from the action of arterial blood, vitiated by marsh miasmata, upon the cerebro-spinal nervous system.

2d. That in simple and recent cases, these miasms are taken in whole, or in part from the surrounding atmosphere.

3d. That in old and obstinate cases, they are derived both from the ambient air and our own organs.

4th. That when the disease continues to be reproduced, although the patient may be removed from the focus of infection, the resorption of the miasm continues at the expense of the miasmatic deposits which have accumulated in the parenchymatous structure of our organs.

Art. III. — A Case of Malis Œstri, or Gadfly bite, occurring in the human subject; read before the Louisiana Medico-Chirurgical Society, June 1844, by Thomas Penniston, M. D.

On the 26th of April last, Thomas Gandy, a native of Liverpool, entered the service of Dr. Rushton at the Charity Hospital for an intermittent fever. During the visit, the attention of that physician was directed by the patient to a small tumour situated on the left arm, between the deltoid muscle and the skin, and which he accused as being the seat of intense pain. From the appearance of the tumour, together with the history related by the patient, Dr. Rushton immediately suspected the presence of some insect, which was confirmed beyond a doubt, by compressing through an opening in the centre of the tumour, a worm measuring ten lines in length, four in diameter through the thickest part, and from a line, to a line, and a quarter at the two extremities.

The following information was procured from the patient, a lad sixteen years of age, of a pale lymphatic appearance, and who it may be well here to observe is not endowed with a superabundance of intellect.

He sailed from this City sometime in the month of April last, in the capacity of cabin boy on board of an american brig, bound for Vera-Cruz, with a cargo of cotton. The brig having discharged her cargo, sailed thence for Tobasco, and was cast way in a "norther" at Chiltepèque, a small town, thirty miles from Tobasco, where he, in company with the mate and second mate, remained three weeks. During that time, he says that he suffered very much from exposure, being miserably lodged in an old house

then abandoned ; but which sometimes served as quarters for the mexican soldiers. The house was built of some light material, which he is unable to define, and had , as most of houses of the poorer classes in Mexico, a dirt floor. It was infested with vermin of every description; has no knowledge of having been bitten or stung by an insect while there. His clothing consisted of a sailors cotton and flannel shirt with pantaloons ; these were taken off, but for the purpose of being washed. He usually slept in a hammock suspended to the walls, except the first night which was passed on the floor.

From thence went to Tabasco on board a schooner, on which he remained until his final departure for this place, some two weeks afterwards. When about two weeks at Tabasco (the fourth after the shipwreck) he suddenly felt an itching accompanied with a pricking or biting sensation in the left arm, and on examining the place, found a small bile with a hole in the center about as large as a pin's head, through which was issuing a thin yellowish matter.

This continued until within a few days of his departure, when he fell sick of a tertian ague, which for a time drew his attention from the arm ; but the pain soon returned with increased violence, so much so as to oblige him at times to pinch up the tumour to procure relief. He does not recollect the day of the month on which he sailed from Tabasco, was six days at sea, and entered the Hospital two days after his arrival : the worm was extracted on the following day (27th April). The appearance presented by the wound, when I observed it, a few hours after the extraction of the insect, was that of an ordinary phlegmon, from which the mortified cellular tissue had been removed ; four days after, the inflammation had disappeared, and the wound entirely healed.

The *larva*, quite active a few hours after its expulsion, gradually grew weaker, and died four days afterwards, without undergoing any metamorphosis.

The body, of a conical form, was of a pearly white; it is composed of ten segments, without counting the mouth and anus. Each segment is divided into a number of mammellated elevations, varying from ten to twelve ; these mammellæ were slightly flattened under the abdomen. All of the segments were regular, and extended entirely around the body, except the fourth, counting from the mouth, which flattened on the back, and divided into two portions under the abdomen, bore evident marks of an imperfect development.

There were seven zones, of what appear to the naked eye, to be black tubercles ; but which on being examined with a good microscope, were found, to be curved horny spurs of a jet black. They were inserted on a large base, at the junction or articulation of each segment, with their point directed towards the posterior extremity. Two of these zones were double, the fifth and sixth ; they were all frequently interrupted particularly on the sides and under the abdomen. The posterior half of the body, was a little larger than the anterior.

The mouth placed entirely at the anterior extremity, was surrounded by a circular elevation, from the center of which protruded two formidable curved hooks, with their points directed slightly outwards, as is represented

in drawing. (*Fig. 1*). The concavity of the hooks is directed towards the abdomen; the insect thrusts them out together, through a longitudinal slit common to both. These hooks, I observed, were frequently made use of in locomotion though not invariably. (1)

The eyes rarely as prominent as they are represented in the drawing, are situated on the summit of two elevations, above and on each side of the mouth; these elevations are susceptible of being thrust out or entirely hidden by the insect.

The respiratory organs are placed at the posterior extremity of the body, on each side and a little above the anus. (*See fig. 2*). They appear to consist of four rose-coloured laminae, parallel with each other, they are elevated above the level of the skin, and appear evidently endowed with the faculty of closing the opening into the trachea, to prevent the introduction of the matter on which the insect feeds.

This worm resembles in so many particulars the *larva* of the *æstrus* or gadfly, that it appears to me impossible not to admit their identity.—This will be made more apparent however on comparing it with the descriptions given by authors of that insect. Cuvier, in his "*Règne Animal*" thus expresses himself: "The *larvæ* of the *æstrus* are of a conical form, and are without legs. The body is composed of eleven rings, surmounted with small tubercles and thorns; the latter being arranged in a circular band to facilitate their movements. The organs of respiration are situated on a rough surface, on the posterior part of the body; which is the largest. It appears that their number and disposition are different in those that infest the stomach, it would appear also that the mouth of the cutaneous *larva* is composed of mammellæ only, while that of the interior is furnished with strong hooks."

Latreille's description is exactly similar; he merely adds that the hooks above alluded to, are directed slightly outwards, so that when inserted they retain their position without any exertion on the part of the insect. This is strikingly exemplified in this instance.

Its identity then being established, the admission of the existence of the *larva* of the *oestrus* in the human body, still a matter of doubt with some of the most distinguished zoologists of the age, Cuvier, Latreille and others, follows as a natural consequence.

The expulsion of the *larva*, before it had acquired its full development, and its consequent death, deprived us of the opportunity of studying the insect in its perfect state and thereby, of the possibility of determining to which variety of the *oestrus* it belonged. We are, however of the opinion, as far as we can judge, by comparing it with the imperfect description hitherto given of the *larva* of the *oestrus*, found in the human body, that several varieties of this insect have already been observed, and that this constitutes another perfectly distinct.

The consideration of several interesting questions that yet remain to be studied relative to this singular parasite: such, for instance, as the manner in which it introduces its eggs into the human body, the time

(1) *Wide Plates showing the LARVA in a normal and magnified form.*

required for the developement of the *larva*, that for the acquirement of its full growth, &c., would have extended this article much beyond the limits intended for a mere description, without adding any thing of importance, to what is already known to the profession relative to the "*malis æstri*."

NOTE.—Réaumur, Latreille, Clark and other distinguished zoologists, assert that the *oestrus* never lays but one egg in the same place, an important fact which it will be well to bear in mind in the study of this insect.

Art. IV. — Remarks on Erysipelatous Fever, or Black Tongue.
By W. R. Puckett, M. D. of Warrenton, Mis.

An anomalous form of Erysipelatous Fever appeared in the county of Warren of this State, during the month of March. On the plantation of J. B. Robinson and some others, it existed in an endemic and most malignant form; while on others, a few sporadic cases only made their appearance. As many cases yet exist in the surrounding country, time alone can determine whether it will become epidemic.

I have styled this disease Erysipelatous Fever, although in many cases, such form of inflammation was not externally manifest; yet I believe that whenever inflammation did exist, it was of an erysipelatous character. To this conclusion I arrive, from the circumstance, that in many cases phlegmonous erysipelas was externally evident, from the fact of slight injuries being quickly followed by erysipelatous inflammation, and also from the general type in all cases being similar.

There were some features in this disease worthy of being noted as remarkable. The first to which I call attention is the character of the individuals attacked, being limited in this respect to adults; children universally escaped. The second consisted in the rapid translation of inflammation from one part of the body to another, leaving the original point of attack nearly free from disease, while that upon which it secondarily seized, was most severely affected and often fatally disorganized. Such diversity existed in the points of attack, that in the first cases that came under my care, I thought I had several diseases to contend with; some presented all the symptoms of Typhoid Pneumonia; in others, the abdominal viscera were severely affected; and in a third, the glands were extensively implicated. Observation, however, soon convinced me that it was essentially one and the same disease, modified by the tissue in which it located itself. It is a specific inflammation such as occurs in the exanthemata eventually affecting locally some point, but requiring a few days to manifest itself. In other words, it is a constitutional disease, having a local determination.

The following is an outline of the symptoms as they generally occur: soreness of the throat more or less severe, with some difficulty of deglutition and enlargement of the parotid, submaxillary or lymphatic glands of the neck. Pain in the head and limbs, often severe and not confined to any particular

part; pain and uneasiness in the muscles concerned in moving the head. The tonsils were often found swollen; the breath always very offensive, and in many cases difficulty of respiration. The tongue covered with a dirty looking grey coat with red edges and papillæ projecting through it; sometimes it was of a dark brown colour in the center and would become considerably swollen. The eyes were generally of a reddish cast and shining as if glazed; this was so often their condition that it was a subject of remark by all who saw the cases, and if I were to select a single symptom as pathognomonic, in the absence of external inflammation, I believe it would be this. The bowels were costive but easily moved. The skin hot and dry, with a peculiar pungent heat, but soon becoming moist with a serous oozing of an acid character. The pulse varied; sometimes it was full and strong though compressible, and at others weak, quick and small. The extremities soon become cool, the lower ones particularly so. In one or two cases, I found the fauces ulcerated early in the disease, though generally they were only inflamed and covered with a viscid secretion. This inflammation did not always remain stationary, but extending down the larynx and trachea assumed the form of pneumonia, or, attacking the mucous membrane of the bronchial tubes caused suffocation by effusion. Two cases of this character I met with on Robinson's place.—In one, as a last resort I opened the crico-thyroid space, and in the other the trachea, but without benefit, as the air cells were completely filled with fluid. In other instances, the inflammation passes up into the nasal cavities, producing great suffering and obstruction of the passages, and finally passing out upon the face, closing the eyes, and obliterating every feature.

Sometimes there appears to be a totally different method of attack. The patient is suddenly seized with a chill, nausea and vomiting accompanied with distressing pains in different parts of the body, apparently of a neuralgic character, without having complained of any previous indisposition. But in nearly all such cases which came under my notice, that peculiar reddish and shining appearance of the eye was observed 12 or 24 hours before, inducing me to believe that symptoms of pyrexia had been present although not complained of. In all cases where febrile symptoms were at first manifest, they were universally followed by a severe chill in some 20 or 30 hours, unless the disease was arrested by active treatment. The chill was unusually protracted, and when reaction did take place it was in many instances imperfect, the patient complaining of being cold even when the pulse was full and strong.

In one case that I saw, the inguinal glands were first attacked without any previous symptom, except headache; the inflammation soon extended to the organs of generation and lower part of the abdomen, causing death in 60 hours. In other instances, the ear or eye would be attacked with violent pain and swelling. One patient under the care of Dr. Balfour of Vicksburg, had his eye ball so far protruded from the socket, as to require extirpation. The glands of the axilla are not exempt, though more frequently affected in cases where the lungs are diseased. A slight scratch or puncture will sometimes serve to locate the disease, and the condition of the parts in parturition peculiarly adapts them to such an invasion. Hence but few escape in that condition during the prevalence of this complaint.

When the disease locates itself in the cellular membrane under the skin, extensive sloughing and generally death is the consequence. One among the first cases that occurred on Robinson's place was of this character, and pronounced by the attending physician to be phlegmonous erysipelas. A lady, on a visit to some relations in this county, was attacked with violent and deep seated pain a little in front of the external maleolus of the right foot. Great constitutional disturbance accompanied it; redness and swelling ensued, rapidly increased and soon became livid. An opening was immediately made, and the part found to contain a thin sanies very offensive to the smell. Extensive sloughing now commenced, and all connection between the skin and muscles was dissolved. The disease soon implicated the whole leg presenting as revolting an appearance as it is possible to imagine. Death quickly terminated the scene, and was hailed by all as a welcome messenger.

The prognosis may be given in a few words. Persons of a feeble constitution are attacked with the most violence, and with the old it is very fatal. Much, however depends on the organ or tissue implicated. If any of the internal organs become affected, it will at best be a serious matter, and not unfrequently the patient will succumb to its violence.

Treatment.—With regard to this branch of the subject, I cannot say that I had any settled plan, but endeavored to combat the symptoms as they occurred. With many of the first cases that came under my care, I resorted to venesection; more experience taught me to change this course, and I resorted to it only in cases where the indications requiring its use were unequivocal, such as great pain, particularly if in any of these great cavities, dry hot skin, thirst, full strong pulse, &c.

In cases where I thought the lancet not required, I commenced the treatment with a mild mercurial cathartic; after its operation, my next object was to produce diaphoresis, and for this purpose I administered antimonials or Dover's powder as I thought best adapted to the case, assisted by warm drinks, foot baths, &c. Drastic purgatives I always avoided, as I have but little doubt they served to locate the disease on the bowels.

As an external application to the throat or inflamed glands in other parts of the body, I used the spirit of turpentine with the most decided advantage. When there was much tumefaction and viscid secretion along the fauces, this treatment was preceded by the administration of an emetic, assisted by gargles of solution of sach, saturni; Ipecac, or nit: argent. This course generally removed the inflammation and rendered deglutition much more easy.

A weak solution of creosote, say 5 or 6 drops to the ounce of water, I found to be a powerful auxiliary as a detergent gargle, particularly in ulceration of the throat.

Emetics were sometimes administered in those cases where their appearance much torpor of the system, and I thought with advantage. In cases where the inflammation was external, I tried nearly every remedy of which I had read, with the hope of arresting its progress, but with very little success. Nit: silver, tinct iodine, sulph: iron, mercurial ointment, &c., were fairly and several times tried. I finally abandoned all, except the mercurial

ointment, and contented myself with watching the progress of the swelling and evacuating any matter that might form as soon as discovered.

In such cases as were ushered in by chills, my first object was to produce reaction by all means usually resorted to for such purposes.

When the abdominal viscera became affected, I endeavored, in combination with the treatment mentioned, to divert the action by cups, sinapisms and blisters.—Calomel in small doses combined with ipecac, or which perhaps was better, Dover's powder, I found to meet my wishes most satisfactorily.

When from the onset of the disease, the course here described was pursued with activity, I succeeded in arresting the malady in very many cases; for the violence of the local symptoms are essentially affected by early medication. But the press of business incident to a country practice prevented this, while the depressing influence of the disease was so great, that in many instances, I found that symptoms of a typhoid character had already set in requiring the use of sedatives and tonics.

In cases where the lungs became implicated, whenever I could reach the patient in time, and the condition of the system would admit of it, I resorted to bleeding both general and local, antimonial diaphoretics, alterative doses of calomel and ipecac or calomel and Dover's powder, mild laxatives or enemata. But in this feature of the disease and by far the greatest number of severe cases were of this kind, it was remarkable for the rapidity with which collapse and extreme prostration succeeded to fever and well marked local excitement, requiring that the antiphlogistic treatment be resorted to with great caution, and the free and early use of stimulants be substituted in their place. Indeed, I did not meet with a case in which I could resort to the lancet a second time, not so however, with regard to local bleeding; for even in extreme cases, benefit appeared to be derived from its use. Carb. ammonia, wine, brandy, infusion of senega, quinine, opium and spirits of turpentine, were all resorted to in turn as necessity dictated, assisted by sinapisms to the extremities, hot pediluvia and other means of producing external warmth. Opium in various combinations was freely given to allay pain and cough, which in a few instances appeared to be spasmodic.

Convalescence is in many cases very slow, requiring many weeks, during which time the patients are apt to be troubled with neuralgic pains in different parts of the body, for the relief of which I resorted to tonics.—Quinine or some of the chalybeate preparations, I thought answered the best purpose.

A due regard to diet is of course indispensable. All rich and irritating food must be avoided, but nourishment of a proper quality must not be withheld.

I have given an account of this malady as I witnessed it, and the treatment I thought, most beneficial after some experience. I regret very much that I cannot furnish the details of 5 or 6 fatal cases that occurred on Robinson's plantation, in the first appearance of the endemic; as I believe, their history would be attended with much benefit to those who have yet to witness the disease. They were under the care of another physician, whose engagements have not permitted him to write them out. It is true, that

I witnessed some of them myself, while in attendance on another person on that place, sick with the same complaint, and not a little of my description has been drawn from them. But I conceive I should be guilty of an act of injustice to attempt their history in full.

Warrenton, Miss., June 8th 1844.

Art. V.—Thoughts on Yellow Fever, being a brief critical notice of the following recent works, viz :

1st "Observations on the Epidemic Yellow Fever, of the South West; by J. W. Monette, M. D., of Washington, Mi., 1843."

2d. "Sketches from the History of Yellow Fever, showing its origin; together with facts and circumstances, disproving its domestic origin, and demonstrating its transmissibility; by W. M. Carpenter, A. M. M. D., Prof: Mat: La: Med: Col:" 1844; Read before the Mobile Medical Society, June 1844, by P. H. Lewis, M. D. of Mobile, Ala., and ordered to be published in the New Orleans Med. Journ.

Mr. PRESIDENT,—Even had I the ability, it would not be supposed that the few hours which I could snatch from my business, during the space of three weeks, would enable me to present such reflections and observations as these works demand; the first of which the author tells us he has been twenty years in maturing—still with the indulgence of the Society, I will enter upon a hasty review of some of their positions,—and first of Dr. Monette.

This book is brought forward for the purpose of advocating the contagious or infectious nature of Yellow Fever. Considering the time, place and circumstances under which it comes among us, filled too with an array of facts so imposing, it cannot fail to rivet attention. When I first glanced at its pages, I was a few hours carried away with the delusive hope that we possessed the means of interdicting the visits of this terrible scourge; but a careful and candid examination of the facts adduced by the Doctor himself, connected with my own limited experience, forced me back to the old and long since settled conclusions on the subject.—The doctrine advanced in this work is evidently gaining ground in the South-West. This should be a matter of congratulation with the profession, for however false and delusive may be the facts upon which such a hypothesis rests, it is at least calculated to invite a more thorough investigation into the character and nature of a malady so blighting to the prosperity of our Southern Cities.

The following is the pith and substance of some two or three pages that first arrest the attention; viz, Yellow Fever is indigenous to the West-Indies,—and those who have resided long there, in common with the natives, are exempt. In the same breath we are told that it is not indigenous to Mobile or New Orleans, and it never appears in those Cities without it is done through the agency of an imported infection, at the same time he says that the natives and those accustomed to the climate, like the

inhabitants of the West-Indies are also exempt. We admit the well established fact that the natives, and those who have resided long in Mobile or New Orleans, are equally exempt with those similarly situated in the West-Indies, and upon this fact, in the absence of positive proof, I am willing the doctrine of contagion shall be tried. How is it possible that a few years residence in Mobile can procure an exemption from the influence of a virulent infection from a foreign port? This question cannot be satisfactorily answered upon the principles assumed by Dr. Monette. The poisonous miasma of Yellow Fever or any other disease, will act on all constitutions unaccustomed in some form to its influence, alike.—It matters not whether the individuals be brought to the poison or the poison is taken to the individuals.

It would be extremely absurd to suppose that a temperate Englishman, after a residence of three years in Mobile, and maintaining his temperate habit for that length of time, could drink freely of intoxicating liquors with the same impunity as an *old bibber*, simply because the citizen of Mobile should *occasionally* become intoxicated. The *simile* is an awkward one, but it will tend in some degree to illustrate the position in which the Doctor places himself. The conjecture that a long residence in the South or in the neighbourhood of places where the Yellow Fever prevails, prepares the system for breathing this poison, is not true. In a report of the epidemic of last year that I am preparing, and which as far as I have progressed, I know to be correct, it appears that of seventy persons who died of Yellow Fever, fifty were either natives of the South or had resided here many years. That the Society may the better comprehend my meaning, I will give a few instances, Dissosway, a native of Georgia, ten years in South Ala., first summer in Mobile; Nickols, native of New York, ten years on our southern rivers, first summer immediately in Mobile; two young Johnsons, natives of Ala., first summer in Mobile; two young Sayres, natives of Ala. The death, in those cases, is sufficient evidence of the malignity of the attack: the conjecture therefore that a southern constitution constitutes an acclimated one in view of the Yellow Fever falls to the ground. How is it then that individuals become acclimated? Upon the answer to this question much depends, I will therefore endeavour to give one which I hope will appear consistent with reason and experience. We are informed by Dr. Weatherhead, who spent many years in the investigation of the diseases of Italy, that strangers are immediately seized with the fever indigenous to the place, while the natives and residents are exempt from those attacks, and in many instances he says, they are as healthy and robust as any men in the world.

No man who is a stranger to the pernicious influences of the Edisto region of country, can remain there 48 hours with impunity, while there are many of the natives and acclimated who are partially exempt. I have noticed that some of the malarial districts of Florida, Georgia and Alabama, are particularly governed by these laws. It is true that notwithstanding the marsh effluvia of these regions does not produce active fever, it nevertheless has its effects upon the constitution. This is evident from the general unhealthy appearance, & sallow complexion of the inhabitants; there are exceptions, however, even to this. Now and then you will find in those

localities men of the finest constitutions and enjoying the best of health. What now is the conclusion to which these facts force us? It is that the atmosphere is charged with miasmata that exert a deleterious influence on the constitutions of those who are unaccustomed to breathing it, whilst the systems of those who are accustomed to its continual action, remain immoveable under its influence. To use a familiar illustration—it is like the effects of a subtle poison; by a careful administration in small and gradually increased doses, the system may be so prepared as to resist the most *deadly* quantity. The people residing in those districts of country, in this way become acclimated, so far at least as relates to the prominent indigenous diseases of their locality. I would now ask if these facts will not apply to those connected with Yellow Fever, and if they do, how is it possible, that a few years residence in Mobile and New Orleans, so prepares their constitutions as to resist a high charge of this poisonous gas, on other principles than those connected with the disease of which I have just spoken. This therefore forces upon us the conviction that the elements of this disease exist here probably in a very modified form, during healthy summers—and the only way in which we can become acclimated or fortify ourselves against the pernicious influence of strong accumulations of this poison, is to respire long and constantly of that atmosphere in which it abounds.

It is stated, that the Yellow Fever which prevailed in Mobile in 1837 and 1839, was occasioned by the intercourse which that place maintained with Havana and New Orleans. If this be so, I would ask why does not the disease prevail more frequently? We have had but few epidemics in Mobile in sixteen years, whilst the intercourse between these ports has been uninterrupted. The Doctor says that the imported infection is harmless unless there is some predisposing atmospheric cause to facilitate its action. I will take this qualification and shew that the facts as they have existed in Mobile, are at war with his conclusions. I will take for example the years 41 and—42. It will be admitted that in those two summers the disease prevailed epidemically in New Orleans, it will also be admitted that the intercourse between that City and Mobile, was daily and rapid. It now remains to be proven that there existed a predisposing; or rather “an epidemic constitution of atmosphere” and the case is made out too clearly to admit of a doubt. The best possible evidence that can be given in favour of such a condition of atmosphere, is the occurrence of the disease in persons who could not have contracted it from any foreign source. The following cases are known to several medical men in this City. On the 26th Sept. 1841, I visited a young Irishman on Congress street. He had been in Green Co., ditching—while there, had two attacks of intermittent fever.—Arrived in Mobile four days previous to my visit, was seized with a chill the night of his arrival—he had consequently been confined to the house; I now saw him during the accession of the second chill. Prescribed a mercurial cathartic and directed him to take quinine the following day. Forty eight hours afterwards, I was requested to visit him. The cathartic had acted well, and he had taken the quinine as he was directed, and although he has had no farther chill; *feels badly*.—I now discovered the disease had assumed a new type—fifteen hours subsequently, he died of black vomit.

I will give but one more case. Mr. Douglas from Talladega, arrived in Mobile the latter part of September—had been ill previous to his leaving home. Had no intercourse with the wharf at all—was here but a short time before he was seized with fever, and died of black vomit at the Mansion House. He was attended by Dr. Levert. Extended comment is here unnecessary. It is impossible that they could have contracted the disease from any foreign source—They came from places where Yellow Fever never prevails; with a strong predisposition to the disease, they place themselves within the influence of a new agent—they sink beneath it—with that powerful and deadly atmospheric agent, peculiar to the ill-fated locality, so plainly impressed upon the circumstances of their last hours, as not to admit of a doubt. The seal makes its peculiar impress on melted wax with no more fidelity, than does the malaria of a particular locality on the constitution of those who breathe it.

The cases of Yellow Fever in Mobile in 1841, did not exceed ten. In 1842, they were of frequent occurrence, but could not have been epidemic. Dr. Ross, who was samaritan physician for this season, treated some two hundred cases of fever, thirty only of which were Yellow Fever. This summer, I had charge of the City Hospital, which also contained the marine patients. Among two hundred and fifty cases of fever admitted during the months of September, October and November, there were but forty five well marked cases of Yellow Fever. The disease, this autumn, was unusually malignant, and confined entirely to the exposed classes of the people. I do not believe there were thirty cases in private practice. I will also mention in this place the occurrence of cases of dysentery that were admitted into the Hospital in July and August. In all of those cases of dysentery there was a strong hemorrhagic tendency—not only from the bowels, but all the orifices. In two, I applied blisters—when the cuticle was removed, instead of the usual discharge from the surface, there was nothing but a slight oozing of blood.

By refering to my note book, I discover there were seven cases of this kind. They are mentioned here simply for the purpose of indicating the peculiar state of atmosphere, at the time. On the 12th of September, there were four cases (and these were the first) of Yellow Fever, brought to the Hospital. These cases made a deep impression on me at the time, which caused a close examination into all the circumstances connected with them. Two of them were taken ill the day previous at Mr. Mullen's, Water street. Five days before they were attacked, they had been discharged from a boat running the Alabama river. I could get no precise information as to the other two, except that they were from the country, and had passed but a few days in the City. These cases I pronounced congestive, simulating Yellow Fever. All the prominent symptoms were those of the former disease with the exception of the physiognomy and skin, which were those of Yellow Fever. There were several attempts to vomit, but nothing ejected. They all died in a short time after they were admitted, the disease having nearly run its course. Upon an examination made by myself and Mr. Mathew, the peculiar fluid denominated black vomit was found in the stomach in large quantities. I have full notes of the examination made in these cases. — I cannot for want of time give them in this

place. I will only remark that the pathological appearances of the congestive fever of the interior, and the Yellow Fever of Mobile, were both apparent in any one of those cases, each vying with the other in prominence to such a degree, when taken in connection with the symptoms before death, as to constitute a perfect example of the blending together of the different febrile poisons, so as to produce a disease of mixed character. It is impossible these men could have contracted this disease from a foreign source. More than five days are usually required for this, and then on the other hand the disease, if caused by a specific poison brought all the way from the West Indies or Africa, would have partaken less of the character of the fever of the region of country through which they passed. With this brief notice of the occurrences of 1841 and 42, I now leave it to the candor of the Society to say, whether or not I have given sufficient reasons for the inference that in those summers there was an "epidemic constitution of atmosphere".—If there was, with the admission of the other facts, my case is made out.

Before proceeding any farther with these reflections, it becomes necessary to notice the means by which Dr. Monette says, "the fomites or most virulent infection" is conveyed from one place to another. Upon this point, the Dr. is very precise and speaks with that confidence which a man usually does when *he knows he is right*. He believes that porous goods, bales of blankets and feather beds, are the immediate agents concerned in conveying this infection from one port to another. He very properly says that "they contain the greatest bulk of air." He believes that when this air is confined in a ship's hold, it becomes more virulent as the temperature is increased, and that this virulence is reduced in proportion as the temperature becomes lower. The Doctor lays particular stress on feather beds—he says that a bed weighing 25lb, has a capacity for 24 cubic feet of air—that an individual sleeping on this bed, necessarily presses out a bulk of air equal to his body—and he thus becomes the unconscious victim of this infection whilst it is spreading far and wide. I was not before conscious that an increase of heat increased the activity and virulence of any infection. We very well know that small pox, measles, and scarlatina disappeared in Mobile, with the approach of summer.

The people of Egypt in case they have no plague by St. John's day, celebrate their escape by festivities and bon-fires, well knowing that it cannot prevail under a summer's sun. We also know that in many parts of Africa and Asia, where the temperature is extremely great, Yellow Fever never makes its appearance. Lastly, Dr. Henry of Manchester, has demonstrated by positive experiment "that of all disinfectants, heat was the speediest and most infallible." As for the importation of porous goods and blankets, it is a thing very improbable. We are constantly importing sugar, coffee, rum, and molasses from the West-Indies, but I never heard that those Islands exported manufactured goods to the U. S. The *feather bed theory* is particularly objectionable. Who ever heard of a feather bed being brought from the West-Indies in the warm season. If such a thing has ever occurred, I would ask if it is possible any one could have slept upon it in July or August!—If so—he must have more of the instincts of a salamander than a human being.

The Doctor even denies the capacity of the Mobile and Orleans marshes, together with their stores of animal and vegetable matter mingled with the general mixture of every kind of water—to produce the few sporadic cases that occur in healthy seasons—for, says he—in that way, (sleeping on feather beds), is doubtless produced many cases that we call sporadic. It is useless to follow the Doctor through all the minutæ of his favourite *hobby*. His anxiety to account for every thing reminds of me an argument, I once heard from a lawyer upon a conveyance of property.—He said that the great particularity of the deed, in describing knives, forks and spoons, was evidence of its unguineness—so with the Doctor's pamphlet. The general outlines would have done very well, but its *particularity* has destroyed the force of the whole instrument.

The Doctor contends, that notwithstanding “an epidemic constitution of atmosphere” occasionally exists from Boston to California, we never have Yellow Fever in places that have no commercial intercourse with infected ports—such as “Washington, Columbia and Tuscaloosa.” I would not charge the Doctor with unfairness in this selection of cities, to illustrate his position; for although there are many towns between Washington and Tuscaloosa, that *have* direct intercourse with infected ports, they perhaps did not occur to him at the moment.—Such an obliquity of memory is very frequent with gentlemen whose minds are deeply absorbed in the investigation of a *favourite science*. There is in Alabama an instance, that is well known to all of us, the circumstances connected with which are not only sufficient to destroy the inference which is drawn from the facts in relation to Columbia, Tuscaloosa and Washington; but also to shake the whole doctrine of contagion. I allude to Montgomery, the principal inland town of Ala., and containing double the population of Tuscaloosa. During the prevalence of epidemics here, a boat is loaded almost daily with boxes of goods, *blankets* and *feather beds* if you like, which are landed at the wharf in Montgomery, in forty hours,—Selma in thirty, Cahawba in twenty five, Prairie-Bluff in twenty, and Claiborne in eighteen hours. The last mentioned towns are very unhealthy, while Montgomery is in every way favorable to the spread of an infectious disease. Besides the goods that are taken from Mobile to these towns, instances are known of persons labouring under the Yellow Fever, being introduced into them—and in no instance has a case of Yellow Fever occurred in any of them.

These facts, Mr. President, tell more powerfully than will volumes filled with speculations and theories, however ingenious they may be. If under these circumstances, the infection is not transmitted, it is expecting too much of our credulity when we are asked to believe that it is annually imported in vessels which have to cross an ocean agitated by winds and hurricanes, and subject to such a variety of temperatures.

The most common observer cannot but notice the great difference in the prominent features of the fever peculiar to certain localities, especially when those fevers assume, as they often do, an epidemic character. It has been my fortune since I entered upon practice to see much of the diseases of Ala., and so marked is the difference in the diseases even of adjoining counties, that I have often asked myself the question; is it possible that they can all be the product of that *one cause*, to which popular

opinion has ascribed them? Strong indeed must be the facts upon which the doctrine of malaria rests, to stand the test which these circumstances subject it to—still I believe it—at the same time I must say—if miasma produces the various morbid phenomena, which are exhibited in what are considered the malarial diseases of Ala., it requires no stretch of fancy to include Yellow Fever in this “coat of many colours.” But to proceed. In Talladega, seventy miles from Montgomery, a county abounding in creeks, hills and valleys, the autumnal fevers are not characterized by that unevenness in symptoms that is usual in warm climates.—The pulse is usually 110—dull obtuse pain in the head; moderate heat of skin, little gastric disturbance, and with some aching of the bones, the disease marches on unbroken by remissions, until it is exhausted. In and about the city of Montgomery, the diseases are of a remittent form; the exacerbations attended with great restlessness; hot pungency of skin, retching, a bilious vomiting, intense pain in the head and tenderness of the stomach. The physician will one day leave his patient with all these disagreeable symptoms; on his return, the next, he is astonished to find they have all vanished, and his patient is convalescent, or in a *fair condition* to take quinine. Pass from here to the prairies of Lowndes, a distance of only fifteen miles, and you will find a disease yet differing—a disease too, which for its fatality has no equal. The skin bathed in a profuse exudation, is cold and livid; pulse not larger than a thread, and too rapid to be counted; efforts to vomit frequent, but vain; respiration laboured and rapid, now and then broken by a deep drawn sigh of anguish; he rises and paces the floor awhile, then throws himself all breathless on his couch again. In this condition with now and then a faint glimmer of returning vitality, the struggle goes on for twenty or forty hours, and the strong and powerful constitution is forced to yield to the accumulated ills that press around it. This occurs too in a region of country undisfigured by swamps, marshes or lagoons; and cooled by the balmy breezes of heaven. Descend the Alabama river to Claiborne, and if it be a sickly summer, the prominent disease will be a fever of the indistinct remittent form—partaking somewhat of the character of the intermittent, congestive and Yellow Fevers. It is attended with great prostration of the nervous system, and is very fatal. If within so small a circumference, we plainly see the diseases presenting such different character, in a measure peculiar to certain localities, without exciting one special wonder; why is it, that because the fevers of Mobile should present other phases, produces such astonishment and surprise, as to make us cast about and look for their source in some foreign ports. Will any one be surprised, after examining the localities of Mobile and New Orleans, to be told that they are liable to epidemic fevers that are indigenous? I think not. Then let me ask what is the character of these epidemics. Are they the fevers I have sketched, that prevail in the interior?—No.

An epidemic fever never occurs in Mobile, unless it is accompanied with a few cases of black vomit, which stamps it as Yellow Fever. It is the epidemic of the place, because the locality is such as to produce it, and we have none other. Because the Yellow Fever is indigenous to the West-Indies or Africa, is that any good reason why it should not be indigenous to

Mobile? At our last meeting, Dr. Crawford read a paper descriptive of the malignant intermittents of Italy. In that description, I recognised the congestive fever of Alabama. Is that infectious?—No. But say the contagionists, the cause productive of the disease is not the same in Mobile that it is in Cuba. In reply to this, I will say that in Italy the congestive fever is ascribed to marshes—while in Alabama it prevails where there are no marshes—again, we are told that Yellow Fever must be imported, because it is a disease *sui generis*. Compare both yellow and congestive Fevers with bilious remittent, and it will be found that there is a greater difference between the congestive and remittent, than the remittent and Yellow Fever. Look at things as they exist, not with the jaundiced eye of prejudice and bigotry, and it seems to me that every vestige of proof and argument adduced by those who advocate the contagiousness of Yellow Fever must give way to the inferences drawn from facts that surround us.

Whilst writing the foregoing sentence many other views and recollections that could be taken favorably into the consideration of this question crowded upon my mind, but I have not time to record them. I would not wish it to be considered that the fevers which I have located in particular places were peculiar to them. They all exist more or less throughout the whole country. I had reference to those diseases as they exist epidemically. I am aware that congestive fever is properly styled Intermittent, at the same time I have seen it under circumstances which would not warrant such an appellation. In 1835, the year I began practice in Dallas County, I treated twenty cases in fifteen miles square of a thinly populated country, and in no one instance could I detect any thing like intermission or periodicity.

It is true the disease was ushered in with a chill, probably that would pass off as usual; and the next day, another chill would ensue; after which the disease would stand out and maintain its peculiar characteristics. This was the most fatal disease I ever approached. You will recollect, Mr. President, that one year since I maintained the affirmative of the question, "is Yellow Fever a distinct disease?" At the first blush of this question, I believed it was, but subsequent reflection, connected with our late epidemic has forced me, against my will, if not to a change, at least a modification of the opinion, I then advanced; but this is not the place for the consideration of this question, nor is it material to the one at issue.

The Doctor has adduced some arguments favorable to his peculiar views, from the facts that exist in Campeachy and Vera-Cruz. He says they are situated on the Gulf of Mexico, in the same latitude, and contain the same number of inhabitants; and that while Campeachy is very healthy, and Vera-Cruz is very sickly, the circumstances generally considered most productive of Yellow Fever, are the same in both places. The Doctor says the reason of this is founded in the fact that the harbour of Campeachy is too shallow to admit vessels directly from infected ports, none but those of a small class finding access—while the largest sized vessels coming from all ports of the world, go immediately up to Vera-Cruz. A medical gentleman of this City, who has visited both these cities within the last three years, informs me that larger vessels find their way to the wharf at Campeachy now, than formerly. That now and then there is

a case of Yellow Fever, but on the whole he considers it the healthiest, as well as the cleanliest town on the Gulf of Mexico; and that Vera-Cruz is decidedly the most uncleanly, and abounds in more of the causes of disease than almost any city in the world. But I will take the statements of the Doctor himself, in relation "to the circumstances so productive of Yellow Fever" in Campeachy. "Campeachy is built mostly of stone, upon a substratum of lime-stone-rock, the town is surrounded by a stone wall, ten feet high; the houses are large and airy; on the back part of the town is a high hill or moderate mountain. In front of the middle of the city is a large wharf or mole extending one hundred yards into the water. Along this mole is deposited large quantities of filth and *putrid fish*. When the tide retires, this filth is exposed to the sun until the stench is intolerable to strangers, yet the inhabitants are very healthy."

Dr. Monette extracts this information from a work published forty years back. In many essentials it is correct. The police of the City is vigilant in causing all the filth of the City to be deposited along the mole. The mole or wharf is several hundred yards long, having cost many millions of dollars. The tide sometimes covers it; once in 24 hours it rises sufficiently high to bear off the deposits of filth, which never remain uncovered long enough to decompose in the atmosphere; there are no marshes immediately in the vicinity. I can see no cause here, "considered productive of Yellow Fever." Again the northerly wind, which in Vera-Cruz or Mobile, brings on its wings such terror to the inhabitants, is scarcely felt in Campeachy. There is, however, a particular feature in this locality, to which I attach more importance than all the others: it is the high hill in the rear of the town. I believe it has much to do in the immunity enjoyed by the inhabitants from disease. In enforcing this conviction, I shall again recur to circumstances connected with the diseases of Alabama, hoping, if they should not apply in this case, they will at least be interesting to the Society.

In the rear of the town of Montgomery, there is a high hill upon which, in the early settlement of the place, most of the private residences were built; the commercial part of the town being in the valley below. For many years, up to 1839, Montgomery was considered the most unhealthy town in the South, but the fevers were confined to the top and brow of this eminence; very few of the old inhabitants will now risk their health on this hill, if a residence were given them. Not even winter, at all times affords security from the evils attendant on this locality. I encountered in the month of December 1837, numerous cases of intermittent pneumonia on this hill which were unmanagable until after I had lost several patients, and began the quinine treatment—which was suggested to me by Dr. Ames. A short distance below the city of Montgomery, is another hill presenting every inducement for a private residence. Fifteen years back, it was inhabited, but the only tenement is now in the valley below. Concerning this hill is an Indian legend, that the pioneers of Alabama should have profited by. It was at one time (say they) selected as a site for a town, but in consequence of the suffering they experienced from sickness, they deserted it and pitched their tents below. As a place to be for ever after avoided, they gave it the indian name signifying "the Hill of Death."

Claiborne is the most elevated situation on the Alabama river, and probably the most unhealthy. It is useless to enumerate. The history of every hill on the Alabama and Warrior rivers is but the tale of suffering and death; while the valleys are comparatively healthy. I have heard much speculation among the physicians of the interior, relative to these facts. Between the dawn of day and sunrise, I have noticed that while the valley is comparatively dry, a *dense fog* is hovering on the side and top of the hills. On the principle that moisture is the circulating medium for malaria, or from the greater unevenness of the temperature of elevated situations, we may account for these strange laws.

But I care not for theories; I give the facts and insist on their application, not only in reference to Campeachy, but every other place where the circumstances are the same. I care not what may be the particular character of the fever that is indigenous to them. How frequently we hear it said that Yellow Fever cannot be caused by marsh or animal effluvia, from the fact that it has prevailed on this, or that hill in Spain or the West Indies, while those who live in the valleys surrounded by marshes, escape its ravages. But I cannot digress. Discarding all I have urged, and then the Doctor's reasoning does not account for the facts that exist relative to Campeachy and Vera-Cruz. A city like Campeachy, of great wealth, and having a population of ten thousand, must necessarily have an extensive commerce; she is in daily intercourse with towns that have Yellow Fever, to say nothing of Vera-Cruz and Tampico, with which she has constant communication. If all these circumstances are not calculated to communicate the infection, how is it, that it has prevailed in little isolated towns on the coast of Florida, during a summer when they had no commerce with any part of the world: or why does it prevail in many towns on the Spanish and Mexican coasts, and avoids others equally exposed to the *dangers of commerce*? I like to see rules *work both ways*, and it is impossible that a law of the character which the Doctor wishes to establish, can be otherwise than general in its operations.

With Dr. Monette, commerce, and prosperity are but the active agents in propagating Yellow Fever. Under the spanish regime, St. Augustine and Pensacola were flourishing commercial cities, and up to the time of their changing owners, the people were exempt from Yellow Fever. Since the Americans became possessed of these towns, their commerce has declined, their population has greatly decreased; still we every few years hear of their suffering from Yellow Fever. This disease has prevailed more frequently in Pensacola during the last twenty five years, than it has in Mobile. The former decaying, the latter rapidly increasing in prosperity and commerce.

The Doctor is so determined to make capital out of every epidemic that has prevailed, as to be frequently misled. In enlightening us on the epidemics that have prevailed in Mobile, he says that the first cases of fever which occurred, were about our wharf. Every gentleman here knows that in 1839 and 43, the disease commenced some distance from the wharves and among that class of people who have no connection with them. The first four cases that came under my observation last autumn, were Graham, Nikols and Mr. Miller and his Lady, all residents of Stone street, whose

occupations confined them both day and night, to that part of the city. I will here take occasion to remark, that during the autumn of 1842, I placed patients labouring under fistulas, ulcers and various diseases, on beds which had just been *vacated* by persons dying of black vomit—have had some 12 or 15 fever patients in wards where I would place two or three cases that were of Yellow Fever type, and in no one instance did any of those cases terminate in black vomit. But it may be said an “*epidemic constitution of atmosphere*,” did not exist in 1842. Every one will admit that there was an “epidemic constitution of atmosphere” in 1843.

During the autumn, the Hospital was in the care of our able and observing secretary Dr. Ross, who assures me that notwithstanding the Yellow Fever patients were placed promiscuously in the same wards with others labouring under various diseases, no case occurred which he could trace to contagion.

Again, we are all aware that many persons contract the disease here and pass over to Baldwin, without communicating it to any families where they remain. Steam boats and vessels go to all towns on water courses, it is very true, and gentlemen may have all the advantage to be derived from this circumstance; but we very well know in Mobile, that no instance of the Yellow Fever having propagated its kind any where in the surrounding country, has ever occurred. There are many, very many facts connected with the Yellow Fever in Mobile, which go to disprove its contagious or infectious character, and to prove that it has its origin in local causes; of these, however, I will speak on some other occasion.

Dr. Monette gives a detailed account of the various epidemics of Natchez,—while preparing to pen the replies which the reading of this portion of his work suggested to my mind, I accidentally met with a history of these epidemics, by Dr. Cartwright. I only regret these valuable essays had not fallen into my hands before. As specimens of composition they are not surpassed. While like the immortal Rush, he gives us a plain unvarnished statement of the facts in connection with the disease, at least, as they were made manifest to his senses, permitting the reader to draw his own conclusions;—his conclusion is—that the fever had its origin in local causes. With this simple reference to the essays of Dr. Cartwright, I will conclude my notice of this portion of the book by a few remarks. If my recollection serves me right, the British Surgeons, belonging to the West-India naval station, adopted something like the following rule by which they were to be governed.

If persons labouring under Yellow Fever, or goods that are exposed to infection, be taken to a city for three successive summers, and the disease ensue but once in these three trials, the evidence is in favour of the conclusion, that there is some local cause, stronger than the importation of infected air, which under some meteorological influence, beyond our knowledge, will develop an epidemic without any foreign aid. Now, the fever prevails in Natchez only every seventh or eighth summer, and has appeared but once in Vicksburg as an epidemic, since the settlement of the place; still the communication with New Orleans is daily and rapid. I will here also notice Augusta in Georgia:—The Doctor tells us, that the circumstances connected with the appearance of the Yellow Fever in this

place in 1839, so clearly convinced the distinguished Dr. Dickson of the contagious or infectious nature of Yellow Fever, as to cause a *candid* and *honest* recantation of his opinions on this subject. Well what are these convincing circumstances? Augusta had intercourse with infected ports for thirty years, and the disease did not appear there until 1839.—Since 1839, the intercourse with Charleston has been greater than it is between Mobile and New Orleans, and no fever has since prevailed. If this has convinced Dr. Dickson, all I have to say is, that he is very *easily convinced*, and in confessing it, he is, more *candid* and *honest* than the necessities of the case seem to require.

In addition to the work of Dr. Monette, I have been furnished with a pamphlet on the same subject from the pen of Dr. Carpenter of the Louisiana Medical College. I am sorry, Mr. President, that Dr. Carpenter is the author of such a work. Having heard that this gentleman had made a publication, I looked for it with much pleasure, but find it only contains a collection of questionable facts and errors, which have for many years, been considered by the ablest Reviews of the world, as not worthy of notice. As they are in keeping with those given by Dr. M., I crave your indulgence for a brief notice of two of them, which are the most imposing. On the 29th page is the following statement. "Navy yard at Pensacola; the U. S. sloop of war *Levant*, came in from Vera-Cruz, and as there were many cases of Yellow Fever among her crew, she was deserted, and the crew encamped in a large timber-shed in the navy yard. The disease continued to prevail among her crew, but for two weeks it was not communicated to the inhabitants of the yard. But at the end of this time, it *spread* to the building nearest the shed, and finally through the yard. (This fact was derived from Dr. Wedderburn, U. S. N.) 1841."

In the April No. 1842, of the Baltimore Medical and Surgical Journal, I find in an article styled "Monograph on the Yellow Fever, by Isaac Hulse, M. D. U. S. N.," the following account of the circumstances in relation to the Yellow Fever on board the *Levant*. (You will recollect that Dr. Hulse has had charge of the Hospital at the Navy Yard for many years.)

"On board the *Levant*, sloop of war, we have numerous facts to prove that there existed a cause additional to that in the atmosphere, in the foul state of the hold of the ship. This ship was lying opposite to Pensacola, during the month of August, and on the last day of that month, four cases of Yellow Fever were sent from her to the Hospital. In three or four days, she dropped down to the Navy Yard, dismantled, and her crew were sent on shore at the yard, a portion of them still communicating with her, and on the last day of September, 99 cases of Yellow Fever had been admitted into the Hospital from her officers and crew. New cases continued to occur among the ships company, now located at the Navy Yard, until we received 39 more, making in all 138 cases from the single ship. The disease did not disappear till the 5th of November, after several severe frosts.

During the whole of this time, not more than *one or two well attested cases occurred, having their origin at the Yard, among all the officers, seamen, marines, labourers and mechanics connected with the establishment.*

Not one case occurred among the officers and attendants of this Hospital, which is located on a bluff, one mile west from the Navy Yard, and about a mile and a half from the sea. 1841." Comment would be unnecessary. From the next sentence of the same article by Dr. Hulse, I extract the following: "The french vessels of war La Sabine and Le Dunois, after having fourteen cases, five of which proved fatal, dropped down to the Navy Yard, and on the 26th September commenced sending their patients to his Hospital, as soon as practicable after the attack. After their arrival here, they had 18 cases, two only of which proved fatal. The disease *ceased* on board the 7th October, and on the 12th they re-embarked all their convalescents, and sailed a few days after for Havana."

In the case of these two vessels, the *disappearance of the disease must be attributed to their change of position to a healthy atmosphere. The Levant had twenty one cases after the disease ceased on board the French vessels.*"

Here is testimony from a source that no one will question, of a positive and tangible character, which far outweighs a thousand volumes filled with such one sided facts and vague conjectures as are contained in the pamphlets before me. Dr. Carpenter repeats the old story of Chisholm, and the "Hankey." I have not time to make extracts, and must therefore content myself with stating that no writer has made so many egregious blunders as Dr. Chisholm,—for instance, he contends that the *genuine Yellow Fever* made its appearance in the West-Indies for the first time in 1792, and that it was imported in the "Hankey" from Bulam in Africa; while Père Dutertre, a historian who resided in the West-Indies in 1635, and who was a close observer describes with great fidelity the disease that we now call Yellow Fever, which prevailed there at that time, and says: "*Those who were chiefly attacked were employed in clearing the land in different islands, and were exposed to the poisonous vapours and exhalations.*"

Père Labat, (a contagionist by the way) says it was imported from "Siam" by the "Oriflamme" in 1649, and speaks of it as being very fatal.

It would seem that Dr. Carpenter, if we take his "Chronological Sketch" as an index of his opinion, believes with Dr. Chisholm, that it is imported into the West-Indies. Dr. Monette says it is indigenous to the West-Indies. In Spain, those who believe the disease is transmitted, I believe contend that Asia is the fountain head, while Hippocrates who discovers in his writings that he was no stranger to black vomit; notices it only "as a fatal symptom" in the fevers of the Mediterranean. But perhaps these gentlemen may object to the testimony of Hippocrates on the same principle, that a late writer on theology does to that of Moses.—*that he lived so far back, we cannot judge of the correctness of his assertions.* These gentlemen tell us that Yellow Fever has never made its appearance under circumstances that would warrant the belief that marsh miasmata had any material agency in its production. Mr. James Johnson, in his work on "Tropical Climates" informs us that in 1800, British troops were landed on the uninhabited Island of Edam, and not one remained 24 hours on the Island but had the Yellow Fever, and nearly all who were attacked, died. Those remaining on board the ships continued healthy, notwithstan-

ding the sick from the Island were introduced among them. No cause is assigned, other than the exhalations from filthy bottoms.

The fact, that supposed causes fail to produce Yellow Fever in one instance, is no proof that it will not do it in another. In addition to my remarks on the diseases of Alabama, which bear upon this branch of the question, I will instance one strong fact extracted from the Medical Statistics of Great Britain. The Medical Officer of Frederickton New Brunswick says, "though the station is on the alluvial bank of a muddy river, surrounded with swamps, with vegetation in abundance, and in every shape undergoing decomposition, yet the diseases attributed to malaria are scarcely known."

I give these facts not only to show the errors into which gentlemen's zeal often betrays them, but as evidence that there are no peculiarities, considering their supposed relative causes, attaching to the one that do not to the other. The orbit of one encircles half the globe; the other, of the same family and still peculiar, is confined by laws not yet understood, to a smaller space. But now and then they appear, either separately or both IN ONE, in places beyond their usual limit—just as chance may happen to develop the causes of their production. Having exhausted your patience, I will with a brief notice of the remarks made in relation to Dr. Rush, close this rambling essay. Dr. Monette says, and Dr. C. endorses it, that Dr. Rush believed in the infectious nature of Yellow Fever, but actuated by motives of kindness and sympathy for the sick, he was induced to promulgate opinions of an opposite character. Had Dr. Rush been influenced by such motives, he would certainly have taken the other side, that he might have prevented the introduction of the disease altogether, and thereby saved millions from suffering, or an untimely grave.

Such at least would have been the part of the philanthropist. But Dr. Rush was influenced by no such motives. With a clear and sound judgment, enthusiastically devoted to his profession and looking to its prosperity—he hoped that while his labours gave a new impetus to its usefulness, it would imbalm his name in the recollection of a grateful posterity. The testimony of such a man in relation to facts that came under his own observation, cannot be set aside, by those coming on the stage of action some half century after.

It is to be regretted that the labour and talent employed on these works should have been so mis-directed. Systems, doctrines and theories when embraced with zeal, imperceptibly bias and derange the judgment. If we desire to enter the boundless field that lies before us, with a spirit of true philosophy, anxious to sift truth from the immense and ill digested mass of so called *medical literature* that encumbers our path, we must lay all these aside. Then, and not till then, will the truth be evolved.

Art. VI.—Case of Transposition of the Heart, Stomach, Liver, and Spleen—with Rupture of the Heart. By Samuel W. Logan, M. D. of the Parish St. Charles, La.

The negro Alexander, of strong muscular developement, aged about 26 years, the property of Mr. E. F., of this parish, had frequently come under my care, for the last nine or ten years, with diseases incident to the climate, especially those of the digestive organs.—His appetite was always good, and even voracious; and he was accused by several of dirt-eating, which was rendered extremely probable, by the dark gritty matter which he sometimes voided by stool. On every occasion, however, on which he was presented to me, I was invariably struck by a remarkable pulsation in the right side of the thorax, with a total absence of it on the left. For the last two years of his life, he seemed to enjoy good health, and I lost sight of him, until the 27th of October last, when he came again under my care, but with an attack of intermittent fever, which was very prevalent at that time. The paroxysm presented nothing remarkable, and I left him, recommending the administration of the sulphate of quinine, as soon as the attack was fairly over. At an early hour the next morning, I received a note from his master, stating that the negro had died suddenly in the course of the night, on the termination of the paroxysm. I forthwith proceeded to the plantation, in order to examine the body, which I did in presence of M. Edmond Fortier, senior—his son, M. Septime Fortier, and M. Aimé. The following were the appearances which presented themselves twelve hours after death.

On opening the abdomen, I was struck with the enormous developement of the *liver*, which occupied the entire upper portion of that cavity, but upon inspecting it more carefully, I found to my astonishment that it was placed entirely on the *left side*, with the large lobe extending over to the right. Its colour was natural, and upon cutting into its substance it was found of a healthy appearance. Upon further examination, I discovered the *stomach* situated in the *right hypochondrium*, with its pyloric orifice extending to the left. The spleen was also located on the *right side*, but small, and divided into *four parts*, joined together by cellular membrane. The other viscera of the abdomen were in their natural situation.—The examination of the thorax exhibited the residence of the heart on the *right side!* The subject had come to his death by rupture of the right auricle of this organ. Extensive adhesions of the pericardium and heart, had taken place.

Parish of St. Charles, La.

Art. VII.—Observations on Laryngismus Stridulus; with a case. By A. Forster Axson, M. D. of New Orleans.

In reporting the following case of this interesting affection, my object is simply to direct attention to the invaluable agency of cold water in diseases

eminently spasmodic. And here it strikes me that such is the real nature of this disorder, although many and labored Essays have of late been published, assigning its cause to various and opposite organic changes. Since the time, however, that Marshall Hall directed his attention to the nervous system, and gave as the result of his patient and philosophic observations, his beautiful and practical theory on the excito-motor property of the spinal axis and its appendages, we need not strain facts to uphold any of the favorite opinions, regarding the structural alterations sometimes, nay often, associated with the semeiology of this infantile complaint. That Mr. Ley has observed enlargement of the deeper seated cervical and thoracic glands to exist—and so frequently to exist, as to favor the opinion, that they may be causative of the affection, is unquestionable. Other practitioners have verified the truth of his observations; and it is a general remark that beyond *these two events*, (I mean enlargement of the cervical and thoracic glands, and the phenomena composing laryngismus stridulus,) there is most usually an ultimate and original cause, common to both, in the strumous tendencies of the infant constitution. When we travel back from the phenomena of the disease in the one instance, and the co-incident affection of the cervical glands in the other, we are apt to find existent, a peculiar condition of the system, which by common consent we designate strumous. And it is but reasonable to suppose that in this concurrence, both may be no other than mere events of a primary constitutional state, having no other connexion than their common relation to the same cause. At all events laryngismus has been known to occur without any abnormal affection of these glands, and such instances Mr. Ley himself has recorded. Supposing however the enlargement of these glands did exert a causative agency in inducing the special features of this complaint, the *modus agendi* is certainly incorrect on Mr. Ley's mode of interpretation. And this error, in explaining the action of a cause, is *primâ facie* presumption that the cause assigned is not the proper one, while there is every reason to regard it only as an associated morbid event. Were it worth while, however, to pursue this matter any farther, Marshall Hall's conclusive objections to Ley's doctrines might be urged. And having diverged so far from my original purpose of barely reporting this case, with its happy therapeutic results, I cannot but notice the theory of those who ascribe the disorder to a hypertrophied state of the thymus gland. The important part sustained by this gland in fœtal life, and if we are to believe the notions of approved and enlightened physiologists, important also in its duties during the first two years of infantile life, we need scarce wonder that its morbid conditions and their influence on health, should become matter of observation and speculation. While a variety of disorders have been discovered assailing it, a hypertrophied condition has been frequently found associated with laryngismus. Now, the anatomical relations of this gland to the organs of respiration, and more directly to the nervous trunks supplying those organs, have been regarded as furnishing a fair explanation of all the morbid phenomena constituting this interesting affection. It is from this supposed relation, the disease has borrowed one of its cognomens—that of thymic asthma.

Several German writers treat of it under this appellation, and justify the

epithet by the constant concurrence of enlarged thymus, and the symptoms of laryngismus stridulus. Yet it will admit of something more than a doubt, whether this gland, in the diseased state spoken of, acts as a cause to all the interesting, and not seldom frightful symptoms which we witness. Indeed, those who assign so important a morbid agency to this enlarged gland, do not all concur in the extent of its deviation from a normal state, nor in what that normal state exactly is, either as respects dimensions, or specific weight. It is, perhaps, the uncertainty, we might say contrariety of sentiment among anatomists touching its size and weight at the period of birth, which has created some of the difficulties as to these two properties in a state of disease. Error and uncertainty on these points, have an appreciable influence in estimating all the morbid consequences to result from them.

Dr. Chas. A. Lee, of New York, in a paper for the American Journal of Medical Sciences, January 1842, has investigated this matter with a clearness of analysis and force of reasoning as satisfactory as it is honorable to his intelligence, learning, and candor. The perusal of his paper, must needs satisfy every one that the thymus has been charged with offences against infantile health, of which it is singularly innocent. His analysis of a large number of cases established the fact, that in many instances where the disease terminated fatally, and where the thymus was viewed as acting etiologically; this gland was not only not diseased, but in many cases was actually beneath the average healthy standard, in both size and weight. Yet not less often with enlarged thymus than with enlarged cervical glands, is the disease under consideration associated, but it would be a hasty generalization to assume its dependance as an effect in all, every instance and on either of these conditions. The bare circumstance, that two such unlike events have been deemed productive of the same symptoms, furnishes an obvious objection to each, as endowed with causative agencies. Having premised these loose and general remarks, I proceed to narrate the case and its issue.

Adelia, infant daughter of Mr. M.—merchant in this place, was seized a few hours after birth with “spasms” which were pronounced by the attending mid-wife to be nervous fits, and for which the child was methodically and perseveringly drugged with an assafoetida mixture. These spasms recurred often during the month, and as they were transient and little seeming to affect the child’s health, the mother continued to administer the mixture with no apprehension of serious disorder. However, during the second month the paroxysms recurred more frequently, and became more alarming on every new return. Uneasy, she desired the service of a medical gentleman, who continued his advice and treatment, until the child reached its fourth month, when it was placed under my charge. From what I was able to gather from the mother, the doctor conjectured cerebral irritation to be at the bottom of all the symptoms, and so squared his treatment. The child was blistered on the nape of the neck; minute doses of calomel given, and the long catalogue of antispasmodics successively run through with. This treatment was successful for the time, as the paroxysms were postponed for several weeks, while formerly they had recurred as often as twice weekly. Notwithstanding these circumstances the child continued

to grow, seemed healthful, and withal excited much attention from the supposed anomalous fact of its excellent health in the intervals between the attacks. And here it may be as proper to make the observation as elsewhere, that so slight often are the causes that, after producing these characteristic phenomena, they pass away without leaving any traces of their existence, or seriously disturbing the system. It may be an irritation of any of the afferent nerves which, communicated to their respective nervous arcs, awaken the reflex power of the spinal axis, and produce the characteristic suffocative respiration which we shall presently see is pathognomic. And while this irritation is adequate to the formation of this affection, beyond it, its effects on the system are not appreciable, as indeed we witness in the operation of one of its causes, the application of cold damp air to the child's surface. It was my good fortune to see the little patient in the sufferance of the paroxysm. Struck with its entire dissimilarity to common infantile convulsions, I remained some time hoping for its return, as the mother had advised me that it had become periodical in its habits. At the lapse of an hour or more, I remarked a wild affrighted look, with sudden tremors of the lower lip. Immediately began the series of symptoms indicative of and marking "spasm of the glottis," another of the multiform, appellations with which this malady has been baptised. Quick and suffocative breathing, with sharp, short, noisy inspirations, more exactly resembling the clucking of the hen, than the crowing sound mentioned by writers, next followed.

There was strabismus with forcible bending of the head backwards as in opisthotonos. Slight general convulsions ensued, while the thumb was forcibly bent in the palm, and the toes were strongly flexed, realising to a just degree a feature not infrequently blended with it, of carpo-pedal convulsions. There was great lividness of the lips and face, and swelling of the jugulars. The head was hot, and the fontanelle perfectly obliterated by the protruding and congested brain. On one occasion, there was so evident a tumour here as to excite general remark, and it resisted considerable pressure. These symptoms would last from a half minute to a minute or two, when the child would draw a deep sigh. Instantly the spasms would remit, and the child recovered, would gaze at you, and frequently smile; but oftener cried. Most usually after waking from sleep would the attack commence. Frequently repeated during the day, the little subject would become drowsy and listless, evidencing that state of somnolency consequent on sudden and violent cerebral shocks. The clonic spasms of the glottis were most remarkable, and at once pathognomic, causing those rapidly alternating motions of the respiratory apparatus, concerned in the peculiar clucking sounds above mentioned. It was not in every attack that the voluntary muscles were affected. In the milder forms, only the noisy inspiration and the wild roving of the eyes were noticed. It was remarked in this case by the mother, that the paroxysms returned with striking periodicity—an interval of two hours being the longest period, except when the attack was remitting its violence, and one hour and a half the shortest. It may be worth mention that the convulsions were never repeated on two successive days. The day following

that of the paroxysm was sure to bring with it an exemption; while the third or fourth might be marked with a return of all the symptoms.

In cursorily noticing the two most prominent theories respecting the anatomical characters of this disorder, viz : that of Mr. Ley, tracing it to the pressure of the enlarged cervical and thoracic glands on the nerves supplying the respiratory apparatus, and that of Kopp the German, referring to an enlarged Thymus, a paramount action in all its phenomena, I observed, that adopting Marshall Hall's views on the excito-motor property of the nervous system, a solution easy, rational, and beautiful was afforded of its etiology. He remarks, "the immediate attacks are the result of the action of sources of irritation or excitement of this property," and proceeds to enumerate those "sources of irritation," among which I will mention but two as seeming to play, at the period when my services commenced, conspicuous parts, provoking the paroxysm. The first I will notice is the influence of external agents, and among these atmospheric conditions hold an important place. Cold and damp, or moist and changeable weather was observed most often to be the periods when the attacks recurred. So evident was this, in the reported case, that after some weeks close observation, the mother could guard against these returns by removing the child from the basement to the upper stories, whenever, the air was humid or a shower threatened. Nor was this mere "fret work of the fancy" as on one occasion to test the power of damp air on its sharpened susceptibilities, the child was brought from the nursery during a spell of bad weather, and on its exposure during the day in an open room, the paroxysms returned in the evening and continued through the night. In one of the late English Journals, Dr. Rees mentions a similar case, where the removal of the child from the dry and uniform atmosphere of the bed-room, to the cold and damp yard, invariably produced an attack. In accordance with this observation, the Doctor urged as an important preventive rule, the necessity of keeping the child in wet or variable weather in the nursery. Admonished by this truth, had the mother been enquired of respecting the child's condition under the most unpromising atmospheric state, she would reply that it was well, and seemingly indisposed to an attack. Fully assured of this, with a mother's vigilance and affection, she prevented for a longer period than any previous, their return. I will quote but once more from Hall on this head before proceeding to mention the other "source of irritation" equally concerned in, and perhaps oftener than any one other agent, arousing all the frightful symptoms of this complaint. "When the little patient," says Hall, "has been long free from attacks, a sudden change of the wind to the north-east frequently induces a return of them; and when they have been long obstinately repeated, and have become as it were chronic, a change of air has induced as suddenly a suspension of them."

The next source of irritation was found in the gums at the important crisis of dentition. My little patient was late in manifesting those signs of teething, which are so carefully watched by nurses and parents. She had reached her ninth month before an incisor was evident, or, even before there was much indication of its approach. The gums were little swollen or hot, and all those fretful symptoms denoting to the initiated eye the

occurrence of this event, were entirely wanting. About the middle of the month the convulsions returned, and without apparent cause. Fearing in the gums a source of irritation, I incised them freely, and it was not for several days after, that there was any intimation that the exit of the incisors through the gums had ought to do with the paroxysm. Had I not have seen Hall's paper, I should have sought in some gastro-enteric disturbance for the cause of this attack—well aware that a disordered function of the chylipoietic viscera frequently becomes an influential agent in its production. But as M. Hall seemed to me so fully to meet this emergency in his observation on dental irritation, and as there was no obvious derangement of that apparatus, demanding a special challenge, I cheerfully adopted his views; and upon the gums, but little swollen or augmented in temperature, imposed a full and free scarification for what had happened to the child. And so well-timed and judicious are M. Hall's remarks on this head, that I cannot omit the occasion of quoting them at large. M. Hall observes, "I have long regarded the process of dentition, as not very dissimilar from a state of *sub-inflammation*. I have therefore prescribed the lancet, not only in cases of actual dentition, but in cases in which I did not immediately expect the eruption of the teeth through the gums, and even in cases in which *all* the teeth had already appeared. I have presented the use of this remedy, in a word, to correct a state of the blood-vessels and nerves, which though physiological, borders on a pathological character. I have prescribed it to be used daily. I have been satisfied with nothing short of the subjugation of the excessive action and fulness of the vessels, and of the disappearance of morbid actions, chiefly of a nervous character in distant parts. I have considered that an infant had better have its gums lanced a thousand times, unnecessarily even, than be subjected to one convulsive attack. I have compared the *operation* on the *gum* with the *morbid effect* of a convulsion on the *brain*. In one word, I believe, we have still to learn the measure and extent of the advantage of full, free, and daily scarifications of the gums, during the process of dentition. Interesting questions to determine would be, first, whether the temperature is, as is alleged, augmented during dentition; Secondly, whether this elevated temperature be reduced by the free use of the scarificator. It is well known that the new horn of the deer is extremely hot during its rapid growth. It is well known that frequent scarification of the conjunctiva reduces the actual inflammation of that membrane." In the instance of my little patient, there was no marked tumefaction or heat of the gums; yet, a full and free scarification was attended with decided beneficial results. In the commencement of this paper, I stated, that I offered it to your journal for the single purpose of recording the happy effects of cold affusion, and ice on the head, in the paroxysms of this complaint. Not designing a full and complete history, I have briefly enumerated two circumstances, which bear an etiological relation to it, and it has so happened that in enumerating them in that capacity, their therapeutic results were necessarily inferred. Indeed, we have thus a happy exemplification of the close identity, in this instance, between a disease and its causes—an identity, so infrequent in medical philosophy, as to have rendered partially obsolete, the ancient definition of a cause, viz: "præsens morbum facit, mutata mutat,

eublata tollit." Observing, in the first paroxysm, I saw the head hot and the fontanellè raised by the protuberant brain. I immediately had recourse to the affusion of iced water. The child gave a sudden and quick sob, and the convulsion passed off. I was not fully satisfied that the affusion had done thus much, or thus well, for the spasm had been on nearly the usual time, from a half to two minutes. Directing an emollient lavement, I desired the mother to apply pounded ice on the head, and as soon as she observed indications of a return of the convulsion, boldly to dash ice water on its head. On my visit, which was some four hours after, I learned with satisfaction that the child had not had a repetition of the convulsions. She escaped, as was usual, after an attack, for some days. On their recurrence before advising me, the mother had recourse to the cold water, and when I called, intimated her convictions that she had spared her child several convulsions by its early and bold use. In this manner many paroxysms were postponed, and the intervals between their accessions began to lengthen, so that six weeks, the longest period since its birth, passed without menacing the infant's life. Finding in this measure an admirable *suspensive*, if not *curative* power, and by timely attention to the gums and primæ viæ, correcting their deviations wherever such existed, the little patient has now reached her *sixteenth* month, full of life, health and joyousness, and manifesting no susceptibility to atmospheric changes. Observe, I do not assert that the cold water alone cured this case, or even that it is cured, as there are many contingencies dependant on its period of life, and those well known changes that occur to it, fully competent to awaken the same morbid associations. But I am free to acknowledge my convictions that the use of cold in the manner detailed, did more to arouse the nervous system, fortify the constitution, and interrupt those habits, purely connected with perverted nervous action, than any one of the curative measures adopted. Little experience of its efficacy in those functional disturbances which are justly referred to perverted nervous action, will amply sustain both the propriety of its use, and its unquestionable beneficial powers. Vigilantly using every auxiliary means; removing sources of irritation, wherever such exist, and withal enforcing a regimen nutritious, yet simple, I must aver my conviction, that primarily to the power of cold, is due the merit of postponing, if not completely obviating the proclivity to these paroxysmal convulsions. To sum up, in a word, the advantages seemingly to arise from the application of cold, it may be said, that in the first place, the paroxysms were abridged, and secondly, their returns were postponed for weeks, and at the present for months. Without being chargeable with an inclination to any of the recent extravagances of the "water doctors," I fearlessly avow my conviction that the faculty have unreasonably and unhappily suffered to pass away many admirable auxiliary powers in their neglect of cold water,

New Orleans, June 30th, 1844.

PART SECOND.

PERISCOPE OF PRACTICAL MEDICINE ; OR, SPIRIT OF THE
MEDICAL JOURNALS, FOREIGN & DOMESTIC.

I. *Doctors.*—“Now that I am talking of doctors, what a strange set they are, and what a singular position they hold in society! Admitted to the fullest confidence of the world, yet by a strange perversion, while they are the depositories of secrets that hold together the whole fabric of society, their influence is neither fully recognized, nor their power acknowledged. The doctor is now, what the monk once was, with this additional advantage, that from the nature of his studies, and the research of his art, he reads more deeply the human heart, and penetrates into its inmost recesses. For him, life has little romance ; the grosser agency of the body, reacting ever on the operations of the mind, destroys many a poetic day-dream and many a high-wrought illusion. To him alone does a man speak, “*son dernier mot,*” while to the lawyer, the leanings of self respect will make him always impart a favourable view of his case. To the physician, he will be candid, and even more than candid ; yes, these are the men, who, watching the secret workings of human passions, can trace the progress of mankind in virtue and in vice ; while ministering to the body they are exploring the mind ; and yet scarcely is the hour of danger past, scarcely the shadow of fear dissipated, when they fall back to their humble position in life, bearing with them little gratitude, and strange to say, no fear !

The world expects them to be learned, well-bred, kind, considerate, and attentive, patient to their querulousness, and enduring under their caprice ; and after all this, the humbug homœopathy, the preposterous absurdity of the water cure or the more reprehensible mischief of Mesmerism, will find more favour in their sight than the highest order of ability accompanied by great natural advantages.

Every man, and still more, every woman, imagine themselves to be doctors.—The taste for physic, like that for politics, is born with us, and nothing seems easier than to repair the injuries of the constitution, whether of the state or individual. Who has not seen over and over again, physicians of the first eminence put aside, that the nostrum of some ignorant pretender of the suggestive twaddling old woman, should be, as it is termed, tried ? No one is too stupid, no one too old, no one too ignorant, too obstinate, or too silly, not to be superior to Brodie and Chambers, Crampton and Marsh ; and where science, with anxious eye and cautious hand, would scarcely venture to interfere, heroic ignorance would dash boldly forward and cut the gordian difficulty, by snapping the thread of life. How comes it that these old ladies of either sex never meddle with the law ? Is the game beneath them, when the stake is only property and not life ? or is there less difficulty in the knowledge of an art whose principles rest

on so many branches of science, than in a study founded on the basis of a precedent? Would to heaven the "ladies bountiful" would take to the quarter sessions and the assizes, in lieu of the infirmaries and dispensaries, and make Blackstone their aide-de-camp, vice Buchan retired."

(*Bul. of Med. Sci., fr. Dublin University Magazine.*)

II.—*Hotel Dieu.*—M. ROSTAN on the treatment of *Acute Cerebral Affections.*

M. ROSTAN, in his able lectures on cerebral diseases, such as *hemorrhage, ramollissement*, held the following language:—

Rational Treatment.—In all ages, physicians have been occupied with this grave subject; but, as this class of diseases has not been well understood, and as we have given more attention to the symptoms, than to the cause which produced them, it has happened that the means employed to combat them, were usually empirical, and often irrational.

To M. ROCHOUX, and a few others, who have given special attention to this interesting class of diseases, we are indebted for a more precise and accurate knowledge of their pathology, and consequently a more rational and satisfactory method of treatment.

Of those means which may be employed to combat these affections, blood-letting undoubtedly, either general or local, holds the first rank. Cerebral hemorrhage, when slight, may be treated by moderate depletion, laxatives, &c., but when serious or threatening, we should resort to active and free depletion, which must be graduated according to the intensity of the disease, the force of the constitution, and the age of the patient.

It is very difficult—even impossible, to lay down rules on this head; all we can say is, that the bleedings should be more abundant in cases of meningitis or in meningo-encephalitis, than in cases of hemorrhage. Experience has established this fact beyond a doubt. How then shall bleedings be performed? On this point practitioners have not agreed; there are some who draw blood from the feet; for they say, in this manner, they act powerfully revulsive, and contribute more effectually to disgorge the vessels of the brain.

We, for our part, have for a long time, regarded this pretended efficacy of revulsive bleeding from the feet as hypothetical; we have employed it in conjunction with venesection from the arm, with a view to institute a comparison, and we have never had reason to recognize its superiority; and hence, we have established a rule to bleed from the arm, and we have always been satisfied with the result.

In very serious cases, may we not derive benefit from opening the jugular vein?

For a long period this mode of depletion was regarded as highly useful and often practised, and we entertained the same opinion; but if we reflect, on the one hand, that to arrest the blood which flows from a large vein like the jugular, when punctured, it is necessary to apply a bandage around the neck, sufficiently tight to favor, instead of relieving

the cerebral congestion; if we reflect on the danger of introducing air into this vein, and the terrible accidents which may result from it according to the numerous experiments of M. AMUSSAT, we shall find that we have good reason to abandon it. After repeated general bleedings, to be regulated according to circumstances, comes local depletion, obtained either by leeches or cups.

To what part of the body should they be applied? Some, (the advocates of revulsive bleeding,) prefer applying them in preference to those parts remote from the head, in order to obtain the pretended virtues of revulsion; we, with many other judicious practitioners, are accustomed to apply them behind the ears, and the result has been quite satisfactory, and even more prompt, than in the contrary practice. This is the sovereign,—the capital treatment, on which we should rely in the management of these grave affections, more than on any others; this is the medication, the efficacy of which no truly practical physician will call in question; for we do not regard as practitioners those physicians who, reasoning from purely physical laws, deny the efficacy of bleeding in this class of diseases, and even imagine that it may be prejudicial by disgoring the cerebral vessels, thereby producing a partial vacuum, which must necessarily be filled up by other blood which is driven to this point with violence. These are some of the beautiful conclusions of the theorists, which clinical experience will utterly overthrow, and which could only emanate from the head of one who reasons from the laws of physics and natural philosophy.

2. After bleeding, in the acute stages of this disease, we may resort to diluents and refrigerating drinks, as adjuvants; they act favourably by diluting the blood, because they remove that plasticity, that excess of fibrin which predisposes it to accumulate in the vascular tubes.

3. In the third place, we shall mention laxatives and purgatives, which are generally employed at the present day in this class of affections; we are greatly in favor of this practice. These medicaments, independently of the depletion and derivation which they determine upon the alimentary canal, when absorbed, produce a general hyposthenic effect, by introducing into the current of the circulation, those principles capable of diminishing the plasticity and the fibrin of the blood. I believe we should prefer those which act specially on the rectum, and administer them either by the mouth or *en lavement*.

There have been some physicians who lauded the use of emetics. Portal speaks of them at some length in his works, and he was a warm advocate of the practice. He asserts that emetics were highly useful—that they acted as revulsives.

We condemn this practice as more dangerous than useful; for the efforts made by the patient to vomit, must rather tend to draw the blood to the head than to divert it, and thus to augment the existing hemorrhage or inflammation. Yet, if the stomach, for example, is overcharged with aliments or with drinks, we might, perhaps, if there were no other contra indications, administer one emetic with a view to disembarass this organ. Could not this object be obtained much better by the use of some digestive fluids, such as light infusion of tea or linden, without

exposing the patient to the above mentioned dangers? We know, moreover, that the ancients administered emetics to those who were threatened with apoplexy from intemperate eating and drinking.

4. One of those means which may be called hygienic, and which should ever be kept in view,—is the proper position of the patient. He should be placed in such a manner in bed, that his head may be kept constantly elevated."

"The lecturer, after enumerating the advantages to be derived from a knowledge of the laws of gravity in the treatment of many diseases, calls the attention of the practitioner to the length of the patients hair, which he advises to be cut short, if long, and also recommends pillows, made of some light bran, or of such materials as will not accumulate and retain the heat."

5. Powerful assistance may be derived from the application of refrigerating lotions to the head, they are generally used, and always with advantage. Compresses applied wet with acidulated cold water, or pounded ice enveloped in bladder or caoutchouc, may be kept constantly to the head. We would prefer a constant stream of water directed upon the head, whenever it can be conveniently employed, and renewed as often as reaction shall take place.

This practice is also employed with great success in the treatment of surgical disease; in complicated fractures, bruises and lesions of the soft parts.

In hospital practice, unfortunately, this mode of treatment is difficult of application; whereas, in civil practice, it may be rigidly enforced, and constantly renewed, and thereby prevent that inflammatory reaction which is sure to supervene in these instances.

6. Finally, revulsives to the extremities constitute excellent adjuvants when joined to those already specified.

Such are the means which have been found most successful in combating serious attacks of cerebral hemorrhage, and of acute meningo encephalitis. When the disease continues a certain period without resolution, and when it is about to assume a chronic form, we must resort to other means. These are:

7. Powerful cutaneous revulsives, such as blisters, moxas, setons, cauteries, etc.; which may be applied to different parts of the body, to the nucha, behind the ears, on the temples, etc.

These means will favor interstitial absorption, and deplete slowly the local plethora.

8. Does strychnine act favourably in these cerebral affections? A few years ago, this agent was regarded as all powerful against those consecutive symptoms of acute diseases of the brain, such as paralysis, etc. Certain physicians having observed that the use of strychnos gave rise to shocks, to movements more or less energetic in the limbs, supposed that when these movements were abolished, or diminished, strychnine might restore them to their normality. Numerous experiments were instituted to test this fact, and a celebrated physiologist read a long memoir to the Academy of Physicians upon the efficacy of this agent in cases of paralysis.

This pretended heroic remedy was fully put to the proof, and it was found that its virtues had been greatly overrated, and this is easily comprehended, *a priori*, since frequently the cause of paralysis, is the existence of cancer, or of tubercles in the brain; consequently, these diseases could not be cured by the use of stychnine, which is absolutely incapable of repairing such profound alterations of the cerebral substance.

Thus, we were forced to abandon the remedy in such cases: yet, I would not hesitate to administer it in those cases, when all other known means have failed.

9. Finally, electricity has also been employed and much eulogized for some time in the treatment of chronic diseases of the nervous centers. To this agent, the same remarks may be applied, which were made upon stychnine; its efficacy has been greatly exaggerated. Thirty years ago, Hallé was deputed by the Academy of Sciences to report with one of his colleagues on the utility of this therapeutic agent in paralysis. These physicians took fifty-one paralytic subjects whom they treated by electricity. What was the result? some of the patients were relieved by electricity, others derived no marked advantage from it; others again were made worse.

Such a result might have been expected, and the reporters concluded that this agent was useful in certain cases of paralysis, and utterly inefficacious, and even dangerous, in other forms of the disease. But they did not specify these different cases, they did not establish the differential diagnosis of the paralytic cases, because they did not investigate the morbid cause of these paralyzes; hence we are unable to lay down any rule to govern us in the application of electricity in these affections. We now adopt a different course in the diagnosis of these affections, and we are much more exact in this particular than our predecessors; consequently, we are much better prepared to specify those cases, in which electricity may be indicated, and to treat these diseases with more success.”

(*Gazette des Hôpitaux.*)

III.—On the Use of Ptisans in France.

‘The following very sensible observations on the use of ptisans, and on some other points in French Medical practice, are from the pen of Dr. Higgins, an English physician who has resided for upwards of 15 years in France, and who, we may therefore suppose, is tolerably well qualified to give an opinion on the subject that he discusses. They are contained in a letter recently addressed by him to the *Gazette Medicale*, the editor of which, while claiming the indulgence of his readers for the language of a stranger, expresses his own and their obligations for “*les excellentes remarques sur la pratique des deux pays*” France and England.

‘Without any circumlocution, the doctor at once announces the object of his writing’.

“I propose,” says he, “in this letter, to attack the use of ptisans, which I regard, with but few exceptions, as utterly useless, and indeed as often positively injurious.”

‘During the course of a disease, whether this be of an acute or a chronic

nature, the ingestion of a ptisan is regarded by the French as a necessary part of therapeutic regime, and is very generally viewed rather as a direct and efficacious medical agent, than as a mere diluent beverage. Not a few practitioners seem to approve of the custom, without having any very distinct or well-grounded faith in the curative powers of the remedy.

‘The number of ptisans used in France is very considerable ; and consequently it is often not a little embarrassing to the neophyte to become thoroughly acquainted with all the minutiae of a sick chamber’s regime in France.

‘Cross the Channel, and what a contrast!—a penury of ptisans that is really distressing. As the great *Carême* said of the English, that they had but one sauce—melted butter—so it may be truly said that they have but one ptisan—barley-water ! In England the indifference of physicians, on the subject of the drink to be used by their patients, is quite as great an error as the over-concern of their French brethren on this point of practice. The English prefer the use of potent and promptly-acting remedies from the shop of the chemist ; while the French choose rather to trust to time and to the simples of the herborist. Curious subject of speculation to the physiologist!—the Frenchman so mobile and vivacious in health and yet so patient in sickness ; and the Englishman so phlegmatic in the one, and withal so impatient of delay in the other.

‘In France they make use of four sorts of ptisans—diaphoretic, diuretic, diluent, and aperitive. The *first* are used whenever it is wished to promote the cutaneous perspiration, or the eruption of an exanthematous eruption. These results are much encouraged by keeping a warm dry air around the patient’s body at the same time. The *second* are indicated when the object is to increase the flow of urine ; and the *third*, when we have reason to believe that the fluids and secretions of the body are more than usually acrid : hence the utility of these latter in almost all febrile and inflammatory affections.

‘In my opinion, the employment of the diluent and aperitive ptisans is liable to very great abuse in French practice. How very commonly are indigestion, and, its ordinary consequence, constipation, induced by their excessive employment ; and what a host of ills is comprised under these two words ! Put *Dyspepsia* on one side, and every other malady of the nosological catalogue on the other, and the former will predominate in point of frequency.

The biliary secretion, like that of the other chylopoietic viscera, is invariably altered and modified, whenever the digestive process becomes deranged. Then follow either constipation or a tendency to diarrhœa, accompanied with a furred state of the tongue, an offensiveness of the breath, and a multitude of other vexatious symptoms.

‘Now if this state of things should result from an inflammation of any of the abdominal viscera, the treatment, every one knows, pursued by the English and French physician is very nearly the same : recourse must be had to bleeding and other depletory and antiphlogistic measures, before proceeding farther ; but arrived at the delicate point of the arrest of the inflammatory action, the practitioners of the two countries will be found to diverge most widely in their practice. In France, the patient is kept for

some days on diluent ptisans, before aperient medicines are administered ; while in England no time is lost, but recourse is had at once to the use of purgatives, followed perhaps by that of diaphoretics.

‘At a period, when the Medical Constitution is inflammatory (as was the case when *Broussais*’ doctrines were in the ascendant) the French practice is unquestionably to be preferred ; but, in the present hygienic conditions, most unprejudiced men will prefer, I should think, that of the English physicians. Sufficient attention is not paid in the present day to the various conditions which are so frequently occurring in the *medical constitutions* of the seasons ; and yet nothing is more certain than the fact of these alterations and vicissitudes.

Tempora mutantur, et nos mutamur ab illis.

At the beginning of the present century, the publication of Dr. *Hamilton*’s (of Edinburgh) work on Purgatives gave rise to a very marked and important change in the medical treatment of many diseases. So satisfactory were the results then obtained by most English physicians from the judicious administration of this class of medicines that, when, a few years after, the genius of *Broussais* perceived the arrival of the Inflammatory Constitution, they refused all assent to his doctrines, and would not even give a fair trial to the treatment which he recommended.

‘In France, on the other hand, the new system of pathology was received with the warmest enthusiasm ; the younger physicians adopting it with an almost blind credulity, and their elders finding in it a wherewithal to modify, in some respects, the practice which they had long been accustomed to pursue.

‘But we have now arrived at the stumbling-block of our inquiries ; for it cannot be questioned by any one that is conversant with general practice that for several years past, the inflammatory Constitution of the seasons has ceased to exist, and has been replaced by that which preceded it ; viz, by one of a catarrhal and humoral character.

‘The French, before the time of *Broussais*, did not use purgatives to nearly the same extent as the English ; and the opinions of this celebrated man contributed not a little to restrict their use still more, and to introduce the very general substitution of diluent and gently aperitive ptisans. This system—although certainly carried to the same excess in France, as that recommended by Dr. *Hamilton* has been in England,—produced so very favourable results for a certain time, that the Continental physicians cannot, even yet, make up their minds to discontinue it, although the medical Constitution, which gave rise to it, has unquestionably ceased to exist—so that we may with equal justice blame the English physician of 15 or 20 years ago, and the French one of the present day, for very similar faults.

‘Gastritis and Gastro-enteritis are infinitely less common *now* than they were *then* ; while simple gastric derangements, accompanied with a vitiated state of the secretions, are much more frequent. In short, Dyspepsia, as we have already said, is *the* disease of the present day ; this is the genuine *fons et origo* of ill-health in most instances, when the patient fancies his malady is seated elsewhere ; and it is for *it* that a physician is consulted in three, out of every four, cases that occur in practice. Dyspepsia compli-

cates almost every morbid affection, from a simple bile to grave typhus fever, from a mere scratch to the most important surgical operation.

‘In such a case; if the Broussaian practice be adopted, the patient will be kept on the sick list for two, three, or more weeks, whereas one or two doses of a brisk purgative might have relieved him in as many days. So much for adhering to a mode of treatment, while the medical Constitution (which at first demanded its use) has passed away. Among the leading physicians in the French metropolis, there has been, for some years past, a manifest secession from the Broussaian creed; most of them begin to recognise the advent of another reign, without however having entirely rid themselves of all their former prejudices.

‘Whenever, indeed, we have reason to believe that a genuine Plegmasia of the stomach or intestines does exist, we should certainly trust to local bleeding and the use of cataplasms and emollient ptisans, avoiding the use of purgatives, until the inflammatory symptoms have subsided. But then comes the question, how are we to determine this period precisely?—here is a point on which the English and French physicians are greatly at issue. The one is for temporising and delay; the other is for prompt action. The one is afraid of rekindling the smothered excitement, and of being obliged again to have recourse to depletory measures; the other, well aware of the immense relief generally experienced by a free evacuation of the bowels, is impatient to administer his favourite remedies. Twenty years ago, the English physician unquestionably carried the purgative treatment to an injudicious length; but, since that time, the doctrines and precepts of the Broussaian school have taught him to be more discriminating in his practice.

‘I must confess that I have never been able to understand the reason of the great aversion of French practitioners to the use of brisk purgatives. Often after the application of leeches, cataplasms, and emollient ptisans for days, or even weeks at a time, and when these means have quite failed in giving decided relief to the patient—instead of exhibiting a good active purging dose—recourse is had to a caustic issue in the arm or somewhere else! and this disgusting remedy is indeed so generally adopted in Continental practice, that we may almost always snuff the unpleasant odour of a purulent discharge, when travelling in public vehicles in France!

‘The mere circumstance of there being some amount of tenderness of the abdomen, on pressure, is not in itself a sufficient counter indication of the use of purgative medicines. Take for example a case of typhoid Fever, in which this symptom almost always exists to a certain degree, along with a greater or less degree of disturbance in the circulation. And yet, many of the best French physicians are in the habit of administering purgatives in this malady with the most satisfactory results. Of this I am certain that, in a multitude of cases, more good will be done in the course of a week by the judicious use of purgatives, than can be effected in a month by a succession of inert ptisans, and troublesome blisters and caustic issues. The *derivation*, caused by the action of the former along the whole length of the intestinal tube is much more potent, and moreover much more in accordance with the indications of Nature, than what can be produced in any other way: for where can we find a revulsion equal to that which sets a

working the innumerable glands of the bowels, as well as the liver and other chylopoietic viscera ?

‘No one can deny that the use of Mercury, as a purgative, has been very indiscriminately resorted to by English practitioners ; but things are somewhat altered now ; and there is no good ground for the prejudice that exists in the minds of almost every French physician, that calomel is administered by us on all occasions, and under all circumstances, whatever be the nature of the malady that is present, or the character of the patient’s constitution. The first question that a French doctor usually puts to a patient, who has been under treatment by an English one, is, “Ah, ah ! you have taken calomel ; is it not so ?” And, ten chances to one, he forthwith attributes all the ills of his client to his having been poisoned with enormous successive doses—20 or 30 grains at a time—of mercury. This error is mainly attributable to the exceeding ignorance of most French practitioners as to the state of medical literature in foreign countries. Their journals make few extracts from the English ones ; and those, that are made, are seldom of that kind to give a good idea of the practice on the other side of the Channel.

‘Few French physicians are willing to admit that the preparations of mercury have any specific action on the biliary secretion. On this point they are egregiously in error. As well might they deny, in my opinion, the specific action of bark in ague, sulphur in scabies, or ergot of rye in producing uterine contractions. Mercury, and especially calomel, is one of the most valuable articles of the *Materia Medica* ; and, when administered with judgment and discretion, will often effect more benefit, in the course of two or three days, in dyspepsia and other derangements of the stomach and bowels, than all the pitisans in the world, though these were persevered in for several weeks at a time.

One word as to the amount of doses applicable to the two people, to which we have been alluding in the preceding remarks. The French physician is often astonished, if not affrighted, at the large doses of certain potent medicines which are so commonly administered without reserve in English practice ; to a certain extent, there is certainly some ground for this alarm. The French are on the whole not so robust as the English ; their diet is not so nourishing ; and the air of their climate (Normandy, Picardy and Brittany excepted) is drier and more elastic. For these reasons, they cannot bear such strong and drastic doses. Perhaps about one-third more of any medicine may, as a general rule, be administered to the latter, than to the former. But surely no one can believe that there is such a difference between the climates, customs, and constitutions of the two nations, as to require an essentially different mode of treatment in the same, or in similar maladies. And yet this idea has been long entertained by not a few medical men on the Continent. Fortunately, however, this prejudice—for we can regard it as nothing else—is gradually disappearing ; and the practice of all countries begins to be more and more distinctly based on the same principles.

(*Med. Chir. Rev.*)

IV.—ERYSIPELAS.—From Professor Dunglison's Clinical Lecture at the Philadelphia Hospital.

A woman was next presented having *erysipelas œdematosum* of the face. Erysipelas sometimes occurs endemically in the wards of the Hospital. It frequently attacks the face—*Erysipelas faciei*—and is a functional expression of a constitutional disease. Dr. Dunglison, on this account, rarely treats the *eruption* any more than he does the eruption of measles or scarlatina: his main attention is directed to the constitutional condition. Erysipelas has appeared epidemically in connexion with, and as an *expression* of fever, in different parts of our country, and has been called, in some places, “black tongue fever.” The Professor believes that epidemic fever exhibits different expressions under different circumstances. Typhoid fever is a form of adynamic fever, which is often manifested on the mucous membrane of the intestines. In other instances, adynamic fever may be attended with an erysipelatous eruption, as in the black tongue fever, &c. The erysipelas that occurs in the wards of the Hospital may be regarded as a neuropathic inflammation, and does not, generally, bear depletion well. More frequently, the sulphate of quinia, in large doses, is given with advantage. In many cases it is well to deplete first, and then afterwards resort to the tonic course. One local agency, which the lecturer uses, is to cover the face with cotton, so as to exclude the air. In this respect he treats it in the same manner as he would a burn. It is the admission of the air in such cases that gives rise to so much irritation, and therefore, it should be excluded. Lime water and linseed oil, when applied to burns, exert a beneficial influence mainly by filling up the areolæ of the rag, thus preventing the access of air, and partly by keeping the surface moist. They can have no healing properties. On the same principle an old fellow student of the Professor's, paints over the burnt surfaces after explosions of carburetted hydrogen, in the coal mines of Newcastle, England, with a compound of resin, turpentine, and wax, leaving the varnish on until the inflammation has passed away; and this plan has been attended with great success. The woman before the class, got well of the erysipelatous fever, but this peculiarity has been left—that if a blister be applied, which she has done occasionally for severe headache, it brings on a return of the erysipelas in a local form, and of the œdematous character. It appears to be, in her case, local, or *erythema*, to be owing to a predisposition left by the former attack, and requires local treatment only, indeed the fluid is readily taken up, and the erythema disappears in a few days, without the use of any remedies.

(Medical Examiner.)

V.—M. Lombard's Remarks on Typhus Fever.

‘This excellent physician, having had the benefit of a British Medical Education, is exempt from one of the besetting sins of most continental writers—viz. a partial and exclusive view on the subject of Pyrexial pathology. He has recently contributed a series of elaborate papers to the French Medical Gazette on the Typhus or Typhoid Fever, which for a good many years past he has been in the habit of seeing in Geneva, where he resides. While he admits the great frequency of intestinal lesions in this malady, he does

not fall into the egregious error of making this the "*point de départ*" of its etiology, or of supposing that its gravity is invariably commensurate with the amount of morbid change in the follicles and mucous glands of the bowels. He highly extols the judicious use of calomel; and indeed seems to regard it—administered with discretion as a matter of course—as by far the most valuable remedy, in a great many cases. All that we propose to do, at the present moment, is to extract a few of the excellent remarks which the Doctor makes on the treatment of some of the most common complicating symptoms, which are apt to accompany this truly multiform, and often most perplexing of maladies.

Intestinal hæmorrhage.—This should rarely, if ever, be regarded as a critical or salutary evacuation. It should therefore be checked without delay. One of the best remedies for the relief of this accident is unquestionably the acetate of Lead—in doses of one or two grains, with a quarter of a grain of extract of opium, every six or eight hours. Enemata with Goulard solution may also be administered. The extract of the Rhatany root, or of Logwood, and the decoction of the latter, will also be found very useful in many cases. Ice is one of the best things that the patient can take. He should remain very quiet and cool, and avoid every thing that is likely to excite the bowels.

‘In the *Diarrhœa*, too, that is not unfrequently a most dangerous complication of Typhoid Fever, the remedies now mentioned may generally be used with advantage. Sinapisms to the bowels also are often of great utility, when the relaxation is obstinate, and the debility of the system great: they should be kept applied, till considerable irritation of the skin is induced. The oxyde of Bismuth with Opium has succeeded in some inveterate cases. The Nitrate of Silver, and the Sulphate of Copper, have also been given with benefit.

‘In the *Pneumonia* and *Catarrh*, which not unfrequently complicate the course of Typhoid Fever, the white oxyde of Antimony has been employed by us with almost uniformly good effects; it generally serves to allay the fever, to encourage perspiration, and also promote the expectoration of the sputa. In some cases, where the debility was very great, and there seemed to be a tendency to rapid exhaustion, we had recourse to the decoction of Polygala with subcarbonate of Ammonia, Musk, and Camphor; and witnessed, unquestionably, good effects from the treatment. When the Catarrhal Mucus was very abundant, and the expectoration difficult, the Muriate of Ammonia with Paregoric Elixir may often be given with benefit. (1)

‘The low *Delirium*, that is so frequently present in the progress and advanced stage of Typhoid Fever, is best combated by the use of Camphor

(1) This medicine—the Muriate of Ammonia, or Sal-ammoniac—is too much overlooked in the practice of British physicians. It has long been, and still remains, in high favour on the Continent, more especially among German practitioners. In a great number of cases of Bronchitis and Catarrh, it will be found a most excellent remedy, in combination with Squills or Antimony, and a little Heabane or Opium. Sir G. LEFÈVRE has recently testified to its very useful effects in these and other diseases.

and Opium, along with an occasional blister to the neck. This latter remedy will generally succeed in removing that intense headache which not unfrequently afflicts Typhus patients, during the convalescent stage.

'*Anasarca* and *Ascites* are occasional consequences of fever. One of the best remedies is the Chlorate of Potash, in doses of 15 or 18 grains every four or six hours. Covering the dropsical limbs with oiled silk has seemed to promote the good effects of internal medication. We have rarely used *Digitalis* or other diuretics, as the chlorate has generally proved quite sufficient for the cure of the disease; it has this great advantage over most remedies, that it generally improves, rather than impairs, the digestive function.

'*Salivation* is apt to be a troublesome consequence of the administration of mercury in fever, at least in certain constitutions. No remedy has in our hands proved more useful against this distressing accident than the application of two or three leeches under the lower maxilla: the symptoms usually subside rapidly and effectually under this simple treatment. A gargle made with alum, or camphorated spirits of wine, will also be found very useful in many cases. (1) Mild saline aperients at the same time may be given with advantage. (Med. Chir. Rev.)

VI.—Utility of Musk in Certain Cases of Delirium.

'It is *M. Recamier*, we believe, who has most strongly advocated the use of this powerful antispasmodic in certain forms of Delirium, occurring in the course of various febrile and inflammatory diseases. When Pneumonia, as in certain constitutions, and in certain epidemics, is accompanied with marked symptoms of cerebral disturbance,—a very embarrassing complication—the use of Musk, either alone or in combination with Calomel, has been often found to be of decided advantage. It is also very useful in the delirium which not unfrequently attends the course of Erysipelas, and several other exanthemata; more especially in small-pox, during the maturation and desiccation of the eruption.

Dr. Roche of Strasbourg has recently published several very instructive cases in illustration of this practical point. The first was one of Erysipelas of the face and head; the second of gangrenous Sore throat; the third of Scarlatina; and the fourth of Variola. In all these, the Musk appears to have acted very beneficially. He adds: "I have employed it also in two cases of furious Mania; the violent agitation was arrested; but no other good was produced. It completely failed in a case of grave Typhoid Fever, and also in one of acute Bronchitis, accompanied with delirium, which occurred in a middle-aged man of very intemperate habits." He closes his observations with the following general remark: "It appears to me that the administration of Musk is indicated whenever, in the course of acute disease, Delirium supervenes without any distinctly appreciable cause, and the severity of which is not commensurate with that of the pri-

(1) A blister to the throat and a gargle of brandy and water are the remedies for troublesome salivation. (Rev.)

mary disease. In very many cases, I have had the satisfaction of witnessing cures, which I could not certainly have anticipated before my acquaintance with this most valuable remedy. The first effect, which it usually produces when successful, is to induce a quiet refreshing sleep, and a general tranquillizing influence over the entire body: sometimes it induces slight nervous twitchings in the eyelids, the extremities, &c."—*Journal des Connaiss. Med. Chir.*

Remarks.—Musk is unquestionably one of the most potent, and least fallible, antispasmodics that the Pharmacopœia contains: the only drawback to its general use is its expense. Fortunately Assafœtida, Galbanum, and good Castoreum may very generally be substituted for their more costly analogue. In all cases of nervous agitation, unconnected with plethoric and inflammatory excitement, this class of antispasmodic medicines may be used with advantage. Camphor also is a very potent member of the same family; and few compounds are more beneficial than pills composed of the musk or assafœtida and camphor,—to which a few grains of Calomel, and also some extract of Henbane, may often be most judiciously added. We have witnessed most pleasing effects from this formula in several cases of Puerperal Mania. (Rev.)

VII.—*Observations on the Influence of the Climate of Canada in preventing the Development and stopping the Progress of Phthisical Symptoms.*
By J. ORTON, Esq. Surgeon, Beaton, near Nottingham.

Mr. J. Orton, who has made some communications relative to the climate of Canada, a country highly favourable for the prevention of phthisical disease; acknowledges himself indebted for whatever information he possesses on the subject to some incidental communications received by him from his brother, Mr. Henry Orton, a medical practitioner practising at Guelph in Canada.

In the first communication received by him, his brother states that the first hint he had had regarding the anti-phthisical qualities of the climate of Canada, was from a Dr. Allen, a practitioner in his own neighbourhood, who, when he came out, had brought a letter of introduction to the Governor from Dr. James Johnson, who had written on the excellence of the climate of Canada for all scrofulous and phthisical affections, reckoning it far before the South of Europe. In this view, Mr. H. Orton expressed his full concurrence, it being, he says, a certain fact, that a scrofulous or consumptive case is scarcely ever seen in Upper Canada. Dr. Allen instanced to him several families resident in Canada, who had emigrated from England, and who, in the old country, had suffered severely from consumptive disease, but who had never shown a symptom of the disease since they came to Canada; and other families who had suffered from scrofulous affections, in various forms, that had never given an indication of it here. Dr. Allen had been long a resident practitioner in Canada at the time he made this communication to Mr. H. Orton. This character of the climate of Canada was further confirmed by several other communications from the same source. Its efficacy in alleviating and removing asthma was also experienced. Mr. J. Orton had another instance of the

climate of Canada in the case of his own sister-in-law, who had had an attack of pneumonia, from which she recovered with very great difficulty; after the inflammatory symptoms had subsided there still remained a very troublesome cough, copious expectoration, night sweats, &c. which caused great alarm. She was advised to remove at once to Canada, where she soon recovered perfectly. It may be well to mention that the portion of the province of which Mr. H. Orton speaks to his brother, and to which alone he limits his encomiums, scil. the vicinity of Guelph, is an elevated dry, undulating region, remarkable for its salubrity; the excellence of this region seems to depend on its pure, dry tonic atmosphere, and its entire freedom from marsh miasmata. This locality, however, is not recommended for those in an advanced stage of phthisis.—From the *Edinburgh Medical and Surgical Journal*. (Med. Chir. Rev.)

VIII.—M. Velpeau on the Use of the Nitrate of Silver in Ophthalmia.

‘The following is a summary of this ever active surgeon’s opinions on an important point of practice.

‘1. The Nitrate of Silver is unquestionably the best local application that can be used in a great many diseases, acute as well as chronic, of the Eye.

‘2. In various kinds of Blepharitis, the nitrate is most advantageously used in the form of pomade.

‘3. In inflammation of the lids, the direct application of the solid caustic is usually attended with the greatest benefit.

‘4. For the slighter forms of Conjunctivitis, a weak solution of the salt in distilled water is best. In the purulent form of the disease, the solution must be used considerably stronger; but the solid nitrate is not unfrequently found to suit better in such cases.

‘5. In the treatment of the different forms of Ophthalmic inflammation, it will often be found of great utility, alternately to increase and diminish the strength of the application—whether this be in the form of ointment or of solution. (Med. Chir. Rev.)

IX.—CLINIQUE OF M. RICORD.

The symptoms produced by syphilitic virus, are divided by M. Ricord, into: 1st. the primitive; 2d. the secondary; 3d. the tertiary. After giving an able and accurate description of these three different forms of this fashionable disease, he proceeds to the subject of CHANCRES; and these he states have three distinct periods, scil: 1st. the progressive period; 2d. the *statu quo*, or stationary period; 3d. the period of reparation.

There are a variety of *Chancres*, which M. Ricord thus classifies: 1st. *superficial Chancres*; and 2d. *phagedenic Chancres*. In the first, we have simply a destruction of the epidermis, without terebration of the subjacent tissues; in the second, a tendency to enlarge, and to increase beyond the usual extent of a Chancre. Phagedenic Chancres depend upon the constitution of the individual, and not upon the virulence of the

matter. They usually manifest a disposition to extend from one point of the surface to another.

We have many species of phagedenic Chancres: A. *phagedenic Chancre rendered gangrenous from excessive inflammation.*—

This species most frequently occurs in the aged; they are caused by the abuse of alcoholic drinks, by an irritating regimen;—want of cleanliness, hot weather, stimulating dressings, the unseasonable employment of mercurials, both internally and endermically. It makes rapid progress; gangrene sometimes produced the effect of a caustic application, and after the slough is thrown off a simple sore remains, then cicatrization progresses rapidly.

B. *Diphtharetic phagedenic Chancre.*—It is propagated by the extension of the diphtharetic matter; it assumes the serpiginous form; has a grayish surface, and œdematous base, and a rough and jagged border, resembling the teeth of a saw; it is moreover surrounded by a diffuse and ill defined violet coloured areola. It is attended with great pain, particularly in the evening and during the night.

Young subjects, females, and those of a lymphatic temperament are subjects of this form of chancre. A cold and humid state of the atmosphere, bad food, an unhealthy state of the digestive organs, and the abuse of mercury predispose to this species of ulcer. Its progress is sometimes again very rapid even threatening the destruction of the penis.

C. *Scrofulous phagedenic Chancre.*—This form has no disposition to cicatrize.

D. *Scorbutic phag: Chancre.*—The scorbutic is accompanied with a want of plasticity in the blood; it is attended with hemorrhages, gangrene and an unhealthy state of the digestive tube.

E. *Dartrous phagedenic Chancre.*

F. *Cancerous phagedenic Chancre.*—Under certain circumstances, the phagedenic Chancre may be transformed into *Cancer*.

G. *Indurated Chancre.*—All Chancres are not indurated; induration is then a departure from the regular course of the Chancre. All Chancres, whatever may be their seat, are liable to become indurated.

This induration is formed of plastic,—of coagulable lymph; its intimate nature is not known. Induration usually begins at the base of the chancre; it gradually extends in a regular circular manner, particularly when it assails homogeneous tissues. It may be confined to the base and not extend to the edges of the chancre, and *vice versa*. The indurated base of the chancre is not grayish, its borders are not detached; it is not encircled with an areola. When it is clearly circumscribed, it has received the name of the *partridge'eye*.

Its progress is slow, and it has no disposition to heal spontaneously; on the contrary, it has a strong tendency to remain *in statu quo*. The indurated Chancre may become gangrenous under the influence of bad treatment. It may become gangrenous from apoplexy or by strangulation.

All the different species and varieties of Chancre which we have described may be combined with each other. Induration alone seems to be a condition opposite to all the other varieties of chancre.

Diagnosis of Chancres.—By taking into consideration the antecedents

of the disease,—the time which has elapsed since the exposure to the contagion,—the seat of the ulcer—its aspect, progress—the influence of the treatment which has been adopted, we may, in the majority of cases, be enabled to give a positive diagnosis; yet M. Ricord, declares that the only infallible test is, inoculation.

Seat of Chancres.—In man, Chancre is most usually seated on the *corona glandis*, or in or near the *frenum preputii*. We sometimes find them seated at the point of reflexion of the prepuce over the gland, on the border of the prepuce in those who have a congenital phymosis, &c., &c., then in the urethra, extending from the external meatus to the neck of the bladder. In woman, we find Chancres in the following order of frequency: on the fourchette; the caruncula-myrtiformis; the greater, and lesser labiæ; the clitoris; the neck of the uterus, &c.

In both sexes, on the anus, and mouth; in regard to the mouth; first on the lips, then on the tongue, the amygdalæ, and the pharynx.

Prognosis of Chancres.—M. Ricord remarks that simple, uncomplicated and regular chancre, in a healthy individual, is not a grave affection, for it may be readily destroyed. Gangrenous phagedenic Chancre is a very serious affair, especially when located on the penis, for it may destroy this organ. Diphtheretic phagedenic Chancre is the most obstinate of all, for M. R. has had an officer of the marine under his care for seven years, with this species. According to Mr. Ricord, the influence of chancres in the development of buboes, has been too much exaggerated. Chancres seated on the inferior part of the penis and the gland, and particularly on the frænum, are most liable to produce buboes.

An indurated bubo, when not treated by mercury, is sure to give rise to constitutional symptoms. This will be the result in 99 cases out of 100.

TREATMENT OF CHANCRES.

Treatment by caustic.—Whatever may be the form of Chancre in the beginning, it is absolutely necessary to attempt its destruction. If the Chancre has been destroyed during the first seven days, which succeed an impure coïtus, the cure is rapid and constitutional symptoms need not be apprehended.

The nitrate of silver is preferred by Ricord to any other caustic; caustic potass may be employed when we wish to act on deeper seated tissues.

The *Venetian paste* is a favourite application of M. R. in some cases, and the following is the formula for its preparation:—Quick Lime, 5 parts, alcoholic solution of potass 6 pts. It must be formed into a paste, at the time of employing it, by adding to it a sufficient quantity of proof spirit. To produce the desired effect, it must be applied for ten or twenty minutes. If the chancre can be excised without cutting too near the affected tissues, it may be practised; otherwise the sore will assume a bad character. When treated with caustic applications, the chancre should be dressed four or five times daily. The nitrate of silver should be applied as long as the sore bears a syphilitic aspect. M. Ricord is opposed to all ointments, believing them more hurtful than useful.

He dresses them with fine charpie saturated with aromatic wine. This preparation alters the secretion, modifies the adjacent parts, contracts them, *tans* them, and prevents constitutional infection. If, at the end of a few days, the secretion is not sensibly diminished, the following must be used:—℞ aromatic wine, 250 grammes, pure tannin, 3 grammes. If pain is experienced in the parts, the above must give place to this:—Aromatic wine, 350 grammes, extract gum opii, 2 to 4 grammes. When the sore begins to heal, it must be dressed with dry charpie, in preference to any thing else. Local treatment, when the chancre is not complicated, nor indurated, will suffice.

When chancres run into gangrene from excessive inflammation, we must, for the moment forget the specific character of the disease. In such cases, the mercurial treatment untimely and injudiciously given, with a view to its specific character will aggravate the disease and produce the most lamentable consequences.

We must resort, in such cases, to local and general depletion—to emollient applications—to baths, and to saline purgatives. If the gangrene is limited, we must excise the part, and afterwards dress the wound with aromatic wine. The aqueous solution of opium and lime water, in irritable, painful and sloughing chancre, is sometimes highly beneficial. Ricord advises a change of residence, should the patient occupy a low, humid and badly ventilated room, if the chancre should prove refractory to treatment. He condemns, in the most unqualified language, the internal use of the preparations of mercury, in the diphtheritic phagedenic chancre. In the treatment of this chancre, the most successful is cauterization, succeeded by dressings with aromatic wine. The cauterization should reach deeply and be repeated twice daily. The chancre should be kept quite clean, and for this purpose, it should be dressed as often as necessary. While dressing the venereal ulcer, we should avoid abrading or irritating the affected part, for any lesion or abrasion of the neighbouring skin from mechanical causes, serves as a point for the introduction of more virus. Should the local inflammation run high, leeches may be applied near the seat of excitement, followed by fomentations with emollient and narcotic decoctions. Absolute repose and a rigid diet, regulated however according to the constitution, &c., of the patient, should be enjoined. To check the inflammation and diminish the pain, the nitrate of silver, from its well known sedative influence, and antiphlogistic virtues, will prove a powerful auxiliary. Excellent effects are sometimes derived from the butter of antimony, potassa, alcohol, and the actual cautery in stationary chancres. M. Ricord has succeeded, in some cases, with the Vienna paste. When this variety of chancre is met with in feeble and delicate persons, we must, in addition to this treatment, administer internally, tonics and bitters.

In the dartrous chancre, M. R. recommends a mixture of the cyanuret of mercury and the opiate cerate, as an excellent topic. Indurated chancre will not only not yield to cauterization, but will often be rendered more obstinate and intractable thereby. The best dressing for the indurated chancre is the mercurial ointment, or a compound of calomel and the

opiate cerate. Local treatment alone will not suffice in cases of indurated chancre; as the constitution is tainted in these cases, a general treatment must be instituted; here mercury is the most powerful *modifier* of the constitution. In the management of these forms of syphilis, M. R. gives the liquor of Van Swieten, or that of Mialhes; the pills of Scdillot, blue pill, and Plummers' pills.

X.—*Centenarians*.—In the May number of the New York Journal of Medicine, will be found a very interesting article from the pen of the Editor, Dr. FERRY, "*On the relative proportion of Centenarians, of Deaf and Dumb, of Blind, and of Insane, in the races of European and African origin, as shown by the census of the United States,*" from which we make the following extracts:—

"The time honored opinion that poverty is conducive to longevity—that the rich are less favoured by the blessings of health than the poor—finds no confirmation in statistical investigations. That the hardy and contented poor man is exempt from the diseases of the wealthy and luxurious, is but a poetic fiction. Irresistible evidence of this truth is contained in every document, by which the rate of mortality, among large numbers can be ascertained. Hence, taking the whole population of a country, wealth may be assumed as a true measure of happiness, and consequently of disease. This comparison, according to M. Villermé, often shows a ratio of mortality, in the latter, twice as high; and taking the entire French population, the same comparison exhibits a duration of life among the poor, twelve years and a half shorter, consequently, while the probability of life at birth, in the one case, is but thirty years, in the other class it is extended to forty-two. Thus it is seen that centenarians do not belong to that class, which has the longest average age of life."

Much the largest number of centenarians in the Union, is found among the colored population, and in regard to the two classes of this order, (bond and free,) Dr. Ferry remarks—"As regards the respective mortality and longevity of the two classes of colored population, there is a marked difference in favour of the free colored division. By the census of 1820, the proportional numbers of the two classes, at the ages under 45, present little variation; but beyond that age, the centesimal proportion of the free colored is 15.6 per cent., while that of the slaves is but 9.6."

And farther he observes—"It is thus seen from the preceding researches, as regards centenarians, that they are most apt to be found in the worst period of man's history, as respects the condition of population, and often too in the most insalubrious localities; that they abound in countries having a low, mean duration of life, as in Geneva, in the 16th century, and that they decrease, and finally, disappear in proportion as the mean term of man's existence is extended by the improvement of his physical condition; and lastly, that they are always found in the class of society, which has the lowest mean duration of life. Hence, it follows conclusively that a high proportion of centenarians does not depend upon a protracted mean duration of life in a community, nor is a great proportion of them to be regarded as an indication of national health or general longevity.

XI.—*Ice water as a remedy in inflammation of the throat of a catarrhal nature*, by Dr. GUMPRECHT, of Hamburg.

A singer, aged thirty-four years, had suffered for several days from *angina tonsillaris*, which supervened upon a violent cold. In vain did they resort to the administration of emetics, to sinapisms to the *nucha*, and to the employment of the different gargarisms. The poor patient was so much reduced by it, that he was unable to swallow the least thing, when Dr. G. proposed that he should hold ice water in his mouth without gargling it, but to content himself with keeping it in contact with the affected organs. This was aided by the position of his head, which the patient was directed to throw backwards, and the water was to be rejected as soon as it had arisen to the temperature of the mouth. So great was the advantage which resulted from this simple medication, that, at the end of six hours, the pain had sensibly diminished, and deglutition was performed without pain or difficulty. This means was repeated every two or three hours, and on the following day, the angina had completely disappeared. The same mean which was employed in many other cases of the same kind, has always been followed with equal success.

(*Annal. Uni. de Méd.*)

XII.—*Spasmodic Ileus, treated by Belladonna*, by Dr. SOLIER.

Philomena R., aged between seven and eight years, of a delicate constitution, and of a precocious intellect, had been indisposed for five or six days; she had been labouring under a diarrhœa, had discharged nine lumbrici, *per orem*, and had already taken a dose of castor oil, when I was called to see her on the evening of the 7th July, 1842.

She presented the following symptoms: fever, thirst, anorexia, violent colic, abdomen greatly enlarged, and painful on pressure, especially in the left iliac fossa, (they informed me that she had vomited very fœtid yellow matters.) She was ordered repeated emollient lavements, and some of corsican morse; 60 *centigrammes* of calomel in three doses, each at an interval of six hours.

On the eight of July, the patient had several evacuations similar to the matters already vomited, by which she was relieved; yet, the colic continued, and the abdomen remained inflated—a mixture of castor oil and laudanum was given; fomentations and emollient lavements repeated. But little change on the ninth, perhaps some better. Large doses of sulphate of soda, and enemas with infusion of fol. senna and camphorated embrocations were ordered. Tenth, symptoms the same, treatment continued with the addition of an infusion of green anis. Eleventh, two lumbrici were expelled, *per anum*. The stools are less frequent, ordered oil of almonds, and ol. tigli, to be repeated every hour, continued emollient lavements. Twelfth, same state, constipation, purgative enemas repeated, tincture of opium to appease colic. Thirteenth, no stool, abdomen always enlarged; colic in the evening, cold sweets; features contracted; eyes burried in their orbits; loss of consciousness; repeated vomiting of *stercoraceous* matters. Emollient lavements and

fomentations. Fourteenth, same state—M. M. Chalver and Thur were called in and pronounced the case very serious. Same treatment continued. Fifteenth, no improvement—repeated vomiting, the pulse, however, remains good. Reflecting on the dilating properties of belladonna, I prescribed, in the evening, a lavement of 4 *grammes*, and fomentations with 25 *grammes* of the leaves of belladonna. Sixteenth, the patient was delirious through the night; (through mistake, one-half of the quantity intended for fomentations, was administered *per anum*;) in other respects much better. She had a number of stools, similar to the matters vomited. She remained in this condition up to the nineteenth, when constipation again taking place, the colics and vomiting returned, and threw the patient into a state more alarming than on the fifteenth. Enema with 4 *grammes* of the leaves of belladonna. Twentieth, the delirium has diminished; she has had several evacuations. Twenty-first, two more enemas given, and the calomel again repeated every three or four hours.

By the employment of these means, a free catharsis was established; all the symptoms gave way, and the patient was promptly restored to her usual good health.

(*Journ. des Connaiss. Médico-Chirurg.*)

XIII.—*Society of Practical Medicine, 1843.*

M. SERRURIER read a paper upon the timely employment of sulphate of quinine in typhoid fevers. After demonstrating that we are yet far from having settled the differential diagnosis of this affection, in regard to those fevers which resemble it, M. S. proved from ancient authors, that it had been cured before the importation of the peruvian bark.

Will the discussion, which the sulphate of quinine excites in the medical societies, especially the academy, settle, said M. S. forever, the opinion of medical men, upon the value of its employment in typhoid fever, and shall we, (the members of the academy) be forced to avow that the practical method which cures, is the best? I cannot, I will not believe it; so many contradictions spring up among men, that he who may have a good reason to-day, is by reason itself forced, to abandon it to-morrow. Then it is to actual experiment that we must have recourse; (it is by an accumulation of well ascertained facts, made by a number of physicians, on the same subject, we are to judge of the means employed to accomplish a given end;) it is by opposing facts to facts, that we can hope to arrive at definite conclusions.

In fine, who among us, that has already arrived at great experience in practical medicine, has not remarked that one kind of typhoid fever, when combated by a particular mode of treatment, has been cured, and another, by a modification of the first; when the physician has carefully studied nature in her progress, watched her conduct, seconded her curative efforts, and finally, conducts the patient, when guided by her wise suggestions, to a happy issue, out of all his troubles.

M. S. then insisted upon the indications, peculiar to the disease and the individual, which might call for or forbid the administration of quinine.

I recollect, said he, to have been attacked at the age of ten years, with a fever, which at that time was called *malignant putrid fever* that continued for thirty-five days.

The disease was terminated simply by the aid of evacuations produced by tartarised veal soup, by the constant use of lemonade and orange water, acidulated with jellies; the treatment was finished by two purgatives, composed of senna, rhubarb, manna, and the sulphate of soda.

My health was soon re-established, notwithstanding the danger I incurred. The exhibition of sulph. of quinine was never thought of; in consequence, however, of the debility of the stomach, the physician, for some time, gave me rhubarb and simarouba; I also took soup.

But does it follow from this example that all typhoid fever should be treated after the same mode? and if these fevers, uncomplicated with adynamia, have been cured or may be cured without quinine and its preparations, must we conclude from this fact, that quinine is to be excluded from practice in the treatment of typhoid fevers, so called, when accompanied with all that train of symptoms, which usually distinguish it.

After demonstrating that typhoid fever may terminate fortunately, without the use of quinine, our excellent *confrère* pointed out the danger of administering this substance in large doses, or at an improper time.

When he came to treat of the rational indications of this therapeutic agent, he proved, in the first place, that prior to its discovery, those diseases in which it is employed, at the present day, with success, readily yielded to other means. As to its employment in typhoid fever, M. S. thinks that this must be controlled by the phenomena of the disease, by the temperament of the individual, and by the circumstances by which the patient is surrounded.

He related two cases of typhoid fever, in which the sulphate of quinine, when properly administered, had subdued the most formidable symptoms, which would have certainly otherwise ended in the death of the patient. M. S. thus concluded his communication. The considerations into which I entered at the commencement of this memoir, are sustained by the facts which I shall develop. They may be reduced to the following: give the sulphate of quinine at a suitable moment, without however, regarding it as *unique* in its effects, when those effects may be aided, and even brought about by other means either or not combined with it, with as much advantage as in those cases which would seem to call strongly for its administration.

Let us not be too enthusiastic; let us cast at the foot of experience all theory—that pompous child of an ardent imagination, which after having excited a considerable noise, is soon doomed to be extinguished in profound and eternal silence.

(*La Lancette Française.*)

XIV.—*Treatment of Congenital Erectile Tumors.*

M. LEFARGUE, (of St. Emilion,) on the 21st of January, 1844, communicated to the Academy of Sciences, Paris, a new method of destroy-

ing, in children, congenital erectile tumors, which are sometimes designated, *enwics, navi materni*, &c. He charges the point of a lancet with the oleum tigli, and makes several small punctures with the point of the lancet thus charged, in and around these tumors. The same steps, and the same precautions, as are recommended for vaccination, must be observed in practising this new method.

In about thirty-six hours after these small punctures, a beautiful pustule, resembling a *clou* or small furunculus makes its appearance where each puncture was made. These pustules approach each other and ultimately become blended together, forming a tumor with a red base, white apex, hot to the touch, painful, renitent, and which disorganises the erectile tissue, and bears some resemblance to a small benign anthrax. In two days, the inflammation subsides; the *nævus* is replaced by a simple ulcerated surface which must be treated as an ordinary sore according to the usual rules. Monsieur L. states that it would be dangerous to make more than six punctures in a very young child; for, says he, instead of a moderate fever, which follows the operation when made within the limits specified, we should have violent reaction, which it might perhaps be difficult to repress. We might be permitted to transcend the limits prescribed, if, instead of using the croton oil, we should employ a concentrated solution of *tartrate of antimony* to inoculate these erectile tumors. This method is absolutely identical to that which has been recommended and sometimes practised, with the *vaccine virus* for the same kind of tumors in children, who have never been vaccinated.

Remarks.—The mode above recommended appears both safe and rational, according to the statements of our author. To us, however, it seems not entirely free from danger, for if the oleum tigli, should, like many of our active medicines, be absorbed into the circulation and thereby reach the gastro-enteric surface, hypercatharsis might jeopardize the life of the little patient. We know that when applied endermically, no serious consequences are to be apprehended, but to puncture the vessels and thus bring it directly in contact with the circulating fluid, must place it in a condition for immediate absorption. Be this as it may, we would, nevertheless, suggest a cautious trial of the means proposed by M. Lefargue.

XV.—*Epidemic Fever prevailing in Edinburgh, Glasgow, Dundee, and other Towns of Scotland.*

‘This disease, like that of Rondout in our State, seems to have taken its origin in an epidemic Influenza; and what affords the most striking analogy, is, that it finally assumed a character having a market resemblance to Yellow Fever. It was first called *Influenza*, then *Yellow Fever*, as also *Spotted Fever*, and *Common Typhus*. The foreign medical journals give long and interesting accounts of the epidemic, but our limited space just now precludes any thing but the merest notice. The following extracts are from the “London and Edinburgh Monthly Journal of Medical Science.”

“One of the most common symptoms in the highly congestive form of the disease, is yellowness of the conjunctivæ, and of the whole surface of

the body. It generally appears between the third and seventh day, and is always most intense on the face, neck, chest, abdomen and thighs. The hue of the neck and chest is the most vivid; then comes, of equal, or nearly equal brightness, the abdomen; then, somewhat fainter, the thighs; then considerably paler still, the legs, arms, and fore-arms; the hands and feet get their color later, always to a much less extent, and sometimes not at all. The yellowness occasionally appears during the relapse, and not in the first attack. I have seen it present in both.

"Associated with the yellowness, there are generally depression, less or more delirium, dusky, and often porter-colored urine, black melæna-like stools, and hemorrhages from some of the mucous membranes. In the worst of the cases, black coffee-ground-like matter is ejected from the stomach, and passed per anum.

"In some cases, the black vomit occurs without the yellowness; and, on the other hand, at the autopsy of yellow patients who have had no black vomit, this matter has been found in the stomach, and other parts of the alimentary canal.

"Enlarged liver and spleen, and tender and tympanitic abdomen, are less constant, but still very usual symptoms in cases characterized by yellowness or extreme congestion. Difficult micturition has been complained of by several of my yellow and purple patients.

"A deep persistent purple color of the face, appearing before, or immediately after the invasion of the disease, is a certain prognostic of danger, and is seldom absent in those destined to be yellow."

At Dundee, yellowness of the skin and black vomiting were quite common in the disease; and the frequency of these symptoms, as well as the duration of the disease, may be ascertained from the following table, which presents all the cases that terminated fatally in the Dundee Infirmary.

No.	Name.	Sex.	Age	Day of the Disease on which Patients died.	
1	D. Y.	M.	60	12th.	Skin yellow, black vomit.
2	J. A.	M.	43	11th.	Skin yellow, no vomit.
3	W. P.	M.	55	15th.	Skin yellow, no vomit.
4	W. B.	M.	28	11th.	Skin yellow, brownish bilious vomit.
5	J. G.	M.	33	17th.	Skin yellow, no vomit.
6	D. M.	M.	64	9th.	Skin yellow, brownish bilious vomit.
7	M. W.	F.			Skin yellow.
8	R. A.	M.	69	11th.	Skin yellow, black vomit.
9	T. R.	M.	44	15th.	Skin yellow, black vomit.
10	M. N.	F.	25	14th.	Skin yellow, black vomit.
11	M. F.	F.	23		Skin yellow.
21	M. M.	F.	30	11th.	Skin yellow, black vomit.
13	J. B.	M.	40	9th.	Skin yellow, no vomit.
14	J. R.	M.	36	15th.	Skin yellow, black vomit.
15	C. M.	F.	39	7th.	Skin yellow, no vomit.
16	W. M.	M.	60	8th.	Skin yellow, no vomit.

(N. Y. Journal of Medicine.)

XVI.—*On the use of Mustard in the Convulsions of Children.* By CHARLES S. TRIPLER, M. D., Surgeon U. S. Army.

MR. EDITOR:—Let me suggest to the profession, through your Journal the use of *Mustard* in the convulsion of children. I had an obstinate case last summer, from teething, in which every thing was tried, that I, and others, could think of, without success. As neither antimony, sulphate of zinc, sulphate of copper, ipecacuanha, nor any other emetic usually given, seemed to make any impression upon the stomach, I thought I would try mustard, with a view to its emetic effects. In a few minutes it arrested a fearful attack of convulsions, that had lasted five hours; and that too, *without vomiting* the patient, for some time afterward.

A short time since I had three more cases in the course of a fortnight; with the first I tried the usual remedies, and I also made an ineffectual attempt at venesection, (leeches could not be procured). The case still resisted, when the use of mustard again occurred to me. I gave it, and the patient was relieved in five minutes. With the other cases I used the mustard *at once*, and successfully. Its efficacy seems to have no relation to its emetic properties; for its sensible effects, in these cases, is as frequently to purge as to vomit. From my experience of the remedy, I do not hesitate to recommend its employment in these troublesome cases, in preference to any other internal remedy, with which I am acquainted.

Yours, truly,

CHARLES S. TRIPLER, Surg. U. S. Army.

Detroit, Mich., March 4, 1844.

(*N. Y. Journ. of Medicinc.*)

XVII.—*New Preparation of Quinine.*

Dr. Kingdon, of Exeter, having felt the utility in practice of quinine as a tonic, in cases in which a stimulus to the absorbents also was indicated, has recently succeeded in combining the qualities of two classes of medicines in an iodide and biniodide of quina. His iodide of quinine is formed by dissolving equal weights of the disulphate of quinine and iodide of potassium in boiling distilled water, and allowing the mixture to cool, when beautiful fasciculi of needle-shaped crystals are deposited, insoluble in alcohol. The biniodide of quinine is prepared by mixing twice the weight of iodide of potassium with the disulphate of quinine in boiling distilled water, evaporating to one-third in a sand-bath, and allowing the residue to cool, when a resinous substance is deposited of a light straw colour, which, by exposure to the air, becomes darker and of a greenish hue, not crystallizable, sparingly soluble in cold water, soluble in boiling water, readily soluble in alcohol, and then not precipitated when mixed with water. This preparation he has given in several cases of scrofulous enlargement of the glands with very great benefit. In the first case of a child, between three and four years of age, when the glands of the neck were in a state of suppuration, half a grain twice a day was given, and at the end of six weeks the swellings were entirely removed, and the general health much improved.—*Medical Times*, July 29, 1843.

(*Amer. Journal.*)

XVIII.—*Epistaxis.*

M. Negrier, in a communication to the Academy of Sciences, read June 5th last, reminds the members that he had presented a note in 1842, on a certain method of arresting nasal hemorrhages, consisting in elevating one or both arms, whilst the nostril from which the blood flows is at the same time closed by ressure naturally. He at the same time endeavoured to explain the *modus operandi* of this measure, by a theory founded on the views of Bichat, relative to the movement of the blood in the arteries.

For a year, M. N. adds, and each time that he has observed Epistaxis instantly arrested by the elevation of the arms, he has endeavoured to explain this occurrence; and his reflections, supported by the following facts, have convinced him that the elevation of the arms undoubtedly diminishes the flow of the blood towards the head. The following are the facts:—

1st. M. H. interne of the Hôtel-Dieu at Anvers, promptly arrested cerebral congestion to which he is subject, by the elevation of both arms at the same time; he has repeated this process a great number of times, and always with entire success.

2d. M. P., very sanguineous temperament, has repeated and instantly cured himself of violent cephalalgia with somnolency, by elevating his arms. He has remarked that his face became pale a few moments after his arms were raised.—*Rev. Medicale*, June, 1843.

XIX.—*Caustic applications in some of the diseases of the skin,*
By ALPH. DEVERGIE, M. D.

M. Devergie states that M. Alibert obtained such great success from the use of nitrate of silver, that he treated almost all cutaneous affections with this agent. He generally employed the *lapis infernalis*. M. Devergie has tried it under other forms with more success. He first lays down the general principle that the acute form contra-indicates the employment of caustic applications.

The aqueous solution of the nitrate of silver, in the proportion of from five to ten grains to the ounce of water, is the most suitable strength for eczema and lichen.

The lichen agrius requires, on the contrary, the application of the solid caustic. It is only necessary to touch each papula, but not the intervening sound integuments. It is likewise highly serviceable in sycosis or mentagra tuberculosa, when its application is followed by emollient cataplasms and vapour douches.

Herpes miliaris et circinnatus, when they do not yield to emollients and the preparations of sulphur, require to be cauterized with the nitrate of silver.

This application, likewise, has a favourable influence over chronic impetigo of the lips. Impetigo rodens, an obstinate affection which attacks the *alæ nasi* and the internal angles of the eyes, often yields to the chloride of zinc, in the deliquescent state, when combined with medicines internally. M. D. treated lupus tuberculosus successfully with

the same caustic. The caustic should only be applied to a limited portion of the diseased surface, and before the second application, the eschar formed from the first, must be allowed to fall.

A caustic solution of Iodine is the best local remedy for erratic lupus. M. Devergie uses the nitrate of mercury in the treatment of *impetigo decalvans* and *favus*.

(*Bulletin Général de Thérapeutique.*)

XX.—A New Salt of Mercury and Quina.

‘The combination of oxymuriate of mercury and tincture of bark has been long known as a remedy for the treatment of scrofula and enlarged mesenteric glands, also in the treatment of strumous ophthalmia. This combination is well known to be unchemical, the salt being decomposed by the bark. Mr. R. N. McDermott of Dublin, convinced of the value of a combination of the active principle of the bark with a salt of mercury—“a combination which, according to the concurring testimony of various physicians, accelerates, in a remarkable manner, the constitutional action of mercurials, was brought to think that a definite compound might be formed in which the bichloride would perform the part of an acid, and the alkaloid quina form the base, and which would combine the therapeutic value of these two important substances.” On trial he found the results of mercury and quina, chemically combined. On subjecting it to the strictest analysis, no trace of bichloride could be detected. The intimate combination of the active principle of the bark with mercury in the form just indicated, will, in his opinion, render it less liable to produce the ill effects of mercury on some constitutions, while its efficacy as a general remedy must be much enhanced. He anticipates that the combination of these two agents will rarely fail of producing a happy result in diseases of the eye generally, but especially when scrofula is present. — *Condensed from the Dublin Medical Press*, March 13, 1841. (*Med. Chir. Rev.*)

XXI. On the Iodide of Potassium in the latter stages of Pneumonia.

By GEO. L. USPHUR, M. D., of Norfolk, Virginia.

Among the numerous diseased states of the system in which iodide of potassium has been tried, with a success, in many instances, almost miraculous, I have no where seen its use recommended in the suppurative stage of pneumonia. My attention was first directed to it, in this affection, in the early part of last January. A poor woman, about thirty years of age, had suffered from inflammation of the lungs for eleven days before I saw her, without taking any remedy except a dose of castor oil at the commencement, and a dose of sulph. of magnesia on the sixth day. The middle lobe of the right lung was wholly consolidated posteriorly, as was conclusively shown by the bronchial respiration, the crepitant ronchus, and the flat percussion. The patient had suffered considerably, during the past autumn, from intermittent fever, which had left her pale and emaciated. This fact, coupled with the time that had elapsed from the beginning of the disease when I paid my first visit, induced me to forego the use of the

more active antiphlogistic remedies. I placed her upon a weak solution of tartar emetic, combined with oxymel of squill. On the third day, after I saw her, and the fourteenth of the attack, the fever was so much lessened, that I ordered a blister posteriorly to the right lung. The cough now became more troublesome, and the sputa were fast losing the *iron-rust* appearance so peculiar to the second stage of pneumonia, and were assuming a character more decidedly purulent.

As the suppurative stage advanced, the patient, as is usual, became more feeble, and, in three or four days from the application of the blister, the collection of pus was so rapid that she scarcely had strength to expectorate it, and was in imminent danger of suffocation on several occasions. The treatment consisted at first of tonics, and stimulating expectorants, which would assist the expectoration for two or three hours only; the system soon losing its susceptibility to their action. It was at this time, when the powers of life were nearly exhausted, that I prescribed the iodide of potassium, in doses of one scruple in twenty-four hours, administered in infusion of hop. The patient commenced to mend after the first day. The expectoration was more easily performed;—the pulse lost its sharp, irritable beat; the appetite improved, and in one week the patient was able to sit up.

Since January, I have had an opportunity to administer this remedy in six other cases of pneumonia, with a detailed account of which it is unnecessary to trespass further upon the columns of the examiner: suffice it to say, that in no instance did it fail promptly to answer my expectations. It may not be amiss further to state that, as a general rule, the cough, which often harasses the patient for weeks after convalescence, was not so protracted, nor so distressing during its continuance, in the case where the potassium was used throughout the suppurative stage.

The indications for its use, I have found to be, chiefly, the following: 1. In those cases of pneumonia, arising in anemic persons, where the disease is characterised in its early stages by typhoid symptoms. 2. In cases where inflammatory action, in the commencement, high, has been reduced by antiphlogistic treatment, and the suppurative stage is just beginning. This stage is easily recognised by a sudden depression of the vital powers; by a soft but irritable pulse, and by the bronchial respiration being accompanied by a harsh mucous ronchus. Lastly, in those cases grafted upon long continued intermittents which have left the blood, in a great degree, impoverished.

The *modus operandi* of the iodide of potassium, like that of other alteratives, has never been satisfactorily settled. That it is a medicine of great power, and calculated to do much good in proper hands, no one will pretend to deny. Its action seems to be incompatible with anæmia and the disease which result from it;—and with all forms of disease in which the fluids are materially deranged. Doubtless future investigation will throw further light upon its *modus operandi*;—in the interim, it is sufficient for us to be governed in its administration by the light of experience, even at the hazard of being called *empirics*.

Norfolk, (Va.) June 15th, 1844.

(*Med. Examiner.*)

XXII.—*Radical cure of Hernia by Injection.*

In the July number of the *New Journal of Medicine*, we find quite a flattering notice of Pancoast's Operative Surgery, from which we extract the following remarks:—

‘Upon the whole, our opinion of this work, as the reader will have perceived from the preceding remarks, is strongly favorable, believing that the author has done a public service in its execution. We have not referred particularly to the author's original operations and suggestions, many of which are ingenious, and some of them highly important. We will here introduce, in conclusion, by way of showing Prof. P.'s tact in this way, the following description of his mode of applying injection for the radical cure of hernia:’

‘The process, as employed by the author, is as follows: The contents of the hernia must be completely returned into the cavity of the abdomen—for the process is only appropriate to cases of reducible hernia, and those which are of large size. The apparatus required is a minute trocar and canula, a small graduated syringe, capable of containing a drachm of fluid, well fitted to the end of the canula, and a good-fitting truss for the purpose of making compression. The patient is to be placed on his back; the viscera are then to be reduced and the truss applied over the external ring for the purpose of keeping them up, as well as to prevent the possibility of the small quantity of fluid thrown in, from getting into the cavity of the abdomen. The surgeon then presses with the finger at the external ring so as to displace the cord inwards and bring the pulpy now enters with a drilling motion the trocar and canula, till he fills the point strike the horizontal portion of the pubis just to the inner side of the spine of that bone. The point is then to be slightly retracted and turned upwards or downwards; the instrument is then to be further introduced till the point moves freely in all directions, showing it to be fairly lodged in the cavity of the sac. The point of the instrument should now be turned into the inguinal canal, for the purpose of scarifying freely the inner surface of the upper part of the sac, as well as that just below the internal ring. The trocar is now to be withdrawn, and the surgeon, again ascertaining that the canula has not been displaced from the cavity of the sac, throws in slowly and cautiously with the syringe, which should be held nearly vertical, half a drachm of Lugol's solution of iodine, or half a drachm of the tincture of cantharides, which should be lodged as nearly as may be at the orifice of the external ring. The canula is now to be removed, and the operation is completed. A compress should be laid above the upper margin of the external ring, pressed down firmly as with the finger, and the truss slid down upon it. The patient is to be kept from changing his position during the application of the truss, and should be confined for a week or ten days to his bed, with his thighs and thorax flexed, keeping up steadily as much pressure with the truss as can be borne without increasing the pain, in order to prevent the viscera from descending and breaking up the new adhesions while they are yet in the forming state, or avoiding the risk of their becoming strangulated or being rendered irreducible by the lymph effused into the cavity of the sac.

‘The author has practised this operation in thirteen different cases, in

but one of which was there any peritoneal soreness developed that excited the slightest apprehension, and in this case it subsided under the application of leeches and fomentations. In several of these a single operation appeared to be perfectly successful. In others—where the sac was larger, or the patient was less careful in keeping the truss steadily applied during the first week, or from a cautiousness in introducing in the first cases a more limited amount of fluid—the effect was merely to narrow the sac, rendering a repetition of the process necessary for the cure. Of the permanency of the cure, during *several years after the operation*, the author is unable to speak, most of the patients operated on being temporary residents of the Philadelphia Hospital, and passing after a few months beyond the reach of inquiry. While under the cognizance of the author, they were employed without a truss as laborers on the farm attached to the institution, and in no one of the cases, during this period, had the hernial tumor recurred. It would, however, be but a proper measure of precaution to direct the truss to be worn subsequently for several months, in order to confirm the cure.

“The greater number of these operations were performed by the author eight years ago, before classes of students at the Philadelphia Hospital, but as he was able to trace the future history of the cases but for a few months only, they were not deemed of sufficient importance for publication. Very recently M. Velpeau has published a process almost precisely the same as that just described.”

“We have also to add that, quite recently, a youthful son of Æsculapius from Yankee land was here in New York, talking largely of the wonderful cures produced by the same mode of operation, and claiming it as an *original* discovery. It may be well to add that this young M. D. was one of Dr. Pancoast’s own manufacture, in other words, that he is a graduate of Jefferson Medical College.”

Now we have to add, that a physician in the West, by the name of Jayne, we believe, has taken out a *Patent* for an instrument to perform this same operation. It is heralded forth as one of the greatest discoveries in modern science, and the proprietor, (actuated, doubtless, by the noblest impulses of science and philanthropy,) has his agents travelling throughout the south-west, relieving the afflicted, and *selling patent rights*. We have been shown this instrument, (a simple little puncturing syringe, that any man possessing three grains of mother-wit might have *invented*, if satisfied of the indication to be fulfilled,) and we have seen one man that was operated on with it in Boston last fall, for recent hernia—he appears to have been relieved for two or three months, but the rupture has since returned. Now, we are disposed to think well of this operation, and believe that if carefully performed and followed by the use of a proper truss, it affords the most reasonable assurance for the radical cure of hernia; but it is ridiculous to speak of any thing about it as a *recent invention*, and even if it were, it is humiliating to suppose that the medical profession would so far forget and violate its chief glory, (*liberal philanthropy*,) as to sanction a monopoly to their inventors, of every discovery and improvement that may be made. The Patent Office of our Government was wisely designed for the encouragement of the Arts and Sciences, and surely inven-

tive genius should always receive the reward of its labors; but like all laudable institutions, it is liable to be perverted to improper purposes; and we think the case in point is a striking instance: If there is any benefit in this operation, the instrument, or the fluid injected, the entire profession, and the afflicted portion of the community are entitled to it. Dr. Jayne is entitled to no exclusive privileges. (Eds.)

XXIII.—ACADEMY OF MEDICINE OF PARIS.

Sitting of the 16th of January 1844.

Fibrous Tumors of the Mammæ.—M. Blandin, assailed the conclusions of a memoir, read by M. Cruveilhier at a preceding séance. He maintains, 1st, That fibrous tumors of the mammæ are rare, compared with the other mammary tumors in general, and with the encysted in particular. 2nd, That these fibrous tumors may become degenerated. 3rd, That it is impossible to distinguish them from cancerous tumors. 4th, That it is dangerous not to extirpate them.

M. Rouchoux announced that he had examined the structure of these fibrous tumors with a microscope, and had always discovered scirrhous matter diffused through the interstices of the fibres, when these tumors become degenerated.

M. Castel thought that the question, in regard to the degeneration of tumors, should turn upon time. He did not think that they should be allowed to grow and become old.

At the sitting of the 23rd, the same subject of discussion was continued.

M. Gerdy. The fibrous tumors described by M. Cruveilhier are easy to be diagnosed in certain cases; but this is not always true. There are tumors which are indurated, moveable, rolling under the skin, of a greyish color—of a fibro-cartilaginous consistency, crying under the scalpel, divided into lobes or lobules; in a word, resembling in every respect, those described by M. C., and the same which Sir Astley Cooper has described, under the head of irritable tumors of the mammæ. Although they may bear some analogy to the fibrous tissue, yet they differ from them. M. Gerdy, in fine, concluded that there were two or rather three sorts of tumors: the benign, malignant, and those of a doubtful nature, and susceptible of degeneration. The first are characterized by a depression of the skin in their center when the tumor is compressed between the hands, and are accompanied with peculiar, lancinating pains. The benign are not always indolent, but the pain in this, differs from that in the first. They should not be operated on; but we should not hesitate when the diagnosis is doubtful, a circumstance which is very common, and especially when the skin is retracted and diseased.

M. Velpeau admits the principle, that there are tumors of the mammæ which never degenerate; but, he does not regard them as really fibrous tumors, such as described by Cruveilhier, in the cases under consideration, M. V., thought that this privilege appertained more especially to

tumors which he had designated *fibrinous*, and which are caused by an extravasation of blood from a blow, a contusion, etc. He believed that M. C., had embraced these last mentioned tumors in his order of fibrous tumors. The microscopical character of fibrous tumors as well as all others has been well established by M. Mandl. In the fibrinous tumors, we only discover by the microscope fibres and fibrillæ. But on the living, their true character cannot always be appreciated, and we can never be certain that we are dealing with them, in a majority of cases, except in young persons; it is in such persons that we most frequently encounter them. Besides M. Velpeau did not believe that fibrous tumors were more liable to degenerate than those of the uterus, a circumstance which is very infrequent.

M. V. animadverted upon M. C., for having barely alluded to the treatment, and contenting himself with proscribing the operation, without indicating or recommending any other therapeutic method. Knowing that these fibrous tumors, although indolent, but rarely possess such characters as would satisfy the anxieties of the physician's mind, and relieve the fears of the patient, M. Velpeau is disposed to think that we should always operate in these cases.

M. Cruveilhier congratulated himself to find that some of the members, at least, admitted with him, the existence of fibrous or fibrinous tumors not susceptible of any degeneration. The whole difficulty will then, henceforth, be found in the diagnosis. M. Cruveilhier candidly avowed that it was not always very easy to seize the indications, which he had pointed out; but, that as in every thing else, it required time and tact. He combated the argument of M. Castel, who recognized in every species of tumor the germ of a cancer. M. Cruveilhier had watched, as well at the Salpêtrière, as elsewhere, these pretended germs, for ten, fifteen, and even twenty years in the same person. In a word, he was so well satisfied that these fibrous tumors, when their diagnosis was clearly made out, did not partake of a cancerous nature, that he did not hesitate boldly to say to the patient: "you have no cancer."

M. Moreau concurred in opinion with M. Cruveilhier, and, even in cases of doubt, he thought that the operation should be postponed until the malignant character of the tumor should become manifest.

M. Blandin presented a case of cancerous tumor, which he had removed from the palatine roof. He stated that this tumor, on examination, presented all the characters which M. Cruveilhier had attributed to fibrous tumors.

M. Lisfranc introduced a young man, in whom he had destroyed a vicious cicatrix by cutting the bands and excising the tissue of the cicatrix.

(SITTING OF THE 30TH OF JANUARY, 1844.)

Continuation of the discussion on fibrous tumors of the mammae.—M. Roux, renewed the subject by declaring that if the principles laid down by M. Cruveilhier, were admitted, they must produce the most disastrous and fatal consequences. He feared that his learned colleague had taken as a type for what he called fibrous tumors of the mammae,

fibrous bodies of the uterus—two things, entirely different. M. Roux blamed M. Cruveilhier for having said that one of the characters of the tumors of which he spoke was to become encysted; this name, said the orator, should only be given to tumors which contain a fluid.

M. Roux admitted that few of these tumors degenerate; but how, said he, can we predict that a tumor will not degenerate? This is the whole question, and one full of difficulties. It is only in young subjects that we can presume upon the non-malignant character of the tumor. In others, M. Roux does not believe that we can give an accurate diagnosis, although he avows that he has committed many errors on this point, and has operated where he supposed the tumor to be cancerous, when such was not the case.

But where is the surgeon who has not been equally unfortunate? In relation to the fibrous tumors, the diagnosis of which is well established, M. Roux would not go so far as to say, with his colleague, that they never degenerate. On this point, he was still in doubt. Yet, he admitted that these tumors rarely degenerate spontaneously, but that, such a thing was possible, under the influence of certain circumstances.

(SITTING OF THE 13TH OF FEBRUARY, 1844.)

The same subject continued.—M. Cruveilhier, replied to the objection which had been urged by Roux, at the preceding *séance*. He declared that he, (M. Roux,) had not been clear and explicit upon the first proposition; viz: that the mammæ were subject to the developement of fibrous bodies. Sir A. Cooper has described fibrous tumors of the mammæ. MM. Velpeau, Blandin, Berard, and Gerdy also admit their existence. That they exist is beyond a doubt, but the difficulty is in the diagnosis. M. Cruveilhier believed that he had given the precise anatomical characters of these tumors, and established their diagnosis, which had not heretofore been done, for surgeons still speak of *s'rumous* tumors of the mammæ, which are only *scrofulous* tumors and analogous to the *neuroma*.

M. Amussat combated the ideas of M. Cruveilhier touching the frequency of fibrous tumors of the mammæ. Dupuytren's museum, which contains so many rich specimens of fibrous tumors of the uterus, is, on the contrary, very poor in mammary tumors.

During the four years service of M. Amussat, as an Interne to the Salpêtrière, he had seen many fibrous tumors of the uterus, but very few of the mammæ. Hence he concluded that these tumors were not very frequent, and that M. Cruveilhier was not authorized to reproach surgeons with ignorance on this subject.

The characters attributed by M. C. to fibrous tumors of the breast, appertains, says M. C., to almost all tumors, which are usually moveable detached from the gland, rolling, indolent, etc., and nevertheless, they degenerate in the progress of time. M. Amussat regarded the proposition laid down by M. Cruveilhier as dangerous, from the fact, that all females would be unwilling to admit that theirs was any other than a fibrous tumor, to say nothing of those surgeons who would deceive them

with such a flattering hope. M. A. concluded by insisting on the extirpation of all kinds of tumors, including simple lupus.

M. Bérard, likewise opposed the proposition of M. Cruveilhier; the diagnosis is not only difficult, it is impossible, consequently he advises an operation.

M. Lisfranc acknowledged that fibrous tumors of the breast were very rare, he had examined an immense number of tumors in the breast, and with only a few exceptions, he had met with some of a fibrous character. On the contrary, he often found tumors in the breast, which exhibited all the features enumerated by M. Cruveilhier. M. L. was doubtful in regard to the possibility of fibrous tumors becoming degenerated. He would vote against each of the propositions of M. Cruveilhier. (*Journ. des Connaiss. Médico-Chirurg.*)

XXIV.—*The celebrated Surgeon Dupuytren.*

Guillaume Dupuytren, the most renowned surgeon of his age, the most vilified during his life, and the most regretted after his death, the most favoured by fortune, and the constant object of envy, though unhappy, was born of parents in a very low rank of life at Pierre Buffière, October 6th, 1777. As a child he was so good-looking, so intelligent, and always apparently so neglected by his family, that he was twice taken from them; first, at the age of four, by a rich lady, a traveller, who took a violent fancy for his pretty patois and his glossy locks; and afterwards, in his twelfth year, by a cavalry officer, whose brother was superior of the college of Lamarche in Paris. In that institution he received the first rudiments of his education, both general and professional. But though he pursued his medical studies with zeal and success, he cut but a sorry figure in his humanities, and he acquired the character of a refractory subject, a rake and a gambler, a character which was perseveringly attributed to him in after life, when in all probability he had ceased to deserve it.

He had the good fortune to secure, early in his career, the strenuous support of two powerful patrons, Thouret, member of the constituent assembly, and the celebrated surgeon, Boyer. When Dupuytren was defeated in a competition with M. Roux, in 1803, for the place of junior surgeon to the Hôtel Dieu, Boyer covered his retreat by appointing him inspector of the university. Malicious tongues gave out that the favour was not disinterested, that the place was given in lieu of a dowry to the intended son-in-law of the donor. Be this as it may, the day before the marriage should have taken place, Dupuytren formally rescinded the engagement.

The professorship of operative surgery having become vacant in 1812, a brilliant *concours* took place between Roux, Marjolin, Tactra, and Dupuytren, who, on this occasion, was successful. The victory was hotly contested; the emulation of the rivals degenerated into personal rancour; they openly insulted and defied each other, and cartels were even exchanged between them. Dupuytren, who composed slowly and with difficulty, was unable to deliver in his thesis at the appointed time. His competitors demanded that he should retire from the contest, and he ought in fact to

have been put out of the lists in accordance with the terms of the regulations. But his publisher came forward like a *deus ex machina*, and with an eye at once to business and to his country's glory, he parried this terrible stroke of ill-fortune. The delay, he said, was altogether the fault of the printers, and he made a number of compositors swear, that accident had happened after the types had been set, and that one of the forms had been broken up. It was to this uncrupulous piece of complaisance that Dupuytren owed a place essential to his high fortune.

Dupuytren was rather above the middle height, his complexion was dark, and his large bushy head sat rigidly on a pair of broad shoulders. His stern and overbearing glance would have made a pirate cower : it is certain he owed many an enemy to the expression of his eyes, and that his scornful and provoking smile increased the number. His voice was sometimes gentle and affectionate, but always guarded and mysterious, as though he feared to wake a sleeping infant, or to rouse the ire of a tyrant. His hesitation proceeded from no defect in his ideas or want of reliance on his own resources, but from distrust of other men : he looked on all men as malevolent critics or mortal enemies. When he entered a room, large or small, public or private, he invariably put his left hand to his mouth, and gnawed his nails to the quick ; the right hand was free to perform whatever gestures the occasion might require. When he spoke, he always addressed himself exclusively to a small portion of those around him ; those who were thus honoured, listened with gratified vanity, and the rest from emulation.

Arriving at the Hôtel Dieu at six in the morning, he seldom left it before eleven, His stern and reserved demeanour imposed the strictest order and silence on all around him. The least breach of decorum or of duty on the part of any pupil, was instantly visited by him with signal and public contumely. On visiting a patient for the first time, he began by casting on him a scrutinizing glance, and then he usually put three questions in a kindly tone of voice. But if the answers were not to his liking, the colloquy was at once broken off, and Dupuytren left the patient in a passion, and with a full conviction that all he had heard was a tissue of falsehoods. On accosting a sick child, an instantaneous change took place in his whole aspect and manner. His influence over children was magical. He had such a winning way of saying to them, "*Souffrez-vous, mon bon ami ?*" that the poor little things, for fear of distressing him, almost always answered, "*No.*" Any who should have seen him playing in the large halls of his hospital with his little convalescents, would have thought him the kindest-hearted man in the world.

"Antoine Dubois operated more rapidly and with more dexterity than Dupuytren ; Dessault was more brilliant, more majestic ; Boyer, more prudent, gentle, and humane ; Roux, more erudite in his art, more elegant in his movements, more nimble-fingered ; Majorlin was a man of more mature reflection ; Lisfranc was stern, and more expeditious ; but no surgeon possessed a more unfailling *coup d'œil*, a sounder judgment, or a firmer hand ; no one possessed a mind more imperturbable, or more prompt in perilous emergencies. It has happened to him to commit blunders ; he has been known to open an aneurism, mistaking it for an abscess : his coolness and

presence of mind on such occasions was incomparable. Putting his finger on the open artery, and smiling in the patient's face to beguile his attention, or to re-assure him, he looked round with a countenance almost serene on the spectators, and then quietly said to his assistants, 'A bandage,'—whilst looks of stupefaction were stealthily interchanged all round him.

"One day, a patient from whose neck he was cutting out a wen, fell dead under the knife: a vein had been opened, and the air drawn into it by the act of inspiration had suddenly paralysed the heart. Well, it will be supposed, perhaps, that Dupuytren was shocked and agitated by this catastrophe: he was less affected by it than myself, who was but a spectator. But seeing in this fatal event a surgical fact until then unknown, he immediately harangued his pupils on the causes of the startling accident they had just witnessed, and the extemporaneous lecture was, indeed, an admirable one.

"Let us not, however, charge on Dupuytren as a crime that gift of impassability which made him the first surgeon of his age. Without that force of mind, without that disregard for blood, without that profound indifference for pain and its noisy manifestations, there can be no true surgeon. I am even inclined to believe, that the revolution of '92 produced in some of our great surgeons that impassible serenity to which they owed their renown and their fortune. Times of seclusion and popular terror are not merely fruitful in atrocities; they impart to certain souls a cold energy, and an habitual disregard of danger. Revolutions bring forth first-rate surgeons, as well as intrepid soldiers and eloquent orators: now, we must recollect that Dupuytren arrived in Paris, in 1789."

With all Dupuytren's excellence as a surgeon, much of his skill appears to have been a personal and incommunicable endowment which perished with him. He read little, wrote ill, and was the author of few important innovations in his art. His life was unhappy; he was the mark of incessant calumny, for which his morose temperament afforded cause and aliment; and he was so unfortunate in his domestic relations, that the sufferings they occasioned hastened his end. He died in Paris, Feb. 8, 1835, in his fifty-eight year, leaving his daughter a fortune of seven millions of francs, the fruits of his professional labours, in addition to two millions he had given her when she married:—this was tolerably well for a man who was reported all his life long to be a desperate gambler.

(Foreign Quarterly.)

ART. XXV.—*The celebrated MADAME RESTELL'S practice—Extraordinary case of labour, in which the os uteri was found obliterated—Surgical operation—relief.*

We extract the following remarkable case from a note to Chailly's Midwifery, by Professor G. S. Bedford. It will serve to illustrate the awful consequences liable to follow the outrageous interference with the operation of nature, of such fiends, in human shape, as this celebrated *shy-charlatan*. Would that every woman residing in our large cities were made acquainted with the dreadful developments of this interesting note, that they might be placed on their guard against the mercenary and criminal designs and practices of such monsters as Mad. Restell. We envy not our sister city

New York, the honour of so distinguished a petticoat practitioner; we are quite confident that a single instance of such wonderful success as is displayed in the following case, would promptly procure her, in New Orleans, the reward she merits, *a coat of tar and feathers*. If we are not mistaken, about two years since, a disciple of this same Mad. Restell settled herself in this city, and came out with a flaming advertisement for the sale of *amulets and charms*, and professing to give such instruction and advice as would enable the gentler sex *to do what they pleased, and no fear of consequences*; but it didn't take—she met with no encouragement and had to leave. But to the case—

“December 19th, 1843. Drs. Vermeule and Holden requested me to meet them in consultation, in the case of Mrs. M. who had been in labour twenty-four hours. On arriving at the house, I learned the following particulars from the medical gentlemen. Mrs. M., was the mother of two children, and had been suffering severely, for the last fourteen hours, from strong expulsive pains which, however, had not caused the slightest progress in the delivery. I was, likewise, informed that about four hours before I saw the case, Dr. Minor, an experienced physician, had been sent for, and after instituting a vaginal examination, remarked to the attending physician that, “in all his practice, he had not met with a similar case.” Dr. Minor suggested the administration of an anodine, and having other professional engagements, left the house. Mrs. M. was taken in labour, Monday, December the 18th, at seven o'clock, P. M., and on Tuesday, at seven, P. M., I first saw her. Her pains were then almost constant, and such had been the severity of her suffering, that her cries for relief, as her medical attendants informed me, had attracted crowds of persons about the door. As soon as I entered the room, she exclaimed, “For God's sake, doctor, cut me open, or I shall die, I never can be delivered without you cut me open.” I was struck with this language, especially as I had already been informed that she had previously borne two children. At the request of the medical gentlemen, I proceeded to make an examination, per vaginam, and I must confess that I was startled at what I discovered, expecting every instant from the intensity of the contractions of the uterus, that this organ would be ruptured in some portion of its extent. I could distinctly feel a solid, resisting tumor at the superior strait, through the walls of the uterus, *but I could detect no os tincæ*. In carrying my finger upward and backward towards the cul-de-sac of the vagina, I could trace two bridles, extending from this portion of the vagina to a point of the uterus, which was quite rough and slightly elevated, this roughness was transverse in shape, but with all the caution and nicety of manipulation I could bring to bear, I found it impossible to detect any opening in the womb. In passing my finger with great care from the bridles to the rough surface, and exploring the condition of the parts with an anxious desire to afford the distressed patient prompt and effectual relief, I distinctly felt cicatrices, of which this rough surface was one. Here then was a condition of things produced by injury done to the soft parts at some previous period, resulting in the formation of cicatrices and bridles, and likewise in *the closure of the mouth of the womb*. At this stage of the examination, I knew nothing of the previous history of the patient, more than I have already stated, and

the first question I addressed to her was this : Have you ever had any difficulty in your previous confinements ? Have you ever been delivered with instruments ? &c., &c. She distinctly replied that her previous labours had been of short duration, and that she had never been delivered with instruments. Nor had she ever sustained any injury in consequence of her confinements. Dr. Vermeule informed me that this was literally true, for he had attended her on those occasions. This information somewhat puzzled me, for it was not in keeping with what any one might have conjectured, taking into view her actual condition, which was undoubtedly *the result of direct injury done to the parts*. I then suggested to Drs. Vermeule and Holden the propriety of questioning the patient still more closely, with the hope of eliciting something satisfactory as to the cause of her present difficulty, remarking at the same time, that it would be absolutely necessary to have recourse to an operation for the purpose of delivering her. On assuring her that she was in a most perilous situation, and at the same time promising that we would do all in our power to rescue her, she voluntarily made the following confession : About six weeks after becoming pregnant, she called on the notorious *Mad. Restell*, who hearing her situation, gave her some powders which it appeared did not produce the desired effect. She returned again to this woman, and asked her if there were no other way to make her miscarry. "Yes," says *Mad. Restell*, "*I can probe you, but I must have my price for this operation.*" "What do you probe with?" "*a piece of whalebone.*" "Well," observed the patient, "I cannot afford to pay your price, and I will probe myself." She returned home and used the whalebone several times ; it produced considerable pain, followed by discharge of blood. The whole secret was now disclosed. Injuries inflicted on the mouth of the womb by these violent attempts, had resulted in the circumstances as detailed above. It was evident, from the nature of this poor woman's sufferings, and the expulsive character of her pains, that prompt artificial delivery was indicated. As the result of the case was doubtful, and it was important to have the concurrent testimony of other medical gentlemen, and as it embodied great professional interest, I requested my friends, Drs. Detuold, Washington, and Doane to see it. They reached the house without delay, and after examining minutely into all the facts, it was agreed that a bi-lateral section of the mouth of the womb should be made. Accordingly, without loss of time, I performed the operation in the following manner : The patient was brought to the edge of the bed, and placed on her back. The index finger of my left hand, was introduced into the vagina as far as the roughness, which I supposed to be the seat of the *os tincæ* ; then a probe-pointed bistoury, the blade of which had been previously covered with a band of linen, to within about four lines of its extremity, was carried along my finger until the point reached the rough surface. I succeeded in introducing the point of the instrument into a very slight opening, which I found in the center of this surface, and then made an incision of the left lateral portion of the mouth, and before withdrawing the bistoury, I made the same kind of incision on the right side. I then withdrew the instrument and in about five minutes it was evident that the head of the child made progress ; the mouth of the womb dilated almost immediately, and the contractions were

of the most expulsive character. There seems, however, to be some ground for apprehension that the mouth of the uterus would not yield with sufficient readiness, and I made an incision of the posterior lip through its center, extending the incision to within a line of the peritoneal cavity. In ten minutes from this time, Mrs. M. was delivered of a strong, full grown child, whose boisterous cries were heard with astonishment by the mother, and with sincere gratification by her medical friends. The expression of that woman's gratitude, in thus being preserved from what she and her friends supposed to be inevitable death, was an ample compensation for the anxiety experienced by those who were the humble instruments of affording her relief. This patient recovered rapidly, and did not, during the whole of her convalescence, present one unpleasant symptom. It is now ten weeks since the operation, and she and her infant are in the enjoyment of excellent health.

I omitted to mention that the urethra was preternaturally dilated. I introduced my finger as far as the bladder, without any consciousness on her part, such was the degree of its enlargement.

About ten days after the operation, Dr. Forry visited this patient with me, and heard from her own lips the narrative of her ease, so far as her visit to Mad. Restell is concerned, and which I have already stated. On Saturday last, January 20th, Dr. Forry again accompanied me on a visit to this woman, and a vaginal examination was made. The mouth of the womb is open, and will permit the introduction of the end of the forefinger, and the two bridles are distinctly felt, extending from the upper and posterior portion of the vagina to the posterior lip of the *os tincae*, which they seem firmly to grasp. The urethra is still very much enlarged and somewhat tender to the touch. At my last visit to this patient with Dr. Forry, she made some additional revelations which, I think, should be given not only to the profession, but to the public, in order that it may be known, that in our very midst there is a monster who speculates with human life, with as much coolness as if she were engaged in a game of chance. This patient, with unaffected sincerity, and apparently ignorant of the moral turpitude of the act, stated most unequivocally, to both Dr. Forry and myself, that Mad. Restell on previous occasions had caused her to miscarry five times, and that these miscarriages had in every instance been brought about by drugs administered by this trafficker in human life. The only case in which the medicines failed, was the last pregnancy, when at the suggestion of Mad. Restell, she probed herself, and induced the condition of things described, and which most seriously involved her own safety, as well as that of her child. In the course of conversation, this woman mentioned that she knew a great number of persons who were in the habit of applying to Mad. Restell for the purpose of miscarrying, and that she scarcely ever failed in affording the desired relief; and among others, she cited the case of a female residing in Houston street, who was five months pregnant, Mad. Restell probed her, and she was delivered of a child, to use her own expression, "that kicked several times after it was put into the bowl."

It indeed seems too monstrous for belief that such gross violations of the laws of both God and man, should be suffered, in the very heart of a community, professing to be christian, and to be governed by law and good order.

Yet, these facts are known to all who can read. This creature's advertisements are to be seen in most of our daily papers; there she invites the base and the guilty; tells publicly what she can do, and without the slightest scruple, urges all to call on her who may be anxious to avoid having children. Here, then, is a premium offered for vice, to say nothing of the prodigal destruction of human life, that must necessarily result from the abominations of this mercenary and heartless woman. With all the vigilance of the police of our city, and with every disposition, I am sure, on the part of the authorities to protect public morals, and bring to merited punishment those who violate the sanctity of the law, this Madame Restell, as she styles herself, has as yet escaped with impunity.

Occupying the position I do, and fully appreciating the important trust confided to my care in connexion with the department over which I have the honour to preside in the University, I have felt it to be a duty I owe to the community, to the profession, and to myself, publicly to expose the facts of this case; and I fervently hope that the disclosures here made may tend to arrest this woman, and the infliction of the severest penalty of the law.

In a professional point of view, this case is not without interest. It must be evident to all that without the operation, the patient would have sunk. She had been in labour precisely twenty-nine hours, when I made the section of her womb, and for twenty hours previously the contractions were most energetic, possessing all the characteristics of true expulsive pains. But yet, with all this suffering, not the slightest change had been effected in the parts. If nature, therefore, had been competent to overcome the resistance, sufficient time was allowed for this purpose. Longer delay, would undoubtedly, have placed the lives of both mother and child in extreme peril, for from the reiterated, but unavailing efforts of the womb, there was reason to anticipate rupture of this viscus, which would most probably have compromised the life of the mother, while at the same time, the child was exposed to congestion from constant pressure, exerted on its head by the contractile force of the uterus. I am not aware that this operation has ever been performed in this country, at least, I have found no record of it. It has on several occasions been resorted to in Europe, but not always with success."

XXIV.—*Professor BEDFORD on Uterine Hemorrhage. (Note to Chailly's Midwifery.)*

Ergot should never be considered among the *heroic* remedies in the treatment of uterine hemorrhage, after the birth of the child. Some practitioners are in the habit of relying on it as an all-sufficient agent in these cases, but they are in error. In profuse hemorrhage death may ensue before ergot can act.

Something else, therefore, must be done in these trying emergencies. Hemorrhage, after the expulsion of the child, is either *external* or *internal*. In either case the indication is the same, *the uterus must be made to contract*. This object will be best effected by introducing one hand into the cavity of the womb, carrying it, if possible, to the point

of the organ, to which the placenta is yet partially attached, or from which it has been separated. Then with the broad surface of the posterior portion of the fingers, pressure to be made directly on the bleeding vessels, while with the other hand applied to the abdomen, counter pressure is employed. In this way the uterus will frequently be made to contract, and the hemorrhage will at once cease. Together with the pressure, the cold dash is an invaluable remedy. Let iced water be thrown from a height on the abdomen, and this is to be repeated successively until contraction is induced. I have occasionally found great benefit from grasping a small piece of ice, and introducing it into the womb; the contact of cold, thus suddenly applied, will sometimes produce immediate contraction of the organ.

It has been remarked, by a writer on midwifery, that no physician should have the hardihood to cross the threshold of the lying-in chamber, who is not prepared promptly and effectively to manage every placenta case that may, by any possibility, present itself. This is the language of that emphatic, lucid, and practical author, Dr. Gooch. I respond most heartily, with all consciousness of its truth, and would say to those who have never yet been engaged in the practice of the profession, that if there be any one thing more than another, in the whole routine of professional duty, calculated to strike terror into the heart of the practitioner, and for a moment paralyze his best energies, it is a case of *flooding* after the birth of the child. One moment's hesitation or doubt, on the part of the practitioner, and death speedily terminates the scene. Nature has opened her floodgates, and if they be not instantly and skilfully closed, all chance of rescue is at an end. Never since I have been a practitioner of medicine, have I had my feelings so wrought upon, and my sympathies so freely excited, as in a case in which I was recently engaged. It is a sorrowful, melancholy tale; yet, it is so full of instruction, that I cannot forbear narrating it, in order that wholesome admonition may be derived from its recital.

A short time since I was sent for in great haste by a gentleman to meet him in consultation in the case of a lady who had just been delivered of a child. As soon as I reached the house, he informed me that half an hour before my arrival he had delivered his patient of a fine son; and he observed that there was another *foetus* in the womb. Finding his patient growing weak, he thought it advisable to send for assistance. This was all the information I received, when on being introduced into the room, I witnessed a scene which I have not language to describe. The husband and relatives were gathered around the bed of the dying woman; her two little children who had been asleep in an adjoining room, awakened by the confusion of the night, became alarmed, and rushed into their mother's chamber. As soon as I beheld the patient, I became convinced that all was over. There she lay, pulseless and speechless, with death written upon her countenance. In placing my hand on the abdomen, I found it immensely distended, it was soft on pressure, and in an instant I made my diagnosis. It was a case of *internal uterine hemorrhage*. Without a moment's delay I introduced my hand, for the purpose if possible, of bringing on contraction of the womb. I found the placenta detached and

lying immediately over the mouth of the uterus, thus effectually preventing the escape of blood externally, and leading the practitioner into a fatal error as to the actual condition of his patient. As soon as I had introduced my hand into the womb, the unfortunate woman seemed to experience a momentary revival. She opened her eyes wildly, gazed on those around, asked for her children and instantly expired. Comment here can scarcely be necessary. Error of judgement as to the nature of the difficulty had thus suddenly swept from earth an interesting woman; it had converted a house of joy into one of mourning, and had deprived the young and helpless of a mother's love and devotion. Such scenes are indeed agonizing, and are calculated to make a lasting impression on the minds of all who appreciate the necessity of accurate knowledge and the fulness of professional responsibility.



PART THIRD.

HEALTH OF THE CITY—TOGETHER WITH AUTHENTICATED REPORTS FROM THE NEW-ORLEANS HOSPITALS AND INFIRMARIES.

NEW-ORLEANS JULY 15TH 1844.

On sending forth our second number, we find ourselves still somewhat in arrear of our time, but it has been unavoidable. We are satisfied our readers will not utter a word of complaint, if they form any just conception of the difficulties with which we have to contend. We must be permitted to express our gratification at the kindness and favour with which our first number has been received, judging from the flattering notices elicited from the news paper press in this and other places, and the numerous congratulations we have received from correspondents throughout the country. But we can assure our subscribers and the entire profession in the South-West, that if they wish to see a Medical Journal maintained in this place, they must not withhold their prompt and liberal support. We ask *no compensation* for our labours; they are freely offered for the sake of *the cause*; but it surely will not be required of us in addition to this, to make pecuniary sacrifices. The physicians of Mobile are entitled to our special thanks for the alacrity with which they have come forward and joined us in our efforts to sustain a Medical Journal. On a flying visit to them recently, we were delighted to find them a liberal and enlightened corps; enjoying the utmost harmony, and all willing to contribute their quota to the maintenance of a Southern Medical Journal. But compliment from us is unnecessary, when we have it in our power to refer to such substantial evidence of their ability and goodwill, as is afforded by their interesting communications to be found in this number. For the paper of Dr. Lewis, on the nature of Yellow Fever, and his *Critique* on the opinions set forth in the recent works of Drs. Monette and Carpenter, we bespeak the indulgence of the reader. When this paper was composed, Dr. L. had not the least expectation it would ever be published, else he would have been much more comprehensive and minute, in his references to authors. In the course of his duties as a member of the Mobile Medical Society, he selected the subject of Yellow Fever, which had engaged his particular attention for several years, upon which to write; and it is not to be wondered at, that two recent works issued from his immediate vicinity,

and containing views so different from his own, should have attracted his observation. The Society thought well enough of his production to vote its publication, and although sensible of its imperfections, as he begs us to say, he gave his consent, under the hope that it might at least serve to re-open discussion upon a most important and interesting question, which although volumes have been written upon it, seems not yet to be settled. Entertaining opinions diametrically opposed to those of Drs. M. and C., he attacks their positions boldly, though in the most liberal and candid spirit, (as he requests us to say for him,) and openly declares the facts and observations upon which his own are based. Discussions of this kind, kept up in proper temper, must have a beneficial tendency.

The sketch of the origin and progress of the Mobile Medical Society is inserted with much pleasure. We hope the Society will furnish us hereafter a *procès verbal* of all its transactions. We have also fallen in possession of the Constitution and By-Laws of the Natchez Medical Society. Appended to this is a most valuable Code of Medical Ethics, adopted by this Society, which we extract and lay before our readers. It were greatly to be desired that such a Code of Ethics, and also a regular Fee Bill be adopted, and strictly observed by the whole profession. Much ill-feeling and improper conduct would be avoided by it, and the general standing of the profession improved. We are indebted to Mr. North of Mobile for meteorological observations during the month of May; also some admirable Tables from Dr. Tooley of Natchez. We would suggest to the Gentlemen of the three Cities who are paying attention to this subject, the propriety of adopting the same hours for making these observations. At present, Dr. Tooley of Natchez adopts the hours of 6—12—6. Mr. North, of Mobile, 7—2—7; and Mr. Lilly, of New Orleans, 8—2—8.

For the purpose of comparison, these observations should certainly be taken at the same hour. We find we shall not be able to make room for these observations from any other place than this, in every number; we should be pleased to receive annual Tables from any other places.

The paper on Erysipelatous Fever, or Black Tongue, from Dr. Puckett, of Mississippi, will be read with interest, and we hope his example will be followed by all physicians residing in the interior.

We commend to the special attention of our readers, the able paper on Yellow Fever, by our fellow citizen Dr. Lambert. Dr. L. is one of our oldest and ablest practitioners, and we think has given the most rational succinct and graphic view of the disease, to be found in any monograph on the subject. We hope we shall not fatigue our readers with the subject of Yellow Fever; it is the *great disease* of our City and region, and in as much as very discordant opinions in relation to it seem to prevail, we think it deserves a patient, and thorough investigation. We should be much pleased to receive some communications from the Physicians residing in the interior, on Congestive Fever, the *great disease* of the country.

Art. I.—STATE OF HEALTH.

The health of the city has been as good as usual, since the date of our last number. The customary diseases of the season, such as Cholera-Morbus, Diarrhea, Dysentery, Remittent and Intermittent Fever, and Whooping Cough, have prevailed, but not to an extraordinary extent. Upon inquiry of many physicians who command a large business, there appears to have been but little doing in private practice. The admissions into the Charity Hospital have been pretty numerous, but these are derived chiefly from the followers of the sea and the river, who being unacclimated, are apt to suffer from the early appearance of warm weather. Their exposure to the sun on the Levée probably renders them more liable to get sick, than the mechanics and shop-keepers of the city. The diseases for which there have been the greatest number of admissions into the Hospital were the following, in the order named, viz :—Intermittent Fever, Rheumatism, Dysentery, Diarrhea, Ulcer, Contusion, Syphilis, Gonorrhœa, Gastritis, Phtihisis, Bronchitis, &c., which will be more fully noticed under the head of Hospital Reports. The weather has been for the most part warm and showery. Since the first of July it has been exceedingly hot and sultry, the thermometer frequently reaching ninety degrees in the shade, which is very uncommon in this place. Owing to this state of the weather, we have had frequent instances of *coup de soleil*, sun stroke, or solar asphyxia, as it has been variously denominated. The newspapers have reported as many as six cases in one day. This is a dreadful affection, and soon terminates fatally, if not arrested by the most prompt and energetic means of relief. It is terrific to witness a robust man, in the full possession of his physical powers, whilst walking along the Levée or street, suddenly reel and fall as if he were shot, and perhaps be a corpse in twelve hours. We were told of an instance that occurred in the ranks of one of our Volunteer Companies whilst parading on the 4th; a stout man, whilst marching in file, suddenly dropped dead, and at night-fall was borne by his companions to the grave. The injury at once done to the brain is frequently irreparable, though many may be rescued from impending death by the prompt and bold use of the lancet, ice to the head, mustard foot baths, &c. We have seen cases that fell in this manner, and were relieved by these means—the following day upon returning to consciousness they were totally ignorant of all that had transpired from the time of attack. This affection, however, is by no means peculiar to New Orleans, or the South; our Northern cities, perhaps, suffer fully as much, or more from it than we do.

In regard to the prevalent fevers of the day, some of them are of a high grade of Bilious Remittent, so closely resembling Yellow Fever, as to render it very difficult to distinguish between them. When taken in connection with what is to follow, perhaps they may throw some light upon the origin of Yellow Fever. Under the new organization of the Board of Health, we have reason to believe that the most careful

observation will be made upon this subject, and every precaution taken to preserve the health of the city.

One of the most remarkable events of the year, is the extraordinary rise of the Mississippi river, and the immense inundation that is the necessary consequence. The height is supposed to be fully equal to that of 1828; in some places above it, in others not quite so great—this variation is caused by the great extent of New Levée that has been erected since that period. Numerous crevasses have been forced by the immense volume of water, between this place and the mouth of Arkansas river, and a prodigious extent of territory is inundated, and will remain under water for a period of two or three months. It will be most interesting to observe the effects of this upon the future health of the inhabitants of the lower valley. Such an occurrence, which does not take place more than once in ten or fifteen years, may be expected to exert more or less influence upon the state of health for several years to come. We are of opinion that the remote cause of endemic diseases often requires so long a period for the development of its effects, that it is entirely overlooked. Hence, the prevailing ignorance that is generally confessed. Our observation only extends to the state of the weather, &c. of the existing and perhaps the preceding years, and if asked the opinion whether a sickly or healthy season may be expected, we are totally at a loss for a rational prognosis. For want of some faithful record, the instruction of past experience has been lost to us, or is preserved only on the isolated and perishing tablets of memory; but we have reason to hope this will no longer be the case.

We hear from Mississippi that the summer fevers (Bilious Remittent and Intermittent,) are already prevailing to a considerable extent.

From the West Indies we have not heard of much Yellow Fever as yet. From this fact, many who entertain *certaines opinions*, predict a healthy season for New Orleans; *nous verrons!*

The papers from Vera Cruz report the Black Vomit (as they denominate Yellow Fever) to prevail to a great extent. Upon inquiry, we find, there is but very little intercourse between New Orleans and any of those places at this time. There is no Yellow Fever in New Orleans at present, as far as we have been able to learn. An unusually large number of our citizens have left the city this summer.

Art. II.—BOARD OF HEALTH.

The first ordinance for the establishment of a Board of Health, in the city of New Orleans, (as far as we have learned) was passed by the General Council, in June 1841. The Board consisted of nine members, viz: three aldermen, three physicians, and three private citizens. It was invested with ample powers to adopt and enforce such sanitary regulations as were thought conducive to the health of the city. They

were required to make weekly publications of the interments during the sickly season, and monthly, the rest of the year. It was made the duty of all the keepers of Cemeteries, in the Parish of Orleans, under a penalty, not exceeding one hundred dollars, "to report to the Board of Health, the number of burials in their respective yards, and each report should specify the name, age, sex, color, calling or trade, disease, &c., &c., of the deceased."

"The sextons or keepers have the right to demand of persons bringing bodies for interment, a certificate embracing all the particulars above enumerated, signed by the Mayor, a *licensed physician*, or two respectable citizens, without which, they should not be received."

The Board performed all of its functions well during the first year of its existence, 1841. If they were not able to adopt such measures as would preserve the health of the city, they at least gave us a pretty correct account of the "killed and wounded." The following year, 1842, it was observed to be somewhat remiss in its duties, but it did not fall quite into dissolution.

On the approach of the sickly season in 1843, upon the voluntary withdrawal of some of the old members, the Board was immediately re-organised, and something of a *re-action* appeared like taking place. This reaction, however, proved to be quite evanescent—no regular meetings were held during the year, and the Board did not attend to any of the duties required of it.

At the opening of the present season the Board of Health was found to be literally *defunct*, and the subject having been brought to the notice of the General Council, that body addressed a communication to the Medico-Chirurgical Society, asking its opinion as to the propriety or necessity of having a Board of Health in the city of New Orleans, and also any suggestions in relation to it, which the society might offer. The matter was laid before the society, referred to a committee, and a full report returned to the Council in reply. Whereupon, the General Council constituted the Medico-Chirurgical Society, a Board of Health for the City of New Orleans, and invested it with all the powers of the former Board. Consequently, at the last meeting of this Society, the appointment was accepted, and the preliminary steps were at once taken to carry it into effect. Nine members were appointed a committee of health, whose duty it is to examine into everything relating to the subject, and to report to the society such sanitary regulations as they may think advisable. After receiving its sanction they will be enforced. We have every reason to believe that the various and important duties appertaining to the Board of Health, will now be promptly performed, and we expect to derive, from this source, some interesting information for the gratification of our readers.

Art. III.—Dr. WOODCOCK'S LETTER.

We have received the following letter from Dr. Woodcock, of Mobile, an old and highly respectable practitioner, which he authorises us to publish. From its perusal, it will be seen, that the experience of Dr. W. confirms the statement made by Dr. Logan, in our first number, in regard to the prophylactic virtues of Belladonna, in Scarlatina. (Eds.)

Mobile, 7th June, 1844.

GENTLEMEN.—I received yesterday by mail, your 1st Number of the New Orleans Medical Journal. The appearance of a new medical journal in the "Sunny South" apparently well gotten up, and promising untiring devotion to Southern Medical Literature, is to me, and should be to all southern medical men a desideratum.

I hail the appearance of this work as the harbinger of better days for us; and trust as you have commenced, so you may continue the good work, of lashing empiricism, until the entire reading public, whether physicians or not, may be readily able to appreciate, and of course, estimate properly, the difference between a scientific practical man and the host of charlatans, which now flood the Southern Country.—I say emphatically, "God speed the undertaking."

I notice with pleasure, a communication of Dr. Logan, on the prophylactic powers of Belladonna in preventing Scarlatina.

In 1829—30, while a resident of the town of Florence, in North Ala., where I had practised medicine some 17 years, I tried the Belladonna extensively as a preventive for Scarlatina.—It was used by me in 100 instances; in families where the disease was prevalent, and in Academies; and *in every instance*, an attack of the disease was warded off. Indeed, so soon as I saw the eruption, consequent upon the exhibition of the article, I always considered my little patients safe.

Of course, if you choose, you are at liberty to publish this short communication, or the entire letter, as you see fit.

Truly your obedient servant,

JOHN H. WOODCOCK.

Art. IV.—The Mobile Medical Society—and the Law, Regulating the Practice of Physic in the State of Alabama.

We take much pleasure in laying before our readers the following sketch of the origin and progress of the Mobile Medical Society, and the Law of the State, in regard to the profession, obligingly furnished us by the secretary Dr. Ross.

It is difficult to account for the partiality which the Legislature of this State has ever displayed towards that set of empirics, *steam Doctors*. Perhaps no State in the South can boast of a more able and enlightened Medical Faculty than Alabama; yet strange to say, her Legislature whilst it does not withhold from them its fostering care, is willing to recognise on an equal footing, the most ignorant and dangerous set of *pretenders* that ever infested the ranks of a liberal profession. She has a curious way of displaying her protection of the profession;—she is determined that if any new Doctors settle in the State, they shall either be *stark fools*, or *very well informed*. No half way Doctors for her! This is protection with a vengeance; and perhaps has its origin in her devotion to ultra Free Trade principles. Now many physicians have their doubts as to the propriety of Legislative protection to the profession—they assert that these laws are never enforced in our country. We confess we do not see that much benefit can ensue from laws that are never enforced, but we believe that in this instance the chief difficulty lies among the members themselves. If they were united and firm in support of their own interest and the dignity of their profession, these Laws might be made to exert a very beneficial influence. (EDS.)

“The Physicians of Mobile, believing that by uniting into a Society, the interests of the profession would be advanced, a meeting of the different Medical Gentlemen of the City was called on June 12th 1841, of which meeting the following are the proceedings.

At a meeting of the Physicians of Mobile, held at the office of Drs. Fearn and Nott, on 12th June 1841, the following gentlemen were present. Dr. J. H. Woodcock, Dr. J. W. Moore, Dr. P. H. Lewis, Dr. J. C. Nott, Dr. G. A. Nott, Dr. F. A. Ross, Dr. J. Carter, Dr. A. Lopez, Dr. Ino. McNally, Dr. W. B. Crawford, Dr. J. W. Michaux, and Dr. H. S. Levert.

Dr. Woodcock, being called to the chair, the following resolutions were submitted by Dr. J. C. Nott, and unanimously adopted.

1st. Resolved, That we, the Members of the Medical Profession of Mobile now assembled, do hereby agree to unite and form an association to be called: The Mobile Medical Society.

2d. Resolved, That we will each subscribe the sum of \$10, to be paid forthwith, and that no one shall be considered a member until this subscription be paid.

3rd. Resolved, That the amount of the subscriptions as soon as collected shall be applied to the purchase of foreign and american periodicals.

4th. Resolved, That a Committee of 3 be appointed for the purpose of drafting a Code of Laws for the Government of the Society.

5th. Resolved, That the Committee be directed further to revise the Laws of Alabama, regulating the Practice of Physic and Apothecaries, and to frame a bill with such alterations and amendments as are deemed necessary.

6th. Resolved, That the Committee be requested to collect the money subscribed, make such a selection of periodicals as they may think advisable, and take the necessary steps immediately for procuring them.

7th. Resolved, That this Committee be directed to report on the first Monday in July, on all the matters assigned to them.

8th. Resolved. That we will petition the Legislature at their next session, for an Act to Incorporate the Mobile Medical Society, and also for the enactment of such Laws regulating the Practice of Physic and the profession of Apothecary in Mobile County, as will be best calculated to maintain the dignity of our profession and to guard the community against ignorance and imposition.

9th. Resolved, That we will, at our next meeting, go into an election of officers for the Society, viz—a President, Vice-President, Secretary and Treasurer.

Under resolution. 4th, The chair appointed Drs. J. C. Nott, Levert and Crawford, a Committee to draft a Code of Laws for the government of this Society.

At a subsequent meeting held June 21st, the Committee reported the following as the Constitution which was adopted. (See Constitution.)

At the session of the Legislature, in the winter of 41 and 42, the Society petitioned to be incorporated. (See Charter.)

The following bill also passed the two houses with an important consideration : that is, that it was not to interfere with those persons practising the *Botanic System*. This system of quackery has always been fostered and encouraged by our Legislature, to the great detriment of Medical Science, and notwithstanding all the opposing efforts of the different physicians in all sections of the State, these empirics are still authorised to practise medicine and recover debts in the same manner that regularly educated physicians do. It would be useless to attempt to portray the bad effects produced by such a course of legislation on a subject the most important to the welfare and temporal happiness of our population. We have only to rely upon the intelligence and good sense of communities in putting down a system which has unfortunately been walled in by the full force of the law.

The following is the bill passed.

An Act to amend an Act entitled "An Act to amend an Act to regulate the Licensing of Physicians to practise, and for other purposes," passed January 15th. 1830.

Section 1.—Be it enacted by the Senate and House of Representatives of the State of Alabama in general assembly convened, That from and after the passage of this act, the State of Alabama shall be divided into five Medical Districts. The first District to consist of the counties of Madison, Lauderdale, Limestone, Jackson, Franklin, Laurence, Morgan, Branton and Blunt.

The second District to consist of the Counties of Marion, Walker, St. Clair, Jefferson, Lafayette, Pickins, Bibb, Tuscaloosa, Shelby, Talladega and Randolph.

The third District to consist of the Counties of Sumpter, Green, Marengo, Perry, Dallas, Autauga, Coosa, Tallapoosa, Chambers, Russell, Macon, Lowndes and Montgomery.

The fourth District to consist of the Counties of Clark, Monroe, Wilcox,

Butler, Pike and Barbour. The fifth District to consist of the Counties of Washington, Mobile, Baldwin, Conecuh, Covington, Dale, and Henry.

Section 2d.—And be it further enacted by the authority aforesaid. That from and after the passage of this Act, no persons shall be allowed to practise Physic or Surgery, or any branch thereof, or in any cases to prescribe for the cure of disease for fee or reward, unless he shall have been first licensed so to do by the Medical Board of the district within which he shall so practice or prescribe.

Section 3d.—And be it further enacted by the authority aforesaid. That from and after the passage of this act, all the powers and duties of the Medical Board at Mobile, as the same are created and expressed in, and by the Act (to which this is a supplement) passed January 15th 1830, be and are hereby vested in the Medical Society of the City of Mobile, which Society is hereby constituted a Medical Board for the *fifth* District, for the purposes in said act named and intended.

Section 4th.—And be it further enacted by the authority aforesaid, That from and after the passage of this Act, no Apothecary within this State, shall be permitted to compound, vend or expose to sale, any drugs or medicines without his having previously obtained a licence so to do from the Medical Board of the District within which he shall so compound, vend, or sell; provided that nothing herein contained, shall be so construed as to prevent merchants or shop keepers, from vending or exposing to sale medicine already compounded, as articles of trade.

Section 5th.—And be it further enacted that on the application of any person for a licence to practise Physic or Surgery, or to pursue the profession of an Apothecary within the fifth District, made to the President of the Medical Society of the City of Mobile, there shall be appointed by the said President a Committee of six persons, Members of the said Society to examine the said applicant, and determine the fitness of granting him the licence applied for. And if on such examination the said applicant be found competent in all respects to receive the licence applied for, the said Society shall grant to him a certificate of licence, signed by the President, Vice President and Secretary of the said Society; and for every such certificate, the applicant on receiving shall pay to the Secretary of said Society, for its use, the sum of —

Section 6th.—And be it further enacted, &c. That if any person or persons shall violate the provisions of this Act, or of any Act regulating the Practice of Physic or Surgery, or the profession of an Apothecary within this State, he or they, shall be liable to be indicted for such violation, and upon conviction under such indictment, he or they, shall forfeit and pay a sum not exceeding five hundred dollars to be assessed by the Jury trying such indictment; one half of which fine so assessed shall be paid to the Medical Board of the District in which said offence was committed, for its use if the said Medical Board or any of its Members shall have given information of such offence, or to any person or persons giving information of such offence for his or their use, or otherwise the whole of such fine shall be paid for the use of the State.

Section 7th.—And be it further enacted, &c. That in any action hereafter to be brought in any of the Courts of this State for the recovery of

any debt due to a Physician legally licenced, for professional services rendered, or for medicines furnished at the request of the defendant, or for its use and benefit, within the State, the bill of particulars of such debt or demand supported by the book of original entries, containing such particular charges, and sworn to by said Physician, before any Justice of the Peace within this State, shall be *prima facie* evidence of the correctness of such bill of particulars, and of the amount due thereupon; provided said bill or bills so presented do not exceed the rates of charging agreed upon by the Faculty in the particular District in which the services are rendered.

Section 8th.—And be it further enacted, &c. That all laws, except such as are hereby established for the violation of any Act regulating the practice of Physic or Surgery, or the profession of an Apothecary within this State or the granting of licence therefor, are hereby repealed.

Section 9th —And be it further enacted, &c. That all Acts and parts of Acts inconsistent with the provisions of this Act are hereby repealed.

The Society, soon after its organization, subscribed to the principal Medical Journals of France, England, Ireland, Scotland and America, which were always for the use of the Members.

The Society has had monthly meetings, at which Essays are read, and discussed, subjects for discussion are brought up, interesting cases related, &c. The present officers are R. Lec Fearn, M. D., President; A. Lopez, M. D., Vice-President; F. A. Ross, M. D., Secretary; and H. Gates, M. D. Treasurer.

The Society is now composed of twenty Members, and is in a flourishing state, having no debts, and a full treasury.

The President, Vice-President and Secretary constitute the Board of Health.

I have now, Gentlemen, sketched in a somewhat hurried and rough manner, rather more than an outline of the history of the Mobile Medical Society, and shall take much pleasure in hearing that it may answer your purposes.

Very Respectfully your obedient serv't.

FRANCIS A. ROSS.

Art. V.—Synopsis of Medical Etiquette, presented to the Natchez Medical Society, by Saml. A. Cartwright, M. D., for its consideration, and unanimously adopted on the 2d December, 1842.

The intention of all those rules governing the intercourse of physicians with one another, commonly called Medical Etiquette, is to seek the patient's good and to preserve harmony among the members of the medical profession. So far from these time-honored rules being arbitrary and unmeaning, perplexing and inconvenient, they are based on the principles of Medical Ethics, and are indispensable in giving those principles a practical application. If the code of rules called Medical Etiquette be not

strictly observed, the character and professional reputation of the best physician is at the mercy of every intriguing, dishonorable charlatan who may dub himself a doctor; and what is much worse, the private animosities of rival physicians would find their way into the sick chamber, which the proper observance of Medical Etiquette would totally exclude.

RULE 1. No physician shall, directly or by inuendo, criticise or censure the practice of any other physician before any person or persons not qualified to be a judge in the case. Physicians may criticise the practice of one another when they are to themselves and no person present or in hearing who is not a physician; because it is presumed that they speak before those, who are judges of the correctness or incorrectness of the criticism, and that the criticism itself, instead of doing harm, may elicit information. Thus A, may say to B, that C bleeds too much or uses some remedy in cases not appropriate. B, being himself a physician, is qualified to be a judge in the case, and can correct A, if his criticism be not well founded, and if well founded, he can call the attention of C, to the subject, and thus be the means of correcting an improper practice—thereby benefitting the public; the criticism, however, should be entirely confined to the physicians, and in no case permitted to reach the public ear—not even the most intimate friend, relative or acquaintance, who is not a member of the medical faculty.

RULE 2.—Every patient has a right to choose his own physician, to have a first and a second and a third choice, and every thing which tends to deprive him of this right is empirical and contrary to the rules of medical etiquette. It is always presumed that the physician first sent for in any case of illness is the first choice of the patient. If absent, or incapable of attending to the call, the second or third choice is always to give way to the first, as soon as the first is ready to take charge of the patient. In such cases consultation fees are not to be charged by either physician, unless the patient requires the attendance of both. It is the duty of the physician who may be the second or third choice of the patient to inform the patient's first choice of what he has prescribed, either verbally or by writing, and to give up the case to the patient's first choice or family physician.

RULE 3.—Surgical and obstetrical cases are not governed by the same rule which regulates medical practice so called. In all surgical cases where the family physician or first choice cannot at the time be had, and any other physician be called in, who operates or dresses a wound, the physician thus called shall attend to the case throughout, the first choice acting jointly with him if the patient requires it. The observance of this rule assures to every patient who has met with an accident prompt attention, and accords to every operator the privilege of superintending his own work and of personally seeing that the best course of treatment that the case admits of is instituted to insure the success of his operation and the speedy recovery of the patient—free from deformity or lameless; otherwise the family physician, from ignorance and design, might derange the dressing or apparatus and injure the character of the physician who operated or first dressed the wound. The same rule, and for the same reasons, applies in the practice of medicine proper, in all those cases where the second

choice of the patient has brought on salivation, made a mistake in giving the wrong medicine, or inflicted any accidental injury on the patient, such as hurting the arm by bleeding or making a bad ulcer by blistering, &c. In all such cases the physician who is responsible for the injury has the privilege of seeing that the best course of treatment is adopted to remedy the evil which the case admits of; but he is not at liberty to charge for his services, unless the accidental injury be owing to his directions being disregarded.

RULE 4.—No physician shall give his services to a patient who refuses to accord to the physician who attended him the privileges mentioned in Rule the third.

RULE 5.—Every patient shall have the privilege of calling in any member of the faculty, to see him in consultation, whom he may select, and the attending physician shall not oppose his choice unless he fixes on some one who is known to violate the rules of medical etiquette. This rule, however, does not deprive the attending physician of the privilege of suggesting a consulting physician of his own choice. But if the patient has a decided preference for any particular individual, he is to be gratified and not opposed.

RULE 6.—In consultations the patient shall be examined in presence of both physicians, who shall afterwards retire and agree upon a prescription and deliver it, either verbally or in writing, to the patient's friend or nurse, in presence of each other, and then retire. It is not in order for the consulting physician to hold any private consultation with the patient or to deliver any opinion in regard to his case which is not concurred in by the attending physician. What is said in consultation is to be regarded as private and not to be divulged. If the patient recovers, both are to share in the credit of the cure, and if he dies both are to bear a portion of the blame.

RULE 7.—In cases of emergency, where the attending physician is absent and any other be called to see the patient, the latter violates no rule of medical etiquette in prescribing for the patient, if any additional prescription be necessary; but he is to inform the attending physician, either verbally or in writing, of what he has done, with the reason of his prescription. In no case is he to intimate to the patient or his friends that the attending physician has been treating the case improperly or is mistaken in regard to the nature of it. If he believes so, it is his duty to express his sentiments to the attending physician, who can remedy the evil, and not to the patient or his friends who have neither the means of judging or acting.

RULE 8.—Medical knowledge is not private, but public property. It consists of the accumulated experience of all ages and countries, enlightened, guided and directed by the whole circle of sciences. Hence it is contrary to the rules of medical etiquette, and highly empirical, for any physician to pretend that he treats diseases differently from other members of the faculty. If he does so, he is an empiric. If he does not do so, he is a deceiver and acts disingenuously, by claiming as his own, in his individual capacity, what belongs to the whole profession—and is alike open to all. If he has actually stumbled on a better method of treating any disease than the world knew before, he is morally and professionally bound to make it known to his medical brethren.

Art. VI.—CHARITY HOSPITAL.

It will be seen, by reference to our tables of statistics, in relation to this hospital, that the number of admissions is unusually large—indeed, we find upon examining the books of the hospital for years back, that it is unprecedented. We did not deem it worth while to go back farther than three years, the result of which, together with the present, (semi-annual amount,) our table shows. In compliment to the present attending physicians and surgeons, it affords us pleasure to point particularly to the marked improvement and success which has attended their labours, in comparison with previous years. This may be owing, in some degree, to the very trivial ailments for which, under the present system, persons are admitted to the charities of this truly noble institution, and we cannot longer withhold some remarks upon this subject.

If there is such an institution as this in any other city in the world, capable of entertaining between four and five hundred patients, whose doors are open for the admission of all persons who, under the plea of ailment, no matter how trifling, may wish to partake of its admirable hospitalities, without fee or compensation, we do not know where it is to be found. Here you may see, at all hours of the day, persons driving up in cabs and carriages, and gaining admittance, if they will put on long faces, and can show so much as a scratch on their fingers, or a small sore on their shins. They may quit employment, yielding them from fifteen to fifty dollars a month; or, as doubtless many of them do, come here because they happen to be out of employment for the time. For the most part, they stay here until they are ashamed to remain any longer, or perhaps learn, through their friends in the city, of some profitable employment. It is our sincere conviction that there never is a time, when we might not go into the wards of the Charity Hospital, and select at least, one hundred invalids, who are well able to work, whose labour would go far to the support of the Hospital, and who would actually be benefitted by employment. Yet, there they lay, or saunter about the grounds at their leisure, little caring when they leave such comfortable quarters. Is this genuine, well-directed charity? or is it *folly* under the cloak of benevolence?

We think it would not be difficult to prove that misguided benevolence often produces results directly the reverse of its object; indeed, that it may tend indirectly to the encouragement of vice and indolence. The laboring class find as much employment in New Orleans, and get more liberal wages than perhaps any place in the world. They are notoriously improvident, and generally dissipate whatever means they have beyond their absolute necessities. Being fully able to provide for themselves, they are not proper objects of charity; and it is neither right nor just that a tax of thirty or forty thousand dollars per annum, should be levied on another class of citizens, for the purpose of *housing and healing them* when they get sick. Besides a direct injury is done to the medical profession in New Orleans by the unjust competition which this hospital now maintains with the junior members, and the private infirmaries. Much might be said on this subject, but we forbear, at present, for want of room. The palpable remedy for all

the errors and evils alluded to, is the establishment of a work house, in connection with the hospital, where the invalids may perform gentle and moderate labor; and we are pleased to add, that we learn the Board of Administrators have a *projet* of the kind under consideration. The physicians and surgeons attend the Charity Hospital, and perform the arduous duties required, *gratis*; and it is unreasonable and ungenerous to take the bread out of their mouths, by offering an asylum to every sick person in the city, who is too penurious to pay a small fee for being cured. The practice of medicine is known to be one of the most unprofitable pursuits in New Orleans, yet, who that knows the toil and danger inseparable from it, will deny that it ought to be liberally rewarded?

To return to the occurrences at the hospital—since our last number was issued, many extraordinary and very interesting cases have been witnessed, some of which will follow these remarks; we cannot make room for them all. To enumerate some of them—there were two cases of diabetes, one cured, the other not—one case of gangrene of the lungs—one of hepatic abscess—two of fever with hemorrhage, resembling yellow fever—one of cancer of the face, in which the entire lower jaw was destroyed—one of traumatic tetanus—one of anchylosis of the jaws, in which the mouth had not been opened for sixteen years—one of cancer of the stomach—and some of sun-stroke.

In surgery, we had amputation of the thigh, section of the tendo Achillis—extirpation of a tumour from the gastrocnemius—several operations for stricture of the urethra, and one for fistula in Ano—reduction of a dislocation of the humerus, six weeks after the accident—one of gun shot, fracturing the femur, and sundry other fractures, simple and compound. A simple detail of these cases would render this number of our Journal sufficiently interesting, but we cannot make room for them all. In short, this hospital alone would furnish abundant matter for a Journal, and we almost regret that we did not adopt the plan of a monthly or weekly periodical, devoted exclusively to the collection of facts and cases, surgical operations, &c. We are sensible of the kindness and civility of the attending physicians and surgeons, but should be more grateful for their co-operation in the compilation of these valuable facts and cases.

Art VII.—HOSPITAL REPORTS.

SURGICAL WARDS.

There are eight wards in this hospital appropriated to surgical cases, six of which are attended by the visiting surgeons, A. Mercier and J. Le Monnier; and two under the special attendance of the House Surgeon, J. C. Wedderstrandt. The beds in these wards are generally full, the majority of cases consisting of ulcers, syphilis, and chronic ophthalmia. The greater number of operations have been performed in Dr. Mercier's service, but owing to peculiar and special engagements

he has not been able to furnish us his observations for publication. Having witnessed the most of his operations ourselves, we offer the following remarks upon them.

DR. MERCIER'S SERVICE.

1st. Amputation of the Thigh.—The subject had been intemperate, and entered the hospital on 22nd of February last, in a state of *mania a potu*, with a fracture about the acetabulum, which gave rise to various opinions among physicians as to its diagnosis—some thinking it a fracture of the ileum, and others of the neck of the femur. He recovered of this, however, with a shortening of the limb of about three inches. There now occurred abscesses of the leg and caries of the tibia, which caused so much constitutional irritation, that Dr. M. thought that amputation offered the only chance of cure, and even this was very doubtful, owing to the debilitated condition of the patient. He performed the double flap operation, which the patient bore with remarkable fortitude. The loss of blood was very trifling, but it was soon apparent that the powers of nature were too far exhausted to make any effort at restoration. The patient sunk on the 10th day after the operation.

The autopsy displayed a most extraordinary fracture. The femur *had not been broken*, but its head had been forced up through the acetabulum into the cavity of the pelvis, completely separating the ileum from the pubis, the space of nearly an inch, and also from the ischium, posteriorly and below. All inflammation had long since ceased about the parts, and if his constitution had not given way, he might have recovered with a shortening of the limb and eversion of the toes.

2nd. Extirpation of a Scirrhus Tumour, from the outer belly of the Gastrocnemius Muscle.—This tumour was not larger than a hen's egg, and deeply imbedded in the substance of the muscle. Dr. M. made but one long incision, which enabled him to get completely round the tumour. In removing it, some muscular fibers were also taken away which presented, after the operation, a singular phenomenon. Ten or fifteen minutes after removal, if pricked with the point of the scalpel, they contracted strongly. This was done repeatedly. The interior structure of the tumour had begun to soften. The wound was allowed to suppurate freely, and inflammation was pretty high for a few days, but the place is now almost healed.

3rd. Division of the Tendo-Achillis.—The subject of this case entered the hospital last winter for Erysipelas. It traveled over his whole body, but affected one of his feet and ankles particularly. Numerous openings had to be made around the joint for the escape of pus, and the case finally terminated in a stiff joint, with contraction of the gastrocnemius, and consequent extension of the foot. The man had recovered his health entirely, when Doctor Mercier operated on him in June. The Doctor made the section according to the directions of M. Guerin—he first punctured the skin with a lancet on the side of the tendon—he then introduced the bistoury external to the tendon and cut inwards until it was divided. The divided ends at once separated, at least half an inch. The joint would admit of scarcely any motion.

The inflammation that followed was very slight. The apparatus was applied the third day after the operation, and as much flexing force used as could be borne; it could not be kept on continually. The result has been considerable improvement—the foot is now fixed to about half the desired extent. Complete union has taken place in the tendon. Dr. M. will divide it again, and confidently expects to remove the deformity, if not to restore the joint completely.

4th. Operations for Stricture of the Urethra.—Dr. Mercier has operated for this obstinate complaint three times recently. The instrument he uses is one recently invented by our fellow-citizen, Dr. Degnot. We cannot make room for a description of it; suffice it to say, it is a very ingenious cutting instrument, by which the stricture is divided and the silver catheter immediately follows. In the operations before us, the success was not as flattering as could be wished, but this was, in some degree, owing to the patients being refractory. There was no infiltration of urine, or any untoward consequence.

5th. Strabismus and Fistula in Ano.—Dr. Mercier has operated once, in each of these complaints, and with complete success.

These comprise all the operations of any importance that Dr. Mercier has performed, since our last number was issued, and we witnessed them all except the two last.

DR. LE MONNIER'S SERVICE.

Dr. Le Monnier has obligingly furnished us the substance of his notes and observations for the last two months, which we give in our own language—only a few of the most important cases and operations will be noticed:

1st. Case of Tertiary Syphilis, of five years standing—marked by obstinate cutaneous eruption, fixed pains in the cranium, clavicles, legs and arms. Was cured in three weeks by iodide of potassium and sarsaparilla. Took grs. 54 of iod. pot., per diem.

2nd. Hypertrophy, induration and Fungus of the Testis.—A sailor, aged 25 years, received a blow on the testicle, six years since, in London—went into Guy's Hospital, and was treated some time—left there with the testis enlarged and very hard—a small phlyctena would now appear, break and discharge a few days—then heal up, rise and break again—then there sprouted up a little fungous growth which has continued ever since, and has increased to the size of a half dollar when he came to New Orleans. The testis and scrotum very much indurated, but the spermatic cord not affected. Has consulted the surgeons of various cities, and was advised to have it extirpated, but never would consent. Had syphilis before receiving the injury. Entered Charity Hospital in March last. Fungus now resembling the cauliflower. Dr. Le Monnier put him on the iod. potass. grs. 54 every day—Unguent. iod. potass. to the scrotum. Under this treatment he was almost entirely cured, and left the hospital, without permission, several weeks since.

3rd. Cancer of the Mouth.—Subject, a man aged 54 years—had syphilis long since, and been badly salivated for bilious fever in the south-west. About 12 months since, a sore appeared on his lower lip,

very painful, soon ulcerated, and spread rapidly, destroying everything in its course. Little was done for it in the country. Entered the Charity Hospital about the first of June—at this time the *entire lower jaw was destroyed* and the ulceration had extended to the os hyoides, leaving a horrible chasm in the face, with the tongue hanging out, uninjured, and a profuse salivation constantly flowing. The neighboring skin was thickened, but the parotid and lymphatic glands were not affected. Dr. L. put him on the iod. pot. internally and externally, and arrested the ulceration with the application of the deuto. nitrate of mercury. Under this course he appeared to improve, but a short time since was attacked with bronchitis, and sunk in a few days.

4th. Fractures.—Case of compound fracture of the leg—seemed to be doing very well, but was attacked with tetanus on the 7th day, and died three days afterwards with opisthotonos. The spasm of this man's pharynx was exactly like that of hydrophobia—although perfectly sensible, and desirous to drink, he could not swallow water.

Case—fracture of the femur by gun-shot. This is a very bad case—is still on hand, and will, probably, be reported hereafter.

Two cases—fracture of the humerus, and one of the fibula—recovered.

5th. Dislocation of the Shoulder of six weeks duration.—Dr. L., after trying the pulleys and various other means, succeeded very handsomely on Sir Astley Cooper's plan of placing the heel in the axilla, and manœuvring the arm. Case—Dislocation of the Clavicle at the Scapular Extremity. This is a very rare dislocation, but Dr. L. is well convinced of the correctness of his diagnosis. The case has recently entered.

6th. Operations.—Artificial pupil in two cases. One of the cases benefited—the other not. Twice for cataract—one case almost cured—the other greatly improved. Couching was the operation performed.

These are all the cases of importance that have occurred in Dr. Le Mönner's wards within the last two months. He kindly offers to report his observations hereafter himself.

MEDICAL WARDS.

1st. Case of Congestive or Algid Fever.—Cure.

Was received into Ward No. 5, of the Charity Hospital, under our care, on the 14th of September, 1843, George Deirsman, a German, *ætat.* 23, in, and out of this city since 1837. He was a stout, robust and healthy man usually, with fair skin, light eyes, and florid complexion. On his return trip from Vicksburg to this city, as an officer on board of one of our regular packets on the Mississippi, he was assailed by a train of symptoms, of which he had but an imperfect recollection; could only state positively that he had considerable fever, succeeded by profuse sweats. On the 5th day of his illness, (the 14th Sept.) he came under our care, and the following statement was drawn up at the *bed-side*: He was quiet, free of pain, and every part of his body and limbs was covered with large drops of perspiration; we remarked, in addition, that the extremities were much cooler

than the body ; as it was during our evening visit, we, at first, supposed our patient in the sweating stage of an intermittent fever, and that the great coolness of his extremities, was owing to the rapid evaporation of the moisture on the skin, being facilitated by his exposure of these parts. Prior to his reception at the hospital, he had taken castor oil, senna, manna and salts, which produced free purgation. Pulse soft, feeble, and ranging above 90 ; some thirst, but not urgent ; tongue quite clean, moist and injected ; eyes dull and languid ; cheeks flushed and marked with a circumscribed blush. Pressure at the epigastrium caused him some uneasiness. To this point we ordered cups to be applied, and an *emollient enema* to be administered, hot *sinapised pediluv.* lemonade. On the morning of the 15th, we discovered our mistake. It was now evident that we had to treat a congestive form of fever. His pulse was feeble and quick, and above 100 pulsations, per minute ; his skin bedewed with a cold sweat, particularly his extremities ; he was dull of apprehension and very drowsy ; bowels loose, frequent thin serous evacuations ; he sighs ; he doses with his eyes half closed ; intense heat at the *epigastric center*, but no dryness on any part of body. Ordered sulph. quiniæ ʒ i—Sulph. morph., *gr. iss.*—Mucilage. g. arabic ʒ viij. For three enemas, each at an interval of three hours. Porter and ice ; sinapisms to epigastrium. He received and retained the enemas for several hours ; the drowsiness continued. In the afternoon of the same day, we found him much worse ; his pulse was scarcely perceptible, and occasionally entirely extinct, and numbering above 120 ; his extremities, both upper and lower, as cold as death ; the integuments on the hand shriveled like those of a washer-woman's, and feeling as inelastic as a wet cloth ; profound sighing ; stupid, but when aroused, answers questions, and again relapses into a sort of stupor ; still great heat at the epigastrium. Ordered sinapisms to upper and lower extremities, iced applications to the *epigastric center* ; and the following internally :—Mass. hydrargiri, *grs. xv.*—Quin. sulph. and Ammon. Carbonatana. *grs. xxx.*—Mucil. g. acaciæ, f ʒ viij. Table spoonful, to be repeated ; small lumps of ice to abate thirst ; ice to head, which was now hot ; cups *freely* to each *mastoid* ; blister to inside of each thigh. At the morning visit, on the 16th, found him better ; head relieved ; more warmth diffused over the extremities, less heat of head and at epigast., or to speak in medical language, the heat was better equalized ; pulse 95, better developed, still feeble ; vesicat. to ankles and wrists, 40 grs. of quinin, *per anum*, every 2 hours ; iced applications to head and breast, small lumps of ice to swallow ; 20 leeches to the epigastrium. In the evening of the 16th, better, extremities regaining their natural warmth ; pulse stronger ; less drowsy ; heat at epigast. much reduced by the leeches. Contin. the quinine, with small doses of gum camphor, *per anuu* ; warm cataplasms to blistered surface ; cups to epigast. ; ice to head ; lumps of ice to eat. On the 17th, A. M., much better in every respect, some sleep during the past nights ; continued same treatment, omitting the cups. Sept. 18th, A. M., pulse 80, soft and regular ; sound sleep last night ; extremities warm, and but little morbid heat about the body.

Remarks.—This case gradually and steadily improved up to the 21st September, when convalescence was completely established. There are

some points of interest in it. To venture on the abstraction of blood at a time when the extremities were saturated with perspiration and cold, when the pulse was filiform, extremely feeble, and at times, completely extinguished—when the entire body, in fact, except the epigastric centre, head, and part of the breast, was covered with a cold clammy perspiration—when the nervous system was paralyzed under the withering influence of dangerous congestion; all of which, seemed to contra-indicate the loss of blood, was a measure which the pathology of the disease, and the satisfactory result of the case clearly justified. Had we relied upon stimulants, as usual, in such cases, we should have increased the evil, and determined fatal congestion. We believe, therefore, that many lives are annually sacrificed in cases of congestive fever, by resorting to stimulants, to raise the pulse, in cases when the local abstraction of blood would, by disgorging the deeper-seated vessels, enable the recuperative energies of the system to rally and sustain the shock. H.

2d.—*Incipient Phthisis, Symptomatic Anemia.—Cancer of the Stomach.*

Entered Ward 11, of the Charity Hospital, on the 28th of June, Jean. Jacques, Reg.....a Frenchman, aged 38 years. For the last few years of his life, this man had abandoned himself to the intemperate use of ardent spirits, for four months has complained of debility, without however, being able to refer his uneasy sensations to any particular part. On the 29th, the following was his condition:—

Decubitus dorsal, extreme emaciation, dry and rough skin, a sickly pallor overspread the surface of the body; the face brilliant, and stamped with an air of surprise; the conjunctiva ex-sanguineous; he has vertigo—tinnitus aurium; his debility is extreme; he is unable either to walk or to sit up; his intellect is dull, he replies to questions addressed him, with hesitation and embarrassment; insomnia and morbid vigilance. Turning our attention to the digestive tube, we find the lips and the gums ex-sanguineous; the tongue broad and humid; adypsia, inappetence, aversion for all kinds of animal food; no nausea, nor vomiting for the last twelve months; the epigastrium as well as the other parts of the abdomen, manifest no pain on pressure; the belly is soft and presents no deformity; the patient has two stools daily; the evacuations resemble those of a man in good health, he has never had diarrhoea, or discharged any blood. The urinary apparatus presents nothing remarkable. The sounds of the heart are normal; the pulse equable, regular, *full*, and about 70 strokes in the minute, neither fever nor perspiration at present. Four days since, he had two paroxysms of intermittent fever. Auscultation of the carotids reveals a very well marked *bruit de diable*. His voice is hoarse, slight cough from time to time; no expectoration. On percussing the right side of the chest, a dull, flat sound is elicited in the sub-clavicular region, and throughout the posterior region of the same side. On the left the sound is normal. By ausculting the right lung, we detect an obscure respiratory murmur, and the expiration is prolonged in front as well as posteriorly; no dyspnoea; on the left, respiration is very good. The diagnosis was incipient phthisis, symptomatic anemia,—the treatment was shaped according to the diagnosis.

During his sojourn at the hospital, no amendment took place, and no other symptom manifested itself to falsify my diagnosis, and during the night of the 5th of July, Jean succumbed. *Autopsy eight o'clock* in the morning.

Present, MM. Fenner, Rushton, and Hester. The lungs are small and attached to the vertebral column; the right lung exhibited ancient adhesions throughout its posterior surface; in front, they are in patches; at the inferior and posterior part, we find a large tubercle in a crude state. In other respects both lungs are sound and crepitant. The heart is small and presents nothing else special. On laying open the abdomen, a large quantity of greenish serosity escapes, in which a large quantity of albuminous floculi are suspended; the intestines are free from adhesions. The stomach is small, contracted, and of a spheroidal form; its longitudinal diameter is three inches and four lines; its transverse three inches and five lines. The peritoneum which covers its anterior face is thickened; but this surface does not adhere to the abdomen, and presents nothing abnormal; the peritoneum which lines its posterior face is several lines in thickness; the neighbouring ganglions are largely developed, and filled with a coloured gelatinous matter, the structure of some is white, hard, and cry under the scalpel; three portions of the duodenum are intimately united to this surface; the left kidney also presents strong adhesions and on endeavoring to break them up, we find in it an abscess filled with a yellow, brownish matter, which seemed to be furnished by the stomach, that at this point, presents a circular opening of several lines in diameter. At no point did this abscess communicate with the abdominal cavity. A part of the diaphragm and of the transverse colon are also united to its posterior part, and in the middle of the adhesions which united the colon, there existed a purulent abscess, communicating with the stomach, through a small *fistulous opening*. The great curvature is entirely effaced, and reduced to a straight line of two inches and three lines in length; the lesser curvature is similarly affected and is intimately united to the circumference of the left portion of the liver. The stomach contained a large quantity of a dark brown coloured fluid, reddish, mixed with yellow pus in the midst of which floated clots; the whole surface of the stomach is sprinkled with vegetations of variable sizes, the most prominent in the interior of the stomach, some are coloured by the liquid above mentioned; others by a stratum of melanotic matter. When we cut into the structure, we find the tissues of a pearly (*nacré*) aspect, of a fibrous character, crying under the scalpel, and containing in its centre, a purulent abscess. By pressing them between the fingers, or scraping them with the scalpel, genuine pus escaped; at the middle and posterior part of the stomach, we find fistulas of different dimensions, which serve as so many communications to the purulent abscess; they bear some resemblance to a wasp's nest. But a very small portion of the gastric mucous membrane is in a normal condition; this part is the great *cul-de-sac*. In the parts assailed by the disease, the thickness of the walls of the stomach exceeds six lines; in the sound part, it is two and a half lines. The mucous membrane, above the cardia, appears sound, but a few lines below this orifice we find two small elevations tinged with melanotic matter. The pylorus is free from vegetations. The balance of the intestinal tube is ex-sanguineous, and contains fecal matters of a

healthy color and consistency. The liver is small; the gall-bladder contains some yellow bile. At the point of division of the vena portarum, we find superficial ulceration about six lines in length, which seems to have furnished the purulent fluid that we find in some of the vascular branches of the liver and in the vena-porta itself. The spleen is voluminous, and covered with a false membrane of recent formation; on its internal face we detect another purulent collection, which communicates with the stomach through a small circular opening of five lines in diameter.

Remarks.—We meet with cases, in which the functional disturbances of the stomach are wanting up to the close of the disease; of this fact, we already possess satisfactory proof, furnished by observers, every way worthy our full confidence. and M. Andral, in his *Clinique*, has reported many examples of this kind. This fact is interesting, inasmuch, as it only affords a negative symptom of an advanced affection—that is, corroborates a few facts, and convinces us that under certain circumstances, the diagnosis is impossible. In the present case, everything concurred to lead us into error. How suspect, in fact, such an advanced morbid condition of things, when we see digestion carried on in a healthy, normal manner. In this man, digestion was accomplished exclusively in the small intestine; there, also the chyme was formed, and it is probable that the healthy pancreatic juice was substituted for the gastric juice. The sound state of the pyloric and cardiac orifices, the direct transmission of liquid and solid food into the duodenum, may, to a certain extent, explain the absence of nausea and vomiting. Now, in regard to the matter found in the vena-porta, at its entrance into the liver, I am unable to say whether it was or was not cancerous. Was it the product of a pure and simple absorption of the liquid portion of the carcinomatous matter? or rather the result of the ulceration which existed in the vein? The last supposition appears to me the most plausible. It will remain to be determined in the last place, whether this ulceration is due to the absorption of the cancerous matter? T.

(The above case occurred in the service of Dr. TURPIN, and is translated from his report of it in French.) (Eds.)

3rd. *Anchylosis of the Jaws*—No mastication of food for twenty years.

W. S. æt. 32, seaman—red hair, blue eyes—native of New York—has been a steamboat hand in the south for the last eight years—recently from Red River. Entered the Charity Hospital, July 3rd, service of Dr. Rushton, for intermittent fever, and was discharged cured on the 7th. Gives the following account of himself:—At the age of 11 years, he went to sea, and on a voyage to Liverpool, whilst in the Bay of Biscay, he fell from the foretop mast stay to the deck, a distance of 111 feet. He fell upon his face, and completely shattered his lower jaw bone. He was taken up, and his face pressed into shape as well as possible, no surgeon being on board. Several teeth were knocked out, which enabled him to admit food into his mouth. On his arrival at Liverpool, he was sent to an infirmary, and there treated for six months. His jaws were found well placed in apposition, and he there got well, but with the mouth firmly and immova-

bly closed. It has remained so to this day. He grew up to be a stout and robust man, and says he has led quite a dissipated life. Has had syphilis and gonorrhœa, and been in the habit of getting drunk occasionally. Has always been a hearty eater, and never found it necessary to be more particular in his diet than other men; eats meat, bread, and every thing that comes in his way. All that is necessary, is to divide his food small enough to get it into his mouth, through the vacuum caused by the missing teeth, and then *it is bolted down*. Says his digestion has always been good, and that he has never been troubled with disordered bowels. Occasionally when he has gotten drunk soon after eating, and has had to vomit, he found great difficulty in clearing his mouth fast enough, and has been nearly suffocated. At other times he has taken emetics during attacks of fever, since he has been in the south, and found but little inconvenience in vomiting. This is not the only serious adventure which has happened to him. He entered the Mexican service, under Com. Porter, and during the winter of 1827-8, in an engagement at sea, was wounded in the forehead by a splinter from a grape shot, which was shattered near him. The depression in the bone is very distinct, but he seems to have suffered no ill consequence from it.

This case is interesting in a physiological point of view, and displays the facility with which nature adapts the power of certain organs to the extraordinary emergencies that may arise. This man has not masticated his food for twenty years, yet, he has been anything but a dyspeptic.

F.

TABLE

Showing the total number of admissions into the Charity Hospital during the first half of the following years, viz :

	ADMITTED.	DISCHARGED.	DIED.
1841	1,406	1,024	283
1842	1,765	1,463	253
1843	1,395	1,193	229
1844	2,422	1,856	291

TABLE

Showing a few of the most common diseases and accidents for which patients are admitted into the New Orleans Charity Hospital, and the number of each in the order of their frequency, during the first half of the year 1844, viz : from the 1st January to the 1st July inclusive.

Total admissions of all diseases for the six months,			2,422
Intermittent Fever,	308	or 2 in	7:86
Rhumatism,	167	or 1 in	14:50
Dysentery,	136	" "	17:80
Ulcer,	129	" "	18:77
Contusion,	91	" "	26:61
Syphilis,	91	" "	26:61
Pneumonia,	72	" "	33:63
Diarrhea,	64	" "	37:84
Phthisis,	58	" "	41:75
Gastritis,	55	" "	44:03
Bronchitis,	47	" "	51:53
Wounds,	44	" "	55:04
Pleuritis,	41	" "	59:07
Erysipelas,	40	" "	69:55
Fractures,	37	" "	65:45
Gonorrhoea,	35	" "	69:2
Dropsey,	35	" "	69:2
Parturition,	26	" "	93:15



PART FOURTH.

BRIEF NOTICES OF RECENT MEDICAL LITERATURE.

ART. 1st. *A Practical Treatise on Midwifery*, By M. CHAILLY, D. M. P., Professor of Midwifery, &c., &c., &c. Illustrated with 216 wood-cuts. A work adopted by the Royal Council of Medical Instruction, Paris. Translated from the French, and edited by GUNNING S. BEDFORD, A. M. M. D., Professor of Midwifery, &c., in the University of New York, pp. 530. New York. HARPER & BROTHERS. 1844.

This valuable work has been conveyed to us from the publishers, through the kindness of Mr. J. B. STEEL, bookseller, 14 Camp street, New Orleans. After giving it a careful perusal, and rising from the task, delighted and improved, we could but regret that our limited space precludes the indulgence in an extensive analytical review of its contents. No work issued from the press within late years, is more worthy of it; but it is not our province, and we must confine ourselves to a brief notice. It is interspersed with the most valuable and interesting notes by Professor BEDFORD, and taken as a whole, it certainly constitutes the most useful and comprehensive practical treatise on midwifery, to be found in our language. The work is essentially practical; the author enters as fully as could be desired, into all the minutiae of the Obstetric Art, and gives us, with his own, the principles and peculiar practice of some of the most eminent Parisian Professors, under almost every conceivable variety of accident or difficulty. With this work in his hands, the student may acquire a correct knowledge of all the ills and misfortunes to which frail woman is liable; and the practitioner may find in it a convenient and able counsellor under the most trying difficulties. The fact of its having been adopted as a Text Book, in the capitol of enlightened France, a place abounding in the ablest authors and productions of the world, affords conclusive evidence of its extraordinary merit. The author tells us, in his preface, that the arrangement of his work is different from all his predecessors; and is adopted particularly with a view to practical utility; avoiding the restraints and difficulties necessarily attendant upon too rigid a classification of obstetrical phenomena into orders, genera, and species. He says, "I have treated pregnancy first in all its relations, and I have successively enumerated its complications, and the means of remedying them; then I have, in the same manner, considered delivery in the presentation of the vertex, face, pelvic extremity, and trunk; and finally, I have pursued the same course for the puerperal periods.

The work is divided into four parts. The first gives a description of the "Organs of the female, concerned in parturition"—accompanied with excellent wood-cuts. Part second is devoted to the consideration of "Conception and Pregnancy." Of conception, he says, at page 20—

“At the period of puberty the œvule is already formed in the ovaria of the female. As soon as fecundation takes place, the vessel which contains it breaks, and the œvule is seized by the fallopian tube, and finally arrives in the uterus, pushing before it the membrana decidua, and these becomes developed, being surrounded by the decidua, the relations of which to the œvule are the same as the pleura to the lungs. This is the only knowledge we possess with regard to this interesting point. To endeavour to discover how the œvule is fecundated, and in what way this fecundation results in the formation of a new being, would be to attempt to penetrate a mystery which the most ingenious theories have not been enabled to clear up, and which will probably always remain impenetrable to human observation.”

Of Pregnancy he says: “Immediately after conception commences, the developement of the fœtus, or pregnancy, which terminates by delivery two hundred and seventy days, or nine months after impregnation. Pregnancy is *simple*, when the uterus contains one fœtus; it is *compound*, when several fœtuses are present; and *complicated*, when a tumour is developed at the same time with the fœtus; finally, it is *abnormal* when the fœtus is developed without the uterine cavity, (extra-uterine pregnancy.”)

His account of the diagnostic signs of pregnancy, and the infallible means afforded by the stethoscope of detecting it, is exceedingly interesting. This is certainly one of the most valuable uses to which this important modern invention has been applied. The uterine *souffle* is very frequently perceived at the end of the fourth month, as are also the pulsations of the fœtal heart, but it is not until the following month that these changes in the circulation become quite manifest. “The pulsations of the fœtal heart constitute the only positive evidence of pregnancy—sometimes a practised ear may, as I have already said, perceive these pulsations as early as the fourth month, but ordinarily not until the fifth, and often even between the 5th and 6th month. They are not synchronous with the beats of the maternal pulse, and they number by minute 130 to 140: they are not regular and become frequent or slow, without our being able to assign any cause for these changes,” p. 40. Of 195 cases examined by M. P. Dubois, he heard the pulsations in 185. “Certainly we should infer that in these cases the fœtus had ceased to live.” “M. Chailly does not hesitate to affirm that in all instances, in which the child is alive, the pulsations of the heart can be detected. The pulsation serve also, to inform us, in reference to the actual condition of the fœtus, whether it be living or dead. As regards this later point, if the pulsations cease to be heard, or if it is impossible to perceive them, when all other signs, establishing the reality of pregnancy, are present, the death of the child is no longer doubtful, as I have already remarked,” p. 41.

In his subsequent articles, entitled, *Death of the Fœtus* and *Compression of the Cord*, he illustrates most forcibly the value of the stethoscope. He also teaches the use of it in determining the presentation, when the head is on a level with the superior strait of the pelvis, p. 48, and in detecting the existence of twins, p. 50.

We may remark to our readers, residing in retired situations, who are not supplied with the stethoscope, and perhaps totally unpractised in its use;

that immediate auscultation, or the direct application of the ear to the abdomen, will enable them to determine in a most satisfactory manner a great many important points, such as the existence of pregnancy, the life of the fœtus, &c.

The author's notices of the various diseases incident to pregnancy, are replete with sound instruction; every imaginable variety of affection is noticed and prescribed for.

His observations on *Deformities of the Pelvis*, and *Premature Artificial Delivery*, are valuable, but thanks to the fine forms and robust constitutions of a vast majority of our American woman, we seldom have occasion for them.

His remarks on *Miscarriage*, are adapted to every case that can be conceived.

Part 3rd.—Treats of *Delivery* in all its phases, but we can only touch upon a few particular points. His lucid description of this process, and of the various presentations of the fœtus, is very satisfactory, and peculiarly advantageous to the student. Dr. Bedford's instruction to the young accoucheur, "on his first entrance into the lying-in chamber," in a note at page 204, is admirable. M. Chailly supported by M. P. Dubois, advises a ligature to be placed on each end of the divided umbilical cord. Dr. Bedford only ties the fœtal extremity. The latter, is for the most part, the English and American practice.

In relation to the natural delivery of the placenta, he asks the following question:—"Should the delivery of the after-birth be left to the spontaneous efforts of nature, or should it always be aided? Experiments made by M. P. Dubois, at *La Clinique* will enable us to decide this question without difficulty." If the expulsion be left to the contractions of the uterus and vagina, it will rarely be effected speedily—generally from one to five or six hours will elapse. In the meantime a painful anxiety is kept up. "It results from these facts," says M. Chailly, "that the delivery should always be aided. From fifteen to twenty minutes after the birth of the child, the accoucheur should ascertain whether the patient has felt any pains, for these indicate the separation of the placenta; he then examines *per vaginam*, to discover whether this organ has reached the mouth of the womb, while, with the other hand placed on the abdomen, he assures himself of the condition of the uterus, whether it forms a globular body, and is hard in the right hypogastric region. If the separation has taken place, he proceeds at once to the extraction of the placenta." This is done by proper traction on the cord, and friction over the abdomen, p. 216. So much for the natural delivery of the placenta, when the uterus is disposed to contract upon itself, and there is nothing to contra-indicate its removal. The minute instructions given for the management of this stage of labour, are very good, but we cannot make room for them. When the placenta is retained and requires artificial delivery, on account of *irregular and spasmodic contractions of the body of the uterus*, or *abnormal adhesions*, the case presents a very different aspect, and often demands the utmost skill of the accoucheur. Under this state of things, which is determined by a failure of the ordinary means of removal, and after the lapse of four or five hours, it becomes the duty of the accoucheur to interfere, and satisfy him-

self as to the cause of detention. This must be done by the careful introduction of the hand. We like M. Chailly's directions in the management of this case, better than those of his annotator. He cautions us against rude manual efforts to extract the placenta, and advises anodynes, &c. Whilst we are satisfied that if the accoucheur resorts to the forcible efforts recommended by Professor Bedford, the most disastrous consequences would be liable to follow. It appears to us that no man could have experienced the tremendous power of uterine contraction, without being convinced of the impossibility of overcoming it by the efforts of the most athletic hand; and if he has had occasion to try the experiment often, he must have witnessed the most unfortunate consequences. In the whole practice of medicine, but few circumstances are met with more embarrassing than obstinate retention of the placenta. Cases may, doubtless occur, requiring the forcible rupture of normal adhesions, if it can be accomplished without too much violence; but we believe, that for the most part, irregular contractions, (*hour-glass, &c.*) should be entrusted to decisive anodynes, time, and gentle moving of the bowels.

We have dwelt upon this topic, because we have had some experience in the case, and we are convinced that our conclusions are correct. To return to delivery, its complications, and the remedies. The author gives us some valuable remarks on ergot; he awards to it wonderful powers, but says it has been often and greatly abused. He says, however, we should not deprive ourselves of this "precious remedy," because when improperly prescribed, it is followed by serious inconveniences. He relates the circumstances which, according to M. P. Dubois, will justify or contra-indicate the use of ergot, viz: "It should not be given during labour, in case of feeble uterine contractions, or of complete inertia of the womb, except when the pelvis is well formed, the head of the fœtus has its natural dimensions, and the presentation, such as to admit of natural delivery. Thus, it should not be given in presentations of the trunk, or where there is any serious difficulty about the neck of the womb, either in consequence of a morbid condition or want of dilatation: nor should it be prescribed until after the rupture of the membranes, and the proper dilatation or dilatibility of the neck. Care should, likewise, be taken not to administer it when the head is in the pelvic cavity, or at the vulva, and when the fœtus is in danger. It is necessary, under these circumstances, to have recourse to the forceps. It should not, if possible, be given to women with their first children, for fear of a too rapid delivery, which might endanger the perineum; nor to nervous and very irritable women, nor to those who are labouring under symptoms of congestion or plethora, or whose uterine sensibility is very much heightened, and who are disposed to inflammation," p. 227.

If ergot is improperly given, and version is attempted, the womb is liable to be ruptured. The author's remarks on uterine hemorrhage during labour are valuable, but contain nothing extraordinary.

His directions for the management of that formidable affection Eclampsia, or Convulsions during labour, are minute and excellent, but we cannot make room for them.

The notice of a very great number of topics in this part of the work

must be omitted for want of space.

Part 4th.—Treats of Accidents following Delivery, and Diseases of new-born Infants. Under the first head, the most important article, perhaps, is the one upon Metro-Peritonitis, or Puerperal Fever. It is remarkable what an amount of valuable information he has condensed into a few pages, upon this formidable disease. Almost at a glance the practitioner may obtain a comprehensive view of its history, symptoms, pathology, and treatment—a view too that comprises the latest pathological discoveries, and the ablest opinions of the profession, at the present day.

A brief and satisfactory notice is taken of all the accidents and misfortunes to which the new born infant is liable.

We find ourselves compelled to bring this imperfect notice of so valuable a work to a close, without mentioning a hundredth part of even the heads of articles, under which the author has given us the most minute and valuable practical instruction. As we said at the beginning, it contains advice for almost every possible contingency, and with it at hand, the practitioner can hardly be at a loss how to proceed. We are well aware of the very imperfect knowledge of this important branch of Medicine, that is generally acquired by our southern and western students, in their brief course of study, before entering upon the general practice of the profession; yet, within the very first years of their experience, they may be called on to manage the most extraordinary and difficult cases. What a solace it would be, under such trying circumstances, to have convenient such a counsellor as M. Chailly, can only be appreciated by those who have felt the want of it. The instruments and medicines requisite, in the practice of midwifery are few, and generally at command; the main *desideratum* is a proper knowledge of what is to be done.

Judging from the notes of Professor Bedford, we should take him to be an excellent teacher of obstetrics. In this work they seem to combine with the precepts and practice of the French school, those also of the English and American.

We would earnestly commend this work to the attention of our readers; it should be in the hands of every student and practitioner, and we feel satisfied that we shall obtain the thanks of all who may be induced to purchase it from the notice we have given. It is to be had at the Book Store of J. B. Steel, No. 14, Camp street.

Northern Schools, and Southern Students.

Our able contemporary, the Medical Examiner, of Philadelphia, edited by Professor Huston, extends to us the right hand of fellowship, and welcomes us into the medical *Corps Editorial*, but at the very threshold takes us severely to task on account of one of the positions assumed in our Introductory Address, viz: *That Southern diseases can only be learned in the South.* The learned Professor pronounces this a “degrading doctrine, and says, “he is aware that it is but the echo of an asser-

tion, oft repeated by a prominent teacher in the south-west, the origin and objects of which, however, are perfectly well understood." We know not what "prominent teacher in the south-west" is alluded to in this remark, but we can assure Professor H., that the opinion advanced by us, is founded on careful observation, is conscientiously entertained, and we believe is embraced by nine-tenths of the experienced southern physicians. When we ventured to make a bold and determined effort to excite the physicians of the south to a higher degree of literary application, and professional emulation, than has heretofore appeared to exist—reminded them of the absolute necessity of studying the notoriously severe diseases of the south, in the region where they exist, and appealed to the *esprit du corps*, to persuade every member of the profession to contribute his quota to the general fund of knowledge; we did not expect to be so ferociously assailed from the most ancient and renowned seat of medical science in America. In attributing to us the motives and objects which he does, in conjunction with "some prominent teacher of the south-west," the Examiner is wide of the truth, and we fear is very much in the situation of one who "sees the mote, but not the beam." Judging from the occasional shafts we have seen from the Professor's pen, launched at some of the neighboring medical schools, we fear he may sometimes be led to indiscreet lengths in his zealous maintenance of the superior advantages for medical instruction possessed by Philadelphia. Now, as we are totally disconnected with all medical schools, we may be permitted to declare that we are in favour of a general improvement and elevation of the profession throughout the whole extent of the country. Hence it was that we projected this Journal, as the best means of stimulating the talent and energy of the physicians in this region, and of preserving from destruction the results of their experience.

We have admitted the prevalence of apathy and literary indolence in the South, and cited what we believed to be the true cause, the want of some medium of communication, published in our midst, by which the opinions and observations of the members would be freely interchanged. The mind requires constant collision with mind to evoke its powers. The Examiner attributes the unfavorable state of the profession, in the South, which we have deplored, to quite a different cause, viz: the acquirement of medical education in the South, instead of the North. He says—"Since the establishment of medical schools in the valley of the Mississippi, comparatively few young men from that quarter seek instruction elsewhere, under the belief that there only can they learn the peculiar diseases of the South. What the effect has been, let our cotemporaries answer." Our readers may decide which of us has given the most rational solution of the problem.

The Examiner says:—If the South has *peculiar* diseases which can only be *studied* in the South, it is equally so of the North, of the West, and of the East, of the Mountains, and of the Vallies. A man who studies his profession, ever so profoundly in one place, is totally unfit to practise it in another * * * * * If this be true, what becomes of

the science? Diseases must be regarded as entities, all remedies as specifics, and those who prescribe them—as empirics!”

The first part of the Professor's proposition we maintain to be strictly true—there *are* diseases peculiar to northern and southern latitudes, also to mountainous and valley regions—the degrees of longitude are, perhaps, not so strongly marked. Need we specify the typhus of the North; the yellow and congestive fevers of the South; the pneumonias of mountain regions, and the intermittents, dysenteries, dropseys, &c., of low localities. We appeal to every candid physician who has received his education in one region, and settled himself to practise his profession in another totally different, to say, whether he did not have to become familiar with the *peculiarities* of the prevalent diseases, such peculiarities as he had never been able to learn from books or lectures, before he could manage them successfully. We readily admit that the well educated physician, thoroughly acquainted with the structure of the human frame, and versed in the principles of medicine, as far as they are established, has a decided advantage over the ignorant quack, and can sooner and better learn to treat the diseases of any clime or region in which he may be cast—but we dissent entirely from the conclusions to which the Professor has arrived from his foregoing premises. It is precisely because diseases are *not all entities*, and do not preserve the same features, wherever met with; and that remedies are *not all specifics*, or uniform and invariable in their effects, that it becomes necessary to *study* them where they prevail.

If Professor Huston will visit New Orleans in September, we will show him cases of yellow fever, *in a certain stage*, which, from the symptoms and appearance of the patient, he shall feel authorised to pronounce convalescent, but in which death will be inevitable within twenty four hours—and also, cases of malignant intermittents, during the calm between the paroxysms, which he shall scarcely think worthy of professional attendance, the subjects walking about and complaining of nothing; yet, without the use of the most prompt and vigorous treatment, they will die during the very next chill. We might easily mention other instances of like import. The Professor says, “if this be true, what becomes of the science?” We would ask in reply—in cases like these, of what avail is medical science to the uninitiated physician?

We would say, let the student of medicine be thoroughly grounded in the elements and principles of the profession; and these he may learn better at *some places*, than at others; but if he designs settling himself in any particular region, characterized by *peculiar diseases*, we certainly think he should devote special attention to the study of those diseases; and *this information* he may, perhaps, acquire better at *some places* than at others.

So much we have deemed it our duty to say, in reply to the strictures of our able cotemporary, on our Introductory Address. It is not said in a controversial spirit; far from it. Our only desire is truth, and we shall willingly be convinced of any error we may have imbibed, whether originating in sectional predilections, or any other source. Professor Huston may deem it his duty to maintain, to the utmost of his abilities,

The superior advantages of the North, and especially Philadelphia, for affording medical instruction. We have not one word to say derogatory to the high character and acknowledged abilities of the two schools in that city, which have sent forth their enlightened *alumni* to adorn every section of the country; but, we must be permitted to express the opinion that the South, although yet, far in the rear, in point of literary experience and advancement, possesses *ample material*, if properly called into action, for educating her physicians. Great application and exertion are required on the part of the Professors in the South and West, to build up their youthful institutions, but we have every reason to believe these efforts will not be withheld; and their onward progress within the last few years, affords the surest guaranty of the ultimate and complete success that awaits them.

We are of opinion that medical colleges have been too greatly multiplied in the United States. But few places combine the necessary facilities for medical instruction, and we believe the schools had better be confined to them. We believe that the great facilities which have been afforded for acquiring a diploma, have induced many young men of superficial primary education to enter the ranks of the profession, who might have succeeded much better in some other vocation. Medicine has always been considered, and certainly is, one of the most learned and profound of the liberal professions, and we are satisfied that no man can pursue it either with satisfaction or credit to himself, without being properly educated for it, and devoting to it his sole and entire attention. The studies of the physician should only terminate with his life. The position of the different members of the profession exerts a marked influence upon their habits. Those who reside in cities, where there is a number of able competitors, and an enlightened public to pronounce upon their merits, where they are thrown into constant collision, and enjoy the advantage of medical society, have a much greater incentive to study, than those isolated members, scattered throughout the country, who are compelled to be employed, if any physician is required, and who have no rival with whom their merits can be compared. Among this latter class, we are aware, there is much latent talent, and one of the chief objects of our Journal is to call it out and to cultivate it.

But we have extended these remarks much farther than we intended. We can assure the Professor of the Medical Examiner, that we estimate highly his indefatigable efforts to cultivate and to elevate the medical profession in the United States. We have read his pages with interest and improvement, and shall use our best efforts to reciprocate the favour.

Transylvania University.—Medical Department.

By a circular issued from this Institution, it will be perceived that its Medical Faculty has again been remodded; Professors SMITH and BART-

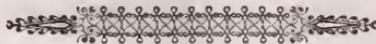
LETT have resigned, and their places have been filled by L. G. WATSON, M. D., of North Carolina, and L. M. LAWSON, M. D., of Ohio. From the flattering testimonials of the standing of these gentlemen, published in the circular, we have good reason to believe they will prove worthy successors of the late able incumbents.

We certainly approve of the determination of the Board of Trustees, to fill the chair of Theory and Practice with a southern practitioner, as perhaps, three-fourths of their graduates are destined for the South. Professor WATSON is from a district strongly characterised by the prevalence of summer and autumnal fevers, though perhaps not in the peculiar and malignant form to be met with in the lower portion of the Mississippi Valley. Professor LAWSON is well known in the South and West for his ability and professional zeal, and may be expected to do honour to his new station.

The division of the labors of Professor DUDLEY has long been a *desideratum*. The profound abilities and ripe experience of the great *Western Surgeon* should certainly be confined to a *single chair*; and Anatomy is so *essential* to the formation of a physician, that whoever does justice to it, deserves a monument. We wish old Transylvania much success—she was the first medical college, west of the Alleghanies, and enjoys the proud satisfaction of seeing the *alumni* whom she sent forth, fifteen or twenty years since, versed only in the rudiments of the profession, returning now with ripened experience and well-stored minds, prepared to give instruction from the very chairs whence they received their own education. Although she now has powerful rivals in the great field which was once *all her own*; still, she seems determined never to yield the palm.

The Louisiana Medical College.

It will be seen by reference to our advertising sheet, that the lectures in this Institution, are announced for the approaching season, under very favourable auspices. The lecture rooms are new and fine—the supply of anatomical material is unlimited; and the opportunity of seeing a great variety of disease, presented by the spacious Charity Hospital and Lunatic Asylum is, perhaps, unsurpassed in America. We look upon the latter points as indispensable to sound medical education.



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NEW-ORLEANS MEDICAL JOURNAL,

DEVOTED TO

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AND THE

ASSOCIATE SCIENCES.

(BI-MONTHLY.)

ARRANGEMENT.

- 1.—Original Communications, Cases, and Surgical Operations occurring in Private Practice.
- 2.—Periscope of Practical Medicine — or Spirit of the Medical Journals, Foreign & Domestic.
- 3.—Health of the City, with Reports from the New-Orleans Hospitals.
- 4.—Brief Notices of Recent Medical Literature.

EDITED BY

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AND

A. HESTER, M. D.,

One of the Physicians to the New-Orleans Charity Hospital.

"Summum bonum Medicinæ Sanitas."
(GAL.)

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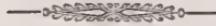
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ART. 1st.—Superstitions connected with the History and Practice of Medicine and Surgery. By THOMAS JOSEPH PETTIGREW, F. R. S., F. S. A., Doctor of Philosophy of the University of Gottingen, Surgeon to R. H. the Duchess of Kent, to the Asylum of Female Orphans, &c., &c., Philadelphia, Ed: Barrington and Geo: D. Haswell, pp. 213.—1844, , , ,	251
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Art. I. — Observations on the Pathology and Treatment of the Endemic Fevers of the Southwest, commonly called "Congestive Fever." By John W. Monette, M. D., of Washington, Miss.

Several years since, I submitted to the profession in the valley of the Mississippi, some observations relative to the character and treatment of our summer and autumnal remittent fevers, through the pages of the *Western Journal of Medicine and Surgery* (1). Those observations were applicable specially to fevers of general excitement, in which blood-letting as a part of the remedial treatment, was admissible if not proper.

On the present occasion I desire to confine my remarks to another class of those fevers, which are commonly known and designated as *Congestive Fever*.

Those cases of fever designated congestive fever in Mississippi, prevail more or less from the first of August until the first of October. They generally occur in those years, when the summer and autumn are characterised by much hot and showery weather. Such was the character of the summer and autumn of 1843, from the middle of July until the last of October.

I shall not stop to inquire into the propriety of the term "Congestive," or to question the precision with which it designates a pathological condition of the system. My object is to point out, and partially describe a class of cases which are sometimes original cases of disease; but which are too often, more the result of remedial agents, than any morbid action primarily established by atmospheric, or other natural causes. They are a class of cases, which have increased astonishingly in the South within the last fifteen years; or since the American population and the American practice of medicine has crowded into the lower valley.—

(1) February N^o. P. 87 to 130, Year 1840.

Before we conclude, we design to point out some of the causes which have tended so greatly to augment the number and fatality of those cases, which in their first advances, or their progress, have assumed such fatal notoriety. In so doing, we expect to show that many cases called Congestive Fever, are only *forms of disease*, engrafted upon the ordinary mild bilious, or remittent fevers of the country: a form of disease *not* originally brought into action, but which is to a certain extent, an artificial disease.

It seems incident to the practice of medicine, that in many cases, there is no intermediate ground, between a benefit, and the infliction of an injury to the patient; that there is no certain and infallible *criterion*, by which we can determine with precision, what will be the action of a remedy in any given case, until after the effect has been ascertained, by actual experiment. We know the general properties and effects of some medicines, in certain cases; but this does not teach infallibly, the effects of the same medicines, in any other specified case, or in any other grade of action, or condition of the system: nor does it teach the susceptibility of the tissues to certain *other* remedies, of an opposite therapeutic operation.

In one state of the system we know that calomel produces a salutary effect, by rousing the liver to a healthy secretion of bile: but this is no reason why it should produce the same effect, upon the liver in all other grades of action, to which that organ may be liable under other modifications of disease. — Ipecacuanha, in one condition of the stomach, and in certain doses, will produce emesis, with violent contractions of certain muscular fibres, which are concerned in expelling the contents of the stomach; — but in other states of this organ, *other doses* of this same medicine, the contractions of those very muscular fibres may be relaxed and quieted. To judge of these conditions correctly, and duly to appreciate the action of the same remedy, when differently used, and in different states of disease, and of morbid sensibility in the same organ, is a task that few can accomplish, without the indirect criterion of experiment. And yet this is required of the physician, who would *never err*, in the application of his remedies. — Those, who are most cautious, most observing, and most judicious in the application of remedies, can not claim infallibility in these matters. How, then can the young, the inexperienced, and the credulous hope to succeed, in these intricate matters of judgement? He *must err often*, before he can approximate the skill of the experienced observer of nature.

Men are prone to believe what is taught them; and when they have been taught to expect certain therapeutic effects from the administration of a certain remedy, they look for no other effects, and often do not see them, when they are full before them. On this principle it is, that we sometimes find, as experience too truly proves, that medical men will *persist* in the exhibition of a remedy, for the purpose of producing a *certain* effect, notwithstanding effects, of a different and opposite character, become more and more aggravated, after the exhibition of every portion of the remedy. Those aggravated symptoms are so very different, from those expected from the medicine, that they are looked upon

as only *so many indications* for the more energetic and persevering administration of the remedy. Thus the dose is often doubled, and the intervals diminished, as the disease becomes more intractable under its use, and the patient dies beyond the reach of medicine.

With these remarks, the reader will understand, how patients may die with artificial diseases, which nature never made. He can also comprehend, how a patient attacked with simple bilious remittent fever, may linger for weeks under a wasting disease; and finally, as if by a miracle, recover after he has been reduced to the verge of the grave. Cases there are, I have no doubt, which have lingered for weeks, as *low Congestive Fever*, as *Typhoid Fever*, or as intestinal fever, until the patient became so reduced, that active medicines were *necessarily discontinued*, and the patient finally recovered, under a vigorous constitution.

Such have been the fearful ravages ascribed to *Congestive Fever* in the South, that the pretender may shield himself against censure, for malpractice, or want of success in his cases, by the timely application of the term *congestive*. At the announcement of that disease, hope deserts the friends of the patient, and his medical attendant receives undue credit, for a miracle, if at the end of three weeks, the patient, emaciated and salivated, is permitted to rise from his bed of affliction.

I have resided in Washington, Miss. and practised my profession regularly for more than twenty years. Every year, in that time, has given us one or two physicians from the *North*, who have for a time succeeded in obtaining more or less practice. The character of the diseases has varied according to the physician under whose treatment they happened to fall. The newly arrived practitioners, with a few exceptions, have always had the fortune to have an extraordinary *proportion* of desperate and protracted cases; and if their patients at length recovered, they had of course performed the greatest of miracles. Two persons in the same house, or on opposite sides of a street would be attacked in the same manner, and with the same disease. Each, having a different medical attendant, and a different course of medical treatment, would present a different result in its course, duration and termination. A new form of disease has thus frequently sprung up, and continued, under the care and treatment of a new physician.

Yet there is a class of summer and autumnal fevers, in the lower valley of the Mississippi, which, possessing intrinsically a peculiar character and grade, *independently* of any remedial agents, through all the stages, have given rise to the common phrase of "*Congestive Fevers*," These cases occur in persons of all ages, sexes and colors; but specially among women and children, and young or middle-aged men, of enervated constitutions, and habits of lax fibre.

The *premonitory symptoms* of these cases of fever, in adults, are generally as follows, viz: the patient, being of leucophlegmatic temperament, of indolent habits, for one or two days feels languid, weak and indolent; there is but little inclination to eat, or to attend to ordinary business, The second, or probably on the third day he is attacked with a slight chill, during which, for half an hour he may desire to lie down in bed, with the use of warm covering, and warm drinks, to relieve a slight

aching of the head, back and limbs. The cold extremities become warm, and chilly sensations at length pass off without much febrile excitement; the skin becomes relaxed and cool, the face rather pale, but moist; and the patient fancies himself much better, except the remains of a little thirst, precordial anxiety, and debility. He probably lives his bed, and lounges about the house and until bed-time: the night is passed with but little refreshment from sleep. A sense of languor and debility, with slight anorexia or headache, causes him to lie down or lounge about the house, until the period for the return of another paroxysm of the forming cold stage.

At length the *third* paroxysm comes on, with more severity than the first or the second; and the patient is confined to bed, with a severe chill, great pain and aching in the head, back and extremities; as the cold stage declines the stomach becomes irritable; and severe vomiting succeeds, with great pain in the head, and often confusion of intellect.—Through this forming stage, the *pulse* has been small, rapid, and weak, during the remissions; and rapid, small and tense during the exacerbations. The *tongue* has been pale, moist, and lightly covered within a white coat; the *bowels* have been indolent and torpid, with a sense of distension, and external tumefaction.—

So far, the disease is in its forming stage; and the peculiarity of the predisposition, consists, in the *direct diminution of vital energy, and the strong tendency to collapse*, with or without copious watery discharges from the bowels, under the irritant action of most of the ordinary purgatives. Where the alvine discharges are copious, it is rare to find much cerebral oppression; but in other cases, the cerebral oppression is often profound, and the intellect perfectly confused, or prostrated. Under ordinary treatment the stomach becomes extremely irritable, and rejects almost every article taken, whether simple or medicated.— It is rare that a physician is called to a case of Congestive Fever in its forming stage. He generally is first called, after the disease is formed and has passed through the premonitory stages; for the patient rarely gives up, and takes medicine, until the accession of the *second or third* paroxysm, which leaves him no alternative.

Some cases from the first, appear to be attended with a *direct diminution of cerebral and nervous energy*, not only as pertains to organic life, but also to intellection. Whether this be a primary cause of organic debility; or whether the cerebral and nervous debility be the effect of previous functional debility, does not materially affect the question, as to the actual state of nervous and cerebral debility. Yet so far as my observation extends, it appears, that the brain first loses its control and influence over the nervous system; and functional torpor and debility ensue. Hence we infer the consequent depraved action of all the secernant tissues, previous to any important derangement of the sanguiferous system.

The *symptoms* of a regular case of Congestive Fever may be given as follows, viz:—Great restlessness and precordial anxiety; pulse small, quick, and thready, the skin pale, cool and relaxed; where great visceral engorgements exist, the skin is often pale and sub-livid, respiration is laborious and hurried, great sense of inward heat supervenes, and a

constant desire for fanning; there is great thirst; the tongue is pale, or sub-livid and moist, or coated on top, with a thin white fur, which becomes thick and yellowish as the irritation extends to the large intestines. If purgatives have been taken they are slow in producing alvine discharges; but when these have been procured, they continue longer than is proper, become more thin and copious, and finally if not checked, speedily throw the patient into irretrievable collapse. In such cases the discharges occur every hour, or oftener and resemble yellow serum, or a dark muddy green water; at other times the discharge is whitish or milky, and as thin as rice-water. In either case the danger is proportionate to the frequency and profuseness of the discharges.

When the *brain* becomes deeply implicated, the eye becomes dull and listless, intellection ceases and a continued coma succeeds, or a confused muttering delirium, and an utter refusal to swallow any thing whatever.—great *gastric irritability* often supervenes early in the disease, and appears frequently to be the result of medicinal remedies.—Sometimes in the advanced stages, under an irritative treatment the *tongue* becomes red and raw—or dry and red, indicative of inflammation or a high grade of irritation, in the mucous tissues of the stomach and bowels. Tenderness over the region of the epigastrium frequently supervenes early in the disease.—

At length the cerebral energy fails, and the patient seems to take no notice of persons or external objects, as if absorbed in his own sufferings: the powers of life decline rapidly, and the patient sinks into irretrievable collapse.

Most cases of *Congestive Fever*, properly treated, terminate in convalescence, on the third or fifth day from the time the patient is compelled to give up. Other cases may be protracted, with many anomalous symptoms under tolerable treatment, for ten or fifteen days; and I have known of other cases, that were protracted thirty days, under different medical treatment; and were then followed by a tardy and uncertain convalescence. Sometimes children under twelve years are carried off in spasms in the second paroxysm.—

In *children* from five to twelve years of age, cases of autumnal fever, which may be, and are termed *Congestive Fever*, often assume the most intractable forms, from the first attack to the final crisis. In many of these, the true pathological condition of the system is much the same, as in cases of *Congestive Fever* in adults. Yet the difference of constitutional vigor, and reaction, often produces a characteristic difference. From the greater irritability of the alimentary canal, and the intimate sympathy between the stomach and brain, there is more nervous and muscular irritation in children, than we commonly see in adults. Instead of the cool and relaxed skin, and the absence of all reaction in the adult, we find in children, very often, the hot mordant skin, which is characteristic of typhus gravior; and in less than an hour the same skin will be bedewed with a warm colliquative sweat. These changes alternate, in some cases, almost every hour until a critical change is effected.

In such cases the skin will retain its peculiar palidness, through all these changes of surface; and the pulse will preserve its active *throbbing*-

pulsation, alike through all the changes. Such is the active throbbing-pulsation, of all the large arteries, including the aorta, that as the little patient lies extended, the whole frame, and all its parts, vibrate at each pulsation. In such cases too, whatever may be the temperature of the extremities, the head and the precordial region are exceedingly hot and throb strongly. These cases, are also frequently, attended with a profuse discharge of *thin, yellow, acrid, bile*, which irritates the bowels, and excoriates the *anus and nates*; while the abdomen becomes distended, tense and tympanitic, in a high degree.—

In all such cases, it may be laid down as a general rule, to which there are but few exceptions, that all remedial agents of a *purgative* character, whether mercurials, or the usual drastic roots and gums, are *decidedly pernicious* and tend to augment the irritation in the intestinal surfaces, and to increase the acrimony of a secretion, already highly vitiated.

The thin yellow bilious discharge, which is so common in infantile remittents of a high grade, is a highly acid fluid, and is exceedingly irritating to the mucous surfaces, of the intestinal canal. The brain, becoming highly excited by sympathy, and the nervous system participating in the irritable excitement, produces spasms, convulsions, or a comatose stupor. The bowels, thrown into a state of spasmodic constriction, from the extreme irritation, utterly refuse the passage of any matters through the canal; unless *solicited* by anodyne and mucilaginous enemata, and *cooling saline* and *anodyne laxatives* by mouth.

We have said that the peculiar characteristic, of Congestive Fever, consists in a direct diminution of nervous influence and vital energy; whereby the patient is liable to sudden, and irretrievable collapse, and hopeless prostration. Another characteristic, whether growing out of the last, or having an independent source, is the *peculiarly irritable and relaxed condition of the mucous surfaces of the bowels*. What may be the actual condition of the organs and tissues involved, we do not presume to decide; although in part at least, so far as concerns the large intestines, it must be a condition *different from inflammation*. Yet it may be possible, and I do not doubt the probability, that in *Congestive Fevers* of the South; there is often a high grade of irritation if not inflammation in the *duodenum*, which by continuous sympathy, implicates the tissues of the stomach, liver and gall-bladder.

The learned and indefatigable professor Gross, supposes that the pathology of Congestive Fever, primarily consists in *inflammation of the gastro-duodenal mucous membrane*. He says: "In this manner are produced, "there is every reason to suppose, many of the so called cases of Congestive Fever of the South; the disease in the first instance, being probably nothing but *acute inflammation of the gastro-duodenal mucous membrane*, "which, by extension, implicates the mucous membrane of the liver and "gall-bladder, and thus creates that obstruction in the portal circle, so "much spoken of by writers and practitioners." (1)

(1) Sec West: Journ: of the Med: & Physic: Scien: at Cincinnati, N° 41, for April, May, June 1837, P. 49.

That *gastro-duodenal irritation exists*, we do not doubt one moment, in the greater portion of cases called Congestive Fever. I will not here attempt to make a distinction between 'irritation' and 'inflammation' of these organs and tissues; nor could any practical benefit result from a distinction, if established. The line which separates the one from the other, is so indistinct, and so co-terminous, that they may be considered one and the same, for all practical purposes.

The indications given by post-mortem examinations, and necroscopic observations, are altogether useless to the practitioner. All our efforts to relieve, and all our remedies are applicable *only to that condition*, which precedes the morbid condition, exhibited to post-mortem examinations. The prominent symptoms, which indicate *gastro-duodenal irritation*, should claim our early attention, and the treatment differs, but little, if any, from that which would be indicated by actual inflammation. The nerves of organic life become irritated before the functions of secretion, of circulation, and sensation become deranged. The secretion may become increased, or depraved, diminished or suppressed, in any organ, long before the circulation becomes affected or changed, to indicate inflammation.

I am convinced, that the condition of the stomach and duodenum, pathologically, in *yellow fever*, is primarily but little different from the morbid condition of those organs in Congestive Fever: but as yellow fever progresses, the morbid action becomes essentially different. Hence, in the first stages of yellow fever, arises the difficulty experienced by men of common observation, in distinguishing the *first stage of yellow fever*, from severe Congestive Fever, without reaction. What the intrinsic difference is, we cannot clearly define; but in the morbid action of *yellow fever*, there is a peculiar *innate virulence*, which hurries on the disease, in extreme cases to that peculiar secretion known as *black vomit*. In Congestive Fever, of the highest grade, this peculiar fluid is *not produced*. Yet in both, the irritated surfaces are *equally repugnant to the action of calomel*; and both are equally *aggravated by its use*, no less than by the use of drastic purgatives of *all kinds*, whether mineral, resinous, or pulverised vegetables. In both the *indication of cure*, so far as regards allaying intestinal irritation *is the same*. Hence we see why the French practice in the yellow fever epidemics of New Orleans, is so successful, with their baths, ptisans, demulcents and cupping and leeching; while those patients, treated by the whole sale calomel practitioners among the Americans, so generally die. This fact is too well established in the South to require proof from me.

Let us take a short review of the nature and effects of *duodenal irritation*, independent of any grade of fever with which it may be connected. The extensive influence exerted over the whole system, by morbid conditions of the *duodenum*, in some other diseases has been too often overlooked, or disregarded by practitioners in the South, who have received their education and their prejudices in Northern Schools. In tropical latitudes, such as the State of Louisiana and the southern half of the States of Mississippi and Alabama, this organ is more frequently implicated in our chronic affections and in our violent, rapid and fatal summer diseases; than most practitioners apprehend; but in none, more than in Congestive

Fever, and the malignant yellow fever of Tropical America. Ignorance, or a disregard of this fact, as well as ignorance of the peculiar *morbid sensibility* of this organ, when irritated, to certain medicines, is one cause of much of the fatality attending such diseases. An intimate knowledge of this peculiar sensibility of the duodenal surfaces, when irritated, to certain medicinal substances, would certainly deter practitioners from the excessive use of such as are peculiarly obnoxious to this state of the duodenum.

It may not be irrelevant here to give the *symptoms of gastro-duodenal irritation*, as indicated by the living patient. When this irritation is established, it is indicated as follows: viz, by nausea, tenderness over the epigastrium, tendency of the stomach to reject every thing soon after it has been swallowed, whether simple fluids or medicines; the tongue is white and moist, or covered with a coat of whitish-brown fur; as the irritation assumes the character of *sub-acute inflammation*, the tongue becomes dry and brown, along the middle portion, while the lateral edges are moist and red. Headache more or less severe, is almost an invariable attendant. Vomiting becomes aggravated in proportion to the increased degree of duodenal irritation; and *before* inflammation has supervened; and where the irritation is very high, the vomiting becomes so inveterate, that even heavy bodies, such as calomel pills, or any kinds of fluids and solids are thrown forcibly from the stomach, immediately after they have come in contact with the irritated pylorus, which appear to constrict, and refuse the passage of every thing from the stomach to the duodenum. A similar constriction sometimes extends to the small and large intestines.—In children, a high grade of gastro-duodenal irritation in its early stages, is attended with a moist pale tongue, slightly covered with a white fur; but as the disease assumes the form of acute or sub-acute inflammation of the stomach and duodenum, the tongue becomes red and fiery; sometimes, during the febrile exacerbations, it becomes brown, dry and rough, or stiffened; the pulse becomes quick, irritable and variable; and the skin also exhibits a corresponding variable condition, being at one time dry, hot and constricted, and suddenly for a short time, becoming soft, relaxed and moist, bedewed with sweat about the face and breast.

In children, more than in adults, the brain sympathises with the *duodenal irritation*. In cases of severe duodenal irritation, the brain of infants suffers so severely that the practitioner is apt to be deceived, as to the primary seat of the disease; and he is often unable to decide whether the brain or the duodenum is the primary seat of the disease. From gastro-intestinal irritation produced by acrimonious bilious discharges, I have seen all the symptoms of aggravated *Hydrocephalus acutus*; when all means used to purge the bowels by mercurials or vegetable purgatives, or enemata, have unequivocally aggravated the disease. Cases of this kind occur chiefly among children under five years of age, and during the hot months of June, July, August and September. The discharge thrown off from the stomach and bowels, is a thin acrimonious yellow bile, exceedingly irritating to the bowels, and excoriating to the surface. Enemata of new milk and lime water soon return in the form of hardened coagula, Enemata of spir: turpentine and other irritating articles, which I have

known to have been given under such circumstances, is but little short of murder.

The irritation of the gastro-duodenal organs, is often, both in adults and children, communicated to the lower bowels or the larger intestines, by means of remedial agents. In the *first stage* of Congestive Fever, so far as I can learn, the *thin watery discharges from the bowels*, whether yellowish or whitish (the latter of which by some are considered an important characteristic of Congestive Fever) do not exist; nor do they exist often in subsequent stages, when *no medicines* have been given. Hence I infer that the thin yellow serum, or rice-water discharges, so common in Congestive Fever, and so fatal in their effects, are contingent, and not essential symptoms of the disease. Could a case be found, which had been left to nature; or where the patient had taken only anodyne and mucilaginous drinks, to the exclusion of every class of intestinal irritants, I am persuaded the copious yellow-serous, or rice-water discharges, so common now, would be wanting. But the physician rarely sees a patient with this disease who has not previously taken a dose or two of some irritating quack-pills; and hence he finds these discharges a prominent symptom.—Or if they have not already appeared, he will be surprised to find them suddenly make their appearance under the very remedies which he had used to prevent them.

There are cases, in strong constitutions, wherein the force of the Congestion falls upon organs not immediately connected with the portal circle. Sometimes the viscera of the cranium, of the chest, or of the pelvis, are oppressed with engorgement, or passive Congestion and their functions, for a time are suppressed, or impaired. When the liver is oppressed with congestion, being an excretory gland, its ordinary secretion and excretion are suppressed, and the organs of assimilation all participate in the derangement. When the uterus and pelvic viscera are implicated, the excretory functions are in like manner disturbed; and in such cases a critical discharge from the unimpregnated uterus is always a favorable indication. In females inclined to corpulence, so great is the uterine engorgement and irritation, that in some cases, the pain in the loins and uterine region have been no less severe than those of actual labor: and in other cases such was the contractile pain, before the critical discharge, that the patient believed she had miscarried of an unconcious conception. When the portal circle is greatly engorged, there is generally attendant, besides the usual symptoms of gastro-duodenic irritation, a general palor and coldness of surface, oppression and frequent sighing and great precordial anxiety: This condition also is sometimes relieved by a sanguineous discharge from the portal circle; but a copious discharge of sero-flocculent, or rice-water fluid aggravates every symptom, and hurries the patient forward into irremediable collapse.

In some cases the *lungs* appear to suffer most in the onset. These cases are those however, which have been induced by some extraordinary exposure, or in persons who have a hereditary predisposition to pulmonic disease. When the lungs become severely affected, the dyspnoea and sighing become distressing, attended with a sense of fainting and suffocation. Sometimes the patient, especially females, experience a sharp lancinating

pain in the chest or in one shoulder. Congestion of pulmonary organs is always attended with danger.

Among the most important Congestions which occur in these fevers is the Congestion of the *brain*. The symptoms peculiar to this visceral oppression are, inattention to what is spoken to them, drowsiness, coma, more or less profound, a dull watery eye, white sclerotica, pupils sometimes unchanged, and sometimes slightly contracted; but more commonly dilated. Sometimes a patient under this variety of the disease will lie with his eyes open, performing nictitation as usual, but remaining insensible alike to light or sound, and deglutition is imperfect or impracticable, and sometimes there is a rigidity of the extremities. In the more advanced stages, alvine discharges become involuntary and frequent. This grade or form of Congestive Fever is always extremely dangerous in autumnal fevers, attended with discharges of yellow bile.

Irritability of stomach, although not a dangerous symptom, sometimes becomes exceedingly distressing. Yet I am strongly inclined to think, distressing as it is, proceeds partly from remedial agents, and medicines coming in direct contact with the mucous surface of the stomach. Such is the state of oppression, in the first stage, that a free use of stimulants internally as well as externally, seem indispensable to induce reaction, and prevent collapse. These consisting as they necessarily do, of capsicum camphor, and such stimulants combined with alcoholic or vinous spirit, produce reaction and irritation in the coats of the stomach, before it is extended to the circulation generally. But if powerful rubefacients and counter-irritants be applied simultaneously to the surface, the reaction may be induced more certainly and with less gastric irritation. Some gastric irritation however is almost unavoidable in certain cases, under the most judicious use of internal stimuli.

Some cases of Congestive Fever, in summer and autumn, assume certain prominent symptoms which are fairly anomalous, and not to be considered as essential symptoms. These are often calculated to mislead the young practitioner, and to induce him to the adoption of some local remedies, or remedies adapted for diseases which are more local in their character than Congestive Fever. Among these anomalous symptoms are those of dysmenorrhœa, hemorrhagia, dysenteria and nephritis. Such symptoms, occurring in combination with the general symptoms of Congestive Fever, may be looked upon as omens of a favorable issue, provided the practitioner is not diverted in his treatment from the main disease.

Another train of anomalous symptoms is comprised in those protracted cases of fever, which by some are denominated "*Typhoid Fever*," and by others *Congestive Fever*. These are cases of ordinary remittents, which have been protracted beyond the fifth or sixth day. They are commonly attended with a low, small and quick pulse; with skin nearly natural in temperature, but constricted and dry; tongue red and polished, or coated with a dark or yellowish-brown fur; and sometimes clean and red upon the edges, and brown along the *dorsum*. Sometimes there is great gastric irritation, and frequent vomiting; a sense of extreme debility in rising from bed; great obstipation of bowels, alternating with thin yellow or serous discharges from the bowels, when solicited by purgatives.

Most of these cases present great intellectual confusion; the teeth are sometimes coated with sordes; and matters ejected from the stomach are thin greenish fluids, indicating a morbid secretion. Often the bowels are constipated or torpid, and loaded with morbid secretions superinduced by excessive use of blue pill, calomel, or some other combination of mercury. I think some of the most inveterate cases of this *Typhoid Fever*, which have fallen under my notice, have been chiefly the result of morbid secretions, suffered to accumulate in the stomach and bowels, under a course of medical treatment, in which mercurials and other irritants were continually and perseveringly administered. Cases of this kind in the latter stages, vary in the particular train of symptoms, which attend each; but generally they assume many of those which accompany the latter stages of *typhus mitior* and *typhus gravior*. I have seen them relieved and finally recover, so soon as these morbid secretions, and accumulations were removed from the bowels, and the tone of those organs allowed to recover, under the use of gentle stimulants and light generous diet.

Etiology.—On the *cause* of duodenal irritation, a few remarks may not be improper. It is a well known fact, which needs no proof or illustration from me, that in tropical or hot climates, the liver is liable to be excited frequently to a very high grade of secretory action; that it sympathises with the skin; that the secretory action, and organic sensibility of the liver are greatly excited by a hot and humid atmosphere acting upon the surface; that the same functions are equally prone to torpor and inaction under a cold and humid atmosphere, and specially where the vicissitudes and alternations are sudden and great from heat to cold. The intimate connexion, between the skin and liver, known as the “cutaneo-hepatic sympathy”, so well explained and illustrated in the writings of Dr. Johnson, on “Tropical Climates”, amply explains the frequent derangement of the biliary functions in hot climates.

Whenever the secretory function of the liver has been temporarily suspended, or diminished, an increased action is ultimately sure to succeed. These vicissitudes of action and torpor are of frequent occurrence in minor degrees, without very materially affecting the health of the persons concerned. Yet whenever there has been a temporary torpor of the secretory function of the liver, there is an increased *acrimony* in the bile, thrown out by the subsequent reaction. The acrimonious bile is often thrown off in such quantity in ordinary health, as to produce bilious purging; and of such acrimony as to produce severe griping, and even syncope, by its irritating effects upon the bowels, while it also excoriates the *anus* and *nates* severely with its discharge. Sometimes persons in ordinary health, under these biliary exacerbations, discharge bile so acrid as to be almost intolerable. Such bile remaining long in the bowels would produce violent irritation, and this irritation would be communicated to the nervous and sanguiferous systems, and fever would be the result. The *duodenum*, being first and continually exposed to its irritant action, and sympathising intimately with the liver in its increased sensibility and irritability, of necessity must be more liable than any other portion of the alimentary canal to take on a *high* grade of irritation, or even *inflammation*. Once irritated and excited, and still exposed to the immediate action of the

exciting cause, is it not likely that this organ should be the chief seat of irritation in the summer and autumnal fevers of hot climates and long summers?

For many years, I have observed occasional cases of autumnal remittent fever, which, from an early stage of the disease, were attended with such extreme irritability of stomach, as greatly to embarrass the medical attendant, from the fact that no medicine could be retained more than a few minutes. In some cases for several days together, it has been impossible to obtain *any peristaltic action* below the stomach; the pyloric orifice of the stomach seemed closed by a stricture, or closed spasmodically, so soon as any acrid medicine, or any purgative medicine came in contact with its irritated portion. Thus, the most incessant vomiting has been apparently kept up, by the administration of various purgative medicines, by the anxious physician, who almost despaired of obtaining any alvine evacuation. In such cases, incessant vomiting would supervene within half an hour, or an hour after the administration of any purgative, and apparently just at the time when the medicine might have been expected to have arrived at the pyloric orifice, or the pyloric extremity of the duodenum. I have seen cases of this kind, when it seemed utterly impossible to obtain any action upon the whole line of the alimentary canal, for three or four days in succession; and where calomel seemed to exert a more pernicious and more irritating influence than any other article. From such cases as these, I received the first impressions relative to the necessity of procuring *some remedy* that would allay this peculiar local irritation, and thus at once remove the *proximate cause* of the disease,—duodenal irritation.

We have said, the cases more properly called Congestive Fever, occur most commonly in hot, showery, or wet summers, with intervals of hot sunshine. Uniformly dry summers are generally free from ordinary bilious or Congestive Fever; but in seasons of great heat, with frequent showers for several weeks together, Congestive Fevers will surely make their appearance. Such was the summer and autumn of 1843, in the latitude of Vicksburg and Natchez. The excessive warm weather of summer did not set in until the first of June and by the middle of June the summer showers set in, and continued frequent until the 8th of October. During this period, heavy showers fell almost every day, and sometimes several times during the day, and also again at night, producing one of the wettest summers ever known in the country. By the 25th of June, cases of irritative fever began to appear, and regular Congestive cases began to occur through the uplands generally, from the mouth of the Yazoo, to the mouth of the Manchac, on the east side of the Mississippi river. Nor do I think this the limit of such cases.

The first cases which appeared, even before the last of June, as well as those which appeared as late as October, were all, so far as my observation extended, characterized by a peculiar tendency to *thin-serous* or *watery discharges* from the bowels, after the use of any ordinary purgative; and specially of such as were partly composed of calomel, such as Cook's pills'. In all cases, the tendency to prostration from such discharges was imminent. In many cases, a *single dose of calomel*, or of Cook's pills, was followed by frequent and copious discharges of thin, and almost colourless

fluid, sometimes yellowish, and sometimes resembling rice-water or sanguino-serous fluid. In many cases, the patient from a single dose of Cook's pills was thrown into the withered collapse of cholera, before aid could be procured.

We will endeavour still further to illustrate the pathological condition of those fevers, in our remarks upon the therapeutic means of restoring a healthy action.

TREATMENT.—The indications in the treatment and cure of *Congestive Fever*, may be included in the following three heads, viz :

First. *To rouse and sustain the nervous energy.*

Second. *To equalize and restore the equilibrium of the circulation and secretion.*

Third. *To relieve existing irritation and promote a healthy secretion from the liver.*

In any judicious course of treatment, the same remedy will often secure two, if not the three indications at the same time; because the nervous and sanguiferous systems are so intimately blended, and so mutually dependent upon each other, that one cannot be influenced by remedial agents, without a corresponding change in the other. Hence we cannot detail the most proper treatment under either head; but must speak of the results severally superinduced by each remediate agent, as it is brought into use.

STIMULANTS.—This class of remedies presents itself, first to our consideration. Internal stimulants are often necessary during the first few hours, or until the close of the forming stage of the disease: but when continued beyond the period of reaction, whether in the circulation generally, or in the tissues of certain local organs, which are exposed to the direct action of the stimulant, they become pernicious and must be abandoned.

Those internal stimulants, which are most appropriate in arousing the stomach to the salutary operation of other medicines, and the brain to the vigorous performance of its functions, are the strong and pungent aromatics, united with strong alcoholic spirits. Of the former, the best are capsicum, oil of black pepper, ginger, camphor, and strong aromatic vegetable infusions. These, given freely in the first stage, assist in developing the general circulation, and in restoring the equilibrium of those organs, which are overwhelmed by atony and torpor.

When the patient is found languid,—overwhelmed with a sense of great prostration, and deficient heat and circulation, the stomach and collatitious viscera may be stimulated to action, by the administration of strong hot toddy rendered pungent, by the addition of capsicum, ginger or camphor. *The stomach by sympathy invigorates the brain and nervous energy.*—

At the same time, *external stimulants*, and rubefacients to the extremities, epigastrium, and hypogastrium, are indispensably necessary, to the permanent development of the circulation. Of these, nothing is superior to a free application of sinapisms to the arms, legs, and over the abdomen. In the absence of these, friction with the hand, or external heat, as hot bricks, bottles of hot water may be applied to the feet or body. — Sinapisms, when used, should be applied over an extensive sur-

face, on each extremity, as well as over the abdomen.—These should be removed to another part, so soon as the skin becomes sufficiently excited under the first application. Sometimes, where oppression and collapse are extreme, the sinapisms may require several removals, until one half of each extremity has been subject to their action. The prompt and free use of sinapisms externally, and of stimulants internally, soon induces a free circulation, and restores heat and colour to the surface. — So soon as this state is partially induced, the patient is in a proper condition to enter upon the regular course of treatment, calculated to fulfil the *third indication*, i. e., “*To relieve existing irritation, and to promote a healthy secretion from the liver.*”

This indication is to be fulfilled by appropriate purgatives, judiciously employed, and alternated with anodyne febrifuges and contra-irritants. These require to be varied or omitted, changed or modified, according to the changes which supervene in the different stages, and phases of the disease.—As great importance properly attaches to the time, manner and continuance, of each remedy, in the treatment of this class of fevers, we shall speak more in detail, of the manner in which they should be employed.

In the first place, we will premise a few remarks upon *blood-letting*, in Congestive Fevers. This by many is considered as one important mean of developing the circulation, and inducing an equable reaction. Yet in the summer and autumnal congestive remittents of the southwest, *no means of cure can be more hazardous, or more unequivocally prejudicial.* This is a disease in which the debility is direct, and the depression of the circulation is the immediate result of a direct debility, and prostration of the vital energies. However proper and correct may be the principles which govern the use of blood-letting, in such diseases as the congestive typhus of Armstrong, the reverse is true in regard to the true cases of Congestive Fever in the southwest. In the latter, the Jewish precept, “*the life is the blood*” is unequivocally true; and every abstraction, however small, is a direct and irreparable diminution of the powers of life. The withdrawal of the smallest quantity of blood even to the amount of one or two ounces, is directly pernicious, and in an equal ratio, retards the developement of a healthy reaction. When I retrospect for twenty years, the numerous cases which I have witnessed, I can not bring to my recollection, a single case of recovery, in which blood to the amount of six ounces was withdrawn; while I can recur to hundreds who recovered, where *no blood was taken.*

The *first and second indications*, are then to be fulfilled by other means, than depletion.

We will now speak particularly of those individual remedies, which are found by experience to prove useful and salutary in this class of diseases.

Stimulants internally.—These are specially applicable in cases, where the patient is plethoric, with abundance of animal fluids, but not robust and hardy; where the skin and extremities are cool and relaxed, with preternatural warmth about the chest and epigastrium: where the pulse is rapid, weak or thready; the tongue pale, moist, and apparently some-

what enlarged, or slightly livid; oppression about the precordia, thirst and internal heat. In such a case, the first indication is best fulfilled by warm, aromatic stimulants, acting immediately upon the coats of the stomach. They rouse at the same time the sensibility and functional action of the stomach, the cerebral energy, and the general circulation. For this purpose the best articles are *hot-toddy* made pungent by ginger or an infusion of capsicum, with a few drops of spirits of camphor. Half a wine-glassfull may be given every half hour, for three or four portions, or in proportion to the degree of gastric, and precordial torpor, or the oppression of the general circulation. So soon as the action and sensibility of the stomach are roused, and the circulation somewhat excited, the internal stimulants should be partially, if not wholly discontinued: otherwise a high grade of gastric irritation and inflammation may supervene.

If there be moderate gastro-duodenal irritation, and that irritation have not been extended to the small and large intestines, indicated by a tendency to profuse serous or watery alvine discharges, calomel combined with capsicum, quinine and camphor may be given in broken doses during the first twenty-four hours; but not longer, viz:

℞ Submur. Hydrarg. ʒij. }	} M. divide into three equal powders: one to be taken every three hours in syrup.
Capsic. pulv. ʒss. }	
Sulph. Quinæ ʒss. }	
Pulv. Ip. Comp. ʒi. }	

So soon as the tongue becomes clean and red, or begins to assume that appearance, this combination should be discontinued, or superseded by anodyne emollients, and saline diaphoretics, *after* the bowels have been evacuated by oil, senna, manna and salts; or by enemata. The appearance of thick gelatinous green discharges is a harbinger of healthy yellow bile, and a certain indication for the *discontinuance* of calomel. Its discharge will be promoted sufficiently by a small dose of castor-oil, or two drachms of sulphate of magnesia and twenty drops of laudanum in divided doses. It must be observed, that in such cases the object should be to *carry-off* the morbid secretions, *not to purge actively*. *An active purgative will certainly super-induce copious watery discharges.*—

The peculiar *irritative debility* of the intestinal canal, which predisposes to hypercatharsis, from every kind of purgative in full doses, is a most important object of attention, in the successful treatment of every case of genuine Congestive Fever. Inattention to this particular, is sometimes the indirect cause of a fatal prostration from frequent and exhausting discharges from the bowels. And yet an excessive use of stimulants internally, superinduces subacute gastritis, and enteritis; when the tongue becomes dry, red and clean, or dry and cracked in the middle of the dorsum of the tongue; and the alvine dejections are mucous or slimy. This change also attends the early stages of yellow fever, malignant remittent, and sometimes supervenes in protracted cases of bilious fever, and cholera, where the stimulant treatment is carried too far.— This irritative debility of the intestinal canal in Congestive Fever is therefore to be sustained by a most careful and judicious administration of stimulants, after the first stage.—

External stimulants. — These are important agents in rousing the torpid or relaxed capillaries of the skin, and are indispensable in the treatment of Congestive Fever; which should always be used simultaneously with the internal stimulants. The influence of both excited simultaneously, and judiciously, seldom fails to develop a salutary and speedy re-action. Where there is great coldness and torpor of the skin, the *hot salt-bath*, at a temperature of 96° to 98° Fahrenheit: will very sensibly accelerate the general re-action. It should however be used always soon after the first exhibition of the diffusible stimulants. The bath should be strongly impregnated with salt; and the patient should remain in it only fifteen or twenty minutes, during which time, he should be subjected to active friction with the hand, or with a coarse cloth, over the whole body and extremities. If the patient feels comfortable in the bath, he may remain in it for thirty minutes, taking care not to induce feelings of prostration or syncope. I have often witnessed the delight and relief experienced by patients while in the bath; and in many instances a repetition of the bath, after the application of sinapisms, has contributed greatly to general reaction.—

Sinapisms to the surface, are one of the most powerful agents in overcoming the torpor of the superficial capillaries. When they become necessary, they should be used freely and promptly. In severe cases a large sinapism over the epigastrium, and one upon each extremity, should be applied, and re-applied, until a permanent refection is produced. If the re-action be slow in its development, the sinapisms should be removed to other parts, until the whole surface of the abdomen and half of the superficies of the extremities have been subject to its action.

In no case of severe Congestive Fever can the use of sinapisms be omitted with impunity; for without them a speedy action cannot be produced in severe cases of prostration and collapse. Dr. Daniel of Savannah, places such implicit reliance upon sinapisms over the surface of the bowels and extremities, that he deems them worthy of being considered the main dependance in fevers of this type, to the entire exclusion of calomel.

He directs the sinapisms to be applied repeatedly on different parts of the extremities and trunk, until a permanent refection is produced and re-action established. (1)

Blisters are valuable means of relieving local determinations to organs, and in removing oppression of the brain, and subacute inflammation of the stomach and abdominal viscera. In no character of disease, have I seen blisters so peculiarly efficacious, in relieving visceral oppression, as in cases of *cerebral congestion and oppression* in Congestive Fever. In these cases, I have seldom or never failed to obtain the most unequivocal relief, by the application of a large blister drawn over the whole top and sides of the shaven head. In such cases, the cerebral torpor is speedily removed, the comatose, or confused state of the intellect is immediately dissipated, and the mind becomes clear and active.

(1) See his Observations upon the Autumnal Fevers of Savannah.

In these cases, blisters seem to rouse the action of the capillaries of the meningeal circulation, as it were by a direct sympathy between them and those of the scalp. The condition of the brain, in which I would use blisters, must not be confounded with that in which there is open excitement, and increased determination of blood to the head. In such a case as this, I never use the blister over the head, but reduce that determination by the application of cold water in the form of continuous cold affusion; which I presume would produce death in Congestion of the brain.

Emetics of the ordinary kind, that is of ipecacuanha or tartrate of antimony, the latter specially, are unsafe in most cases of Congestive Fever; unless the action and sensibility of the stomach has been previously excited by pepper and brandy, or some other pungent aromatic. Without a previous use of these precautionary measures the ipecac, or the tartar emetic may prostrate without vomiting, or it may possibly pass off by the bowels, and produce hypercatharsis instead of emesis as desired. Yet there is a valuable article of the emetic class which is at the same time stimulant and emetic. This is the *Lobelia inflata*, which excites immediate vomiting, without any attendant prostration.

This article, when properly used, is one of the most valuable emetics and stimulants in the materia medica, for the treatment of Congestive Fever. Its action is prompt, speedy and easy, in the evacuation of the stomach, and in developing excitement. Nothing is more gentle, nothing more safe, nothing more salutary.

To ensure its best effects, the stomach should be roused by a wine-glass full of a warm infusion of bay-berry bark and capsicum swallowed fifteen minutes before the exhibition of the lobelia. The preparation of lobelia to be used should be the strong tincture of the seeds with capsicum; one tea spoonful of which, in a wine glass full of bay-berry bark infusion, may be given to an adult, and repeated in twenty minutes, if the first does not vomit.—A weak infusion of Thompson's composition powder is an excellent substitute for the bay-berry bark and capsicum. It is with pleasure I have often seen the invigorating effects of this emetic upon the stomach, in preparing a patient for a rapid convalescence.

There are cases, wherein it is desirable, after the excitement and reaction have been partially restored, to discharge the morbid secretions and ingesta, from the stomach, when they have become a source of morbid irritation. In such cases, to ensure the prompt action of the emetic, the patient should first take a wine-glass full of warm toddy, with the addition of a few grains of capsicum to rouse action and sensibility in the stomach. A few minutes having elapsed, a full dose of 15 or 20 grs. of ipecacuanha, mixed in a wine-glass full of warm toddy, may be taken with great advantage. The operation is prompt, and instead of prostrating the patient; it excites the general action of the system, and promotes a salutary excitement in the stomach itself, and the collateral viscera. Soon after free emesis has taken place, the system and the stomach specially, should be calmed and equalized by a gentle anodyne of morphia, or camphorated tincture of opium. A tea spoonful, or less, of the strong tincture of the seeds of the *Lobelia inflata*, will often be preferable to the ipecacuanha, as acting more promptly, and inducing less tendency to prostration.

Emetics, given in this way, are the most salutary means with which we can commence the treatment of those cases which have already *degenerated under improper treatment*, into what we have alluded to, as *typhoid cases* of Congestive Fever. These cases likewise are attended with intestinal irritation, kept up by depraved or morbid secretions, which had been accumulating in the alimentary canal for several days. These secretions must be evacuated from the bowels, before a salutary crisis can take place; and yet great precaution is necessary in accomplishing this object. A purgative of drastic properties may debilitate, and possibly prostrate the patient; a mild one being less irritating than the contents of the bowels, is useless. In such cases, I have found no practice superior to the following formula, for its prompt action and safe evacuation of the entire length of the alimentary canal; and especially in those cases, where in the morbid secretions of the liver and bowels, under the action of other purgatives, alteratives and mercurials, have accumulated and had already become new sources of intestinal irritation,—viz:

℞ Sup: Tart: Potass: ʒ iss.

Jalap: pulv: ʒ ij.

Colocynth: pulv: ʒ ss., mix in a mortar, and divide into 3 equal powders. Of these one may be taken mixed in a wine-glass half full of water, or ginger tea, and repeated every three hours, until the bowels are moved. Care should be observed, not to repeat the dose after the first operation; soon after which 15 drops of laudanum and 15 drops of camphor should be given in warm toddy or infusion of capsicum, to prevent hypercatharsis.

This purgative operates differently from most others in this particular class of cases. In evacuating the bowels, it *empties the cells of the colon* by inverting them and displacing the indurated scybala, which may have been retained for weeks, unmoved by ordinary purgatives. The first discharge from it generally consists of thick bilious, fetid, or scybalous matter, totally unlike the discharges produced by simple cremor tartar and jalap, under ordinary circumstances.

The *third* indication is “to relieve existing irritation and to induce a healthy secretion from the liver.”

We have endeavoured to show that the chief pathological, and proximate cause of Congestive Fever is *duodenal* or *gastro-duodenal irritation*. This irritation is induced in the first instance by acrid bile, thrown out under the excitement of a humid air, and a tropical sun. This irritation, when from any cause, it becomes greatly aggravated, communicates itself by continuous sympathy, or otherwise to the connecting tissues and membranes: the liver becomes highly irritated, and throws out a vitiated acrid fluid, which irritates the alimentary canal: this irritation reacting upon the liver, excites that organ to the highest grade of irritable excitement, until the functional action is entirely changed or suspended by over stimulation. This condition of things, brings on that state of the general system, which has been denominated Congestive Fever; a state, which in many respects, is as different in its immediate or proximate cause and pathology, from *ordinary torpor* of the liver and connecting viscera, as

light is from darkness; and which in its cure requires a treatment as totally different.

How is the peculiar morbid irritability of the duodenum and liver to be removed or relieved? Surely not by increasing the irritation in the already over-excited organs. The *great error* in the treatment of Congestive Fever consists in treating it as a disease of *primary torpor and defective action*. Hence the treatment resolves itself into one of stimulation, instead of one calculated to allay irritation down to the secreting point.

Calomel by common consent is admitted to be a *stimulant* of great activity, when brought to operate upon the tissues of the stomach, duodenum and liver. Yet from strange inconsistency or inadvertence, this article has been used as the proper means of removing the high state of irritation, which exists in those very organs, in Congestive Fever. The fatality, which attends cases of this kind, and of yellow fever similar in its pathology, under this kind of treatment, speaks loud against the success, if not against the propriety of the whole course.

If Congestive Fever, and yellow fever pathologically depend upon a species of high irritation in the stomach, duodenum, and the liver, is it not reasonable to infer that the remedy, which would be *proper* in an *opposite state* of these organs, would be *injurious in these*? Calomel is admitted to be the proper remedy for torpor of the liver and the portal viscera generally; how then can it be proper in an opposite condition of the same organs? If a remedy serve to raise the excitement of an organ, up to a healthy standard, when it has been depressed, docs it follow, that the same remedy will depress and reduce the excitement in the same organ when it has been preternaturally excited. Reason would forbid such a hope; and we believe experience properly observed, and correctly explained will teach the same doctrine.

For nearly seven years, I have been convinced that there was a portion of our summer and autumnal diseases, which were aggravated and protracted by the use of calomel; and during that time, I have often been induced to lay aside the use of calomel, and substitute a soothing practice, in many cases, where calomel had proved decidedly injurious. It is more than fifteen years, since I first observed that calomel was *literally a poison* in those cases which were attended with *great irritability of the liver and portal circle*. I had seen almost every yellow fever patient die, who had been treated under the full mercurial course; besides many cases of common bilious remittent fever. I had observed plainly, that there were *two classes of bilious, and remittent fevers*; that one was attended with functional torpor of the liver, and the other with a morbid irritability of the same organ; and that one was benefitted by the administration of calomel, and the other was aggravated by the same treatment: but yielded under a judicious course of anodyne and refrigerant practice. Under this conviction, I had in some cases ventured, contrary to all my former opinions, and of the highest authority, to place my chief reliance upon salines and narcotic remedies, and such articles as were calculated to *allay intestinal irritation*. Still I could not entirely dispense with the sheet-anchor, the sumpson of the materia medica, which I still considered

necessary in the first onset of the treatment; although it might be necessary to discontinue it afterwards.

Yet it was not until the year 1843, that I learned by actual experiment, that good bilious discharges and speedy salutary termination of *severe cases* of bilious and congestive fevers could be obtained more readily without calomel than with it. Such was my faith in the efficacy of calomel, in inducing a salutary secretion from the liver, in such cases, that it was long before I could venture to risk the life of my patient, to any course of treatment, which excluded calomel. And in cases of great danger, where calomel appeared to exert *no salutary influence*, it was with fear and trembling, that I ventured to treat the case, by substituting other remedies for this formerly indispensable article. At length in the spring of 1843, I ventured to attempt the treatment of several cases to the entire exclusion of calomel, and the result was most flattering and eminently successful.

During this summer, which was hot and showery, from the middle of June to the 7th of October, there was much sickness in the southern half of the state of Mississippi, and Congestive Fevers were very prevalent. A greater number than usual of this type of fever, came under my care; all of which were treated without calomel, and with a success which I had never before experienced. During the whole summer and autumn, I lost but one patient of Congestive fever; and that one had been doing well until a dose of calomel was given in my absence, and apparently hurried on the fatal collapse, by inducing copious thin rice-water discharges, which no skill or remedy of mine could check. At other seasons, and under the thorough-going mercurial practice, I must have lost not less than half a dozen patients, who recovered rapidly without calomel.

The course of practice which I pursued was based entirely upon the assumption, that the proximate cause of the disease at the commencement, or subsequently, consisted in a *high grade of duodenal irritation, or inflammation*; and that this condition of those organs was aggravated by the stimulus or irritation imparted by calomel.

Hence after the evacuation of the morbid secretions from the stomach and bowels, and rousing the general circulation by means of stimulants and sinapisms, as before described; the patient was placed upon the following laxative and febrifuge mixtures, or either of them, according to circumstances.

To *allay duodenal irritation*, and relax the liver to a healthy secretion of bile, the following mixture was given every two or three hours, or *pro re nata*, viz:

R. Sulph: Magnesia ʒ ij.	} M. — ft. mist: — Dose for an adult f ʒss. every hour in severe cases, or every two hours in cases less urgent.
Ipecac: pulv: grs. iij.	
Tinc: Opii. f ʒ i.	
Aqæ pluvialis f ʒ vj.	

This mixture, continued for twelve or fifteen hours, and sometimes, in less time, is followed by an abatement of the gastro-duodenal irritation, a general relaxation of the skin, and a full and soft pulse. Besides these salutary effects, a perseverance in the use of this mixture, for a longer time, is followed by a free and gentle discharge of *thick yellow bile*. During this administration, if the intestinal canal be in a high state of irritation

from previous purgatives, or copious watery discharges, anodyne and emollient enemata are not neglected, nor demulcent drinks, of which none is superior to the mucilage made of the prickly pear by cold infusion.

The salutary effects of broken doses of epsom salts, and laudanum in intestinal irritation, were first communicated to me by my friend Dr. J. A. McPheeters more than ten years ago. He recommended it very highly in dysentery : but I have since found it to exert the most salutary effects upon all kinds of intestinal irritation of the mucous membranes. *Ipecac* in *minute doses*, I had discovered to be also an admirable allayer of gastric, as well as of intestinal irritation. I combined the two with a decided augmentation of the beneficial effects to the patient, and gratification to myself. And here I will take occasion to repeat that *ipecac* in *minute doses*, from one fourth to one grain every two or three hours, is one of the most valuable allayers of intestinal irritation.

When much febrile action exists, with only moderate irritation of the stomach and duodenum, I substitute the following mixture, in the more advanced periods, viz :

<p>℞. Sulph: Mag: ʒ i. <i>Ipecac</i>: pulv: gr. iij. Spt: Nit: æther. f ʒ i. Sulph: Morphix grs. ij. Aqua pluvialis f ʒ vi.</p>	}	<p>M. f. mist: Dose for an adult f ʒ ss. every two or three hours, <i>pro re nata</i>:—and indue proportion for children and infants.</p>
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This mixture, in my practice, has been substituted for the large and repeated doses of calomel, with the combination of opium, capsicum, Dovers-powder, oil of black pepper, and other articles calculated to assist, or modify its action, which I had formerly given, and had seen given by others, for the purpose of rousing the action of the liver.

The proportions of each ingredient may be varied to suit peculiarity of cases. If the irritation was extreme, the first recipe was used ; and the quantity of sulph: magnesiæ diminished one half, and the tincture of opium increased in the same proportion. If the duodenal irritation was moderate, and the bowels appeared irritated with a profuse secretion of acrid bile, the quantity of sulph: magnesiæ was increased ; and sometimes the tincture of opium was diminished in the same proportion.

In all the cases in which I have used this practice, my success has been much greater than under the former system of the mercurial treatment, and has exceeded my most sanguine expectations. The patients have been less reduced in flesh, the constitution has been far less impaired, and the convalescence has been more speedy and certain, than generally follows, or than can be expected from the free use of calomel. Nor should I exceed truth, were I to say, that many recovered, who would have died under a moderate use of calomel. In all the cases in which I have given this practice fair trial, a free bilious discharge, have been readily obtained in less than twenty four hours from the first exhibition of the medicine. These operations have been such, as could not be expected from calomel in less than one or two days after the discontinuance of the medicine.

The same is equally true in children, who are generally the greatest victims to the persevering use of calomel. They are often thrown into a train of symptoms, and a high grade of intestinal fever from the excessive use of

calomel; whence the bowels had been already too *much* irritated, and attended with mucous discharges.

In these cases, on the soothing plan, the cure is a natural one, and is the one naturally indicated by the pathological condition of the patient.

We have endeavored to show, that in regular cases of Congestive Fever, the whole train of symptoms, including the apparent defective circulation, languid powers of life, cool surface and quick small pulse, are only consequences dependent upon a high grade of *gastro-duodenal irritation* or *inflammation*; and that when this is once removed or allayed, the symptoms which only characterise and *indicate such irritation*, will of necessity cease. This is the true condition and relation between the cause and the effect.

What is the natural indication of cure? Decidedly *not to increase* the irritation already existing, but to remove and allay it, by such remedies as possess the property of removing or diminishing the primary irritation, as well as that which is consecutive. This being effected, the symptoms indicative of danger, begin to disappear, and the case in its progress, presents a train of symptoms, so different from those induced by the mercurial treatment, that it would not be recognised as having been identical in the first stages, with another case under the regular mercurial treatment. As we have before observed, *we do not know*, in the mercurial practice, *what are the natural and unsophisticated symptoms* of Congestive Fever. Under this practice, most of the symptoms recognised as *peculiar* to Congestive Fever, are the *artificial creations* of what may properly be denominated an improper practice, and not the natural traits of the disease.

The mercurial practice proposes to cure the general disease, by bringing in contact with the inflamed or irritated organ, a medicine, which is known to exert a peculiar stimulant effect in irritating, or exciting that organ, when it is in a state of torpor and *inaction*. Or in other words to reduce the action and excitement, in the irritated organ to a healthy standard, by *stimulating* it into a state of *debility*, or exhaustion, from which it is to resume its natural healthy function. This is the principle upon which the mercurial treatment is to cure Congestive Fever, provided the patient does not sink under the combined influence of a violent disease and pernicious remedy. (1)

(To be concluded in the next number.)

Art. II.—Observations on the Cachexia Africana, or the habit and effects of dirt-eating in the negro race.—By W. M. Carpenter, M. D., Prof: Mat: Med: in the Louisiana Med: College.

The effects of the habitual ingestion of unassimilable articles of food, and particularly of earthy substances, were observed at an early period by the Greek Physicians, whose observations, as well as those of the Latins, were

(1) See Western Journal of Med. & Surgery, for February 1840, P. 87 to 130.

principally limited to those women and young men who were in the habit of eating chalk, and other earths, under the impression that it gave their skin a delicate fairness, and rendered their forms slender and graceful. They gave to the affections the name of Malacia, or Malakia, a term expressive of softness or effeminacy.

Another form of dirt-eating, which has been well described, and which is called by Dr. Good, *Limosis Pica*, results from the depraved appetite which often exists in cases of pregnancy, chlorosis, and some other affections. Children, too, either through neglect, or from a morbid state, sometimes acquire a similar habit. Among persons thus affected, we have accounts of many remarkable cases, in which there was an invincible craving for the most indigestible objects, such as ordure, toads, snakes, insects, lice, spiders, worms, leeches, quills, hair, glass, stones, metallic substances, knives, &c. (1) But in all these cases, we cannot fail to remark the absence of many of the specialities of the habit and groups of symptoms which characterize the affection called Cachexia Africana. Indeed the cases which approximate most nearly to this disease, are those in which children take up the habit of eating dirt, and in these the symptoms are more variable and less grave, and the habit more easily subdued than in the disease of the negro race.

The name Cachexia Africana has been applied by several writers, to the habit of dirt-eating, and to the remarkable group of symptoms observed to accompany it, in the negroes of some hot climates, and of which the negro race seems to be the exclusive victims. The French of the West Indies, call it by the title of "*Mal d'Estomac.*" The name "*Cachexia Africana*", though not altogether unobjectionable, I think it best to retain, as it is now used by common consent, to express the affection under consideration.

This disease, if we may be allowed to generalize this *tout ensemble*, under one head, has long been known in Tropical America, as the most fatal disease of the negro race; carrying off numbers from the plantations and negro regiments, and is considered as being as certainly fatal as phthisis pulmonalis. It has been described by the distinguished John Hunter (2), as prevailing extensively in Jamaica; by Dr. McCabe, in Trinidad (3); by Dazille, in St Domingo (4); by Dr. Craigin, in the West Indies, Guiana and Surinam (5); and by David Mason, in Jamaica: all of whom speak of its general prevalence, and its almost invariable fatality. In all

(1) Dr. Good says "The most marvellous, though certainly one of the most common exhibitions of depraved taste, is an appetite for knives. There is not a country in Europe but has furnished examples of this in both sexes; and hence the Medical Journals and Miscellanies are numerous in their descriptions of London Knife-eaters; Prussian Knife-eaters; Bohemian Knife-eaters; and even out of Europe, Brazilian Knife-eaters. [Study of Med: Vol. 1, P. 82]

(2) Observations on the diseases of the army in Jamaica P. 248 et seq.

(3) Dissertation Medico Inauguralis de Sanitate et vi animi inter Tropicos.

(4) Observations sur les maladies des nègres; Vol. 1, P. 342 et suiv.

(5) Obs. on Cachexia Africana or Dirt-Eating; by T. W. Craigin, M. D. Am. Journ. of Med: See. N° 34, P. 356.

these countries, it appears to prevail, to the greatest extent, on the swampy banks of the great rivers, and in the paludal districts of the interior.

In North America it appears to have attracted but little attention; though in the Southern portions of the United States, cases are not unfrequently met with in practice. To what extent this affection has prevailed in the Southern States generally, we have no data, that I am aware of by which to judge; but in Louisiana, it is by no means of rare occurrence, and in some swampy and insalubrious tracts, particularly on large plantations, where the slaves have not proper attention paid to their diet and general comfort, the cases sometimes become greatly multiplied. There have been instances, in this State, of large planting establishments being entirely broken up by the extensive mortality, resulting among the slaves, from this habit. I am inclined, too, to believe that the habit is more generally prevalent in the low lands than has been commonly suspected, and that numerous cases that have been considered as primary disease of the heart, and supposed to be brought on by the heavy labour, that negroes are sometimes obliged to perform, would be ascertained, by close examination, to be the peculiar condition which is observed to result from dirt-eating. Indeed I have met with several such cases, which have been treated, with false views, and in which the characteristic signs of dirt-eating could not have been mistaken by any one, at all familiar with them.

Notwithstanding the comparatively frequent occurrence of this affection, among the colored population of the Southern States, it seems to have been entirely overlooked or disregarded by our medical writers; and young physicians beginning their career in the South, relying upon their College education and reference to books of practice, will generally be under obligations to either the negro or his owner for any information or insight into the nature of cases of this kind.

This, I confess to have been the case with myself, when, in 1836, I first met, in practice, with a victim of this strange malady. Luckily, for me, it was one of the very rare instances, in which the negro confessed his habit of dirt-eating, and this at once threw light on the remarkable chain of symptoms and appearances, which could not fail to have been noticed, by even a casual observer, which would have appeared incongruous, and have been anomalous, without the starting point furnished by the confession of the patient. The man died in about two months from the time I first saw him, and the *sectio cadaveris* revealed, in a striking manner, the lesions which gave rise to the symptoms which had been the subject of my careful observation during the progress of the case.

Having had my interest aroused, by this opportune case, I have, since, lost no opportunity of seeing the disease, and studying it in all its bearings.

In the different parts of the State, which I have visited since that time, I have met with numerous cases, and a considerable number has come under my own treatment. Many cases have come under my observation in New Orleans, but they have generally belonged to plantations in the neighbourhood, or have been sent from those of the low land districts, for the purpose of being treated here. Altogether I have particularly examined nearly an hundred negroes of different ages and sexes, affected by

this disease, a very small number in comparison to that met with in the practice of some physicians residing in regions where it is most prevalent. In every case dying under my care, or under circumstances that rendered post-mortem examinations practicable, I have pursued my researches respecting the pathology of the affection. The result of my observations, I submit to the profession, fully aware of their imperfection, and of the unsatisfactory nature of the conclusions, which, on some points, I have ventured to express. This I do with a view of soliciting something more definite, from those residing in regions, where this affection prevails most extensively; and in hopes that physicians may be induced to investigate the subject more extensively, and that we may hereafter be enlightened in regard to the etiology and treatment of this strange disease.

SYMPTOMS.—The initial and essential feature of this disease, is a depraved appetite, causing an invincible craving for earthy substances; and so strong is this desire, that it generally triumphs over every effort to prevent the practice; and such is the indomitable force of the habit, that neither bolts, nor bars, nor punishment, nor the certainty that it will inevitably end in death, can in any measure prevent their indulging in it—“The only appreciable signs of mental activity,” says Dr. Craigin, “exhibited during the course of this disease, are the crafty and cunning plans which the patient most subtly matures, and as stealthily executes, to procure his desired repast.” They usually fix upon one article, as preferable to the rest, but in its absence will readily indulge in those at hand.—The articles most frequently eaten are clay, mud, dried mortar, plaster, lime, dust, ashes, shells, chalk, tobacco pipes, slate, bricks, sand, rotted wood, rags, hair and some other unnatural substances.—Mr. Hunter states that, in Jamaica, “they are fond of a kind of white clay, like tobacco-pipe-clay, with which they fill their mouths, and allow it to dissolve gradually; and express as much satisfaction from it as the greatest lover of tobacco could do.” In Surinam, Dr. Craigin found they generally preferred to eat the fossil shells, of which a bed lay near the surface; and the streets of the towns were made and repaired with the same material.—

As the symptoms, resulting from or accompanying dirt-eating, are trivial in the beginning, and very slowly progressive; and as they only come under the observation of the physician, in the latter stages, and after a considerable lapse of time, when they have assumed a serious aspect; it becomes difficult to determine what is the order in which they appear.—On enquiry, however, it will generally be ascertained, that the first symptoms that attracted the notice of the patient, are those indicative of more or less serious derangement of the digestive functions. The bowels are irregular in their action; in some cases habitually constipated, in others the constipation alternates with spells of diarrhœa. Heart-burn and flatulency are common symptoms at this stage; and many patients complain of loss of appetite, or of vomiting after their meals.—In some cases there is slight fever occasionally, or sensations of burning in the palms of the hands and the feet.—The patient, at this early stage, frequently begins to exhibit an inclination to avoid effort of any kind, skulks from work, and sometimes pleads indisposition; but as he conceals the

true nature of the case, looks as well as usual, and can only designate a slight derangement of the bowels, or some other disorder of an apparently unimportant nature, his plea is generally heard with suspicion, or rejected.—

This state of things continues for some time; the disease pursues its insidious course; the patient retains a degree of enbonpoint which might easily delude the observer, in regard to the gravity of the case.—A closer examination, however, will reveal the extensive lesions that exist in the structure or functions of the vital organs.—

The whole body has a full, and rather œdematous appearance; and the skin is dry, sometimes smooth, but more frequently scurfy or furfuraeous, and it generally has a turgid or shining look.—The face has a peculiar tumid but flabby fulness; and those portions of the body which usually abound in fat, retain their full appearance, though they are wanting in their ordinary elastic resistance.—The muscular parts of the arms and legs still have their roundness, but feel soft and flabby. The feet, ankles, and hands are almost always œdematous, pit under pressure of the finger, and retain the impression after the removal of the force.—Dr. Craigin observed, in some cases, and in some parts of the body, a peculiar state which he compared to the condition of the tissues in elephantiasis, in consequence of the elasticity of the integuments and of the subcutaneous tissues.—There is however, one trait in elephantiasis that I have not seen in this disease; and that is, the hypertrophy of the skin itself; for though the subcutaneous tissues are often hypertrophied without œdema; yet the skin in a great measure retains its thinness.—The eye is prominent, being rendered so by the abundance of the adipose tissues of the orbit; and the lids are often puffy or œdematous.—The eye has generally a languid, unmeaning look, devoid of vivacity—The conjunctiva has generally a snowy white or dirty yellow and jaundiced appearance; Dr. Craigin says, that in all the cases he saw in Surinam, it was “of a peculiar snowy whiteness, untinged by a particle of red blood.” This condition however is by no means universal here, and the jaundiced appearance exists in a large number of the cases. The palms of the hands, and soles of the feet, are strikingly white and pale; the lips, gums, and the whole mucous membrane of the mouth, are remarkably pale and anæmic, and the “tongue which in health performs its duty with so much alacrity, lies bleached and bloodless, scarcely able to represent the motives of its owner.

These symptoms are referable to an anæmic condition, or rather to a condition characterized by a great deficiency of the red globules of the blood. In several cases, blood was drawn, and it always presented the same characters, but varying in degree. In general it has a thin but turbid appearance; the globules having a peculiar purplish colour, somewhat like that of pale claret lees; and floating perceptibly apart, separate, or in little groups, in the large mass of serum. The proportion of clot to the mass of blood is remarkably small, though the organic solid matters of the serum, are, in quantity, as great, or even above, the ordinary standard.—I regret, not to be able to give exact numerical data respecting the quantities of the elements of the blood in these cases, as I

only analysed the blood in one case, and my notes on this analysis have been mislaid. In this case the solid matter of the clot was less in weight than, that obtained by Andral and Gavarret from the blood of chlorotics; the solid organic matters of the serum, to the contrary were abundant and the serum coagulated at a temperature of 153° of F^ht.—

The patient is excessively dull; sometimes stupid almost to idiocy; is very susceptible to the influence of cold, and “delights to bask in the sun’s rays,” or to hang over a fire, even in the hottest days of summer.

As the disease progresses, function after function becomes deranged, and soon the physiological balance is completely destroyed. Cutaneous transpiration is almost completely suspended, the urine is sometimes diminished, but in other cases greatly augmented in quantity, and there is often an irritable state of the bladder, which is exceedingly troublesome, in consequence of its giving rise to repeated calls to urinate, which are so urgent and painful in some cases, that the patient has not time to walk a few steps, or even to get out of bed, before the urine is discharged. In two or three cases, that have come under my observation this condition existed to such a degree as to amount to absolute incontinence, but apparently, without any paralysis about the neck of the bladder, and depending solely on the intolerance of the bladder to the presence of urine. Some of these patients, have assured me, that they were obliged to micturate twenty and thirty times in the course of the night; others that they had calls of the same kind every few minutes, and being worn down by the disturbance, they no longer got up, but had made provisions which prevented the necessity of rising. In women there is generally suppression of the catamenia, which, in some cases, however, are generally reestablished whenever there is for a short time an improvement of the general condition.

Instead of the constipation, which is the most common condition of the bowels in the earlier periods of the disease, we have in this advanced stage, almost incessant diarrhœa. The stools are of variable consistence, and pale or yellowish, sometimes mixed with mucus or pus, or streaked with blood. The abdomen is not generally tender when pressed, but is generally flaccid or tympanitic; and the mesenteric glands can rarely be felt.

The disinclination to exercise now amounts to actual lethargy; and the slightest exertion, such as walking a short distance or even rising up, produces an overpowering sense of fatigue and lassitude, attended by an oppression of respiration, painful palpitations of the heart, which are often audible to the bystander; the carotid and temporal arteries beat strongly, and a distressing throbbing is felt in the head.

The patient is completely overcome by any attempt to walk up an acclivity, and when obliged to perform any labour that requires active exertion, or to walk briskly, particularly when it is hot, will sometimes sink suddenly to the ground overpowered and exhausted, and sometimes in a state of suffocation or of syncope.

When the patient is quiet, these painful feelings are relieved or diminished though the dyspnœa still continues to some extent, the heart’s action remains laborious, and in some cases the painful throbbing in the head, disturbs and almost prevents sleep at night. I have seen cases in which

this symptom causes more distress and complaint than all others; and some, if not all, thus affected died suddenly, at night. I suspect, from effusion upon the serous surfaces or in the ventricles of the brain.

Notwithstanding, however, that the visible signs of disorder, are diminished by rest; careful auscultation easily detects the important functional or structural lesions which according to my observation, invariably attend upon the advanced stages of this disease. The pulse is, in general, rather small, but tense, and varies in frequency from 80 to 120 a minute. In two or three cases, I observed pulsation of the jugular veins which were synchronous with the pulse, and, in these cases, thought that the signs afforded by auscultation, indicated hypertrophy of the ventricles and dilatation of the auricles: in one case, my diagnosis was confirmed by post-mortem examination: one of the others is still living, and I hope to know the condition in case of her death, which can scarcely fail to take place soon.

The derangements of the heart's action seem, in the earlier stages of the disease, to be sympathetic, or perhaps dependent on an irritable condition of that organ; but as the disease progresses, changes soon to take place in the structure of that organ, and in the latter stages auscultation almost invariably indicates the existence of structural lesions of the heart or its appendages. In no instance, have the post mortem examinations failed to confirm the indications, afforded by auscultation, of the existence of these lesions.

The examination of the respiration generally affords no very decided results. The dyspnœa which in some cases amounts almost to an asthmatic state, is generally aggravated by a horizontal position, especially when laying on the back, and is sometimes so urgent as to require that the patient should be propped up in bed continually. This dyspnœa however seem to depend upon the cardiac lesion, and no corresponding sign can generally be detected in the function of the lungs. The respiratory murmur is sometimes wanting over small portions of the chest; the mucous râle is frequently heard, but there seems to be nothing constant or definite in the condition of the lungs.

With the heart it is different. Its impulse is generally very strong, and can be distinctly perceived in some cases, over the entire chest; and though its sounds and impulse are increased by exercise; they retain, when the patient has been long at rest, a degree of energy much greater than in the normal state. The *bruit de soufflet* is a common symptom, and indeed may be said to be rarely absent.

In hot weather, the symptoms are generally aggravated; the bowels are more deranged, the heart more irritable, and the disturbance of the circulation greater, the dyspnœa more urgent, the extremities become œdematous, and menstruation in the women ceases. It is consequently in summer, that the disease, when left to pursue its course, naturally tends to a fatal termination. This however is not the case, in, perhaps, a majority of the cases; for as far as my observation extends, the greater number go off in winter; not from the immediate effects of the disease, but from attacks of acute diseases, particularly acute pleurisy and pericarditis.

Cool weather is highly favourable in its effects on the general course of

this disease, and I have seen several cases in which there appeared to be a complete restoration of the health in winter; the patient would seem well, be able to perform active work, and in women the catamenia become restored. I have known several women thus affected, who become pregnant, and bore children during the existence of this improved condition. It is probable that, in cases in which the habit had not been continued so long as to produce important lesions of the heart, and other organs, the amelioration of the symptoms, resulting from favourable weather, might become permanent, if the habit could be broken. The respite, however, generally terminates soon after hot weather sets in, the next summer; the symptoms soon assume a more formidable character than before the respite, and a brief period brings the fatal end.

The winter, however, though so favourable to the general health and condition of these patients, abridges the existence of many of them, by favouring the production of the acute maladies, referred to above, to which this condition seems to predispose.

Dr. Craigin describes a feature in this disease, as occurring in Surinam, which I have not met with, in this country, and am inclined to the belief, that it was not properly a symptom of the affection under consideration, but was accidental or engrafted from some other, perhaps leprosy, which is common in that region. The difference of colour between these ulcers, and those of leprosy may depend upon the peculiar state of the constitution of the patients.—I will give his observations in his own words, supposing that others may meet with similar appearances. "Peculiar to children," he observes, "under the age of 10 or 12 years, and late in the course of this disease, a state of ulceration often comes on, mostly confined to the cuticle and cutis vera of the feet, legs, and thighs, but sometimes the nates, as well as the hands and arms, are also affected. I seldom had an opportunity of noticing the progress of this ulceration until it had established itself in the true skin. It appears however, from observation and inquiry, that at the commencement, one or more small whitish and nearly round spots are observed about the ankles and feet, which somewhat resemble the first appearance of, that also frequent and fatal disease, the "lepra," with which, however, it has no real connexion; the spots in the disease under consideration are of a deadly pale cast or ash colour, while those of leprosy assume a more lively and cupreous redness. These spots or discolorations become daily more evident, until at length the cuticle gives way, others successively appear, and advancing in the same manner, also ulcerate. The number of ulcers is, in some instances, very great, from the constant accessions, while none are disposed to cicatrize; and in other and very severe cases, the whole number does not exceed three or four."—

"These ulcers gradually increase in circumference and depth till the cutis vera is penetrated; some of them are at length confluent, others remain unconnected, and in the most loathsome cases, the feet, legs, thighs and sometimes the nates present one broad surface of ulcers, some small, and others running into each other, forming patches of greater or less extent."

"When this ulcerative process commences, there is frequently mixed

with the fæces a small quantity of blood, and in one case which I saw, attended with prolapsus ani, the lower part of the rectum was thickly studded with ulcers, small, but in other respects similar to those situated externally."

"These ulcers of the skin are of the indolent kind; they have no raised or bordered edge, and actually discharge but little, their surfaces being kept moistened by a colourless and apparently bland fluid, with no palpable sign of granulation."

Diagnosis.—As the prominent, or most urgent symptoms, in this disease, are referable to lesions of the heart; these are apt to be regarded as the primary symptoms; the lesions of nutrition being supposed to originate from the derangement of the general health; and the habit of dirt-eating, being concealed, is overlooked, or, if noticed, is perhaps viewed as an effect, instead of the cause of the cachectic state. Physicians fall more readily into this error from the circumstance that this disease occurs in negroes, who, in consequence of performing heavy labour, would be regarded as peculiarly liable to cardiac affections; and also from the fact, that in many cases of dirt-eating, the first evidences of the secondary lesions are exhibited, when doing work requiring a more than ordinary degree of muscular exertion. Thus I have been told by some of these subjects, and also by their owners, that their disease has been brought on by rolling logs; by lifting or carrying heavy weights on some particular occasion, or by being over-worked. We should discriminate between the cause that produced the disease, and that which excited the symptoms which first attracted the attention of the patient.

The occurrence of several cases of this kind on the same plantation greatly facilitates the diagnosis; for though excessive labour is certainly adequate to the production of disease of the heart, and various other affections; the cases thus produced would not be characterized by the striking similarity that is always observable between cases in which the symptoms arise from dirt-eating.

The history of the case is important in drawing our diagnosis, for the order, in which the symptoms arise, will suggest their relations to each other, as causes and effects, and the fact that the symptoms, referable to disease of the heart, supervene upon dyspeptic disorders, or a condition similar, in general aspect, to chlorosis, should not be disregarded—A symptom of primary importance, in enabling us to form an opinion in these cases; and one which Dr. Craigin regards as pathognomic, is the peculiarly white and pallid appearance of the palms of the hands, and soles of the feet; but more particularly the bleached and bloodless appearance of the inside of the lips, the gums, the tongue, and lining membrane of the mouth generally. The tongue and gums often have the peculiar translucent and pallid hue of white wax. These appearances have never been absent in any case of confirmed and habitual dirt-eating, that has come under my observation; and from these symptoms, if existing in the marked degree which is common in this disease, and accompanied by the general aspect of these patients, I feel safe in pronouncing unhesitatingly upon the existence of this habit. In numerous instances the patient, as well as the master will positively deny the existence of any such habit,

but if those signs are present it is a strong indication, and in such cases I have always been able, in a short time, to establish the fact to my own satisfaction, and generally, to that of all parties.

As there are cases of chlorosis in which all the apparent conditions of this disease are represented, it sometimes becomes difficult to distinguish between them. Indeed, the condition arising from dirt-eating, constitutes a peculiar variety of chlorosis, produced by a special cause, and characterized by highly aggravated symptoms. The extraordinary whiteness of the tissues of the mouth, may serve in some measure to direct us, for though the general complexion, in chlorosis, is sallow, I have never seen a case of it in which the mucous lining of the mouth had the bleached aspect observable in the least marked of these cases.

As, however, these symptoms and appearances may, perhaps, sometimes mislead us, it is always safest, and most satisfactory, to obtain proof positive of the existence of the habit. This is, often, by no means an easy matter, as the patient frequently exhibits the greatest art and skill, in throwing his interrogator "on a wrong scent", and if they are aware of the drift of the questions, no artifice can lead them to a confession. One of the most successful plans, is to examine the case well, without hinting a suspicion; and when pretty well assured of the case; take them by surprise, by asking them pointedly, what kind of dirt they have been in the habit of eating, or how long they have been in the habit. In this way, they are led to infer that their case is a plain one, and they will sometimes make a candid avowal. There are many cases, in which no available information can be obtained from the patient, and as it is of importance to attain to certainty of diagnosis; recourse should be had to examination of the fœces. For this purpose they should be dissolved or broken up in water; when, if silicious, aluminous, or calcareous particles be contained, in any quantity, they will be perceptible in the sediment which remains, when the water, holding the lighter matters in suspension, is poured off. This sediment, it will be best to incinerate, by putting it into a crucible, and submitting it, during some time, to a red heat; which will in a great measure destroy any vegetable or animal matter that may remain mixed with the earthy matter after washing. In this way it is easy to detect clay, sand, pieces of shells or bricks, &c. There are however cases in which it may be important to use the appropriate chemical tests for particular articles, as for instance when we suspect the patient of eating lime, unless it be taken in large quantities, it may be taken up by the water with which the washing is performed. In this case, we may take a little of the water strained and add a few drops of the solution of the oxalates of ammonia or potash, which will, if lime be in solution, give rise to a white cloud in the fluid.

The absence of earthy substances from the fœces, does not imply that the diseased condition, under which the patient is suffering, was not produced by eating dirt; for in the advanced periods of some cases, the habit is for a time discontinued, and the diarrhœa, then prevalent, soon empties the bowels of the fœces containing the dirt last eaten. When dirt is passed from the bowels, some time after the cessation of the habit, it is most generally found in hardened scybalæ which have been some time in the bowels, or it is sometimes passed in the form of concretions.

PROGNOSIS.—The probability, or rather the possibility of making a permanent cure in any case of this disease, will depend mainly upon two things; first, upon the possibility of breaking the habit at an early date, thus removing the cause of the formidable symptoms which exist at a later stage of the disease; secondly, upon the existence or non-existence of serious structural or functional lesions, which might persist, and cause death, even though the habit which induced them be broken.

Perseverance in the habit invariably induces affections, which end in death, and unless it can be broken, the business of the physician is limited to palliation of symptoms, for a permanent cure is, under these circumstances, utterly impossible.

If, in the earlier stages of the affection, we can by any means, cause a discontinuance of the habit, while the induced condition is still characterized by no more serious symptoms than those of the dyspeptic or pseudo-chlorotic affections, which constitute the prodromus of the formidable disease, which arises at a later period; we may expect the best results from an appropriate course of medical and hygienic treatment. In some of the few cases, in which the habit is thus early broken, the individual is soon restored to health, solely by a return to wholesome food; and the most of the cases of this favourable kind require but little treatment, in addition to a proper diet.

If the habit can be broken only after the establishment of the cardiac or other serious symptoms, it remains for us to ascertain, whether these symptoms depend upon structural, or only functional lesions, before we can arrive at conclusions, respecting, even, the probable termination of the case. In estimating the importance of the affection of the heart, the same rules and principles should guide us, as if these symptoms were primary and independent; recollecting, always, that any lesions of the kind, are more formidable, when occurring in a constitution enfeebled by previous disease.

Notwithstanding the possibility of curing this affection, when treated under favourable circumstances, it must be admitted, that cases of cure are remarkably rare; owing to the inveterate obstinacy with which the habit is persevered in.—But few cases have come under my observation, in which the habit could be considered as eradicated, and the patient permanently cured. Mr. John Hunter, states that, in Jamaica, "a negro labouring under this malady, is considered as lost. On many estates, half the number of deaths, on a moderate computation, are owing to this cause." All other writers confirm his statements respecting the difficulties encountered in treating this affection in the West Indies; and it is to be regretted, that in this country, the results of various expedients, and modes of treatment, have afforded but little better results.

The prospects of cure are still further diminished, when the patient is labouring under any depressing emotion, as grief or melancholy induced by separation from friends, and these cases generally terminate fatally after a decidedly more rapid course than when no such influences operate.

Still more unfavourable are the prospects of cure, in cases, in which the habit is employed as it is sometimes supposed to be, as a means of

suicide; for in these cases it may be resorted to again whenever the patient is allowed to go at large, after the confinement to which he has been subjected in order to enforce abstinence from the habit.

The length of time required by this affection to run through its course to a fatal termination, depends upon so many circumstances, that no general rule can be applicable to all cases. I have seen negroes, who had been in the habit of eating dirt, occasionally, for four or five years, and who had only indulged so far as to induce the dyspeptic state which constitutes the premonitory stage of more aggravated cases. One case of this kind terminated in general anasarca of which the patient died; others are still living. This, however, is by no means the usual course of the affection, for it is rare that these patients exercise the slightest control over their inclinations: the habit becomes a passion with them, and the derangements resulting from it generally end fatally in a few months, or they sometimes drag on a miserable existence for one or two years.—M. Hunter says, that in Jamaica, when carried to excess, perhaps with a view of committing suicide, it is sometimes very quickly fatal, and, “there are instances of their killing themselves in ten days.”

Remarks on the general effects produced on the health, by the habit of dirt-eating.

It is a well known fact that the inhabitants of many countries eat large quantities of earthy matters, sometimes alone, and sometimes mixed with their other aliments, but we have no satisfactory information respecting the effects of this kind of food upon them, and there is no reason for supposing it highly injurious; as many of the nations who practice it seem to enjoy good, and even robust health. Thus the Otomacks, and other south american tribes of indians, inhabiting the banks of the Amazon, the Meta and the Orinoko, feed on a species of unctuous clay, slightly tinged with oxide of iron. “This,” says Humboldt, (1) “they knead into balls of 4 or 6 inches in diameter, which they bake slowly, before a slow fire. Whole stacks of such provisions are seen piled up in their huts. These clods are soaked in water when about to be used; and each individual eats about a pound of the material every day.” This earth has been examined, and found to consist of the silicious fossil reliquæ of minute infusoria (2), and chemical analysis shows that it contains 15 or 14 per cent of organic and nutritious matter. The Chinese and some other Asiatics, make a similar use of the mineral substance called mountain meal, or fossil farina (3), which has likewise been ascertained to consist of the fossil exuviae of infusoria (4), and to contain 13.2 per cent of nutritive matter. (5) These substances, Ehrenburg distinctly says, “fill the stomach

(1) Tab. Physique des Régions Equinoxiales,—Also Personal Narrative.

(2) Ehrenburg, on the Infusoria.

(3) Stanislas Julien, Comptes Rendus, 1841, 2me. sér. t. 1. P. 214.

(4) Ehrenburg, Op. cit.

(5) Payen, Comptes Rendus. 1841, 2, P. 480.

with a harmless stay". In these cases the ingested substances consist of earthy matter in natural and intimate combination with a certain amount of nutritious matter ; but there are other instances in which such is not the case. The inhabitants of New-Caledonia, Java, and some other South-Sea Islanders, appear to eat clay as a luxury. "I saw one man", says Labillardiere (1), "whose stomach was also well filled, but who in our presence, ate a piece of steatite, which was very soft, of a greenish colour, and twice as large as a man's first." We are told, by Medhurst (2), that the Chinese use great quantities of gypsum (sulphate of lime), which they mix with pulse, in order to form a jelly, of which they are very fond.

Now it is true that the travellers, above quoted, give no precise data, from which we can even infer that the ingestion of these earthy matters produces no derangement of health ; but they were men habituated to enlightened and accurate observation, and their very silence upon the subject, affords grounds for supposing that no effects were generally produced, at all comparable, in gravity, with those observed as invariable concomitants of dirt-eating in the negro race.

We meet occasionally with individuals, among white people, who eat large quantities of chalk, magnesia, and even clay, without its giving rise to the grave and mortal disease we have described. Children frequently acquire the habit of eating dirt, and their complexion becomes sallow, and their health feeble, but the constitutional symptoms are variable, the affection is rarely fatal, and the habit is gradually dropped as they grow up. Leibig even thinks that under some circumstances it is rather beneficial, in supplying elements wanting in their ordinary food. "Physicians" says he, "are well acquainted with the fact, that children who are not supplied with a sufficient quantity of lime in their food, eat that which they collect from the walls of houses, with the same appetite that they have for their meals."

I have examined with care, numerous medical authorities, with a view of ascertaining the extent to which the habit of dirt-eating prevails among the poorly fed peasantry of Europe and other countries ; and to learn, if possible, the nature of its effects ; but I have met with nothing that would indicate its prevalence to any considerable extent among the white races, any where, or that it usually produces, when practised, the same serious affections which are invariably found to accompany it in negroes. What the element is, that stamps this habit in the negro, with its fatal character is certainly not yet satisfactorily known. There is however one influence which may, and certainly does operate in some cases to hasten the course of the malady. I refer to a peculiar state of mind which may be observed in the great majority of cases. This state of mind is perceptible, in, perhaps every case, when the individual affected is over 10 or 12 years of age ; and it is probably for this reason that the habit is so much more certainly and rapidly fatal in adult negroes, and in those nearly grown, than in children in whom this state of mind is not so readily produced.

(1) Labillardiere, Voyage in search of La Peyrouse, Vol. 2, P. 214.

(2) China its State and Prospects, P. 38.

This state of mind I cannot illustrate better than by comparing it to the gloomy fatalism which is seen in individuals of the negro race, who imagine themselves to be, what they term "*tricked*", or under the influence of the Obean, or necromantic spells, of some enemy. The effects of these supposed spells, upon negroes, are so generally fatal as to lead many to suppose that they are well versed in the practice of slow-poisoning; this however is by no means the case. The affection is essentially mental, and can be overcome by more powerful mental impressions, as by countercharms, or other means which operate powerfully upon minds thus deeply tinctured with the grossest superstitions. One of the striking features of these peculiar mental conditions, is an entire impossibility of inspiring them with the slightest confidence in the remedial action of medicines, or any other curative means, unless seconded by sorcery. The condition produced by dirt-eating is characterized by less mental activity; the mind loses its elasticity, and it seems to brood over the future with too little energy to hope for recovery; and contemplates the fatal issue with listless and stolid indifference.

The changes observed in some of the organic elements of the body, and the lesions of nutrition in some tissues and organs, are in many respects curious. Thus we find, that while the red globules of the blood are diminished in quantity, the solid matters of the serum are considerably increased; and corresponding with this change, in the nutritive fluid, we find a diminution in bulk, a degree of flaccidity and paleness of the muscles; and an increase, sometimes anormal, of the adipose tissues. This may be accounted for partly from the fact, that, according to Leibig and others, the production of fat is the result of an excess of carbon in the nutritive fluid, above the quantity proportional to the supply of oxygen. Now, whenever the serum is increased at the expense of the red globules, there is a considerable augmentation in the relative quantity of carbon, as will be seen by reference to the composition of the proximate principles of the blood. The paleness of the muscular tissues seems to coincide generally with the diminution of the colouring matters of the blood, in all affections, and therefore requires no particular comment. The same remark will apply to the tendency observed in this affection to inflammation of, and effusion from, the serous surfaces; as these accidents seem to be frequent in almost all diseases, characterized by an excess of serum in the blood.

CAUSES.—There has been much contrariety of opinion among authors, respecting the causes which give rise to the habit of dirt-eating, and the condition of the constitution which accompanies it in negroes. In chlorosis and pregnancy, the disposition to eat chalk and clay, probably arises from excessive acidity or some other derangement of the gastric secretions: in the affection under consideration, the habit of dirt-eating precedes the gastric derangements; and it is only after the habit has been indulged in for a considerable length of time, that heartburn or any other symptom arises that would indicate such a state of the secretions of the stomach.

Unwholesome and insufficient food seems to have been generally regarded as one of the causes which may induce the habit; and Mr. Mason designates prolonged abstinence, or irregularity in eating. "The persons", he remarks, "most exposed to these privations are fugitive negroes, who have

absconded from their homes, and lead a wandering and necessarily watchful life, without any certain or constant means of subsistence; and the indolent negroes who, from mere laziness, neglect the cultivation of their provision grounds, and are thereby exposed to similar wants. These last sometimes resort to the practice designedly to produce ill health, as a means of evading work." That improper or inadequate food is not the sole or perhaps the principal cause of this affection, is I think sufficiently established by the fact, that on several plantations, which are proverbial for the excellency of the fare of the negroes, there are at this time, almost as many cases in proportion to the whole number of slaves, as can be found on those on which the number of cases has been attributed to bad feeding and severe treatment.

Mr. John Hunter considered this disease, as not arising from the influence of physical conditions or agencies, but as being, in its origin, "more a mental than a corporeal affection." Dr. Good, by following the same train further than his data justified, was led into error, and goes so far as to specify, as the sole cause of this affection, "a longing to return home, a pining for the relations, the scenes, the kindness, the domestic joys of which the miserable sufferers have been robbed." The influence of the mind, over the condition of the body, is too well known, as exhibited in nostalgia and many other analogous affections, to permit the existence of a doubt as to the efficiency of these influences, to produce almost any state of disease; and it is likewise true that I have been informed of a few instances in which several men have died of the effects of this habit, within a year or two after being brought south, having been separated from their wives and children, and whose habitual melancholy seemed to have hastened the progress of the disease. These cases however are not common, and the large majority of the individuals attacked have no such influences operating upon them, but in many instances are living with their parents, and all their known relatives, on the plantations, where they were born and raised. Indeed when numerous cases exist on plantations, it is by no means of more frequent occurrence among new comers than among those who are indigenous to the soil. There are plantations, within my knowledge, on which almost all the cases have occurred among the old stock of negroes, which had been in possession of the same families, and who had lived together, for generations. In some of these cases, particular families of negroes seem to have been the main sufferers, and all the members, whether relatives by blood or connection, have taken up the habit, and become almost extinct. "From the fact", says Dr. Craigin, "that no age, from a few months or years at most, is exempt from its ravages, we cannot admit as a cause, either a melancholic or any other affection of the mind. The effect has been mistaken for the cause. The universal stupor and inertness of the faculties, both mental and corporeal, is an effect of the disease; not a cause arising from a bereavement of friends and home, of joys and kindness: and it may not be amiss to mention the following as one of the many facts that go to prove this position. Persons living on the same plantation, perhaps on the same identical section of the same plantation, on which they were born and reared, with all their friends around them, and by indulgent masters and owners, who are themselves the *real* slaves, while the owned are only *nominally* so, provided with ample

food, raiment, and if necessary, medical aid, are also subject to this malady."

"That superficial observers", continues Dr. Craigin, "should look upon this mental depression and inactivity in negroes recently kidnapped and carried into slavery, as a cause, is not wonderful; but the fallacy of such an opinion is evident from the fact, that the same mental and corporal torpidity prevails as one of the most important features of the complaint, alike in the free and in the bound—in the adult and in the child—in the foreigner and in the creole—in the mulatto, mustese or castese, and the negro." The same thing has been remarked of the disease as it occurs among the negroes of the black regiments of the West-Indies, whose fare is abundant and of good quality, and yet great numbers of them are swept off by this fatal habit. Dr. Furguson witnessed and relates an instance illustrative of the extent of its ravages among the soldiers of the black regiments who, indeed, he says, are its principal victims. "When the Royal West-India Rangers, after a long residence in Trinidad, were marching along the level parade of St Ann's, Barbadoes, the men dropt and fell out of the ranks by dozens, as if under a murderous fire of musketry. Their quivering bloodless lips, ghastly looks, and hurried convulsive breathing, presented a striking image of the mortally wounded."

Notwithstanding, however, that these examples, and many other instances, that have come under my own observation, show conclusively, that the disease may arise under circumstances in which we cannot detect the existence of any of the above mentioned causes; still I am convinced that in this country, severity of treatment, giving rise to depressing emotions and to a sense of degradation, sometimes concurs with improper and inadequate fare, in favouring the production of this habit.

Flat, swampy and insalubrious regions seem to predispose to this disease; for though we meet with occasional isolated cases on plantations of the higher and rolling lands of this State, the disease, in these districts, is rarely seen affecting a large number of negroes on the same plantation, as is sometimes the case in low and unhealthy sections of the country. There are many plantations situated on the banks of the rivers and bayous of this State, on which so many cases have occurred, as sometimes to create alarm, and, in one or two instances, to cause the desertion of the places. Instances of its extensive prevalence on plantations are common on Bayou Lafourche, though they are said to have been much more so, some years ago. On the Bayou Bœuf, particularly in the parish of Rapides, it seems now to be causing great mortality, and on the banks of the Mississippi River, and the Têche, instances have likewise come to my knowledge.

That the influence of example may be one of the means, which causes the extension of this habit, is rendered probable by the circumstances, that when it gets a footing on a plantation situated on the low lands, the cases are apt to multiply; and it is frequently the case that most of the individuals who acquire it, are in the habit of associating together, or are united by closer ties. This influence, however, would probably be more apt to operate when the fare is inadequate to the sustenance of the body, and when the earthy substances are swallowed to allay the cravings of hunger. This however, is a state of things which I have never witnessed among our slave population, and which I can scarcely imagine to exist in this land

of abundance. Young negroes, however, take up the habit from imitating their parents, or older negroes, and the children readily acquire it from each other in the same way.

All of these causes may operate under different circumstances to give rise to the habit in individuals, and even to cause the multiplication of the cases; but even if they are all supposed to coexist, their combined operation would hardly be considered as adequate to account for the remarkable circumstance, that large numbers of adult negroes, on the same plantation, men and women, who have always appeared contented and happy, should suddenly, and almost simultaneously, adopt a habit which casts a sullen gloom over minds which had rarely experienced a feeling of sadness; and which involves every tissue of their vigorous frames in disease.

Some authors who have written on this disease, as it occurs in the West-Indies, observing the perverse obstinacy and determination with which the negroes persevere in the habit of dirt-eating, have regarded it, not as the result of an invincible propensity, to resist which, requires more strength of will than the sufferers are endowed with; but rather as a habit to which they resort, with a suicidal purpose, as a means which they know will ensure their death. Dazille says that the African negroes, carried to the West-Indies, are those in whom the suicidal propensity is most frequently exhibited, and especially in the slaves of the Mina and Arada nations. That this motive may induce the habit in the kidnapped slaves of the more savage of the African tribes, is probable, as they are well known to resort to any means that offer, that will secure their death. It cannot, however, be attributed to by far the larger portion of those who fall victims to this habit; and in this country, no instance has ever come to my knowledge, in which any suspicion of such a motive existed.

PATHOLOGY. — When we contemplate the fact, that in this affection, the habit must produce its primary impression upon the alimentary canal, and that the other lesions are secondary; we would probably be led a priori to expect that the pathological changes would be more important and constant in the organs of the digestive system, or at least in the organs in immediate connexion with that system. This, however, is not altogether the case, for the general nutritive system, soon becomes implicated in the derangement which commences in the digestive system; the operations of the whole economy are disturbed; but the pathological changes seem, by some process of election, perhaps by the influence of sympathy, to be concentrated on particular organs. Generally, these lesions are at first limited to functional disturbances, but in the course of the progress of the affection, important changes of the structure of these organs are produced. Thus it is with those lesions which give rise to the prominent symptoms of the disease, which constitute in fact its most formidable elements, and which generally cause its fatal termination.

That which struck me as somewhat singular in the conditions found in these patients, is the constancy with which certain organs are found to exhibit important lesions; a circumstance that we could hardly expect, as these organs are only affected indirectly and secondarily. In the general conditions discovered in post-mortem examinations of these cases, there is

but little diversity; the same organs are almost invariably the seat of lesions, though not always of the same lesions.

I regret much that my opportunities of making these examinations have not been more numerous, a circumstance which must be attributed to the fact, that a large majority of the cases of the disease, that I have seen, have not been under either my treatment or observation permanently. I have made or assisted in post-mortem examinations, in but eight cases of this affection, a number far too small to permit us to regard ourselves as well versed in its pathology. I regret this circumstance still more from the fact, that Mr. Mason, is the only one who has written on this disease, as far as I am aware of, who made any examinations at all, and the information he gives is so imperfect as to show that his opportunities had been by no means numerous. Mr. John Hunter received his information, respecting the contents of the heart, from Dr. Thomas Clarke, and this seems to have been the whole extent of his information, upon the pathology of this affection.

In describing the appearances, therefore, I would be understood, not as desiring to establish upon these few observations, any general conclusions respecting its pathology; but only as indicating the lesions which, in these particular cases, appeared to me to arise from, or to have some relation to, the disease under consideration.

The first thing that attracts notice in making post-mortem examinations of these cases, is a peculiarly pale and anæmated appearance of the muscular tissues. The adipose tissues, so far from being much reduced in quantity below the usual standard, are generally abundant, filling up the spaces usually occupied by it, between the muscles and other organs, and giving to the body and limbs a rounded and plump appearance.

The contents of the abdomen present the same pale appearance as the muscles, but even in a more remarkable degree; the stomach being white and flaccid, the lining membrane appearing soft, but possessing in fact its ordinary consistency, and is poorly supplied with blood vessels, excepting, sometimes, a few small distant patches, which are vascular and reddened, and sometimes slightly ecchymosed. The intestinal canal partakes throughout, of a similar general aspect; is pale and thin, and sometimes presents a remarkably diaphanous or almost transparent appearance. This character appears more striking in the small intestines, though it is sometimes equally so in the colon. Scattered at considerable distances apart, along the intestines, the reddish patches are discernable and in one or two cases I have detected ulcerated patches, which were more common in, though not confined to, the large intestines. These ulcerated patches by no means correspond to the glands of Peyer and Brunner, but appeared to be merely spaces from which the epithelium was removed. The glands above mentioned, exhibited signs of irritation and engorgement in several cases, and it is probable that they may be ulcerated in some. The mesenteric glands were enlarged in some cases, and in one case, several of them contained tuberculous deposits; in this case however, tubercles also existed in the lungs. The liver and spleen were each enlarged in some cases, but in others appeared nearly natural; and the gall bladder varies as usual in chronic cases, in its dimensions, the quantity and colour of its contents, but presented nothing

special or worthy of remark. The kidneys, which I expected, from the symptoms of some of the cases, to find altered, were apparently of a normal size and consistence. The bladder, I have several times, found to exhibit traces of inflammation, about the neck, and extending along the urethra. The womb, in the case of a woman who had only been delivered about a month before, was about three and a half inches long, and remarkably white and granular in its structure, and very friable (1).

The earthy matters cannot invariably or perhaps generally be detected in the alimentary canal, which may be accounted for, by the circumstance that in many cases, severe diarrhœas precede their fatal termination, and remove all of these matters which are not impacted in the intestinal pouches, or concretions which cannot readily pass through the narrower portions. In those cases however which terminate suddenly, in consequence of acute attacks or other accidents, without having been subject to severe diarrhœas, the earthy matters are generally detected with ease. In some cases it is found in grains or fragments dispersed through the fœcal matters, but in others they are more or less agglomerated by mucus in different portions of the canal; and in one case I found the earthy matter (aluminous clay), occupying 3 or 4 of the sinuses of the colon, in the form of hard concretions, which fitted the shape of the pouches so nicely as not to be easily removed. The surfaces of these concretions, which presented towards the canal were smooth and covered by an envelope of tenacious mucus, probably left by the fœces when traversing it, and this mucus seemed to be continuous into the substance of the concretions, which indeed appeared to have increased in size by particles of earth lodging in, and being cemented to the masses by mucus. The abdominal serous tissues do not seem to be generally the seat of any remarkable changes, though that cavity frequently contains more than the ordinary quantity of serum.

The contents of the thorax exhibit the most important pathological changes. The lungs themselves are not generally diseased, and we only find in them lesions, arising from influences in a great measure independent of this disease, and such as are frequently found accidentally coexisting with other diseases, such as engorgements, hepatization, tubercles, &c. The pleura, however, very frequently shows marks of old or recent inflammations, in the form of adhesions of the surfaces, false membranes, or effusions into the pleural cavities. The pericardium, likewise, almost invariably exhibits similar traces of inflammation, and its cavity contains an unusually large, sometimes immense quantity of fluid, of a disagreeable odour, and with or without flocculi. The heart or its appendages, I have never failed to find diseased. One or both ventricles are generally found hypertrophied, sometimes enormously so; and the auricles are sometimes dilated. There seems to be no constancy in the relations between the hypertrophied condition of the ventricles, and the dilatation of the auricles.

(1) In this case the child was born at full term, it nursed well and was, besides, fed with appropriate articles of food, but notwithstanding its gradual growth, it weighed at the age of four weeks, only three pounds.—It died a few days after the mother.

The muscular tissue of the ventricles is always paler than natural, and even when hypertrophied has a flabby look and feel, and there is an evident want of that firmness of structure which naturally characterizes this muscle. Another singular condition, which existed in a remarkable degree in two cases examined by me, in a somewhat less degree in one other case, and which may in fact be observed to some extent in most of these cases, was the accumulation of fat about the heart, and in the tissues of the thoracic septum. In several cases, the fat has been abundant about the base of the heart, occupying the tissues about the auricles and base of the ventricles, though not appearing, in any extent, to penetrate the muscular tissues, but lying over the surface or occupying depressions, and forming large bunches, which are sometimes connected round in such a manner as to constitute a prominent collar-like mass, surrounding the base of the heart, and partly enveloping the auricles. As this condition coexisted, in each of the cases in which the development of the fatty masses was greatest, with dilatation of one or other of the auricles it might be supposed to have caused this dilatation, by obstructing the free passage of the blood from the auricles to the ventricles; this however can only be established by a greater number of observations. It would perhaps be supposed too, that this lesion should occasion some marked modifications in the cardiac sounds, but though careful auscultation was practised in each case, I was not led, in either of them, to suspect any thing more than a degree of hypertrophy of the ventricles with more or less dilatation of the auricles. Of the eight well marked cases that I have examined after death, three exhibited hypertrophy of both ventricles; two hypertrophy of both ventricles, dilatation of the right auricle, with a considerable hypertrophy of the adipose tissues at the base of the heart; one hypertrophy of the right, and slight hypertrophy of the left ventricle, dilatation of the right auricle, hypertrophy of the fat at the base.

I have had no opportunity of making examination of cases dying during the earlier periods of the disease, but would infer, from the indications obtained by auscultation, that the lesions of the heart are, primarily, only functional, and that the structural changes arise at a later period. For in the earlier stages, though the heart's action is tumultuous, after exertion, it soon becomes composed by rest; whereas at a later period the heart labours incessantly, but is still augmented by motion.

The cavities of the heart, likewise present sometimes, a somewhat peculiar arrangement. The ventricles, more frequently the left one, contain firm and consistent coagula, of a pale flesh colour tinged with purple, and which present an appearance as if they had been formed during the life of the patient, being washed by the current of the blood, and directed along its course into the main arteries. Mr. Mason observed the same things in cases examined by him in Jamaica, and mentions them as "a kind of fibro-albuminous or gelatinous polypi, having long attached appendices floating loosely in the cavities, and the extremities of which are extended into the orifices of the great arteries. These polypi do not fill the cavities, but closely embrace the columnæ to which they are slightly attached; and the appendices are long, loose, fibrous looking processes, which

although projecting into the pulmonary arteries as well as aorta, by no means fill the orifices, nor are they found in the vena cava or pulmonary veins." Mr. Hunter at an earlier period stated the existence of "large polypi in the left ventricle and in aorta. They are strong and firm, and pulled out, give the representation of an injection of the aorta, subclavian, and carotid arteries. In order to ascertain whether they were formed before or after death, the body has been opened a few minutes after the patient expired; and they have been found already strong and firm. They are no doubt formed, when the motion of the heart becomes feeble and languid." (1) In some cases examined by me, these structures have evidently been formed some time before the cessation of the circulation, as they have a semi-organized structure, and distinct vascularity which is perceptible when they are cut across; they are moreover attached in the direction pursued by the current of blood before death, and the loose extremities have obviously been directed into the arterial channels by the force of these currents.

TREATMENT.—The primary indication, in this as in all other diseases, is to remove the cause, which gives rise to the symptoms which we are to combat. This is by far the most difficult part of the treatment, but as it is absolutely essential, nothing should be left untried that offers a chance of success. Some persons, viewing the habit as voluntary crime, rather than an irresistible propensity, arising from disease, have employed the most severe measures, in order to break the negroes of it. This treatment cannot be too strongly deprecated, as it is evidently founded on erroneous ideas of the nature of the affection, and experience has shown its inutility. Others have resorted to confinement in tight rooms, in stocks, and to other means; but these are likewise objectionable, from the circumstance that they deprive the patient of pure air and exercise, which in the early stages of the affection are important means of bringing about a better state of the general health, thus promoting the action of other means. All the advantages, without the disadvantages of this plan, may be obtained by causing the patient to wear a close wire mask secured by a lock which prevents him from eating improper substances, and yet allows of free exercise. This is the principal means of prevention employed in the West-Indies, and I am informed that it has been adopted to advantage in some parts of this State. Instances have come to my knowledge, in which other habits have been substituted by perseverance, for that of dirt-eating; for example, they have been induced to chew tobacco, and have sometimes stopped the other habit as soon as the new one became established.

One of the most important measures, not only in reclaiming the subject from the habit, but in relieving them of the cachectic state, is the establishment of an appropriate system of diet.

The nature of the diet should of course correspond to the stage of the disease in which each individual is seen. When the case is only so far

(1) These observations, Mr. H. states, were communicated by Dr. Thomas Clarke, botanist of the island of Jamaica.

advanced as to present the chlorotic condition, with a degree of functional disturbance of the heart's action, we may expect the most decided advantage from the use of fresh and easily digested animal food, well seasoned with capsicum; and we may sometimes permit the occasional use of other stimulants, as a little wine, or even brandy, in fact a generous diet. When, however, we find the patient labouring under the symptoms of organic lesions of the heart, or under diarrhoea or other symptoms of irritation or ulceration of the bowels, it will of course require a corresponding modification of the diet; and we may in these cases obtain good results from the employment of bland, very easily digested, but at the same time very nutritious substances, such as animal jellies, or amylicious preparations seasoned with cinnamon, or other appropriate spice. A fish-diet has been insisted on most strenuously by some who have studied this affection and seen the various methods of treatment, in practice; and it is easy to imagine, that when the bowels are in a condition to tolerate such food, it might answer a good purpose; indeed, I have seen cases that have improved rapidly on this diet, though, as they were sent to the sea-shore, it would perhaps be nearer the truth to attribute the amelioration to change of air.

Next in importance to a proper diet, in these cases, certainly stands a change of air, to a higher region or at least to a healthy one; and if a change to the sea-shore is practicable, it is to be preferred. In cases in which this has been practised, they have almost invariably improved, and the improvement, in some cases, seems to have been permanent.

Upon these means of improving the general health our principal chance of cure depends; and in some favourable cases nothing more is required. Edwards, in his history of the West-Indies, says, "the best and only remedy is kind usage and wholesome animal food; and perhaps a steel drink may be of some service."

In regard to the medical treatment, we must be directed by general principles, in the application of remedies directed against the conditions which give rise to the groups of symptoms. Thus, with a view of removing the chlorosed state, tonics will be proper, particularly the preparation of iron; and the aromatic stimulants, especially cinnamon, canella alba, or winter's bark. The bitter tonics, may be beneficial in some cases; among these, the best will probably be quassia, simarouba, cusparia or gentian. If cathartics should be required, rhubarb seems to fulfil the indications in this particular case, and has been most generally recommended.

The acute inflammations which frequently attack the pericardium and pleura, generally yield promptly to local depletion, and the distress arising from the tumultuous action of the heart is generally much diminished by the same means; indeed, notwithstanding the thin state of the blood, I have never seen small local depletions act more favorably than in these inflammations; blisters may perhaps be applied in some cases with advantage, but it has appeared to me, in the one or two cases in which I used them, that they rather increased the effusions into those serous cavities, particularly into the pericardium. Hydrocyanic acid, and digitalis, by allaying the inordinate action of the heart, greatly promote the comfort, and perhaps improve the general condition of the patient.

Both Dazille and Mason, laud the operation of emetics in this affection, and recommend that they should be followed up with brisk purgatives. Mr. Mason recommends, as a tonic laxative, an infusion of quassia, rhubarb, and ginger, and it is unquestionably well adapted to many cases requiring the action of purgatives. I cannot however see what advantage is to be gained by the use of emetics in any case, and should regard them as decidedly dangerous in many instances.

Art. III.—On the use of the Iodide of Potassium; By E. Pickett, M. D. of Vicksburg, Mi.

Nearly two years ago, my attention was first directed to the use of this medicine, in doses much larger than those usually prescribed by practitioners. Facts derived from the observation of others, satisfied me, that it might be given, with perfect safety from one to two scruples at a dose, and repeated three times a day. Its efficacy in removing some forms of neuralgia, scrophula, and secondary syphilis induced me to prescribe it for a friend, in large doses, for chronic rheumatism. The patient and I were together every day, and I could have any opportunity of watching its effects from dose to dose.

Sketch of the case.—P... Esq. aged 29, of cephalic bilious temperament, was attacked in the fall of 1840 with rheumatism in the neck and shoulders—his left side and arm, suffering occasionally more severely than any other part.

Purgatives, dry cupping, and anodynes, relieved him. At this time, he was under my care, and I was satisfied his case was clearly rheumatism. After this period he became resident on the Mississippi River, where he spent most of his time. In the fall of '41 his rheumatism returned, occasionally with much violence, and during the winter of '41 and '42 his attacks were frequent and severe, and but little relieved from medical treatment. Stimulants, and external heat, applied till perspiration was produced, were the only remedies which gave, even temporary relief. Sometime in '42 he was induced from some cause or other to place himself under the care of an empiric of your City. The *doctor*, of course gave every assurance of a perfect cure, as quacks, usually do, and supplied him well, with anodyne and tonic mixtures—both, of course, consisting *entirely of vegetables*, and so sweet and innocent, that they would not harm a babe, but at the same time, were so potent that they would cure the very—himself! The great difficulty about this medicine was, that when the patient left the city, the *doctor* would not give him the *recipe*, and he had to send to New Orleans for the medicine, at the moderate price of five dollars per bottle. *Dr. C's* medicine had been used for several months—at first with much benefit, as the patient thought—but now (May '43), its anodyne effects had almost entirely ceased, and the patient was very despondent of a cure. Every night,

when at home—and I do not remember a night when he was absent—he was either in my room or his own, adjoining mine, with his boy William, rubbing his left arm, with brandy and pepper, and with all William's rubbing and the *doctor's* "anodyne mixture," my friend passed almost every night, with much pain, and but little sleep.

The Doctor's "*bitter mixture*" purged him, and when under its influence, being subject to *hæmorrhoids*, he frequently lost, as I supposed from the appearance, as much as ten ounces of blood during the day. He was now, convinced that the medicine upon which he was relying for a cure, was doing him no good, and the bitters, at least, a positive injury. About the last of June, he abandoned his quack remedies, and I prepared for him the following.

℞ Iodid: potassii ʒ i. } Misc.
Aqua pluvial- ʒ xvi. }

Of this solution he took one ounce, or two table spoonsful, three times a day—each dose taken in about two ounces of sweetened water.

In addition to the above, he took every second night two of the following pills :

℞ Comp: ext: colocynth. ʒ i. }
Sulphuret of antim: ʒ i. } M. make 60 pills.
Gum guiac ʒ i. }
Blue mass ʒ iss. }

On the second day after commencing the use of the above prescription, the pain in the arm and shoulder left him *entirely*, and if it has ever returned, I am not informed of the fact. After the use of the first ounce of the Iodide, I saw no more of my patient till February '44—when he was in fine health and spirits, and assured me that he had no return of his neuralgia or rheumatic pain, since we parted in the preceding July. August 21st '44. This day, the gentleman, who is the subject of this case, confirms the report here given. He says he has not had the *slightest* return of the pain. His health is entirely good. After I left him, he used about two ounces more of the Iodide. He used but few of the pills—perhaps half a dozen doses.

The quantity of the Iodide taken, was nearly 100 grs. in 24 hours, yet no *sensible* effect was produced. The patient thought it improved his appetite, and acted very slightly on the skin and kidneys. He slept soundly after the first night, and with much delight informed me, next morning, of his profound and tranquil sleep. This however, I attributed to the mitigation of his pain.

Three other remarkable cases came under my notice, last fall, which were treated by two medical friends of mine, Drs. Erskine and Russel, of Huntsville, Ala., to whom I had recommended the remedy. One was an obstinate case of secondary syphilis, and one a case of scrophula—almost hopeless. The effect of the medicine in both these cases, surprised both patients and physicians, the former was entirely cured, and if it has returned since, I have not been informed of it. The scrophulous case, I hope to be able to lay before you, in this paper, having written to the gentleman who had charge of it. The case has not yet reached me. About six weeks after he had been under the use of the Iodide, I met him on the

street, and found him greatly improved—his general appearance much better, spirits good, and he assured me that every ulcer on him was healed except one on his right elbow, and believed that the motion of the joint, and consequent friction, was the reason why that ulcer had not entirely disappeared. In these cases, the Iodide was given alone, and not in so large doses, as I had recommended. In November last, I prescribed it in a case of secondary syphilis. I have not examined the case since my first prescription, but understood during the winter and spring, that the disease had disappeared. Recently his physician wrote me that the “patient is utterly disappointed in the remedy,” the syphilitic eruptions having reappeared.

In two other cases, of chronic rheumatism the iodide was given—both female patients. In one of these cases, it produced œdematous swelling of the face, after the second dose, and was discontinued. After the swelling subsided the medicine was resumed, and the swelling reappeared—when the remedy I believe, was finally abandoned. In the other case, I was informed that the medicine “disagreed with the patient”—but in what particular, I did not learn. In both these cases, of course it was productive of no good.

In another case, I prescribed for a lady laboring under neuralgia, from I supposed—engorgement and chronic inflammation of the uterus—it produced swelling of the face, in this case, but was occasionally omitted, and diminished in quantity, when the swelling was present. This case is now entirely relieved, if not permanently cured.

To another patient (a gentleman) afflicted with chronic rheumatism, I gave the iodide—he took five ounces, and thought himself no better—he said he could perceive no effect produced by the medicine. I could not prevail on him to take it in larger doses; and so he abandoned the treatment. To a gentleman laboring under chronic inflammation, as I believe, of the bowels, I gave eight ounces of the medicine, from 10th of Decr. last up to the last of March. This patient has been confined to his room and bed for nearly four years—his nervous symptoms, are at times, very distressing headache, watchfulness and sleeplessness at night, extreme sensibility to sound. While under the influence of the Iodide, all these symptoms gave way, and sometimes his improvement was so evident and cheering, that he had some hope of final recovery. I believe however, since he abandoned its use his condition is pretty much as it was before he began it.

The efficacy of the remedy, being so marked in scrophula, and ulcerations on the skin, induced me to form a favorable opinion of its effects in Tubercular Consumption. Accordingly, about the first of December last, I recommended it to a friend evidently in the first stage of this disease.

During the summer preceding, he had had a free hæmoptysis, succeeded by cough, slight irregular fever, emaciation, general debility, and other marks, denoting the progress of this formidable disease. He began the use of the Iodide of Potash, in solution, in about 20 grain doses, three times a day. Table salt as a laxative and a moderate animal diet, with brandy toddy daily, in small quantities, so as to increase the digestive powers, without exciting the circulation, were the sum total of the treatment. Of

course exercise was earnestly urged whenever the weather would permit. The Iodide was directed to be increased in dose, to 30 grs. provided no symptoms occurred to forbid it.

The particulars of this case, it would be useless to give, so far as the treatment is concerned. The patient is certainly not entirely recovered from his pulmonary symptoms, but his cough, fever, emaciation and debility have been removed, or greatly lessened. His health is better than it has been for 12 months, and although his consumption may not be cured, yet it has certainly been arrested, and, as I believe from the symptoms now present, a healthy condition of the lungs, so far restored, as to give a strong rational ground of hope, of entire recovery. For the last six months, I have seen the patient but once. Every report, however, which I have from him, confirms me, in the correctness of the foregoing opinion.

Another case of threatened Tubercular Consumption, was prescribed for by me about the middle of Decr. last. The prescription was such as that detailed above. I have not seen the patient since, but by letters he has informed me of his perseverance in the use of the medicine—he is however under the impression (or was some months since) that the Iodide had produced no sensible effect upon him, or any appreciable change in the condition of his pulmonary disease. He stated that he had taken the medicine as directed for “fifty two days”. I directed him, after an interval of a few weeks, to resume its use in larger doses. He did so, and the last information from him, informed me that he was using the second ounce, in doses of about 25 grains, three times a day. What the result has been I know not, but have lately learned from one of the patient’s friends, that his “health is as good as usual”.

I gave the medicine during the past spring, to a friend, laboring under partial paralysis of the right side—leg and arm—the *powers of motion*, were greatly impaired, while the sensibility of the partially paralysed extremities, was entirely natural. This patient took about seven ounces of the Iodide, in about two months. He was of the sanguine temperament strongly marked, had had his attack of Paralysis in Nov. '42, without, as he supposed any obvious cause. He was fond of the pleasures of the table and bottle, about 32 years of age, and if he had been an intellectual patient, would have been a fine subject for Apoplexy. I purged him actively twice a week—put him on a low diet, and utterly forbid all vinous drinks. Under this treatment he was evidently improved, but being otherwise in good health, he would occasionally indulge, in violation of my directions, and consequently derived but little benefit from the treatment.

It perhaps may as well be mentioned here, that in a few cases I have prescribed it, in which the patients complained of *fever* following its use, and it was therefore laid aside. In these cases, whether there was any necessary connection between the medicine and fever, I have not been able to decide. For one patient (a lady), I prescribed it for what I believed to be chronic laryngitis. She did not take more than half an ounce, before it was discontinued, in consequence of the daily recurrence of fever. Subsequently this patient had copious hæmorrhage from the *trachea* and *lungs*—was greatly reduced, but under the influence of the *Iodide of Iron*, quinine and ext. of gentian, she was sufficiently

recovered to be removed to the Gulph—where, (at Pass Christian,) I am pleased to say, she is likely to have her health greatly improved, if not ultimately restored.

I now have two cases under the use of this remedy—one of threatened Phthisis, the other, of *ulcerated* scrophula. The result of which, I hope to give you in future.

Before closing this, my *reference* to cases—for do not understand me as intending the foregoing to be a history of cases. I wish to refer to a case of *goitre*. About the 1st. of April, a little girl about 8 years old, from the swamps of Louisiana, was placed under my care, for this affection. The gland on both sides of the trachea, was much enlarged. I gave an ointment, composed of Iodide of Potash, 5 i.

Lard, 3 i.

Mixed intimately, and about a scruple rubbed on the goitre, twice a day, intending to prepare for her use, "Lugol's mixture." In the course of a week, however, the tumour was so much reduced, that I prescribed nothing else—in one month, it required close examination to discover the least trace of the goitre. She has been at home in La. now for several months, and her friends report her to me as *cured*.

Effects of the Medicine.—When I speak of the Iodide, as producing no sensible effects, of course I mean, it produces no increase or depression of the vital functions either generally or locally, in any very appreciable degree.

Its first effect, that met my observation, was its power of subduing pain, as manifested in the first case referred to. This was also the result, in the case of neuralgia, from uterine engorgement and chronic inflammation. Also in the scrophulous patient—and syphilitic case. The second effect, was the gradual, though certain improvement of appetite. I could not discover any increase, in any of the secretions from the alimentary canal—nor was there any diminution—they all appeared to approach to, or remain at, a healthy medium. In one case, that of partial paralysis, the bowels were sluggish before the Iodide was used, and remained so under its use—the patient requiring purgatives, or laxatives, every two or three days. Nor could I discover any increased secretion of urine, though some of my patients thought the quantity increased. In one case, when I had an opportunity of frequently examining this secretion, it was evidently more colourless than in health, but the quantity I thought usual, or but slightly increased. The next perceptible change produced, was in the skin and the capillary circulation. The complexion, from pale and sallow, gradually assumed a healthier hue—and the red blood, very soon found its way into the capillaries, where previously in a state of disease, only the thin yellow or colorless serum had been permitted to pass—and thus seemed to be restored at once, a healthy capillary circulation, and cutaneous secretion. Under the influence of this medicine, I have seen an eruption appear on the face and neck; not very unlike the nettle rash, without pain or itching. This eruption, in one case, (sanguine temperament) appeared two or three times, while the medicine was used in free doses, and regularly disappeared in about two days after it was omitted. With this eruption, there was no unpleasant

symptom connected. Another effect produced by this remedy is a swelling of the face, and cellular tissue of the neck. Five cases of this nature have been reported to me, where I recommended the medicine. I saw none of them, the swelling seemed to be œdematous, and required nothing but the omission, or diminution of the dose for a few days. Four of these cases were adult female patients, one an adult male—the latter was taking the medicine in about 10 to 15 grain doses three times a day, and was so improving under its influence, that he did not even diminish the dose, but persevered, as there was no other symptom to deter him from its use. The swelling in this case disappeared in a few days.

The effect produced on the capillary circulation, and functions of the skin, is probably also produced on the whole capillary system, and secreting functions, and perhaps, on the functions of absorption and nutrition, thus extending its influence to all the secreting surfaces, and the whole glandular system, whether lymphatic or secretory. And although its immediate effects upon the general circulation and nervous system are not, at once, sensibly perceptible, yet in the extreme ramifications of the vascular and nervous systems, where the important functions of nutrition, absorption, and secretion take place, and upon a proper equilibrium of which, health depends; they manifest themselves in a very decided manner, restoring renewed energy, to a languid and morbid condition of the system.—Hence its influence in local affections, from constitutional disease—such as scrophulous ulcerations and secondary syphilis.

The effect of the Iodide upon the nervous function, is too marked to be overlooked. It does not remove pain, as opium is supposed to do, by lessening the sensibility of the nerve, but by introducing some new condition, incompatible with neuralgia. We know so little of the pathology of nervous diseases, not immediately dependent upon some local cause, that our speculations upon the action of anti-neuralgic remedies, must be mere speculation, and perhaps entitled to little notice. As a mere speculation, I should say that the Iodide of Potash, gives to the nervous system renewed power when that power is diminished by disease, and that this additional power is carried to the capillary system—there expended in the promotion of all those functions, located in that system. It is not contended that this remedy is applicable to *all* the disease of the secreting surfaces or glandular system. Acute inflammations, engorgements attended with general fever, or general plethora, I regard as conditions incompatible with this remedy. It is in chronic forms of disease, when there is but little fullness of the blood vessels, and but little increase of vascular action, that its curative influence is to be most distinctly marked. Or in the latter stages of acute diseases, when the energy of diseased action has assumed a comparatively chronic form. Dr. Upshur's practice, noticed in your last number, corresponds entirely with ours. He gave it with entire success, "in the latter stages of pneumonia,"—after suppuration had taken place, and the active inflammation of the lungs had subsided. If Dr. Upshur had given it in *scruple doses, three or four times* in the 24 hours, I have no doubt, but that he would

have been more struck with its effects—but as his patients *all* recovered, no possible objection can be made to his practice.

The case of Dr. Zimmerman (1) from the *French Lancet*, of encephalitis, is a very strong one. Although the disease, in this case, had continued “for 16 days”, yet he had “intense fever and tonic convulsions”—a condition in which I should not have supposed, the medicine attended with complete success. Here, it does not appear to me probable, that the cure was the result of the discharge of mucus from the nose, or of the alvine or urinary discharges, but the result of the specific action of the Iodide on the capillary system of the brain, as well as of the alimentary canal and kidneys—and those discharges, the consequences of this specific action. I can discover no greater difficulty in tracing the action of Iodide of potash, in curing scrophula, or any form of disease, than there is, in following the action of quinine, in the cure of intermittent fever — quinine neither pukes nor purges. I never could detect any increase of vascular action under its use, but often a diminution in the frequency of the pulse. I cannot admit that it is sudorific or diuretic. Though sometimes both those secretions are increased under its influence. I can only regard quinine as a *febrifuge*, an anti-febrile remedy, which I can place, in no particular class of medicines, in any classification which I have yet seen, in the *materia medica*. So it is with the Iodide of potash—it will certainly cure any form of disease, and we must note the phenomena which the system manifests while under its use, and infer, from these phenomena, its *modus operandi*.

But we did not intend to speculate, but to give facts. Since my attention has been directed to this subject, I can say very truly to the Faculty, I have endeavored to observe my facts, with care and accuracy, and faithfully detail them — and when fairly tested by others, I am sure, many of them at least, will be sustained by their experience and observation!

My mode of giving the Iodide, to adult patients, is to dissolve ℥i of Iodide in a common porter bottle (holding from 28 to 30 fluid ounces) of cistern water, and begin with ℥i of the solution three times a day, each dose to be taken in 1½ to 2 ounces of sweetened water — this dose I increase to ℥iiss, in four or five days, if no irritation or swelling of the face, supervene. In two or three cases, where the Iodide has been thus given, the patient has complained of *malaise*, an indistinct feeling, expressed by some general term, as being unwell, or indisposed. In these cases I have found some little febrile excitement, and perhaps slight flushing about the face. Whether these symptoms were produced by the medicine or not, I have not been fully satisfied! I have thought it prudent however, under the circumstances, to withhold the medicine for a day or two, till these symptoms subside, and then resume its use. Where I give it for neuralgia or chronic rheumatism attended with much pain, I give ℥ii of the solution, unless a smaller dose should succeed in two days, in relieving the pain.

It is with the Iodide, I think, as it is with quinine, in this particular—

(1) See First Number of the New Orleans Med: Journal.

different quantities are required by different patients, to bring them-entirely under its influence.

The foregoing sketch, does not contain all the varieties of disease, in which I have recommended this article, or to which I believe it applicable, but I deem it unnecessary to refer to its use in diseases, in which I have not prescribed it, and in which, I have no knowledge of others having used it. (1)

My friend Dr. Holmes, late of Hinds County, Mi. now of La., has placed at my disposal, an exceedingly interesting case of uterine, and ovarian disease, resulting from suppressed menstruation, cured, under his judicious treatment. Some months afterwards, the patient again put herself under his care, for the treatment of what was supposed to be a case of dyspepsia—and as the curative influence of the Iodide, is so well illustrated, I will give the latter part of the case in the doctor's own language. "Mrs.—aged 22, sanguine temperament strongly marked* * * *. During the following summer (of 1843), she visited the Madison springs (2) Mi., and while there, drank freely of the water—which in the course of two days, produced violent gastro-enteritis. She was attended by several physicians, and after some weeks, recovered so as to be able to walk about the house. She was reduced to a mere skeleton, and again visited me, with a hope, that I could probably remove her dyspeptic symptoms. After full examination, the patient was informed that her dyspeptic symptoms, and extreme emaciation, were the result of subacute inflammation of the stomach and bowels. I gave her pills of blue mass and Dover's powder, for a few nights only, so as to produce some action on the liver, and then commenced using the Iodide of Potash.

Iodide of Potash ʒi. }
Water, . . . Oi. } M.

A table spoonful of this solution was given three times a day. In a few days, a decided improvement began to manifest itself. The redness of tongue disappeared, and in a short time, she could indulge in almost any article of diet, without any unpleasant effect. After the first bottle of the solution had been used, I increased the quantity of Iodide to ʒ iss to the pint of water, giving the same quantity of the solution, three times a day—and in six weeks her health was entirely restored. I received a letter from her husband in January last. ('44) stating that she enjoyed uninterrupted health, and that she weighed 148 pounds."

HENRY J. HOLMES, M. D.

(1) In a letter from Dr. Pickett to one of the Editors, dated 24th January 1844. he says — "If the remedy succeeds in my hands, it will be in the treatment of many kinds of diseases—Chronic-Gastro Enteritis, Diarrhaea, Catarrhs, Consumption, Bronchitis, Neuralgias, Chronic Inflammations, Cutaneous Diseases, &c. Its influence on the capillary system is wonderful.—I can not pretend to give more than my opinion of its power over disease—that opinion however, you must remember, is now being submitted to the test of experience, and if not thus sustained, of course must be abandoned."

(2) Dr. H. did not state, what were the medicinal qualities of this water, and I know nothing on the subject.

This is one of the forms of inflammation, in which I have recommended the Iodide, but had not been able to obtain the result of its use in any case of this character, until Dr. Holmes was kind enough, to place in my hands, the foregoing case.

Whatever may be the result of my future experience on this subject, or that of others, I claim that I have established the fact, that the Iodide may be given, with perfect safety, in much larger doses than those usually prescribed by physicians, and continued for a longer period, without manifesting any cumulative effect of a prejudicial character. My observations, on this subject, are now respectfully submitted to the profession, and I hope will not be destitute of interest, or unattended with beneficial results.

Vicksburg, 6th September 1844.

Art. IV.—Case of Lacerated Perineum, Caused by Forcible Delivery. Surgical Operation. Cure. By William B. Lindsay, M. D. of Plaquemine, La.

184—May.—Madam R. is thirty years of age, delicately constituted, of a nervous temperament, a cultivated mind, and an estimable member of the society in which she lives. She has been married ten years; her general health has not been good since her marriage: she is the mother of three children. She informed me that during her last *accouchment* she was unfortunately attended by an old woman who calls herself a mid-wife. (There is always one like her in every village.) This famous character, always ignorant and frequently drunk, often made short work of her obstetrical cases, especially when dame nature was disposed to be a little tardy in her movements: in the present instance the child was forcibly taken from the mother, and a complete *Laceration of the Perinæum* was the consequence. Ever since her delivery, she has been confined to her room. The sphincter ani having been ruptured, she has been constantly troubled with involuntary alvine discharges, she has also laboured under the most distressing, pains caused by a prolapsus uteri; the uterus I found on examination hanging without the vulva. Never having had any case of the kind under treatment before, nor having ever seen an operation in any similar case, I did not promise to cure my patient. Death however being preferable to life in her present condition, she concluded to submit herself to my hands. Three or four days previously to operating I put her upon the simple diet of milk and corn meal mush. I gave her daily a few grains of pulv. rhei together with as many of super tartras potassæ, which kept her bowels in a free and easy state, and prevented the accumulation of indurated fœces in the rectum, which occurrence would, of course have frustrated the success of the operation. She was placed upon her back from the first of the treatment, with directions to use no physical exertion; by means of a pillow the pel-

vis was elevated a little above the thorax, which position enabled me to return with facility the uterus to its proper situation. At the appointed hour, with a female friend to console and encourage my patient, I commenced my operation. With a small dissecting forceps and a pair of bent scissors, (such as are met with in any pocket case,) I cut away on each side the rough unevenly cicatrized edges of the lacerated perineum, making, as well as I could, two clean cuts of six lines in width, and at least two and a half or three inches in length. It was necessarily tedious and painful, but my patient bore it well. I inserted three *interrupted sutures*, one near each end of the cuts, and one in the middle; the threads, were passed through in a way best calculated to bring the opposing cut surfaces in opposition. She was allowed to remain in this condition three days, taking the medicines before mentioned daily. On the morning of the fourth day after the operation, I examined the wound and removed the sutures; the anterior or vaginal half of the wound was healed by the first intention, but to my sorrow I found the other half had not united, the fæces having passed through the inner part of the wound into the vagina, and escaped by the vulva. Having obtained her consent, I again cut anew the opposing surfaces which had not adhered. I found this tedious and difficult as there was danger of undoing all that had been already effected. I inserted sutures again and was careful to have the parts nicely adjusted. Diet and treatment same. On the morning of the third day I removed the sutures and found the wound united throughout by the first intention; the alvine discharges were now passed only per anum. I kept her in bed and on her back, and under the same diet and medicines for two days; at the expiration of which time she was entirely cured. Wounds in those parts, like wounds on the scalp, heal more kindly than in many other places, owing to the bountiful supply of blood which is carried to them. I cannot refrain from observing that my own satisfaction at the result of the operation, was only surpassed by the gratitude and delight of my patient. Within a year from this time she had intermittent fever and sent for me—I found her with severe *labor pains*; in an hour she was delivered of a fetus three months old, which seemed to surprise her, as she stated distinctly, that she had not the remotest idea of her situation. She recovered directly; since which time, I have not seen or heard from her, as I am not now living in several hundred miles of her.

Parish of Plaquemine, september 10, 1844.

Remarks.—Surgical cases are of such rare occurrence in the interior of the country, that the resident practitioners cannot be expected to be so familiar with their management, as the professed surgeons of large cities. They must necessarily become *rusty* in anatomy, the tendency of which, is to destroy that confidence, which is a *sine quâ non* in skilful and successful operations. Yet the most serious accidents are always liable to occur in their vicinity, demanding the most important operations, at a moment's warning. Hence our physicians throughout the country, general practitioners as they all are, should devote considerable attention to this branch of the profession. Debarred the advantages of dissection, let them refresh their memories from the admirable anatomical plates

every where to be had; and review annually some of the standard authors on surgery. We have no personal acquaintance with Dr. Lindsay, but take pleasure in laying his interesting case before our readers. We would barely suggest to him, in the management of a similar case, the propriety of keeping the patient's bowels perfectly quiet for several days after the operation. (EDRS.)

Art. V.—Dr. Monette's Rejoinder to Dr. Lewis' "Critical Notice."

To the Editors of the New Orleans Medical Journal.

GENTLEMEN,—In the second number of your excellent Journal, beginning on page 31, I have observed a "brief critical notice," by P. H. Lewis M. D. of Mobile, of my pamphlet, entitled 'observations upon the epidemic yellow fever of the Southwest;' of which I should take some notice. As this paper has received a place in the journal, and may thus come before some readers, who may not have had an opportunity of perusing my own remarks, I ask the indulgence of a place, for the few observations which I have to offer in reply to this hasty review.

From the editorial remarks, which accompany this number, it appears the above named paper was prepared for and read before the Medical Society of Mobile, and by them ordered to be published.

For the Medical Society of Mobile, and for the members individually, I entertain the most cordial respect, and would join them cheerfully in their efforts to shed light upon the obscure and difficult question of the nature, source and spread of epidemic yellow-fever, in our commercial cities and ports; yet I cannot perceive that this review has thrown much light upon the difficulties, which have long enveloped this important subject: nor can I believe that the style of the article, or its mode of investigation, will ever become a model for the liberal and enlightened of the medical profession. I still hope however, that the society, surrounded as it is, with such abundant means of observation, may yet present us with much important information upon this subject.

So far as I am able to judge, the author of the "critical notice," has indifferently qualified himself, for the thorough investigation of the great principles, which I have endeavored to illustrate, in my humble manner. In such investigations we presume it will be found, that no display of wit or of ridicule itself, will supply the place of enlightened research, or ingenuous argument, in confuting our errors, or in illuminating the path of truth. The subject is one, which has engaged the ablest minds in the medical profession; and still it is involved in clouds and uncertainty. Close observation, divested of preconceived notions and prejudices, and conducted in a liberal, and ingenuous spirit of inquiry, is alone, calculated to elicit truth, and to correct error.

Anxious as I am, to contribute my small amount of observation, to the

general stock, I feel confident that the liberal of the profession, in the Southwest, will extend to me, that indulgence, which may be due to me, as a collaborator in the field of science, for such views and facts as are contained in my small volume on this subject. I shall feel well compensated, if my labors shall be the means, of eliciting further investigations into the principles, which I have endeavored to illustrate.

Believing that some portions, of the "critical notice" are calculated to produce a false impression upon such readers as have not perused my observations, I must ask permission, to be the expounder of my own views. In doing this I shall be compelled to dissent from the *position*, in which I have been placed, by the article under consideration.

The first point which I would correct, is to convince the reviewer, as well, as others, that he has greatly mistaken my views, when he places me in the attitude of an *advocate* of the *unconditional contagious nature of yellow-fever*. There is nothing in my published observations, to justify such an opinion. But when my views, such as they are, shall have been fairly stated, and met by sound argument, drawn from established facts, and deductions legitimately made, I shall take pleasure in giving a courteous reply; cheerfully abandoning such positions as I may be unable to maintain.

The reviewer asserts that "the Doctor says that the *imported infection is harmless* unless there is some predisposing atmospheric cause to facilitate its action." Journal No. 2, p. 33.

Now I respectfully deny the truth of the assertion, and desire the gentleman to point out the page and line, in my writings, where this opinion is to be found. I am very certain it is not in the work which he has attempted to review. To my mind it is evident, that he does not comprehend the train of arguments, set forth in this book; or certainly he would not fail to comprehend the meaning of the author. As it is also evident to my mind, that there are other material points in the work, which he does not yet comprehend, I would suggest to him a maxim inculcated by a distinguished teacher of medicine, now deceased, to the following effect: viz that any book on medical science, which is worth reading once, *should be read at least three times*, in order to comprehend fully the author's meaning.

If this maxim were observed, the critic, would not deem it so strange, that I should have attempted to explain, or illustrate *so many particulars*; and he might see the impropriety of hastily making general conclusions from isolated facts; a mode of reasoning so opposite to that laid down by the immortal Bacon.

I am intimately conversant with many cases of sporadic yellow-fever, and if any deductions can be made from them, which would aid the investigation relative to epidemic yellow-fever, I would cheerfully give the use of my cases to the reviewer. But as he seems to confound yellow-fever with congestive, and bilious remittents, I doubt whether he would find them servicable in sustaining his views.

I must correct another error into which he has been led, in mis-stating my opinions. He asserts that "he believes that when *this air* (infected air) is confined in a ship's-hold, it becomes more virulent, as the tempe-

perature is increased; and that *this virulence is reduced in proportion as the temperature becomes lower.*" See journal No. 2. p. 33.

Now this is a gratuitous assertion, and is directly contradicted by the whole tenor of my essay : and although I cannot be responsible for the ignorance or opinions of any one, relative to the rational theory of yellow-fever, yet I am ready at all times to give a reason for what I do believe.

As a set-off to the opinions of the reviewer, relative to the common origin of yellow-fever, bilious and other autumnal fevers, I will give the opinion of a distinguished teacher of medicine, whom I recently heard say, that he could attach but little importance to the observations of any physician, who could confound these several and distinct diseases.

There are many things in the "critical notice," which are objectionable; in point of sound doctrine, and enlightened sentiment, on this subject, which it is unnecessary for me here to notice. In conclusion I will observe, that such of my reflections and researches on yellow-fever, as have been published, were given with the desire and hope, that they might be useful in arresting one of the most fatal enemies of our commercial prosperity, and in advancing the cause of humanity; and as such, I confidently submit them to the courtesy of the medical profession; believing that the intelligent and discriminating will award to me such judgement as is right and proper.

Very respectfully your obedient servant.

J. W. MONETTE, M. D.

Washington, Miss. August 15th, 1844.



PART SECOND.

PERISCOPE OF PRACTICAL MEDICINE; OR, SPIRIT OF THE
MEDICAL JOURNALS, FOREIGN & DOMESTIC.

I.—On the Tendencies of Contemporaneous Surgery.

The following very judicious remarks are from the pen of M. Janson, ex-Surgeon in Chief of the Hôtel Dieu at Lyons.

“For a long time, the opinion of *Dessault* exercised great influence and a most imposing authority in all the schools of surgery, which did not escape the impress of the seal of that age, when physical and mathematical sciences every-where so much predominated. Without alluding to the art of war, which then occupied the attention of the whole world, it is worthy of notice that the study of Chemistry and Natural History quite absorbed the minds of all educated persons : this branche aspired to the supreme rank in general sciences ; and Operative medicine sought to assume a like pre-eminence in the medical hierarchy. Surgery, thus separating itself completely from the other branches of medical sciences, was then unwilling to recognize anything but material facts, geometric demonstrations, and mechanical processes and contrivances ; the methods which it employed, so far from being more simplified, became every day more and more complex by a ‘luxure’ of instruments and apparatuses, which were in reality good for nothing else, save only to encumber our professional *armamentaria*. Surgeons knew, or seemed to wish to know, nothing but Anatomy and Surgery ; every one sought to distinguish himself in these two branches—the most important, it is true, but not the only positive or essential, departments of the Healing Art. Then was truly the epoch of Anatomical Surgery. If we open the works of *Sabatier*, *Lassus*, *Percy*, *Pelletan*, *Boyer*, and *Petit*, we find in every page of their writings that the classical surgery of this period was founded almost exclusively on exact, and even minute, Anatomical data ; and we seldom or never meet with any allusion to medicine, any happy application of physiological truth, or any comprehensive therapeutic views apart from mere mechanical instrumentation.

“The fine genius, however, of *Bichat*, prepared the way for an epoch of reform. Without abandoning the path trodden by his Contemporaries, and without renouncing the study of anatomy and its immediate application to operative surgery, this celebrated man clearly perceived that it was high time to bring medicine and surgery more closely together, and no longer to isolate the material study of our organs from the appreciation of their physiological phenomena.

“What *Bichat* had partially foreseen and pointed out, some of his contemporaries were not long of carrying into effect, to the great advantage of the art, and in the genuine spirit of the unity and indivisibility of medi-

cal science. The young surgeons of this period were, every one of them, either public teachers, or authors of treatises on physiology; and it was not until they had acquired a reputation as anatomists and physiologists, that they devoted themselves, with an indefatigable ardour, to the pursuit of Operative Medicine.

“Thus *Dupuytren* published at the same time his ‘Theory of the Fractures of the Fibula,’ and his beautiful ‘Report on the Yellow Fever and on Contagion.’ If, on the one hand, he invented his Enterotome, on the other hand, he made us acquainted with his researches on Respiration, on Absorption, and on the Movements of the Brain: and thus it was that, if the first Operator of his age, he was not less distinguished as the founder of pathological anatomy.

“*Richerand*, too, discussed at one and the same time the subject of the fractures of the thigh-bone, and the medical treatment of Ulcers; and if he examined with great zeal the best plan of performing partial amputation of the foot, and was the first to excise diseased ribs, it is equally worthy of notice that he has left us excellent Monographs on Scurvy and on Scrofulous Affections. He is the author, every one knows, of a most interesting work on Physiology, on the one hand; and of an elaborate Treatise on Surgery, entitled ‘*Nosographie Chirurgicale*,’ on the other.

“*Delpech* and *Leveillé*, in their Medico-Chirurgical Researches on Necrosis, Aneurisms, Hospital Gangrene, Pyogeny, and Gymnastics applied to the general treatment of diseases, have trodden the same path, and contributed to the production of like results.

Our illustrious preceptor, Professor *Roux*, in his miscellanies of Surgery and Physiology, has discussed the various topics of fibrous tumours of the Uterus, and the phenomena of Continous Inflammation, of Wounds and Sympathetic Affections, of Hernia and the process of Secretion. It was he who devised and first performed the operation of Staphyloraphy; and to him we owe an excellent memoir on the diagnosis of chest complaints by abdominal pressure.

“These distinguished men may be considered as the leaders or chiefs of the Epoch of what may be called Physiological Surgery—which was dominant in the schools, when the publication of *Broussais*’ celebrated work, ‘*Doctrines Medicales*,’ came to give another impulsion to the system of reform, which was at this period rapidly advancing in its fulfilment.

“The start being once given, every one seemed ready to reply to the appeal that was now made to him. Medical education became much more general and complete, and all surgeons manifested an ardent wish to escape from the narrow circle in which they had been so long confined themselves. They now better understood and appreciated the many resources of nature; and, in cases apparently the most serious and desperate, they began to learn to trust more to the curative effects of these resources, collecting together with great industry and zeal numerous observations which served to give support to the *new medical doctrine*, in its application to the study and treatment of surgical diseases. They were less desirous to innovate than to make perfect, and less ambitious of operative success, than of fortunate cures obtained without the infliction of pain or the effusion of blood. The greater the progress that was made, the more confidently

was it hoped that the number of cases requiring the use of the knife and cautery, might be diminished; and we may further add that, wherever either of these painful methods was still considered inevitable, every endeavour was made to abate the induced sufferings as much as possible, by every thing that professional dexterity and moral influence could suggest.

“The art of Surgery thus acquired a character of prudence and security, which were not at all irreconcilable with boldness and decision; and the change thereby effected gave rise to a series of the most pleasing results, by which science, as well as humanity, have equally profited.

“How comes it that this period of improvement has had its epoch of retardation and arrest, and has been only of short continuance?—Ask this question of the spirit of the age, so eager after novelties, so constant in its pursuit of the marvellous, and which has so often substituted fiction in the place of actual reality. There is a restless desire, in the present day, among all classes and estates of men, for brilliant and daring doings; and surgeons have not escaped the general contamination of striving to acquire distinction, without waiting for the sanction of time and experience.

“The first blow that was directed against Physiological Surgery, and which unquestionably has checked its progress in advance, was the division of the art into several sections, or special branches, such as Ophthalmology, Orthopædy, &c., &c.—a practice which now begins to be as much decried, as, a few years ago, it was extravagantly commended.

“It was thought necessary, as we have already said, that surgery, in order that it might not appear to follow either a merely routine or a retrograde course, should follow the experimenting spirit of the age, and join in the career of discovery and empiric research. At the time nothing seemed too difficult for it to accomplish. After having tried with a rare success the excision of the cervix uteri, our surgeons conceived the idea of extirpating the entire organ; after having laid open the abdominal cavity in order to find out the seat of a volvulus or internal strangulation, of the very existence of which the operator was not always sure, they sought to reduce into a precept of the art this most daring and dangerous undertaking, and also to institute a regular operation for the establishment of an artificial anus over the trajet of the Cæcum or ascending Colon.

“Experience had shown that the section of the tendo Achillis served to remedy certain deformities of the foot; forthwith, the operation of tenotomy was applied to a vast number of tendons without any discrimination, and ere long we heard of surgeons performing it with the view of straightening ankylosed joints, and redressing incurvations of the spinal column!

“Cataract patients were tormented with a variety of operations, in the hope of some plan or other being discovered to extract or depress the crystalline lens a little better than *Daviel*, and a shade worse than *Scarpa*.

“The operation for harelip was the only restoration of the face that used to be practised; but, of recent years, attempts have been made to restore the nose and the eyes, the cheeks and the chin; and, without having much regard either to the amount of pain inflicted at the time or to the troublesome consequences that may follow, the surgeon now-a-days very generally acts with an equal boldness, and often too with nearly the same

means, in attempting the cure of a simple deformity, as if the very life of his patient depended on the result of the operation.

“*Hunter* proposed the application of the potential caustic for the cure of certain strictures of the urethra. In course of time, some practitioners sought to make of this method a general plan of treatment, and hence it came to pass that all cases without exception were treated either with caustic, or with incision and scarifications, and the more safe and rational method of dilatation was for a time almost entirely abandoned.

“The school of *Dessault* had much exaggerated the advantage of complicated machines for the general treatment of Fractures, and that of the present day seeks to replace every sort of bandage and splint by using moulds of plaster, in which the fractured limb is to be enclosed.

“Really one can scarcely predict where the inventive spirit of our operators might stop, if this state of things were likely to last long without being checked. But fortunately for the interests of our science, these exaggerated notions and opinions, so little accordant with the genuine spirit of enlightened Surgery, are not shared by all. But the voice of reason and truth is for a time drowned in the eager clamour of the moment. Whenever any opposition or disbelief is intimated, we are at once silenced by the sacramental words, *these are facts acquired to science*. But may we not very fairly reply to this seemingly *set-down* argument, that the multiplicity of trephining for injuries of the skull, the radical cure of hernia by ligature, the operation for the removal of cataract by keratonyxis, the amputation of a limb to remedy the deformity of a projecting stump, the extirpation of goitre swellings, the excision of varicoceles,—not to mention many other similar undertakings—were each and all of them, considered at one time to be *facts acquired to science*; and yet where are these *facts* now? are they so much as ever heard of?

“Having said so much in the way of censure, it might be fairly expected that we should now notice some of the acknowledged improvements and established discoveries, which have unquestionably been made in various departments of surgery since the beginning of the present century. But this we must reserve for another occasion. Enough, at present. As we have already said, it is not that our *science* has retrograded; it is only that our *art* has often exaggerated its importance, and unnecessarily multiplied the cases for its intervention.” (*Med. Chir. Rev.* from *L'Expérience*.)

II. — Notice of some recent French Works on Typhoid Fever,

“The interval that separates Continued from Intermittent Fevers, is far from being the same in all cases and in all countries. There are localities where these states of Pyrexial disease,—habitually so distinct in our temperate climates—touch and almost blend with each other, so that it is difficult to say to which class individual cases, or even groups of cases, are to be referred.

“We do not at present allude to those purely hypothetical approximations that exist only in the imagination of certain authors; far example the opinion of some Pyretologists, who seek to attribute all fevers, without exception, to the agency of Miasmatic poison, whether this arises from a

vegetable or from an animal source. The approximations which we mean, are real and complete ; yet such as may baffle and perplex the most experienced physicians, and in consequence of which the patient may fall a victim to an almost inevitable error of judgement. These ideas, now so generally recognized and adopted, were scarcely so much as dreamed of a few years ago,—at the period when medical researches were confined within narrow trammels, and a spirit of scepticism in reference to everything that could not be *seen*, and *felt*, and *handled*, prevailed far too extensively among the schools. But since medicine has begun to be enriched with the observations of men of almost every country of the world, and especially since distant expeditions have enabled *French* physicians to put to the test of actual experience the narrow rules and instructions which they had derived during their professional pupilage, our science had made rapid strides in advance, and the utter insufficiency of the study, however elaborate, of fevers as observed in any one climate, is now very generally recognised. At the same time, several learned writers have, from the stores of their erudition, taught us the admonitory rebuke that, on this as well as several other themes, Modern Science has forgotten and neglected many of the lessons of Ancient Medicine : of these a very important one is, that the same morbid condition may exhibit different forms and aspects in different climates and localities, as well as in different seasons and periods of the year.

“ We cannot do better, in confirmation of the truth of these remarks, than quote the following passage from the work of Dr. *Gouraud*, ‘ On the Pernicious Intermittent Fever of Southern Climates,’ published two years ago, at Avignon. ‘ The medical men,’ says this gentleman, ‘ of the North, if at a leap they wish to practise in the South, fancy that grave periodic fever exhibits the same march and a like physiognomy everywhere ; that it differs very little from what we see in the fever of our own country ; and that every accession or paroxysm has three stages, with distinct intermissions between each attack. They are not prepared to expect that eschars should form on any part of the surface, except where a certain degree of pressure is kept up ; nor can they believe that the occurrence of *psora labialis* should fail to be regarded as invariably a most favourable symptom. Accordingly, they take their own time, bleed or vomit their patients, according as either the pulse is full or there is any sign of hepatic congestion, and fear much less to practise an ill-timed blood-letting, than to administer quinine before the febrile symptoms have fairly subsided. In short, these new practitioners of the Morea (we suppose that the author is alluding to some of his professional brethren in Greece) are quite as ‘*dépaysés*’ at the bedside of their patients, as if they had passed from reading the first and third books of *Hippocrates* on epidemics, to the perusal of the writings of M. *Andral*. Such a temporization too often proves fatal to the patient ; and for this simple reason, because the Summer periodic fevers of warm climates are separated from those of northern latitudes by a broad abyss.’

“ Dr. *Gouraud* censures very sharply the conduct of the medical officers of the French army in Algeria, for practising blood-letting so generally as they do at the commencement of the grave remittent fevers of that country, and for their timidity in administering quinine and other tonics.

“In the course of last year, Dr. *Watson* of Montpellier published a treatise on the Typhoid Fever as observed in that city, and in which he powerfully recommends the exhibition of quinine, not as a tonic or contra-stimulant, as some have proposed, but chiefly as an anti-periodic. ‘We shall not be surprised’, says he, ‘if the recent experiments, which have been made in the hospitals of the metropolis on the use of Quinine in Typhoid Fever, have not produced so advantageous results as might fairly have been expected from them, when we learn that the disease being not regarded as essentially remittent in its nature, the remedy was administered quite indiscriminately, and without any regard to the existing condition of the patients : moreover, that the exhibition of it was often not preceded by the use of any precursory means, the adoption of which is sometimes absolutely necessary, in order that the Quinine might produce its accustomed effects : and lastly, that it was given in a multitude of complicated cases, where it could not reasonably have been expected to have produced any benefit.

“According to the opinion of Dr. *Watson*, Typhoid Fever is, at least in many cases, a remittent affection—characterized, not indeed by the occurrence of distinct and complete intermissions, but by a continued pyrexia which, however, exhibits regular exacerbations. These exacerbations occurring twice in the course of 24 hours, are sometimes so indistinctly marked as not to be readily recognised. If not intense, they cease under the employment of an antiphlogistic medication ; but if they are of a more grave character, they yield only to the prompt and decided use of Quinine. Whenever the exacerbations are not severe, and are complicated with any symptoms of inflammatory or congestive action in an internal organ, Dr. *Watson* recommends that blood should be drawn either locally or generally; for it is not, until after this has been done, that the Quinine acts energetically in arresting the progress of the fever under such circumstances.

“The quantity of this salt that requires to be administered, varies from 10 to 100 grains in the course of the 24 hours, according to the nature of the individual case.

“Dr. *Watson*, in the course of his observations, very freely criticizes the practice that was adopted in several cases, narrated in the works of *Andral*, *Louis*, *Chomel*, and others, and in which there had been more or less distinct exacerbations of the pyrexial symptoms during the day. In reference to one of *M. Andral’s*, he thus remarks :

“‘I may conscientiously assert that it is my deep conviction that, if the quinine had been freely administered in this case, the physician might probably have saved the life of his patient.’

“Dr. *Watson* mentions an important circumstance that may not be generally known ; it is this : that, if the exacerbations are distinctly marked, even although symptoms of inflammatory action be present at the same time, the quinine may be administered with perfect safety, provided only that antiphlogistic measures are simultaneously adopted.

“Connected with the history of Typhoid Fever, we may here allude to another work on the subject that has been recently published by Professor *Rangue* of Orleans. The gist of its contents is contained in the following extract : ‘There are certain symptoms by the aid of which we may predict, from the very commencement of a fever, its character and course. Du-

ring an experience of 18 years, we have never found them fail, as a most valuable means of guiding our prognosis. Whenever, during the early days of a continued Fever, whatever be its form or type, there is deposited on the gums, interposed between the molar teeth, a white pearly-looking exudation, we may feel assured that the disease will assume a grave character, if it be not treated judiciously. This symptom is of constant occurrence, not only in the Pyrexia, but also in all affections that are apt to become of a Typhoid character, such as puerperal fever, pneumonia, &c. If to this symptom be super-added the mulberry-juice tint of leech-bites, and commencing prostration on strength, the affection has from this moment the Typhoid character, however favourable the general symptoms may seem to be at the time. * * * To assure ourselves of the state of the gums, it is requisite that the attention should be specially directed to the part of the gingival surface, that invests the small molares. * * * The surface of the interstices, which separate these teeth, exhibits a nacreous pyramid the base of which rests on the body of the gum. * * * If the exudation, which forms 'his nacreous layer, is very thin, and occupies a small extent, the disease will be 'peu grave;' but, if it be thick and not easily removed with the finger, if it affects a number of the dental interstices, and it is of a grayish colour, we may confidently predict the gravity, if not the malignancy, of the disease. * * * * In certain cases, the nacreous exudation is not limited to the gums, but extends over a larger or smaller surface of the buccal and pharyngeal mucous membrane, and it then constitutes one of the most grave symptoms of typhoid affection."

Remarks.—It is surely very fanciful to attach much importance to so subordinate a symptom as that of the gingival incrustation, as a sign to guide our prognosis in Typhoid Fever. Is not the state of the pulse and of the nervous power, not to mention that of the excretions, abundantly sufficient for this purpose? The practical observations of Drs. *Gouraud* and *Watson* are much more deserving of notice; and we sincerely trust that the advice of these gentlemen will tend to promote a more rational system of treatment of Pyrexial disease than has, for many years past, prevailed among French practitioners. We verily believe that the doctrine of *Broussais*, and his disciples, have done more to distort and pervert medical truth than all the fond vagaries that prevailed from the time of *Paracelsus*, down to that of *Brown* and his followers in Italy. (Med. Chir. Rev.)

III. — In a review of Robert Armstrong's recent work, "On the Influence of Climate, and other Agents, on the Human Constitution with reference to the Cause of Disease among Seamen," — Dr. Johnson has the following :

Yellow Fever of Jamaica. — Passing over the author's remarks upon fever in general, which contain little novelty, we extract a few observations upon the epidemics of Jamaica which he witnessed.

These epidemics, he conceives, were not produced by causes connected with the soil or locality, but were dependent upon adventitious circumstances and individual susceptibility. One ship would remain free of fever,

although in communication with another at the same anchorage in which it was raging. The attack was often induced by active exercise and exposure to the sun or night air. When the fever had become developed, great determination to the head and oppression of the respiratory organs occurred. About the third day, these, with the heat of skin, become diminished; and on the fourth day, the conjunctivæ and surface of the body, to a greater or less extent, acquire the yellow colour which has furnished the disease with its pre-name. About the fourth or fifth day, pain sometimes subsides entirely, the pulse does not exceed 70 to 80, while the temperature of the body is natural and the skin and tongue moist. The patient, if not prevented, arises and dresses himself. "A medical man unacquainted with the insidious nature of this disease, would immediately pronounce the patient convalescent, and more than one surgeon, on his first visit to the hospital after arrival from England, expressed the greatest surprise and incredulity, on being informed that the patient would not survive 24 hours." This "fatal lull," as it is termed, continues for three or more days sometimes. Eventually, delirium, variable pulse, reduction of the natural temperature, or other marks of prostration, occur. The *black vomit* seldom appears before the third day, or when the violence of the original febrile symptoms has subsided. It is a singular fact, too, that the dark matter forming the black vomit is found in the stomachs of those who have died of other diseases than fever.

From very numerous post-mortem examinations the author concludes—

"That the yellow fever of Jamaica is a disease of the whole system, in which every organ is more or less affected; with local determinations of blood to particular parts, succeeded by congestion of the vessels; that the tumultuous actions of the nervous and vascular systems exhaust the vital energies, arrest or suspend the secretions, and but too often terminate in the death of the patient." 181.

Treatment.—The greatest diversity of opinion prevails with respect to this. According to Dr. Armstrong's experience, if the patient is subjected to active treatment sufficiently early he may be frequently saved; but that after the second or third day, the opportunity for putting this into force has passed away, and all measures are to often useless. Free and quickly repeated bleeding should at once be had recourse to, and although from 20 to 40 oz. will usually suffice, other cases may require the loss of 90 oz. The patient should be immersed in a warm bath, and the skin thoroughly cleansed by soap and flannel. Next administer an active purge containing several grains of calomel. In many cases rapid recovery results. Where, however, the symptoms are only partially relieved, leeches or ice to the head, and stimulation to the skin by a warm salt-water bath, or ammoniated liniments, should be had recourse to, giving laxatives from time to time.

In 42 cases, tartar emetic, combined with calomel, was used with evident advantage, preceded by bleeding and followed by purges. It was never given later than the first 24 hours, and prevented the necessity of excessive abstraction of blood. Difficulty arises in affecting the gums with mercury, when given from the commencement of the disease, but they become more easily affected when antimony is also given. It is very

doubtful whether the mercurial treatment has any superiority over any other. Calomel combined with opium was found useful in torpid conditions of the nervous and sanguiferous systems, an occasional turpentine purgative being also given. There is no truth in the supposition that pyalism affords any protection, for syphilitic patients, while salivated, become affected with the fever.

In the advanced stages of the disease, whatever is done, death still usually occurs. Tonics and stimuli are to be given; and, indeed, the great object is to maintain the heat of the body by internal stimuli and external warmth. A pint of brandy, and a bottle or two of porter, and even larger quantities may be consumed daily without injuriously augmenting the pulse or heat of surface.

It is an error to suppose that having had the fever once always gives an immunity against a second attack. It does so usually, but not always. Dr. Armstrong says:—

“It must be admitted, however, that men who have already had an attack of fever, are much less liable to suffer from it again than new comers. If, however, they returned to England, and joined another ship ordered to the West Indies, they appeared as liable to suffer as those who had never before been on the station.”

Although not prepared to deny that the disease may never become *contagious*, the author is clearly of opinion, that it is not so under the circumstances in which it is usually observed. (Med. Chir. Rev.)

Remark.—The above description of Yellow Fever is very good, and equally applicable to our own epidemics; but we should be sorry to see the treatment mentioned, adopted in these parts. (Eds.)

IV.—*Sulphate of Quininc—its virtues in inflammatory affections of Malarious Districts.*

In the July number of the American Journal of the Med. Sciences, will be found a very interesting paper *on the treatment of inflammatory affections in Malarious Districts*, by Dr. Boling, of Montgomery, Ala. from which we take the following observations.

“A peculiarity of the febrile excitement produced in the system by, and accompanying local inflammations in those residing in marshy districts, is, that it has a tendency to assume the intermittent or remittent type, as malarious fevers not connected with local inflammations have. Mostly, however, the fever is *remittent*, and of the quotidian, tertian or double tertian type. So striking is this resemblance in type between the fevers excited by the phlegmasiæ, and the uncomplicated remittent fever, that doubts must often arise, as to whether the fever is the consequence of the local inflammation, or the local inflammation merely an accidental concomitant of the fever.

In many instances, local inflammations are preceded, in malarious districts, by a stage in which the affection is purely neuralgic, and generally remittent, and it is only after several of these neuralgic exacerbations, that the sanguiferous system becomes so implicated, as to constitute what is understood by the term inflammation. Sometimes the neuralgic exacerbations are accompanied by slight febrile paroxysms; sometimes the febrile

excitement only supervenes, as the inflammatory character of the complaint becomes developed.

Another striking peculiarity about these inflammations, is the obstinacy with which they resist what is *generally considered* a purely antiphlogistic treatment,—a treatment that would be in most cases speedily successful in the phlegmasiæ of those living in an atmosphere untainted with malaria,—and the facility with which, as a general rule, they yield to a course of practice, applicable, in its peculiar features, to the treatment of the uncomplicated fevers of the same regions. The fatality of these affections, for instance, of the disease generally known as *bilious* or *typhoid* pneumonia, under a purely antiphlogistic treatment, (by this I mean bleeding, tartar-emetica, purging and blistering) or under a systematic exhibition of mercurials; or under another system of treatment pursued by a few physicians of the south; viz, the exhibition day after day of drastic purgatives,—is very great; whereas under the use of gentle laxatives occasionally, mild antiphlogistics, and the free but judicious use of the Peruvian bark or its preparations, the fatality is comparatively limited. Compared with the practice of a few years back, a system of treatment much more judicious and successful, is rapidly being adopted by the physicians of the south, and the number of those who would take pride in boasting of their hundred grain doses of calomel, or the number of *drastic pills* given in a dose, is small, indeed; and this too, notwithstanding the influence of professional dicta, and college impressions.

Until within the last few years, the Peruvian bark and its preparations were looked upon by almost all physicians as most inappropriate in all the phlegmasiæ, and in all febrile diseases complicated with local inflammatory action—and indeed they were considered inadmissible in any case of fever until the powers of the system were considerably exhausted, and the febrile excitement in a great measure subdued. They were looked upon only as stimulant and tonic; and with these views, and to fulfil these indications only were they prescribed.

I propose to give a few cases, exhibiting my own treatment, and nearly the method of treatment pursued by a few physicians of my acquaintance, illustrating the beneficial influence of quinine in such cases as I have alluded to. Some of the cases will be recognized as remittent fevers complicated with local affections, while others will be recognized as local inflammations on the consequent febrile excitement, of which a malarious influence is manifested by a periodical remittance. In all the cases it will be seen that though used as an important or principal remedy, yet it was not the only remedy; and, it may be supposed that I attach undue importance to its influence. In reply, in the earlier periods of my practice, and sometimes recently in my own, but oftener of late in the practice of others, I have treated, and seen treated, such cases as I have described, without quinine; and must say, that among them a much larger proportion of fatal cases have occurred; and in the instances where recovery takes place, the disease was always more protracted, and convalescence more doubtful and vacillating; and again, many times have I witnessed its almost "*talismanic*" influence in the advanced periods of cases, which for a long time had resisted every variety of treatment that could be suggested, in the hands of the most skilful and experienced physicians.

As to the *modus operandi* of quinine, I have been able to form no very satisfactory opinion; the observations of one day generally altering or modifying the opinions predicated upon the experience of a previous day. At one time I was disposed to look upon it as a sedative or contra-stimulant; and as a general rule, this is its most manifest effect; and yet I have seen a *very few* cases in which it *appeared* to act as a stimulant. Its most general effect, however, is that of a sedative; more certainly reducing and controlling the action of the heart and arteries than any remedy with which I am acquainted. At another time I was disposed to think, that this controlling influence was only exerted in those labouring under the influence of malaria; but in the advanced stage of a case of endopericarditis, in which nothing in the circumstances of the patient, or the character of the accompanying fever, indicated malarious taint, I was able, by administering, night and morning, an enema containing grs. xx. of quinine, to moderate the rapid progress of the disease, and to reduce the pulse from 110 to 80, and to keep it at that standard, so long as the use of the quinine was persevered in. The influence of the quinine was satisfactorily proved by the fact, that the omission of an enema was invariably followed during the next twelve hours, by a rise of the pulse to the original standard. One of the remedies used in this case, before the quinine, was digitalis, which had no effect whatever in controlling the pulse. The case eventually proved fatal, in consequence of its becoming complicated with gastro-enteritis, induced by a moderate, but for the safety of the patient, too free a use of calomel and tartar-emetica. But to return; it would not be considered scientific to call it a specific, and yet, in malarious diseases its effects seem almost *antidotal*. In almost every case, whatever the nature of the disease, supposing the system at the time to be labouring under the influence of malaria, either as the principal curative agent, or as an important adjuvant, the best effects may be anticipated from its administration.

This I have observed, under its use in the inflammatory affections of the chest, that an abatement in the physical signs almost invariably follows, very rarely precedes, an abatement in the febrile excitement; and a diminution in the action of the heart and arteries. Indeed, under its controlling influence over the sanguiferous system, the action of the heart may sometimes be reduced from a state of high excitement, almost to a natural standard, long before any abatement takes place in the local inflammatory action as indicated by the physical signs. An improvement in the physical signs, however, generally follows in a short time after the influence of the medicine is manifested on the pulse."

Here follow reports of fifteen cases of different inflammations illustrative of the Doctor's views.

In regard to the dose and method of administration, Dr. B. says :

"As to the best time for administering the quinine, I generally, in cases where there is any thing like a distinct remission, prefer this period for its commencement probably now, more from habit than any thing else, where the remissions are short, or when the case is urgent, and there is reason to apprehend a fatal termination in the next exacerbation. Or where the disease is of so violent a character as to justify fears of the occurrence of any

serious organic lesion, or a considerable aggravation of any that may already exist, it seems to me preferable to commence with it immediately, and this I generally do without regard to the stage of the paroxysm. As to the doses, they should be efficient; but very large ones are generally unnecessary, and they are only advisable where a severe exacerbation is expected, and the time allowed you to guard against it is short. To an adult, in a case in which its continued administration, for a length of time, is advisable, for the purpose of subduing local inflammation, by its sedative influence over the heart and arteries, about forty-eight grains in the twenty-four hours will generally be found sufficient; and it is better to give it in doses of about eight grains every four hours, than to administer it in smaller doses at shorter intervals. The length of time for which it should be continued, varies according to the character of the case. In remittent fevers, in which any local affection that may be present,—e. g., the congestion of the brain in comatose remittent fever,—subsides entirely during remission, its continuance merely for a sufficient length of time to prevent an exacerbation is all that is necessary, the progress towards recovery, however slow, being almost always certain from this point; where, however, there is inflammation present, the remedy should be continued till it is entirely subdued; as frequently, when any spark of inflammatory action remains unextinguished, as soon as the influence of the quinine over the arterial system subsides, the inflammation is quickly rekindled, and its progress generally very rapid.”

Dr. Boling concludes his valuable paper with a case of “*bronchitis, running into pneumonia*”—in which, with commendable candour, he is disposed to doubt the existence of malarial influence. He says, “the above case, goes far to controvert such an opinion, and to establish the correctness of the proposition, that under any circumstances the quinine may be made to act as a sedative by merely proportioning the dose to the degree of inflammatory action going on in the system at the time.”

Amer. Journ. Med. Sci.

Remarks.—These interesting observations of Dr. Boling, although perhaps *original with himself*, are not exclusively his own. We are aware that many physicians in the South are accustomed to give quinine *boldly in inflammatory diseases*. Indeed our next excerpt will show that the views here set forth, in regard to the remedial virtues of this potent medicine, are by no mean speculial to the physicians of the Southern United States.

EDRS.

V.—*Expediency of operating in Cancerous Affections.*

In our preceding Number, (p. 454), we gave a brief notice of a memoir on this subject, read to the Royal Academy of Sciences by M. Leroy d’Etiolles, and we now add some further details.

The most important point in this surgical question is to determine if the disease is, in the first instance, purely local, and finally degenerates into a constitutional malady, and if an early operation prevents this degeneration. This belief, though generally acted on, is far from being sustained by statistics. Thus, M. Leroy states that in 801 operations, 117 were performed within less than a year after the first appearance of the disease, and that of these

117 cases 61 had relapsed when the documents relating to them were supplied to him.

The results of operations for cancer of the lip are curious because of the difference that exists between the two sexes. Thus, in 633 males, there were 165 cases of cancer of the lip, 114 of which were operated on by excision, and 12 by caustic; the relapses were 15, that is to say, about one-eighth. Among 2148 females affected with cancer, 34 had cancer of the lip, 22 were operated on, and 7 relapsed, that is to say, a third.

This difference in the relapses depends on the difference in the cause and nature of the malady. In the male, cancrioid tumours produced by an external cause tend to diminish; in the female they degenerate into true cancer. In the cancer of the tongue, there is not the same difference in the result—the termination is equally fatal in both sexes. In 9 operations on cancer of the tongue, 3 were performed in less than a year from the commencement of the disease; the 6 other patients died from relapse of the disease.

The following are the results of operations on tumours of the breast:—

Of 277 operations, 73 have been performed within the last two years, and the result is not yet known; 204 cases remain, and in 24, deaths occurred, in one case soon after the operation, and 87 others have already relapsed, so that more than one-half of the operations have failed; 27 were operated on in less than one year from the first symptoms of the affection.

M. Leroy finally maintained the following conclusions:—

1. Extirpation does not arrest the progress of cancer.
2. Extirpation should not be adopted as a general method, except in cancer of the lip and of the skin.
3. Cancer of other organs should not be extirpated, except when hemorrhage from ulcerated cancer threatens speedy death. M. Leroy's memoir was founded on the results of the practice of 70 surgeons, who communicated to him the particulars of all the cases of cancer they had operated on.—(*American Journal from Dublin Med. Press*, May 1844.)

VI.—*Alcoholic Lotion in Phthisis Pulmonalis.*

Dr. Marshall Hall extols the efficacy of an alcoholic lotion constantly applied by means of six folds of linen over and across the upper lobes of the lungs, in checking the deposition and softening of tubercles in the lungs.

“ One part of pure alcohol is mixed with three parts of water. It is applied tepid at first, afterwards of the temperature of the atmosphere. It is applied, in *small* quantity at a time, every *five* minutes, so that the application may always consist of alcohol and water. (If applied in larger quantity and less frequently, the alcohol would evaporate, and water alone would be left, and this would be the source of a feeling of discomfort instead of the feeling of glow which the alcohol induces.) The application is easily made; a piece of soft linen, of the size of a very *large* sheet of letter paper, being folded in the usual manner, is then folded twice more, in lines parallel with the first, so that the whole consists of six folds. These are stretched, applied across the upper part of the

thorax just below the clavicles, and fastened to the shoulder-straps, or other part of the dress, which latter is to be arranged so as to be readily opened and closed. A sponge, the size of a walnut, is then filled with the lotion, and pressed upon the linen along its whole course, the dress being opened for this purpose and immediately closed.

" This operation need not occupy five seconds. It should be repeated, as I have stated, every five minutes. The application of the lotion should be incessant during the day and all waking hours, the dress being light, or even entirely removed, so as to allow of free and rapid evaporation. It is suspended during the night.

" It is by no means my wish to laud this remedy beyond its just value; but I have no hesitation in asserting that it possesses a power in checking the progress of the deposition and softening of tubercle in the lung, beyond any other which I have ever tried. And the number of patients who have recovered from incipient phthisis under its use, and who, after many years, are still living, and in apparent health, induces me to express myself in strong terms in regard to its extreme value.

" One patient, who consulted me fifteen years ago, had dulness on percussion, and pectoriloquy, and every other sign of incipient phthisis. He applied, and long wore, the alcoholic lotion, called it his breast-plate, and is now a professor of———College.

" A lady, about thirty years of age, became affected with hæmoptysis, and displayed the physical signs and the usual symptoms of phthisis. She was enjoined the alcoholic lotion. It is fourteen years since it was first applied, and it is continued, or renewed, if ever suspended, to this day.

" I saw a young lady two years ago, one of a most consumptive family, affected with hæmoptysis, and with every threatening sign and symptom of incipient phthisis. I prescribed the alcoholic lotion, and the cough and hæmoptysis were removed, and every fear dispelled. It had already been proposed that this young lady should take a voyage to Madeira. She did so, continuing the lotion, and returned in apparent good health."—(*American Journal from Lancet*. April 20th, 1844.)

VII.—On the Poisonous effects of Sulphate of Quinine administered in large doses.

The treatment of acute rheumatism by sulphate of quinine, to the extent of a drachm and a half daily, has recently been recommended. We learn, however, that such a practice has been followed, in some instances, by fatal results. M. Mâlier concludes, from a series of experiments made on dogs:—

" That the salt appears to prove fatal through its influence on the blood. It is more rapidly fatal, and in smaller doses, if given dissolved in sulphuric acid than in powder, and when the stomach is empty than after taking food.

" In the human subject the ill effects distinctly observed to follow the immoderate use of quinine have been, delirium and coma; pneumonic symptoms; hæmaturia; amaurosis; deafness; obstinate gastralgia; diarrhœa; epileptiform phenomena; paralysis; death. All these conditions are illus-

trated by references to cases ; and a most melancholy and remarkable one added, in which a medical practitioner, blindly confiding in the curative powers of this drug, ended in poisoning his wife with enormous doses of it, and very nearly crowned his folly by destroying his own life in the same way ; he remained for a long time both blind and deaf after his recovery."

(*London Lancet* from *British and Foreign Review*.)

VIII.—*The Influence of Civilization on Disease.*

Dr. Marx has recently written at considerable length⁶ on this subject. The conclusions at which he arrives are thus expressed :—

Do we need any more enumeration of diseases in support of the fact, that civilization not only does not increase them, but diminishes and partly eliminates them? Almost every one of the innumerable ailments to which flesh is heir, when thoroughly investigated in its causes and relations, is a new proof of this consoling truth. In the same proportion as arts, sciences, morals, and refinement advance, so also are the means multiplied whereby human life is strengthened and protected, as well against internal as external foes. True knowledge and true welfare march hand in hand together. The nearer man arrives at the full consciousness and development of his powers, the more surely will he also attain the full harmony of corporeal existence. It can be therefore asserted with perfect consistency, that knowledge is not only power, but even health. The approach to knowledge is now forbidden to none; the printing-press and the schools affords to every one participation in the highest goods of mankind. And medicine has not kept behind the other promoters of humanity. As its glorious aim has always been to eradicate diseases or to abate their violence, to assist the suffering, to strengthen the healthy, so has it also endeavoured more and more to make its truths the common patrimony of mankind, and the undeniable evidence of civilization.

IX.—ACADEMIE ROYALE DE MEDECINE.

Sitting of the 15th July 1844.

M. Bricheateau laid before the Academy, the heart and great vessels of a female who died at the hospital Necker, under his care. On opening the body of this subject, not a drop of blood was found in the organs; they were filled with a dull white matter very like fluent pus; but to say what was the nature of this matter, was impossible. There was, moreover, no other sensible alteration in the state of the organs.

(*Bulet: de l'Acad: Roy: de Méd:.*)

X.—*On the exclusion of Atmospheric Air in the Treatment of certain Diseases.*

"Some years ago I attended a fatal case of peritonitis. On a post-mortem examination I was struck with the florid red appearance of those parts of the intestines which were contiguous and adherent to the abdomi-

nal parietes, and the perfectly pale condition of those other parts of the intestinal canal which were contiguous and adherent to each other. Both surfaces were equally covered with a layer of rather opaque and moderately consistent coagulable lymph. I could only account for the difference in the appearance of these two portions of the same intestine by supposing that one was affected by the absorption of oxygen from the atmospheric air, whilst from the other this gas was excluded.

It is usual in the Parisian hospitals to trust the treatment of pleuritis to the application of cataplasms. I confess that when I first heard of this mode of treatment I thought it trifling. I have since considered that these cataplasms may entirely exclude the influence of the atmospheric air, and thus prove of real efficacy. But whatever may be the *rationale*, the fact remains as I have stated it, and where the treatment of pleuritis consists greatly in the application of mere cataplasms, a post-mortem in this disease is scarcely or not to be obtained, so generally do the patients recover.

I have now to add a fact from my own personal experience. I have recently seen the most satisfactory results, both in pleuritis and peritonitis, from the assiduous application of cataplasms of powdered linsed.

It is probably by the exclusion of the atmospheric air that other remedies for inflammatory diseases act; the various plasters, the nitrate of silver, even blisters, have this effect. I do not, however, mean to insinuate that they have no other. Cataplasms may further act by their warmth and moisture. The nitrate of silver possesses some extraordinary power over the actions which constitute or coincide with inflammations. But, certainly, mere adhesive plasters have an efficacy in cases of chronic chest affection, in lumbago, sciatica, and other forms of rheumatism, in neuralgia, and even of scirrhus, which cannot be easily explained.

One of my patients, a martyr to extensive sciatica, was desired to envelope the limb in adhesive plaster. He was a joiner, and an ingenious man. He prepared the common stocking material with glue, dissolved in the proportion of one ounce to two pints of water, and had it spread over, when dry, with galbanum plaster, and if this exuded it was dusted with flour. By the steady application of this plaster his severe rheumatism was cured.

I was once informed by a celebrated physician that he had prescribed adhesive plaster to be applied over a scirrhus tumour of the mamma. It remained adherent for years, and the disease remained stationary. The plaster then separated, and from that period the disease pursued its devastating progress.

Certain modes of treatment of burns consist in excluding the influence of the atmospheric air.

Some affections of the face are remedied by applying a layer of gelatine. Isinglass is dissolved in water, and the solution is applied with a camel's-hair pencil, and allowed to dry. I have just witnessed some very remarkable effects of this mode of treatment, which I will communicate hereafter."

(*L. Lancet.*)

XI.—ACADEMIE DE MEDECINE DE PARIS.

Tenotomy.—During the greater part of the month of June, the Parisian Academy has been the theatre of the most angry and violent debates; indeed, its oldest members scarcely remember having witnessed discussions of so stormy and personal a character. The importance of the subject discussed has been, however, we are sorry to say, far from commensurate with the attention which has been bestowed to it. Our readers will remember that a couple of months ago a memoir was read before the Academy by M. Malgaigne, in which that surgeon impugned the statement of M. Guerin, the orthopedist, respecting the success of his treatment of curvature of the spine by tenotomy. M. Malgaigne stated that he had been able to examine twenty-four of the fifty-seven cases thus treated by M. Guérin, and had not met with a single case of cure, although that practitioner had published and extensively circulated a statement in which he pretended to have cured twenty-four, and greatly ameliorated twenty-eight out of fifty-seven cases alluded to. M. Malgaigne concluded by demanding a committee of the Academy to inquire into the correctness or non correctness of M. Guerin's statements, on the ground that M. Guerin, being a member of the Academy, that body was, to a certain extent, interested in the point at issue. The Academy acceded to the request of M. Malgaigne, and a committee was appointed composed of M. Cloquet, M. Baudelocque, M. Roux, M. Velpeau, and M. Amussat, to investigate the results of M. Guerin's novel mode of treating curvature.

The practice of M. Guerin, it must be remembered, is already undergoing the scrutiny of a committee named by the administration of the hospitals, at the request of his colleagues. The object of this latter committee is to ascertain whether his treatment of deformities in general is really so peculiar and so successful as to sanction a violation of the rules that regulate the admission of surgeons and physicians to the Paris hospitals, those rules having been violated when M. Guerin was located at the Hôpital des Enfants, by the administration. M. Guerin, taking advantage of the existence of this committee, stated that he thought the one named by the Academy useless, indeed, supererogatory, and, consequently, refused in any way to assist its labours. He himself states that he has only been neuter,—has merely failed to render assistance,—but the members of the committee appear to think that he has, in reality, thrown obstacles in their way. However this may be, it is certain that out of the fifty seven cases operated on during the last few years, the committee has only been able to induce one or two to attend its meetings. Under these circumstances it was proposed by a member that the committee should personally call at the dwellings of the patients, as the latter could not be prevailed upon to attend. This proposal was at once agreed to by MM. Roux, Velpeau, and Baudelocque; but was opposed by MM. Cloquet and Amussat, on the ground that it was contrary to the dignity of a committee of the Academy, contrary even to professional etiquette and "*convenance*" to visit the patients of a practitioner against his will,—to pay, as it were, into his practice. Meeting with this opposition, the majority thought it advisable to refer to the Academy, in order to ascertain what course was

to be pursued; whether the majority was, as is usual in such cases, to proceed without the approbation of the minority, or whether the committee was to desist from its labours.

Many of the most eminent members of the Academy took an active part in the debate that followed. On the side of the minority of the committee, it was urged that there were other than scientific interests at stake in the investigation, and that the Academy had no right to force the privacy of the patients of a medical practitioner.

To this objection it was answered that the motives of the Academy, in appointing a committee, were purely scientific. M. Guerin, himself a member of the Academy, had introduced a novel operation for treating a very common disease, and had announced results so extraordinarily successful as to give rise to great surprise, to say the least, in the minds of the profession. The veracity of these results had been denied by another surgeon, in a communication read before the Academy. The Academy was, therefore, perfectly authorised, on scientific grounds, to nominate a committee of inquiry; the more so, as M. Guerin had courted investigation by the very great publicity he had given to the results which he stated he had obtained, and had even, nine months ago, himself demanded a committee. As to its being beneath the dignity of a committee of the Academy, or contrary to professional etiquette, to call on patients, such an objection could not be sustained. On several occasions the committees of the Academy had attended patients at their own dwellings; as, for instance, when the vaccination committee sat. Moreover, a medical practitioner did not acquire a vested right in a patient, because he had treated him, and had no power to sequester him, especially when he had published the case. The plea of there being another committee already appointed to examine into the merits and demerits of tenotomy was, also, of no value, as that committee was only to investigate cases actually under treatment, whereas the committee of the Academy had nothing to do with the present or future, but merely with the past, that is, with the fifty-seven cases respecting which so much had been said.

The debate at last terminated, after several divisions, by the Academy requesting the committee to continue its labours regardless of the minority. Thus has ended, for the present, this memorable discussion; memorable, inasmuch, as by repeated divisions, the right of a public body to investigate the veracity of published assertions through the examination of the patients alluded to, even should the medical practitioner object to such investigations, has been consecrated. Should we ever be possessed of a "Royal Academy of Medicine and Surgery," as it is to be hoped we eventually shall, the decision may not be unimportant, even to ourselves. We shall lay before our readers, in due time, the result of the researches of the committee, which has really an important scientific question to decide.

(*L. Lancet.*)

XII.—*Ligature of the external Iliac Artery.*

M. Malgaigne communicated the results of an operation which he has successfully performed, and which has only succeeded four times in Paris,

the ligature of the external Iliac artery. The artery was tied, on the 11th of February last, on a young barrister, for a very voluminous aneurism which occupied the left groin, and ascended as far as the spinous process of the ilium. A single ligature was applied, which fell on the morning of the sixteenth day. In five weeks the wound was nearly closed, when, on the thirty-seventh day, the aneurismal tumour ruptured on the side of the wound, and destroyed the cicatrix. This accident, however was not followed by serious consequences, and on the 11th of May, three months after the operation, the patient was again able to plead. There was still a small suppurating surface remaining, but it soon cicatrised. At present the general health is good; the left limb is as large, as warm, and as strong as the other, although no arterial pulsations are felt. The incision was nearly vertical, inclining towards the umbilicus. There were no traces of hernia.

(L. Lancet.)

XIII.—A Nut for the Ultra-Phlebotomists.

“I have seen,” says *Bordeu*, that truly *spirituel* and lively writer, “a physician who put no bounds to his fondness for bleeding. If he had bled a patient thrice, he repeated it once more, for the good reason that there are four divisions of the world, four seasons in the year, and four cardinal points in the compass; after the fourth bleeding, a fifth was required, because there are five fingers to each hand; to the fifth he added the sixth, for that God created the world in six days; six!—oh! there must be seven, since the week has seven days, and Greece had seven Sages; an eighth was necessary to make the number even; and a ninth, *quia * * * * numero Deus impare gaudet.*”

An amusing anecdote is told of *Barthez*, another celebrated physician of the last century and contemporary of *Bordeu*. During the excitement of the French Revolution, his house was assailed by the mob, in consequence of his having published a pamphlet in vindication of the nobility. He presented himself at his door without fear, exclaiming to the rabble, “you may break my windows, but you cannot touch my arguments.” He had a bitter enemy in the person of *Linguet*, a turbulent sarcastic lawyer of the day, who, in a satirical poem, addressed him as a

Ministre de la mort, tyran de la nature,
Assassiner par art, guérir par conjecture.

(Med. Chir. Rev.)

XIV.—Boylston Prize Essay on Vaccination, &c.

From the Sept: number of our excellent and well conducted contemporary—the *New York Journal of Medicine*, we abridge the following interesting “facts and observations,” in relation to the “Protective Power of Vaccination,” being a Boylston Medical Prize Essay, by Dr. Forry, to which was unanimously awarded the annual prize. The question propounded by the Medical Committee of Harvard University for 1844, was. “To what extent is the human system protected from small-pox by inoculation with

the cow pox." This question, the author thinks only admits of a *comparative* reply, which will answer all practical purposes. In reference to the protection effected by small-pox, the writer is decidedly of opinion "that when done well, it is as complete a protection as any other prophylactic known to man. A second attack of variola, now, no longer excites our astonishment; and it is equally true, that vaccination is not always proof against variola; for our author thinks, small-pox is as frequent after variola, as after vaccination, although perfect. Having no statistics before us, by which to make our estimate, and no data, upon which to proceed, yet we have always been led to believe from books and observations, that such was far from being the true state of the case. A second attack is almost unknown, as far as our information extends, yet we have reason to believe, that variola has been witnessed in several who, as far as we were able to judge, had been well vaccinated. Dr. Forry's aim, it seems, is to prove that complete vaccination, will, as effectually protect the system against an attack of variola, as small-pox itself; for, says he, 'perfect vaccination may, therefore, be considered as equivalent to an attack of small-pox, and vaccinia be regarded as identical with variola, being rendered much milder by its transmission through the cow.' Then follow some admirable remarks, in relation to the periodicity of epidemics,—their mysterious course and sudden irruption,—their unknown causes,—the laws which govern them, and which have governed them in all ages, &c., &c. Small-pox is perpetuated in New York and London; and in the latter city, five die of this disease weekly, even in the absence of an epidemic. In 1520, variola was introduced into Mexico, by a negro, and it became epidemic only at intervals of 17 or 18 years. "The prophylactic virtue of the vaccine virus, was known in the Peruvian Andes, long anterior to 1802." For purposes of reasoning, and convenience, it has been proposed to designate, the *materies morbi*—or the specific matters which communicate contagious diseases, such as variola, syphilis, &c., from one person to another, by certain names, fully expressive of the disease; thus the specific matter of small-pox, has been termed, *varioline*, of cow-pox, *vaccine*,—of measles, *rubeoline* of hydrophobia, *lyphine*, of syphilis, *syphiline*, &c.

After having demonstrated the identity of variola and vaccinia, by appealing to the experiments of Sonderland, of Bremen, of Dr. Griver, of Turin, of Basil Theile of south Russia, and of Ceely of England," Dr. Forry then proceeds to "determine the extent of this protection." Some writers have stated that vaccination, when performed during the first or second month of infantile life, will not protect the child against an attack of variola; but this opinion is refuted by Dr. Forry; and he insists that vaccination be practised at as early a period as possible; at least as early as the *third* month. He next examines "the causes that may produce a failure in the vaccinating process." These are: a premature use of the matter, or before it has undergone proper elaboration; the negligent manner in which it is performed; the rupture of the vaccine vesicle and the consequent loss of the lymph;—the modifying or controlling effects of febrile action; cutaneous eruptions such as the various exanthemata; idiosyncrasies and all causes, which set up an action in the organism, incompatible with, or subversive of, the vaccine disease. The opinion, recently pro-

mulgated, that vaccination is less efficacious as a prophylactic in proportion to the number of times it "makes the circuit of the human body", is without foundation, and our author appeals, in support of this opinion, to the fact, that during the prevalence of a most malignant and fatal epidemic small-pox, which prevailed in Philadelphia in 1827, but *one* well ascertained death from that disease among 80,000 vaccinated persons, was reported by the committee of the Philadelphia Medical Society. The statistics of variola which ravaged Philadelphia in 1823—24, are highly favourable to vaccination. Of 248 cases of variola and varioloid, 155 were unprotected, of whom 85 died: of 64 that were vaccinated, only *one* perished; of the nine who had been inoculated, 3 died; three out of seven died who had previously had the small-pox. At Copenhagen, during 1825 and 7, out of 428 attacks after vaccination, only two of this number died, and in 26, the disease was genuine variola. Of those who had not received the benefits of vaccination, 20 per cent of those attacked by small-pox, died. Lichtenstein, as quoted by Dr. Forry, says, "that a pock undistinguishable from vaccina, is produced in an unvaccinated person who is inoculated with the limpid lymph contained in the pustules caused by tartarized antimony;" and that these pocks are equally protective against small-pox, and like it, the lymph may be transmitted from individual to individual. From this source, he actually inoculated thirty-one persons, and of those, notwithstanding all mingled freely with the infected, during the epidemic small-pox, not a single one took the disease.

The age, at which the human system seems best able to resist the fatal effects of small-pox, is *cæteris paribus*, between thirteen and fourteen years; and again, the older the person, the less liable to an attack of small-pox. Dr. F. has collected here several very valuable and highly interesting tables, illustrative of the relation of age to small-pox, which we are compelled to omit. From these statistics, the author concludes, that the opinion entertained by Dr. Gregory,—"that there is a renewed susceptibility both to vaccinia and to small-pox among the vaccinated after the age of ten years, is unfounded; on the contrary," the tendency to contract the disease would rather seem to diminish in the ratio of the augmentation of age." "It is a curious circumstance, says Dr. Davy, that the proportion of those who died after a second attack of small-pox, was, as has been already pointed out, greater than in the instances of those who had the disease after vaccination."

The second question, "*is the protection increased by re-vaccination, and if so, under what circumstances;*" — is next discussed with the author's usual ability. Among the advocates for re-vaccination, we find Heim of Wirtemberg, Mohl of Copenhagen, Brown of Edinburgh, and Gregory of London. The Prussian Government, in 1833, ordered that each soldier enlisting in the army should be re-vaccinated. It is still in force. Dr. F. has collected a number of tables, "all of which demonstrate in the most conclusive manner, that re-vaccination is necessary *under all possible circumstances.*" The experience of Dr. Johmeyer of the Prussian army, dissipates every doubt on this subject; as his observations, for a series of years, are decidedly confirmatory of the utility of re-vaccination. The French Physicians, as it appears from the Report of the Vaccination

Committee, of that country, are opposed to re-vaccination, upon the grounds:—1st that the majority are insusceptible of a second attack of the vaccine disease; 2d when re-vaccination takes effect, the person is not protected against variola, 3d it destroys the confidence of the public in the virtues of the prophylactic, &c. The third objection is certainly curious, and unphilosophical; for if the first vaccination should not suffice to protect the system, surely it would be more rational, to expect to win the public confidence, by repeating the operation, thereby protecting the system from variola, than by omitting it, and thus run the risk of contracting a loathsome and dangerous disease. Out of 560 who had been previously vaccinated, 196 were re-vaccinated with complete success. Dr. Forry, makes and endorses the following extracts, from the *Annales d'Hygiène*: 1. To submit to vaccination all individuals who have not been vaccinated, even when they have had variola; 2. to repeat the vaccination ten or twelve years after the first vaccination; 3. if this vaccination does not prove successful, it will be necessary to repeat it from year to year until complete success shall follow; 4. should the re-vaccination prove entirely successful, the disposition to contract small-pox ought to be, for many years subsequently, excessively feeble; but, notwithstanding, this condition of the system, that is, an individual successfully re-vaccinated, a proper exercise of prudence would require, after ten or twelve years, a second re-vaccination. Dr. Forry expressed our views and sentiments, and at the same time, uttered a valuable truth when he declares "*that the more you vaccinate, the better.*" In conclusion we must be permitted to express our high approbation of the merits of this paper, as reflecting much light upon a subject, hitherto obscure, and do not hesitate to say that Dr. Forry has conferred a great favor upon the profession, and at the same time, rendered a real service to mankind.

XV.—Iodine Injection in Ascites.

M. DIEULAFOY, surgeon in chief of the Hospital La Grave at Toulouse, has communicated to the Royal Academy of Medicine, Paris, two cases of ascites, in which a radical cure was effected by injecting *iodine* into the cavity of the peritoneum. "The first case, says M. Dieulafoy, was operated on three years since, and yet the cure has remained permanent. The second case was a young woman who entered the hospital *La Grave*; and after evacuating the water by puncture, the *iodine* was injected into the peritoneal sack. Twenty hours have elapsed since the operation; the peritoneal cavity appears to be obliterated; the abdomen is flat and retracted; the young woman has left her bed, and walks about the ward. This case is the more remarkable, as the patient has been bed ridden for *five* months, and as, during this time, she was operated on five times, and the ascites almost immediately returned.

When this cure shall have been completed, I will communicate it to the Academy.

Note:—If Velpeau and others have succeeded in curing *hydrocele*, *hydrops articuli*, and other effusions upon serous surfaces, by iodine injections, we see no reason for not supposing, that effusions upon

more extensive surfaces, such as the peritoneal, should not be cured by the same means. At all events M. D. has extended the idea, and possibly, it may be available in effecting a radical cure of a very intractable disease.

Ascites is seldom an idiopathic disease; most frequently it supervenes upon visceral obstructions; induration and cirrhosis of the liver, splenitis; and sometimes it is caused by thickening of the capsule of Glysson. With such structural lesions, inducing general functional derangements, it is evident, that *iodine* injections would be of but little use; for in such cases, the ascites is a mere consequence, an effect, of the organic disease, to overcome which, we must, strike at, and, if possible, remove the cause of, the disease. We made an autopsy this morning (Oct. 3d,) of an old case of ascites, from which between 35 and 40 gallons of water had been drawn at different times. The examination, revealed great organic lesions, of the liver, spleen, and peritoneum. The liver was half its ordinary size, and was accurately balanced across the spinal column; it was of a pale mustard color, firm, dense, granular on the inside, and presented a *hob-nailed* aspect on its exterior; the spleen, seemed like hepatized lung; very large indeed it seemed to have gained in size about as much as the liver had lost—perhaps to balance each other, or in better language, to compensate for the atrophy of the liver. In addition to this, there had been *chronic* inflammation of the peritoneum which covered the stomach, liver, diaphragm and spleen; but *acute* as we advanced towards the hypogastric and pelvic regions.

In such a case, as we have described, Iodine, must necessarily fail; and we are surprised that our ingenious author did not specify the cases, to which the iodine injections are best adapted. We are ready to confess that in the absence of all serious structural or organic disease, when the effusion is the mere effect of increased secretion from the peritoneal sack, or caused by diminished activity of the absorbents, the mode of treatment as proposed and practised by M. Dieulafoy, might succeed; at least it deserves a fair trial, when other therapeutic agents, as is often the case have failed.

(EDITORS.)

XVI.—*Chlorosis*:—Experimental researches into the pathological conditions and treatment of chlorosis by *Dr. Cornelian*, professor of clinical medicine at the University of Pavia.—In this memoir, the author attempts to determine experimentally the nature of chlorosis, considered as a disease of vital excitement and of organic assimilation, with a view to ascertain afterwards the changes which the ferruginous preparations produce in the functions of organic life and assimilation, as well as the vital excitement of the heart and the sanguine vessels.

His observations were made upon 50 chlorotic subjects, 46 females and 4 males. The disease was not of the same severity in all. Chlorosis was simple or complicated with another disease, united with amenorrhœa or coincided with regular menstruation. In the chlorotic patients, independently of all inflammation, or of any other disease, the blood presented the following characters: it coagulated more rapidly

than inflammatory or healthy blood, that is in eight or nine minutes. It always contained a large quantity of a greenish yellow serosity, which was quite liquid. The clot was small, and often presented on its surface, a slight rose tint, and below, a dark color, but never, in the absence of all complication, did we find any buff. The observations which Dr. C. made upon the alterations of the blood in chlorosis, approach much nearer those of MM. Andral and Gavarret, and of M. Hoefler, than those of M. Allic, of M. Denis, and of M. Le Carru. He found that the blood always contained a large proportion of water, and that there was a considerable diminution in the globules, the hematosin and iron; whilst M. Andral and Gavarret assure us that the quantity of iron is not diminished. This diminution is expressed in cyphers in the subjoined table, which the author has placed at the end of his memoir, and which he has made to follow the augmentation which their different elements experience under the influence of the ferruginous preparations.

Maximum and minimum of quantity of some of the component principles of the blood in chlorotic subjects, before and after the use of iron.

Before the use of iron.

	Globules,	Iron,	Water.
Maximum, . .	69. 71	1. 70	181. 91.
Minimum, . .	30. 80	0. 72	836. 91.

After the use of iron.—Globules Iron, Maximum of increase 53 to 141. 16. 1. 57 to 4. 47. As to the quantity of albumen and fibrine, it varies greatly in healthy subjects, and in chlorotics in particular according to the diet, the strength of the individual, and the period of the day, when the blood is extracted. Besides it is not until after a month's use of the iron that we witness an evident increase in the globules, the hematosin, and the iron, and at the same time a diminution of the serous principles, so that in one or two months, the blood regained its natural composition, whatever may have been otherwise the intensity of the chlorotic symptoms. The author, to guard against the error pointed out by Denis and Werner: to wit, that the globules augment in quantity in consequence of a better nutrition and a more perfect chylification; and to avoid attributing to an animal diet the increase of the globules, which always takes place under the employment of the martial preparations; has submitted a great number of chlorotics treated by iron, to a purely vegetable regimen; and he has seen the same changes take place in the composition of the blood of these subjects; whilst in those who were subjected to an animal diet, a large quantity of albumen and fibrine has been produced; a fact which is not without value, when we have adopted the precaution to overcome first the excitement of the heart and of the vascular system.

The Pavian professor asks if the blood alone is altered in chlorosis, and whether it is this fluid alone which experiences particular changes from the administration of the martial preparations. He then endeavors to demonstrate experimentally that the disturbance of the gastric functions plays an important part in the production of chlorosis, and that it depends upon and anormal secretion of the fluids which serve for digestion. An opinion which has already been promulgated by Dr. Speranza.

He mentions the production, in chlorotics, of a considerable quantity of lactic acid during digestion. As to the influence which the preparations of iron exercise over the excitability of the heart and the circulation, the author remarks that, by their use, the pulse becomes slower, falls from 90 to 80, and from 120 to 60, 50, sometimes even to 40 pulsations in the minute, which usually happens in the space of ten or fifteen days, before even a sensible change is effected in the composition of the blood; besides, the pulse becomes more soft and full, although it constantly remains a little feeble.

The author refutes the opinion of Tommasini who makes chlorosis consist in a true plethora with arteritis, and that of Andral and Bouillaud, who say that it consists in a polyæmia with debility of the arterial walls. M. C. thinks that the lactate and the sulphate of iron are the best preparations in the treatment of chlorosis; but he admits that iron filings are equally efficacious in the same space of time, a fact which may be easily explained from the presence of lactic acid in the stomach, thus converting the iron into a lactate. The author says that the quantity of lactate of iron, absorbed in 24 hours, does not exceed 5 or 6 grains, whatever may be the dose prescribed, and yet he thinks we ought to give it in more than 8 or 10 grain doses, because a part is evacuated by the bowels.

The same is the case with other ferruginous preparations. The following conclusions close this remarkable memoir :

1st. Chlorosis is constituted of two pathological conditions: the first consists in a surexcitation of the heart and arterial system; the second in a chemico-vital alteration of the assimilative functions of chyfication and hematosis. It is impossible to determine which of these pathological conditions is primitive and pre-existent ;

2d. There is no treatment more certain and efficacious in chlorosis than the administration of the ferruginous preparations, because they dissipate at the same time the two pathological conditions which keep up the disease;

3d. The action of iron upon the organism is twofold : it first acts upon the excitability of the heart and sanguine system, then upon the functions of digestion and hematosis;

4th. There is no great difference in the relative efficacy of the ferruginous preparations : it depends solely upon their greater or less solubility by the animal fluids ;

5th. The addition of any acid, whatever with the iron, tends but little to increase its efficacy ;

6th. The limatura ferri are converted in the stomach of the chlorotic, into the lactate of iron ;

7th. It is useless to give large doses of the ferruginous preparations, for this practice might be attended with some danger.

(*Archives générales de Méd.* May 1844.)

XVII.—*The Modern Metempsychosis.*

“Well, and the souls of unworthy practitioners, what becomes of them” ? It was thus that I was interrupted in the exposition of my sys-

tem of cosmogony by my friend Bennet; and I will own I was gruelled by the question; for I found these souls even as difficult to dispose of in the other world as they are in this, and in my system of cosmogony I had not thought of the destination I should give to the souls of ignorant and unworthy practitioners of physic, of charlatans, and of those who live upon the credulity of mankind. But in a true system—and I hold mine to be incontestable—all the details come with the aid of a little reflection to range themselves harmoniously together; and having rubbed my brow for a moment, and scratched my ear, I delivered myself thus: The souls of unworthy practitioners, my dear Bennet, pass into the bodies of the animals which M. Magendie tortures and cuts up alive in his physiological experiments. This expiation appears to me most logical and legitimate; you may be certain that the dog whose sensible nerves the professor of the College of France is now busy pinching and pulling, the rabbit whose spinal marrow has just been exposed, and the guinea-pig whose chest, laid open, permits the palpitation of the heart to be seen, were so many unworthy practitioners of the by-gone ages, who now expiate their barbarities, their effrontery, and their cupidity; all their cries of suffering are but accents of contrition and of imprecation vented by their souls upon the rack. Ah, Messieurs les Charlatans! you that were and are materialists, without faith, without religion, without morals, without probity, because you acquired ample riches by indefensible means, and enjoyed your good fortune grossly, you thought yourselves beyond the reach of punishment! No, no, sooner or later, one day or another, frog or salamander, guinea-pig or dog, your feet nailed to the table, another Magendie will hold you under his scalpel, will pinch and irritate your nerves, cauterize your plexuses, pierce your ganglions, and galvanize your muscles! And you, gourmand, you that make a god of your belly, to which you sacrifice all that is noble in human nature, beware! I see another Orfila in perspective infusing some abominable drug or deadly poison into your stomach, tying your œsophagus, and, watch in hand, counting the minutes and the moments of your tortures! Beware, I say!—M. RAIMON, in *Gazette des Hôpitaux*.

(*Boston Med. Surg. Journ.*)

XVIII.—*Medical Literature of the West.*

The vast region of country at the West is now, more perhaps than ever, attracting the attention of the people of the older States, and also of men of intelligence in Europe. Its resources are not yet appreciated, nor are its capabilities by any means understood. Nature seems to have taken special delight in concentrating her riches along the borders of the great rivers, and in storing the interior of the rough mountains, for an indefinite extent, with inexhaustible magazines of mineral wealth. But in the contemplation of these physical advantages, travellers are too apt to overlook the progress of society in literature and science. Throughout the whole extent of that extensive region, denominated the *West*—which really means nothing more nor less than the whole cluster of new States, beginning with Ohio—a zeal has been manifested for the diffusion of

useful knowledge, that is in the highest degree creditable to the far-seeing policy and energy of the people. All the learned professions receive the united support of the public. In no part of the country are there more eloquent, devoted and pious clergymen, whose lives correspond with the doctrines they teach; no better read lawyers or abler expounders of the law; nor physicians more competent in all that appertains to the character of judicious medical advisers. Of late, in addition to their well-organized schools of medicine, the profession begin to make themselves known through their writings. That they have abundant materials for constructing treatises on diseases, cannot be doubted. Their experience in fevers has been extensive; and their contributions to the current medical literature of the day, is another evidence, were it necessary to produce any, to sustain this declaration.—(*Boston Med. and Sur. Journal.*)

XIX.—*Artificial Teeth.*

The first complete double set of artificial teeth worn in the United States is said to have belonged to Aaron Burr; and to have been manufactured in Paris. We suppose they were constructed similarly to those represented in a plate in Fouchard's "Chirurgien Dentiste," inasmuch as little or no improvement was made in this department of the art, from the time of this celebrated practitioner up to nearly the close of the last century. But subsequently, and particularly during the last twenty years, the achievements in mechanical dentistry, or that branch of the art to which the prosthesis of the teeth belongs, have been most astonishingly great.

(*Am. Jour. of Dent. Sci.*)

XX.—*Means used for the Preservation of the Teeth and other parts of the Mouth, at different periods of life.*

We extract the following excellent remarks on the Preservation of the Teeth, from the Treatise of J. B. GARIOT, on the Diseases of the Mouth—translated from the French, and published in the *American Journal and Library of Dental Science.*

"Persons who are sickly, especially those laboring under derangement of the digestive apparatus, should pay especial care to their mouth; the saliva, in such individuals, is generally very acrid, and deposits, upon the teeth, tartar in a greater or less quantity. These causes tend to decay the teeth.

"The surest means of preventing, or at least of greatly retarding that serious evil, is to clean the teeth every morning and after each meal. This practice might at first appear very troublesome, but if we once accustom ourselves to it, we will perform this duty easily and regularly.

"The proper manner of cleaning the teeth is to first rinse the mouth with water, (tepid in winter,) containing a few drops of brandy or cologne, and then brush the teeth with a brush of the proper stiffness. It would also be well to clean the tongue with a tongue scraper whenever there has been any slime deposited upon it during the night; the mouth should again be rinsed.

“Persons who do not clean their teeth daily, and those upon whose teeth tartar easily collects, should use a dentifrice. Those sold in shops, composed of ingredients which are not known, should not be used; they are generally made by persons who are ignorant of the proper means of preserving the teeth; hence it frequently happens that the substances of which they are composed are more calculated to injure the enamel of the teeth, than to preserve it. It is true that those powders frequently clean the teeth very well, but it is nearly always at the risk of their preservation. I have convinced myself by analysis, that most of the powders and opiates, sold in shops, contain brick-dust or fine grit, and cream of tartar, which is a tartrate of potash, and other various acid substances. Fine grit, which is nothing more than powdered flint or stone, is too hard, and wears away the enamel very fast.

“The habitual use of acids will certainly destroy the teeth, as these organs are composed of the phosphate and carbonate of lime. If the teeth were not living organs capable of resisting the action of agents which tend to injure them, when these agents do not possess a certain degree of energy, it is evident that acids would not fail to injure them; because it is well known that when a tooth is dead, the enamel and bony structure can be completely destroyed by strong acids, and the very weak acids will destroy that part of the teeth which are composed of the carbonate of lime, as this salt is readily decomposed by any acids.

“But although the vital action of the teeth resists that cause of destruction, it however should not be abused, for it is always to be feared that those destructive agents will act energetically upon the teeth of delicate persons, the various parts of whose mouth do not enjoy a great force of re-action, and particularly upon teeth already attacked with incipient caries.

“It is from the well known evil effects of these powders and opiates that many persons have substituted for them powdered charcoal or tobacco, calcined crust of bread, &c. These substances possess no injurious qualities, the only objection which can be alleged against them is their disagreeable taste and color.

“It is at present an easy matter to compose powders or electuary dentifrices which have all the advantages to be desired in such preparations, that is, which clean the teeth without exercising too much friction upon their enamel, which possess an agreeable odor and color, and which even possess the power of imparting a handsome rose color to the gums and lips. We shall at the end of this part of the work give several formulæ of these powders.

“We should accustom ourselves in cleaning the teeth after each meal; a tooth-pick made of quill or wood should be used so as to remove particles of food which may have remained between the teeth. They must then be wiped with a towel and the mouth should afterwards be rinsed.

“Notwithstanding all of these precautions, it often happens that tartar which easily and in quantities collects upon the teeth of some persons, will insinuate itself between the teeth, collect upon their posterior surfaces and around their necks where it is difficult to remove, when the motions of the tongue are sufficient to prevent its accumulating at these points, recourse

should be had to a dentist. The mouth should be examined at least twice a year, so that any disease which may attack the teeth can be arrested in its early stage.

“As decay generally commences at the parts of the teeth which are in contact with each other, and announces itself by a black spot; such teeth should be separated with a file so as just to remove a sufficient portion of each organ as will admit of the introduction of a tooth-pick. (1)

XXI.—*On Regimen and Longevity : comprising Materia Alimentaria, National Dietetic Usages, and the Influence of Civilization on Health and the Duration of Life.* By JOHN BELL, M. D.

We take the following extracts from a Review of this work in the July number of the *Medico-Chirurgical Review*.

INFLUENCE OF CIVILIZATION ON THE DURATION OF LIFE.—In proportion as civilization advances it would appear that the mortality decreases. This would, at first sight perhaps, not seem so obvious to those who consider the deleterious effects upon the health produced by the constant strife for the means of existence rendered necessary by the increased density of the population. But, in proportion as civilization advances and the relations of men to each other become multiplied and complex, a more methodical and continued attention is paid to all suitable measures, calculated to prevent the injurious operation on the public health of personal or local impurity and taint. The rich inhabitants of spacious mansions are obliged, for their own sakes, to attend to the condition of the dwellings of their pauper neighbours. At any rate, what ever may be the reasoning, such, if we are to put any trust in statistical tables, is the fact.

In the city of Geneva, where an accurate account has been kept of the population, births, and deaths, for nearly the last three centuries, according to M. Mallet, the mean duration of the lives of the citizens of that republic, from 1560 to 1700, was twenty-five years, nine months; and during the period from 1701 to 1760, it had increased to thirty-two years, nine months. This estimate of M. Mallet, strongly as it marks the difference in the duration of human life, in the above periods, is below that of some preceding writers, who did not make allowances for certain defects and omissions, which he points out, in the official tables. In 1833, the mean duration of life for the people of Geneva was forty years and five months; being nearly twice as long as it was rather more than two centuries before.

We have no means of comparing the mean duration of life in modern with that of ancient times, but according to Dr. Southwood Smith, whose opinion is founded on a document recorded by Domitius Ulpianus, Secretary of the Emperor Alexander Severus, the probable duration of life in

(1) When teeth are separated with a file, the operation should be performed so as to prevent the subsequent approximation of the organs, as recommended by the author in another place.

Rome among the better classes was thirty years. Now the mean duration of life for the whole of the people of Great Britain is about forty-five years, which would give them an advantage over the Roman citizens in the time of Ulpianus, or three hundred years after Christ, of fifteen years. In France, the mean duration of life in the classes more comfortably situated, is forty-two years, or twelve more than the people of Rome in corresponding circumstances.

According to M. Villermé, the mortality in Paris during the fourteenth century was one in sixteen; at present the mortality, even in the poorest districts, is stated to be one in twenty-four. In Russia, many parts of which remain in a state of semi-barbarism, the mortality is one in 27; whilst in Great Britain, where civilization has attained to a very great height, it is only about one in 44.

NATIONAL DIETETIC USAGES. — In opposition to the usual opinion, Dr. Bell maintains that those who eat much flesh meat and in greater proportion than vegetable food, are less civilized in every sense of the word, than those who derive the greater part or all of their aliment from the vegetable kingdom. "A broader contrast," he says, "can hardly be furnished, in this respect, than between the Esquimaux and the Laplander—the first, eaters of seal and walrus, and the second of reindeer — and the Hindoos and Chinese, so many millions of whom live exclusively on rice." But if we compare the rice-eating Hindoo with the Englishman who rejoices in the consumption of beef and mutton, we should hardly award to the former the superiority in civilization. The author, however, who evidently has no great relish for animal food, goes on to assert that the greater number of people in all ages have used, and continue to use, vegetable aliment alone; if any meat is taken it is not a daily allowance, and its proportion is small.

The ancient Greeks subsisted mainly on vegetable food, though animal food was undoubtedly used by them at least occasionally, as Homer so often specifies the kinds of meat served up at the repasts of his heroes, as when Agamemnon, at an entertainment which he gave to Ajax, presented this latter with the chine of an ox, as a reward for his valour: and Alcinous in a banquet fed his guests upon beef. But the very emphatic mention of these things is considered to mark their rarity, and to show that they were only served up to those in high rank and power. It has been observed, as illustrative of the daily fare of those whom the heads of the house were not particularly desirous of pleasing,—that the suitors of Penelope, though given to all sorts of pleasure, are never entertained with either fish or fowl, or any delicacies.

The diet of the Romans in the early ages of the republic was extremely simple, consisting mainly of vegetable aliment of the commonest kind, such as pulse or barley. Afterwards, however, the latter was replaced by wheat, and barley was only used in cases of necessity, from the failure of the wheat crops, or as a punishment to the soldiers who had misbehaved. Thus, we learn, that in the second Punic war, the cohorts which lost their standards had an allowance of barley assigned to them by Marcellus. Augustus Cæsar commonly punished the cohorts which gave ground to the enemy, by a decimation, and allowing them no provision but barley.

As Rome increased in wealth and power, however, the diet of the citizens underwent a great change; not only was animal food freely taken, but the Romans indulged in a much greater variety than is acceptable to our modern notions. Fricasseed sucking puppies were in great request, and water-rats, snails, and maggots fattened on old timber, were among their greatest dainties. But most of our readers are without doubt too well acquainted with the description of the supper in the style of the ancients, in Peregrine Pickle, to render any further account necessary. * * * *

England boasts of the large proportion, comparatively to other countries, of animal food consumed by her inhabitants. It is estimated that wheat is supplied at the rate of a quarter, or eight bushels, for every individual in the kingdom. The proportionate quantity of flesh meat has not been ascertained; but, according to McCulloch, it is said to be for the people of London 107 pounds per individual throughout the year. This statement, however, we fear does not give a very correct view of the state of the operatives in large towns, or of the labourers in many agricultural districts, as in Essex or Sussex. In Ireland, it is well known that the potato forms the chief subsistence of the labouring population. It is the hard fate of the Irish people, or the great majority of them, to be tantalized with an abundance on their own fields, of live stock, which they cannot themselves convert into food, but must sell to meet other requirements. Even the fatted pig, so often the companion of the children in the poor man's cabin, is in due time taken to market and sold, to be killed and salted for exportation. "It has been estimated, that the entire amount of imports of alimentary substances, vegetable and animal, into Great Britain from Ireland, in one year, has been as high as ten millions of pounds sterling."

In the United States of America, according to Dr. Bell, the alimentary products are most abundant, and their consumption placed within the means of nearly all classes. Even the slave population of the South is better fed than the peasantry of any part of continental Europe, and luxuriously compared with a large portion of the operatives in Great Britain. A full supply of animal food, usually bacon or salt pork and salt fish, with corn bread, is allowed to the slave; to which is added, either the Irish, or still more commonly farther South, the sweet potato; and, instead of corn, rice in the lower districts of Carolina and Georgia. In Virginia and the West, fresh meat is given to them not unfrequently. To most of them is allotted a piece of ground (a patch) for a garden, in which they grow sundry vegetables and fruits for their own use, and not seldom for that of their masters, by whom they are paid at a fair price. Poultry and eggs, which they also have of their own, are more generally sold by them either to their master's family or at the nearest village or court-house; and with the money they purchase groceries and other minor luxuries, or articles of personal adornment. The fruit, which they raise in the largest quantities for their own consumption and for sale, is the water-melon. The house slaves partake of the fare of their superiors, with the exception of a more restricted use of wheat bread; but this cannot be called a privation among a people with whom, as in the case of those of the South and West, maize is the bread corn, and the preferred one of the country.

If this be the diet of the slaves, that of the free white population ought

to be most luxurious. In fact the author owns "that the people of the United States are a large majority of them, over-fed." The artisan in the city, and even the hired labourer in the country, eat meat oftener in the day than many of the farmers, owners of the land, in France, and substantial renters on the shores in Italy, eat in the week. Dr. Bell estimates that for every pound of beef or veal consumed in Great Britain, there are nearly three pounds consumed in the United States.

Having so much to eat, of course such a "go-head" nation considers it necessary not to waste too much time in masticating it; the following description of a Yankee meal being by an American, cannot be considered as exaggerated or prejudiced.

"With such a superabundance, as I have already said, of aliment of all kinds procurable by all classes above destitution, it is natural that the Americans should be great eaters; one man consuming as much animal food in a day as would support three labouring men in Europe; and, together with vegetables and bread, taking also his glass of milk and no small quantity of pie or pudding, with often fruit afterwards. A man in harvest time, in almost any of the States, eats at his three meals, more, in nutritive amount, than would constitute luxurious living for eight East Indian or Chinese palanquin bearers for a week. In addition to the quantity, the time for consumption of food by our people is surprising, the latter being, however, in its brevity, in the inverse ratio of the former. Often, also, the rapidity with which a meal is dispatched seems but a signal for entire cessation for all labour, even that of thought, for some time afterwards. Thus, it is common enough for men of active business habits to make an onslaught on a well furnished table for about five to ten minutes, during which brief period they swallow, we will not say masticate, for they seem to consider their teeth as quite unnecessary instruments, with a fearful rapidity, parts of half a dozen of dishes. This feat accomplished, for really a simple Hindoo or Chinese would suppose it must be a piece of jugglery, these thankless consumers of the gifts of Providence, in place of rushing out from the table to their several marts of trade, as their first inordinate haste would seem to indicate, will be seen to seat themselves very leisurely, and, with their feet up and head thrown back, to puff away at their segars, for the next hour, with a gravity and an appearance of want of all care, which would do no discredit to the most orthodox follower of Mohamed, when enjoying his modicum of opium, and perchance dreaming the while of his being suddenly made a pasha of three tails, and having the plunder of a province at his disposal. But not to smoking only or to the more noxious in itself, and more obnoxious to others, chewing of tobacco, do our people rely for helping digestion, as they call it, and for rousing their dormant sensibilities after their anaconda repast."

RELATIVE MORTALITY OF DIFFERENT NATIONS.—"The absolute mortality of the Russians, was, within the last twenty years, 1 in 27; the Prussians 1 in 36.2; the French 1 in 39.7; the Dutch 1 in 38; the Belgians 1 in 43.1; the English 1 in 43.7; the Sicilians 1 in 32; the Greeks 1 in 30. We have no estimate of the mortality of the people of the United States. In Philadelphia, the annual mortality is 1 in 42.3; in Boston, 1 in 45; in New-York, 1 in 37.83."

XXII.—*Mortality in Vera-Cruz.*

According to the statistical tables published by the government, it appears the total number of deaths in Vera-Cruz for 1843, was 1,674, a fearful mortality for a city containing only from 6 to 8,000 inhabitants.

(*N. O. Com. Bul.*)

XXIII.—*Mortality of Havana.*

The total mortality, of the city of Havana, for the year 1843, was 4,681.

(*Ibid.*)



PART THIRD.

HEALTH OF THE CITY — TOGETHER WITH AUTHENTICATED REPORTS FROM THE NEW-ORLEANS HOSPITALS AND INFIRMARIES.

NEW ORLEANS OCTOBER 15TH 1844.

This number completes the first half year of our Journal, and we have the gratification to announce, that we have already the most satisfactory assurances of the success of the enterprise. We are now convinced that we did not overrate the talent and energy of the Southern Medical Profession, when we projected a work, which we believe is to redound so much to its honour and improvement.

Our subscription list, from a very humble beginning, is constantly increasing, and has already attained an extent that will ensure the continuance of the work. A good many of our subscribers are still in arrears, but we are pleased to say that our receipts have been sufficient to defray all current expenses.

We are aware that a number of Physicians have as yet withheld their names from want of confidence in the stability of the undertaking.—Can they do so any longer, in justice to their wishes for the advancement of their profession. If they wish the undertaking success, will they not *risk five dollars on the issue of the experiment?*

When we issued our first number, we took the responsibility of addressing it to a number of our friends in different sections, and also to other Physicians of high standing; who were recommended to us by our mutual acquaintances, met with in New Orleans. We wished to *enlist them in the cause*; and to disseminate the journal in parts where we had reason to believe our Prospectus had not been seen. We are very happy to say that many of these gentlemen were among the first to respond to our call, and to remit their subscription,—*but a single one has as yet declined accepting the work.*

Our exchange list already extends throughout the United States, and we hope in the same manner, soon to receive many of the best European Journals.

Owing to the length of some of our original communications, their number is necessarily limited. The subjects are all interesting,—and while our readers will form their own judgement of the style and matter of the

authors, we may be permitted to express our thanks for the communications.

Dr. Monnette's paper, on Congestive Fever, will doubtless be perused with interest, although he may not find many to agree with him, either as to its pathology or treatment. These, however afford a wide field for diversity of opinion, inasmuch as the former (its pathology) is almost entirely a matter of theory, where the disease mostly prevails; and the latter admits of a very great variety of remedial agents. We hope the paper will call forth the opinions of other able and experienced physicians.

We are sorry to perceive that Dr. Monnette has been somewhat irritated at the *critique* of Dr. Lewis, on his work on Yellow Fever, published in our last number.

We are satisfied that Dr. L. had not the remotest intention to wound the feelings of the Gentlemen whose works he noticed; and we think his avowal to this effect should be sufficient. We insert Dr. Monnette's Rejoinder with pleasure—it certainly corrects several misapprehensions under which Dr. Lewis was laboring.

We know Dr. Monette to be a studious and scientific physician. His labours will be duly appreciated by the Profession, but he should beware of prudish sensibility under critical examination. An author may demand indulgence as far as relates to his *feelings* and *intentions*, but not for the *merits* of his production. These will stand the test of examination, if they are of any value.

Dr. Carpenter's paper on a very curious affection, is worthy of special attention, as well for the valuable facts it contains, as that it is, we believe the only Essay on the strange and fatal habit, *dirt-eating*, that has been published from these parts, where it prevails to so great an extent. We are aware that several Essays have appeared in the Western Journals, on an affection called *Cachexia Africana*, but if we mistake not, that is a tubercular affection almost exclusively of the mesenteric glands; and not particularly associated with the habit of *Dirt-Eating*. We are pleased to find that the subject has engaged the the attention of Dr. Carpenter, as we know of no one better calculated to give it a thorough investigation.

The Iodide of Potassium has become extensively used within the last few years, in a variety of obstinate diseases, and is certainly found to be one of the most valuable of the New Remedies. The experience of Dr. Pickett, an intelligent and skilful physician, adds to the trophies which have already been accorded to the remedy.

Some remarks on the health of the country will be found in another place.

Woodville, a village in the lower part of the State of Mississippi, having been severely scourged by Yellow-Fever this year, we are indebted to the Medico-Chirurgical Society for an account of the disease, obtained by two of its members who were commissioned to visit the place, for the purpose of inquiring into its nature and causes.

We have just learned that Yellow Fever has again made its appearance at Natchez. Some of the physicians of that place will surely give us a minute account of the origin and progress of the disease.

At Mobile there have been a few cases of Yellow Fever; and we learn that Galveston, Texas, has been severely scourged. From the news papers

it would appear there has not been as much Yellow Fever as usual in the West-Indies; but Vera-Cruz has received its accustomed severe visitation.

We hope the Physicians of the South will take up their books and pens *in good earnest*, after the labours of the *sickly season* shall have passed; and that we shall be favored with some valuable communications.

Art. I.—HEALTH OF THE CITY.

The health of New-Orleans was perhaps never known to be better than from the beginning of this year up to the present time. No epidemic whatever has prevailed, and the most extensive practitioners of the place unite in the testimony that they have never had less to do during the same period.

The summer has been one of the hottest ever experienced; with frequent showers during July and August, as will be seen by the abstract of our meteorological tables. Thus it would appear we have had a large share of *two*, of what have generally been considered the most *essential agents* in the production of the remote cause of summer and autumnal diseases, i. e. *heat* and *moisture*. As to the other ingredients, viz *dead vegetable and animal matter*, one would suppose there was never any deficiency, about such a place as New-Orleans. Well we have here all the *hypothetical elements* of *hypothetical malaria*—but where are the much dreaded consequences? We will go on with our statement of facts, and our readers may draw their own conclusions. The Mississippi which runs along the border of our city for about three miles, has probably not been higher within *fifty years* past. Its waters being considerably above the level of the City, were permitted by means of culverts to pass into the gutters, and thus to flow along the principal streets in continued streams to the swamp in the rear. These lively streams, to the width of at least a mile along the heart of the City, have continued to flow from May to about the 10th of September, when their source was cut off by the falling of the river. The descent from the river to the swamp, is about 4 or 5 feet; lessening as you recede till the waters in the gutters at the back part of the City, (a distance of a half, to three quarters of a mile), are almost stagnant. The scavengers usually draw out the thick, muddy contents, with hoes, and after drying, it is carted off. The supply of fresh water this season must have had a salutary influence upon these *filthy sewers*.

Since the decline of the river, an immense *batture* along the whole extent of the City has been exposed to the rays of an autumnal sun, but little mitigated by clouds or rain, for four or five weeks past. The effluvia from this *batture* is quite offensive, both in the morning and evening.

Such is the state of the case; and under such influences, New-Orleans has been, and continues to be, one of the healthiest cities in the world.

By reference to our Hospital Reports, it will be seen the admissions

into the Charity Hospital have been unusually large; but the cause of this is explained in our last number, and need not be repeated here. It is gratifying to witness the decided amelioration in the mortality of that Institution. The monthly statements of the other Hospitals afford a better index to the state of health.

The statement of the deaths and burials for the whole City, has been kindly furnished us by the board of health, and will be found on a succeeding page.

Art. II.—BOARD OF HEALTH, & YELLOW FEVER.

We stated in our last number that the Medico-Chirurgical Society of Louisiana had been constituted by the General Council, A BOARD OF HEALTH FOR THE CITY OF NEW ORLEANS; also that nine of its members had been appointed by this Society, a Committee of Public Hygiene, whose duty it is to attend to all sanitary regulations.—Dr. De Valetti, president. One of the first objects of attention with this committee, was to ascertain the origin of Yellow Fever in this City. With this view, they kept a vigilant eye to every thing of a local nature that might give rise to the disease, and at the same time they called upon the Collector of the Port of New-Orleans, and requested him to have reported to them whatever sickness there might be on board of vessels coming in. The collector Mr. Barrett expressed his perfect willingness to cooperate with the committee and gave orders accordingly to the boarding officers at the Balize. These orders however were not attended to, and several vessels from Vera-Cruz and the West Indies, where Yellow-Fever was prevailing, were permitted to enter without examination; but it has not been ascertained that any of them had sickness on board.

We are accustomed to call a disease *epidemic*, when it pervades the whole population liable to its influence, and becomes the *predominant affection*, in a measure giving a *cast* to all others.—On the contrary we call it *Sporadic*, when comparatively but a few cases occur at intervals here and there, without being the predominant or chief disease of the day. Such we believe to be the character of Yellow-Fever during the present season. Those who believe the disease to be *infectious*, and that to prevail here, it is necessary for it to be imported from abroad *in some manner*, are not satisfied with the observations that have been made upon ships coming into port this year. In future they will probably be more rigid. The notice of the epidemic at Woodville will perhaps throw some light upon this question. The following is a brief account of the first well marked cases of Yellow Fever that occurred in New-Orleans this season; our readers can draw their own conclusions from them.

The first case was reported to the Medico-Chirurgical Society, at its sitting on the 17th Aug. by Dr. Lewis on the part of the committee of Public Hygiene. It is as follows :

"A man by the name of Smith, a ship carpenter by trade, and a resident of New Orleans for the last ten years was attacked with fever on or about the 20th of July, whilst employed at his trade on board of a smack at the Lake terminus of the railroad.—This individual had been in the habit of boarding vessels as they came into port, in order to procure occupation. It appears that 6 or 7 days before he was taken sick, Smith had been employed on board the schooner Pilot recently from Vera-Cruz, and afterwards went to undertake a job on board the above mentioned smack—suspected by some to be engaged in the smuggling trade with some of the Mexican ports. However, (said D. L.) from the information I have received from the captain and other persons in whom I have confidence, I remain satisfied in my own mind, that this smack has been employed for some time past in no other trade, but the fishery around Pensacola. Smith was sick with fever 4 or 5 days before coming up to the city, when a physician was called in to see him. Having accidentally heard of his case in the course of my professional visits, I made it my duty, as member of the Board of Health, to examine into it. On visiting him I found all the symptoms, characteristic of the last stage of yellow-fever present, viz: general yellowness of the surface—occasional delirium—subsultus tendinum—black vomit—hiccough—suppression of urine, petechiæ, &c. On the 10th or 11th day of his illness he died."

In the discussion that followed, we can only make room for a few remarks of Dr. De Valetti, the president of the committee.—

He said:—

"It was important to establish the fact, and it has been established, that the two vessels on which Smith labored had no one sick aboard of Yellow-Fever. I know not if Yellow-Fever is prevailing at Vera-Cruz.—I hear several members say:—"yet it is"—but this I know, that no one has had this disease previous to Smith's arrival in our port. *It is then evident to every one that Yellow-Fever has developed itself at New-Orleans, without any human being having brought it from another infected district.* The question now remains whether it can be imported through inanimate objects; but this is not the time to discuss it."

The next case we have authentic notice of, is given by Dr. Mercier. He saw a young woman on Villeré street, between Dumain and St. Ann, on the 19th Aug.—she was then sick 4 days—she died on the 20th with black vomit. This subject was one of a family who came to New-Orleans about 9 months previous, from one of the interior districts of France. The street on which she lived is in the back part of the City, next to the swamp—*she had not been near the shipping.*

On notifying the president of the board of health, of this case, the same day, the president informed him that he had just been to visit, (by invitation) two cases on Philippa street—in quite a different direction, and considerably removed—but these cases were not altogether unquestionable.

On the same day (19th Aug.) Dr. Mercier went to Dr. Luzenberg's Hospital to invite him to see his case. The Doctor was absent, and could not attend. Dr. M. found at this Hospital a case of Yellow-Fever. We

ourselves have ascertained the following particulars of this case, and others that first occurred in this hospital. This subject was a fruit merchant from Trieste—aged 22—in the city 2 months—attacked on the 18th, discharged cured on the 28th Aug. The 2nd case at the Marine Hospital, (D. Luzemberg's) occurred in a seaman aged 22—in New-Orleans 6 days, when attacked, last from Havana—taken sick the morning of the 20th Aug.—Entered Hospital same day—discharged cured on the 2nd. September.

The 3d case in this Hospital, was a baker aged 29, resident of New-Orleans 7 years—had recently been to St. Louis, and returned on the 16th Aug. entered Hospital on the 25th and died the same day, with *black vomit*.

From this date cases have continued to be admitted into the Marine Hospital up to the present time.

On the 25th Aug. Dr. Mercier was called to the mother of the young woman first mentioned by him. She had only been sick 5 hours. She recovered.

On the 26th Aug.—Another daughter of this woman living in the same house, was attacked—she was 8 months' advanced in pregnancy—was delivered of a fine child, and both did well.

On the 27th.—The brother of this woman, (in the same house) was attacked—he recovered.

On the 28th.—The husband of the last mentioned woman was attacked—he died with *black vomit* on the 5th. September.

The first case of black vomit that occurred at the Charity Hospital, was a sailor who had just arrived from Boston. He was taken sick on the 29th August.—Entered the Hospital on the same day, in the service of Dr. Logan; and died with black vomit on the evening of the 2nd. September.—*Black vomit* was found in his stomach after death. The monthly Report for September shows 71 admissions.

There have been but few cases in private practice—perhaps no physician has had more than a dozen.

We have said enough to show the beginning of Yellow-Fever this season, as well as the extent of its prevalence. The disease cannot be said to have been *epidemic* or *predominant*, as there have been probably 10 cases of simple intermittent, for every one of Yellow-Fever. The simultaneous prevalence of the two forms of fever may serve to shew an intimate connection between them; though some persons are of opinion that Yellow-Fever is a disease *sui generis*.

Art. III.—HOSPITAL REPORTS.

CHARITY HOSPITAL.

By reference to our monthly tables, it will be seen that the admissions into this Hospital, have been remarkably large, considering it has been

one of the healthiest seasons ever known in New Orleans. The cause of it, and *the remedy*, we think, were sufficiently explained in our last number.—We will add nothing farther, lest we be considered as officiously meddling with a matter that does not fall strictly within our province. This we have not the least inclination to do. We only avail ourselves of our privilege as independent Journalists, to make such remarks and commentaries upon existing institutions, and passing events, as we think the occasion demands. It is for the *chosen Guardians* of Public Institutions to make such innovations as they may think necessary. The present Board of Administrators for the Charity Hospital, are vigilant and attentive; they have already made important improvements upon the old regulations, and will doubtless adopt such others as to them may appear necessary.

Respecting the diseases for which there have been the most admissions for the last two months, but one of them is worthy of particular note, viz, Intermittent Fever.

In August, there were admitted of this disease. . . 258 cases.

In September 250

Many of these cases, in the last month, ran into Yellow Fever. Our tables show the amount of the latter disease.

SURGICAL WARDS.

The surgical wards have been full, as usual; but presented little of extraordinary interest. There have been but very few Surgical Operations. Dr. Mercier performed *Tenotomy* successfully for a contracted leg at the knee joint—and also had a handsome operation for Club-Foot. The latter when complete, will be furnished, with an engraving, for our Journal.

Dr. Le Monnier has obligingly given us the notes of the following cases, viz:

1st. *Urinary Abscess.*

This was an Irish Ditcher, aged 45 years. In the pursuit of his vocation near the City, he became unwell, and had slight jaundice—he applied to a physician, who gave him some mercurial pills that slightly salivated him. Before recovering entirely from the ptyalism, he exposed himself again at work in the mud and water, and was taken with *suppression of urine*.—This commenced in the morning, and by night was *complete*. He suffered greatly during the night, and on the following morning came to the Hospital. Dr. Le Monnier, on examination, found a large painful swelling in the perineum, and the bladder greatly distended. With great difficulty he succeed (by the aid of belladonna ointment, both in the urethra and rectum), in introducing a small gum elastic catheter, and drawing off a large quantity of urine. Emollient applications were made to the swelling. On the following day a free incision was made, extending from the tuberosity of the ischium on the left side, to beyond the anus, and discharged a large quantity of urine, blood, and pus.—Upon exploring now carefully the depths of the wound, a small opening was discovered in the bulbous portion of the urethra, through which urine was seen to escape.—A pretty large catheter was left in the bladder, which gave vent to the urine, and this

small opening soon closed up. With simple dressing, the large external wound soon healed, and the patient was discharged cured after a detention of five weeks.

Dr. Le M. thinks this suppression of urine was caused by the spasmodic action of the muscles around the bulb of the urethra, and not an organic stricture. The case is curious on account of the quickness and facility with which the infiltration occurred.

As an evidence of the spasmodic nature of the stricture, by the free use of the extr. belladonna on the catheter and up the anus, there was never any difficulty in introducing the catheter after the first time.

2d. *Two cases of Black Gangrene of the Prepuce and Glans Penis.*

Two men had simple Chancres on the prepuce, rendered gangrenous by the abuse of alcoholic drinks, want of cleanliness, hot weather, &c. In one, the Chancre was of 10 days standing, and in the other 12.

Treatment.—In one case, 20 leeches were applied to the root of the penis, and the liquor chlor: sod: was used to the sore.

In both cases, pills of camphor and opium, and saline cathartics were given internally. In both cases, the whole of the prepuce; and in one, a portion of the glans penis sloughed off; leaving a clean sore which readily healed, and they were discharged cured in two weeks.

3d. *Gonorrhœal Ophthalmia.*

A.——aged 30, had Gonorrhœa about 15 days, when he was attacked with Ophthalmia.—Two days afterwards, on the 15 Sept: he entered the Hospital.

Symptoms.—Great swelling of the eye-lids—intense injection of the conjunctiva, and discharge of purulent matter—a deep colored chemosis almost obscured the cornea—pains over the eye brow, extending to the back of the head—photophobia—no fever.

Treatment.—Free incisions were at once made with the scissors upon the chemosis, which discharged much blood. Cold water was applied for an hour, and then the chemosed portion of the conjunctiva was slightly touched with the solid nitrate of silver.—The unguent: belladon: was applied around the orbit—and saline cathartics administered. A few minims of the following collyrium were dropped into the eye every 3 hours, viz.

℞ Argent. Nitras.	3 ss.	}	M.
Aqua Distillat.	3 ss.		

To be followed immediately by free ablution with cold water. Low diet.
Sept. 16. — Great diminution of the swelling—less pain—the chemosis disappeared the color much paler.

Treat:—Same collyr: to be applied twice a day. — Contin. belladonna oint: and cathartics.

17.—Much better. Continu treatment.

18.—Much better—has no pain. Collyr: Nitrat: Argent 3 ss to ʒii water. Contin. cathartics.

19.—Patient greatly relieved.—Collyr: now reduced to 1gr. to the ounce. Allowed better diet.

October 8th.—This patient is now almost well. There is an opaque spot on the lower portion of the cornea, but it is daily passing away.—There has never been any ulceration.

MEDICAL WARDS.

We are indebted to Dr. Penniston for the two following cases that occurred in his service.

Case 1st.—Purpura Hæmorrhagica.

James Daily, native of Ireland, aged 30. 5 months in Louisiana—8 days sick before he entered the Hospital—was taken with pain in the head and chill, while ditching in a swamp on a plantation about 55 miles above the City. Had 4 chills; says “that he and 8 other men fed on salt beef and lived without vegetables. He had taken a dose of calomel, and two doses of castor oil, which did not operate,—says that one of the men was taken in the same way as himself. Entered Hospital, June, 18th.

Actual State.—Skin of a pale yellow; is covered with *petechiæ* about a line in diameter; they are isolated, and do not disappear under pressure. Pulse 100—small—gums and tongue pale, breath extremely fetid: complains of great weakness, inability to stand up,—thirst, bowels free.

Treatment.—Sulph: quinine ʒ i, distilled water ʒiv. f. sol: table spoonful 3 times per day, sulph: acid drink; porter, half diet.

19th. The patient was taken this morning at 5 o'clock with a profuse epistaxis, and hemorrhage from gums, which still continues during the visit. (7 o'clock A. M.)—complains of great weakness and pain in the head—breath the same, the blood rather fluid, though of the usual venous colour.

Treatment.—Discontinue sulph: quinine, apply ice to back of the neck, snuff up the nose the following powder:

℞ Pulv: Alum:	}	M.
Pul: Nux. Gal:		
Pulv: G: Arabic, a. a. ʒ ii.		
Sulph: acid drink—tranquility.		

July 6th. Has passed rather a bad night,—hemorrhage ceased at 3 o'clock,—patient, who is quite intelligent thinks that he must have lost at least 3 lbs. of blood. Skin is pale, great prostration, pulse 120, small; lips and tongue are yet covered with coagula, some thirst, giddiness from the least movement, no evacuation from bowels since yesterday morning, some appetite—the petechiæ are about as yesterday.

Treatment.—Sulph: acid drink, porter, half diet with vegetables.

The patient continued to improve, the petechiæ disappearing towards the 6th or 7th day after.—He remained at the Hospital 3 weeks, and was discharged perfectly cured, the natural colour of the skin having returned.

He was subsequently admitted for intermittent fever, which was promptly relieved by the sulph: quinine.

Case 2d.—Purpura Hemorrhagica.

H. Hilden, German, aged 22, rather stout—hair light—eyes blue—a labourer; last from Havre,—3 years in Louisiana, 3 days in New Orleans, 5 days sick. Has been employed for the last 2 months, at a wood yard on the river, some 5 or 6 miles below Jefferson College,—was taken suddenly with a severe chill and headache,—after having exerted himself more than usual in taking wood out of the water. On the following day after the fever had subsided, he observed an eruption of *red spots* all over the body—has taken nothing.

Actual state.—Skin of a pale yellow colour, is covered with a petechial eruption, which on the face and superior extremities resembles somewhat, *flea bites*, with this difference however, that they do not present the areola peculiar to the latter.—The abdomen and inferior extremities are also covered with them; but they are more grouped together in patches, so that when superficially examined, they resemble very much a recent ecchymosis. The inferior extremities are slightly infiltrated.—The tongue is large and pale—gums firm and pale—no fœtor of the breath, complains of pain and swimming in the head, particularly when he sits up. Pulse 100, small; bowels free; organs apparently healthy.

Prescription:—Sulph: quinine, sulph: acid drink, nourishing diet, porter.

4th. Has passed a bad night,—complains of great pain in the head, and thirst. Skin is hot, pulse 100 to 110, rather more developed than yesterday.—Continue same treatment.

5th. Found the patient completely exhausted from an epitaxis that came on during the night and continued notwithstanding the use of the usual means employed to correct it. The nurse informs me that he has lost at least a gallon of blood. Extremities are cool, skin clammy, pulse 120, small; the hemorrhage continues and appears to be exclusively from the nose.

Treatment.—Ice to back of the neck, plug up nostrils, with the following paste;

℞ Nux: Gallar:	3 ii.	}	M.
Alum.	3 iii.		
Pulv: G: Arabic.	3 iii.		

And local compression to the nose—tranquil—cold iced drinks:—prescription same. The hemorrhage continued to flow into the fauces, and patient died about 12 M.—At the post-mortem examination made in the evening, a large quantity of black blood was found in the stomach and intestines, which by those who did not know the nature of the case, was taken for black vomit, and consequently pronounced Yellow Fever.

Case 3d.—Extraordinary Case.—Gangrene of the Left Lung, Tubercles in the right—Hydrops Pericardi.—Softening and Rupture of the Spleen.—Hypertrophy of the Liver.

William Martin, Irishman aged 29. Laborer, of midling stature, light eyes and dark hair, entered Charity Hospital (service of Dr. Rushton) Friday Sept. 13th. 1844. He seemed to be in a state of collapse, with very

pale surface, clammy sweat, and a quick, small and weak pulse. He seemed disposed to talk a good deal, but was unable to give a very intelligible account of his illness. The following is the best we could make out from him.

He had been at work until a few days since, in the neighborhood of the Red Church; about 25 miles above New Orleans, he was attacked with a chill which was followed by a high fever—when this fever declined, (which period he does not clearly designate,) he says he fell into the condition we now see him, and has been so ever since. He got upon a boat soon after he was taken so ill and came down to New Orleans. He came at once to the Charity Hospital, and being in the above mentioned condition, the house surgeon Dr. W. prescribed a terebinthinate enema, sinapisms to the extremities, wine and water. *Evening*, Dr. Rushton saw him first slight reaction had taken place, but he was still cold and sweating and his pulse small frequent and weak, bowels loose no pain—ordered Port wine.

Sept. 14th.—Had spent a very bad night—delirious, and attempted frequently to get out of bed—now presents the following appearance and symptoms.—He looks very pale, and his skin cool and clammy—pulse about 150 and very small and weak—his tongue is pale and rather dry, clean at the tip but furred on the dorsum—great thirst—the eye bright, but the conjunctivæ slightly yellow—has no pain—respiration hurried and accompanied with a grunt—is very restless—disposed to talk, intellect not perfectly clear.

Ordered.—Sulph Quinine, ʒ i. } M.
Aqua, ʒ viii. }

Give one third by enema morning, noon and night.

℞.—Carb. Ammonia. : ʒ ii. } M.
Aqua. ʒ vi. }

Give a table spoon full every hour.

Evening.—All the symptoms pretty much as in the morning—the breathing more difficult.

Ordered brandy and water—and sinapisms to extremities. Died about 12 at night.

Sept. 15th.—*Autopsy*—9½ hours after death.

External appearance.—Body not much emaciated—skin pale, livid on the dependant portions—splotches on the forehead from the rupture of sudamina.

Abdomen.—Upon raising up the front abdominal wall a quantity of very dark blood was seen in the cavity and on the surface of the intestines. *There were perhaps* ʒ xii. On searching carefully for the source of this extravasated blood, we found a rupture on the inferior edge of the spleen, large enough to admit the end of the finger. At this opening there seemed to be a circumscribed abscess with an investing membrane, about as large as a half dollar. It contained some yellow cheesy looking matter, some what resembling softened tubercle. One or two physicians pronounced it tuberculous matter. The finger found ready access through this circumscribed cavity into the substance of the spleen; from which we all concurred the extravasated blood had escaped. There was another similar, unbroken abscess on the spleen. Its contents were like the first.

Spleen.—The spleen was about 11 inches in length, and about $4\frac{1}{2}$ inches in width. It was flabby, corrugated, and very much softened. The external and superior part was adherent to the diaphragm, and when separated presented a rough appearance and sensation.

Liver.—Was very large and heavy—normal in color, but rather soft.—The gall bladder was full of a deep yellow bile.

Stomach.—Contained some dirty mucous matters. The mucous membrane was very pale and soft.—The veins presented a beautiful arborescent appearance.

Intestines.—Externally were stained very dark by the extravasated blood, inflated with air, but when opened, presented healthy looking fæces; no morbid appearance.

Kidneys.—Were large and heavy.

Bladder.—Normal.

Heart and Pericardium.—Upon laying open the pericardium, it was found to contain about $\frac{3}{4}$ vi of yellow serum the whole inner surface of this membrane as well as the external surface of the heart was as rough as a beef's tongue, and had very much that appearance. The size of the heart was normal, but its parietes were a little softened. The valves and lining membrane were sound. The ventricles and large arteries contained coagula almost as firm and solid as flesh; strong abnormal adhesions existed between the pericardium and lungs, particularly on the left side.

Lungs.—The left lung was adherent to the sides above and posteriorly—upon removal, it was found engorged and remarkably heavy; a portion of it was hepatized. Upon cutting into the superior part of the upper lobe, a large gangrenous cavity was exposed, which emitted a *most offensive odour*. The edges of this cavity were dark, ragged, and softened. The right also had strong adhesions to the ribs; especially the upper lobe. Tubercles were here to be seen in all stages from the small hard points, to large clusters softening and suppurating. The lower lobes were pretty healthy. The head was not examined.

Remarks.—This case was diagnosed *Congestive Fever*; and the symptoms and appearance of the patient certainly authorised the conclusion. Unfortunately the patient was so low when he entered the hospital, that he could not give a satisfactory history of his case. It is very probable however from the slight emaciation of the patient, that he had been sick but a short time. The autopsy presented some very curious phenomena; viz :

1st. *The state of the Spleen.*—The examination was witnessed by Drs. Rushton, Hester, Farrell, King, and some medical students—all of whom agreed that the extravasated blood in the cavity of the abdomen must have proceeded from the rupture of the spleen, as a careful examination revealed no other lesion that could have given rise to it. The formation of circumscribed abscesses on the surface of the spleen, is mentioned by Andral—also tubercles. The cheesy looking contents of the little cavities above described very probably were of this nature—but that ulceration should have extended into the substance of the spleen, so as to afford an outlet for its blood, and to have certainly accelerated, if it did not really cause death; is very extraordinary. And this too in the course of a paroxysm of fever, without any external violence that could be ascertained.

2nd. *The State of the Lung.*—It will be recollected that the patient had no cough, nor pain about the chest, nor any symptom that particularly indicated pulmonary disease. His respiration was hurried, and accompanied with grunting, but this is generally witnessed in the collapse of cholera and congestive fever.

Andral says: "Gangrene of the lung may succeed to every species of hyperæmia, whether mechanical or vital, provided it be so considerable as to impede or prevent the afflux of arterial blood to the part. I have already shown that gangrene is not necessarily preceded by any violent degree of irritation; but on the contrary may be produced by any cause which retains the blood in the capillaries of the part, especially if by such stagnation the arrival of fresh blood by the arteries is prevented—* * * * gangrene of the lung sometimes succeeds to a violent irritation and hepatization of that organ; while, in other cases, it makes its appearance unpreceded by any symptom of irritation whatever, and in others, again, the irritation which precedes it is slight, and of a chronic character, and *such* as occurs in a thousand cases without ever producing any such consequence." (See Path. Anat. vol. 2nd. p. 321.)

Thus we should not be surprised that the gangrene of the lung progressed to the extent it did in this case, unnoticed. The quantity of tubercles found in the right lung, would tend to strengthen the belief in the tuberculous nature of the matter in the small abscess on the spleen.

It may be thought that the state of the lungs affords sufficient cause of death, but I think life might have been prolonged considerably, if the extravasation of blood in the abdomen had not occurred.

The rough and villous appearance of the pericardium is often seen to a smaller extent in chronic inflammation of that membrane. The following is a better marked case of pulmonary gangrene. F.

Case 4th.—Gangrene of the Lung.

H. P.—Irishman aged 42—of spare frame, but says he had generally enjoyed good health—dark hair and blue eyes—by vocation a gardner. About 4 weeks since, whilst resting himself on a bed soon after dinner—having been at work all the morning, and without any premonitory symptoms; he was suddenly seized with a violent pain in the chest, suffocation, and discharge of blood from the mouth. He was insensible for two or three hours. After having rallied, he had another paroxysm the same evening.

The next morning he commenced expectorating *very fetid matter*, in small quantities, and without much difficulty—he had some pain about the chest and soreness when he coughed, but neither were severe. His cough and soreness has continued ever since. He has been liable to vomit when he coughs; has had headache ever since he was attacked; but no fever; his urine was very high colored; he took no medicine except an occasional dose of Ol: Ricini to obviate costiveness. Such is the history of this case from the lips of the patient, previous to his

admission into the Charity Hospital on the morning of the 6th June 1844.

Symptoms at this time.—Cough almost incessant, attended with frequent vomiting, sputa purulent, slightly tinged with blood, and *very fœtid*—no fever—no pain, but soreness on the chest and epigastrium—sound on percussion dull on the left side, the other perfectly normal—had not slept for several days.

Treatment.—Ordered a cough mixture of Syr: Morph: Syr: Scillæ: Vin: Ipicac: p. r. n. Sinapism to Epigast.

June 7th.—No better, no sleep, cough harrassing, sputa bloody and *intolerably offensive*. No fever, pulse natural.

Treatment.—Ordered a mixture of Tr. Sanguinar: Extr: Tarax: and Syr: Morph: also Syr: Morph: alone.

8th.—No better, no sleep, took the morphia, but did not get the other medicines.—No fever, pulse 80, thirst, bowels open, cannot lie down, still vomits occasionally.

Treatment.—Ordered medicines of yesterday—Unguent: Tart: Ant: to be applied to left breast.

9th.—Feels much better, rested well all night, cough much relieved, pulse 80.

Treatment.—Continue medicines.

10th.—Worse again, coughed all night, copious fœtid expectoration, pulse same. Contin: med.

11th.—No better, no rest, cannot lie down, was some what delirious, griping pain in the bowels, cough distressing.

Treatment.—Ordered $\frac{3}{4}$ ss Syr: Morph: three times a day, port-wine, Tamarind-water.

12th.—Feels no better, slept about 3 hours last night, had 4 stools, bowels easy, pulse 70, skin natural, sputa copious and bloody.

Treatment.—Continued.

13th.—Condition same; vomited last night, disposed to sweat too much.

Treatment.—Sulph: Ferri, Carb: Potass: each grs. v. 3 times a day, sponge body with vinegar and water: Syr: Morphia as before.

14th.—Rested pretty well, bowels loose, thirst, pulse 90, less cough, &c.

Treatment.—Continue pills, anodyne Enema, Syr: Morph: milk toddy.

15th.—Condition much the same.

Treatment.—Pills of Acetat: Plumb: and Ipecac.

16th.—Same; continue pills, and Syr: Morph:

17th.—Much worse; sputa nearly all blood, exhausted, died at night.

Autopsy, 5 hours after Death.

External appearance.—Body pale and not much emaciated.

Chest.—Upon raising up the sternum a quantity of fœtid gas escaped; the upper lobe of the left lung was almost totally destroyed, and its place occupied by a black ragged cavity, which contained a quantity of dark grumous blood; the lower lobe on this side was also very much affected; the upper portion being dark and easily broken down, whilst the lower was perfectly solidified. The right lung appeared very sound, except

the top of the upper lobe, a portion of which was condensed like an old cicatrix; for the most part it was very light and healthy.

Heart.—This organ was of normal size, but so soft that the finger might be pushed through it with ease. It contained very firm fibrinous coagula, some of which resembled flesh. The Pericardium contained about $\frac{3}{4}$ ii yellow serum.

Stomach.—Was inflated with gas; the coats were pale and thin.

Intestines.—Ditto.

Liver.—Perfectly healthy; gall Bladder full of yellow bile.

Spleen, Kidneys and Bladder.—Healthy.

Brain.—Not examined.

This case fell under our observation while attending the wards of Dr. Osborne during a temporary absence. F.

Case 5th.—*Extraordinary development of the stomach.*—*Schirrhus of the Pyloric Orifice.*—*Great emaciation.*—*Death.*—*Autopsy.*

W. J. an Englishman, aet. 32; tall, with dark hair and eyes, brown complexion, of a nervo-bilious temperament, single,—of temperate habits,—enjoyed good health until six or seven months since; at which time he was assailed with distressing pain at the *epigastrium*, about two hours after making his meal, which was soon succeeded by free vomiting and immediate relief. At that time, he resided in New York. The same pain and distress, followed by vomiting and prompt relief, supervened after each meal. He had no fever,—nor headache, nor thirst;—his bowels were habitually costive, yet easily moved by mild cathartics. Frequently passed nine or ten days without any motion from bowels, and hence, he frequently resorted to purgative medicines, which always relieved him. At this time, he began to lose both flesh and strength. His constitution seemed to give way, and he was unable to support any great fatigue, or take much exercise.

For the first time, he consulted Dr. H. of Dutchess County, N. York, who prescribed some medicines, which checked the vomiting and dissipated the pain at the *epigastrium*.

He then returned to the city of New York, and immediately sailed in a packet for New Orleans; and whilst on the voyage, from imprudence and exposure, the pain at the *epigastrium* and vomiting returned. He reached here on the 1st of November 1843, and on the 3d was admitted into the Charity Hospital under our care.

Present condition.—Considerable emaciation and loss of strength; vomits his food and drink, in about forty or fifty minutes after its ingestion; bowels costive; complains of stricture across the lower part of chest, and a sense of suffocation;—tongue loaded in the middle; some thirst;—no pain in any part of the body, except just over the *epigastrium*, which is augmented by pressure. At intervals of fifteen or twenty minutes, the stomach enlarges,—becomes enormously distended, as if inflated with gas; beginning in the left hypocondrium, and slowly extending across the *epigastrium* to occupy the right hypocondrium. This singular phenomenon continues for two or three minutes,—when the

stomach gradually contracted and finally subsided to its normal dimensions. In consequence of the great tenuity of the abdominal parietes, the shape of the stomach, by simple inspection, could be most accurately defined.

During this distended state of the stomach, we could distinctly observe the peristaltic action of this organ,—the contraction of its circular muscular fibres produced successive undulations, not unlike the movement of an immense serpent, when in a state of progression.—The treatment consisted, of antacids, laxatives, carminatives, anodynes, vesicat: revulsives &c.; all however with only transient benefit. Emaciation rapidly progressed, and it was obvious that the functions of nutrition were seriously deranged. A deep-dull, gravative pain, was produced by moderate pressure just over the pyloric orifice of the stomach. When he takes the least food, drink or medicine, the stomach, after the lapse of five or ten minutes, becomes distended to its utmost capacity, and again shrinks to its normal state. His complexion now assumed a pale straw color, characteristic of the cancerous diathesis. Pulse feeble, slow, and numbering about 30; occasional cough; singultus; tongue coated with a long white fur,—bowels costive. Prescribed a blister to be applied over the pyloric orifice of the stomach,—the seat of pain; ext; cicutæ; light digestible fluid dict. He enjoyed some sleep; the pulse flags; the strength declines; the singultus returns from time to time, but is arrested by antacids. The blister drew well, relieved the pain and checked the vermicular action of the stomach. The intellect remains clear; no emesis. Suppurative dressing to blistered surface. It was now manifest that the duodenal end of the stomach was the seat of some serious organic disease; *schirrus* was suspected. We have already stated that when the stomach is thus enlarged, it is of an extraordinary size; filling almost the entire abdomen.

Can it be caused by a sudden evolution of gas, and if so how, does it make its exit; since he is neither troubled with eructations of wind, nor does he pass any flatus, nor do the bowels seem distended with air after the stomach subsides! The cause, whatever it may be, acts suddenly, and is as promptly suspended. Ordered morphine, and nutritious enemata. On the 3d. of December, he made feeble, but ineffectual efforts to vomit. Eyes were injected; he was drowsy; intellect clouded and answers confused; pulse, extremely feeble, and slow; skin cool and relaxed. Stomach quiescent. At this time, there appeared over the lower part of the chest and upper part of the abdomen, a number of small purpuric spots—caused by a stasis of the blood in the superficial veins,—a purpura hemorrhagica, in fact, which were not affected by pressure, or frictions. Ordered, camphor and valerian, wine whey; nutritive enemata. The prostration and emaciation continued to increase; aphonia; dysphagia; pulse intermittent; respiration 10.—Ordered sinapisms: he lingered, until the afternoon of the 4th. of December, when he died.

Autopsy, 12 hours after Death.

Exterior habitude.—Extreme emaciation; as great as if he had perished from protracted phthisis. All the adipose matter completely absorbed;

muscles relaxed and atrophied. The spots already described, remained as before death; body of a pale yellow color.—Abdomen, flaccid; no tympanitis. On laying open this cavity, an immense stomach was exposed to view. It lay like a large sack, distended with fluid; white, shining, smooth, and traversed at short intervals, by vessels, gorged with dark blood, and of considerable size. It was more than twice its normal dimensions; had lost its various curvatures, and was reduced to a straight sack. Above, it encroached upon the diaphragm, to the left, upon the spleen, to the right, the liver, gall-bladder &c. Below, upon the small intestines, kidneys &c. The transverse colon was displaced and forced down on a line with the crests of the ilia. The omentum was destitute of fat, and highly vascular. The colon was greatly distended in some places, and contracted in others, and contained a small quantity of pultaceous fœcal matters. The small intestines were forced down and packed, as it were, into the cavity of the pelvis; not a single fold of them remaining in the cavity of the abdomen. Of all the alimentary canal, the stomach and part of the colon alone, were found in the abdominal cavity. The mesenteric glands were of a dark, leaden hue, and some of them, enlarged. The liver was small, atrophied and of a dark slate color; otherwise healthy. Gall-bladder distended with a rich golden coloured bile. The *ductus choledochus* was enlarged, admitting the end of the finger; the dilatation of this duct was produced by the pressure of the diseased pylorus upon its mouth; thus preventing the discharge of bile into the duodenum. This supposition is strengthened by the fact, that on laying open the duodenum, not a trace of bile could be found on its mucous membrane, or mingled with the contents of this portion of the alimentary canal. The kidneys and bladder were healthy. Pancreas atrophied, but of its normal consistence. Spleen of the ordinary size,—firm,—free from any engorgement—and, through the intervention of some tough fibrous cords, which it was difficult to rupture, adhered strongly to the diaphragm. Lungs of a healthy pink color, quite sound, and collapsed. Heart below the ordinary size, but healthy; no effusion in the pericardium, brain not examined.

Schirrus of the Pylorus.

Andral states that all cancerous disease of the stomach is seated in the sub-mucous cellular tissue. This statement is verified in the present case; for the mucous membrane which lines the pyloric end of the stomach seems to be free from any schirrous degeneration; it is however much thickened, considerably injected and thrown into *plicæ*; thus forming a kind of valvular arrangement at the pyloric ring, thereby preventing the passage of the ingesta into the alimentary canal; hence the vomiting "*par regorgement*." The renewed efforts, on the part of the stomach to expel its contents *per vias naturales*, and to overcome the resistance at the pyloric ring, will at once, satisfactorily account for the thickening of the walls, and the extraordinary development of this organ; in those parts of it which were not involved in the schirrous disease. At the pyloric ring, the contraction and thickening were so great, that the thinnest fluids could scarce force a passage, although aided by the vigorous contractions of the stomach. The schirrous mass was so placed as to surround about three fourths of the pyloric orifice, at least an inch and a

half in thickness on either side and above, but much less firm and dense, below or towards the spine.

On dividing this schirrous mass, with a scalpel, it was found to be remarkably tough, white, crying under the knife, and cutting like fibro-cartilage. On examination of the surface when cut, none of the original tissues which entered into the composition of this portion of the stomach, could be recognised; so much had they degenerated from their normal appearance. The mucous membrane in, and near, the pylorus was injected and of a dark dirty aspect; it was covered with a thick and tough coat of mucus, which was difficult to be removed.

Both the longitudinal and circular muscular fibres of the stomach were greatly developed and much thickened, increasing in this particular as they approximated the pylorus. No ulceration could be detected in any part of the schirrous mass, although ulceration seemed imminent in some points of the hardened structure. The stomach was half filled with a dark, thick flocculent and chocolate-coloured fluid. According to authors, this fluid is almost always found in the stomachs of those, dying of cancerous disease of that organ.

M. Andral states, that cancer almost invariably attacks first the *pylorus*, seldom the *cardia*, and still less frequently the greater curvature. The following may be laid down as the order of frequency: the pyloric portion; pyloric ring; the two faces of the stomach; the *Cardia*; and the great *cul-de-sac*. It is between the ages of 30 and 50 that this disease is most frequently developed, rarely earlier in life. H.

Case 6th.—Abscess of the Brain.

Sam: Clark. a slave, aged 45 years, belonging to the Mexican Gulf Railroad; tall, muscular, but slender, was brought to the Charity Hospital, September, 19th 1844, sick one week. He was reported to have had "fits, from time to time", during this week's illness.

Habits and occupation.—Recently abandoned himself to the immoderate use of ardent spirits; worked at a smithery under a hot forge. At his entrance, complained of great debility; intellect dull; *intense cephalalgia*; blindness; deafness; confusion of ideas; hesitates in his replies; eyes closed, and when opened sensible to light; pupils contracted; bowels costive; loss of appetite; skin cool and perspirable. The day after his admission, he was attacked with a "fit," followed by deep coma, which continued for five or six hours. During this state, the flexor muscles remained permanently contracted; skin cool and bedewed with a clammy perspiration. He could not be aroused from this comatose state, until stimulants both internally and externally had been freely resorted to; by these means, he gradually recovered and expressed himself as feeling better. These "fits" were renewed three or four times, at intervals of three days, during the progress of the case. He was constantly troubled with cough, attended with muco-purulent expectoration, in great abundance; but complained of no pain in his chest. Free flow of urine through the whole course of the disease.

Constant tendency to contraction of the flexor muscles,—thus keeping

the limbs demi-flexed. All the above symptoms persisted and gradually increased up to the evening of the 9th of October, when he quietly expired.

Treatment.—Being much debilitated at his entrance, *cups* were ordered to the *nucha*, followed by *blisters* to *occiput*; *mercurial cathartics*, with a view to *ptyalism*; *cold lotions* to the head; *sinapisms* to extremities, &c., but all in vain.

Autopsy, 12 hours after Death.

Exterior habitude.—Muscles extremely rigid; fore-arms flexed upon the arms; slight emaciation.

Head.—On removing the calvarium, the skull in the occipital region was found to be of extraordinary thickness; leading those present to suppose a blow had been inflicted upon this point. Dura-matter injected, and vascular; serous effusion under this membrane. A horizontal section of the brain, displayed a great number of bloody points through the substance of the organ, showing engorgement of its vascular structure,—subarachnoid effusion, with injection of this membrane. *The right lateral ventricle contained a large quantity of thick greenish pus*; more abundant in its posterior horn; extending the examination still farther, it was found that this pus had escaped from a large *abscess*, situated in the right posterior lobe of the brain, large enough to hold two ounces of fluid.

The greater part of the floor of the right ventricle was in a state of ulceration, involving the *thalamus* of that side. Pushing the inspection still farther, another *abscess* was found, corresponding precisely with the first in every particular; as to situation, size, contents, &c., being on the opposite side:—here was no ulceration; but pus from this abscess had also traversed the cavities of the encephalon.

Lungs.—Were engorged, and very dark. On the anterior part of the right middle lobe, an osseous concretion was found, buried in the lungs; it seemed to consist of a great number of bony points, the size of mustard seed, or small peas, round and smooth and attached to each other through the pulmonary tissue. The entire mass must have weighed one or two ounces. Liver healthy. Stomach contained a little dark fluid; no injection. All the other organs in a normal state.

To Dr. Weirstrand, we are indebted for the particulars of this interesting case.

H.



MORTALITY OF NEW ORLEANS; 1844.

TOTAL NUMBER OF DEATHS OF ALL DISEASES.

From July 1st, to 20th.	- - - - -	181
viz : Adults	- - - - -	123
Children under 15 years,	- - - - -	58
July 20th to August 15th.	- - - - -	237
Adults,	- - - - -	151
Children,	- - - - -	86
	(Of Yellow Fever)	1
August 15th to 31st.	- - - - -	121
Adults,	- - - - -	75
Children,	- - - - -	46
	(Of Yellow Fever)	4
September 1st to 15th,	- - - - -	130
Adults,	- - - - -	95
Children,	- - - - -	35
	(Of Yellow Fever)	12
September 15th to 30th.	- - - - -	157
Adults,	- - - - -	111
Children,	- - - - -	46
	(Of Yellow Fever)	42

N. B.—The above abstract from the Reports of the Board of Health, has been furnished us by the Secretary, Dr. J. H. Lewis. It commences with the first Report of the New Board, and is only given to show the extent of mortality, and particularly from Yellow Fever. Hereafter we shall give the reports in full, and thus show the diseases and accidents causing death.

TABLE

Showing the number of Admissions, Discharges, and Deaths, at the
different Hospitals of New Orleans, during the months of
August and September 1844,

CHARITY HOSPITAL.

	Admit.	Disch.	Died.	No. Yel. Fever Patients.
<i>August.</i>	584	315	42	1
<i>September.</i>	697	584	91	68
<i>Insane Department.</i>				<i>Remaining.</i>
<i>August.</i>	18	15	4	84
<i>September.</i>	30	17	8	87

MAISON DE SANTÉ.

DRS. STONE, KENNEDY & CARPENTER.

	Admit.	Disch.	Died.	No. Yel. Fever Patients.
<i>August.</i>	43	38	2	
<i>September.</i>	46	37	2	10

CIRCUS-STREET INFIRMARY.

DR. G. W. CAMPBELL.

	Admit.	Disch.	Died.	No. Yel. Fever Patients.
<i>August.</i>	28	26	1	
<i>September.</i>	24	21	2	6

UNITED STATES MARINE HOSPITAL.

DR. C. A. LUZENBERG.

	Admit.	Disch.	Died.	No. Yel. Fever Patients.
<i>August.</i>	51	27	3	
<i>September.</i>	49	57	2	18

NOTE.—The object of the above Tables is to convey some idea of the amount of sickness during the season.

EDRS.

PATIENTS Admitted into the United States Marine Hospital at New Orleans, from the month of May 1843 to the 1st April 1844.

DR. C. A. LUZENBERG, VISITING PHYSICIAN & SURGEON;
DR. T. W. MUELLER, RESIDENT PHYSICIAN & SURGEON,

DISEASES.	PATIENTS.				DISEASES.	PATIENTS.			
	Nr. of cases Admitted.	Discharged.	Died.	Remaining.		Nr. of cases Admitted.	Discharged.	Died.	Remaining.
Abscessus.....	13	12	1	..	Gastritis.....	11	11	..	..
Amaurosis.....	1	..	..	1	Gastro-Enteritis.....	16	7	7	2
Ambustio.....	4	4	..	..	Gastro-Hepatitis.....	1	..	1	..
Anasarca.....	7	7	..	..	Gastro-Splenitis.....	1	..	1	..
Anasarca & Ascites.....	10	5	4	1	Hæmoptysis.....	2	2	..	..
Aneurisma.....	2	2	..	..	Hæmorrhosis.....	8	8	..	..
Anthrax.....	2	2	..	..	Hepatitis.....	11	11	..	..
Appoplexia.....	3	2	1	..	Hernia inguinalis.....	2	2	..	..
Arthritis.....	9	6	1	2	" scrotalis.....	2	2	..	..
Asthma.....	4	4	..	..	Hydrocele.....	2	2	..	..
Bronchitis.....	4	4	..	..	Hyperæmia cerebri.....	2	8	..	..
Caries digiti (amputatio).....	13	11	..	2	Icterus.....	1	1	..	..
" ossis maxilla. super.....	2	2	..	..	Incontinentia urinæ.....	2	2	..	..
" " calcis.....	1	1	..	..	Irritatio gastrica.....	37	36	..	1
Catarrhus.....	11	11	..	..	Ischias.....	2	1	..	1
Colica.....	2	2	..	..	Lepra.....	1	1	..	..
" pictonum.....	5	5	..	..	Luxatio humeri.....	3	2	..	1
Colitis.....	4	4	..	..	Mania a potu.....	9	8	1	..
Concussio cerebri.....	1	1	..	..	Morbus venereus.....	162	155	..	7
Contusio.....	41	40	..	1	Ophthalmia.....	2	7	..	2
Cynanche parotidea.....	1	1	..	..	Orchitis.....	3	3	..	..
" tonsillaris.....	3	3	..	..	Paralysis.....	4	4	..	..
" trachealis.....	2	..	..	2	Pericarditis.....	1	1	..	..
Diarrhœa.....	20	19	..	1	Pleuritis.....	5	5	..	..
Dysenteria.....	27	26	1	..	Pneumonia.....	22	18	2	2
Enteritis.....	14	10	4	..	Phthisis pulmonalis.....	17	..	12	5
Erysipelas.....	4	3	..	1	Polypus in naso (operatio).....	1	..	..	1
Exostosis.....	8	6	..	2	Psora.....	5	2	..	1
Febris intermittens.....	154	153	..	1	Phrenica.....	1	..	..	1
" inflammatoria pura.....	3	3	..	..	Rheumatismus acutus.....	21	20	..	1
" gastrica.....	10	10	..	..	" chronicus.....	58	54	..	4
" biliosa.....	8	8	..	..	Rubeola.....	3	3	..	..
" congestiva.....	4	3	1	..	Sarcocele.....	6	4	..	1
" flava.....	155	..	..	..	Scrophula.....	7	3	..	4
" flavæ sequelæ.....	4	149	115	34	Siriasis.....	3	2	1	..
" putrida.....	5	3	1	1	Splenitis.....	6	6	..	..
Fistula in ano.....	6	6	..	..	Strictura urethræ.....	11	9	..	2
" lachrymalis.....	1	1	..	..	Tumor.....	16	14	..	2
Fractura cruris.....	10	8	..	2	Ulcus.....	53	46	1	6
" femoris.....	4	3	..	1	Varicella.....	2	2	..	..
" brachii.....	1	1	..	..	Variola.....	1	1	..	..
" claviculæ.....	1	..	..	1	Vulnus.....	31	27	..	4

RECAPITULATION: Cases, 1,143. — Discharged, 1,002 — Died, 74. — Remaining, 67

NOTE. — The above Table, having been made out by request, for our last Number, was unavoidably excluded. We insert it now for the purpose of showing the species of Disease and Accident to which a certain class of people (Sailors) are liable.

EDRS.

ABSTRACT OF METEOROLOGICAL JOURNAL.

KEPT BY D. T. LILLIE.—NEW ORLEANS.

Lat. 29 deg. 57 min.—Long. 90 deg. 07 min, West of Greenwich.

THERMOMETER.	JUNE.	JULY.	AUGUST.	SEPTEMBER.
MAXIMUM.	91	92 5	92 5	91 5
MINIMUM.	69	73	69	61
MEAN MAXIM.	83 50	89	85 2	86
MEAN MINIM.	72 5-	75 3	76 8	71 5
BAROMETER.				
MAXIMUM.	30 18	30 22	30 26	30 21
MINIMUM.	30 03	30 01	29 93	29 95
N ^o RAIN DAYS'.	12	16	14	8
QUANTITY RAIN	Inch. 5 789 <small>1000</small>	Inch. 9 801 <small>1000</small>	Inch. 5 199 <small>1000</small>	Inch. 1 080 <small>1000</small>

Remarks. — The Thermometer used for these observations is not attached to the Barometer, and is placed in a fair exposure. Hours of Observation 8 A. M., 2 P. M., and 8 P. M.

The Barometer is located at an elevation of 28 feet above the level of the Ocean, and is suspended clear of the wall of the building. The Rain Gauge is graduated to the thousandth part of an inch, and the receiver of it is elevate 40 feet from the ground.

Art. IV.—YELLOW FEVER AT WOODVILLE.

A Report on the Yellow Fever that recently prevailed at Woodville, Miss. Read in French and English, before the Medico-Chirurgical Society of Louisiana, on the 2d October 1844.—By Doctors C. DE VALETTI and THOMAS M. LOGAN, a committee delegated for the purpose.

Before submitting to you an account of the scientific mission that we accomplished in the name of the Society, it is but rendering justice, to commence with thanking our distant Confrères, who aided us in our researches, and who, regardless of their fatigue, afforded us both their time and their skill, with a readiness which cannot be too much praised.

We commend to your notice Drs. Mc'Kelvey and Austin, of Bayou Sara, La.; and Drs. Stone, Martin, A. C. Holt, and Kilpatrick, of Woodville, Miss.—On the 19th September, 1844, at half past 5 o'clock, P. M., we arrived at Bayou Sara. Immediately we called upon Drs. Mc'Kelvey and Austin, who informed us that their town was comparatively healthy, and that but one single case of Yellow Fever had occurred, which came from Woodville, where, they said, it was raging epidemically. This case was that of Mr. C. M. Stewart, a delegate of the Whig Convention from Natchez, who after having passed three days at Woodville, left there on the 4th September, and returned to his plantation, near Natchez, where he remained some days. After this he went to Bayou Sara, where he died on the 12th September, after a very short illness, with black vomit.

The Yellow Fever did not spread afterwards at Bayou Sara. This is a fact which we inquired into with all the attention it merited; for it seemed to touch very close upon the subject, which we went to try to elucidate.

The friends of Mr. Stewart, wishing to transport his remains to Mississippi, engaged a labourer at Bayou Sara to exhume the body. This man commenced his work, but as soon as he reached the coffin, was so overcome by the offensive odour, that he refused to finish his undertaking and left it.

Having returned home, he drank freely of brandy, and shortly afterwards complained of headache, from which he generally suffered whenever he drank too much. The next day, being Sunday, he remained in bed. His physician, Dr. Austin, who kindly drew up for us the notes of his case, which we have copied literally, did not see him until the Tuesday morning following. He had had a violent chill all the previous night, to which fever succeeded, with the following symptoms.

The pulse, without being hard, was at 100—his face was flushed, conjunctiva injected, and he complained of his eyes burning him. The tongue was red, and his gums appeared white and somewhat swollen. Severe darting pains in the head and back distressed him, while there was considerable oppression at the præcordia and a burning pain at the epigastrium. His bowels had been constipated, and for this reason 20 grs of blue pill mass were prescribed. On Wednesday there was no remission of the fever, nor any amelioration of the other symptoms; on the contrary, an unquenchable thirst, accompanied by exquisite tenderness in the right hypochondrium, and incessant vomiting of every thing taken into the stomach, mixed with bile, developed themselves.

Two scarified cups were now applied to the epigastrium and right hypochondrium, and immediately afterwards, a sinapised cataplasm to these parts. The first dose of blue mass having failed to produce an evacuation, 15 grains more were administered. In the evening the vomiting ceased, and a remission of the fever and most of the attendant symptoms occurred. A dose of castor oil was now prescribed, and with its operation the fever disappeared. On Thursday, sulphate of quinine in large doses was given every 2 hours, and on Friday the patient was discharged cured.

In spite of the similitude of the initial symptoms, it is for you, Gentlemen, to decide, whether, viewing the treatment employed, in connection with the severity of all the symptoms, in particular the chill so intense as to last a whole night; viewing the length of time, which elapsed between the invasion of the disease, together with the administration of the first remedy; it is for you, we repeat, to decide, whether we were correct in regarding this as one of the common inflammatory bilious fevers of the country, aggravated by the putrid exhalations and the inebriety to which the patient was exposed, rather than a case of Yellow Fever.

At all events, both the attending, and the consulting physician Dr. Mc'Kelvey, concurred with us in our opinion of the case.

Thus advised, we departed the next day for Woodville, where we arrived at half past 8 o'clock, A. M.

Without delay we reported ourselves and the object of our mission to Drs. Stone, Martin, and Holt, who forthwith conducted us to their respective patients in succession.

After visiting several cases, we experienced much difficulty in pronouncing upon the nature of the disease.—It greatly resembled Yellow Fever, but not altogether. As yet, understand, Gentlemen, we had only seen patients in the 3d and 4th day of their sickness,—many of whom had been violently attacked. The symptoms of the *début* existed no longer, and those at this period differed materially from the ordinary symptoms of the Yellow Fever of New Orleans.—Among all, the tongue, the gums, and the digestive organs, on which they are dependant, remained for us mute.—Thus, for example, we saw two patients, one on the 5th, and the other on the 6th day of their attack, just beginning to turn yellow, tormented with incessant vomiting, yet without much thirst, the epigastrium sensitive only upon strong pressure, the pulse at 98, the tongue large without coating, whitish only in its centre, normal at its margins, its papillæ not developed, and the gums healthy.—One, indeed, of these two patients had the tongue of a person in health. We looked, but in vain, for the peculiar anxious *facies* of Yellow Fever.—It may be conceived now why we were at first embarrassed.

Soon, however, our doubts vanished. Three patients next offered for our inspection, two of whom were physicians.

The first, Dr Currier, aged 45, a resident of the country for 18 years, a man justly esteemed, died before our eyes, with confirmed black vomit, carrying away with him the regrets of the whole community.

With this individual the tongue and gums were almost normal, although there was the icteric taint of the eyes and skin, together with the general group of symptoms, which constitute Yellow Fever at its fatal termination.

It was the afternoon before the night of his death, that we saw him for the first time, and we then remarked a sign, in our opinion always fatal, at whatever period of the disease : it was a difficulty of respiration, which betrayed itself by a long inspiration, immediately followed by a very short expiration.

The second case, that of Dr. Proctor, afforded us an indubitable specimen of an abundant passive hemorrhage from the gums. It was the 9th day of his disease when we saw him. There was a general intense yellow colour, a hot skin particularly on the forehead, a pulse of 122, sufficiently large to make us suspect a speedy return of the hemorrhage which had been suspended since the day before, but which did not recur. The whole extent of the intestinal canal was free from pain, while the tongue and gums remained normal, with the exception of a slight mercurial stomatitis. Although he laboured under a slight sub-delirium, still he replied correctly, but slowly to the questions we put to him. A slight diminution of the motor power in the inferior members also attended. On the next day, when we took leave of him, he was evidently improving: he recognised us instantly, and we left him under the hopes of soon hearing of his recovery.

The third case was that of an Israelite, who died with cerebral congestion on the 6th day of his sickness, without any yellow colouring of the skin during life, without black vomit, without any passive hemorrhage, and with the tongue and gums healthy; but presenting nevertheless, in the highest degree, the facies and general appearance of the disease. We were so anxious to witness the changes after death, that, arriving at his residence after the funeral procession had departed, we hurried to the Burial ground, where the coffin was opened for us just before the interment, and found the skin had assumed a greenish yellow.

Bear in mind that with these three patients, as well as, indeed, with all the others, the initial symptoms were precisely the same as those we recognise in Yellow Fever.

At last we had an opportunity of seeing two cases at their *début*: they were of the inflammatory type, frank and favourable. One of these two was a negro, the other white.—The ordinary symptoms obtained even to the false membrane on the gums. It was, then truly, the Yellow Fever with which we were engaged; but modified in some of its symptoms, as we thought at the time, by the topographical position of the place, where it had thus suddenly appeared. We knew not, then, that this same modification, which embarrassed us so much, existed to a certain degree with the disease the present season in our own City.

Although we entertained no doubt respecting our conclusions, still we were desirous of adding to our documents the testimony of some autopsies. But our efforts to overcome the repugnance of the inhabitants were fruitless, and we were compelled to abandon the accomplishment of this *sine qua non* of every perfect observation.—We hasten to the history of the epidemic.

Previous to the present year, Yellow Fever never prevailed at Woodville. About 5 or 6 years ago, however, an individual, flying from the epidemic, which reigned at Bayou Sara, went to Woodville, where he soon fell sick, and died with black vomit.—Neither before nor since, until the present time, has the disease ever been heard of there.

About the 9th August, 1844, Dr. Stone was sent for to see a negro man, who had been residing in the country a number of years, and who had been taken sick at his master's plantation, about 6 miles from town. The Doctor did not suspect at first the true nature of the malady : he was only struck with the great difference of the symptoms from those of ordinary fever of the country. This negro was the coachman of the family, and in the daily habit of driving in and out the town. He was bled copiously, and purged with calomel. On the 4th day a perfect intermission occurred ; indeed, he was thought to be convalescent. Anticipating, however, a relapse, which is common among the fevers of the country, Dr. S. ordered the sulphate of quinine freely for him, which produced a furious delirium, in which state the patient soon died.—This death, it will be borne in mind, happened on a plantation 6 miles from town, and it is worthy of note that no other case occurred here, with the exception of a slight fever about 3 weeks after, in another negro, who had never been near the first, and who soon recovered after a purgative of calomel, without quinine.

The next case occurred in the town on the 11th August, in the person of Mr. Simrall. This gentleman was a Kentuckian by birth, and had been residing at Woodville about 3 years. His occupation was that of a merchant, and it is not remembered that he had recently received any merchandise from New Orleans, or been absent from the town since his removal there. He was attacked with the most unequivocal symptoms of Yellow Fever, which readily yielded to the free use of the lancet and calomel. After this he was put on the quinine treatment, which disagreed much with him, and rendered his convalescence tedious.

After this case the disease began to spread as an epidemic, very generally. In a few words here are the symptoms.

The disease was ushered in more or less invariably with a chill, preceded by an indefinable *malaise* and depression of the intellectual and physical energies. The reaction soon followed with but little intensity, and especially little tenacity. The face was red, the eyes often injected, and a supra-orbital cephalalgia with rachialgia generally attended. The skin was pungent, although constantly moist, and the pulse ranged from 100 to 120. The tongue was generally almost normal, and the gums, but slightly tumified, were covered with a pseudo-membranous coating, when not under the influence of mercury. The intestinal canal rarely partook of the localization, which rather obtained in the brain, and its meninges. The disease was slow in its progress, and it was not until towards the 8th and 9th day that the grave symptoms, such as black vomit and hemorrhages, appeared. The suppression of urine was a rare occurrence—but one instance of it was related to us. The yellow colour of the eyes and skin took place also very late in most of the cases. Ecchymoses were seldom perceptible even after death, and were never seen during life.

The treatment consisted of venesection, scarified cups to the back, an epispastic to the epigastrium, to calm the vomiting, and, especially, calomel in the maximum dose, viz : 50 or 60 grs at first—next 15 grs every 3 hours—afterwards 10 grs—and finally 5 grs. This is succinctly the plan that was generally adopted. We would add here, as a particular type of the epidemic, that all the symptoms of the first period, thus combated,

yielded readily, from the 3d to the 5th day, either to a state of perfect convalescence, or to a languid condition—a sort of incubation, if we may so term it, of the more serious symptoms, which, as we have already pointed out, did not present until the 8th or 9th day.

Let us proceed to the topography of the country.

Woodville is an inland town, situated in Wilkinson County, near the South-West corner of the State of Mississippi, Lat. $31^{\circ} 10'$, and 8 miles from the boundary line of Louisiana. The distance in a direct line from the Mississippi River, which is the nearest river or swamp, is 15 miles, but as the whole surrounding country is rolling, and much broken, the route by rail road or stage is about 26 miles. The town is elevated to the height of 340 feet above the bank of the Mississippi River, as has been well ascertained by the Engineers who constructed the rail road, from Bayou Sara and St. Francisville, which terminates here. The town covers a space of about 8 or 10 acres; the houses are not crowded together,—the streets are wide and planted with trees, and there is a large public-square in the centre. The population has increased very gradually since the first settlement of the town, about 40 years ago. No sudden immigration of any consequence has ever been observed previously to the last 3 years, during which period some Dutch emigrants have located themselves here; but the number is inconsiderable. The soil of the town and adjoining country is rather worn, and consists of a mixture of clay and sand to the depth of about 15 feet, where a thick stratum of gravel next presents, through which numerous springs of clear, wholesome, and pleasant water are occasionally found percolating.

The sand rather predominates in the bottoms and low spots, for the water which collects occasionally here and forms ponds, remains perfectly sweet and transparent until dried up.

The productions of the country are chiefly cotton and corn, and the natural growth beech, magnolia, pine, &c.

The inhabitants of Woodville and the surrounding country have always enjoyed a great degree of health, seldom interrupted except by an occasional and partial prevalence of the usual autumnal fevers, to which our whole Southern alluvial country is more or less subject.

The past summer has been uncommonly hot: the thermometer being seldom below 80° , and frequently up to 100° . The whole month of June was rainy, but since, little or no rain has fallen, and the country is suffering from the want of water. The atmosphere, generally pure and dry, was so highly charged with electricity about the beginning of September, and the lightning at one time flashed so incessantly and vividly, as to create ominous apprehensions among many.

The prevalence of the winds has been from N. N. West, and the nights have not been uncommonly cool.

Such are the appreciable conditions under the influence of which, the epidemic, whose history we have just traced, developed itself at Woodville. At the day of our departure, the 21st September, the disease had already attacked about four-fifths of the population, which, embracing the space of one mile above, and two below the town, consists of about 750 inhabitants, including negroes, the proportion of whom we have not

been able to ascertain. Of this total number, 150 to 200 persons left in order to escape the pestilence. Reckoning then 43 deaths among the whites, and 20 among the blacks, we have a mortality of almost one in six.

The question, Gentlemen, which has been for some time before the Society, is that of determining the origin and mode of transmission of Yellow Fever. In consequence of an unfortunate error, our efforts were this year defeated at the Custom House, and we were desirous of profiting by the occasion which offered for observing Yellow Fever at its first appearance in a circumscribed locality. We went to Woodville, hoping to extract from the disease the secret of its transmission, or at least of its origin.

Before drawing up a general summary, based upon the facts which we have had the honor of narrating to you, we would first know, if there are any doubts in your minds as to the nature of the disease, whose history we have just detailed to you. Is it indeed the yellow fever?—Lest you may be vacillating on this point, we will here add as complemental facts; *primo*, that the disease never attacked those who were acclimated to yellow fever regions; *secondo*, that negroes, *cæteris paribus*, were not attacked as frequently, and seldom so seriously as the whites.—We leave these facts, then, to answer your doubts, if any there be.

At Bayou Sara, where yellow fever often prevails epidemically, and where it has not existed thus far, this year, two patients arrived under the influence of the disease from Woodville—one of whom died in the course of 4 days and the other recovered.—Still Bayou Sara continues free from the disease.

At Woodville the epidemic appeared without the influence of any 'foreign transmission, as far as our informations extends. (1) It is so small a place, that we presume if the disease had been imported, we should have heard of it. The first authentic case occurred in the negro, as reported by Dr. Stone, who was in the daily habit of driving into the Town, and died at his master's plantation without transmitting his disease to any one.

Here also we would note two other important particulars respecting the mode of transmission. Beyond one mile above and two miles below the Town, which form the circumscribed limits of the population, no one has been attacked, who has not overstepped this boundary and entered into the Town.

One hours stay in the Town was sufficient to cause the disease in any one who was not acclimated to yellow fever.

Add to these, the circumstance already mentioned, that 5 or 6 years ago an individual left Bayou Sara then infected, and died at Woodville with black vomit, and with his death the disease died too.

(1) NOTE—Since presenting this report we have received from Dr. Stone, of Woodville, additional communications which appear contradictory, on several points, to the first information imparted by him to us. He acknowledges some important errors; and as we went to Woodville with the settled purpose of faithfully echoing facts, we will continue to submit to the Society all that may be transmitted to us from time to time.

C. DE VALETTI, D. M. P.
THOS. M. LOGAN.

Here are all the facts we have yet been able to collect: it is, gentlemen, for you to choose between the system of contagion and that of infection. It is for you we went to these places—you then must be the arbitrators.

We would, in conclusion, remark, that we have not said one single word on the etiology of the disease. Had it been necessary for us to abandon our occupations, in order to run after the research of its causes, we never would have left here, convinced that in its present state science is on this point impotent. We want no other proof of this assertion, than this very epidemic at Woodville, which developed itself under conditions altogether opposed to those of the countries where yellow fever usually reigns.

NOTE.—Since the above was handed us for publication, Dr. Logan has received, in his official capacity as corresponding secretary of the Med. Chir. Socy. of La. a communication from Dr. Mc'Kelvey of Bayou Sara, stating that the hack-driver, who drove Drs. De Valletti and Logan to Woodville, where he remained the part of 2 days and a night, was taken sick 3 days after his return to Bayou Sara with unequivocal symptoms of yellow-fever. He convalesced on the 6th. day, although there was hemorrhage from the gums. In this communication Dr. Mc'Kelvey says that Bayou Sara still continues free from yellow fever, although fevers of an intermittent type, attended with much pain in the head and lumbar region, and occasionally considerable inflammation of the conjunctiva prevail there. The latter symptom he attributes to the prevalence of an unpleasant raw N. E. wind, superadded to the continued dry dusty weather, and not to any affinity of the disease with the epidemic of Woodville. (EDITORS.)

Art. V.—HEALTH OF THE COUNTRY.

Excursion up the Mississippi River to the States Mississippi and Tennessee. The overflow.—Health.—Physic, and Physicians.

One of us having been absent on an excursion to the country, during the month of August, we will give such an account of our observations as we think will be interesting to the medical reader.

We embarked for Memphis, Ten., on a magnificent new steamer, the "Uncle Sam," the 30th of July. The health of the city at the season was perhaps never better. The Mississippi was then nearly at the highest stage one of the most extraordinary rises ever known.—It had fallen at New-Orleans, only about four inches, and was receding very slowly. As we ascended the swollen tide, whose banks, elevated by the hands of man from three to six or eight feet, seemed to be as full as they could hold; it was at once a curious and magnificent sight to look down upon the luxuriant sugar plantations on each side, and sometimes frightful to see the waves caused by the motion of the boat, rushing in torrents over the narrow Levee. We were sailing on the top of a high ridge of water, which meandered through an immense and fertile valley. The shores make a

very gradual descent from the River's edge to the swamp in the rear, and in width, varying from one to three quarters of a mile, are sufficiently elevated and dry, to admit of cultivation, provided the River is confined, for the most part, within its proper limits. There must necessarily be many outlets to the immense volume of water, for if it were all confined within the natural channel of the River, there is no telling to what elevation it would be raised. The Levees on the lower *coast* as it is called, are much more close and firm, than those several hundred miles above; yet they, sometimes, give way and cause great injury. In high water, they require to be constantly watched and repaired. Several crevasses occurred on the coast above New Orleans this season, the most of which were stopped; but one on the east bank, about 35 miles above the City, was found irremediable; and has continued to discharge an immense volume of water, which found its way into the lake in the rear. The Levees, above Natchez, gave way in innumerable places, and the destruction of crops, stock, &c., was incalculable. Wherever, there were no Levees, there seemed to be a boundless expanse of waters mingling with the dense forest on each side. Opposite Memphis, there was an uninterrupted inundation for a space of *forty miles* in width. The extent of inundation of the Mississippi and all tributaries, is altogether incalculable, and as we remarked in our last number, it will be interesting to observe its effects upon the health of the inhabitants for several years to come.

From passengers who came aboard at different places along the coast, we learned that Intermittent Fever prevailed to a considerable extent among the plantations. We learned no further particulars concerning sickness, until we reached Memphis, which we did on the 2d of August. When we passed Lake Providence, the water had fallen only about 8 or 10 inches—at Memphis it had fallen nearly four feet.

The health of Memphis was very good at that time. At this place we took stage for Jackson the evening we arrived. We soon heard of sickness prevailing through the country; and at Somerville, a beautiful village in the western District of Tennessee, we learned from Dr. Higgason, a most respectable practitioner who has lived in that place since 1829, that he had never known more sickness. Congestive Fever was the prevailing disease, and the mortality was great. In the neighborhood of Bolivar, the next village on the road, there was also a great deal of sickness. In the vicinity of Jackson, there was considerable sickness, though the town itself was healthy. We heard of a great deal of sickness throughout this part of Tennessee. The type was Intermittent and Remittent Bilious Fever; in some localities, *Congestive*. We remained near Jackson nearly three weeks. This village contains (if we recollect right) upwards of 1,000 inhabitants. It is situated about three quarters of mile from the Forked Deer River, on a plain but little elevated above its banks; yet it has been remarkable for its salubrity, since the first five years of its settlement. During a period of about fourteen years, it has always been more healthy than the adjacent country. This remark, however, is not applicable to Jackson alone; we believe it is the general opinion of the profession, that the towns and villages throughout the Southern States, are more healthy than the country residences. If such be the fact,

the causes of it would make an interesting inquiry, which we should be pleased to see engage some competent pen. In the absence of statistics necessary to establish the fact, which would require much time and labour to collect, we should be glad to have the opinions of Southern Physicians on the subject.

We have said there was a good deal of sickness in the vicinity of Jackson. The prevalent type was a mild Intermittent and Remittent Fever, which yielded readily to medicine, and was very successfully treated by the physicians of the place. We started back on the route we had gone, the 22d August. We found the sickness unabated through the country, until we reached Memphis again. It was more fatal about Somerville than any other place:—here it had assumed a malignant congestive form, and was very unmanageable. Somerville is situated on a comparatively high plain, and presents every appearance of a healthy locality, yet we believe no place in the *Western District* (as this part of Tennessee is called), has been more sickly for the last fifteen years. We have been promised a communication on the prevailing diseases of that locality, from one of the most respectable physicians of the State, which we hope to lay before our readers in the course of the ensuing winter.

Memphis we found still healthy. We spent two days at this place, and formed an agreeable acquaintance with a number of its intelligent physicians. Memphis has grown immensely within the last five years, and now contains, with its environs, between seven and eight thousand inhabitants. There is good reason to believe that this number will be more than doubled within the next ten years. It is one of the most beautiful and advantageous sites on the Mississippi River and is certainly destined to be one of the largest cities that adorn its banks. Being so pleasant, prosperous, and desirable a place, it is not surprising that the professions, both Law and Medicine, should be crowded. The natural consequence will be a *vigorous competition*; which will tend greatly to develop energy and talent. We were much gratified to discover so much interest displayed by the physicians of Memphis in the success of our Journal, and have reason to hope for some valuable contributions from them. A large majority of them have united in the adoption of an excellent "Code of Medical Ethics and Rates of Charges"—for which we are sorry we cannot make room. The like should surely be adopted in all *medical communities*, if the large number of physicians to be found at all places of any note, will authorise such an expression. (1)

The western District of Tennessee is characterised by severe and obstinate diseases, but we venture to assert that no section of the South-West is better supplied with able and skilful physicians.

We embarked for Vicksburg on the 'Alex. Scott,' Sunday, Aug. 25th. The River had then fallen at Memphis, between ten and fifteen feet. The water being within its proper channel all the way as we descended, it was melancholy to behold the destruction it had created. Beautiful and extensive plantations on which the spring had opened with its fairest promises, and the husbandman had cast his hopes for the year, were now waste and

(1) An account of the Memphis Hospital will be found in a separate article.

desolate; their levees and fences swept away by the flood, and the labour of years destroyed in a season. The poor man's cabin, once cheerful with the noise of merry children, and stock and domestic fowls, was now deserted; and the flood had left its impress far above the places where the family were wont to sleep in security. The hardy laborer whose sturdy arm made the forest re-echo with the sound of his keen blade, had been driven from his humble abode, to seek employment and a shelter, perhaps among strangers.

But it were vain to attempt to depict all the horrors of *the overflow*. The Giant Stream on whose unstable banks we live, aptly termed by the native Indian, "*The Father of Waters*" suffers us in his quiet mood to sport with his wave, and even partially confine him; but when he rises in all his majesty, gathers together the waters of his thousand tributaries from their mountain descents, and rolls down the mighty flood into the valley below; who shall say to the resistless torrent, "thus far shalt thou come; and here shall thy proud waves be staid!?"

To return to our journal of health. Our boat descended so rapidly that we had but few opportunities to make inquiries at the villages above Vicksburg. As far as we could ascertain however, it appeared to be very healthy *on the banks of the River*.

Vicksburg we found quite healthy. There had been a good deal of Biliary Fever about a month previous, but it had in a great measure disappeared, and the town was hardly ever known to be more healthy at the season.

Vicksburg, from some cause, has declined in population and commercial importance within the last seven years; it is nevertheless still a very interesting place, and contains a very respectable Medical Faculty.

We went out on the Rail Road, about forty miles in the interior, and spent two days near Clinton. This was once one of the most flourishing towns in the state, and contained an enterprising and intelligent population, numbering upwards of one thousand; but amid the great monetary revolution which so recently disturbed the entire Union, it fell almost into ruins, and is now only important for its fine Schools and Rail Road Depot. The society around it is still very good. We heard of sickness prevailing throughout the county; but not to so great an extent as other places, nor that of the previous year.

Upon embarking again at Vicksburg on one of the fine regular packets that ply weekly between this place and New Orleans, we were favoured with an opportunity of calling at almost every point of any note along the route. We found *the River Towns uniformly healthy*; but heard of sickness prevailing every where in the interior. Such at least was the result of our inquiries at Warrenton, Grand Gulf, Rodney, Natchez, and Bayou Sara or St. Francisville.

This was on the last day of August, and first of September, when we reached New-Orleans again. The River had then fallen at this place about 30 inches and was receding at the rate of an inch and a half every 24 hours. It had fallen about 10 feet at Vicksburg on the 30th Aug. and about 6 feet at Natchez on the 31st. We found New-Orleans remarkably healthy. The water was still running in continued streams along the gut-

ters from the River back to the swamp, and did not entirely cease until the 10th. September.

Let it be noted as a fact which we think will be substantiated by the testimony of the profession, that during the present year, when the Mississippi and its tributaries have been higher than they were almost ever known before, *all the River Towns from New-Orleans upwards, have been unusually healthy; whilst the interior and uplands throughout the South-West, have been generally sickly.* It has long been observed however, and we believe the opinion prevails without dissent, that whenever the river banks and valley localities are healthy, the interior of the country is apt to be sickly; and *vice versa*. This might naturally be expected from the difference of topography.

We know so little of the nature of the remote causes which produce our summer and autumnal diseases, that we are as yet unable to give any satisfactory explanation of their *modus operandi*; yet by treasuring up well authenticated facts, we may perhaps find some clue to their mysterious influence. We may furthermore remark, that whilst the above general distinction prevails in regard to the different localities, there is never a year when some portions of the lower Mississippi valley are not afflicted. In regard to the diseases of the South, and especially our summer and autumnal fevers, we had conversations with numerous physicians of Louisiana, Mississippi, and Tennessee, and found their views generally sound and correct.

We venture to assert that a more able and skilful set of practitioners is not to be found in any country. These men are not familiar with the minutæ of Anatomy, Physiology, and Pathology; their position renders this impossible; but they are well grounded in the general principles of medicine; they are men of close observation, and sound judgement; above all they are well acquainted with the *peculiarities* of the malignant diseases with which they have to contend, and act with promptness and skilful decision, in cases, and under circumstances, that would confound the experience and scientific lore of a Chapman, Dunglison, Graves, Mackintosh, Bouillaud, Louis, Elliotson, or even a *Huston*.

If symptoms were always faithful and infallible evidences of pathological conditions, and the scalpel always revealed in a satisfactory manner the *causa mortis*; then might disease be studied in an exact and systematic manner, and the eloquent Professor glory in the *demonstration of Medical Science*. But unfortunately, medicine has not yet attained this much desired state; and it requires the study of more than a lifetime to learn the *idiocracies* of health and disease, and the various powers of remedial agents. On account of the imperfection of the science, we have still to admit a large share of empiricism, and the most sagacious practitioner often prescribes with confidence, when he would be at a loss for a plausible rationale. What candid physician will deny this? If there be any, we refer him to autopsy, and feel assured that but few opportunities will be sufficient to expose his presumption.

There has evidently been a great alteration in the treatment of fevers among southern practitioners within the last ten years.

This change is to be remarked in two striking particulars; 1st the more moderate use of emetics and purgatives; and 2d the more prompt and bold

administration of tonics, above all the sulphate of quinine. The more frequent use of *topical bloodletting* may also be considered a modern improvement in this region. Formerly a thorough evacuation of the entire alimentary canal was considered a *sine qua non*, in the early stages of fever; and the most active medicines were freely given. The liver too must be disgorge; and calomel was given with an unsparing hand. The consequence was, than often an incurable inflammation was established upon the mucous membrane of the stomach and bowels. But the views of practitioners are now almost completely changed. Having observed that in openly developed Bilious Fevers, when death occurred, it was from the above named inflammation, or inflammation of the brain; they now avoid the use of irritating medicines, and endeavour to prevent or combat these formidable lesions, by mild evacuants, venesection, cupping and leeching, and cold applications. As soon as a remission of the fever is procured, the *sheet anchor*, quinine, is introduced, and the disease is soon cured.

In cases of *congestive type*, which are often so insidious in their attack as to deceive all but the *practised eye*, they lose no time in precursory preparation of the system, but resort at once to the *anti-periodic*.

Quinine, instead of calomel, is now considered in the South, the *Sampson* of the *Materia Medica*; and we congratulate our bretheren and the community, on the change. The doses of this medicine have been increased from 2 grains, up to 10, 20, and upwards; and its beneficial effects are often truly wonderful. Secretly and imperceptibly, it dispels the morbid train of symptoms, and is perhaps the *only medicine* strictly entitled to the name of *Febrifuge*. The quantity of this article used in the South this season, is prodigious. It has been impossible to supply the demand. An incident related to us by a Gentleman from Mississippi, will serve to illustrate it. In a certain neighborhood where a great deal of sickness prevailed, it was ascertained just at night, (and as was supposed in a very private manner,) that *an ounce* of quinine could be procured about 30 miles distant. It was determined to start a runner for it before day the following morning, this was done, but when he arrived at his destination, he found himself *far too late*; and his only consolation was derived from meeting some half dozen other disappointed applicants.

The druggists of Vicksburg told us they had in their hands, hundreds of dollars, sent from the interior to purchase quinine, as soon as it could be obtained.

In regard to sanguineous depletion in the treatment of Bilious and Congestive Fevers, we found quite a diversity of opinion. Some eschew it altogether—some use topical bleeding freely,—and others practise venesection boldly; on the plan of Mackinstosh in Intermittent Fevers. We should be much pleased to receive communications from the advocates of these different plans.

We will close these desultory remarks by expressing our obligations for the interest and favour displayed towards our Journal wherever we went. We are satisfied already that the Profession in the South, intend to sustain the work; and all that remains for us, is, *to do our duty*.

Art. VI.—MEMPHIS HOSPITAL.

This is a benevolent Institution founded and sustained by the liberality of the State of Tennessee. Its object is the relief of the destitute and afflicted *poor* who reside in its vicinity, or who navigate the Mississippi River. It is a beautiful brick building of three stories, each containing eight rooms; of good dimensions, and admirably arranged. The house is capable of accomodating 200 patients, but on account of the limited fund annually appropriated by the Legislature, there are not often more than fifty within its wards at one time. There are ten acres of ground attached, which is well supplied with wood, under good enclosure, and capable of great improvement. It is situated about one mile from the river, in a beautiful grove, and certainly presents a most inviting asylum to the weary invalid. The sum appropriated for its support during the present year, is \$5,000. The Hospital is under the superintendance of a board of Trustees, who employ a resident steward, and two attending physicians. The latter receive, we think, \$500 per annum between them, and are required to pay the necessary professional attentions. The present incumbents are Drs. Christian and Watkins, gentlemen of high standing and extensive experience in the diseases of the South. Dr. Christian has been a resident of Memphis, about twenty years, and is universally esteemed for his moral worth and professional skill. Dr. Watkins, formerly resided in Columbus, Mi., and has only settled in Memphis, within a few years past, or since the late extraordinary improvement of the place.

The attending physicians visit the Hospital, once every day, and oftener when it is necessary. Having gone through the wards under the polite guidance of Dr. Watkins, we were pleased to see every thing conducted with systematic order and neatness.

The present building was opened for the admission of patients on the 1st day of November, 1841. From that time, up to the 24 August, 1844, the day of our visit; there have been.—

Admitted.	387.
Discharged.	265.
Died.	85.
Remaining.	37.

The cases in the house are much the same as are to be met with in the New Orleans Charity Hospital, viz: Intermit: and Remit: Fever, Rumatism, Chronic Diarrhœa, Ulcers, &c.,— and the subjects are almost precisely similar, i. e. Irish, and other foreigners. Only the most needy applicants are admitted, as the amount of the hospital fund precludes the possibility of receiving all that apply.

We have no doubt the fund is used in the most judicious manner, so as to extend relief to the greatest number, and the most proper objects of charity— and it certainly is creditable to the liberality of the State of Tennessee, to have built a fine hospital and appropriated \$5,000 per annum for the relief of a class of people, nine tenths of whom are not her citizens, and pay nothing into her coffers.

Memphis is growing up now to be an important place, and may expect to be well supplied with the vagrant foreign population, which is emigrating to the United States in such immense numbers. For every American citizen who may chance to be destitute, get sick, and request the charities of the Memphis hospital, there will be at least 50, if not 100 foreigners, who wander about from place to place, and add nothing to the honour or interest of society. Let the Trustees of the Hospital look to this thing in time, and with the spacious grounds belonging to the establishment, have some arrangements made, by which the invalid shall be compelled, as soon as he is convalescent, to make some compensation for the benefit he has received. Some species of labour can easily be adopted, which would give salutary employment to the convalescents, and the proceeds of which, would go far towards defraying the expenses of the institution.



PART FOURTH.

BRIEF NOTICES OF RECENT MEDICAL LITERATURE.

Superstitions connected with the History and Practice of Medicine and Surgery. By THOMAS JOSEPH PITTIGREW, F. R. S.; F. S. A., Doctor of philosophy of the University of Gottingen, surgeon to R. H., the Duchess of Kent, to the Asylum of Female Orphans, &c. &c. Philadelphia, Ed. BARRINGTON and GGO. D. HASWELL,, p. 213. 1844.

Through the kindness of Mr. Goodall, Camp street, we have received a handsome edition of the above work. The author, Mr. Pettigrew, has already shown himself, by his other productions, to be an able physician and a philosopher in medicine; and the little work before us must tend to enhance his reputation, on this side of the atlantic. Although of but little real practical value, yet the book will prove instructive, not only on account of the extensive learning which it displays, but the numerous and curious facts which it develops. The work treats of the following subjects: *Alchymy; Astrology; Early medicine and surgery, Talismans, Amulets Charms, the Influence of the mind upon the body, the Royal gift of healing, Valentine Greatrakes cures, and sympathetical cures.* We will pass over the two first subjects discussed by the author, and commence with *early Medicine and Surgery.* The origin of medicine is enveloped in great obscurity. Le Clerc says that our first parents were the first to practise medicine; *laboranti amicæ obstetricis manus adhibuisse, sicque chirurgiæ prima forte operationem exercuissc.* Some ascribed the discovery of medicine to HORUS, king of the Assyrians, the son of Isis and Osiris, who was, according to DIODORUS SICULUS the Apollo of the Greeks; and others, the Phæbus of the Latins. Ovid makes Apollo speak thus:

Inventum medicina meum est, opiferque per orbem,
Dicor, et herbarum subjecta potentia nobis.

Hippocrates and Cicero declared that God was the inventor of medicine; *Deorum immortalium inventioni consecrata est ars medica.* Baglivi ascribes it to necessity; *necessitas medicinam invenit, experientia perfectit.* It is obvious therefore that physic, according to the ancient belief, is of divine origin. As to the fabrication of surgical instruments, we are in still greater uncertainty; for our author tells us, that nothing which could be fairly denominated surgical, has been hitherto, discovered in the ancient cities of Egypt.

No doubt, in the early ages of the world, the most simple surgical means were adopted, and gradually modified, to fulfil the respective indications as they presented themselves. Like the other departments of science, surgery began, by slow degrees, to appropriate to the

useful purposes of healing wounds, and lesions of all kinds, such means, as the lights of reason and experience afforded at the time.

The *Iliad* is replete with eloquent allusions to the Greek surgeons; and the following encomium upon the profession will show in what high estimation the physicians of the army, was held :

“A wise physician, skilled our wounds to heal
Is more than armies to the public wield.”

Among the number, we find Patroclus, Podalirius, Machaon and Chiron mentioned.

The chief obstacle to the advancement of surgical science, in early times, was an ignorance of anatomy. *Circumcision* is the first surgical operation we find on record, and as this was a religious rite, it was performed by the priest. Among the Egyptians, there were doctors for the diseases of each organ; some for the eyes, some for the head, some for the teeth, and others for the belly, &c.—The professions were transmitted from father to son; hence Herodotus tells us that Egypt could boast of many physicians.

By this procedure, the errors of one generation were delivered down to another; and hence a species of quackery necessarily grew out of this state of things. Experience, which is an *ad captandum* expression, was their only teacher; for they were ignorant of the structure and functions of the organism;—of the principles of therapeutics, and the lesions caused by diseased action. The Priests, who were regarded as mediators between the offended Deities and man, for a long time, controlled the practice of medicine; but Hippocrates, divorced medicine from Priesthood, and thereby immortalised his memory.

The learned and accurate Celsus our author informs us, was not free from the prejudices of his time, with regard to the origin of disease: “Diseases, says he, are to be attributed to the anger of the immortal Gods and from them relief used to be sought.” Yet notwithstanding this evidence of his belief in the wrath of heaven, as causing disease, he did not fail to administer active remedies; and in these he seemed to repose more confidence than in eloquent prayers and bloody sacrifices; for he writes.—“*Morbi, non eloquentia sed remediis curantur.*” In the Egyptian papyri MSS. we find it recorded that certain parts of the animal body are under the control of the different Planets. Southey in his “*Margarita philosophica,*” gives an admirable description of the anatomy of man’s body, as governed by the zodiacal signs. We shall quote him: There *homo* stands, naked but not ashamed, upon two pisces, one foot upon each; the fish being neither in air, nor water, nor upon earth, but half suspended as it appears in the wind. *Aries* has alighted with two feet on *homo*’s head, and has sent a shaft through the forehead into his brain. *Taurus* has quietly seated himself across his neck. The *Gemini* are riding astride a little below his right shoulder. The whole trunk is laid open, as if part of the old accursed punishment for high treason, had been performed upon him. The *Lion* occupies the thorax, as his proper domain, and the *Crab* is in possession of the abdomen.

Sagittarius, volant in the void, has just let fly an arrow, which is on the

way to his right arm. *Capricornus* breathes out a visible influence that penetrates both knees; *Aquarius* inflicts similar punctures upon both legs. *Virgo* fishes as it were, at his intestines; *Libra* at the part assailed by school masters in their anger; and *Scorpio* takes the wickedest aim of all; "The truth is, aside from fiction, medicine, like the sun, rose in the East, passed into Egypt, thence into Greece, and so was diffused throughout the civilized world."

We have not space to extend our remarks into details on the subject of Talismans, Amulets and Charms; each of which is replete with curious facts and marvellous stories.

The next part treats of the "influence of the mind upon the body." This is an interesting subject; and one too, which has received but little attention from the practical physician. We are too much accustomed to disregard the influence of mental emotions in the production and cure of disease; the able physician will however always remember that the physical system is obedient to the high behests of the intellectual powers. Men are often cured; and as frequently killed, through the imagination. The effects of fear upon the minds of strangers, during the prevalence of an epidemic yellow fever in our city, are to aggravate the violence of the disease and diminish the chance of a recovery. Fear prostrates the nervous system, weakens the action of the heart and arteries,—checks or deranges the secretions; the blood recedes from the surface, to accumulate upon the deep-seated viscera; hence the pulmonary congestion, causing frequent sighing; the pale and cool surface,—the blanched cheek,—the sunken and anxious eye,—the weak, quick and thready pulse,—the pale tongue,—tremors, and it may be aptly said—*vox hæsit faucibus*; but when the disturbance of mind is sudden and profound, instantaneous death may be the consequence. Need we, to illustrate, the overwhelming influence of the mental, upon the physical, system, refer to Nostalgia; an affection from which the French army suffered so much, during some of Napoleon's campaigns,—to a sudden attack of jaundice,—to aneurisms of the heart, &c. On the contrary, it can not be denied, that many inveterate diseases, and chronic affections, involving no serious structural lesions, have been promptly relieved by fright, joy, and other sudden emotions of the mind. Boerhaave, in his *Prelect: Medic:* relates the case of a young man, dumb from birth, who, on seeing an armed assassin rush upon his father, suddenly exclaimed, "*O homo ne occides meum patrem,*" and from that moment recovered his speech. From the same cause, the lame have been known to rise up and walk, the withered and paralyzed limb promptly recovering its strength.

Many diseases develop a morbid irritability of the brain, which is difficult to remove, and often leads the patient to exaggerate his symptoms, or to refer his sensations to the wrong organ. The skillful physician will here distinguish the primary from the secondary, the spurious from the genuine, symptoms, of the disease; for without this precaution he may confound cause and effect, and fail to locate the affection. Through a morbid sensibility of the brain, Johnson led a wretched life; Cowper was half, his time stark mad,—and Chatterton was led to commit suicide; because there was no physician who could "minister to a mind

diseased, or raze out the written troubles of the brain." Each organ, in a state of disease, seems to produce its peculiar effect upon the brain; thus hepatic disease has long been supposed to produce melancholy, despair, and a gloomy indifference to surrounding objects; whereas, pulmonary complaints, as phthisis, inspires hope, begets confidence and throws a glowing charm over the future.—It is useless to extend the list. The reception of pleasant or painful intelligence destroys the appetite, and deranges digestion; the loss of property,—hope deferred, chagrin, and a host of moral emotions, pervert the healthy action of the organism and pave the way, in many cases, to the tomb. Armstrong truly says :

“Tis painful thinking that corrodes our clay.”

Corvisart, whose clinical lectures on cardiac disease, attracted a large crowd of students, declares, that many of those who followed his *clinique*, imagined themselves labouring under heart disease; and strange to say, some actually died of aneurisms of that organ; a striking instance of the influence of the mind in the production of disease.

During the prevalence of the epidemic cholera, which swept over the face of the earth, a few years since, fear evidently increased the mortality, and aggravated the symptoms of the disease. The late lamented Physick refused to operate upon a patient who was overpowered by an abiding apprehension of a fatal result. He was right; and to his keen insight into the mental state of his patient, may be attributed the unparalleled success which crowned his surgical operations.

The Hospitals and Surgeons of Paris.

An Historical and Statistical account of the Civil Hospitals of Paris; with Miscellaneous information, and Biographical Notice of some of the most eminent living Parisian Surgeons. — By CAMPBELL STEWART, M. D. New York, J. L. and H. G. Langley; Philad., Carey and Hart. Pag. 432, 8 vo: 1843.

To the American student, who wishes to visit the metropolis of Medical Science, with a view to prosecute the study of medicine, this book will be highly acceptable, not only as giving the most full and satisfactory account of every thing medical; but also as furnishing all the minutæ, pertaining to the comfort, expenses, &c., of the ambitious student. No one, who designs spending a few years, or even weeks, in Paris, to refresh his memory, or to study under those master-spirits of our profession, can set out well equipped without a copy of this truly useful work.

Dr. Stewart has conferred a lasting benefit upon the junior members of the profession in this country, and much praise is due him for his diligence and activity in collecting every thing which might be calculated to enlighten the young doctors, in regard to all things medical, on his first arrival in Paris.

With this book, as his *vade-mecum*, he will waste no time in tedious and embarrassing inquiry, but be enabled to plunge at once, *in medias res*, and thereby save much valuable time.

Dr. Stewart, begins his book, with an account of the number and general administration, and also expenses, of the Civil Hospitals. "The whole number of hospitals, hospices, and other establishments, under the care and direction of the *Council General of Hospitals* is thirty-six, and these are appropriated respectively, as will be seen, for the separate accomodation of the indigent poor and individuals afflicted with various diseases, or incurable infirmities." The sum annually required to support the Civil Hospitals alone, which are under the control of the ministers of war and marine, amount to nearly *two* and a *half millions* of dollars.

The General Hospitals, destined for the reception of all classes, both male and female, over fifteen years of age, are nine in number; $\frac{7}{10}$ of these, the *Hôtel-Dieu* is the oldest, being founded by St. Landry, bishop of Paris, in 660. Its motto is "*Medicus et Hospes.*" The annual expense of the *Hôtel-Dieu*, is between 4 and 500,000 francs. The sisters, of the religious order of St. Augustin, in number sixty, act as nurses in this establishment."

The number of indigent persons received into the Hospices and Houses of Refuge, during 1840, was 20,624. The whole number of patients treated in the Hospitals during the same period, was :

In the General Hospitals.	52,793.
In the Special Hospitals.	30,850.
	<hr/>
Total.	83,643.
	<hr/>

Out of this number, there were of medical patients. . .	61,883.
Of surgical patients.	21,760.

Making the proportion of medical to surgical patients, about 12 of the former to 4 of the latter; the average for a number of years, has been 11 to 4. The mean sojourn of each patient, for all the Hospitals, averaged about 24 days. The whole number of deaths, in 1840, was 7,080. The proportion of the males, treated in the General Hospitals, to the females, is three to two; the number is about equal in the special Hospitals. The annual income of the Hospitals, after all expenses are paid, is nearly four hundred thousand dollars.

In regard to medical instruction, in France, Dr. Stewart, says: "every kind of instruction in France is under the immediate superintendance of the Government, and the Minister of Public Instruction is appointed to frame and enforce rules and regulations for conducting all its branches. None are allowed to engage in the teaching of youth, without a previous examination."

The *Academy of Paris*, the most important branch of the *University of France*, comprises five faculties: the Faculty of Law; the Faculty of Medicine; the Faculty of Letters; the Faculty of Theology, and the Faculty of Physical Sciences.

From the system of instruction adopted and enforced in France, the me-

dical profession in that country, has been elevated to its present dignified and respectable position. The students, before they are permitted to become candidates for medical honours, are compelled to undergo a rigid examination; and are not allowed to come forward for their final examination, until they have obtained the diploma of bachelor of science. From the fact, that the Medical Schools are sustained at the expense of Government, and the professors receive their salaries from the National Treasury, those mean and underhanded stratagems, so shamefully practised, we are sorry to say, where rival schools exist in this country, are never resorted to, for the purpose of swelling the list of matriculants, as well as to fill, the purses of the professors. But in this Democratic Country, where popularity is the basis of greatness, and patronage the test of merit, every young man who may be too lazy to till the earth, or too stupid to learn any of the higher arts and trades, without any preparatory education, or habits of study, enters our medical schools, and in the course of a few months, he is metamorphosed into a doctor, and forthwith commences the practice of medicine!

Such a course must degrade the profession and inflict a curse upon the public; and we sincerely hope, that ere long, a better system will be adopted; — that, before the candidate enters upon the study of medicine, he shall exhibit satisfactory evidence that he, at *least*, has some knowledge of his vernacular language; that he can write a correct sentence, and has a general idea of mathematics and the physical sciences. The great facilities afforded uneducated young men for gaining the *Doctorate*, are becoming crying evils to the profession in this country, and from our thirty or forty Medical Schools, they issue annually as numerous as the soldiers, from the dragon's teeth sown by Cadmus. Nor does the comparison end here; for like these soldiers, they are preying upon each other, and the public is the sufferer. Easy access into the ranks of the profession, tempts many an unwary wight, without means, education, or patronage, to study medicine in the United States. But we will not pursue this subject, at present. Let us return and hear what Dr. Stewart, says of the

“CONCOURS.” “The advantages attending the system of the Concours or public competition as established in France, have, after a test of many years, been found invaluable; by it an equal and fair opportunity is afforded to all for making known their respective qualifications, and all such as possess superior talent and acquirement are sure of meeting with encouragement and promotion.”

To this admirable system, Velpeau is indebted for his present enviable position; and the celebrated Dupuytren owned that he derived essential aid from the same source; hence he was ever an advocate for the *concours*. In France, all vacancies occurring in the medical department, whether civil or military, are put up for public competition; and he who stands the best examination, for the place contended for, always fills the situation. By the *concours*, the candidate, without friends, influence, or any extraneous aid, may reach the most eminent posts, and become at once appreciated. What an equitable, what an admirable system! When shall we see it adopted in this country?

Paris can boast of more than 36 public libraries; the majority of which is easy of access. We shall enumerate some of them: “The *Biblio-*

thèque du Roi, contains 900,000 books and pamphlets; 80,000 manuscripts, 1,000,000 medals; 1,600,000 engravings; and 300,000 maps and drawings. It is open to students and strangers daily. The *Bibliothèque de Sainte-Geneviève*, contains 200,000 volumes and 30,000 MSS. open daily at certain hours. *Bibliothèque Mazarine*, contains 160,000 volumes and 500 MSS. The *Bibliothèque de l'École de Médecine*, contains the libraries of several medical and surgical societies, and numbers about 30,000 volumes, and numerous MSS. in all languages. *Bibliothèque du Musée d'histoire Naturelle*, at the Garden of Plants, contains 30,000 volumes, in the various branches of natural history.

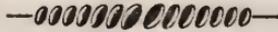
Bibliothèque de l'Institut, holds the library of the Academy of Sciences and of the Royal Institute, and contains upwards of 1,000,000 volumes. Besides this immense collection of books on all subjects and in all languages, the Parisians claim three botanical gardens; the largest of which is the celebrated *Jardin des Plantes*; the second, the *Jardin Botanique de l'École de Médecine*, intended chiefly for the medical student; and the *Jardin Botanique de l'École de Pharmacie*, designed for the benefit of those who study pharmacy. In addition to all this, there are a number of Museums, filled with the richest and rarest specimens on all subjects of a scientific character.

Of the Academies and Medical Societies, there are *seventeen*; of Medical and Scientific Journals, *thirty-four*. In addition to a full and complete account of every thing interesting and instructive, connected with what we have barely mentioned, Dr. Stewart, furnishes much valuable matter, under the head of Miscellaneous Information; and to all who may be about to visit the capital of *la Belle France*, we would earnestly recommend a copy of this work.

❖ OMISSION. — The Excerpt alluded to in *Remarks*, at Page 192 was unfortunately omitted.



ADVERTISEMENTS.



MEDICAL COLLEGE OF LOUISIANA.

The Annual Course of Lectures, in this Institution, will commence on Monday, 18th day of November 1844, and terminate on the third Saturday in March 1845.

Physiology and Pathology,
Theory and Practice of Medicine,
Surgery,
Chemistry,
Obstetrics and the diseases of Women }
and Children,
Materia Medica and Therapeutics,
Anatomy,
Demonstrator of Anatomy,

JOHN HARRISON, M. D.
JAMES JONES, M. D.
WARREN STONE, M. D.
J. L. RIDDELL, M. D.
A. H. CENAS, M. D.
W. M. CARPENTER, M. D.
A. J. WEDDERBURN, M. D.
JOHN F. EUSTIS, M. D.

The regular course of instruction, in this school, is similar to that of the best Institutions of the country. Clinical instruction will be given daily at the Charity Hospital, in the various branches of Medicine. The Professors being the attending Surgeons and Physicians to this extensive Institution during the Session of the School, have every opportunity of making their lectures practical and thorough.

The Professor of Obstetrics, having under his entire control the female wards of the hospital, is enabled to exhibit to the class those diseases peculiar to the sex, and also to furnish the senior members as many cases of labour as are necessary to give them a practical acquaintance with this important branch.

The facilities for prosecuting the study of Practical Anatomy and Operative Surgery are unrivaled—subjects being supplied in any number, free of charge.

For a more particular account of the advantages afforded Medical Students in this city, see articles 3rd and 4th, Louisiana Medical College and Historical Sketch of the Charity Hospital, in the first number of the New Orleans Medical Journal. A. H. CENAS, M. D., *Dean.*

MEDICAL DEPARTMENT.

of the University of Pennsylvania.—Session of 1844-5.

The Lectures will commence on Monday, November 14th, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by NATHANIEL CHAPMAN, M. D.
Chemistry. ROBERT HARE, M. D.
Surgery. WILLIAM GIBSON, M. D.
Anatomy. WILLIAM E. HORNER, M. D.
Institutes of Medicine. SAMUEL JACKSON, M. D.
Materia Medica and Pharmacy. GEORGE B. WOOD, M. D.
Obstetrics and the Diseases of
Women and Children. HUGH L. HODGE, M. D.

A course of Clinical Lectures and Demonstrations, in connexion with

THE
NEW-ORLEANS MEDICAL JOURNAL,
DEVOTED TO
THE CULTIVATION OF MEDICINE,
AND THE
ASSOCIATE SCIENCES.

(BI-MONTHLY.)

ARRANGEMENT:

- PART I.—Original Communications, Cases, and Surgical Operations occurring in Private Practice.
PART II.—Periscope of Practical Medicine—or Spirit of the Medical Journals, Foreign and Domestic.
PART III.—Brief Notices of Recent Medical Literature.
PART IV.—Health of the City, with Reports from the New-Orleans Hospitals, &c.
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EDITED BY
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AND
A. HESTER, M. D.

LATE ONE OF THE PHYSICIANS TO THE NEW-ORLEANS CHARITY HOSPITAL.

"Summum bonum Medicinæ sanitas."—GALEN.

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THE

NEW-ORLEANS MEDICAL JOURNAL.

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JANUARY, 1845.

ART. I.—*Observations on the Pathology and Treatment of the Endemic Fevers of the South-West, commonly called "Congestive Fever."* By JOHN W. MONETTE, M. D., of Washington, Miss.*

To illustrate the grades and forms of fever which are often comprised under the term congestive fever, among southern practitioners, I select the following cases, which came under my own personal observation; and subjoin such remarks as appear to be appropriate in order to enforce the views which I entertain on the subject.

CASE I. *Congestive Fever, with primary prostration of vital and cerebral energy: fatal termination on the fifth day.*

1835. I. S., æt. 35, a planter by profession, nervo-lymphatic temperament and rather corpulent for his age—large frame—habit indolent; previous health good. After two days of slight indisposition or lassitude, he was taken on the 10th of July, with a slight chill, followed by very little febrile excitement: but he continued to experience great sense of debility, accompanied with irritable stomach and occasional vomiting, during the early part of the night; and the pulse continued feeble until next morning.

July 11th. This day he felt weak, but had little or no fever; the pulse was still quick and feeble; he took some mild purgative without effect, and continued feeble, with anorexia, nausea, and occasional vomiting: the skin was cool and relaxed, or moist: still he did not remain confined to bed, but occasionally walked about the house.

July 12th. This day had a light chill about noon, followed by some little reaction, but afterwards the pulse became quick and feeble, and the surface more cool and relaxed. On the evening of this day I first saw him, and found him as follows: viz: pulse rapid and small, skin cool and moist, tongue moist, white and slimy: bowels unmoved and torpid; great restlessness, and a constant inclination to change his position in bed;

* Continued from page 146 of No. 3.

complains of great internal heat and oppression; is evidently in the incipient stage of collapse.

Modus Medendi. Gave him a full portion of calomel, quinine, and oil of black pepper every three hours, (i. e. cal. grs. xv. Quinine, grs. iii, and oil pip. nig. gutt, 3,) besides sinapisms freely applied to the epigastrium and to the extremities: warm toddy with small quantity of capsicum and camphor administered occasionally; anodyne and stimulating enemata of gruel medicated with brandy, laudanum and camphor; subsequently a large blister was applied to the epigastrium.

Towards evening of the 13th of July, finding that all my efforts to rouse the circulation by internal and external stimulants, had failed, I opened a vein in hopes of relieving the circulation. After about four ounces of black blood had been withdrawn, the pulse appeared to fail and the arm was tied up. The symptoms of collapse continued to progress; and stimulants internally and externally were perseveringly used during the 14th, without any salutary effect in arresting the approaching collapse, which terminated in death on the 15th.

Observations. In such a case as this, where the cerebral and vital energy is so utterly prostrated from the first, I know not what more is to be done. The *gastro-duodenal irritation* in this case was extreme from the beginning, and the stimulants which were used, seemed only to exhaust the remaining vital excitability. Calomel, quinine and capsicum could have been of no use, and might have been prejudicial: capsicum in 10 gr. doses frequently repeated might have been productive of some good effects, especially at an earlier period. The anodyne and sedative plan on the first attack might have been successful.

CASE II. *Congestive Fever, with primary prostration of the vital and cerebral energy: extreme gastro-duodenal irritation: fatal case.*

Caroline, æt. 45, a mulatto house-servant: lymphatic temperament, habit indolent, and very corpulent,

1840, July 15th. Attacked with the usual symptoms of fever; such as pains in the back, loins and extremities, headache, succeeded by a slight chill and some subsequent fever: the heat of the surface was but little increased; pain in the head was severe, the stomach was irritable, and rejected all ingesta: the tongue was white, and slightly coated with a white mucus or fur near the base; the pulse small, but tense and rapid.

July 18th. Up to this time, she had taken two doses of calomel, besides castor oil, senna, and other purgatives, with but little effect towards producing healthy evacuations; and probably an aggravation of the first symptoms. I found her laboring under great oppression and precordial distress, and much reduced by thin serous discharges, attended by severe pain in the head, and irritable stomach, and great intestinal irritation. The tongue was white, slightly coated with a brown or buff colored fur; the pulse was from 90 to 100 per minute, quick and weak: great thirst.

Mod. Med. Gave anodyne enemata—Epispast. applied to epigastrium, aromatic anodyne and sudorific draughts, to allay gastro-intestinal irritation. Then gave the anodyne saline mixture as follows, viz:

℞ Sul. Magnes. ʒ ii
 Pulv. Ipecac grs. iij
 Tinct. Opii. f. ʒ i
 Aquæ font. f ʒ iij
 M.

} Dose, one Tablespoonfull every two hours, for the first six hours—then every three hours; or *pro re nata*.

July 19th. Blister to the head; sinapisms to the extremities: continued the mixture. All the symptoms remain much the same; the stomach very irritable, and nothing appears to have passed the pylorus; which seems to close against all medicines or drinks: the large intestines exhibit symptoms of high irritation, with thin yellow discharges, and occasionally mucus in small quantities. Anodyne and mucilaginous enemata were used freely, to allay this irritation, with but little effect; anodyne and effervescing potions and mucilaginous drinks were freely used, but with little or no relief.

July 20th. Several doses of calomel and opium were administered, and as often rejected: other purgatives were administered and rejected; the *pylorus* still closed to all medicines and drinks; while small discharges of thin yellow serum and mucus pass from the highly irritated large intestines. The mucilaginous drinks and enemata, strongly medicated with opiates and sedatives, were continued with but little relief.

July 21st. There is no change except for the worse. The pulse has become rapid and small; there is frequent sighing, precordial distress, anxiety, jactitation, and cool relaxed skin. Administered camphorated julap and ammonia, æther sulphuric, &c. The constriction in the upper bowels continues; collapse approaches and death ensues on the 22d.

Observations. I consider this a fair specimen of the highest grade of gastro-duodenal irritation and inflammation, which ever occurs in our congestive fevers: a constriction in the small intestines seems to have cut off all communication between the stomach and the lower bowels, while the whole alimentary canal below the duodenum, was filled with the acrimonious thin yellow bile, which was continually thrown off from the highly irritated liver, until the whole alimentary canal was thrown into the highest possible state of irritable excitement; in which the brain and nervous system were equally implicated.

The free use of the sedative plan in the first three days before I saw her, might possibly have arrested the irritation, in its early stage. I also regret that I did not, after I saw her, use the cool effusion freely, over the head, as I had done in case XVIII.

CASE III. *Congestive Fever, high grade of gastro-duodenal irritation, extending to the whole alimentary canal: fatal termination.*

1840, Mrs. S. æt. 35, planter's wife, nervo-lymphatic temperament; large person; inclining to corpulence; habit indolent, and liable to nervous affections.

Attacked May 25th with the usual symptoms of Congestive Fever, such as great precordial anxiety and oppression; pain in the head, back and extremities; next day a slight chill with gastric irritability, and moderate febrile excitement afterwards. These symptoms became gradually aggravated under the irritant plan of treatment; i. e. calomel and

quinine, calomel and James's powder, senna, manna, and salts, castor oil and spirits turpentine, &c.

May 29th. I saw her first on this day; found her restless, with great precordial anxiety; heat about the precordia and head: the remainder of the surface was moderately cool and relaxed; great pain in the head; thirst, and frequent vomiting; pulse quick and rather tense. The bowels had not been thoroughly evacuated by any previous medicines; and she complained of fullness and soreness in the abdomen; the tongue was pale and moist, and coated with white, towards the base.

Mod. Med. Anodyne mucilaginous enemata to allay intestinal irritation: anodyne and mucilaginous drinks, sinapisms to the abdomen freely, and to the extremities: several doses of mild saline purgatives were rejected by the stomach, after being retained one or two hours. On the 30th, applied a large blister over the epigastrium; continued sinapisms to the extremities; repeated the diluent anodyne enemata; after which again gave a purgative of senna, manna, and salts.

May 31st. There is no abatement of any symptom—there has been no free evacuation of the bowels; but still there are small irritating discharges of thin acrid bile, with tenesmus, and great intestinal irritation. Thirst, anxiety, and pain in the head remain the same.

June 1st. Symptoms remain much the same; purgative of cream of tartar, jalap, and colocynth given; but no good bilious evacuations obtained. Pulse, small and tense, 100 to 110 pulsations per minute: cold applications were made to the head, to allay the pain and cerebral excitement.

June 3d. Thick, yellow bilious stools appear; but seemingly from a relaxation of the intestinal stricture, in consequence of the prostration of vital energy; the precordial distress and general anxiety are not relieved. Under the free discharge of yellow bile, the patient fails, pulse falls, and collapse ensues. She continued to sink until the 4th of June, and died at 2 o'clock, A. M.

Remarks. In this case the proximate cause of the disease was unquestionably *duodenal irritation*, of a high grade: this irritation as it progressed, caused all the nausea, precordial distress, anxiety and jactitation; the function of the liver, irritated above the point of healthy secretion, became early deranged: a thin acrimonious bile is discharged into the irritated duodenum, and the high irritation, by continuous sympathy or otherwise, is communicated to the small and large intestines, which being spasmodically constricted, refuse to permit the passage of the irritating secretions as well as irritant remedies. All medicines taken into the stomach, after remaining for a longer or shorter period were rejected; because as they advanced towards the pylorus, the additional irritation of the medicine, caused that organ to reject their passage, while the acrid secretions remaining unmoved in the upper bowels, added to the existing irritation. The pain in the head was sympathetic with the deranged functions of the stomach and liver. Experience shows that nothing so effectually controls the nervous and cerebral functions, as the condition of the portal circle.

Hence, in many cases, which present originally only the ordinary symptoms of bilious remittents, a frequent use of drastic medicines, which induce gastric and duodenal irritation by injudiciously exciting the liver and portal circle, superinduce an *artificial irritation* of these important tissues and organs. A similar effect is often produced in mild cases of remittent fever, by permitting the acrimonious secretions to be retained in the alimentary canal, together with irritating medicines which are not made to pass speedily through the bowels. To guard against and to remove this state of things, by a judicious administration, and alternation of remedies, the practitioner cannot be too careful, or too discriminating in his treatment.

In the last two cases, I am strongly persuaded, that if the patients, within the first two days, had taken a large anodyne potion, followed in three or four hours, by an active purgative, such as calomel and jalap, to evacuate the morbid matters and to emulge the ducts, with subsequent anodyne saline febrifuges to allay irritation, and promote the peristaltic action, the cases would have terminated differently.

The action of such remedies operates as follows: viz. suppose the dose be calomel 15 or 20 grs. and opium 2 grs. The opium in two or three hours has exerted its narcotic effect in reducing the nervous and cerebral irritability, and the sensibility of the duodenum, until the calomel has passed that organ; when it subsequently exerts its purgative effects upon the lower bowels. This action is further promoted by the saline mixture of sulph. magnes. ipacac and laudanum, which upon the principles, heretofore laid down, promote the evacuation of the bowels. Counter irritation, by blisters, sinapisms, or scarifying and cupping over the epigastrium, of course should not be omitted in urgent cases.

CASE IV. *Artificial Congestive Fever; general torpor of nervous and cerebral energy; with recovery.*

1836. Mrs. W. æt. 45, medium size—not fleshy—bilious temperament. Attacked Aug. 1st, with dysmenorrhœa as a result of biliary derangement. A gentle purgative was administered, followed after its operation by an anodyne stimulating sudorific of Dover's powder and camphor in an infusion of sage and capsicum. Anodyne saturnine pills next day, and until partially relieved.

August 19th. I was called again to see her in consultation, she having for the last five days been under treatment of another physician, during which time she had taken frequent doses of calomel and quinine, quinine and blue mass, &c, with little or no active purging: for the last two days, such was the anorexia, prostration of vital and cerebral energy that she was deemed to be in the incipient collapse of congestive fever, and had taken freely of aqua ammoniæ, camphor, aromatics, &c.

I found her with feeble, rapid pulse, almost imperceptible to the touch; skin pale, cool and clammy; great restlessness, precordial anxiety, sighing, jactitation, extremities cold; frequent eructations, and ejection of a green flocculent fluid from the stomach; tongue moist and pale, and coated white.

M. M. Being too much prostrated, as the attending physician thought,

to admit of an emetic of any kind, the stomach was roused by warm aromatic toddy,—next we administered at intervals of two hours, three doses, consisting of 20 grs. calomel and 15 grains of best pulverized capsicum: sinapisms were freely applied to the abdomen and extremities. A few hours presented a decided change; the circulation became quickened, the skin resumed its natural temperature; and after the bowels were freely evacuated under the use of diffusible stimulants, the digestive and cerebral functions resumed their wonted action in a healthy convalescence.

Observations. The action of the large doses of capsicum in rousing the general powers of vital action in this case, could not be mistaken. The stomach and portal circle had been so completely depressed in their functional action, by accumulated morbid secretions, that life could not have been sustained much longer; and under a continuation of the previous treatment, the patient could not have survived twenty four hours more. Had there been a high grade of irritation, or sub-acute inflammation of the mucous membranes, indicated by red tongue, either raw, smooth, or dry, such internal stimulants would have been inadmissible. A lobelia emetic with capsicum, previous to the calomel and capsicum, would have been excellent.

CASE V. *Congestive form of Fever, superinduced from common severe remittent, prostration of vital energy by accumulated sordes in the alimentary canal: speedy recovery.*

1836, Mrs. I. æt. 26. nervo-lymphatic temperament,—active habits,—muscular.

Attacked Sept. 15th, with remittent fever, and was under medical treatment ten days before I saw her. During this time she had taken numerous doses of calomel, quinine, and blue-mass, with occasional small portions of castor oil, senna, manna, salts, &c. but no active purgative to evacuate the bowels thoroughly.

Sept. 25th. At the time I saw her, on the 25th of September, she was deemed on the verge of collapse, in the last stage of congestive fever, or “typhoid fever,” as it was called. I found her pulse rapid and feeble, surface rather cool and torpid, but dry and harsh; the tongue was moist, but covered by a whitish brown fur; great anorexia, nausea and sometimes vomiting; restlessness and sense of precordial oppression; intellection and cerebral energy depressed, with partial stupor or inadvertence; bowels more or less constipated, for several days. She had been taking wine whey, mustard whey, carbonate of ammonia and camphor; and occasionally a little castor oil.

M. M. Upon close examination, I was satisfied that the typhoid symptoms were caused and continued by irritating sordes in the stomach, and bowels. But such was the general languor and depression, that it appeared unsafe to administer an emetic or an active cathartic. To rouse the action and sensibility of the stomach, and the general circulation, I administered in the first ten minutes, about a gill of hot ginger-toddy; soon afterwards 10 grs. of ipecacuanha and 5 grs. of pulverized capsicum were given, mixed with a little warm water and brandy. This soon operated freely, and discharged a quantity of sordes from the stomach;

and the action after every discharge was promoted by moderate draughts of warm water and brandy. After the operation of the emetic, sinapisms were applied freely to the abdomen and extremities, to keep up superficial circulation: also a dose of castor oil and half a drachm of spirits turpentine was given to dislodge the irritating matters from the lower bowels. Next day the patient was placed upon tonic vegetable infusions, and recovered rapidly.

Observations. In this case a new action was almost immediately excited in the whole system, by the remedies used in the first twenty four after my visit, as was evident to every person present.

The *vis medicatrix naturæ* was competent to finish the cure with but little aid from the physician.

CASE VI. *Congestive Fever, simulating Cholera; great gastro-intestinal irritation, terminating fatally.*

1843. Mrs. McC. æt. 52, sanguine bilious temperament—habit indolent—inclining to corpulence, previous health good, except great mental depression from domestic griefs. After much fatigue and loss of rest for ten days, with the sick, she was attacked on the 7th of September, 1843, with a light chill, and but little fever succeeding. These recurred next day, with some little febrile excitement, thirst and headache.

Sept. 9th. I saw her this day; very little arterial excitement existed; the tongue was covered with a thick white coat, moderately dry; bowels were torpid, although two or three doses of calomel had been taken: severe headache or sense of heaviness in the head: occasional vomiting of any thing swallowed: pulse tense, but not full, 75 to 80 pulsations per minute: no preternatural heat or coldness: intellect clear and rational.

M. M. Venesection; 12 oz. extracted; blood thick and black, no perceptible effect was observed from the blood-letting. Next gave calomel 15 grs. opium 1½ grs. caps. 4 grs. as a dose to be repeated in three hours, and to be followed after an interval of 2 hours, by the anodyne saline solution, (aqua font ʒvi, sul. mag. ʒij, tinc. op. and camph. f. ʒ ss ipecac 4 grs.) every 2 hours in half oz. doses, until next morning.

Sept. 10. She is nearly free from any febrile action; skin moist and warm, headache partially relieved: directed some doses of the solution every 3 hours: at noon fever returned with moderate heat and thirst, preceded by no chill. The bowels not having been freely moved, an enema was administered. Two light colored bilious evacuations succeeded; these were followed by several small thin light colored or rice-water discharges: during which time she complained of great debility: anodynes by mouth and enema, with sinapism to the abdomen and extremities, allayed intestinal irritation. In my absence in the evening the friends gave her a large dose of calomel, in hopes of exciting bilious secretions. From this time the patient began to complain of great thirst, oppression, and debility; this was followed by copious rice-water discharges. I arrived before midnight, and found her in this condition: administered anodyne enemata; opium by mouth; sinapisms to abdomen and extremities, &c. but nothing had any effect in arresting the discharges, or in keeping up the pulse, which became rapid and small, attended by a sense of great

debility : final collapse supervened at noon of the 11th, and terminated in death at 5, P. M.

Observations. In this case a peculiar irritable condition of the mucous membranes of the alimentary canal was the prominent symptom. I have no doubt that the *last dose* of calomel was the immediate cause of the collapse ; as the change was perceptible to the attendants from that time, and resisted the most assiduous application of remedies internally and externally.

CASE VII. *Congestive Fever, incipient collapse induced by irritating purgatives, Cook's pills* : termination favorable.

A. B. overseer, æt. 33, bilious temperament, easy and indolent habit, smooth skin.

1843, Sept. 27th. Had been complaining of chilly sensations and slight fever for a day or two, but did not confine himself to his bed. In the evening of 27th, took five of Cooks' pills. They began to operate in the night; and as he thought they were operating very finely, he took no means to check the discharges until next morning, when I was called in great haste. I found him in a state of extreme prostration, and with incipient collapse : his eyes were sunk, and surrounded by a livid areola ; thirst was extreme, with frequent vomiting of every thing swallowed ; great anxiety, and uneasiness in the bowels : had had six or eight copious discharges of thin yellow serous matter before day ; and at least six or eight copious light coloured serous discharges and mucus, since day light all of which left only a stain on the ground, pulse almost imperceptible. tongue pale with white coat.

M. M. Gave warm toddy, with laudanum and camphor, freely, enema of starch and laudanum, sinapism freely, over the abdomen and extremities ; æther sulph. ess. of menth. pip. &c. After six hours of constant efforts in allaying intestinal irritation and in restoring circulation, the patient became quiet and easy ; the pulse improved, and the superficial warmth was restored.

Next day he was put upon the use of anodyne and saline mixture, with a little sweetened infusion of bay berry bark, capsicum and hydrates canadensis, as a cordial, and stomachic. He improved finely, and in three days more, was convalescent, with healthy bilious discharges, and without calomel, quinine, or blue mass.

Observations. This patient, when I first saw him, must have sunk into irretrievable collapse, in a few hours more, had he received no aid. The disease consisted primarily in a high grade of intestinal irritation, but not of inflammation. The regular return of healthy biliary secretion, without the aid of any mercurial, is one of the great advantages in the soothing treatment.

CASE VIII. *Congestive Fever—high grade of intestinal irritation and malignant type of fever*, Termination favorable.

1843, Mrs. B. æt. 25, nervo-lymphatic temperament—full habit—large frame—native of Virginia—first summer in the South.

Attacked, Sept. 21st, 1843, with fever and high excitement ; with erythematous rash or eruption over the whole surface ; pulse rapid ; head

and face flushed; eyes suffused and watery; great anxiety and nausea; tongue pale and covered with a fine white fur; had taken a laxative which operated freely—the eruption had disappeared and fever subsided on the 22d. I saw her on the 23d, when the fever had returned with great violence, the eruptive erythema had reappeared over the whole surface; eyes were red and watery; headache severe; she was also under the operation of a dose of purgative pills, taken a few hours previously; the discharges were thin, yellowish water, and sanguineous mucus, attended with great internal heat—oppression—sighing—thirst and restlessness,—tongue coated with a fine white fur, and moist.

M. M. Sept. 23d. To prevent a retrocedence of the eruption which was indicated by appearances, sinapisms were freely and extensively applied to the epigastrium, abdomen and extremities; also, a warm pediluvium was used; gave also an emetic of *lobelia inflata*; enemata of starch and laudanum, *pro re nata*, to check the thin yellow discharges, and allay intestinal irritation: mucilaginous drinks, infusion of prickly pear freely. The principal medicine administered by mouth, was the anodyne saline mixture, with a small addition of spts. camphor, every two hours, in two tablespoonfulls of infusion of bay berry bark, capsicum and hydrastes canadensis. The sanguineous and sero-mucous discharges were inveterate, and were difficult to subdue; and the patient had been failing rapidly under them.

The course was persevered in during part of the 23d and until the 25th, with a gradual abatement of fever and every other symptom of intestinal irritation; as well as of nervous and cerebral excitement. On the 26th the discharges from the bowels change and assume the character of consistent yellow bile; the menstrual discharge appears; the skin becomes soft and natural, and on the 27th, the patient is fairly a convalescent; taking the mixture, with the addition of a small portion of quinine, and on the 28th discontinues all medicines for weak toddy.

Observation. This patient evidently aggravated all the symptoms in the first stage, by the injudicious use of purgatives and aloetic pills, (Cook's) which developed the malignant grade of the intestinal irritation. She took *not one grain* of *calomel* after I saw her; and I have seen enough of this class of cases, to know that with a perseverance in the mercurial treatment, she would have died about the 25th of September in the collapse of "*Congestive Fever.*" with thin serous or rice water discharges, or with sero-flocculent discharges.

CASE IX. *Congestive Fever, with dysenteric symptoms.* Termination favorable.

Mrs. R. æt. 45, bilious temperament, phlegmatic habit—slow and easy manners; mental operations slow.

August 27th, 1839. After some febrile action and derangement of the bowels, and headache for two or three days, I saw her. She had taken some purgative pills, which had operated, as she thought, very well. I found her quite restless, with precordial anxiety, skin cool, relaxed; pulse small, weak and rapid; tongue dry, red and chopped; great uneasiness, and some pain in the bowels, with frequent serous and mucous discharges; intestinal irritation in large intestines.

M. M. Gave strong anodyne and carminative doses, and hot toddy repeated: applied flannels wet in warm spirits of turpentine to abdomen, with external heat, as a powerful rubefacient; siuapisms to extremities freely applied: copious mucilaginous drinks, with anodyne enema of tinct. opii. f ʒ i, mucilage f ʒ iv, to be repeated, until intestinal irritation was allayed, and the pulse became filled. Then put her upon the use of the anodyne saline mixture every 2 hours. The bowels were moved sufficiently after 36 hours, and the intestinal irritation being allayed, the patient convalesced rapidly, with a healthy biliary secretion on the 30th of August.

Observations. In this case the dysenteric symptoms were superinduced by acrid bile; which produced stricture of a spasmodic character, and extreme irritation in the colon and rectum: as soon as the morbid irritability of the bowels was allayed, the acrimonious contents of the alimentary canal were suffered to pass over the the irritated surfaces.

A free use of calomel, or other irritating purgatives, would have augmented the irritation, and confirmed the intestinal stricture, and all the symptoms of collapse and extreme congestion would have been aggravated, until the tone of the bowels should have given way, when free bilious discharges of a thin acrid character would have terminated the case, similar to cases II and III.

CASE X. *Case of Simple Irritative Fever converted into Congestive Fever.* Termination favorable.

1843. Tower, free-negro, æt. 55, healthy constitution.

Sept. 21st. He had complained of rigors, pains in head, back and extremities, with subsequent fever, and took two doses of Cook's pills, which, during the night and morning of 22d, had operated freely, and had completely prostrated him; on this day I was called to him, supposed to be in a dying condition; found him prostrated by frequent thin discharges, in an incipient collapse, from the hypercatharsis, until he was unable to rise from his bed; the discharges were thin yellowish serum, or bile; great restlessness and sense of depression existed; pulse small, rapid and weak; tongue white and coated.

M. M. Administered hot toddy freely, with tinct. opii. and camphor, sinapisms to abdomen and extremities, artificial heat, enemata of starch and laudanum. This course, like case VII, was continued for six or eight hours, until circulation was restored, and the intestinal irritation was allayed. Then he was put upon the use of a weak infusion of bayberry and ginger, with a small portion of laudanum, ipecac and camphor, as an anodyne carminative, every two hours, until he became convalescent three days afterwards.

CASE XI. *Simple Irritative Fever converted into Congestive Fever.*

Sept. 25th, 1843. Francis, daughter of the last patient, æt. 16 years, delicate form and constitution.

This patient attacked in the same manner, had taken five of Cook's pills at night, and three in the morning. They began to operate early in the day, and before noon had operated freely five times, with copious discharges of thin yellow fluid, almost transparent; the vomiting was incessant.

sant; great thirst; and all water drunk was rejected immediately; this case presented a less complete collapse than the last.

M. M. Toddy and tinct. opii. and tinct. camph. given freely, and sinapisms to abdomen and extremities, &c., until circulation was restored and the intestinal irritation allayed.

Sept. 26. She was then put upon the use of the saline and anodyne mixture every two hours, with a weak infusion of the bay-berry bark and ginger, until convalescent, on the 28th.

Observations. Neither of these patients took any calomel or blue-mass after I saw them, and I am satisfied that, under the common mercurial treatment, or under the irritating purgative and febrifuge plan, both of them must have died.

CASE XII. *Malignant Irritative Fever, Woodville Fever, or Yellow Fever.* Termination favorable.

1844. Mrs. L. æt. 22, sanguino-bilious temperament—large frame—healthy, active.

Sept. 9th. Mrs. L. arrived in Washington on the 9th, direct from Woodville, where her husband had died of the prevailing epidemic. The disease developed itself in her system before she reached this town.—Until the evening of the 12th she was under the care of a very intelligent physician of this place; and during this time she had been upon a thorough mercurial course, having, in three days, taken nearly 200 grs. of calomel, besides other adjuvant cathartics, and febrifuges.

Sept. 12. I first saw her at night, and found her with red heavy suffused eye, irritated stomach, pain in the head, great nausea and anxiety, tongue white, coated near the root, but red and fiery near the extremity, great thirst, had frequent and copious thin sero-flocculent discharges from the bowels, and other symptoms of a severe case of yellow fever.

M. M. The calomel was immediately discontinued; anodyne and emollient enemata were administered; anodyne sudorific potions were given; a large blister was applied to the epigastrium, and mucilage of prickly pear used freely as a drink. A few hours sufficed to allay the extreme intestinal distress, as well as partially to compose the stomach, and relieve the severe pain in the head. This being effected, she was put upon the anodyne saline mixture, in two drachm doses every hour, for the first six hours, and afterwards every two hours; this was continued with mucilages day and night. The change was perceptible, and remarked by all the attendants; on the 14th the febrile symptoms declined, the bowels and stomach had become quiet, the skin became moist, and she was decidedly better; on the 15th the bowels assumed a free and natural action, and the discharges were healthy yellow bile, such as had not been seen before. The mixture was continued every three hours, with the addition of a little infusion of bay-berry and hydrastes canadensis; and on the 16th the patient was fairly convalescent, and recovered in a few days.

Observations. It must be borne in mind that this patient was regularly growing worse under the mercurial practice, and the change for the better dates with the anodyne saline plan of treatment, and depended upon it alone.

CASE XIII. *Plain case of Malignant Yellow Fever, Black Vomit cured by the Saline Anodyne treatment.*

Oct. 10th 1844. J. D. a youth, æt 16, nervo-bilious temperament—college student.

This patient, boarding and lodging in the same house in which there had been three or four cases of the Woodville fever, was attacked on the 10th of Oct. with violent symptoms of unequivocal yellow fever; the same day took purgative pills, which produced free discharge of thin serous matter; next day, the 11th, took several doses of calomel, calomel and opium, and castor oil, &c. At midnight of the 11th I saw him in consultation, found him with all the characteristic symptoms of yellow fever, with high grade of excitement, watery red eye, red dry tongue, incessant vomiting, with considerable portion of the matter of black vomit in the ejections; the bowels were discharging frequent thin sero-flocculent evacuations; pain in the eyes and head extreme. He had taken probably 60 grs. of calomel or more.

M. M. Discontinued mercurials immediately; administered enema of starch and laudanum, and repeated it *pro re nata*; gave elix. paregoric, and anodyne saline mixture freely every hour; applied a large blister to the abdomen, mucilage of prickly pear freely as a drink, anodyne mucilaginous enemata to quiet the bowels.

Oct. 13th. Mixture continued in smaller doses every hour up to this time; new milk and lime-water given occasionally; febrile excitement somewhat abated, yet the gastric irritability was extreme with frequent discharges of black-vomit and occasional discharges of similar matter from the bowels; the tongue is still very red and dry; uses mucilage freely as drink, the anodyne saline every hour; mucilaginous enemata with laudanum to allay intestinal irritation; eyes are quite yellow.

Oct. 15th. The black-vomit disappears after a continuance of more than sixty hours, the tongue is less red and dry, the bowels evacuated by enemata of mucilage, &c.; blister very angry, but improving, stomach more quiet. In the evening of this day healthy yellow bile is discharged from the bowels, as the effect of reduced hepatic and gastro-duodenal irritation.

Oct. 16. The anodyne saline mixture is continued in diminished doses every two hours, the tongue becomes less red and dry, the stomach becomes composed, and the bowels move spontaneously at the solicitation of mucilaginous injections.

Oct. 20th. For the last three days the patient has been convalescing slowly, the gastro-intestinal inflammation is nearly subdued, and albumen, mucilage of gum-arabic, and arrowroot are allowed as nutriment, in small quantities.

Observations. This was one of the most malignant cases of yellow fever that I have ever seen recover; the unusual duration of the black-vomit discharge, and the subsequent recovery I think may be fairly ascribed to the anodyne saline mixture, aided by mucilages, diluents, blister to epigastrium, and also to the absence of all kinds of irritants from the stomach. From the usual course of yellow fever, after the black-vomit appears, under the ordinary irritant plan of treatment, I feel confi-

dent, such course would have increased it, and death would have closed the scene on the 14th or 15th of Oct., because most remedies used on the approach of black-vomit, are such as highly irritate the tissues of the stomach and intestines.

We will now present a few cases of irritative fever in children. In these especially we shall see the pernicious effects of the mercurial and irritating practice, in aggravating all the symptoms, and in producing high grades of "congestive fever," so called.

CASE XIV. *Exhaustion from extreme irritation, and excessive use of calomel.*

1840. Master F. M. \ae . 5 years, leuco-phlegmatic temperament, intelligent, healthy.

Aug. 20th. Attacked with severe remittent fever, with spasms, hot skin, rapid pulse, and other signs of a high grade of irritation. For three days he was under a full mercurial course, during which time he had taken about twenty doses of calomel uncombined, each containing 4 or 5 grs.

Aug. 24th. I saw him first on this day, being called to another patient in the same house, and seeing this child in a moribund state, I found he was given over by his physician, who had abandoned him, and his friends were in despair, believing him in the last stage of life. I voluntarily examined him, and when I gave it as my opinion that the child might possibly recover yet, the friends seemed offended at the suggestion, for they believed he would expire in a few hours at most.

I found him insensible, comatose, not to be aroused, pulse almost imperceptible, abdomen tumified, skin pale, relaxed and dry, a quantity of green consistent jelly-like matters had passed involuntarily from the anus; there were four doses of calomel remaining which he had been unable to swallow; chest and precordia hot, but extremities cool and apparently lifeless.

Believing the alimentary canal literally filled with this green moroid calomel-secretion, I directed gentle diluent anodyne enemata to dilute it, and to evacuate the lower bowels; gentle friction with black linament was applied over the body and extremities; a little new milk and lime-water were forced down the throat, and the same given by injection.

Aug. 25th. The child to-day is gradually becoming sensible, can swallow, has passed off large quantities of the green pulpy matters; gave a little weak toddy with a few drops of paregoric occasionally, also thickened milk, new milk, &c, as nutriment; anodyne mucilaginous enemata occasionally, to allay intestinal irritation.

Aug. 27th. During the last three days the child continued to improve under this course, and was slowly gaining strength; no medicine was given to purge, or to act as a febrifuge, only once a small dose of castor oil to promote the evacuation of the morbid secretions. The attending physician, hearing that the child was still living, had returned, and urged the liberal exhibition of calomel and other irritants, so long as the green discharges should appear, declaring it was impossible for it to recover without more medicine. Knowing that medicine had reduced it to its present condition, of course I refused to follow his advice.

While in this condition, the effects of calomel already taken began to appear, as soon as the energies of the system were sufficiently restored to admit of the morbid action. *Gangrenopsis* in its most inveterate form attacked the cheek, and progressed to sloughing in spite of the free application of the nitrate of silver, which finally arrested it, after destroying a small portion of the external cheek. After a loathsome sloughing for several days, the child recovered, leaving a small opening in the side of the cheek. It is still living and doing well.

Observations. It is too often that children die under such an injudicious course of mercurial treatment, far more destructive than the disease itself. Had the child died on the 24th, no one would have doubted that it had died of a violent congestive fever, so fatal in its effects as to resist the action of one hundred grains of calomel! A gentle cathartic, in the beginning, after allaying the gastro-intestinal irritation, and the use of the anodyne saline mixture would, in all probability, have completed the cure in three days.

CASE XV. *Irritative Fever, commonly called Congestive Fever, highly aggravated by calomel, and irritants; irritable condition of the portal circle.*

1843. Master C. S., æt. 6 years, nervo-lymphatic temperament, delicate constitution.

Jan. 16th. Within two hours after a full meal at dinner, he complained of rigors and chilliness, which was followed, in half an hour, by violent febrile excitement, hot dry skin, flushed countenance, and some stupor. I saw him at 8 o'clock in the evening, when he had taken two portions of blue-mass, as a purgative, without any purgative effect.

M. M. Gave him an emetic of ipecac, which caused the discharge of his dinner, unchanged. Then gave three portions of calomel and Dover's powder, (cal, 8 grs., Dov. 2 grs.) at intervals of three hours. On the 17th after 12 hours, the calomel produced copious slate-colored sero-flocculent discharges, with a highly increased arterial and nervous excitement, and with increased external heat. This state was allayed by the prompt administration of warm brandy toddy and elix. paregoric, by the application of spiritous warm fomentations to the abdomen, by the exhibition of anodyne demulcent enemata, to allay intestinal irritation, and by morphia in various combinations, until the 18th January. Next was administered the anodyne saline mixture, with mucilaginous drinks. The mixture was composed of spts. nitre, f ʒ ss., elix. paregoric, f ʒ ij., ipecac 2 grs., aqua font. f ʒ iss., sul. mag. 30 grs., mix. Dose was one tea-spoonful every hour, for a few doses, then every two hours. The general excitement, and the nervous and cerebral irritability were gradually reduced, the bowels became quiet, and without evacuation for more than 14 hours, and a general improvement was evident. But on the 19th it was deemed expedient to promote the evacuation of the bowels, with a proper secretion of bile, by the exhibition of calomel and morphia. Three doses were accordingly given, (calomel 6 grs., morph. 1-6 grs.) at intervals of three hours. At the end of seven hours, and after the administration of the third dose, there was an evident increase of intestinal irritation, with great arterial and nervous excitement, indicative of great danger. This

condition was attended with a dry tongue, scanty and high-colored urine, depositing a lateritious sediment, and an evident suspension of the healthy secretion of bile, constipation of the bowels, and abdominal tumefaction. A dose of castor oil induced copious sero-flocculent discharges from the bowels, with evident prostration of the vital energies. This was the 19th of January; and the same evening the whole mercurial practice was abandoned for the anodyne and sedative course.. After again allaying intestinal irritation and nervous excitement by the remedies heretofore used, the patient was kept steadily upon the anodyne saline mixture every two hours, with mucilaginous drinks, and warm embrocations over the abdomen. No other means were used to promote action of any kind upon the bowels. Yet after two days the bowels were gently moved on the 22d with healthy bilious discharges, showing a natural healthy state of the liver, and attended with an abatement of all the symptoms, a slow soft pulse, moist tongue, abdomen less tumid, skin soft and moist. The alvine discharges gradually assumed a healthy and natural appearance; and on the 23d the patient was fairly convalescent, within three days after the discontinuance of the calomel and other irritants.

Observations. In this case the excitement and the irritation in the portal circle, produced a degree of action in the liver and other important organs, *above the healthy secreting point*, which required to be reduced to that point, by anodynes and sedatives, before healthy secretion and excretion could take place. Hence, the most important objects effected by the anodyne and demulcent course, was to reduce excitement and allay irritation, after which the organs spontaneously resumed their proper functions.* The mercurials, and especially calomel, exert their effects upon the duodenum, and excite the irritable liver into a state of abnormal action, which involves the nervous and cerebral functions.—Hence, calomel is improper in cases of extreme irritation, although well adapted to cases of general and functional torpor, in which the hepatic function *falls below* the healthy standard. In cases like the above, all irritating remedies produce effects more or less injurious to the patient. I have seen the most disastrous consequences produced in these irritative fevers of children, from the administration of spirits of turpentine, which is in some cases more irritating than calomel. In such cases the tartrate of antimony is but little better than arsenic. Yet such is the force of habit, and a routine of practice, with some men, that they administer the most irritating medicines in the most irritable diseases, and apply the most irritating remedies to the most irritated surfaces and organs.

CASE XVI. *Irritative Fever, Spasms, extreme intestinal irritation.* Termination favorable, under the sedative plan.

Master C. S., æt. 6. Same child as in the last case.

Sept. 23d, 1843. Attacked with high febrile excitement, nervous irritation, irritable stomach and constipated bowels. His mother gave two portions of blue-mass in the evening and at night. I saw him in the morning, and found his pulse quick and irritable, his skin hot and pale,

* See Western Journal of the Med. and Phys. Sciences, for February 1840. Monette on the Remittent Fevers of the South-West.

abdomen tumid and tympanitic, tongue moist and red, pain in the head, anxiety and frequent vomiting, had several spasms during the day, with frequent twitchings of the muscles of the extremities and face, partly lethargic. There had been no alvine discharge, brain and nerves much excited.

M. M. Used warm fomentations to abdomen, attenuated with garlic poultice and sinapisms, simultaneously with mucilaginous and anodyne enemata every two hours, or *pro re rata*, until six were administered, each with 12 drops of laudanum. Afterwards diluent enemata were used to distend and evacuate the large intestines. The bowels and nervous system remained composed during the 24th.

Sept 25th. No evacuation from the bowels; the patient was now put upon one tea-spoonful of the following mixture every hour, in mucilage, viz: ℞ sul. mag. 40 grs., ipecac pulv. 3 grs., tinct. opii. camph. f ʒ iss., sp. nit. eth. ʒ iij., aqua fontan f ʒ iss., sacchar. alb. 30 grs., *M.* Dose f ʒ i every hour, or every two hours. In twelve hours from the first dose of this mixture, the bowels became relaxed, and frequent good bilious discharges began to appear, unaccompanied by any return of the mucilaginous enemata. The febrile excitement declined rapidly, and the little patient became convalescent on the 26th September. He was then put upon a mild infusion of bay-berry, capsicum and hydrastes canadensis, as a gentle tonic to the stomach and bowels.

Observations. The facility with which the liver, after being highly excited, falls into a free secretion of healthy bile, under this treatment is truly surprising. In the use of calomel we never find the healthy bilious secretions until several days *after* the article is discontinued, but in the anodyne saline plan the healthy secretion appears under the administration of the medicine.

CASE XVII. *Congestive Fever, produced or continued by irritating medicines.* Termination favorable.

1841. Infant of J. H. of La., æt. 15 months. This child had been attacked with remittent fever about the 16th of Oct., and had been treated with calomel and quinine freely, and purgatives, castor oil, calomel, blue mass, &c., which course was continued until I saw it.

Oct. 24. Called in consultation, and found the child much reduced, the tongue is dry, red and coated near the root, irritable stomach and bowels, frequent vomiting, thin sero-flocculent or mucous discharges from the bowels, pulse rapid, small, skin hot and dry, with exacerbations every other day; this is its worst day; it is very thirsty and restless, the brain indicates hydrocephalic affection, by sympathy with the stomach.

M. M. The only thing we advised was to discontinue all irritating medicines, and drastic purgatives, and to put it upon the use of the "anodyne saline mixture," as above described, every two hours, with a free use of demulcent drinks, and an entire exclusion of all purgatives or tonics. The change was speedy and perceptible to all its friends in less than eight hours, and it continued to improve every day until it was convalescent, in three days from the time its life had been despaired of by both physician and friends.

Observations. This child was supposed to be in a hopeless condition when I first saw it; and if the mercurial and irritating course had been continued, it certainly could not have survived two days more. It seems from the result, that the gastro-intestinal irritation, and the consequent prostration of vital energy, depended for the last few days, chiefly upon the constant appliances of irritants to the irritated surfaces. To allay this morbid condition, and to remove all sources of irritation, so that the recuperative power of the system could have unimpaired action, was the chief desideratum. A little weak toddy, and a weak infusion of bay-berry and hydrastes, canadensis were the only tonics.

CASE XVIII. *Congestive Fever, so called, with extreme gastro-intestinal irritation, proceeding from extreme irritability of the brain and nervous system.*

1838. Infant son of J. G. æt. 11 months. On 5th of August 1838, it was attacked with slight fever and dysenteric affection of the bowels; discharges thin yellow acrid bile, with mucus, tenesmus, &c. I saw it on the 7th of August, when the symptoms had assumed the character of acute hydrocephalus, combined with cholera infantum: it had taken several doses of calomel and rhubarb, some oil, and some paregoric.

I found it with high irritative fever, great restlessness, jactitation, anxiety, extreme thirst, rolling of the head incessantly, tenesmus and bloody discharges.

M. M. gave calomel and Dover's powder (cal. gr. iii; Dov. gr. i) every two hours; together with mucilaginous drinks, and anodyne enemata; warm fomentations to the abdomen, &c. Not more than three or four doses of the calomel had been taken, when it was very evident, that every symptom was highly aggravated: the tormina became more incessant, serous and mucous discharges increased, and were mixed with large quantities of mucus and blood: the countenance became pale and ghastly, the pulse rapid and tremulous; the head was in constant vibratory motion, and the eyes partially retroverted. In this state it had continued twenty-four hours, with constant moaning, and without one hour's sleep, and evidently almost in *articulo mortis*, when I resolved to abandon the further use of the mercurial course. The head was quite hot and the extremities cool; and I determined to use *cold effusion over the head*, to diminish the cerebral excitement, well knowing the advantage of this remedy in adults.* The water used was about 75° of Fahrenheit, lest any shock to the nervous system should result from any lower temperature. The water was poured in a constant small stream, passing alternately over every part of the head in regular succession, while the hand was passed after it, to ensure its penetrating to the scalp. As soon as the water began to cool the brain, the child willingly turned its head to receive the water; and immediately became quiet and perfectly still; its eyes were soon closed, and it passed into a calm and quiet sleep of two hours without interruption. But what appeared more strange, was the simul-

* See Western Journal of Med. and Surgery—No. for February 1840. p. 118 to 121, for the beneficial effects of cold effusion upon the head.

taneous abatement of all intestinal irritation, of all thirst, and of all mucous and bloody discharges.

The water was supplied in a small steady stream for about fifteen minutes, when we conceived the temperature of the whole head and brain was equally reduced to the regular blood-heat, or below it. No other remedy was used for allaying intestinal irritation, except to repeat the cool effusion to the head, whenever it became warmer than natural. The anodyne saline mixture in small doses was continued for two or three days, when the bowels had assumed their healthy function, indicated by regular natural bilious passages, by the 10th of August.

Observations. This case would be called congestive fever in its first stages, by many practitioners, and by others, had it terminated fatally, before the cold effusion, it would have been termed *hydrocephalus acutus*. This case shows the singular sympathy between the brain, as a source of irritation, and the stomach and bowels consecutively and dependently. In this case, the administration of one or two doses more of calomel, and the omission of the cool effusion, would certainly have resulted in death in five or six hours more. The case shows the powerful influence of the brain over the portal circle, and shows that in many cases there may be some benefit derived from equalizing the action of the nervous and sanguineous functions in remote organs.

To conclude I will sum up the principles entertained in this paper; they are chiefly: 1st. that in most cases of Southern disease, commonly known as congestive fever, the primary local irritation is seated in the *duodenum* and *small intestines*; and that, in many cases, the mode of treatment, and the remedial agents are calculated to augment the irritation, and of course to aggravate the disease which depends chiefly upon this irritation.

2d. That to allay this irritation it is requisite to use such medicines as have a peculiar anodyne and sedative effect upon the mucous tissues of these organs, in preference to those which have a peculiar irritating operation upon them.

3d. That calomel, and other mercurial preparations, operate injuriously upon these organs, when thus irritated by a peculiar irritating property, and thus tend strongly to aggravate all febrile affections which depend upon, or are contemporaneous with gastro-intestinal irritation.

4th. That in all such cases, many of the ordinary active purgatives are injurious, because, in their nature they are irritating to the mucous surfaces upon which they operate.

5th. That ipecacuanha, in *minute doses* frequently repeated, is one of the most valuable allayers of gastric and duodenal irritations, and especially where the mucous surfaces are the seat of irritation.

6th. That *sulphate of magnesia*, in small and frequently repeated doses, combined with the tincture of opium, is also one of the most valuable allayers of intestinal irritation, especially in the large or lower intestines.

7th. That the *combination* of these three articles in due proportion, according to the portion of the intestinal canal, which is the principal seat of irritation, is an important remedy in the treatment of all diseases

of the South, which range under the head of irritative fevers, congestive fevers, and autumnal remittents.

8th. That when the primary local irritation is allayed and the *source* of disease thus removed, it is unnecessary to resort to many of the remedies usually embraced under the heads of alteratives, mercurials, tonics and cathartics, but that the recuperative powers of the system, after the primary irritation is allayed, will complete a cure with but little aid from medicine.

9th. The combination for effecting these objects with most certainty, is, that of the following ANODYNE SALINE MIXTURE, viz:

<p>℞ Sulph. Mag. grs. lx Ipecac grs. v Tinct. Opii. f ʒ i to ʒ ij Spts. Eth. Nitrosi ʒ i Aqua font. f ʒ ij M. ft. mistura</p>	}	<p>Dose for an adult f ʒ ij to iij every two or three hours, or <i>pro re nata</i>. For a child of five years, 40 to 50 drops every two hours, or 30 drops every hour.</p>
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The *tongue* indicates the condition of the stomach and bowels, as a guide or criterion for the administration of these remedies.

1. The tongue moist and whitish, but not coated, indicates *simple irritation* in the stomach and duodenum: the ipecac is the principal therapeutic agent, and may be proportionably increased.

2. The tongue white, not very moist, but slightly coated, indicates a more inveterate irritation of these organs and the small intestines. The sulphate of magnesia and laudanum are chief therapeutic agents, and may be proportionably increased.

3. The tongue slightly red near the extremity, indicates a degree of irritation next to the subacute inflammation of the mucous membrane of the stomach, the sulphate of magnesia is the most efficient therapeutic agent, and may be increased.

4. The tongue red near the extremity, and covered with a white coat of long fur, or elongated papillæ, indicates that the irritation has extended of a high grade, into the small intestines.

5. The tongue when clean and red without any coat, indicates incipient subacute inflammation of the mucous surface of the stomach, This state, in addition to the saline mixture, indicates the use of leeches, cupping and scarifying or an epispastic to the epigastrium.

6. Tongue dry, raw or chapped over the dorsum, indicates different degrees of inflammation in the mucous tissues of the stomach and duodenum: where the tongue is dry, rough and chapped, or a raw and bloody surface, it indicates a malignant type of the same action.

7. Tongue covered with a long white or brownish fur, or elongated papillæ, indicates some degree of torpor in the stomach, and a high grade of irritation in the large intestines. This state would indicate counterirritants over the abdomen, and the addition of half an ounce of the strong tincture of lobelia inflata to the ℞; also the use of infusion of capsicum as a menstruum or vehicle of exhibition.

8. Tongue moderately smooth, or covered with a fine smooth brown coat of fur, indicates moderate action in the stomach and bowels, which will admit of some gentle excitant in preference to the saline mixture.

For this purpose nothing is better to invigorate the digestive functions, than the following infusion, viz:

℞ Cort. Myricæ C. pulv. grs. xl
 Zingib. pulv. grs xx
 Capsici baccat. pulv. grs. iii
 Sacchar. commun. ʒ i
 Aquæ bullient. ℥ i
 Ft. mist.

} Dose, f ʒ i of the settled infusion every three hours for an adult; f ʒ ij for a child six or eight years old.

When there is much febrile excitement, without red tongue, we may add to the saline mixture the spts. nitre, and also 10 grs of quinine to the ℞.

If it is desirable to urge intestinal evacuation, the sulphate of magnesia may be increased to ʒ ij. in the ℞

In many cases, where there is evidence of any accumulation of ingesta, or morbid secretions in the stomach, which tend to impair the healthy action of the organ towards a convalescence, or to interrupt the therapeutic operations of the medicines administered, from want of action in the organ itself, nothing exerts a more salutary effect than a speedy emetic of lobelia inflata; it discharges the morbid secretions, and at the same time, rouses and invigorates the stomach and portal circle in a manner which the patient himself cannot fail to observe, with feelings of agreeable surprise. To accomplish this object, one drachm of the strong tincture of the seeds and capsicum is the proper dose, to be repeated in ten minutes if it does not vomit; and two drachms of the common tincture repeated in the same way.

As my object is to give the profession the benefit of my observations, in my anxious efforts to discover the best mode of treating those cases of fever, which carry dismay in their very name, and to aid in reducing the mortality which is so humiliating to the pride of every scientific practitioner, I hope the novelty of the course pointed out will not deter the discriminating physician from a candid and impartial examination of its merits. The well known and acknowledged fatality attending the ultra-calomel and irritating course of treatment, may well tempt the inquiring mind to seek a more successful mode of cure.

Observations on the Medical Topography and prevalent diseases in the jurisdiction of Güines, in the Island of Cuba. BY THEODORE BLAND DUDLEY, M. D., of Güines, Cuba.

This district of country, which lies on the southern coast of the island, half a degree within the northern tropic to the southeast of Havana, exhibits something peculiar in its topographical aspect. Its northern boundary lies a little north of the ridge of hills, scarcely meriting the epithet

of mountains, which run southeastwardly, but which, as they advance become lofty mountains.

The geographical area of the jurisdiction is about equal to one of our medium-sized counties in the United States, but what is most remarkable, is, that this elevated inclined plain is so situated, that it may be almost entirely irrigated by a beautiful mountain stream which has its origin from an immense basin of water, and runs (*pleno rivo* at all seasons,) obliquely across the jurisdiction, from the Northeast to the Southwest, dividing it nearly into equal parts, and empties itself into the Carribean Sea. Another remarkable feature in the character of this stream, is, that it has no tributaries, but dispenses, instead of receiving favours : as soon as it passes the hills, the business of irrigation commences ; and a little to the east of the town of Güines, which is about a league from the base of the hills, the water may be seen running from the same point, to three of the cardinal points of the compass, North, South, and West.

In regarding this country with the eye of a medical observer ; from the exuberant fertility of the soil, and the consequent large production of vegetable matter, the process of irrigation, and alternate inundation, and drying of the soil, one would immediately pronounce, that diseases arising from malaria, of a highly pernicious character, must necessarily prevail ; but this is not the fact. There is indeed much disease arising from this cause, but of a mild type, compared with the fevers of the Southern and Western States ; much disease of a chronic character, chiefly affecting the abdominal viscera, producing functional and structural lesion of the liver and spleen, followed by dropsies ; general marasmus, and every form of neuralgia. The whole southern coast of the island from the meridian of Güines, quite to Cape St. Antonio, is a vast marsh, and most fortunately for the inhabitants of this region of country, the South wind rarely prevails : on the contrary the trade wind which the Spaniards call *La Brisa*, and which passes over a mountain region, is the dominant current, and sweeps away, or so greatly dilutes the malaria as to deprive it in a great measure of its violence.

All the various forms of tuberculous disease prevail to a great degree, but manifest themselves chiefly on the periphery of the organization, owing probably to the centrifugal tendency produced by the long continued heat. It is possibly owing to the same cause that so much cutaneous disease is seen : the minor exanthemata in some form or other, may be found in almost every family. This disposition to cutaneous disease may be aggravated by the diet of the inhabitants, consisting of too large a proportion of fresh pork ; and the too little use of salted meat. Although it is worthy of remark, that you also occasionally meet with scorbutic disease, which may be considered the antipodal diathesis, to the tuberculous.

With such a general manifestation of tuberculous diathesis, pulmonary consumption would doubtless be much more common but for the general tendency to centrifugal determination above mentioned, and for the same reason, the fevers of the climate yield more readily to remedial agents, than those of the Southern States of the Union ; as there is less difficulty after properly evacuating the morbid secretions of the alimentary

system, in producing salutary evacuations by diaphoretics ; which play an important part in affording an outlet by other emunctories, for vitiated and consequently irritating excretions : the system also responds much more readily to revulsive remedies.

It has long been known that tetanus, both traumatic, and idiopathic, prevail to a much greater degree in tropical, than in temperate latitudes; accordingly, the disease is by no means of rare occurrence in this climate. Elephantiasis is also common among the black population, but more rare with the white.

Frambœsia or yaws, which is said to be endemial with the black population of Africa, (all the races of people in Africa not being negroes, it must be borne in mind,) and the West Indies, is in the region of Guines, much more rare than the last mentioned disease, Elephantiasis.

It is probable no form of acute disease produces so much mortality in the population of this country as hemorrhage in its various forms of uterine and alvine : women frequently die in parturition from the former, and males of hemorrhage from the bowels, accompanying diarrhœas and dysenteries in the latter : hence it is that the Spanish physicians have a great repugnance to general depletion from the vascular system, and often fail to do good, by adhering too rigidly to a dogmatic rule, in cases which manifestly to one not laboring under such prepossessions, require a more energetic course of practice. This, indeed, together with an excess of the expectant system, may be said to be the greatest defect in their practice : not by any means so reprehensible as the Herculean mode of many of our Southern medical practitioners in the United States, who seem determined to take the business entirely out of the hands of nature, and kill the patient themselves rather than permit him to die of disease.

Cerebral congestions and brain fevers (Gastro-encephalitis) are often seen in this climate, and are generally attributed to the heat of the sun—this is probably an error, as the heat is not greater than in the United States, where (*cæteris paribus*) we should have as much of this form of disease as in the climate of Cuba, if this were the sole efficient agent in its production. It is doubtless dependent on a greater general deficiency of the *vis vitæ*, with a highly excitable nervous temperament, and consequent loss of equilibrium between the venous and arterial systems. In this condition of those important organs, the stomach and brain, the inhabitants often kill themselves with emetics of the French nostrum, Leroy's, taken as a domestic remedy.

Old persons, especially females, who lead extremely sedentary lives, are greatly liable to habitual torpor of the large intestines, attended with deficient functional action of the liver ; and children are often the victims of Cholera Infantum, a disease common in the United States during the period of dentition, although less frequent here than in the middle and northern states of the Union.

Intermittent is by no means a common form of fever here ; in this particular approximating more nearly to the character of the miasmatic fevers of the Southern States, where, it is also much more rare, than it is farther north and east.

Chlorosis and its results may be said to produce more distress among the female part of the population, than all the other maladies in the whole nosological catalogue. Dysmenorrhœa, menorrhagia, and leucorrhœa, alternately, or consecutively; and finally Phthisis, harass and torture the afflicted sufferer, till death closes the scene.

It often happens, that each menstrual period continues double the length of time that it does in temperate climates, that is to say, six or eight days, succeeded by distressing and exhausting leucorrhœa, which often becomes habitual, endangering metastases to the lungs and other important organs, when suddenly arrested.

Disease of the respiratory organs is very common in all its various modifications of simple catarrh, pneumonia, pleuritis, and chronic bronchitis, &c. &c., together with chronic ulceration of the fauces, extending, as is often the case in phthisis, throughout the whole lining membrane of the œsophagus to the stomach, producing various forms of dyspepsia.

I have thus given a succinct account of the prevailing maladies that have come under my observation in the jurisdiction of Guines, with a brief description of its topographical aspect.

Sketch of the Yellow Fever of Mobile, with a brief analyssis of the Epidemic of 1843, in reply to inquiries made by Professor Drake and others. By P. H. LEWIS, M. D., of Mobile.

All the facts and observations, in relation to the weather, having been placed under another head, I shall be compelled, to avoid any remarks touching that important branch of medical inquiry. The late Doctor Heustis, in an article published in the Philadelphia Journal for 1836, has given such an accurate sketch of the topography and climate of Mobile, that it would be superfluous to attempt any addition. In connection however with some conclusions to which I may be drawn in the close of this paper, it is necessary I should say a few words relative to the topography of the place. In doing so, I shall, in one or two particulars, avail myself of Dr. H——'s sketch.

Most of the soil upon which Mobile is built, is sandy and dry, with here and there an intervening low and wet place, which during a very rainy season is filled with water; when it becomes dry, this water is mostly absorbed, leaving a thick heavy mud. What is called One Mile Creek runs in an easterly direction and empties into the Mobile Bay. This Creek with its deep morass, forms the northern boundary of the city. About one mile distant, and running parallel with One Mile Creek, is what is called Three Mile Creek. The intervening space between those Creeks, is, with the exception of an occasional bank of shells and small open marshes, one continuous swamp with a deep muddy soil.

The city is now approaching this swamp, and in fact many streets are already open on its margin; the soil of which is a deep wet black alluvion. No heat or drought common to the climate is sufficient to dry it two inches below the surface. It was on this soil that the fever of 1843 began and continued for some time before it diverged. During very high tide the small marshes in the swamp, which are low and connected with the streams, are covered with water. This swamp, judging from the immense number of skeletons, that whiten it, would seem to be the general depository of all the dead animals, not only of the city, but the whole country around.

The Mobile Bay forms the eastern boundary of the city. This sheet of water is ten miles wide and is studded with low marshy islands, covered with a luxuriant growth of weeds; these islands are no doubt formed by the drift wood and loose soil brought down by the frequent floods.

Independently of the seeming causes, productive of disease, which lie to the North and East of Mobile, one half of the city itself is built on a soil which according to many observers, is very unfavorable to health. Although a few dry windy days may create much dust, still upon a close examination it will be found very wet just beneath the surface. All the lower timbers of the houses decay in a very short time. During the leisure season, the streets in the lower or commercial part of the city are filled with rotten and decayed timbers which it becomes necessary to remove every few years. Much of this part of the city has been made habitable by filling up within the last ten or fifteen years.

Whilst excavating there appears to be so much vegetable matter in a state only of partial decay as to warrant the conclusion that the whole soil of Mobile is of recent formation. To these excavations some of our physicians are disposed to attribute our worst maladies.

I have been curious to discover what quantity of fish and animal matter is daily cast out to decompose within the limits of the city. The examination has caused me to estimate it at *not less* than 300 lbs. of fish and 800 lbs. of animal matter. Taking this in connection with the vegetable matter and small tribe of dead animals that are left to decompose in the city, and an abundance of this kind of material exists, to create, according to the hypothesis of some, the diseases of the place.

The northerly and easterly wind occasionally prevails through the months of August, September and October. When these winds succeed suddenly, as they often do, our fine balmy southern breezes, the effect is instantaneously depressing, even in the closest chamber. The head grows heavy, skin becomes dry, and a settled gloom seems to be the consequence. There is a peculiarity about the *slow easterly wind* which sometimes prevails in Mobile, that is very difficult to describe or account for. Its effect is this: by standing awhile exposed to the air, that portion of the body turned to the East will soon become dry by the cold chilly pricking of this wind, whilst the other side is yet warm and perspiring. During this time, a taper will remain unmoved by its influence. A melancholly and poetic friend has often suggested the idea that this wind is similar to the "si-

moon" or "samiel of the desert," or that which Homer has commemorated in his verse.

———"Vapours blown by Auster's sultry breath
Pregnant with plague, and shedding seeds of death."

And in fact, that the easterly winds should really give rise in the mind of any one who has felt their influence and witnessed the general gloom they produce, to such reflections as these, is not to be wondered at. In addition to the effect they have upon the mind and spirits, they usually check the excretions, and in this way become in many instances an important link in the chain of those causes which produce disease.

In concluding this branch of the subject, I can only say that Mobile is unfortunately situated. If fresh water marshes produce fevers, then we have them—if it be salt water marshes, they constantly meet the eye.—Be it an alluvial soil or low sandy bottom, and they are here. If we suppose that it is animal, fish, and vegetable matter undergoing decomposition, the very odour of the place attests their presence. If in addition to any one or all of these causes, you would ask for sudden changes of weather and a continued burning sun, they, too, are not wanting. Arguing then upon the principle that *all observers* cannot be wrong,—and that no place has "a *patent right*" for making disease, it is fair to presume that our Summer and Autumnal fevers belong exclusively to us.

Early History.

Several historians mention that disease made "great havoc" in Mobile in the fall of 1705. Bancroft, who it is presumed has examined with sufficient minuteness to arrive at facts, states that this disease was yellow fever. This is made still more probable from the circumstance that the biographer of Iberville says, that he had yellow fever at Biloxi in 1702, which made such ravages on his constitution as to cause his return to France for the purpose of restoring his shattered health.

The next mention of an epidemic in Mobile is made as having occurred in 1766. Martin, in his history of Louisiana, says:—"This year the Province was visited by a disease not dissimilar to yellow fever.—It was severely felt at West Florida, where a number of emigrants had lately arrived," &c. A few years later, the diseases of the climate were carefully examined by competent observers. Kennedy, Sinclair and Ellicott, state distinctly, that the yellow fever is indigenous to the whole country bordering on the Gulf of Mexico. Sinclair was well qualified to give an opinion on a subject of this character. Besides having received a medical education, he had seen much of the Yellow Fever in other countries. From the *simple circumstance* that they invariably found Yellow Fever associated with bilious fever, they were led to believe that they originated from the same cause. Ellicott in substance says, that during the prevalence of the fever at Pensacola in 1797, about one-third of those on the sick list were afflicted with dysentery: he remarks on them thus: "I suppose those different complaints had their origin from the same cause, and that their different appearances arose from accidental causes, such as difference of constitution, and manner of living."—These opinions are not quoted as authority on this or that side of any

question, but simply as a part of the history of the disease, and the impressions of men of strong and unbiassed judgment.

The contradictory statements made by old writers in relation to the character of fever epidemics may be explained in this way. One witness may have seen the bilious fever that prevailed at the same time, whilst another may have seen nothing but a few cases of black vomit or hemorrhage. Of course, the coloring given by these men would be very dissimilar.— Even in the late epidemic of 1843, one medical gentleman who was actively engaged part of the season, avers that he saw no case of hemorrhage or black vomit, whilst another gentleman declares he met with no case of fever which did not come *fully up* to the definition of yellow fever as it is understood here. These are striking facts, which, while they reconcile in many instances the discrepencies of authors, show conclusively the close connection that often exists between those two diseases.

As Mobile escaped disease from 1797 to 1819, I will pass on to the memorable and unparalleled fever of that year.

Epidemic of 1819.

Up to 1817, Mobile was a small town consisting of about five hundred persons, composed mostly of free negroes, Spaniards and French. About this time the town began to improve. The population in 1819 is variously estimated; from the best information I can procure, it was about twelve hundred. At least three hundred of these left the place at the approach of disease, leaving only about nine hundred, five hundred of whom were either blacks or of mixed blood.

The facts I have collected in relation to this epidemic will be placed among the records of the Medical Society. To give the authorities and particulars would not be proper in a communication of this kind. For most of them I am materially indebted to Judge H. V. Chamberlain, and P. McLoskey, Esq.

Early in the spring of 1819, building companies began filling up that portion of the town which now composes the commercial part of the city. It appears that this was done with sand and *marsh mud*, not unmixed with vegetable matter. This part of the city, being then a low marsh, extending towards the channel of the bay, long wooden wharves were erected over it. The houses on the margin of this marsh, were built on log pens, for the purpose of being safe from the effect of high tides. The months of April, May and June, were unusually warm. It began raining on the 24th June, and continued at intervals, for thirty-eight days. During this time, the days were very warm. The 29th July, a hurricane swept along the coast, which had the effect of inundating the lower part of the town, washing down the wharves, overflowing the lower floors of the front buildings, and filling that portion of the city with logs, seaweed, &c.— This hurricane was followed by cold nights and warm sun shine.

Intermittent and remittent fever, in a very mild form, began to prevail early in May. In June, there were several deaths of bilious fever; they increased in number and severity during the month of July; and by the 6th of August, there were some thirty deaths, of this disease. I have the authority of several gentlemen, among them, our late esteemed Mayor, Mr. Hall, for stating that *one case* of black vomit occurred the latter part

of May. In relation to the number of cases which occurred in June, there are various estimates ; I am not satisfied that more than two or three occurred. In July, there were some *few sporadic cases*, as they were called, probably six or eight, and all agree that in the first week of August, the yellow fever became predominant among the whites. The first victims were some mechanics, seven in number, who had lately arrived, and resided in a wooden tavern on Dauphine street, They were attacked about the same time, and died in a few hours of each other, all having black vomit. From this time until winter the scene was truly lamentable. So concentrated was the poison, and so great its facility in adapting its deadly effects to different constitutions, that no one could escape. The mulatto, the black, the Indian and the white—the native and stranger were alike its victims.

It was attempted by the violent partisan contagionists of New York, through agents here, to induce the impression that the disease was of foreign origin. When this became a question, the citizens held a meeting, and appointed a committee of seven of the most intelligent of their body, to report upon the causes of the disease. This committee *unanimously* reported in favor of its domestic origin, and referred to the causes which I have briefly alluded to, as the agents of its production. Several small water craft arrived here during the summer. The one which it was *ingeniously supposed*, brought the infection, came into port about the middle of July, from Havana. The citizens, however, were not only sensible of unusual sickness, but knew there were cases of black vomit, before the arrival of the suspected vessel. They made this report in accordance with these facts.

The whole number of deaths was four hundred and thirty. This mortality in a population not exceeding one thousand, and more than one half of them exempt, under ordinary circumstances, from either bilious or yellow fever, is probably without a parallel on this side of the Atlantic. From a mutilated list of interments for September, I get the names of eighty who died. Twelve of these are slaves, twenty-five *free colored or quadroons*, and forty-three of the names are those common to Americans, English and Irish. By the first of October such of the whites as remained alive, fled the city ; in that month, the deaths were mostly from the mixed creoles of the place. I believe, from all the information I can obtain, the deaths were equally divided among the two classes of people.

I have felt unusual interest in ascertaining in what manner the creoles and mixed people died—did they *die with black vomit*? is the question of most interest. If not, in what manner did they die? After many and varied efforts to obtain information on this head, the following plan was adopted. I visited the surviving members of many families who lost their friends and kindred during this epidemic. In this way, I obtained so many facts all tending the same direction, as to leave no doubt on my mind, that the negroes and *creole quadroons* very seldom had black vomit. One old lady (Madame C.) informs me that her family was numerous. They were all attacked about the first of September ; *they recovered* during the first part of October ; they were *again taken sick*, and soon died. She says one boy *purged blood*, not one had black vomit. They had a great deal of

thirst, and for two or three days before they died, had "constant purging and cold sweats." To recapitulate all the little narratives of this kind which I have taken down, would extend this paper too far. Suffice it to say, that I obtained imperfect accounts of thirty who died. They were mostly the offspring of the black and French or Spanish (mulattos,) and were natives. Of that number, there were three or four that had black vomit, and many who purged blood; but the great mass of them died after the *first or second relapse* and usually with cold sweats and diarrhœa. Major Pere, a colored man, whose memory and intellect are not only good, but his character for veracity above all question, was engaged during the whole season in preparing the bodies for interment. He says that not less than one hundred and fifty bodies passed through his hands. He is very positive in asserting, that in the chambers of the whites who died, there was invariably black vomit, but there was no such evidence of yellow fever about the rooms of the colored people. The Major says he knows of one black man, "*jist from Virginny*" who had the black vomit, and several who had the "*bloody flux.*" As corroboration of these particulars, I will mention that Mr. McLoskey says he did not know of any colored person who *died of the first attack*, whilst the whites seldom survived it. Judge Chamberlain's recollections are to the same purpose, with the additional information that very many of the whites vomited immense quantities of pure *unchanged blood*, and sunk in a few hours. He met with Doctor Liewton, on the street, in the morning, sometime in October; the Doctor asked him to accompany him to his house, as he was quite unwell. He scarcely had time to reach his bed before he *threw up* a quart of blood. This discharge continued until he died, about eight hours after seizure.

More matter could be introduced, but my limits will not permit. I believe sufficient data have been adduced, unsatisfactory as it may be, to establish the following facts. The bilious fever prevailed very generally, until August, being up to that time the predominant disease. The yellow fever, though manifestly present, did not prevail to any extent until August, after which, it became the principal disease among the whites, whilst the colored people continued to be affected by the prime and original disorder. Two questions here arise. Were there two distinct noxious agents in operation at the same time? If not, was it the same poison acting differently on different constitutions and susceptibilities? But the facts in relation to succeeding epidemics should be given before these questions are asked. Before finishing, others will be introduced with which I am more familiar.

On the 22d October there was a light frost, but it did not check the disease. Many who were lured into the city by the frost, fell victims to the fever, which continued until late in November.

From old files of papers, I have gathered the following particulars concerning the fever of Mobile. The year 1821 was healthy; only seven cases of yellow fever, which occurred in October. In 1822, Mobile was very healthy; only four or five cases of yellow fever, and very little disease of any kind. It is not a little singular that the little town Blakely, just opposite Mobile, and maintaining an almost hourly intercourse with

it, should have been visited this year with an epidemic of the same character which prevailed in Mobile in 1819. It appears that Blakely was rapidly improving, owing principally to the fact that Mobile was considered a very sickly place. But, amidst the congratulations of her builders, the same scourge which had borne so heavily on her rival, came, and laying her desolating hands upon her prospects, turned the scale in favor of her more ancient sister. The year 1823, was also healthy. During the summer of 1824 there was more disease than the four preceding ones. Bilious fever prevailed to a considerable extent, during the months June, July and August; during the first two weeks of September there were six fatal cases of yellow fever. There was no case of yellow fever after the 25th of September, notwithstanding *there was no frost* until the latter part of October. During the fall months the papers congratulated the citizens on the entire absence of disease of any kind. Another epidemic prevailed in 1825. The following is the order of the reports made by the Board of Health; they are worth noting. On the 10th of August—mark it!—it is announced, “that though the *bilious fever* prevails to considerable extent, and in many *instances fatal*, yet the Board take pleasure in assuring the public that *no case of yellow fever* has yet occurred.” More deaths took place from *bilious fever*, and the Board, on the 25th, have again to administer to an uneasy public mind. The above announcement is repeated. But true to the general law in this place, *one case* of yellow fever is reported on the 2d September. Three cases on the 5th, four cases on the 8th, and on the 11th the “painful announcement” that the disease “is epidemic,” is made to the public. The deaths during this autumn did not exceed one hundred and twenty, many of which were occasioned by bilious fever before the yellow fever made its appearance. The years 1826, 27, and 28, were comparatively healthy; some bilious fever in July, August and September, with a few cases of *sporadic* yellow fever in the latter month, *winding up* with what are called “*extremely healthy falls*.”

During the years 1826, 27, and 28 the population had increased. This new population was composed of people from the North and from Ireland. The summer months of 1829 were unhealthy: many deaths occurred the latter part of August. The following editorial paragraph is taken from the “*Mobile Register*” of Sept. 4th:

“THE PUBLIC HEALTH. Since our last notice of the public health, and especially during the last ten days, there have appeared several cases of *bilious fever of a high grade, that have terminated fatally*. We are authorised by the Board of Health, however, to say that *no case of yellow fever* has occurred, and that there is no cause of alarm to the citizens, or strangers sojourning among us.”

The deaths of bilious fever continue, the people become again alarmed. On the 11th Mr. Sandford, (then, as he is now, the able editor of that Journal,) found it necessary to re-apply *his soother*, by way of assuring the people that if *they were dying*, they need not be alarmed, as there was “*no yellow fever*, and “the Board would report the first case.” The Board were as *good as their word*, for on the 14th, three days after, *one case* is officially announced, and on the 22d it is proclaimed as an

epidemic. The deaths this season of bilious and yellow fever were about one hundred and thirty.

The population of Mobile in 1829, was estimated at four thousand. From this time until 1837, the city rapidly improved. The population, during these eight years, was trebled, and commerce increased in a greater ratio. During the early summer months, bilious remittent and intermittent fevers and cholice prevailed to some extent. *As the autumnal months approached these diseases disappeared.* The monster, yellow fever, slumbered as it were. To extend the figure and *illustrate the fact*, he never comes forth, unless it be in those seasons when his associate is likely to usurp the months selected for his reign. To the absence of epidemic fever from 1829 to 1837 many causes of a supposed sanitary character have been assigned by different physicians. These will probably be adverted to on some other occasion.

In 1837, fever in its milder type prevailed from the beginning of warm weather; in July, August and September it increased, and on the 20th of the latter month, four cases of yellow fever occurred about the middle of the city. After this outbreak there were no more cases, the periodical fevers increased, and *for once* were in a fair way of occupying the entire season. But on the 2d October the winds changed, and a *very light frost* appeared; the absent flocked to the city, and on the 10th of October the yellow fever made its appearance in every section of the town. The disease prevailed until the middle of November. Dr. Heustis made some rapid notes on this fever. These notes are to the purport that those who had recently arrived from the Northern States and Europe, were the principal sufferers, whilst on those who had resided in the city for three and five years, if they were attacked at all, the disease was very light. This fact is sustained by the observation of others. In connection with this, recur back to the history of the last eight years, mark the growth of the place, the increase of population, and the absence of yellow fever, and ask yourself, how did these people become acclimated? This is an important question, important not only in connection with the nature and cause of the disease, but as involving the health and lives of thousands, It will be called up in another place.

There were five hundred deaths during the autumn of this year, three hundred and fifty of yellow fever, principally among the newly arrived foreigners.

The year '38 was healthy. During the interim between '37 and '39 the city became filled with strangers, particularly Irish and German laborers. The bilious fever, cholice, dysentery, &c., prevailed to considerable extent to the beginning of the epidemic. The first case of yellow fever occurred on the 11th of August. In ten days after it became general throughout the entire city. From all the information I can obtain, this was probably more in accordance with epidemics than any which has yet appeared in Mobile. So predominant was its influence, that no other disease was seen during its prevalence. And although many of the cases were mild, they were generally characterized by the same assemblage of symptoms. The number of deaths during the autumn were seven hundred, four hundred and fifty of yellow fever. The disease (yellow fever)

began a month earlier than usual, and had much new material to act upon. This will probably account in some measure for the great mortality of the season.

There was but little disease of any kind in '40 and '41. A few cases of yellow fever took place in the latter year. The subjects were from the interior. So complete was the immunity from disease, that three physicians could have attended the medical wants of the whole population, amounting to fifteen thousand. A medical friend remarked that the great epidemic of 1839 had not only exhausted itself, but all other diseases.

Those who are disposed to believe that yellow fever is but a more aggravated form of bilious fever, and is the product of the *same cause*, would have found the disease of 1842 entirely irreconcilable with such a doctrine. This season I had charge of the City Hospital, which afforded the means of contrasting the two fevers; they are very dissimilar in symptoms, physiognomy, tendency, and manner of dying. Physicians are in the habit of calling this "the epidemic of 1842." I do not believe it was epidemic; my reasons for differing with them are briefly these. The number of cases of yellow fever did not exceed one hundred and sixty, whilst other affections, such as cholics, dysentery, and the various forms of bilious fever, which occurred during the autumn, must have reached six hundred. This shows that it was far short of predominating. Again, I treated in the Hospital two hundred cases of bilious affections, and fifty of yellow fever, and in no one instance did the former assume the livery of the latter. They were so distinctly marked, even during the first stages, that I had no difficulty in making a positive and correct diagnosis. There was no blending; they stood out from each other as distinctly as does the small-pox from scarlatina. This is not in accordance with the epidemic of '37, '39, and '43. But again, all the cases of yellow fever which were treated in the Hospital, were unused to breathing the atmosphere of those localities where the disease prevails; there was not an exception. So far as my investigations were carried into private practice, this rule obtained there. Now, in those instances, where the causes are so active and generally diffused as to produce an epidemic, the old resident, native, and even those who have had the disease previously, are frequently the subjects of mild attacks. Not so in 1842, this class enjoyed perfect health during that year.

The cases that occurred could not be called *sporadic*, it was not epidemic; then why not call it endemic? The great leader and ultraist of a once formidable school, (Dr. Chisolm,) was forced to admit the existence and prevalence of "endemic *remittent* yellow fever," in the West Indies.

In an article published in the N. O. Journal, I have incidently alluded to some cases of disease, seven in all, which I considered of mixed type, "congestive simulating yellow fever." These cases were brought to the Hospital on the 13th and 14th of September. They had been engaged in labor on the Alabama River, and were attacked in four or five days after they came to the city. The breathing in those cases was hurried and laborious, tongue covered with a white fur, skin cold and bronzed, pulse small and very quick; restless and anxious. Four of the seven were

delirious, three had convulsions, there was no vomiting, no reaction took place.* A few hours before death the skin in two of them became yellow. The disease run its course in four days. Those cases were examined immediately after death. The following are the only autopsical revelations I can here mention. The liver, without an exception, was dark and engorged with fluid blood. The lungs in the same condition. The stomach contained from four to thirty ounces of thin viscid black vomit. Intestines the same, to some extent. The mucous coat of the stomach normal in appearance, with the exception now and then of a small *reddish* or "onion peel" colored patch. A dark fluid resembling black vomit in the bladder of one. I believe that the mucous coat of the stomach and intestines was much softened, but I possess too little skill in pathology to pronounce with certainty.

The yellow fever of 1842 was confined to the *Southern section of the city. No cases originated above Dauphine street, which runs East and West, dividing the city into equal halves.*

There were but seventy deaths this season, of yellow fever,—about two fifths the number attacked.

I am induced to believe that the foregoing facts will be useful to those who feel an interest in the unsettled question of the identity of cause and nature, of the various forms of fever prevailing at the same time in this locality. The sketch has been drawn from notes and observations covering much ground. Inexperienced in writing, and subjected, as I am, to that continual interruption, incident to the practice of this season, I claim due indulgence for the imperfections of the whole paper.

Epidemic of 1843.

The plan of this paper is suggested by the character of the notes and observations which I threw together during, and after, the epidemic. I shall be compelled to condense as much as possible. To give the details of cases and investigations from which my tables are made, and facts drawn, would occupy too much space.

From the tenor of your interrogatories, I presume you wish facts which bear upon that connection, which, from their close alliance, would seem to exist between bilious and yellow fever. For the facts here given honesty of purpose is claimed, individually. I neither know or care where they may lead.

The periodical diseases of the climate *began to prevail in July*, and by the first of September the physicians were brought into active employment. Those who were sensible of the rapid increase of disease, and had become familiar with the medical history of the place, *plainly fore-saw that we should have an epidemic*, which, in Mobile, is synonymous with a *yellow fever epidemic*.

The first case of yellow fever occurred on the 24th of August, the next on the 26th, they both terminated fatally. It was not generally known that they had taken place. About the 10th of September many cases announced themselves by black vomit. So imperceptible was this *glide-*

*Dr. Cartwright, in his history of the Epidemic at Natchez in 1822, describes many cases where reaction did not take place after the initial chill.

ing of one fever into the other, that the physicians, even the veterans of many epidemics, were not apprised that they were treating yellow fever until the approach of this fatal symptom. But, before proceeding further, a few words in relation to its locality become very important.

Like the fever of previous years, it began some distance from the bay and shipping. It will here be remembered, that the fever of '42 was confined to that part of the city south of *Dauphine street*. This year it began in the extreme North-West section, and, with peculiar exceptions hereafter to be mentioned, *did not go South of Government*, which runs parallel with, and is the next but one to *Dauphine street*, and lying South of it. A medical gentleman who observed these boundaries of the disease, remarked that, "the fever of 1843 was but the finishing of what was begun in 1842." The first cases that occurred were either on the same or adjoining blocks on the out-skirts of the city. It remained very much in this locality for twenty-two days—say from the 24th of August until the 17th of September. It could now be traced in a south-easterly direction until it arrived at *Dauphine street*, about the heart of the city. Whilst it was here exerting its most deadly influence, *it appeared in a block of buildings some distance from either of the other localities*, bearing westerly and from the river. About the 6th of October, it became general throughout the city, with the exception already mentioned. The periodic fevers were more serious in those localities where yellow fever prevailed, than in other sections of the city. Whilst the latter was circumscribed, the former were general. The one not only paving the way, but placing *the seal* on such as were destined to wrestle with the other.

The yellow fever was confined very much to the *better class* of citizens. But this is easy of explanation. The laboring class of whites since 1839, has become stationary. Since that time, a great deal of slave labor has been introduced, an amount equal at least to the increase of work required. Owing to these causes, few of that class who usually suffer most were *unacclimated*.

I have computed the epidemic from the 25th August to the 5th of November, a period of seventy days. During this time the population was not far from fourteen thousand. Those who underwent medical treatment during the epidemic, are nearly as follows: In private practice, 800.—City Hospital 250, Marine Hospital 100, Samaritan Society 200, making in all thirteen hundred and fifty cases. These cases of disease I will for the present, class thus: simple remittent and intermittent fever, 500: remittents and intermittents assuming the grade of yellow fever 100: fevers of one paroxysm, usually considered epidemic yellow fever, 750.—This division is the result, not of guess, but rather accurate data. Under the above heads will be given such sub-divisions as are necessary for the simple narration I propose.

SIMPLE REMITTENT AND INTERMITTENT FEVER. Many of the first cases of yellow fever proving fatal, so alarmed the people that a physician was immediately called in all cases of illness; this usually gave him an opportunity of seeing the disease during the first paroxysm. But here it was impossible to pronounce upon the character of the fever. If the patient, however, was acclimated, and there was no striking evidence of

malignity, the Doctor, if hard pressed by *inquisitive* friends, would pronounce it a case of mild fever—further than this the most experienced of them would not commit themselves. After the first paroxysm passed off, the physician was still in doubt until the appearance of the second, after which he would not hesitate to pronounce it the remittent or intermittent fever as the case might be. But so often were physicians deceived, that the more experienced and cautious among them, made a provisional diagnosis or prognostication somewhat as follows; “he has simple intermittent fever, but we must be cautious or it will *run into black vomit*.” This difficulty in diagnosis, makes it obvious that the connection between these fevers is so close in the first stage, that the line of distinction cannot be drawn, and if the character of the fever is correctly pronounced upon, it is done from circumstances independent of the phenomena of the disease itself.

Having fairly separated the simple remittent from the continued fevers, it is unnecessary I should say much in relation to their general character; they are understood by all. It may not be amiss however, to observe that these fevers are not distinguished by the *bounding pulse, hot skin, bilious vomiting, and distinct remissions*, that characterize those of a similar character in the country. In all the fevers of Mobile, there is a low depressed state of the system which is not observed in the interior. These cases usually yielded after the second paroxysm. If, however, they continued beyond this, and a third or fourth paroxysm took place, the mask in which it had been veiled was thrown aside, and the patient passed rapidly into the collapse stage of yellow fever.

REMITTENT AND INTERMITTENT YELLOW FEVER. The facts in relation to these cases are curious, and may shed some light on the question of the unity of the producing causes of fever in malarious regions. The simple remittents just alluded to, prevailed mostly in the southern part of the city, and the subjects were *acclimated*, as I will show when I come to speak of the treatment. In this district I treated *fifteen cases*—Oaks, wife and son, Bradner, wife and brother, Mrs. Green and daughter, Silvey and brother, and four single laboring men. They all had remittent or intermittent fever *assuming the rank and grade of yellow fever* and without a single exception were *unacclimated*. Doct. M. Gayle, Samaritan physician, treated in this section 150 cases of fever of the remittent type. Of these, he believes about 15 were yellow fever, seven or eight of whom died with black vomit. I have since learned that three of those who died, were recently from Louisville. This has led me to suppose that the same rule in relation to climate obtained in his cases that did in mine. It is true, other cases of the same character occurred out of this district, but they were but few; whilst on the other hand, grave cases of fever of one paroxysm were not seen in it, to my knowledge. At Spring Hill, seven miles from the city, three of those cases occurred in young men who had been on several visits to the city. The prevailing disease of the Hill was intermittent. Some physicians complained that they were always taken by surprise in those cases: that there was no symptom which would lead them to suppose that they were cases of yellow fever: hence they viewed them as a simple intermittent, *running*,

under atmospheric influence, into black vomit, &c. I was deceived in three cases only; two of which were under my treatment, and the other I saw by accident. After this I was able to make a proper diagnosis usually on the second or third day. During the apyrexia, there was the peculiar pulse and uneasiness belonging to the calm or passive stage of yellow fever, a description of which will hereafter be attempted. In the absence of these, the eye or skin was sometimes indicative of the peculiar character of the fever. One case I well recollect in a man by the name of Rigdon:—after the third chill I gave particular and impressive directions as to his management. I was asked by the friends what kind of fever he was laboring under; and on hearing that I considered it a case of yellow fever, I was informed that they “*knew chill and fever from yellow fever*, and if my services were again required they would let me know.” As the patient joined in this sentiment, I did not leave the house without telling him that if he was not very careful, he would have the black vomit in less than two days. He lived but thirty-five hours longer. But there are other circumstances which go to prove that these cases were *primarily* yellow fever, or at least of a *mixed* character. There was none of the *tertian type* among them; they occurred, too, in persons who were susceptible to the pernicious influence of the poison of yellow fever, avoiding those who were acclimated. But above all, the duration of illness is the most conclusive fact. Those that recovered, passed into the *third* stage of yellow fever, on the fourth or fifth day; and those that died, had black vomit on the third, fourth or fifth day *from the initial chill*. You will hereafter see that the most malignant cases of yellow fever have died upon the fifth, sixth and seventh day—now of 28 cases of intermittent that proved fatal, all died within of the seventh day after the initial chill. Two had black vomit during the paroxysm of the third day, and died on the morning of the fourth. The disease now prevailing (1844) leaves not a shadow of doubt as to the existence of the *remittent yellow fever*. But I have already said enough to establish the belief that whatever it may suit the fancy of gentlemen to call it, the peculiar effects, at least, of the noxious agent of yellow fever began its work in the incipient stage of these cases. If the time should ever arrive when the eruption of small pox shall take place without previous constitutional disturbance, or that the lesion of a thirty-day typhus shall be found in a bilious fever that runs its course in six—then I will be prepared to believe that black vomit takes place without any *peculiar morbid action* having previously set up in the system.

I have estimated the number of this class of cases at one hundred—fifty of which proved fatal. I have used the words intermittent and remittent synonymously, deeming it unnecessary to occupy time in distinguishing them. The intermittents were more fatal than the remittents. Two medical gentlemen treated sixteen cases of the former, and saved but five. The remittents predominated in my practice, and were not so fatal. The black vomit aside, and those that died, seemed to pass away without sufficient evidence of disease and decay to account for dissolution; many of them maintaining to the last moment of existence the most perfect balance of mind, and continuing to exercise all the niceties

and courtesies towards acquaintances and strangers that marked their conduct when in health.

Doctor Nott was in attendance on a young Frenchman, to whom he introduced a friend who was anxious to see a case of yellow fever. The patient received the stranger with the utmost politeness, entered freely into conversation, but being frequently interrupted by the black vomit which was thrown from the stomach, begged pardon each time for the interruption which it occasioned; saying "that he really could not avoid it, and he hoped the gentleman would excuse him." Other cases again shewed, in the dying stage, a remarkable development of the animal desires and propensities. To relieve the monotony of detail, I will here recur to one of them. The subject was a man by the name of Nickols. He had three paroxysms of fever—the fourth did not occur as usual, but the patient was restless and dissatisfied with every thing. As this was the first case of black vomit that occurred in my practice this season, I did not suspect the true character of the disease, and permitted him to go to a tavern three miles in the country. The morning of the fifth day of illness I was summoned to him. The tavern in which he was lying was frequented by prostitutes, and as Nickols had been "a gay Lothario" they had gathered around him in considerable numbers. He appeared to be in a joyous and mischievous mood; occasionally amusing himself by *squirting* the thin black vomit at such of *the ladies* as he did not fancy, and if successful in soiling their clothes, would laugh most immoderately. After an hour had been thus consumed, he requested every person to leave the room, with the exception of myself and his particular favorite; he now expressed a strong desire for sexual intercourse, and wished to know if I had any objection. I here examined him and found that this was not a *mere whim*, if physical signs at least were any evidence. Making no objection myself, I left the room, but the girl soon came rushing after me without having yielded to his wishes. One hour afterward he was a dead man.

Other peculiar cases could be noticed, but I do not wish to wander from that train of facts to which I am desirous of calling attention. The preceding cases will be called up again under the head of "Treatment."

EPIDEMIC FEVER OF ONE PAROXYSM. Many physicians here make a distinction which cannot be warranted. They are indisposed to class the mild cases of this type, as yellow fever, simply because they do not go through all the stages which distinguish the graver cases. If such a distinction is made, then another would be equally admissible, in drawing which, we would have to separate those that passed through the collapse stage without black vomit, from those that had it and died. Such a division would be quite as absurd as Chisolm's, into *pestilential* and *endemic* yellow fever, both of which he tells us, died of *black vomit*; a symptom that is certainly peculiar to yellow fever, and in the absence of which, the question it is my object to consider, would probably have never been raised. The cases I shall divide into mild and grave.

MILD. The same difficulty which I have mentioned as occurring in diagnosing intermittents, was experienced here in a different form. After the disease had progressed far enough to establish the conclusion that

it was not of a remittent type, there arose a serious question. The Doctor, like a candidate for office is plied with all sorts of questions, which he is bound to answer. Under ordinary circumstances the making a mistake in prognosis, would be immaterial, but the public have here erected an arbitrary standard, (which I am sorry to say is too often prompted by physicians,) that often makes the medical man appear ridiculous. If you call a case yellow fever, which goes through all the stages without hemorrhages or black vomit—then the cry is “it was not yellow, but bilious fever.” If on the other hand you pronounced a case mild fever, and it happened to die with black vomit; the cry is “the Doctor was treating the case as bilious fever, when it was the yellow fever.” The fact is, what would be termed a diagnosis, would here be but a prognosis, and to tell invariably what is to be the future course and exact duration of illness in many of these cases, would be as impossible, as to tell what form the cloud of to-day will assume to-morrow.

The milder cases were mostly confined to the natives and acclimated. These attacks were occasionally so light and ephemeral, as to pass off in a few hours, leaving the patient with some soreness of the muscles, and slight pain in the hips and legs. But as a general rule, they confined a patient to his bed for three or four days. After the chill, which was commonly of very short duration, the pain over the eyes and in the back and hips became for a short time intense. The flushed face, animated voice, and sparkling eye which characterized the febrile stage, have been aptly compared to the excitement produced by champagne. I had a fine opportunity on one occasion of contrasting these with the grave cases. In one boarding house I treated at the same time seven cases of fever: five were thoroughly acclimated and two were strangers. During the first stage, the five acclimated patients complained much more than those who were not acclimated. In the former, the pulse was more rapid, the skin warmer, the pain and restlessness greater, than in the two last. There was also more irritability of stomach in the former than the latter. The acclimated were in the street on the fourth and fifth day, whilst the non-acclimated passed through all the stages of malignant yellow fever, one of them dying of black vomit. Although it is contrary to the general plan of this paper, I will here anticipate so far as to draw the attention of those who likened these cases to bilious fever, to the striking differences between them. In bilious fever, the pain begins in the head and usually ends there—in this disease it begins in the head and travels down to the lower extremities, where it generally makes its exit. The excited and animated expression of features which these cases present does not belong to bilious fever. In these the pulse has not the hardness that often belongs to the other; the depressive nausea and haggard features of bilious fever are also wanting here. But last and not least, the manner of recovery is wholly different. Leave a bilious fever to the curative powers of nature, and what is the process. The disease either yields to voluntary discharges of bile and copious sweats, or recovery takes place slowly and painfully, by local determinations which end in chronic inflammation and enlargement of the spleen, liver, &c. Not so in those mild cases of epidemic fever. *Leave them alone, and the disease*

will run its course in as short time, usually, as though medicine was given; and after it has run its course, the patient *is well*. With a gentle perspiration, the momentary fretting of the nervous system passes rapidly away, without materially impairing or disturbing any of the organs, or their relations with each other.

GRAVE CASES. I will introduce these by giving a case from my note book. B. aged 29, first summer in the South, residence in the infected district. Phlegmatic temperament—large and muscular. Saw patient at 9 o'clock, on the morning of the 24th September—was seized whilst in bed, eight hours since, with a chill, which continued for half an hour. Skin at present is somewhat moist and very warm. Pain in the head not so violent, but very severe in the small of the back and about the exit of the sciatic nerve. Tongue slightly coated with a pale yellow fur—pulse 115. *full and bubbling*, without hardness or tension—eye dull and injected, no nausea or tenderness in the region of the stomach—great thirst, but easily satisfied, somewhat restless. Morning 25th, could have slept some last night “but for the most horrid dreams.” Pain in the hips and lower extremities continue—head has become easy, fur on the tongue increased, thirst not so urgent, pulse 85 and compressible, has had free evacuations of urine and ordinary *feces*—skin assuming a reddish or chocolate appearance—features dull, heavy, and sottish—eye very muddy, speaks slowly, knows he has the yellow fever, but feels no alarm. Being asked why he was so restless, he replies “that he is not restless, neither does he feel very sick,” at the same time, in a slow methodical manner, somewhat peculiar to this disease, he removes the pillow to the other side of the bed, and places his head upon it with the same care and caution as though it were a piece of glass. After a few minutes conversation, the same preparations are being duly made for another change of position.

Morning of the 26th (third day.) fur on the tongue yielding—gums red and spongy—skin moist, of a deeper red than yesterday—by pressing the blood from the capillaries, the skin is discovered to be the colour of a pale orange. Pulse 75, apparently full, but compressible and gaseous, rebounding under the least pressure. Complains of a want of sensibility about the bowels: evacuations of an *ashy color*, gummy and inodorous. Urine high colored and scanty. Speaks distinctly, *drawing out* each syllable as though he was doubtful of its application—still restless, after the manner of the disease. Countenance sombre, gloomy and dejected. Is indifferent about taking drinks.

27th. (fourth day, at 2 o'clock P. M.) redness of the skin giving way to a deep tan, or yellow; free perspiration. Pulse 62, wavering and gaseous—keeps a nurse constantly employed in so placing the pillows as to support his limbs—feels as though his lower ribs “were pressing inwardly”—could sleep if it were not that he is constantly dreaming “of falling down a horrid precipice.” Dislikes to drink, as it increases the “burning in the stomach.” Tongue dark. The least exertion is marked by great physical prostration and intermission of the pulse. Says he feels very well, and smiles encouragement to his mother; but the smile is like a sickly light struggling through dark intervening clouds. At 12 o'clock that night he was seized with black vomit, which terminated his existence in a few hours.

It will be observed that in the foregoing case, the collapse approached gradually and almost imperceptibly. The very next case on my note book, though equally malignant, took a different course. D.—On the morning of the fifth day of disease, his pulse was 80, and strength so well maintained, that he was setting up in bed. Four hours after, I paid him another visit, and found his pulse had fallen to sixty, accompanied with sighing, occasional hiccough and great prostration. Under free stimulation he rallied, and the hiccough disappeared. Twelve o'clock of the sixth, had rested tolerably well through the night; taken chicken broth without inconvenience, and expressed himself as being much better. These were all favorable indications; but on the other hand, his pulse wanted stamina—he was restless at intervals of an hour. Tongue trembled violently—voice wavered—and above all, the features, instead of being relaxed and softened down, as is the case in approaching convalescence, still wore that “livery,” the presence of which is so indicative of a fatal termination. He continued in this situation until the seventh day, when he was seized with a profuse hemorrhage from the bowels, which carried him off in a few hours.

Thus after momentary pain in the head, and along the course of the spinal nerves—without a *white furred tongue*, *intense thirst*, *nausea*, *tenderness of the stomach*, *quick hard contracted pulse*, *delirium or coma*, they sink under the influence of a subtle poison, the immediate effect of which is not appreciable by any *local inflammation*, unless a mere derangement or suppression of the secretions and *thinning* of the blood, afford evidence of its existence.

It would extend this paper too far to detail a sufficient number of cases to exhibit this disease in all its phases; a few descriptive remarks only will be presented.

Attacks frequently come on with catarrhal symptoms; the patient complaining that he has taken cold. I have had them to come into my office on the second or third day after complaining, when upon examination, they were found to be upon the verge of the collapse stage of yellow fever.—Two patients came into my office the present season, with blood oozing from the gums and every symptom of serious illness. The vascular excitement in this class of cases, usually increases up to the fourth day. In other cases again, the onset is violent and abrupt. The patient becomes restless, walks the floor hurriedly, places his hands to his head, screams and falls. They often continue several days with weak and feeble circulation, and die without returning consciousness. I have had two cases of this description the present season, (1844) to recover. The foregoing modes of attack are more common in those years when the disease is epidemic, as in 1844. The disease in the epidemic I am considering, was usually ushered in with a chill, which was of short duration.

In a few instances, the febrile stage continued for thirty or forty hours. These long paroxysms were attended, mostly, with a quick tense pulse, furred tongue, and occasional bilious vomiting. But the fever or hot stage in the great mass of cases, yielded to a gentle perspiration, which occurred in twelve or twenty hours after seizure.

The period of quiet and comparative repose, which is usually called

the "passive stage" or "remission," has been designated by a medical friend as the "stage of calm." As this refers to the paroxysm that has past, and the struggle that is to follow, I believe it preferable to either of the others, and have consequently adopted it. The stage of calm may be dated from the abatement of pain and fever, until the approach of the collapse stage. The restlessness during this stage, I have endeavored to describe in the case of B. Sometimes these *fits* occur every five or ten minutes; again they take place so seldom as not to be observed by the physician. This restlessness is greatly increased in some cases, immediately preceding the collapse stage. This was so marked and violent in the diseases observed by Bancroft, that he called it a "second paroxysm." The pulse during the stage of calm, is usually about or below par, and to many would appear natural. So far from its being normal, there are gentlemen in Mobile, who, blind-folded can separate it from all others. It comes up to the finger like an air bubble, and rebounds under the least pressure; again, there is not that strength and lengthened vibrating feeling which belongs to the healthy pulse. Doctor Childress, who has been practising in the South thirty-five years, remarked to me "that it was the most deceptive pulse he had ever felt; at first, appearing natural, but upon examination "*there was none of it.*"

The collapse stage is more marked and regular some years, than others. In 1837, it was irregular. In 1839, it seldom failed to occur on the night of the fourth day, attended with immediate and striking evidences of sinking prostration. In 1843, it occurred between the beginning of the fourth and sixth day of the disease. The approach of this stage is looked for by the physicians of Mobile with the greatest anxiety. It is by meeting the indications that here arise, they hope to be of service to the patient.

Pain in the head is always present during the first stage of the disease, and that which is felt over the eyes, the most annoying, being attended with intolerance of light. This pain as I have before observed, passes gradually down the back into the hips and lower extremities. Females suffer very little from pain in the head, but it is usually very severe in the back and hips. Some mothers have complained that the pains were worse in this disease, than those experienced in parturition. It is not uncommon that there is great pain and soreness of all the muscles, especially about the epigastric and abdominal regions. I have on more than one occasion seen physicians who were *searching for gastritis* deceived by this superficial pain and soreness. By steady and gradual pressure, it is relieved for the time. Occasionally there is on pressure, pain or soreness in the region of the stomach. In thirty-five cases treated in the hospital in 1842, it was present in five. Those cases were very malignant, half of them proving fatal. In this epidemic I saw but three cases in which the symptom was palpable. In protracted cases where secondary symptoms supervene, it is always present.

The character of the stools and urine will be incidentally noticed when speaking of the treatment. There is a natural tendency to perspiration, and of course no difficulty in producing it. The color of the skin sometimes resembles a lemon, from an early period of the disease. But the most constant appearance in this class is a muddy red or chocolate. By

pressure on the surface, this redness will disappear, displaying a pale orange tint. In the collapse or convalescing stage, the blood recedes from the surface, leaving the skin yellow. In some cases among those that die, as well as those that recover, the yellowness is wanting.

The physiognomy of the disease is striking and peculiar. It has been well and eloquently portrayed by Doctors Samuel Jackson, and S. H. Dickson. I have not noticed, however, any of that wild ferocious expression of eye and features, which is spoken of by many writers. There is usually an attempt on the part of the patient to appear amiable and indifferent, seldom becoming peevish, or losing temper. The physiognomy of the diseases which I have seen, with the exception of yellow fever, is usually associated in my mind with the peculiar symptoms of the malady, or rather would seem to be the mere shadowing of the strong and well marked phenomena that distinguish them. Such for instance, as is witnessed in congestive fever, cholera and tetanus. But the physiognomy of the yellow fever cannot be referred to symptoms. It would appear a *fiendish something* independent of, and beyond the ordinary phenomena of the disease. In many cases it is stamped upon the brow at an early period, "Once enthroned" no effort of the patient can disturb its reign—he may smile and laugh, but cannot chase it away. There it still sits, paralysing those re-acting efforts of nature, which are ever struggling against disease, and mocking the assumed gayety and levity of its victim. Even the cradle is not exempt from its visitations; within the last hour I have seen a child but 15 months old, over whose brow this mysterious fiend had spread his "gloomy mantle," giving to the little patient a dejected, cheerless and earnest look, illy suited to its infant face.

As a general rule, there is far less vomiting and irritability of stomach during the first stages of yellow, than that of the bilious fever. The matters ejected from the stomach in the feverish stage, consist mostly of the fluids which had been taken. During the stage of calm, a mucus, containing little flocculent masses resembling "bees wings," is sometimes vomited. If bile is ejected, it may be set down, not only as an exception, but a favorable indication. I was called to see three cases, where tartar emetic had been freely administered, the vomiting produced was violent, but no bile was thrown up. I visited Doctor McLean, a Thompsonian practitioner, in the collapse stage of the disease: he told me he was then under the operation of the fourth dose of lobelia, and was still unable "to tart the bile." The black vomit which takes place in the collapse stage, is of various consistence and appearance. The little masses which have been likened to bees wings, occasionally deepen, so that by the time the disease arrives at the collapse stage, it assumes the appearance of a thick black mass. The vomit is more generally thin and black, with a coffee-ground sediment; this is usually *pumped up* suddenly and without previous warning. The patient complains of its being sour, and so very acrid as to *cald the throat*. Now and then, especially in the hemorrhagic cases, the vomit is not black—but blood so slightly changed, that when discharged with the secretions of the stomach, it resembles *red-wine lees*. In one sixth of the cases I have seen, or of which I have received any account, unchanged blood was vomited. I saw three brothers vomiting at the same time.—

The basin of one contained coagulated blood, another *fresh* blood, and the third genuine black vomit. These young men were all discharging blood from the bowels at the same time. Black vomit in a few instances made its appearance on the night of the second day after attack. These were exceptions, the fourth and fifth day being the most usual. Many cases terminated fatally, in which this symptom was wanting. I have alluded previously to cases of the disease in which the mode of access was sudden and violent. In cases of this character I have not seen any black vomit. In two recoveries of this grade the present season, there were copious discharges of blood from the bowels. The recoveries after black vomit are exceedingly rare. I have ascertained, however, that *fourteen* patients were saved in 1843, after the appearance of this usually fatal symptom. So long as the vomit is thick and pasty, being raised in small quantities and thrown up mixed with natural mucus, the physician does not despair of his patient. The thin black fluid with the coffee-ground sediment is always, in Mobile, a fatal symptom. Four of those recoveries took place in the City Hospital, in charge of Dr. Ross. The others were the patients of different medical gentlemen in private practice. I have it from the best authority that a young gentleman—a Mr. G., now a useful member of society, threw up *immense quantities* of genuine black vomit in 1839. Touching the character and nature of this vomit, Dr. Nott has made some satisfactory experiments and enquiries, which he will give to the public.

If hemorrhage from the gums and nose take place previous to the appearance of the black vomit, it is favorable. This discharge seemed to relieve the patient of uncomfortable symptoms, and hasten convalescence. In many cases of a low malignant grade, especially in 1842, there was a strong hemorrhagic tendency early in the disease. It would most usually show itself by an oozing from a wound, excoriated surface, or musquito bite. In these cases, vitality, physical energy, and vascular excitement, were at an exceedingly low ebb. In some instances of this character, disorganization was so very rapid, that the cuticle was removed long before death, by the least rubbing. Blood is often passed from the bladder in an apparently unchanged state—again, it is dark and flocculent, swimming in the urine, and resembling black vomit. Hemorrhage from the bowels is not usually fatal, unless it is excessive at an advanced stage of the disease, as in the case of Disorway. In females, hemorrhage from the uterus terminated favorably in every case that I treated. It was never so great as to require checking. It has been conjectured by some that these hemorrhages are but the result of mercurial treatment. I presume no man who has seen much of the disease, could have originated such an idea.

In three fatal cases there was a large purple carbuncle just below the scapula, resembling somewhat the dark colored egg plant. These swellings were not noticed until the last stage of the disease, and were very painful. Petechiæ were visible in five cases that were taken to the hospital in 1842. They were present in three of my cases this year, but none were noticed during the epidemic of 1843. These spots were the size of half a five cent piece, and much the color of india ink. A majority of these patients recovered.

The mind is usually clear; sometimes however, there is hesitation of thought, and confusion of ideas. In some sleepy, stupid cases, they converse rationally and sensibly, but after recovery they have forgotten the incidents of their conversations. In the sudden and violent cases when the *vis vita* seems completely overwhelmed, there is profound stupor and entire unconsciousness. I have never yet seen a case of wild delirium in the first stage of the disease; it has occurred, though, in previous epidemics, especially in 1825. Delirium often comes on during black vomit. This is attended with a restless raving, cessation of vomit, and an addition of one or two more days to a miserable existence. Again, the delirium in this stage consists in joking, singing, or idle *chit chat*. I have lately seen in a new medical work, the pathology of the great English Dramatist applied to continued fevers; I believe it is much more appropriate to these cases.

“The life of all his blood
Is touched corruptibly: and his *pure brain*
(Which some suppose the soul's frail dwelling house)
Doth by the idle comments that it makes,
Foretell the ending of mortality.”

In concluding this brief summary of some of the symptoms and phenomena of the disease, particularly as it has appeared in the last three years, allow me to call your attention to its general *febrile* character. I have divided the disease into three stages. The febrile or hot stage, stage of calm, and the collapse stage. I have taken twenty cases of epidemic fever, in which all these stages were well defined, (the notes of many of them furnished by medical friends,) and after a careful examination, I ascertained the average duration of each stage to be as follows: fever 22 hours: calm 120 hours: collapse 14 hours. The pulse in the same cases as follows: two days between 90 and 115, one day about par, and three and a half days, below par. The mean average of the pulse during the whole course of the disease being rather below the natural and healthy standard. Now bear in mind that this short period of fever is not characterized, usually, by a *pungently hot skin, great heat, or tormenting thirst*. Neither is the pulse *hard and tense, or contracted, sharp and wiry*. I would also, in connection with these, call attention to that large class of cases in which those stages were not well defined—cases where there was an increase of vascular excitement on the third day, but *not even then amounting to fever*. (This grade constituted a large majority of the cases of 1842.) Connecting these simple truths with the prominent symptoms at which I have glanced, together with the *thinned and dissolved state of the blood*, speedy termination, and absence of any constant or reliable lesion, I cannot imagine how any disease could more strongly contrast with IDIOPATHIC ESSENTIAL FEVERS on the one hand, or the TRUE, well ascertained PHLEGMASIA on the other, than does yellow fever. Under these circumstances, does not the word *fever* (as it is generally understood) when applied to this disease, mislead many?

(To be concluded in next Number.)

ART. IV.—*Tumour on the Neck, of extraordinary size, successfully removed.* By P. C. SPENCER, M. D.; Petersburg, Virginia.*

Thomas Wilkinson, a native of the neighboring County of Sussex, 37 years of age, placed himself under my care at the beginning of the present year, for the surgical treatment of an enormous tumour of the neck.

The history of the case, collected from the accounts given by himself and friends, is as follows: The tumour had been in existence 30 years. It was described as being located, when first observed, at the angle of the lower jaw, and beneath the lobe of the left ear. Its presence and growth being wholly unattended by pain or annoyance of any kind, it does not seem to have created anxiety, or to have attracted much notice during the period of his youth.

This apathy however, was not of long duration. Before he had reached his 20th year, its great size, and the deformity and annoyance it occasioned, led him earnestly to desire relief. It was then 16 or 18 years before the time of his application to me, that he for the first time sought surgical advice and assistance. The tumour was at that time represented as being double the size of a large orange, and *firmly imbedded beneath the angle of the lower jaw*. He was immediately placed under the treatment necessary to prepare him for its excision, by a distinguished and very bold Surgeon of this place, since deceased. When, however, the day fixed for the operation arrived, he was, much to his disappointment and chagrin, dismissed without it; the surgeon giving as a reason for the postponement, that he had not been able to prepare himself with some necessary preliminary. Wilkinson was desired to return home, with the assurance, that so soon as this could be accomplished, he should be sent for. This promise was never fulfilled. Whatever may have led to the postponement on the part of the Surgeon, the impression was created on the minds of the patient and his friends, that the operation required, was deemed one of a nature too hazardous to be attempted with any prospect of success. This impression was subsequently confirmed as the case wore on, since the many medical men, who from time to time got sight of the disease, as the man's business called him from place to place, volunteered the almost unanimous opinion, that the safe removal of the Tumour was beyond the reach of art. With this conviction, the man patiently resigned himself to his fate, awaiting the issue. But the disease did not remain idle; mass after mass of the degenerate structure continued to shoot out from every side. Reaching downwards, it touched the shoulder, the whole breadth of which it proceeded to occupy, and then on both breast and back it ultimately fell in large folds. Finally its great weight, acting upon a frame already worn down and emaciated

* Accompanying the following interesting case, we received a pencil sketch of the patient, which we regret not being able to get lithographed in a manner that we think would aid the reader much in understanding the position and appearance of the tumour. If the description of the author be attentively examined, a very correct idea may be formed.—ED'RS.

by the ceaseless irritation of its presence, precluded all employment, allowing him to remain in an erect posture for a short period only, and then at long intervals. In addition to all this, decay ultimately set up in the morbid mass; patches of ulceration appeared on its periphery, resulting apparently from imperfect nutrition, caused either by pressure or lesion of its nutritive vessels; abscesses formed in its interior, tunnelling it with huge sinusses, which constantly discharged offensive matter; and hectic fever supervened. Feeling that he could live but a short time as he was, and being convinced that the excision of the tumour afforded him the only chance for his life, the patient had arrived in town with the determination to have the operation attempted.

After a minute and tedious examination of his case, with several professional friends to assist me, we found it almost impossible to come at any thing like a positive opinion, as it regarded the safety or practicability of an operation. This ambiguity and embarrassment arose from the exceeding difficulty of ascertaining correctly the parts involved in the attachment of the tumour, and in defining the nature of the operation required for its removal. Firmly attached by a strong and unyielding band to the whole side of the neck, its sides shelved over all around, below, behind and before, wholly precluding any thing like a satisfactory examination, since there was but a narrow space for the hand to pass under, to effect the exploration. Nor was this all. Admitting that a free examination of the attachments of the tumour could have been made, its immobility on its stem, and the extent of these attachments were so great, that nothing positive could have been ascertained of the parts involved, likely to be wounded in an operation. Nothing is easier than to prove this, by a glance at the bounds of its attaching surface. Extending from an inch above and behind the lobe of the left ear, these ran posteriorly on a line with the sterno-cleido mastoid muscle (which it covered with the great vessels of the neck,) down to within an inch of the clavicle. In front, its connection ran from the ear, over the cheek to a point midway below the chin, where it passed again downwards in a line with the trachea, to the top of the sternum. The whole formed a triangular connection or band, firm and almost immovable, at least six inches through in its longest line. It was a prominent question in the inquiry, whether there would be danger or probability of wounding either of the great vessels of the neck. This result under ordinary circumstances would not have been feared by the Surgeon; but in the present case, the accident could but be fatal, for the very plain reason, that the courses of these vessels, in their entire extent, was so completely covered by the diseased mass, which was so unyielding and immovable as to preclude entirely, the possibility of securing them by ligature or other means.

After being made fully sensible of these difficulties, the patient still persisted in his determination, and the operation was therefore undertaken as a dernier resort.

It was necessary to place him on a more generous diet than he had lately allowed himself, in order to insure him sufficient strength for the trial. Some eight or ten days sufficed for this result, and on the 9th of Janury 1844, the operation was performed. A narrow table was provid-

ed, in a room tolerably well lighted, on which the patient was placed, lying on his right side, with his head elevated. Whilst in this position, in the presence, and with the assistance, of Drs. J.F. Peebles, Jones, and Michie, all of Petersburg, I proceeded to operate.

My first design was to raise the tumour from behind by cutting it away from the whole line of its posterior attachments, freeing it thereby from the great vessels of the neck, as early as possible. For this purpose an incision was commenced about two inches below the ear and carried on down the Tumour to within half an inch of the clavicle. The skin was carefully, but with great difficulty, (so closely was it agglutinated to the diseased mass) dissected off to the neck. When this was completed, I cautiously proceeded to divide the adhering bands which had been exposed by the incision. The sterno-cleido mastoid muscle attenuated to a mere filament, had been partly brought into view, and being closely affiliated with the diseased mass, was divided across above the point where it was decussated by the omohyoideus. When by these means its lower part had been freed so that the tumour could be raised, the carotid artery was plainly seen beating in front of the line of the original incision, but now about an inch backwards from its still adhering surface. The tumour was next raised and borne slightly forward, when the dissection was carried on without danger of wounding the vessel.

The very strong and firm adhering bands which connected the excrescence with the mastoid process of the temporal bone, the tuberosity of the occiput, and the transverse processes of the upper cervical vertebræ were next severed in the order in which they presented themselves. Up to this time no vessel of any importance had been wounded, the hemorrhage had been slight; the only embarrassment to the operator arising from the unpleasant strangulation resulting from the pressure of the tumour on the trachea as the patient lay, through the unavoidable manipulations on it already described. Starting under the ear at the origin of the first, another incision was next extended through the skin down to the tumour, across the cheek to the chin, and then carried downward on a line with the trachea, finally terminating at the first, just above the clavicle. Much time was next required in removing the adhering skin from the surface of the Tumour, which was carefully done through the whole line of the incision, that it might serve as a covering to the wound, and many considerable vessels were wounded, two of which, one near the angle of the inferior maxillary bone, the other beneath its symphysis requiring the prompt application of the ligature. When this tedious and exceedingly painful dissection was completed, the exhaustion of the patient was so great that I was forced to suspend my dissection about the throat, in order that he might be allowed to breathe with necessary freedom.

But all its adhering bands had been severed, and the tumour could be raised and so soon as the patient recovered from his partial syncope, its final excision was readily completed.

Though overcome and greatly exhausted, the patient was found upon examination to be in quite a favorable condition, his pulse was good, and he had not suffered so much from hemorrhage as had been expected; the principle loss being, in fact, venous blood. A reasonable time having

elapsed, and there being still, little or no decrease of this oozing from the divided veins, a weak solution of kreosote was applied to the wound; it had the desired effect almost immediately, and I proceeded to the dressing. The flaps of the skin which had been left, covered the wound very well, considering that the nature of the case, leaving no choice in the matter, had obliged us to dissect without regard to this object; and having carefully brought them together, they were secured and the wound closed by straps of adhesive plaster.

The dressings were completed, and patient placed in bed in forty minutes from the time the operation commenced. No accident occurred, and the night succeeding the operation was spent quietly and comfortably. On the second day there was a slight rise of fever, which was at once successfully combated by a light purgative.

It is considered entirely unnecessary to detail further the progress of the case; for after this time no constitutional symptom arose, and its management became entirely a local affair.

The improvement of the general health, proceeded *pari passu*, with the healing of the wound, which under the simplest treatment, was gradual yet progressive. On the 23d of January he left his bed entirely, and late in February he returned home in good health, and so altered in appearance, that his nearest neighbors did not at once recognise him.

He has been seen within a few weeks by the writer, and he reported that the improvement of his general health had steadily progressed since his return home.

The tumour weighed within a fraction of twelve pounds. It evidently belonged to the class of non-malignant tumours.

A further estimate of its true nature cannot be made, since preferring to preserve it as a specimen, no dissection was made into its structure.

ART. V.—Case of Strangulated Hernia—Gangrene of the Intestine—Operation and cure. By JAMES GUILD, M. D.; of Tuscaloosa, Ala.

Benjamin Potts, aged about 30 years, a respectable citizen of this vicinity, sent for me in haste; on arriving, he informed me that he had had cholice for a week, and without relief soon, he must certainly die. His bowels had been constipated during the whole time. Abdomen much disturbed and swollen, and acute pain throughout the entire region, more particularly over the right external abdominal ring, at which point by careful examination, I found a very small tumour, the size of a partridge egg, which at once led me to the conclusion that it was concealed inguinal hernia in a state of strangulation. Resort was at once made to the taxis and tobacco injections, but all to no purpose. The symptoms being so very alarming, such a small feeble intermitting pulse, cold clammy sweat, stercoracious vomitings, and inordinate swelled abdomen, attended with most acute anguish when pressed on, I at once proceeded to the operation

in presence of my friend Dr. Reuben Searcy. The integuments were first laid open, which exposed the superficial fascia, then the cremaster muscle, the hernial sac, and then the intestine, which to my great mortification I found in a state of gangrene. The hernia being contained within the canal, leading from the internal to the external abdominal ring, constituting concealed inguinal hernia. The hernial sac was covered in addition to the investments before described, by the tendon of the external oblique, and internal oblique and transversalis muscles. The stricture was found at the edge of the internal abdominal ring. I then introduced a curved probe pointed bistoury, the edge being covered with a fine piece of cloth with the exception of half an inch of its extremity, and divided the stricture freely, thus discovering the extent of the mortified gut, which presented at least three inches of the external portion of the ilium that sloughed away, discharging the entire contents of the bowels through the incision. It seems that a small string of the under portion of the gut did not loose its vitality in consequence of the circulation not being lost, which held the intestine together. I was of the opinion even should he recover, he would have an artificial anus, but by the use of adhesive straps, compresses and bandages, and a constant and careful attendance on the case, the edges of the intestine adhered to the walls of the abdomen, which formed one side of the intestinal tube, the edges of the incision gradually closing and the fœces taking a proper direction through the rectum, he was discharged well within one month without an artificial anus, and now enjoys uninterrupted good health. The case is peculiarly interesting in consequence, particularly, of the *vis medicatrix naturæ* performing her work so efficiently.

REMARKS.—In the 26th volume of the *Bulletin Général de Therapeutique*, for 1844, we find a case analogous to that reported by Dr. Guild, drawn up by Dr. F. Le Monnier, of Remes. This was a case of crural hernia of the right side, in which strangulation and inflammation determined gangrene of a large portion of the intestine and epiploon. Notwithstanding, however, the extreme gravity of the symptoms which followed this accident, the mortified portions were thrown off, and the case perfectly recovered the fourth month after the accident.

In this case the operation was proposed in time, but the patient obstinately refused to submit to it. Leeches, emollient cataplasms, mucilaginous drinks, laxative lavements, and finally an ointment composed of ungt. hydrarg. and ext. belladon were used. Under this treatment, with an occasional anodyne, the case gradually convalesced. This recovery as well as that reported by our correspondent, demonstrates clearly the immense resources which the human system possesses for restricting the process of morbid action, when our art is impotent. In this case there was no artificial anus as might have been expected, to render life loathsome.—ED'RS.

PART SECOND.

PERISCOPE OF PRACTICAL MEDICINE; OR, SPIRIT OF THE MEDICAL JOURNALS, FOREIGN AND DOMESTIC.

I.—*Researches into the Bile in Typhoid Fever.*—Among the numerous lesions which have been ascertained, by observation, to exist in typhoid fever, there is one, that of the liver and bile, which has been much neglected.

M Martin Solon has recently turned his attention to this part of the investigation; and the following facts, he has been enabled to announce. The only alteration in the condition of the bile in this disease, heretofore noted, is its diffuence. But it presents others more profound and important, and which should have been investigated by pathologists, either in the course of the disease, or as influenced by treatment, or by post-mortem inspection. In the course of this disease, noted for the abundance of the biline secretions, it is rare to find the evacuations exclusively mucous.—The matters rejected by vomiting or passed per anum, evidently indicate the presence of bile. These evacuations may possess an alkaline reaction, but we often find them of an acid nature, which appears to depend much less upon the bile than the altered intestinal mucus. This acidity is frequently found, also, in young children affected with colics; but in cases of typhoid fever, this character does not yield as readily as in the colic of infants, treated by magnesia water.

The derangement of the biliary secretion may be sometimes recognised by the green color which the urine assumes, on the addition of an excess of nitric acid. M. Martin Solon observed this reaction for the first time, in 1841, about the tenth day of a case of typhoid fever, of medium gravity. The yellow coat on the tongue was the only bilious symptom which existed; the skin and eyes remained free from any icteric tinge. The patient was for several days confined to the use of Seidlitz water, when his urine, for three days, gave, on the addition of an excess of nitric acid, the greenish tint which we have already mentioned. Under the influence of the evacuant course of treatment, the stools passed from the green to the yellow, and became thick towards the period of convalescence. The author has recently had an opportunity of verifying this fact, in two cases out of thirty, and in some cases the urine was examined with great care. In one case the reaction took place on or about the beginning of the second week; in another, on the tenth day only. The urine possessed a density of 18 - 18, 20, and its normal color. To obtain the greenish color, we must add gradually from 5 to 6 grammes of nitric acid to 15 grammes of urine; sometimes the quantity of the nitric acid equalled that

of the urine examined. When this reaction was produced, the lower stratum of urine assumed a beautiful green emerald tint, and so remained part of the day.

What can be the material thus set free by the acid re-action? Is it the *cholechoine* or rather the *biliverdine* of Berzelius, as asserted by M. Buisson? This question our author consigns to Chemistry, to decide.

The alvine evacuations, in the early period of typhoid fever, are generally serous, and more or less greenish. If the patients be treated by simple diluents, the greenish tinge gradually diminishes and passes into a deeper yellow; finally, the secretions become thicker from day to day as convalescence approaches; and, when it is fully established, the alvine evacuations resume their normal state. Hence it results, that by a careful examination from day to day, we may watch the progress of the disease, and anticipate, by these pathological lights, the ultimate issue. In fatal cases it is rare that the color or consistence of the bile is normal; most frequently it is aqueous, and of a pale color; it is even sometimes profoundly altered in its composition; it is acid and destroys the vegetable colors like chlorine. M. Solon, in this remarkable paper quotes many instances of this. He then attempts to determine whether we can derive any useful information from these altered secretions, both in regard to the etiology, prognosis, and treatment of the disease.

In regard to its etiology, the author is by no means willing to consider typhoid fever as a bilious affection; his object is simply to state the part which the biliary secretion plays in this disease; besides, nothing has transpired during these investigations, to convince him that this alteration of the bile, and its diffusion, has acted in a special manner upon the economy, so as to modify or aggravate in any manner the *intoxication typhoide*. As to the prognosis, although the secretions remain green and fluid, still the disease does not abate any in the gravity of its symptoms. We may, on the contrary, expect some improvement when they assume a yellow tinge. Lastly, when they become at the same time yellow, thick, and less frequent, we may predict that the termination will be favorable.

In reference to the treatment, if we adopt the aphorism: *quo natura vergit, eo ducendum*, no doubt, adds M. Solon, that purgatives would be indicated where the alvine evacuations are so often abundant.

M. Solon's experience, in common with that of many other practitioners, is favorable in many cases to purgatives, and even in some, when the inflammatory nature of the disease would seem to contra-indicate the purgative method, and give the preference to anti-phlogistics. What is the mode of action of purgatives? The author prudently waives an answer to this question; but their well known utility in typhoid fever, tends to demonstrate that the biliary passages participate in the various lesions of typhoid fever, and that they should, in this disease, attract the attention of pathologists in reference to its etiology and prognosis; as also, in reference to the therapeutic indications, which they may present. Such was the object which M. Solon proposed to investigate, and this effort is marked by that practical good sense, which always characterises his writings.

(*Bull. Gen. de Therap. from L'Experience.*)

II.—*Epilepsy cured by Blisters.*—The subject of this case was treated at the Hotel-Dieu, by Dr. Reeamier, a bold and ingenious physician, who has made more than one discovery in the science of therapeutics. It is well known that a paroxysm of epilepsy is usually announced in some cases by a peculiar sensation in certain parts of the body, most frequently in one of the limbs; a sensation to which we have applied the term *aura epileptica*. It has been thought that by preventing the *aura* we should arrest the epilepsy, and occasionally it has succeeded. A tight ligature has been placed above the spot at which this *aura* starts; escharotics, setons, and even the actual cautery have been resorted to for the same purpose. M. Reeamier sought to oppose an effectual barrier to the passage of the *aura*, and thus prevent its reaching the head, by means of *circular* blisters; with this view he pursued it and attacked it with flying blisters at every point where it declared itself, and in one month, by means of eight blisters judiciously applied, he effected a radical cure of this intractable disease. It has now been three years since this case was thus treated, and yet there has been no relapse. As this case is curious, and will suggest the proper method to be pursued, we will relate it.

A tailor, aged 32, was seized on the 9th Nov. 1839, without any assignable cause, with an attack of epilepsy, with loss of consciousness. During the attack he fell into the fire and burned his right thigh, without being conscious of it. From this period to the 7th Dec., when he entered the Hotel-Dieu (about a month,) he had eight such seizures, but less violent; three of which were accompanied with loss of consciousness. The attack was ushered in by a trembling and a vibration which was felt only in one half of the body, and at the same moment the patient experienced a cramp in the left ankle; these premonitory symptoms continued for a few seconds, at the end of which time the attack was ushered in. After the first attack, the left leg, from the foot to the middle of the thigh, remained benumbed and half paralyzed. Up to the 24th Dec. he had experienced two paroxysms—one strong, the other feeble. The seizure came on with cramps in the left ankle, then swelling and livid redness of the face, contraction of the muscles of the face, which became hideous; frothing at the mouth, a hoarse voice, throwing the head forward and backward, tetanic rigidity of the trunk, convulsive respiration, contortion of the arms, &c. The paroxysm lasted more than ten minutes, and the patient returned to himself, ignorant of what had transpired. M. R. placed a circular blister about three fingers wide around the calf of the leg, above the spot where the cramp was felt.

In three days the cramp was felt in the lower part of the thigh, and was followed by an attack of epilepsy; a second blister was made to surround the thigh entirely. After the application of these two blisters, the paralysis of the leg was in a great measure removed, and the patient was enabled to walk with greater facility. On the 2d of Jan. the left foot was numb; a blister was ordered to the foot, and the numbness disappeared. On the 6th, had pains in the leg; circular blister above the painful spot; the pain disappeared. On the 10th, patient felt, for two days, shoeks and *formica*, extending from the left hip to the mamma of the same side, with

a tendency to another epileptic attack; a blister was placed so as to engirdle the lower part of the chest. On the 18th the patient complained of a painful sensation of pricking, above the right mamma, and a painful numbness above the instep of the right foot; a blister around the neck, and another below the calf of the right leg. On the 22d Jan. some shooting pains from the elbow to the left shoulder; blister in the form of a bracelet above the elbow; besides, the patient was ordered to take, morning and evening, the following pill:

℞	Oxyd. Zinci.	5 centi grs.	}	M.
	Camph.	3 cent.		
	Ext. Belladon.	3 cent.		

On the 25th the patient thought the pricking sensation mounted from the foot to the left knee, and from thence to the groin; the pills alone were continued. 26th, numbness in the back, and constipation for four days; ordered a purgative lavement, which procured a free operation, and with it disappeared the numbness. Jan. 27th, the sensation of formication remains constantly in the left leg; the last blister was made to surround the thigh, and all unpleasant symptoms disappeared. From this day up to March, at which time the patient quitted the hospital, no symptoms of the former disease were experienced; the pills were however continued for about three weeks. The disease did not return.

(*Bulletin de Therapeut.*)

III.—*Of the Passions, in their connections with religion, philosophy, physiology and legal medicine.* By P. BELOVINO, M. D. *From the July number of the Journal des Connaissances Medico-Chirurgicales.*—We take the following interesting observations, contained in an analytical review of M. Belovino's work, recently published. M. B. objects to all the divisions of the passions which have heretofore been laid down, because those who have treated them have considered the passions in exercise, and have not traced them to their deep and hidden sources. With Saint Augustine, our great Bossuet, the author thinks that LOVE is the source from which they emanate, and that there is not one of them (passions) which does not proceed from this faculty—which may be aptly designated the essence of the entire soul. Primitively, says he, the human soul was formed to love, for it knows no pain which is the evil of which the Scriptures speak. Since the fall, the heart of man has been opened to hatred, because it has experienced pain; but hatred, which appears to be the opposite of love, is only love eschewing or repelling the evil which it detests. When the soul aspires to the possession of any good, it is called desire; when it obtains it, it is denominated joy, or pleasure; when it avoids evil, it is termed hatred, aversion; if, in spite of its efforts, it is obliged to suffer, it is named sadness or grief; the same is the case with regard to all the other passions, whether simple or mixed.

It is then the faculty of loving that our author studies, but under different appellations, and successively applied to the pleasures of taste, of the family circle, of the individual himself, of localities, of institutions, &c.

He afterwards studies it in all its changes, in its tendencies, and in the last place, in its repulsions. All his divisions of the faculty of love are summed up in a synoptical table. But before discussing the different kinds and species of passions, M. Belovino enters into some general considerations upon their etiology, which he studies in connection with age, sex, temperaments, alimentation, diseases, and the social state. In regard to the latter, he observes that it rarely happens that men are not swayed by the influence of their position. It developes in them faults which are in some measure inherent in them; whilst, at the same time, it imparts to them qualities which likewise appertain to them.

Artists, says he, are generous, fond of chivalry, full of humanity, affectionate and benevolent; but they are prodigal, envious, intemperate, amply endowed with *amour propre*, and utterly destitute of all order and foresight. Merchants are industrious, exact, prudent, sober; but they are deceitful, avaricious, often plunderers, and eager for gain. The author bears strong testimony against the gentlemen of the bar. In eulogising, says he, Saint YVES, the only LAWYER who ever suffered martyrdom, the CHURCH signalizes his probity as extraordinary:

Advocatus et non latro,
Res miranda populo.

(*Hymne du Jour.*)

Now let us hear what he says of physicians:—"Physicians, devoted as they are, to the service of humanity, perform daily acts of courage and disinterestedness. But, aside from these commendable qualities, we often find in them great defects, which arise from the influence of the physical studies, to which they dedicate their lives. Nearly all are irreligious; many of them materialists. They are accustomed to look to the scalpel to reveal the phenomena of life; their minds, ever in search of the laws which govern animated nature, neglect the study of psychology. They amass an immense amount of physical and material knowledge, and afterwards, with such information, they strive to fathom the mysteries of intelligence; they fail to discover the soul in their dissections; they, therefore deny its existence, for they will not believe what they cannot explain. They forget that their explanations are only hypothesis, ingenious perhaps, yet, which, in reality, are far from demonstration. What physicians suppose to be the scepticism of wisdom and superiority, is in fact, but inflated ignorance. They have only regarded one side of the picture: They neglect mind for matter."

IV.—*Strangulated Hernia cured by repeated small doses of pulv. Ipecacuana.* By DR. SCHULZE, of Spandau.—(*Journal des Connaiss. Medico-Chirug.*)—A porter had labored for three days with strangulated hernia. Taxis had been resorted to, but in vain. No better success followed the free use of anti-spasmodics, relaxants, lavements, and cataplasms. Constant vomiting came on. M. S., then prescribed Ipecacuana in fractional doses. He gave 25 *milli-grammes* every half hour. After the patient had taken a few doses of the medicine, the hernia was reduced without difficulty. A bandage was applied, and the hernia did not return.

V.—*New mode of administering Sulphate of Alumina in Colica Pictonum*; Schmidts, *Jahrbuecher*.—(*Ibid.*)—Dr. Wegleim, eulogises the sulphate of alumina in saturnine colic. He gives for a dose 25 milligrammes of this medicine every three hours. The good effect of this medicine, says he, does not depend upon its astringent properties, but upon a purely chemical action. Coming in contact with the salts of lead, with which the economy is impregnated, it determines a double decomposition; whence results upon the one hand, an insoluble sulphate of lead, which is inert; and on the other, a sulphate of potassa which, if it acts, will move the bowels.

VI.—M. CLAUDE BERNARD, *on the Gastric Juice, and its influence in Nutrition*.—(*Journal des Connaiss. Medico-Chirurg.*)—The author, after having performed numerous experiments on dogs and cats, arrived at the conclusion that the gastric juice is exclusively a production of the mucous membrane of the stomach, in which it is instantaneously formed at the very moment of the ingestion of aliment, and that it continues to be produced as long as any food remains in the stomach. In order to an abundant formation of the gastric juice, a considerable afflux of blood must take place to the stomach, usually the centre of fluxion during digestion.

One of the principal characters of this fluid is, to represent constantly the state of the blood at the moment of its formation. The gastric juice must be considered as an exudation of certain principles of the blood, through the coats of the stomach. The acidifying principle of the gastric juice, which renders substances susceptible of being decomposed in the blood, into other elements, some of which remain fixed, and others are eliminated in the form of ultimate products, by the kidneys and lungs, does not act upon, or decompose all bodies exposed to its agency. There are certain substances upon which the gastric juice does not act; such as ligneous matter, &c.; there are other bodies which this juice can only dissolve, without rendering them fit for assimilation: such as mineral substances, magnesia, ferro-cyanate of potass. etc. (This is the definition of a medicine.) Whether solution be effected by the gastric juice, or by simple or acidulated water, these substances are, nevertheless, eliminated from the system, as bodies foreign to the organism. Hence, in order that the gastric juice should render a substance assimilable, it is not enough that it be dissolved by this fluid; but the substance must also disappear entirely in the blood.

According to the author, this is the distinguishing character between a substance which is nutritive, and one which is not.

VII.—*New method of treating Chronic Ulcers on the feet and legs*. By M. J. WHITLINGER.—(*Journal des Connaiss. Med. Chirurg.*)—The author pretends that the method which he has adopted will cure the most obstinate ulcers, provided the bone is not involved. His treatment is both local and general at the same time. It is this: The author begins by the application of cups to the affected part, particularly if it is compli-

cated with signs of phlegmasia: the cups are applied along the whole extent of the diseased surface. When the ulcers are moist, and with callos edges, he applies them over all points which are covered with the diseased integuments. This treatment is repeated for six or eight days. Immediately after this operation, he covers the ulcers with compresses of charpie, saturated with a warm solution composed of 250 grammes of *hydrolate of camomile*, (?) and 50 centi-grammes of corrosive sublimate. He afterwards covers the foot with a bandage three or four fingers in width, also impregnated with the same liquid; then he applies over these, thick compresses, and lastly, envelopes the entire foot, from the end of the toes to the knee, with a roller carefully applied. When the dressing was completed, he confined the patient to bed.

For a few days, the dressing was renewed night and morning; afterwards, once in twenty-four hours, and so on until a complete cure was effected. The day on which the treatment commenced, he administered a purgative, then he gave a pill composed of the resin of guaiac, powdered rhubarb, and the aqueous extract of aloes, officinal soap, the extract of calendine, of beef's gall, of sulphur &c. After using the pills for several days, he gave ptisan of the stems of dulcamara—of the leaves of fumitory—of the roots of *chiendent* and of liquorice. If the ulcers were of a syphilitic character, it was necessary to resort to a specific treatment.

REMARKS.—A combination of the local and general, or constitutional treatment of ulcers, as recommended in the above extract, is the true—the rational method; for in a majority of cases, these chronic ulcers are but the offspring of a bad habit of body, announcing either functional derangement or organic lesion. To rely therefore, for success, upon topical applications alone, is to waste our time with the effect, whilst we overlook the cause. No part of Surgery has received so little attention as that which is connected with ulcers; and we need not be surprised to find our views in regard to the treatment of this important, but hitherto much neglected department of surgical disease, so unsatisfactory. Some of the medicines recommended in this article are rather new to us.

VIII.—*Vaccination in Russia*.—Vaccination has, within the last few years, made great progress in Russia; there is no province of this government, whether Asiatic or European, into which it has not been carried; even the wandering tribes have declared their readiness to receive its benefits. There are none but the *Calmouks*, who are unwilling to submit to vaccination. They dread both the Doctors and their lancets, and on their approach they conceal their children in the most impenetrable hiding places. It requires all the skill of the Doctors, and all the authority of those who are in power, to induce parents to present their children to be vaccinated. They believe that vaccination is a magical operation, by which they consecrate those who submit to it to the *evil spirit*. What is remarkable is, that notwithstanding their fear of the vaccine disease, it develops itself more speedily in the *Calmouks* than in other persons. Du-

ring last year, 54 persons were sent to vaccinate these people ; and they vaccinated 3,548 individuals.—*Bull. Gen. de Therap.* 1844.)

IX.—*Periodical Diseases.*—M. Cazenave, of Bordeaux, has detailed, in the *Jour. de Med. de Lyon.* for February, 1844, a number of cases of disease, which are renewed annually at certain fixed periods. His first case is one of *annual conjunctivitis*, which returned once during the twelve months, for five years in succession, uniformly at the same period. On the sixth year, a few days prior to its expected annual return, M. Cazenave commenced the use of quinine in large doses, and thus put a stop to that singular disease. It may be proper to state that the attack came on in the spring.

The next is one of *ophthalmia*, coming on every three weeks, in a man 32 years of age ; it returned at a precise epoch, and nothing could arrest it until M. C., began the use of quinine : he gave ten grains during the twenty-four hours, beginning four or five days in anticipation of its expected return. This promptly arrested the course of the disease.

The third is a case of annual and *hebdomadal vomiting*, in a child 13 years old ; the vomiting came on first without any appreciable cause, and lasted from twenty-eight to thirty-six hours, afterwards ceased, to re-appear eight days afterwards ; and so on for four weeks. The sulphate of quinine arrested the vomiting, and it returned no more.

M. Cazenave closed the subject, by detailing the history of a case of *annual sneezing and coryza*, followed by successive phlegmasias of several mucous membranes. The subject was a man aged 30. of a lymphatic temperament, of idle habits, but of usual good health, who was attacked every year about the close of April, but only when from home, and when exposed to the action of an intense light, with violent and repeated sneezing, accompanied with an intense coryza, a free flow of colorless and limpid fluid, lachrymation and an intense cephalalgia ; this state of things did not persist beyond three or four days, and became gradually better as the phlegmasia invaded the other mucous membranes. Thus, in the space of three weeks, the patient had successively a pharyngitis, a laryngitis, a trachitis, a bronchitis, an enteritis, and an acute colitis, at short periods ; a copious diarrhœa dissipated the disease. The treatment pursued up to the time of making these observations, and in which no quinine had been used, has had no effect upon this state of things.

X.—*Researches into the cause of Diabetes Mellitus*—(*Bull. Gen. de Therap. Med. et Chirurg.*)—The obscure nature of *diabetes* as well as the want of success which attends our treatment of this disease, has induced some able chemists and skillful physicians, and among this number M. Mialhi, to turn their attention to this subject. This distinguished chemist, whilst engaged in some researches upon Glucosa, in a doubtful case of diabetes, has been led to state that, contrary to the general opinion of chemists, the sugar of raisin or of diabetes, has no reductive power over the oxyde of copper, whether cold or hot ; that it does not acquire this property until after it has been chemically influenced by a free alkaline or

carbonated substance. All hydro-carbonated alimentary substances, such as sugar of raisin, the gum of starch or dextrine, &c.; do not undergo the phenomena of assimilation, until after having been transformed by the alkalies of the blood into new products, among which, figures a body endowed with powerful disorganising properties, and such that it easily reduces the peroxyde of lead into a protoxyde, &c.

This decomposition takes place in health, but it cannot be effected in those laboring under diabetes. Now we see why, according to M. Mialhe, individuals affected with diabetes do not sweat, and as all the cutaneous secretions are acid, it hence follows, that when these secretions are suppressed, the existence of free or simple carbonated alkalies in the blood is impossible, and consequently chemical reaction. The first cause of the assimilation of sugar becomes likewise impracticable; this fact will account satisfactorily for the escape of sugar from the system with all its primitive properties. Diabetic diseases then are due to a vice or defect of assimilation or of nutrition; the sugar, far from being competent to the accomplishment of the organic changes, acts as a *foreign body*, which the system strives constantly to expel; hence, its appearance in the urine.

Thus, the chemical fact of saccharification wrought out of amylaceous matters, in diabetic cases, is but an insignificant phenomenon, which by no means explains the passive *intoxication*, that the sugared substances produce in persons, the normal composition of whose blood is changed—that is, in diabetic subjects.

We shall leave to future experimenters to determine the value of the theory established by M. Mialhé.

XI.—ULCERATION OF THE CORNEA.—*The danger of employing certain collyria in diseases of the Eye.*—M. Florient Cunier has recently called the attention of practitioners to the evil effects of combining opium and its preparations with solutions of the metallic salts, such as zinc, copper, silver, &c., in the treatment of ophthalmia, and ulcerations of the cornea. When such mixtures are made, we have, says he, on the one hand, a sulphate, a carbonate, a nitrate, &c., of morphine; on the other, an *insoluble meconate* of zinc, of copper, of lead, of silver, and so on, which is precipitated to the bottom of the phial. Before the mixture is instilled into the affected eye, the vessel is usually shaken; the meconate is thus suspended and, in this form, brought in contact with the eye, and should there be any ulcers upon the cornea, the mixture will be sure to lodge in such ulcers. In this way, we create a great number of specks—of supposed *albeugos*, against which we may bring the materia-medica to bear, but in vain.

These facts M. C. corroborates by adducing a very striking instance, the principal circumstances of which we shall present to our readers. An English gentleman, in attempting to open a bottle of ammonia, received a few drops of the fluid into his eye. A physician being immediately called, prescribed cold fomentations, and the pain assuming more intensity in the evening, an opiate saturnine collyrium was ordered. This treatment, aided by leeches and calomel, pushed to pyalism, produced no relief.—The patient consulted in succession many London surgeons, who diagnosed an *albeugo*, the result of a burn, and subjected the patient to every

variety of treatment without any success. Three years afterwards, this man came to consult M. Cunier, who found him in the following condition: The lids of the eye were spasmodically closed; when M. C. attempted to separate them, a flood of tears deluged his cheek; the patient suddenly threw his head back, rose from his seat, hastened to his room and seemed to be agitated, alternately opening and shutting his lids, violently contracting the muscles of his face on the painful side, as persons are wont to do when any foreign body is admitted into the eye. After a few minutes the patient resealed himself, and M. Cunier resumed his examination.

The conjunctiva was highly injected; the cornea, over three-fourths of its extent, presented a shining yellowish white appearance; around its border were eight or ten large vessels, which terminated abruptly. The internal face of the lower lid, presented two or three small points of the same color, as the spot on the cornea. M. Cunier, after an attentive examination, and being well assured as to the nature and composition of the first collyrium, diagnosed an incrustation of lead upon the cornea, and at once proposed to remove it.

After some hesitation and delay, the patient consented, and M. Cunier proceeded in the following manner to perform it.

The patient was seated in an arm chair, the head resting against a pillow. Standing behind him the operator adjusted a blepharostat. The conjunctiva being seized below, and about two lines from the cornea, with a small pair of serrated pinchers, held in the left hand, he was thus enabled to carry the globe of the eye downwards, and thereby contract its movements. Then taking a proper instrument, (such as Dentists use in cleaning teeth) in his right hand, he placed it flat on the lower and external border of the incrustation, thus acting from below upwards. The false membrane which covered the cornea offered no resistance, and the central plaque was readily detached in one entire piece. This operation, executed with great care, had the most happy success. The patient, who for three years had lost the use of that eye, who believed vision completely destroyed, and had suffered beyond measure, saw now as well with this, as with the sound eye. M. Cunier received several communications from his patient after his return to England, and was assured that the cure remained complete. Since that time, (March 1842,) M. Cunier has had frequent opportunities of removing incrustations from the cornea. In nineteen cases, the collyria used by the patients, were composed of a salt of lead, or of zinc, or of copper, either with or without the addition of opium.

M. Cunier has then rendered a real service to ophthalmic surgery, by pointing out the dangers and inconvenience of using these kinds of collyria, in the treatment of ulcerations of the cornea. It is therefore, apparent that the preparations of opium, combined with these metallic solutions may produce those incrustations, of which M. Cunier is the first to speak, and to which he has directed the attention of the oculist.—(*Annales d'Oculist*, as quoted in *Bull. Gen. de Therap.*; 1844.)

XII.—*Remarks upon some rare varieties of Luxation.* By F. BOUISSON, Professor, etc., Montpellier.—*Journ. des Connaiss. Medico-Chirurg.*—M. Bouisson relates a case of luxation of the fourth thoracic cartilage, at

its costal articulation. CASE I.—A man named Boudet was thrown by a restive mule, and whilst prostrate upon his back, the animal placed his foot upon Boudet's breast, and sprang forward, making his breast a *point d'appui* for moving. The hoof of the animal came in contact with the anterior and superior part of the thorax of the right side, and at the same moment, the wounded man experienced a sensation of rupture accompanied with a very acute pain. The marks of the animal's hoof were imprinted upon that part of the chest just over the fourth cartilage, which was thrust in upon the cavity of the chest. Boudet with much difficulty arose, re-mounted the animal, and came directly to consult M. Bouisson. Whilst exploring his chest, he experienced slight oppression and some pain at the point corresponding with the luxation. There was no mark of external violence or ecchymosis, and as the subject was quite thin, we experienced no difficulty in detecting the precise seat and nature of the lesion. The fourth costal cartilage was pressed downwards and backwards; the anterior extremity of the corresponding rib was thrown slightly forward and outwards, which presented no other irregularity or projection that could lead us to suppose a fracture or dislocation.

On requesting Boudet to make a full inspiration, the luxated cartilage rose from its displacement, and assumed its normal position without any other assistance, and was again luxated during expiration. The luxation now produced no unfavorable symptom. Availing himself of the inspiratory act to reduce the dislocation, M. B. promptly applied a bandage sufficiently tight around the chest to retain the cartilage in its place, and at the same time prevent the mobility of the chest. Boudet soon recovered. He (now 1844, then 1838,) experiences no difficulty or uneasiness in his respiratory movements, and presents no trace of the former lesion.

CASE II.—*Incomplete Luxation of the acromial end of the Clavicle upwards and outwards.*—M. D. of Strasbourg, on his return voyage from Italy, fell in descending the steps of a diligence at Montpellier, in 1842. The point of his right shoulder struck against the foot board of the diligence. Instantly, he felt a sharp pain at the point of the shoulder, accompanied with a sensation of laceration. The patient thought he had fractured the clavicle. M. Bouisson was summoned to him soon after the accident. The clavicle of the affected side possessing the same length as that of the sound side, and not presenting, moreover, along its course any sign of deformity or crepitation, we assured the patient that he had no fracture. A more attentive examination guided by the seat of pain, enabled us to detect a displacement of the acromial extremity of the clavicle, being thrown upwards and outwards.

But the displacement was limited; the point of the shoulder did not present any very striking irregularity. The arm of that side could be elevated and moved in all directions; but these motions caused acute pain, and according to the direction of the movements was the projection or prominence of the clavicular extremity increased or diminished. To remedy this displacement was easy; by acting upon the humerus, carrying the point of the shoulder upwards and outwards; at the same time by exercising slight pressure upon the extremity of the clavicle, it was made to resume its normal position.

The nature of the disease and the indications to be fulfilled being evident, cold applications were applied to the part, and the reduction was effected, and maintained by Dessault's apparatus simplified. The patient left Montpellier, fifteen days afterwards, in a very satisfactory condition.

XIII.—*Some practical remarks upon the formation of Callus.* By Doctor LEBERT. (*Bulletin General d'Therapeut.* July, 1844.)—M. Lebert's memoir contains thirteen observations; all intended to explain the mode in which the callus is formed in fractured bones. With this view, he instituted a number of experiments upon rabbits; he fractured the anterior and posterior extremities and watched the process by which nature brought about the union of the broken bones. He examined the fractured bones five hours, then the second, third, fourth, and up to the thirtieth day after they were broken. His object was, first, to watch the primitive formation of the callus; and in the second series, to study the consecutive phenomena; for this purpose he examined fractures four months after the lesion. We shall only give the result of his investigations, without following him up in his physiological and pathological remarks. Let us bear in mind, says M. Lebert, that in a normal state, the bones receive a great number of vessels which pass, for the most part, through the periosteum before they are distributed to the osseous tissue. These vessels have the two-fold office of nourishing the bones, and of presiding at the same time, over their gradual, but constant increase, as well as the resorption of those parts which are replaced by the elements of the newly secreted osseous tissue. Remember, also, that in the fœtal formation of bones, the first traces are seen towards the sixth day; from this period, all the bones composed of cartilage display a homogeneous intercellular substance and small cartilaginous corpuscula; still later, canals are seen in this intercellular substance, an abundant vascularity ramifies through it, the canals are partly filled with calcareous salts, and thus the bones are formed.

But, according to the author, these two elements (*viz.*)—the embryotic formation of bone and the fundamental phenomena of nutrition, constitute the basis for the regeneration of broken bones—the basis for the formation of callus. The first effect of a fracture is the extravasation of blood; this extravasation, which may extend to all the layers of the cellular tissue, from the bone to the skin, has nothing to do with the special secretion of callus; the effused blood being completely re-absorbed between the fourth and eighth day,—a fact which is directly at variance, as we shall see, with the theory of Hunter and Howship, who regard the callus as the result of the organic development of the extravasated blood and its transformation into bone. According to M. Lebert, the first period of the formation of callus does not commence until the inflammation, which follows the fracture, has disappeared, and even this inflammation, says he, prevents or retards its development. This inflammation, however, is not without some utility in the production of callus; it re-unites by a granular and plastic exudation the circumjacent parts of the fracture, and thus paves the way for the cartilaginous and osseous splints which nature prepares, by forming elastic splints which possess at least

besides their adhesive or retentive qualities, that of circumscribing the extent of the new osteogenic secretion. The first period of the secretion of callus begins by an exsudation from the vessels which, being charged before the lesion, to maintain the bone in a state of integrity, contains more particularly its future elements in a state of dissolution. These elements escape by capillary exsudation, being furnished by the vessels of the periostium; but not by the free surface of the fragments, nor by any of the elements of the interior of the bone, nor do they proceed from the medullary membrane.

This exsudation, at first liquid, then gelatinous, is the element which, from its origin and its subsequent development, contains already essentially the elements of the new bone. The second period is characterised by the cartilaginous organization of this osteo-plastic exsudation; the liquid substance becomes solid and compact; it is more and more organised, its yellow color assumes a white lactescent tint; internally, it contains corpuscles of cartilage, identical with those of the embryo, and a large net work, as well as vessels proceeding from the periosteum and the surface of the bone. In the third period, that of the formation of callus, we see first in its interior a number of dots or points of ossific deposit.—But a fact upon which the author insists, is that the callus proceeding from the space between the detached periosteum and the denuded bone, furnished by the vessels of both these parts, progress from without inwards; they reach first the space between the fragments, and finally fill up, on both sides, the medullary canal to a certain extent. The part which the medullary membrane plays in this process, is but secondary, and consists only in the development of vessels, and a fibrous substance, which may be said to cement the union of the callus, on the one hand with the fragments, and on the other, with the walls of the medullary cavity. The vessels of the periosteum and the bone perform the principal part in this—those of the medullary membrane altogether a secondary part.

The fourth period commences with complete ossification of the osteo-plastic exsudation; it terminates by a disappearance of a large part of its mass, and by the re-establishment of the medullary canal. The callus diminishes as it becomes more solid, and the cartilaginous substance entirely disappears from it; the areolæ become better developed, the circulation more free through it and uninterrupted, both outwards or in the periosteum, or inwards through the medullary membrane.

In our last number, after noticing a very interesting paper by Dr. Bølling "on Inflammatory Affections in Malarious Districts," in which the liberal use of sulphate of quinine was strongly recommended; we remarked that these views of Dr. B. although perhaps *original* with himself, were by no means *exclusively* his own; and cited an extract immediately to follow, which by some means, was totally omitted. We deem it proper to insert it in this place—it is as follows:—

XIV.—*Continued Inflammatory Affections Modified by Marsh Miasmata.* (*Amer. Jour. Med. Sci. from Bull. de la Soc. Med. de Gand.*)—During the course of a discussion on the use of sulphate of quinine

in intermittent fevers, at the Medical Society of Gand, an interesting communication was made by M. GUISLAIN, on the influence of marsh miasmata in the production of certain acute continued forms of disease, which necessitate the use of sulphate of quinine. The views of M. G. accord with those advocated by Dr. Boling, in an interesting article in the original department of this Number.

We subjoin a brief analysis of the former memoir.

“For more than fifteen years I have observed, every now and then, inflammatory diseases, which I have treated with miraculous efficacy by the sulphate of quinine; they have been specific inflammations, and not larvaceous or pernicious fevers, such as have been generally described. The inflammatory affections of internal organs which I have oftenest been obliged to treat by the sulphate of quinine, are more especially groups of cerebral symptoms, which it would be difficult to particularize by a special name. They who are satisfied with the usual denominations would call them cases of meningitis, arachnites encephalitis—cerebral fevers. These terms, however, never satisfied me; I always found more than the ordinary symptoms of these diseases in the cases to which I allude. They presented the phenomenon which is generally termed ataxic, and which manifests itself by something sudden and alarming in the progression of the disease. Moreover, although the symptoms of deep lesion of the cerebral functions were present, there was absence, as in adynamic fevers, of the true symptoms indicating inflammation of the meninges or of the cerebral substance, viz., the muscular contractions, followed by local or general paralysis. In every case which I have seen, there was great pain felt in the region of the forehead, of the temples, of the crown of the head, and, less frequently, of the occiput. This cephalalgia sometimes assumes the character of a rheumatic pain, passing from one region to another. The fever was continued, intense, and the general depression consequently great. Delirium appeared in some instances before the patient was obliged to take to his bed.

“In cases of this kind I have given the sulphate of quinine with great and nearly instantaneous success, the cephalalgia at once disappearing, then the delirium; the cardiac pulsations becoming slower, the fever vanishing, and convalescence taking place in the course of a few days.

“I will now endeavor to enumerate the principal points by which I am guided in thus resorting to the use of quinine.

“I take into consideration the locality in which the patient is living, its proximity to water, or to a marshy district; the time of the year (summer heat being favorable to the development of the diseases caused by marsh miasmata,) and the medical constitution of the period. I recollect that in the form of disease of which I am speaking, the manifestation of the morbid phenomena is generally instantaneous; that from the first there is great adynamia, to which delirium soon succeeds. I must add that there is never any remission in the febrile symptoms, and that the urine is not red, as in inflammatory diseases, but pale, rather troubled, and deposits a mucous sediment, like the urine of patients to whom the sulphate of quinine has been administered in intermittent fevers. In these cases the skin often presents the same deadened earthy coloration which is observed in those who have long resided in marshy districts. This form of dis-

case is not confined to cerebral affections; it may be observed in the thoracic and abdominal inflammations. In such cases antiphlogistic remedies constantly fail to ameliorate the state of the patient; indeed, bleeding have often seen to aggravate the cephalalgia and all the other symptoms. This being the case, the want of success of the first antiphlogistic remedies resorted to, may often be a valuable indication of the true nature of the disease."

XV.—*Decrease of Disease effected by Civilization: By Drs. C. F. H. MARX and R. WILLIS, London, 1844.*—In the October number of the *Med. Chirurg. Review*, we find an analysis of this work, from which we take the following extracts:

We think Dr. Willis has done good service, not only to his professional brethren but to the public generally, in the bringing it out in its present form. We fully concur with the Doctor in regretting that physicians have no place in the body politic, and in thinking that it would be well for humanity if they had. It cannot be denied that, since the revival of letters in Europe, medical men have been foremost in every undertaking whose object has been to extend the boundaries of knowledge and to exalt mankind. No class of men know half so much of the wants and the wishes, of the joys and the sorrows, of the community—they it is, who are friends and comforters, in adversity especially, of persons in every grade of life—from the sovereign and the peer to the wretched outcast in the street. They it is, who follow in the field through the thickest of the fire, not that they may aid destruction in her work, but God-like, that they may staunch the wounds she makes. "Oh!" feelingly exclaims Dr. W. "let society cherish and exalt its medical community; let it become aware that if science cannot aid it in its struggles with disease, neither can ignorance; that nothing can by possibility be known to the quacksalver and empiric that is not familiar to the educated physician; that a youth of preparation, and a life, however protracted, of ceaseless devotion to his art, are all too little to familiarize him with all the varieties of disease, and the means of meeting them successfully; and that there is no access to the temple of medicine, save through an intimate knowledge of the laws by which we live and move, and have our being."

It is a frequent complaint, that the present times, however rapidly they advance in an intellectual point of view, still fall short, physically and morally, of what they ought to be; that mankind are obnoxious to many more diseases now than formerly. There is much that, on a hasty survey, seems to countenance such complaints; in especial, the excessive refinement of manners, and the luxuries attendant on civilization; whence effeminacy and debility—the swelling nomenclature of diseases, and the endless variety of means of cure. The authors of this volume consider such a view, however, as wholly without foundation. They undertake to show that, with the increase of civilization, the sanitary condition of states and smaller communities has undergone an actual improvement; that diseases, on the contrary, have rather been falling off in number, and decreasing in intensity; and that every onward step in the path of knowledge and true refinement has had a beneficial influence on the entire corporeal being of mankind. It cannot be denied, that, with the progress

of civilization, not only does population in general increase, but that the length of individual life is augmented, whilst the liability to sickness, and to the sufferings to which every individual born is obnoxious, is lessened. Epidemical diseases, formerly regarded as necessary evils, and inseparable from humanity, are now known within civilized nations only by name. Though perhaps disposed to consider that a life spent in tilling the ground, in fishing, and in hunting, must afford the greatest number of hours of undisturbed enjoyment, still we must draw the distinction between that intercourse with nature which is taken as pastime, and that which is taken as a means of supporting life. The peasant, the fisherman, and the hunter, have other tales to tell besides those connected with pleasure and felicity. In the absence of all occupation for the higher faculties, the soul dreams on but too readily in a slumbering or half-waking state. To real, to perfect health, harmony of the corporeal and spiritual aptitudes is indispensable. The cultivation of the higher powers is not necessarily coupled with any thing that is pernicious. The requirements of society, so often opposed to reason, are constant causes of a more passing or more permanent interruption of the sense of well-being: but with a little prudence and reason, the legitimate fruits of good education, the prejudicial influences of such circumstances may be greatly diminished, or entirely superseded. In virtue of the support derived from cultivated intellect, man becomes capable of giving successful battle to all the external influences that tend to its detriment—the enlarged views engendered under the influence of social co-operation, tend to arouse the corporeal energies. Good sense and moral equilibrium present themselves as the means best adapted for achieving elasticity under the sorest bodily inflictions. Some travellers, who have lived long among uncivilized people, speak of but few diseases as prevalent among them. The authors ask, and very justly ask, are those rarities real? Is not the reason to be sought rather in the inhumanity of the natives, in some sort commanded by necessity, and sanctioned by custom, and in the insufficiency of the remedial means with which they are acquainted? It is difficult to conceive a life similar to that said to have been led by man in his earliest state, as either peculiarly pleasant in itself or advantageous to health. The olden poets tell us that the first races of men knew nothing of disease; this is somewhat like the assertion that before the Fall the earth was without poisonous plants, and the rose without thorns. We find another of the poets of antiquity, with much more truth, ranking it among the blessings conferred by Prometheus on primitive men, that he taught them physic—

—————“when prostrate with disease,
 And means were none of cure,—no quickening drink,
 No soothing balm, nothing but death before them—
 ’T was then they learned of me the art to draw
 The healing potion from the leaf and root.”

Though it must be admitted that many of the usages and habits, many of the apparently inevitable and prejudicial influences of our present social state, are the results of refinement and civilization, the means of meeting and confining them within narrow bounds are developed in like and even in greater proportion. * * * * *

It would be easy to prove that the improved civilization of the present day is distinguished not only by seeking to remedy corporeal and mental evils by every means at command, but also by its unceasing efforts to

destroy the very germs of disease. Commencing with infancy, we see the present time distinguished by an increasing attention to the physical wants of that state, and a diminution of its mortality. The solicitude commences even before children see the light, and is active the moment they do so: the relations between nature and art in the process of parturition are now better understood than formerly; well-timed interference is constantly saving the threatened life of both mother and child—the necessity of proper nursing is now much better understood. Much also has been done to guard against the temptation to commit child murder. In the education of children, regard is now had not merely, as formerly, to the mental qualities, but to the bodily powers also; and when predisposition to disease exists, judicious means are employed to repress its growth, and eradicate its seeds. * * * * *

It is worthy of remark, that in England, where unquestionably the greatest amount of material comfort prevails among the community at large; the greatest mean duration of human life, namely, 38 years, also occurs; in Russia it is but 21 years; the comfortable man not only lives better, he lives longer. The great improvements made in diagnosing and treating diseases since the commencement of the present century, has contributed a considerable share to their diminution and removal. Percussion and auscultation have done wonders in enabling us to detect with precision and to treat with success, the various diseases of the thoracic viscera. The old mode of treating syphilitic diseases was often as fatal in its effects as those maladies themselves. Deformities and imperfections, formerly the prey of ignorant empirics, have been made the subject of study by educated men, and are now removed and remedied by appropriate operations. It surely cannot be said that this or that particular disease has increased in frequency, when it is acknowledged that a much larger proportion of mankind, by attaining to old age, are made obnoxious to its attacks. Where there are few or no subjects for apoplexy to attack, there are few or no apoplectic attacks. Civilization can only guard against and abate circumstances that induce disease: it has no power to bestow physical immortality. Precisely in the ratio of the greater mass of life and living energy that presents itself in the civilized world, is the glory of the victory that is won over the multiplied and infinitely various causes which threaten derangement and destruction. References to historical and statistical accounts of almost all diseases satisfy us of the truth of this position. The authors here adduce examples of particular diseases, as phthisis, scrofula, rickets, syphilis, various neuroses, and the phlegmasiæ, in order to prove their statement, namely, that the progress of civilization has materially contributed to the decrease of diseases; in doing which they have succeeded in a manner calculated to produce conviction in every rational mind.

The following pertinent observations from the London Lancet, on the important subject of Medical Instruction, we trust will be read with profit both by Teachers and Students in our own country.

XVI.—*Remarks on London and Dublin Hospitals and Schools.*

To the Editor of the Lancet.—SIR: After a perusal of a letter which

appeared in the *Lancet* of the 10th of August, subscribed, "A Medical Student," I could not but reflect on the wide difference that exists between the modes of instruction adopted in the London and Dublin hospitals and schools; and without wishing to draw any invidious distinction between the great men who adorn the profession in each metropolis, and who have shed a lustre on medical science in dissipating the dark cloud by which it was overhung for so many ages, I beg to solicit, most respectfully, your attention and indulgence while I feebly endeavor to point out the advantages afforded to a student in Dublin, during his long and arduous course of study.

The first point to which the "Medical Student" (whose plaintive letter drew my attention to the subject) alludes, is the inefficient manner in which medical education, in all its ramifications, is conducted in London. This is much to be lamented, for it is productive of evil consequences not only to the embryonic surgeon or physician, but those whose disease he may be called upon either in a private or public capacity to administer to.

It is assuredly much to be regretted that clinical instruction is not more particularly attended to, and that students have not imparted to them that invaluable knowledge, which is the offspring of experience, derived from that book, of which nature supplies so many volumes in this great city.

What is the cause of this gross dereliction of duty?

Do medical men, who are placed in the high and responsible, but insufficiently appreciated, office of teachers, imagine that "imparted knowledge doth diminish learning's store?" Ought they not feel proud of their exalted position, and be actuated by philanthropic motives in handing down blessings to ages yet unborn, through the medium of their successors, by communicating information obtained at the bedside.

I shall now, as succinctly as I can, state what those advantages are which I have alluded, taking truth, naked and unadorned, as my guide. If I enter into detail in describing the routine of instruction adopted in one particular hospital, it must not be inferred thereby that the same system is not carried out in all the others; but if I mention the City of Dublin Hospital, in which I received whatever information I possess, the preference will be appreciated, and none but motives of gratitude to former preceptors will be attributed to me.

In that hospital the medical advisers observe a rigid adherence to punctuality in their attendance, and are most scrupulous in their important duties, of which pupils and patients alike feel the benefit.

The hours of attendance are from eight to eleven o'clock, A. M., which allows the student to pursue, without interruption, his other courses during the day. During those three hours of hospital attendance, disease, in its protean form is fully investigated; every opportunity of improvement is afforded to the student; he is allowed to express freely his opinions of the disease, and whenever he makes a mistake his error is pointed out with such kindness and courtesy that he is sometimes more pleased with himself for having made a mistake than he would be for an accurate and unerring diagnosis.

Each surgeon has a happy method, peculiar to himself, of con-

communicating information, adopted, no doubt, for the purpose of diverting the juvenile mind, and he questions the pupils daily as to the anatomical and physiological arrangements of the particular part the lesion of which is under consideration; the properties and composition of the medicine given is also the subject of this bedside examination.

Another, when a patient with a broken limb is placed under his care, collects the pupils around him, and asks each to explain what the indications should be in such a case; then selecting the most experienced pupil, he makes him exemplify what he means to his less practised fellow-students by the application of necessary bandages, splints, &c. A great amount of benefit accrues from this system, which compels the student to consult authorities in order that he may not be found wanting when he is examined.

The physician, too, fails not to discharge with efficiency the interesting notions which devolve upon him. I say interesting, because the practice of medicine is much more so than any other branch of the science. There are many medical diseases which supply a fertile source of interest to the contemplative mind of the moralist or philosopher; but as I do not luxuriate much in the elevated feelings of either, I shall not indulge in any speculation.

The use of the stethoscope, that invaluable instrument in the discovery of thoracic disease, is explained theoretically and practically, with such facility and perspicuity, that if a student does not understand it in a short time, the failure is attributable to his own want of perseverance.

Note-taking is another auxiliary in the acquirement of knowledge, which is not only recommended, but sometimes enforced; it alone enables a student to trace systematically disease from its birth, and follow it through all its mutable forms until it terminates either in the convalescence or dissolution of the patient, and when the latter sad event takes place opportunity of improvement survives the patient in making necroscopic researches, so interesting and important to the pathological inquirer.

With regard to lectures in schools, I will only say that they endeavor to smooth the path to medical knowledge, which has been rendered rugged and toilsome by the interposition of many needless difficulties.— Things really plain and simple have been elaborately mystified, and the great principles and rules, though in themselves easily explained and easily understood, have been buried beneath a mass of absurd and useless technicalities.

The conviction that this is the case has led to many injurious contrivances, such as "Vade-Mecums," "Waistcoat-pocket Companions," &c., devised to diminish the labour of reflection and memory. The instructor does all he can do; he knows that skill in practice is to be gained only by clear understanding of principles, and he tries to divest those principles of unnecessary obscurity, and to present the rules of practice in their simplest and most comprehensive form; all the rest must be done by the intelligence, attention, and perseverance of the student.

In addition to the system of instruction I have thus imperfectly described, there is a kind and friendly intercourse kept up, in the hospitals particularly, between instructor and pupil, by which sweet converse together is enjoyed, and an interchange of ideas effected, which is ever conducive to mental improvement.

Happy is the man whose mind is so constituted that he can appreciate this great privilege—thrice happy he who derives benefit from it.

This is just as it should be in London. There is no "royal road" to the temple of medical science; it is a long and weary up-hill course, beset with many difficulties, the retrospect of which affords me pleasure while I write; and lest the student be diverted from this rough and toilsome ascent, which leads directly to the desirable destination, his juvenile efforts should be encouraged and supported, so that he may not slip from his narrow path into the abyss of ignorance, which would not only mar his own prospects but entail misery on those who would expect him to alleviate the sufferings of dire disease.

What parallel can be found for the feelings of a medical man who witnesses the heart-rending sufferings of a fellow-creature, perhaps the only hope and stay of a family, and finds himself incapable of affording that relief which would have the effect of arresting the onward and destructive course of disease, and of restoring him to his afflicted family, whose anguish of soul and inexpressible grief fearfully indicated that their earthly hopes and prospects were about to be blasted and blighted for ever.

I would think it necessary, Sir, to make a few observations on midwifery, too, which has a strong claim on the attention of a student, if the character of the Dublin Lying-in Hospital had not been well known. There are no hospitals in Europe superior to it, and only one, that in Vienna, co-equal. In that hospital the number of women delivered by the pupils under the superintendence of the master and assistants, who are resident in the establishment, amount annually to two thousand five hundred, which thus affords on opportunity to students of seeing difficult cases only to be met with in so large a number of deliveries. In connection with the hospital there is an institution for the diseases of children. I have the honor to remain, Sir, your obedient servant,

H. C., L. R. C. S. I.

London, August 12, 1844.

XVII.—*Bilateral operation of Lithotomy.*—DR. WARREN.—The October number of the American Journal of the Medical Sciences, publishes a paper of sixteen pages, written by Professor Warren of Boston, on the *Bilateral operation of Lithotomy: and on Lithotripsy in the Female.* Any thing emanating from Professor Warren, whose ripe experience and accurate information have given him an European reputation, will, we feel assured, be received with favor by the profession. Dr. Warren's introductory remarks bear upon the frequency of calculous disease in and around Boston; in the course of 40 years Professor W. says he has performed all the operations for lithotomy which have been called for in the city of Boston; yet the number has not exceeded 25, including cases of lithotripsy out of a population of from 26,000 to 100,000, at different periods. Of the whole number upon whom he operated, only three were natives of Boston and vicinity; the remainder, came from the interior of Massachusetts, New-Hampshire, Maine and Nova Scotia. Two cases only terminated fatally; one from imprudence in eating, the other from chronic disease of long standing.

As we are ignorant of the causes which develop calculous disease, we have

no means, continues our author, of ascertaining the comparative immunity of the city of Boston and vicinity from calculous affections. It has been asserted by some that the same cause (miasmata,) which predisposes to intermittent fever, also favors the formation of urinary calculi; but this opinion is refuted by Dr. Warren, who believes that calcareous water plays a far more active part in the generation of calculous diseases than atmospheric miasmata. He states, to sustain this view, that along the course of large streams which traverse a calcareous soil, urinary calculus is vastly more common than in the vicinity of Boston. But the object of Dr. Warren's communication is to direct the attention of the profession to the best method of performing the operation of lithotomy. Until recently, our distinguished author performed the lateral operation with the gorget, but now with the knife. Accident led the Harvard Professor, a short time since, to look into the merits of the *bilateral operation*, and the result was so favorable that the next case which presented itself for the operation, he determined to test this method. The results of his new mode are then detailed with great clearness and precision; but we cannot do more than give the views which he embodies under the head of *Remarks*, in favor of the bilateral operation:

"*Remarks.*—The operation of lithotomy, according to the method of Celsus, has been rarely done in Great Britain, or in this country.* It presents some advantages, which are well worthy of the consideration of those who may have occasion to perform the operation of lithotomy. The advantages appear to be:—

First, that the parts cut are more simple in structure than those concerned in the lateral operation: the nerves and the blood vessels are necessarily smaller as they approach the median line.

Secondly, the pain and hemorrhage are, consequently, less than in the lateral operation.

Thirdly, the access to the membranous part of the urethra, and to the bladder is more direct.

Fourthly, the prostate gland being more completely exposed, may be divided with more precision.

Fifthly, the opening into the bladder may be double the size of that made in the lateral operation, without increasing the danger of cutting

* I call this the method of Celsus, but it is, in fact, a variation from his method, so considerable as almost to amount to a different operation. The operation of Celsus was performed without a staff or sound; his crescentic incision of the skin had its horns or extremities pointing forwards towards the thighs, "cornibus ad coxus paulum spectantibus," (Cel. Lib. vii. sec. xxvi.) instead of backwards towards the tuberosities of the ischia. Again, by his method the bladder was penetrated at its neck, without touching the membranous part of the urethra: this would, of course, endanger the incision of the vasa deferentia and vesiculæ seminales. The method, originally proposed by Celsus, was improved by Paulus Ægineta, and afterwards essentially altered by Heister. But in its present form, and that employed by me, it was originally proposed by that accomplished gentleman, and eminent professor of the Parisian School of Medicine, M. Ribes, who described his plan to Chaussier, without publishing it. Dupuytren, who was at one time colleague of Chaussier, afterwards adopted the operation almost exactly as proposed by Ribes, actually performed and introduced it into practice, as more eligible than the lateral operation. He also illustrated it by descriptions and engravings, which gave a scientific character and stability to the operation it had not before possessed.

the vesical plexus of the veins, the prostatic fascia, or the internal pudic artery.

Sixthly, the danger of subsequent inflammation is decidedly less.

The principal objection to this operation is the risk of wounding the rectum. This is certainly very considerable: but by drawing the staff with the urethra and prostate gland, towards the symphysis pubis, and with the finger of the left hand upon or in the rectum, drawing that intestine in the direction of the os sacrum, this danger will be found less, perhaps, than in the lateral operation. It may be objected, that in the present case, the wound was longer healing than it frequently is after the lateral operation. The reason of this, however, is to be found, not in the form and direction of the wound, or in the parts implicated, but in the morbid state of these parts, and general condition of the patient, previous to the operation.

Although I should certainly not feel justified in recommending this operation for general use, from the experience of a single case, yet so far as this experience extends, aided by the light afforded by many dissections, made with the view to this subject, I should feel disposed to employ this in most cases where lithotomy was required, in preference to the lateral operation."

XVII.—We make the following extracts from a notice of Hufeland's "Manual of Practical Medicine," in the *Medico-Chirurgical Review*. The opinions of a scientific physician of *fifty years experience* are entitled to profound respect.

1st. *Professional Courtesy*.—"It is revolting to hear of physicians, who know the difficulties of the art and of forming opinions regarding it, judge their colleagues with severity, harshness, contempt, or disclose their faults, and try to raise themselves by lowering others.

"Oh! that I were able to impress the minds of my brethren with the truism, as forcibly as I am penetrated by it: He who degrades a colleague, degrades himself and his art. For in the first place, the more the public becomes acquainted with the faults of physicians, the more will physicians become exposed as contemptible and suspicious, and the more will such exposure impair confidence."

2nd. *Hufeland's views of Fever*.—"In Therapeutics, Hufeland has evidently been a temporizing physician—avoiding rough remedies, and acting pretty much on the "*medicine expectante*" principle. Although he considers all fevers as essentially phlogistic, he does not dream of cutting them short by heroic treatment."

"Every acute fever is a phlogistic state of the body, and consequently the remedial means called for is antiphlogistic. Therefore, in the commencement, and as long as the character of the fever is not established, the antiphlogistic treatment is the best.

"Further, we must never forget, that in every acute fever the healing principle and the vital power are one and the same thing; nay more, fever in itself is nothing else than a curative process which brings about critical alterations, termination, and a restoration from disturbance to healthy equilibrium,—yea, in many cases, Nature uses no other means than fever to cure disease. Therefore, the office of art is by no means to remove

fever itself, but solely to guide its operation in such a manner, that it attains the end of effecting a perfect crisis; art can do no more than to clear away obstacles which oppose it, to moderate the vital power when too violently excited, to raise and strengthen it when too weak; in short, to confine it within that medium degree of activity, which alone can effectuate a critical operation."

'Essentials in fever are mental and corporeal quiet—horizontal position—abundance of aqueous drink—absence from food. Nature herself points to these indications—and it is highly probable that these alone would conduct to as safe a termination as the most complicated system of polypharmacy! This, however, must not be told in Gath!'

XIX.—*Neglect of Pharmaceutical remedies in France.*—In a review of M. Brachet on Hypochondriasis, a work just published, Dr. Johnson says:—The following remarks by our author, in reference to the neglect of pharmaceutical remedies by his countrymen of late years, are so entirely consonant with the opinions which we have always expressed in this Journal, that we have much pleasure in introducing them here to the notice of our readers. "I do not desire," says he, "to revive that heap of bizarre, and often very ridiculous formulæ; but I cannot help lamenting the other extreme into which we have fallen in the present day. It has landed us in such a famine, so to speak, of therapeutic resources, that people begin to inquire, when they read the clinical reports of some of our most able physicians, if medicine is now what it was before the time of Hippocrates—the contemplation of death, or the necrology of a cemetery. No where do we see any real efforts made to triumph over disease. Every exertion is made to determine most exactly the seat, extent, and form of a morbid alteration; and when they have succeeded in this object, they seem to fancy that everything possible has been done. Such knowledge, we readily acknowledge, is very necessary; but it is assuredly not all that is required of a medical man. He must not stop short at the diagnosis of a disease; he has then to proceed to a more important part still, the treatment of it. The old physicians acted in the very opposite manner; they neglected too much the diagnosis, and were altogether taken up with considering how to cure the disease they had to deal with. Their *Materia Medica* was certainly encumbered with far too many formulæ; and yet, we must confess, they often succeeded in obtaining a cure that could never be achieved by the use of gummed water! To cure: there is the end, the only philanthropic end of medicine; and he who succeeds the best in this glorious endeavor, deserves most highly of humanity."

XX.—*On the Pathological Effects of Alcohol.* By JOHN C. PETERS, M. D.—(*N. Y. Journal of Medicine.*)—In company with my friends, Drs. GOLDSMITH and MOSES, I have examined the bodies of nearly seventy persons who have died from the excessive use of ardent spirits.

External appearances.—These presented nothing peculiar except that in some the muscular development, but more frequently the adipose, was very great; in others the bloated face, tumid belly, thin and flabby legs, and arms, were quite characteristic.

Head.—Invariably there was present more or less congestion of the scalp, and of the membranes of the brain, with considerable serous effusion under the arachnoid, while the substance of the brain was unusually white and firm, as if it had lain in alcohol for an hour or two, and the ventricles were nearly or quite empty. In not more than eight or ten instances did we find more red spots upon the cut surface of the brain than usual. The peculiar firmness of the brain was noticed several times, even when decomposition of the rest of the body had made considerable advances; typhus fever is the only disease in which we have noticed a like firmness. Occasionally a few drachms of colorless, or reddish turbid serum, were found in the ventricles of the brain.

The Lungs were generally healthy, except that congestion of them was frequently met with. Where large quantities of spirits had been taken shortly before death, the lungs were often found in a state of extensive splenization; they appeared perfectly saturated with dark blood, which soon changed to a florid red on exposure to the air, except that which flowed from the large, severed blood-vessels, for this remained thick, dark, and tar-like. The parenchyma was heavy and semi-solid to the feel, but softened; for the finger could be easily forced through it. We must make particular mention of the infrequency of phthisis in drunkards; never have we met a tubercular abscess in them, even of the smallest size, while a small number of chalky tubercles was frequently noticed; and cicatrices also were often met with, and were marked by presence of puckering of the surface of the lungs, of solid bodies which were readily felt before the lung was cut into, and when this was done, they were found to consist of lumps or stripes of callous fibrous tissue, around which we rarely discovered a few discrete, grey, crude, small, tubercular granulations; in every instance these appearances were strictly confined to the upper third of the superior lobes, and the rest of the lungs was entirely free from either old or recent tubercular disease. The bronchi were almost always found reddened, somewhat dilated, and more or less filled with catarrhal secretions. The readers of the London Lancet will remember that Marshall Hall has lately recommended the constant application to the chest of folds of linen or flannel soaked in alcohol, as a cure for incipient phthisis; we should judge that this might prove servicable.

The Heart was always flabby, enlarged, dilated, but little or not at all thickened, and its external surface loaded with fat. Fluid, dark, cherry-juice-like blood was often found in both ventricles, in the aorta and pulmonary arteries. Coagula are rarely or never found in the heart or large blood-vessels. In some cases where sudden death has been occasioned by the excessive use of ardent spirits, no other appearances are found in the body except the fluid condition of the blood, the above described congestion of the lungs and membranes of the brain, with serous effusion under the arachnoid.

The Stomach presents various appearances; in some habitual drunkards the mucous membrane is perfectly white, but somewhat thickened, with distinct flat, *mamellonated* elevations of small size. Dr. MIDDLETON GOLDSMITH was one of the first to call attention to the fact, that when a large quantity of undiluted spirits had been taken shortly before death the stomach was often found wrinkled, as if from the action of an astrin-

gent substance; the tops of the wrinkles or rugæ presented a punctated and vivid red appearance, while the depressions between were blanched, as if from the action of alcohol, and the whole mucous membrane was coated with a thick layer of blanched and very tenacious mucus. In other instances we found thickening and *mamellation* of the mucous membrane, with patches of slate-grey chronic inflammation, upon which spots of punctated, star-like, or diffused hemorrhagic inflammation had supervened. In ten or twelve of the worst cases, in which from three pints to two quarts of liquor had been swallowed within thirty-six or forty-eight hours before death, we found extensive hemorrhagic inflammation of the larger portion of the stomach, with the effusion of blood in large patches under the mucous membrane. In several instances in which unknown persons were found in the river, with severe cuts or bruises upon their heads or bodies, we have been enabled to testify positively, from the above appearances of the stomach, and those of the liver and omentum presently to be described, that they had been deep in liquor just before they had fallen into the water, and that in all probability no murder had been committed, as the cuts or bruises would lead one to suspect.

The Liver, in moderate drinkers, was found a little larger than natural, somewhat softened, and its external surface spotted with patches of fatty infiltration, which extended but two or three lines into the parenchyma; the color of the rest of the organ was nearly natural, and the edges retained their normal sharpness. In higher degrees it was considerably larger, the edges more obtuse, and the patches of fat larger and more numerous. In old drunkards the liver was very large, weighing at least six or eight pounds, often ten or twelve; the edges were very thick and much rounded; the parenchyma almost white with fat, soft, fragile, and the peritoneal covering could be torn off in very large pieces with ease. Granular liver was found in four or five cases only. *The gall bladder* was always large, and filled with bile; gall-stones were found in two cases only, and singularly enough, both on the same day; none were found either before or after.

The Spleen presents but few characteristic alterations. It generally retains its normal size, and is softened; occasionally it is rather larger than usual, but as a rule, the small size of the spleen contrasts strongly with the very great enlargement of the liver.

The appearance of the *omentum* is very peculiar; it is loaded with an ashy-grey slushy fat. Our attention was called to this sign in Vienna; it is there regarded as so characteristic, that a man is often judged to have been a drunkard, from a glance of the omentum, when the abdomen is first laid open.

The kidneys are generally somewhat enlarged, flabby, their cortical substance infiltrated in numerous small spots, with a whitish matter, either albuminous or fatty; occasionally they are granular. The pelvis and uterus are generally in a state of chronic, slate-grey inflammation.

The bladder generally presents nothing peculiar except in the worst cases, in three or four of which we have found it in a state of hemorrhagic inflammation, which rivalled in extent and severity that which has already been described as occurring in the stomach.

The mesentery is always loaded with a thick layer of fat.

The *small bowels* in the majority of cases are literally filled with bile, and their mucous membrane thickly coated with a very tenacious mucus. In eight or ten of the worst cases, numerous and extensive patches of hemorrhagic inflammation were found, with copious effusion of blood in and beneath the mucous membrane. This may account for the frequency of discharges of blood from the bowels of drunkards.

The whole body of drunkards, with the exception of the brain, passes over into decomposition with unusual rapidity.

The most important appearances are the fluid and venous condition of the blood and the great superabundance of fat. According to Steinheimer and Roesch, alcohol acts directly upon the blood, and drunkenness is owing to an alcoholic venous plethora, in which the proportion of hydrogen and carbon in the blood is much increased. The same alteration of the blood occurs in poisoning with narcotic drugs, and the delirium and excitement of the nervous system produced by them and alcohol, is supposed to be secondary to this change in the quality of the blood. According to Orfila, if a large quantity of alcohol be taken during, or shortly after a meal, it coagulates the albuminous portions of the contents of the stomach, and this coagulated albumen passes off almost unchanged into the small intestines. The action of the gastric juice upon other portions of the blood is prevented, and they undergo acetous fermentation. A large quantity of pure alcohol also reaches the duodenum, mixes with the bile, which loses its alkalescence, and can no longer be precipitated into insoluble flocculi by the addition of the acid chyme, as is normally the case; in the natural state this insoluble precipitate from the bile is not re-absorbed, but is cast out with the *fæces*, but in drunkards no such precipitate ensues, the bile remains fluid and unchanged by the chyme, and a large portion of it is re-absorbed; hence the bilious difficulties in drunkards and the frequent occurrence of jaundice in them. Large quantities of acid chyme and imperfectly digested food pass along the small intestines, and even reach the *cæcum* and colon, where they also undergo acetous fermentation; this is sufficient to account for the dyspeptic difficulties and sour eructations in drunkards. The blood which returns from the intestines into the *vena porta* system and liver, is more or less mixed with alcohol, imperfect bile and other impure matters; hence the venous plethora of the *vena porta* and subsequent affections of the liver; as much bile is brought back to the liver, it is, doubtless, re-secreted from it with great rapidity; hence, among other causes, the large quantity of bile which is usually found in the gall bladder, and small intestines.

The chyle which is absorbed by the lacteals must be very imperfect, and is mixed with more or less altered alcohol; of course the blood which is formed from it is equally imperfect. If alcohol be added to blood which has been drawn from a vein, the blood becomes dark, it loses its normal opacity, becomes transparent, and changes to a cherry-juice-like fluid. With the aid of the microscope we see the blood globules gradually losing their red coloring matter, which becomes equally dissolved and diffused through the serum, which assumes the peculiar cherry-red color; this serum coagulates to the consistence of thick milk, but cannot form solid coagulæ, and no watery particles separate from it. These appearances agree with those of the blood of toppers, which is thick, but fluid;

it coagulates very loosely, contains but little fibrine, but much albumen and fat.

According to Rokitsansky, Andral and Engel, the blood in tubercular cachexia is arterial and rich in fibrin; while in the cancerous cachexia and typhous fever, it is more venous, it abounds in albumen, and is deficient in fibrin; hence alcohol would seem to produce a state of the blood opposite to that which occurs in tubercular disease, and is somewhat similar to that which obtains in cancer; therefore, it may prevent the development of the former, and hasten that of the latter.

REMARKS.—These results would seem to confirm the views of Dr. McDowel of Louisville, who recommends the liberal, though *discreet* use of spirituous liquors in pulmonary consumption. Several instances have fallen under our own observation, where great benefit was evidently derived from the course of *free living* advised by Dr. McD. in this disease. God forbid that we should be instrumental in extending the *evil*, intemperance; but we must declare our conviction that many persons predisposed to consumption, are reduced to untimely graves by means of *too great abstinence and the antiphlogistic treatment*, instituted doubtless from the best of motives, but on erroneous views of the pathology of the disease. It may perhaps be questioned, whether a man had not as well be a *decent consumptive*, as a *beastly drunkard*? but we do not see *the necessity* of one's rushing from one evil into another.—ED'RS.

XXI.—*Ossification and Obliteration of the Vena Portæ*. By Prof. GINTRAC.—(*Amer. Jour. from foreign Journals*).—A man, forty-five years of age, an old retired soldier, but employed in teaching recruits, two years ago was treated for palpitations and difficult respiration, and abdominal dropsy. He was then only partially relieved; all his symptoms remaining more or less. On the 10th of June he was admitted into the Hospital St. Andre, when he presented the following symptoms:—Dyspnœa, increased on walking; strong tumultuous action of the heart, with distinct *bruit de soufflet* and slight *bruit de raphe* over the sternal region. Pulse calm, but full. Tongue dry, and red on the margins and tip, but covered on the centre with a brown fur. Abdomen distended, tympanitic in the centre, dull, and with distinct fluctuation at the sides. Gums bleeding, but not livid; epistaxis, thirst, anorexia, headache, &c. He died in a few days.

The cellular tissue was generally infiltrated with a serous fluid. The heart was large. The aorta, at its origin, and for nearly the half of its extent, had a mottled appearance, consisting of reddish spots, rounded white projecting spots of a cartilaginous consistence, and of others which had a pustular aspect. The peritoneal cavity, otherwise healthy in appearance, contained several pounds of liquid serum. The liver was pale or whitish, and irregularly wrinkled or mammillated on its surface. The gall-bladder contained a medium quantity of somewhat thickish yellow bile. The biliary ducts had a normal disposition. The *vena portæ*, above the junction of the splenic and superior mesenteric veins, was filled completely by an old clot which adhered to the inner membrane. The clot was solid, and of a pretty deep black color. At the same part of the

vein several osseous plates were observed several lines in diameter. They were placed between the inner and middle coats of the vein, but had but little adhesion to either. All the abdominal veins which ended in these vessels were gorged with blood, and were varicose.

Professor Gintrac attributed the ascites to the obliteration and ossification of the *vena portæ*, and considered that this case proved, that though obliteration of that vessel probably modified the secretion of the bile, it did not prevent it altogether, but that it materially interfered with the nutrition of the liver. The blood of the *vena portæ*, he hence infers, contributed to the nutrition of the liver, but is not indispensable to the secretion of bile.

XXII.—*Danger of allowing a Catheter to remain a long time in the Bladder.*—Scarcely a year passed that Dupuytren had not occasion to exhibit to his numerous pupils one or two examples of perforation of the bladder and fatal effusion of urine, resulting from a gum-elastic catheter allowed to remain permanently in that organ. Dr. Rognetta has twice witnessed the autopsies on such occasions. If the catheter is too long, or introduced too far, or certain dynamic conditions exist in the tissues of the organs, the beak of the instrument passes on the posterior parietes of the bladder, an eschar is produced, followed by an opening through which the urine flows into the peritoneal cavity.—(*Amer. Jour. Med. Sciences*, from *Annales de Therapeutique*, July, 1843.)

XXIII.—*Microscopic Anatomy of Tubercles.*—The following are some of the most important conclusions of an elaborate memoir, that was recently communicated to the Academy of Sciences.

1. The constant microscopic elements of tubercles are these: *a*, molecular granules; *b*, a hyaline interglobular substance; and *c*, the proper corpuscles, or globules of tuberculous matter. These globules contain a number of molecular granules, but no distinct nuclei. They are not affected by water, ether and the feeble acids; but they are dissolved by the strong acids, as well as by ammonia and caustic potash.

2. The opinion of certain pathologists, that the tuberculous deposit and its globules are only modifications of purulent matter, is contradicted by the result of microscopic inspection; the differences between them are strong and decided. The corpuscles of the latter are considerably larger, of a regularly spherical shape, and contain from one to three nuclei: they are, moreover, usually free and isolated: whereas, those of tuberculous matter are, especially in the crude state of tubercles, closely joined together. The globules of cancerous matter are twice or even four times as large, and they contain a nuclei, in which again from one to three nucleoli are often observable.

3. In sarcocele and also in scirrhus and encephaloid tumours of the mammæ, we not unfrequently find a yellowish, cheesy-looking substance, which much resembles genuine tuberculous matter; but a careful examination with the microscope clearly shows that it consists entirely of globules of cancer infiltrated with fat.

4. When tubercles soften, their interglobular substance liquifies, the

globules separate from each other, and may then, by absorbing a certain portion of the fluid, become larger; this change does not constitute an increased growth, but, on the contrary, the commencement of the process of decomposition.

5. The pus, which is found blended with the softened tuberculous matter, is supplied by the surrounding tissues and is by no means the result of any transformation of the matter itself; but the pus, it must be confessed, quickly alters it, and renders its elements much less easily recognizable.

6. The globules of softened tubercles become ultimately dissolved in a granular fluid, and thus the *ramollissement* of their substance passes fairly to the state of diffluence.

7. The cretaceous condition of tuberculous matter presents, under the microscope, the appearance of amorphous mineral granules, blended often with crystals of cholesterine and colouring matter. A part of the tuberculous globules is then removed by absorption, while the other portion remains for a long time in an unchanged condition.

8. Occasionally we find, in tuberculous deposit, corpuscles of fat, melanosis, greenish-coloured globules and crystals which have the form of those of the ammoniaco-magnesian phosphate. Besides these admixtures, we may find, blended along with them, the elements of inflammatory and suppurative action, and various sorts of epithelial exudation; all of which tend to modify the essential microscopic features of the tubercles.

9. The seat of tubercles in the lungs is usually the inter-vesicular elastic cellular (or areolar) tissue; sometimes, however, they are secreted into the airvesicles themselves and into the capillary bronchial tubes.

10. The semi-transparent gray granulations of the lungs are composed of tuberculous granules, interglobular substance, which is more abundant and more transparent than in the yellow tubercles, and of pulmonary fibres more or less altered in their appearance. They are not invariably the "point de depart" or primary condition of the miliary yellow tubercles; as these latter are sometimes developed as *such*, from the very commencement of their deposition.

11. Microscopic examination most decidedly exposes the fallacy of the opinion that the gray granulation is the product or effect of inflammatory action.

12. A vomica or tuberculous excavation is in every respect analogous to a tuberculous ulcer of the skin or intestinal canal; it is not necessarily preceded by, or the result of, the suppurative process. As a general remark, it may be asserted that phthisis is accompanied with an ulcerative diathesis.

13. The fluid of pulmonary excavations contains the following elements: *a*, tuberculous matter, with globules which are either much more turgid than usual, or are altogether diffluent; *b*, globules of pus sometimes in small quantity; *c*, puoid globules; *d*, granular globules; *e*, globules of mucus or of muco-pus; *f*, blood globules; *g*, pulmonary fibres; *h*, black pigment; *i*, epithelium shreds; *j*, crystals; *k*, globules of fat. (Surely there is a good deal of hair-splitting nicety in such an enumeration as this.)

14. The cavity of a vomica is lined with a pyogenic membrane, the formation of which may be regarded as a curative effort of nature to isolate the cavity from the surrounding tissue, and thus to favor its cicatrization. The cicatrization is in many cases promoted by a new secretion of fibrous matter, and occasionally, also, of a chalky deposit at the same time.

15. The thickening of the pleura over the seat of tuberculous deposit is the result not of inflammation alone, but also of an augmented nutrition or hypertrophy, in consequence of the increased flow to it of the blood, which formerly permeated the (now obliterated) capillary vessels of the surface of the lungs. It thus becomes a supplementary organ of circulation in phthisis, and serves to increase the anastomoses with the aortic circulation by its intimate adhesions with the parietes of the chest.

16. The liver is often the seat of extensive tuberculous deposit; and this lesion may readily be mistaken for cancerous transformation. The distinctive microscopic characters are most to be trusted in the pathological diagnosis of such cases.

17. The fatty degeneration of the liver and heart—so accurately described by M. Bigot—exhibits a tendency to the internal deposit of fatty matter in phthisis, while the fat of the external parts of the body is at the same time entirely absorbed.

18. We occasionally find a quantity of tuberculous deposit in old membranous deposits on the pericardium. In a case where the pericardium adhered firmly to the surface of the heart and all the surrounding parts, numerous anastomoses between the ramifications of the coronary vessels and those of the surface of the lungs were found to have been established.—*Med. Chirurg. Rev.*, July, 1844, from *Gazette Medicale de Paris*.

XXIV.—*Bicephalous Child: Ligature of one of the Heads.*—On the 31st October, 1843, M. *Buhring* was called to see a new born infant, on the back of whose head there was a large tumour, that was in a great measure covered with hair. On an attentive examination, he found that the child had a small head, having the forehead flattened as in the ape, the anterior fontanelle normal, the posterior one very large and covered with a thin skin; a part of the left parietal and of the corresponding occipital bone seemed to be wanting at the place where they join to form the lambdoidal suture; the face was regularly formed, and the other parts of the body were well developed. On the occiput at the side, and a little to the right of the fontanelle, was situated the tumour, which was attached by a pedicle of an inch and a half in thickness; it seemed to be, as it were, a second head, that was actually larger than the true head of the child. This pseudo-head had the face turned to the right side; it had an ocular cleft, but without any eyeball, a projection in the site of the nose, and a depression in the place of the mouth. No distinct bony plate could be felt in any part; and indeed the round mass appeared to be formed by an elastic hairy scalp, which was of an almost cartilaginous firmness in some points. At the back part of this sort of mole, there was a spheroidal mass, of very red color, evidently fluctuating, and yet insensible on pressure; although every other part of the tumour was so tender that the infant began to cry on the softest touch. It was quite otherwise

when the pedicle, which joined the two heads together, was compressed; there the sensibility was null; but symptoms of cerebral congestion appeared, if the constriction was increased beyond a certain degree.

M. *Buhring* determined to remove the tumour by ligature; but, first of all, he made an incision into the part which presented a sense of fluctuation. Between four and five ounces of a transparent yellow serosity were discharged; and, on separating the lips of the wound, he saw distinctly at its bottom two normal cerebral hemispheres, provided with regular medullary convolutions. When the ligature around the pedicle was tightened, the breathing of the infant, which had hitherto been quite tranquil, became hurried and laborious, the vessels of the face and head, especially the external jugular vein, very highly congested, and the pupils dilated. Some blood was therefore taken from the jugular vein, before the constriction was completed. When three ounces had flowed, all the accidents ceased, except some degree of embarrassment in the breathing, and certain convulsive twitches or irregular movements of the limbs.—The child was applied to the breast, and it seemed to suck without inconvenience. After a few minutes had elapsed, the pseudo-head had become quite cold; and, as it was now completely destitute of feeling, M. *Buhring* had an opportunity of examining it at leisure. On making a longitudinal incision through the firm hairy scalp, he found a distinct *dura mater* underneath; and within this membrane a red-colored medullary hemisphere, in which the great lobes and the crura of the brain were distinctly visible. During all the time of this anatomical examination, the infant continued to suck very quietly; and, for two hours afterwards, it did not exhibit the slightest appearance of suffering. The tumor was covered with pledgets dipped in a spirituous lotion, and these were kept on by means of a light bandage. The child lived 36 hours after the operation.

Dissection left no doubt as to the nature of the monstrosity; it proved to be, beyond all doubt and question, a second head. The true head was completely organized: the connection that existed between the two was not by any genuine medullary substance, but by nervous cords, blood-vessels, and a prolongation of *dura mater*. All the other organs were in a normal condition.—*Wochenschrift für die gesammte Heilkunde, and Gazette Medicale.*

REMARKS.—This case brings to our minds an occurrence of a similar nature in our own vicinity. During the past summer it was announced in one of the newspapers, that a woman a few miles below this city had given birth to a female child of fine size, and apparently in excellent health, having attached to the back of its neck, a complete set of *male genital organs*. It was further announced that the mother, would in a short time, bring the infant to the city for the purpose of gratifying public curiosity, It may well be supposed, there was considerable anxiety felt to witness so rare a monstrosity. As soon as its arrival was announced, we went down to see it; thinking on the way what a *nice little article* we should make for our Journal, and also, feeling a sort of secret exultation that *our women* were not to be beaten by all the world, in producing *wonders*. Arrived at the *rendezvous*, we found that the parents being quite poor, looked upon the occurrence as a sort of *God-send*, and had determined to make a *show* of it; hoping, doubtless to realize therefrom, at

least as much as the *Ohio fat girl*, if not the Siamese Twins. We paid our half dollar and walked in, but to our great disappointment, we soon found that *Dame Rumor* had played us a *trick*. The penis and scrotum which our imagination had depicted as so singular an ornament to the *female neck*, soon vanished; and we found in its stead, only a tumour about the size of a hen's egg, projecting from the posterior fontanelle. It was soft and elastic, as if its contents were fluid. It hung by a neck which was much smaller than the body of it. A sort of raphe divided it into two lateral lobes, which nothing but a rather vivid fancy could have likened to the scrotum. As for the *representative of a penis, non est inventus*.

The least pressure upon the tumour appeared to give pain. The child was of good size and nursed heartily. Its head was otherwise of natural shape and size. It was then about six weeks of age. To our mind, it was evidently a dropsical effusion proceeding from the interior of the cranium. No one recommended the application of a ligature to this tumour, or like M. Buhning, we should doubtless soon have had an opportunity of satisfying ourselves concerning its nature, by *dissection*.—ED'RS.

XXV.—*Singular Osseous Deposit within the Cranium of Pregnant Women*.—(*American Journal*.) In our preceding Number, (p. 174,) we noticed the very remarkable researches of M. Ducrest, in reference to a bony production upon the surface of the cranium in women who have died in childbed, and we now learn from an article in the *Prov. Med. and Surg. Jour.*, from *Omodei's Annali di Medicina*, that ROKITANSKI, of Vienna, one of the most experienced anatomists of the day, has observed the same production. It had also been previously noticed whilst epidemic puerperal fever prevailed in Vienna in 1834.

In the midwifery hospital at Vienna, from 1827 to 1837, inspection took place of the bodies of 1465 women who died in childbed; and in 1221 of these victims of puerperal fever in all its various forms, there was found a recent thin osseous deposit upon the internal surface of the cranium, most of the parietal and frontal bones, nearly toward the basis. Rokitansky is persuaded that this new deposit of osseous matter within the cranium is not connected with puerperal fever, but occurs during utero-gestation, under particular circumstances not yet defined, for he has met with it in those pregnant women who have died suddenly from an accidental cause, before, during, or soon after delivery.

XXVI.—*Caution in giving Albumen as an Antidote*.—Practitioners, in employing albumen as an antidote to corrosive sublimate, should be aware that it may be given in too great quantity, as the compound formed is soluble in an excess of albumen, and in the deleterious combination which enters the blood, producing the remote influence of the poison. So long as the vomited matters contain a white opaque material admixed, the antidote should not be withheld; when the *ejecta*, on the contrary, become transparent, the further employment of the remedy is generally useless, and may be injurious.—(*Amer. Jour. Med. Sciences*, from *Dublin Medical Journal*.)

XXVII.—*Jewish Hygiene—Circumcision.* By Dr. W. C. WALLACE. (*Boston Med. and Surg. Journal.*) Owing to the habits of cleanliness produced in all classes of society since the introduction and cheapness of cotton shirting, we have now few opportunities of witnessing the bad effects of offensive matter collected under the prepuce; yet we occasionally meet with cases where it would have been well, if the patients had been early circumcised. Among the many Jews who have applied to me for advice, I have never seen any case of venereal disease.

I was once invited to witness the circumcision of a young man who, having become enamored of a beautiful Jewess, had resolved to embrace the Hebrew religion, as she had no other objection to her suitor than that he did not belong to her people. At 11 o'clock in the forenoon, the company, which consisted of the operator, a Rabbi with a long beard, two or three of their acquaintances, and myself, met at an appointed place, where we were introduced to the patient and some of his intended's friends. After a few minutes conversation, a few of us went with the proselyte to another room. The patient stood on a chair; some words of Hebrew were spoken by the Rabbi, and the foreskin was removed by the operator, in a manner that, for dexterity and speed, would not have been surpassed by a Liston or a Mott. The foreskin was stretched forward as much as possible, and, for the protection of the glans, drawn through a cleft piece of silver similar to the instrument with which we divide the *frænum linguæ*. The extremity of the portion drawn through the cleft was then held with the left hand, while with the right, the foreskin was removed by a single stroke of the scalpel. The outer skin retracted behind the glans of its own accord, but the lining portion was divided on the dorsum with scissors. The remains of the prepuce were then drawn back as far as possible, and the operation was completed. The resulting hæmorrhage was soon checked by lint and cold water. I have since had occasion to perform the operation for the preternaturally elongated prepuce of a Gentile, but am sorry to say that in comparison to the Jew I cut a very sorry figure.—The patient was put to bed, and after having washed their hands, we proceeded to another apartment, where we met the rest of the company, who were all Jews and Jewesses except myself. After the example of Abraham on the circumcision of Isaac, we were invited to a bounteous feast, which consisted of delightfully-prepared mocha coffee, hot rolls, buttered toast, cheese, and fish in various forms, as boiled, fried and baked. The rabbi occupied the head of the table, and having pronounced a blessing in Hebrew, he took a loaf of twisted bread, and breaking off a portion and dipping it in salt, he handed it to his nearest neighbor, and proceeded in the same way to break and dip for all the rest. I observed that they merely tasted the sacrifice seasoned with salt, and helped themselves to something more palatable. As the company was very communicative, I ventured to ask if there was among the Jews a period of abstinence from animal food, like the lenten fast. They said that from the passage "Thou shalt not seethe a kid in its mother's milk," three several times repeated, and from more direct expressions in the Talmud, it is not customary for Jews to eat animal food and milk or its products at the same time. If they partook of animal food, it would not be proper to drink milk in their coffee, or take butter on their bread."

REMARKS.—The operation of circumcision is not unfrequently called for in the course of practice among the erring sons of man, nor is it so easily performed with neatness and despatch, as might be inferred from the slight importance given to it in surgical works, or the universal practice of the Jewish nation. The circumstances which usually call for it among the *Gentiles* of our day are so very different from a *religious ritual*, that we shrewdly suspect the most skilful rabbi might sometimes find himself somewhat embarrassed in performing it. This operation has several times fallen under our observation, and as the first instance occurred in country practice, where surgical instruments, being seldom required, are not always kept in the best order, we will relate the circumstance. The subject was a negro boy, aged about 25, who being “weak in the flesh,” and not duly mindful of the terrible consequences of violating the laws of pure chastity, had contracted a gonorrhœa, which was followed by a most obstinate stricture. After undergoing a long course of treatment, and being almost relieved of these evils, the kind-hearted surgeon thinking it a good opportunity, whilst he had him in hand, to remove whatever other defects he could discover, concluded to extirpate an enormous prepuce which, he thought rendered the boy more liable to contract syphilitic complaints. The benevolent object of the proposed operation having been explained to the boy, as well as its *trivial* nature instanced by its universality among the Jews, on the authority of the Bible, he, not without reluctance however, gave his assent. Having invited a medical friend to witness it and assist him, they met over the boy, and drew out a pocket-case that had *seen some service*, but had suffered much more by *lack of service*. On opening it several instruments were missing, but a bistoury was in its place. Neither of them had ever witnessed the operation, but thinking it as trivial as paring a finger nail, they never thought of troubling themselves about the directions of the books. Upon surveying the parts, and the instruments *on hand*, they determined to apply a ligature around the elongated prepuce where they wished to cut, and with the knife placed immediately above it, to sever the part below. It was begun, but soon it was evident the edge of the chosen knife was but illy adapted to the tough and elastic substance to be cut. The Doctor commenced *sawing*, and the boy *writhing*; greater and greater force was applied; and while the patient, making the most horrible grimaces, was uttering the exclamation, “My God, Doctor, what makes you work with such *dull tools!*” off went the part included within the ligature. But *horrible dictu*, the knife had only removed *the external skin*, and left the inner part as long as ever. The boy looked down upon his bleeding penis with dismay, doubtless apprehending that the surgeon had taken advantage of him, and removed *all possibility* of his ever again contracting a similar complaint. But he only had the mortification to discover that the operation was only *half finished*. His courage was screwed up again, and a tenaculum being passed from within through the prepuce at the desired point, the part was held firm and soon extirpated. The patient did well and was decidedly improved by the operation. We have since seen many cases in which great suffering and danger to the glans arose from too long and narrow-mouthed prepuces. Hence, we are induced to think highly in a hygienic point of view, of the Jewish ritual circumcision, and have no doubt it would be of great value to many Gentiles.—ED’RS.

XXVIII.—*Vaccine Virus*.—M. JAMES, in a memoir read to the French Academy of Sciences on the 8th of July last, maintains that the renewal of the vaccine virus at remote periods is far from being so advantageous as the regeneration of the virus. In fact, he remarks, although the spontaneous appearance of cow-pox in the cow is by no means so rare as has been supposed, we are never certain of being able to meet with it at the moment we want it, and on the other hand it is known that the first vaccinations with virus from the cow expose to accidents of which the early vaccinators frequently complained. These inconveniences do not present themselves when the virus is regenerated, a method which consists in returning the virus to a heifer, after transmitting it through a few human systems, and then taking it from this animal and employing it for a new series of human beings. This method, he asserts, preserves the virus in its necessary degree of activity, to protect the system effectually from small-pox, without exposing to the accidents which occur when the virus is taken directly from its source. M. James claims to be the originator of this suggestion.—(*Amer. Jour. from Comptes Rendus*, July 8, 1844.)

XXIX.—*M. Brachet's opinion of Animal Magnetism*.—(*Med. Chirurg. Review*.) M. BRACHET may be justly considered a high authority on all topics connected with the phenomena of innervation, in the state alike of disease and of health. His great experience and clear-sighted practical sagacity entitle his opinions to universal respect. As a matter of course, he, like other medical men of experience, has seen something, and read more, of the vaunted marvels of Mesmerism, as it has been revived of late years by *Dupotet*, *Elliotson* and others. Let us hear what judgment he has formed on the subject.

“From the Magnetism of Mesmer has arisen that other jugglery, denominated Animal Magnetism. Twenty times beaten down by science, and reason and facts, every now and then it has again lifted up its head, more ridiculous and amusing, indeed, than dangerous. We do not, however, mean to deny the effects which may be induced in persons of highly nervous constitutions by the *passes* and other grimaces that are usually practised. In the magnetic stupor of the animal energies that is sometimes induced, the entire nervous system is compromised; and this influence may unquestionably appease pain and spasmodic contractions for a time, by acting powerfully on the imagination. We can readily conceive the possibility of this; and certainly there is no lack of cases of alledge cure in hypocondriacal, as well as in many other, ailments. Although we have heard of such, we have not ourselves met with any well-authenticated examples. In our opinion, this Animal Magnetism, even when divested of all the apparatus of charlatanry, is on the whole more likely to do harm than good in the disease now under consideration (*Hypocondriasis*.) If such be our opinion of Magnetism, we need scarcely say that we equally discredit all the recorded wonders of Somnambulism, the exhibitions of which are now almost entirely limited to rogues, whose only object is to attract the public notice, and rob their silly dupes.* These

* Within the last few weeks, the mountebank mummery of MM. *Marcillet* and *Alexis*, who were fleecing the West-end ignoramuses at the rate of five guineas for

distant voyages without moving from off one's chair, these divinations, these transpositions of the senses, &c., are only so many clever tricks, contrived to amuse the weak and entrap the foolish. It may so happen that a poor silly hypochondriac, who is strongly prepossessed in favor of this culpable jugglery, appears for a time to derive some benefit to his health; but then it is only from his becoming the dupe of his credulous fancy, and not from any direct or actual sanative influence bestowed."

We observe, in a recent number of the *Medical Gazette*, a quotation to the same effect, of the opinions of the celebrated *Muller* of Berlin, on the subject of Animal Magnetism. How long will any men of education allow themselves to be imposed upon by the juggling tricks of clever rogues, and the paid-for testimony of credulous women? Medical men, at all events, should know better; for they must have studied the history of the nervous system and its functions only indifferently well, not to be aware that many startling, and not easily explicable, phenomena are apt to occur during the progress of some of the Neuroses.

Travelling Animal Magnetizers.—(*Boston Journal.*) Within a year past, two boys have voluntarily called upon us, with a request that they might have assistance in explaining to the public the tricks and impositions of travelling magnetizers. One of them had been several months the wonder and admiration of moon-struck dunces, who had fed his employer night after night, for the wonder-working phenomena and illustrations of this new system of thaumaturgets. Through the exhibitions of this boy, believers were created with astonishing rapidity, and the cry went up from regiments of disciples—what a glorious science! Yet he positively declared that he never had been asleep in any instance, before an audience, nor was there ever a period when he was not thoroughly conscious in every respect, and obedient to command. By practice, he could bear to be pricked under the nails, tolerate the blaze of a candle within an inch of the eye without recoiling, allow heavy men to stand on his toes, &c., and, in short, became, by a regular process of training, the best subject in New England. As he confessed himself an impostor, he was urged to turn his attention to some honest pursuit. However, not long after, we saw the same boy at the Marlboro' Chapel, moving like a charm, to the will of the magnetizer, before a respectable company. He would stagger, fall to the floor, instantly lose the power of flexing a limb, just as the telegraph required. Last week we met the same little vagabond again, and he informed us that they had been doing pretty well of late, under the management of a medical man of Boston. They had been down to Cape Cod, where Animal Magnetism *took well*. For his part in the farce, he had the regular wages of five dollars a week!—Since the fellow has become so expert he would be a treasure to Professor de Bonneville and wife, who are now in full feather with the public of Cincinnati, in the same itinerating kind of vagabondism, which is deserving the attention of a correctional police.

REMARKS.—The foregoing interesting extracts on the subject of mes-

every private *seance*, has been covered with the ridicule and contempt which it deserves, and these knaves have been *chasses* from the metropolis, in consequence of the clever exposure of their lying and dishonest tricks.

merism, we have thought worthy of being inserted in our Journal, for future reference, inasmuch as this city is subject to a regular visitation, a sort of annual *epidemic* of animal magnetism every Spring. We confess that we have been greatly astonished at some of the phenomena displayed by these travelling *professors* of the *mysterious science*; phenomena that defied the perception of our senses, and *jostled our scepticism*, whilst we did not know *how much to believe*. One thing always induced us to make *a saving reservation*, i. e. *the professors never could be induced to submit their wonderful experiments to a candid and critical investigation*. M. M. Brachet and Muller, two of the greatest physiologists of the age, have shown the amount of truth and philosophy that may belong to the subject, and *the little Yankee boy* has thrown much light on the phenomena displayed at public exhibitions. We were sent for once to extract a tooth from a girl who was in a profound mesmeric slumber; when we arrived, we found the *subject* sitting like a statue; but the bare approach of *cold steel* quickly roused her from her reverie. An effort was made the next day to put her to sleep, but *the object* being known, it could not be effected. Yet we have known several girls to go upon a public stage, and have a tooth extracted by *the professor* without evincing pain. But *that boy* explains how this can be done. We shall probably recur to the subject next Spring.—ED'RS.

XXX.—*Death resulting from the application of a blister*. By JOHN WATSON, M. D.—(*N. Y. Jour. of Med.*) A sprightly but scrofulous-looking child, about four years old, had been subject to conjunctival inflammation, which had been formerly relieved by a small blister placed on the back of the neck. The ophthalmia again appearing, the child's aunt thinking it unnecessary to send for their physician, resorted to the blister behind the neck, as on the former occasion, and allowed it to remain undisturbed for about eight hours, when it was removed, and the exposed surface dressed with plantain leaves. The blister was rather large, and slipped sideways and downwards so as to inflame the skin over an extensive surface, reaching from the nape of the neck to the back of the right ear, and downwards as low as the clavicle. The integuments became highly inflamed, and there was a disposition to sloughing, especially over the edge of the sterno-cleido mastoid muscle. The child was seen by Dr. Watson, in company with Dr. Macready, and then had been suffering twelve days, but was able to play about the house, complaining only when the sore was disturbed by dressing. It had been dressed with poultices, and with the ointment of hydriodate of potassa. Finding that the sore was excessively sensitive, and the child refractory and suffering severely from the dressing, an anodyne poultice was recommended, which was afterwards changed for unctuous dressings. At the end of a week from the first visit, she was again seen, and found in a state of nervous prostration, bordering on collapse. Her skin cold, lips blue, respiration short and labored, her intellect clear, her temper irascible and fretful, her pulse about forty. She was also vomiting continually, especially after attempting to swallow, or when moved, or when her head was elevated. She made no complaint of pain in her stomach, or other internal organs. She was constantly

crying for drink, which she swallowed in a ravenous manner, without assuaging her thirst. The matter ejected from the stomach was simply a deep greenish bile, diluted with water. Stimulants were applied with some partial benefit, but she continued to sink, and died the following morning. No autopsy was made. She was exhausted, from the irritation of the exposed and ulcerated surface, and died in a state of pure nervous exhaustion. The vomiting came on before the other symptoms of collapse, and continued to the last.

REMARKS.—The case detailed by Dr. Watson should serve to warn those who attempt, with but little knowledge of practical medicine, to apply some of our most powerful and active agents to the treatment of diseases of which they know nothing. The indiscriminate and untimely use of blisters and stimulating revulsives, have, we doubt not often recalled and established a state of irritation or inflammation upon an organ, which if let alone might have been dissipated by time and the sanative powers of the constitution. A distinguished physician of this city, lately informed us that he once saw death result from the application of a sinapism to the *nucha*. Not unfrequently, the physician finds on his first visit that the patient has already received the benefit of a large blister, applied to some of the noble organs, and without regard to the stage of inflammation, feverish excitement, &c., but in the teeth of all the well known principles of pathology and therapeutics. This class of agents requires, in their application to the cure of disease, a thorough acquaintance with the actual state of the organ or organs sought to be relieved, with the various sympathies and influence of such organs upon the whole nervous system. We believe it is a law laid down in all works in pathology, that if the irritation and inflammation determined on the cutaneous surface by blisters or other counter-irritants, do not exceed that already set up in the affected parts, such application, so far from relieving the inflamed tissues, will only augment the phlogosis, and hasten its progress. How necessary, then, to reduce the inflammatory condition of the system to what the great Rush denominated the "*blistering point*;" for when this is done, we possess no resource so efficacious in resolving or dissipating the vestiges of an internal local inflammation, as blisters. With them we can change the action of the organism; extinguish the smouldering embers of a latent phlegmasia, and facilitate a free and healthy secretion, when this is arrested or perverted.—ED'RS.

XXXI.—*Treatment of Cartilaginous Bodies in Joints.*—On this subject, Mr. Liston, in his lectures on the diseases of the joints, says, as regards the management of cartilaginous bodies in joints, it is often absolutely necessary to free the patient from the annoyance they occasion. After they become loose, they are apt, from time to time, to slip betwixt the bones, to cause great pain, and seriously to impede progression. They do occasionally form a bed for themselves, and cause little or no uneasiness after a while; but this is the exception. It was the custom years ago to remove these bodies by incision, and this was contrived in such a way that the opening through the skin did not correspond with that in the capsule. The skin was drawn aside, opened, and the body cut out. After its escape, the integument being let loose, resumed its place, and was then

put carefully together. Union often took place, and if the joint was kept quiet, the patient recovered without further risk. But, again, if the wound did not unite, and suppuration was established in its track, inflammation of the joint, and disorganization of the tissues composing it, not unfrequently happened. The limb was thus put in jeopardy, and sometimes, also, the patient's life. Another and improved mode of proceeding was proposed some years ago by Dr. Goyraud of Aix, and at the same period by Mr. Syme of Edinburgh. This plan I have pursued in several cases with excellent success. It consists in subcutaneous division of the capsule of the joint, and the lodgment of the cartilaginous body in the cellular tissue. The proceeding is not unattended with difficulty, and it is one which a person not accustomed to undertake operative procedures will be exceedingly apt to fail in. The fixing of the mass is not often an easy matter. It may, moreover, escape into the joint during the incision. The position of the cartilage being secured as well as possible, the small instrument—the needle-like knife—is introduced at a distance from it; the capsule being then cut to the requisite extent, the body is thrust or pulled out and lodged in the cellular tissue in a space previously prepared for it. There it will generally remain without causing the slightest annoyance. In a case which was lately under my care, either five or six of the cartilaginous masses were thus removed from the joint as they became loose and troublesome. Two of them were ultimately removed by incision of the skin, one necessarily on account of diffuse infiltration and formation of matter. The others now lie under the skin comfortably enough.—*Lancet*, Dec. 2, 1843.

XXXII.—*School Hours in Boston.*—(*Boston Med. and Surg. Journal.*) With all the improvements which have been introduced into the public schools of Boston, there is one essential element in juvenile education unaccountably neglected, which requires the profound consideration of the committee. Both the instructors and children are worked too hard. There should be a remodeling, in order that the system of free schools, in this enlightened and liberal city, may meet the high expectations of parents, and those who are laboring to perfect the organization of these intellectual nurseries. In the Latin School, particularly, if there were but one session a day, instead of two—and that prolonged to 3 o'clock, with suitable recesses—both the masters and boys would be gainers. The very character of the studies, in that institution, requires a constant and untiring mental effort, from Monday morning till Saturday night. The two half days of rest, Wednesday and Saturday, do not afford that time for re-action of the mind, and physical exertion of the body, which so many hours of fixed, abstract study, require for the preservation of health. Under the present arrangement, the children, mostly young lads, are obliged, immediately on reaching home, to bow down over their books without cessation for a considerable time, in order to meet the requirements of the master the following morning. All the study is not accomplished in the school-room, nor in school hours. This brings too much labor upon them in a given period. While the brain is stimulated, and in fact over-exerted, the body is quite neglected.

Now what is the result of this forcing, hot-house method of instruction? Simply this—many of the children, being thus cheated out of that generous amount of muscular activity in the open air, which all young animals covet and require, and which was contemplated by the great Author of their existence, in the establishment of certain organic laws are pale, and their bodily frames poorly developed. The teachers, also, are far from being robust, and as vigorous as they should be to withstand the deteriorated atmosphere of full apartments year in and year out, however well they may be ventilated. They are frequently broken down in health, and, whenever they can enter upon other pursuits, invariably make their escape,

If, under this view of the subject, which those at all acquainted with the operation of the system will admit, to some extent at least, to be correct, the Latin School had but one session daily, immense benefit would be obtained by the change. It would be a gain of health—inasmuch as it would afford a daily relaxation for body and mind, alike conducive to present comfort, and to the well-being of the individual in manhood and old age.

But if no such modification can be brought about, then allow the scholars, with the instructors, those drudges of civilization, who actually mould the character of a nation, longer vacations. Every public instructor in Boston labors more hours, and harder, than he should. Nothing is gained by it for the public; there is no economy in taxing men beyond their strength. Both vacations should be of longer duration. Surely, if the professors and tutors of colleges are indulged with two annual vacations of six weeks, how much more cogent are the arguments that might be adduced to sustain the just claim of the Boston teachers to an equal modicum of rest.

A hope is entertained that an enlightened public sentiment will ultimately lead to an improvement in the public schools of the city in this respect. It is of vast importance to individuals, to families, and to coming generations, if well-disciplined minds and well-grown bodies are estimated according to their intrinsic value.

XXXIII.—*Circular of the Medical Department of the National Institute, Washington.*—This institution, destined to be one of the most important in the Union, possesses a department specially devoted to medical inquiries. This should be gratifying to every enlightened physician in the country. We insert with pleasure the following Circular of Inquiries, under the hope that many will be induced to furnish their quota of information upon the interesting topics designated. We perceive that a correspondent at the north has replied to the questions through the Boston Med. and Surg. Journal; we should be pleased to make our Journal the medium of inter-communication for the Physicians of the South-West.—EY'RS.

The following is the Circular issued by the Medical Department of the Institute.

1. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?

2. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?

3. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?

4. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?

5. What has been the character of the fevers of your district, what the cause, what the most successful mode of treatment, what the pathological changes found upon examination after death, and how far is there proof that they have, under any circumstances, been transmitted by contagion?

6. What change has taken place in the type of disease within a series of years in your district, and to what is such change to be ascribed?

7. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion, and from what causes?

8. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?

9. What is the relative degree of health, longevity, and increase of the slaves and free blacks; which suffers most from the influence of our epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?

10. What is the annual number of marriages, births, and deaths, to each thousand of your population, and what is the population of male and female children born?

11. Have you any cases of great longevity; what have been the occupation and habits of such persons, and were they natives of your district, or emigrants, and from what country and place?

12. Have you any persons who live exclusively upon a milk or vegetable diet, and what is the apparent effect of such diet upon the duration of life, the health, strength, and activity of the body and mind?

13. What has been the effect of the temperance reformation upon the strength and health of your citizens?

14. The history of any interesting cases of disease which may have occurred under your observation, and especially in which the pathology was ascertained by *post-mortem* examination, will be regarded as valuable. The discovery of new therapeutic agents, or the new application of old ones; also, meteorological observations, with whatever else illustrates the origin, progress, nature and cure of diseases?

15. Pathological specimens of morbid structure, with an accompanying history of the origin, progress, and termination of the cases, will be highly acceptable. Such specimens will bear the name of the donor, and be placed in the National Museum.

16. As one object of the Institute is the formation of a Library, the undersigned will be obliged by the presentation of a copy of your own medical works or those of others, which it may be convenient for you to bestow.

All communications should be addressed to Francis J. Markoe, Jr., Esq., Washington, Corresponding Secretary of the National Institute.

XXXIV. *Philadelphia Medical Society. Dr. Parrish on the term Congestion. (From the Phil. Med. Examiner.)* This time-honored association for the promotion of medical science has commenced its winter sessions in good earnest. Interesting discussions have occurred, we learn, at every meeting, and on several evenings valuable papers have been read, among which was the Annual Oration, by Dr. Condie, and a paper entitled "*Observations on the Inapplicability of the term Congestion to the Malarial fevers of the South and West,*" By Dr. Isaac Parrish.

The Society having resolved to publish Dr. Condie's Oration, we shall defer any observations upon it until we are furnished with a copy.

We subjoin a brief abstract of some of the prominent points discussed in the paper of Dr. Parrish, and of the general conclusions stated.

First. That the disease termed congestive fever, is that form of intermittent and remittent fevers of malarial districts, formerly known under the appellation of malignant; differing only in degree from these fevers, and occurring in all regions where autumnal fevers prevail, being epidemic in the southern and south-western sections of the United States, and generally appearing with most intensity along the low grounds skirting the rivers.

Secondly. That the symptoms which characterize this variety of malarial fever, and which have been attributed by some writers to congestion, viz: the peculiar irregular, sighing respiration, sense of suffocation, præcordial uneasiness, intense thirst, obstinate vomiting bloody or serous discharges—and where the brain is involved, stupor or delirium, &c., &c., do not necessarily indicate any peculiar engorgement of the several organs whose functions are disturbed, but that they are more properly attributable to a sudden and alarming diminution of nervous power.

Thirdly. That many of these phenomena supposed to indicate congestion of vital organs, bear a strong analogy to the effects produced by Le Gallois, Dupuytren and others, by the tying of the pneumogastric nerves in animals, and are more rationally explained upon the principle of diminished nervous power. And that, moreover, they occur in other conditions of the system, the reverse of congestion—as from copious uterine hemorrhages, after severe and mortal accidents attended with great loss of blood, in anemia, &c., &c.

Fourthly. That some of the symptoms referred to congestion may depend on the altered condition of the blood itself, in connection with the atony of the tissues, through which it passes.

Fifthly. That admitting the existence of passive congestion of the heart, vena cavâ, lungs, portal circle, &c., from a want of nervous power in the central organs to propel the blood to the remote vessels, still the term *congestive*, as applied to this disease, is inappropriate—because it designates a result or consequence of a primary cause, without indicating the cause itself—a result not peculiar to the disease in question, as it occurs to a greater or less extent in all cases of sudden nervous shock; and is, in fact, one of the phenomena of the dying state.

Sixthly. The therapeutic effect of remedies furnishes a strong argument in favor of the doctrine of *nervous prostration*, and not of *congestion*. General bleeding, which it was contended would be the great reliance of the physician in a disease of active congestion of vital organs, is admit-

ted by the most experienced practitioners in this disease to have been prejudicial, while the use of powerful revulsives, stimuli, and particularly of quinia, (one of the most concentrated and active of the nervous stimulants,) are generally acknowledged to be the main remedies in controlling the violence of the symptoms, and in rescuing the patients.

Seventhly. That the use of names or terms have a powerful influence in forming the opinions, and regulating the practice of medical men—and hence that medical nomenclature should be based, as far as possible, on pathological principles—and should be descriptive of the true condition of the organ or organs peculiarly affected in a particular complaint. The importance of this consideration was particularly urged, where the adoption of the depletory or stimulant practice may depend upon it.

Eighthly. Applying the above principles to the disease in question, it was contended that, considering depression of the nervous power as the first link in the chain of morbid associations, in this, as in all other varieties of fever, a term should be used as a prefix to the words intermittent or remittent fever, which should represent the extraordinary degree of prostration peculiar to this form of fever—a term applicable to the nervous system, and not to the circulating system. Dr. Parrish suggested the word *adynamic*, as more expressive of the true pathology of this disease, than any other which had occurred to him.

The paper will probably appear in full at some future day. The above is a mere abstract.

XXXV.—*Malaria--Teetotalism.*—(*Med. Chirurg. Review.*)—Mr. Morris, who practises at Spalding, in Lincolnshire, states that from observations among the fenny and malarious parts of that country, the TEETOTALERS are more liable to suffer from malarious affections, as fever and intermittents, than those who take a moderate portion of stimulants. This is consonant with universal experience in all unhealthy climates, whether inter or extra-tropical. If, however, moderation in vinous or malt liquors be exceeded, the opposite effects are produced. The excess predisposes to malarious impressions even more than the total abstinence from stimuli. Mr. Morris illustrates his proposition by allusion to Irish laborers (Teetotalers) who come over in the Autumn, and who are apt to get ill till they break Father Mathew's pledge, and drink some English stout.

XXXVI.—*Ague, a Disease of the Nervous System.*—The following remarks are taken from a paper by Dr. Macario, in one of the foreign journals.

“It is worthy of notice—although the fact has usually been much overlooked—that hysterical phenomena are sometimes complicated with intercostal neuralgia; and it is a singular circumstance that when this neuralgia is situated on the left side of the chest the patient is often affected with symptoms of ague; and that when it is on the right, ague-like symptoms are wanting, and the patient suffers from what has been called hepatic colic—which, indeed is only one form of neuralgia.

“These phenomena, if examined in all their bearings, may throw some light on the ætiology of intermittent fevers. Have we not reason to be-

lieve that the element, so to speak, of these fevers is of a nervous nature? The very circumstance of their exhibiting paroxysms and intermissions—a feature that is strikingly characteristic of the class neuroses—naturally leads us to this conjecture. If any organic lesion were present, (as some writers have most erroneously supposed,) think you that there would be every now and then so complete a cessation of all the febrile phenomena, that the patient and his friends might reasonably fancy for a time that the disease was entirely eradicated? We should think not. There might, indeed, in the case supposed, be a recrudescence of the febrile symptoms every evening and morning; but then they would nevertheless continue with greater or less distinctness and severity during the intervals.

“Among the long catalogue of diseases, none but those of the class neuroses, are liable to those regularly-recurring exacerbations and remissions. And the occurrence of paralysis, which is sometimes observed to appear and vanish with the febrile paroxysm—*Torti* and others mention such cases—may fairly be adduced as an argument in support of this view. There are, therefore, strong reasons for believing that the morbid element in intermittent fevers is of a nervous nature.”

(There is certainly much in the history of agues to warrant this view of their ætiology. Besides the arguments adduced in the foregoing extract, we might point to the facts of neuralgia being a not unfrequent sequela of such fevers; and of this neuralgia being often of an intermittent character of itself, and being curable only by the use of anti-periodic medicines. Besides these considerations, others might be quoted. For example, how much are both diseases under the influence of the mind and feelings! Often has it been known that a resolute effort of the will alone has served to prevent or arrest an expected paroxysm of ague, as well as a threatened attack of neuralgia: and every physician knows full well that a change of air and scene will generally suffice to work an almost instantaneous change for the better—provided, as a matter of course, the diseases have not existed so long as either to have induced any organic or humoral change, or to have materially deteriorated the general powers of the system.)—*Med. Chirurg. Review.*

PART THIRD.

BRIEF NOTICES OF RECENT MEDICAL LITERATURE.

ART. 1.—*A Treatise on the nature, causes and treatment of Erysipelas.*
By THOMAS NUNNELEY, *Lecturer on Anatomy, Physiology, and Pathology, in the Leeds School of Medicine; Surgeon to the General Eye and Ear Infirmary; Honorary Secretary to the Philosophical and Literary Society, &c., &c., &c.* Philadelphia. Ed. Barrington and Geo. D. Haswell. 1844. (pp. 235.)

The basis of this work was a successful prize essay, sent in, a few years since, to a Medical Society, of which our author is a distinguished member. The success of this paper induced Mr. Nunneley to extend its limits, and to reduce it to a neat and compact volume. Although many excellent dissertations and reports have been published on Erysipelas in the Medical periodicals of the day, on this, and on the other side of the Atlantic, yet the present, we believe, is the first volume that has ever issued from the press, written exclusively on the nature, causes, &c. of "Erysipelas." The book opens with a definition and classification of erysipelas, according to nosological writers, which we conceive to contain more learning than useful instruction; we shall, therefore, dismiss this part of the work, and occupy the attention of our readers with other and less disputed points. It has been urged by some, that erysipelas was a *sthenic*, by others that it was an *asthenic* disease; that it is an affection attended with excitement of the general system, a peculiar local or diffuse inflammation, is clearly demonstrated, on the one hand by the frequent, quick, and sometimes strong pulse, dry and hot skin, cephalalgia, and the usual febrile phenomena; and on the other, by the local heat, pain, tumefaction and redness of the parts involved. If it be a disease of general excitement, with local inflammation, it frequently induces a typhoid state of the system, under certain circumstances, and in delicate constitutions, characterized by a small, frequent and rapid pulse, delirium, great prostration and real adynamia, requiring the free use of diffusible stimulants and united tonics.

In this, as in many other affections, of the essential nature of which we are comparatively ignorant, the treatment frequently sheds much light. And if ours is a science made up of experience and observation, we should by no means despise the truth, whether we attain it by accident, or arrive at it by the tedious but more certain process of induction. Mr. Nunneley regards "erysipelas" as *diffuse* inflammation of either the *cellular, mucous, or serous tissue*, according as it may be seated in the skin and subcutaneous cellular structure, in the pharynx, vagina, or in the

peritoneum and pleura, constituting pleuritis, or puerperal peritonitis, &c. Mr. Nunneley contends, and we think with success, that puerperal fever and erysipelas are one and the same disease, modified by the seat of the inflammation. To establish this point, he quotes Douglas, Gordon, West, Ferguson, Lea, Locock, and a number of others; all of whom agree that the two diseases, viz., puerperal fever and erysipelas, are intimately connected with each other, arise in the same manner, and under nearly the same circumstances, and are ushered in by the same premonitory symptoms; that they will reciprocally produce each other, and exhibit similar *post mortem* appearances. Erysipelas is most prevalent in crowded, ill-ventilated hospitals; so is puerperal fever; erysipelas usually makes its appearance towards the latter part of Winter or commencement of Spring, when the season is wet and air humid; the same may be said of puerperal fever. Surgeons and accoucheurs, in attendance upon cases of erysipelas, have been known to communicate the disease to females, whom they attend in particular. Of this fact, the author has abundant testimony, which it is unnecessary to introduce. He attempts to show, but with what force the reader must determine, that erysipelas is not a specific disease, that erysipelas and erythema are essentially the same disease, and that the various forms and seats of this affection may be determined by differences of temperament, &c. The connection between erysipelas and puerperal peritonitis has been strikingly illustrated in the Charity Hospital of New-Orleans.

In the Spring of 1844, erysipelas prevailed to a considerable extent in the surgical department; the most trifling operation, wounds, whether incised, contused, fracture, &c., were followed by erysipelatous inflammation. About this time, several females were delivered in the lying-in department, on the floor above; and of these the majority were attacked with puerperal peritonitis, some of whom died. The two diseases declined *pari passu*, and as the weather moderated, they finally disappeared about the same time. If there was no direct connection, as cause and effect, in this instance it was at least a singular coincidence. The same thing has been witnessed on several previous occasions in that institution.

As the description of the disease under consideration is rather long, and as most of our readers are already familiar with it, we shall not dwell on this part of the work, but sum up the author's remarks on the "*post mortem appearances*." In an advanced stage of the disease, besides a high degree of vascularity of the parts, we find pus diffused through the cellular tissue beneath the skin and between the muscles; if the patient survives still later, the cellular structure sloughs, and resembles "wet tow." Sometimes we find purulent deposits in situations remote from the seat of local inflammation. The pus sometimes travels a considerable distance along the intervascular spaces; a turbid serum or pus has been found in the serous cavities without any symptom during life leading us to believe these membranes were involved.

The lymphatics and veins of erysipelatous parts are often found affected, and sometimes contain pus; but it has not been decided whether this pus is caused by inflammation of these vessels, or whether it be absorbed by them from the surrounding parts. The latter opinion is the most plausible, although the author asserts he has witnessed the former. In erysi-

pelas, the blood is affected; it is usually fluid, and as in phlebitis, sometimes mixed with pus.

External erysipelas rarely causes death; it usually assails some internal organ, as the brain, peritoneum, uterus, pleura, mucous membrane, &c. The seat of the external affection, the predisposition of the subject, &c., must determine upon what internal organ the disease will fix itself. If the brain or its membranes, we have injection and thickening of the arachnoid and pia-mater, with effusion of serum, pus mixed with flocculi, and other effects of high vascular turgescence. In the thorax, we meet with imperfect adhesions between the two pleural surfaces; effusions of flaky lymph, sometimes greenish or purulent. The bronchial mucous membrane is often congested, but the lungs are usually sound; occasionally, however, the air cells are filled with a purulent fluid, different from that found after ordinary pneumonia.

The pericardium is sometimes the seat of considerable effusion—though rarely so. The abdomen, like the thorax, often contains a turbid, serous effusion; sometimes lymph or purulent matter. The serous coat of the intestines, as also the omentum are injected; partial adhesions are not uncommon. The mucous membranes are congested; and when the disease assails the larynx and fauces, we have effusion in the sub-mucous cellular structure. The gastric mucous membrane is softened, and both the Brunnerian and Peyerian glands are often much developed, vascular, and occasionally ulcerated. Pus is found not unfrequently in the liver. Dupuytren says that in many cadavers opened after death from erysipelas, he found in the internal organs, as the lungs, pleura and liver, the cause of death. (page 158, *et seq.*)

Treatment of Erysipelas.—On this subject, scarcely any two writers have agreed; one party relies chiefly upon free and repeated bleedings, as the only method likely to control the disease; the other contends that cordials, tonics, and even diffusible stimulants promise the greatest success. We conceive that the surest course to be adopted lies between the extremes of these two opposite and contradictory modes of practice; both parties are partly right and partly wrong. *In medio tutissimum*, is the maxim we would recommend in our choice of the two modes of practice; but in striving to avoid the rocks of Scylla, let us be careful not to approach too near the whirlpools of Charybdis.—“The indications to be fulfilled in the treatment of erysipelas, and indeed of every disease, are three. 1. To arrest the progress of the disease in its commencement.—2. If this cannot be accomplished, to guide the patient through the illness with as little mischief as possible. And, 3. The disease itself being subdued, to remove its effects.” Such are the three indications laid down by our author. “For erysipelas there is no specific; we must be contented by attempting to restore the functions and secretions of all the organs of the body to their natural condition. If febrile action runs high, we must lessen it; if active local inflammation exists, it must be repressed. If there be acute visceral disease, our treatment must be energetic and prompt in proportion to the activity of the disease and the importance of the organ affected; if the abdominal secretions be unnatural they must be corrected; or if there be depression and irritation, the system must be supported and soothed.” But the difficulty lies in the choice of the means

to effect all these indications; and also the time and mode of applying them. These must be left to the tact, judgment and sagacity of the practitioner. We cannot enter into details on the treatment: Strong testimony is adduced by the author to prove that excellent effects may be expected from the use of colchicum in the treatment of erysipelas and erysipeloid affections. Before closing this notice, we must call the reader's attention to two valuable essays, written on the same subject, and incorporated in the work; one by Dr. Sutton, of Indiana, the other by Drs. Dexter and Hall of New England. Dr. Sutton describes an epidemic erysipelas, (black tongue,) which prevailed in some parts of Indiana, in 1843. The same disease raged epidemically in the northern part of Vermont and New-Hampshire, in 1842, and '43, and has been described by Drs. Dexter and Hall.

ART. II.—*Principles of Medicine; comprising general Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semiology, Diagnosis, and Prognosis.* By CHARLES J. B. WILLIAMS, M. D., F. R. S.; *Fellow of the Royal College of Physicians, Professor of the Principles and Practice of Medicine, and of Clinical Medicine, and First Physician to the Hospital, University College, London; Consulting Physician to the Hospital for Consumption, and diseases of the chest, &c. With numerous additional notes, explanatory and critical.* By the Editor of the *Select Medical Library and Bulletin of Medical Science.* Philadelphia. Ed. Barrington and George D. Haswell. 1844. (pp. 395.)

If the author the of "Principles of Medicine" were unknown to fame, and to the American medical student, we could refer to his work on the Diseases of the Chest, to his Gulstonian Lectures, and to numerous able essays published in the different Medical Journals of the day. The title of this work comprehends the various subjects discussed; and we shall, therefore, refrain from particularizing all the heads under which the "Principles of Medicine" are set forth. Suffice it to say, that his division is less important than the truths which they illustrate. All the late discoveries, whether made in the laboratory of the chemist, or in the field of the microscope, are educed into method, and their application to practical medicine luminously and ably developed.

The present advanced state of medical science—rich, as it undoubtedly is, in great and valuable truths—called for such a work; and Dr. Williams has responded to this demand by producing a book, which, whether we regard the light it sheds upon a series of morbid phenomena, hitherto imperfectly explained, or contemplate his great powers in the analysis of facts, will be equally profitable and instructive. To write a book is now no longer considered the task of a *Sisyphus*; but to write any thing new, requires the strength of a Hercules. The latter has been achieved by our author. A detail of symptoms, without specifying the lesion by which they are produced, has ever been to us an irksome and unprofitable study; yet many of our systems of the principles and practice of medicine appertain to this class of works. Of what avail are principles in medical science, unless such be made to quadrate with therapeutics, and thereby

rendered available in correcting diseased action in the organism—the true end of medicine? The mere pathologist, who, with scalpel in hand, goes in search of structural lesions, and in the ardor of this pursuit, forgets the omnipotent influence of “vitality,” and overlooks the doctrine of sympathy, will prove a poor practitioner at the bed-side.

Let it not be supposed that we wish to detract from the value of pathological science or post-mortem researches; for these, when taken in connection with the previous history of cases, may be made to shed a flood of light upon the best method of cure. If we turn to the Roman physicians who lived in the days of Augustus Cæsar, we shall find that they, in speaking of the inspection of the organs after death, urge us to study *eorum positum, colorem, figuram, magnitudinem, ordinem, duritiem, molli-
tatem, lævorem et contactem, &c.* In the book under consideration, pathology goes hand in hand with therapeutics; the one is made to strengthen and sustain the other; the cause, nature, and seat of disease are pointed out with much accuracy and clearness; then follow the best *remedial agents*, the *methodus medendi*. In reading such a book, the inquisitive mind has no reason to complain, or time to pause; it is hurried on, strengthened as it goes, from well ascertained facts and legitimate conclusions, to deductions which invest clinical practice with something like certainty and demonstration.

Dr. Williams makes the blood play an important rôle, perhaps too great, as remarked by the American editor, in the production of disease. The scriptural declaration, the “*life of all flesh is the blood thereof*,” is fully recognized by the author; nor is he less mindful of the French, some of whom designate this fluid as “*chair coulante*.”

In almost all diseases, sooner or later, primarily or consecutively, the blood participates. When we recollect that this fluid pervades and nourishes every tissue of the body, whether cerebral or osseous; that it is compound, and constantly, even in health, undergoing changes; that these changes are modified by the *circumfusa* without and the *ingesta* within, to say nothing of innervation, we shall cease to wonder that it claims, in the study of disease, so much of the attention of writers. Life consists essentially in motion; death is the cessation of motion. Retard, accelerate, or arrest the motion of the blood in a part, and you affect its functions; in inflammation of a tissue, the blood is propelled with increased velocity through the capillaries, and if this continues any length of time, the contractility of these vessels will be overcome; this causes an increase of their calibre, and a still further diminution of tonicity; hence the phenomena of congestion, increased sensibility, tumefaction, with the usual concomitant symptoms of inflammation.

Disease is defined by our author to be “a change from the natural condition of the functions or structure of the body; but the change is more or less compound, involving several structures or functions.” Thus the fluids may be changed, and the solids will participate more or less in the change; the one re-acts upon the other. The blood may be in excess absolutely, constituting hyperæmia; or in a deficiency, creating a state of anæmia, or altered in its constituents; each of which is sufficient to interfere with the healthy action of the organism. In diseases attended with, or caused by hyperæmia, the obvious remedy is to diminish the

mass of the circulating fluid, either in the general system or particular organs; but hyperæmia of one or more organs may be, and is sometimes attended with anæmia of others, perhaps in juxtaposition to each other; here the equilibrium is lost; both are in a pathological state. How shall we be enabled to unload the one without increasing the anæmic condition of the other, since frequently the same symptoms attend both these states of the same organs? To determine this, we must trace all the symptoms to their proper cause; look to the temperament, pre-disposition, &c., of the individual, and we shall soon be enabled to select the best course to be adopted.

We cannot, as already stated, follow our distinguished author *seriatim*; to do this, it would be necessary to re-write the book, and extend our remarks beyond the limits allowed us. Our author has made physiology and pathology tributary to practical medicine; pointed out both the ultimate and proximate elements of disease; examined the changes effected in the blood by disease, the secretions, excretions, &c.; shown the influence which such alterations must exert upon particular organs as well as the general system. Thus, hyperæmia of the liver is attended with an arrest, in some cases, of biliary secretion; consequently the blood will be overcharged with hydrogen and carbon, the two elements thrown out of the circulating fluid by the action of the liver. On the contrary, increased secretion of bile will leave an excess of azote in the blood. The secretions, therefore, have a material influence upon the composition of the blood. Disease, says the author, consists in an *excess, defect or perversion* of action, in one or more parts, or components of the body. These three terms may be applied to all the dynamics of the system. It is unnecessary to amplify on the subject; the student will readily seize the idea and extend it to special tissues and functions.

Under the keen and searching glance of his mental eye, order, harmony, and beauty, have been called out of chaos, and practical medicine vindicated in a great measure, against the charge of uncertainty and conjecture. Instructed in the "Principles of Medicine" as laid down by our author, the student will approach the bed-side with confidence, well aware that symptoms are to be interpreted as the language of a diseased—a suffering organ. Each organ, each tissue, when assailed by disease, has symptoms, or a language peculiar to itself; and diagnosis is but the interpretation of these symptoms. The best interpreter, *cæteris paribus*, will be the ablest practitioner. Inflammation, as distinguished from other varieties of hyperæmia, is defined by the author to be—*too much blood in a part, with motion* [of that blood] *partly increased, partly diminished*. The causes which *predispose* to inflammations may be congenital, or accidental; internal or external; direct or indirect. The author contends that inflammation is frequently excited without any obvious affection of the nerves; although this has been denied. He admits that the nerves are concerned in many ulterior phenomena of inflammation; yet he believes that the blood-vessels are the essential seat of the whole process of inflammation.

"The causes producing inflammation may be divided into two classes: 1, those that cause determination of blood; and 2, those that produce congestion. The former class comprehends all irritants; the latter in-

cludes cold and other direct sedatives. Besides other well marked differences between inflammation and congestion, we have in the former, increased motion, and in the latter, diminished motion of the blood." The phenomena and nature of inflammation are then discussed; he reviews the researches made by Thompson, Hastings, Reltenbrunner and Hull, on this subject; with them, he admits *obstruction* of blood in some of the vessels, with increased motion in others. To prove this, he quotes the old story of the microscopic examination of the frog's foot, which we have always viewed as insufficient and irrelevant to the subject; for we conceive that some allowance must be made for difference of structure as well in regard to the nerves of the frog's foot, as the blood. Inflammation is unquestionably a complex phenomenon, consisting first in irritation of the part, followed by increased sensibility; then a flow of blood to the part, hence the state called congestive; if the congestion is not dissipated in a given time, inflammation is set up, which we believe consists essentially in *increased molecular action, both of the solids and fluids*. This supposition covers the whole ground, and presumes a chemical change, subversive of that physiological relation which, in a state of health, exists between the blood and the tissues through which it flows, in every part of the animal economy. The results of inflammation will demonstrate to some extent, the correctness of our position. The book, although incomplete on some points, and perhaps a little too speculative on others, yet as a whole, it smells more of the *Dead-House* than most productions of the kind. It will, nevertheless, rank among the very first of its class; containing, as it unquestionably does, all that is known in the actual state of medicine, in relation to the changes produced in the elementary tissues of the body by disease. The notes and additions, by the American Editor, will enhance the value and popularity of the work. As a writer and medical philosopher, the American Editor is scarcely less distinguished than the author himself. Each is endowed with rare powers of eclecticism, with cogent and accurate reasoning faculties, well calculated to elucidate the "Principles of Medicine." [The work may be had at Mr. Woodall's, Camp street, to whom we are indebted for a neat copy.]

ART. III.—*Lectures on the Theory and Practice of Midwifery. Delivered in the Theatre of St. George's Hospital, London.* By ROBERT LEE, M. D., F. R. S., *Fellow of the Royal College of Physicians, &c., &c. Illustrated with numerous wood engravings.* pp. 534. Barington and Haswell. Philadelphia. 1844.

This valuable work, containing the experience of one of the ablest British practitioners, has been handed us from the publisher, through the kindness of S. Woodall, 49, Camp street, New-Orleans. We have read it with interest, and take much pleasure in inviting the attention of Southern physicians to its rich stores of practical knowledge. It is surprising what a number of works have been published within a short time, upon this important branch of medicine; it has engaged the attention of some of the most respectable physicians of the day, and surely no subject is more worthy of profound consideration than "the perils of childbirth."

We have now in our hands the most comprehensive treatise on obstetrics, from the English, French and American presses, and if *the art* could be learned from books alone, we doubt not our colleges might turn out at once the most accomplished accoucheurs. But this is impossible; in this, as in the other departments of medicine, much remains to be learned at *the bed-side*; here alone can practical skill be attained. Extraordinary and anomalous cases are liable to occur at any time, and it is very desirable to have, at convenient reference, books containing the patient observations and extensive experience of our predecessors. Among these, the present production of Dr. Lee will always rank high, as the offspring of a vigorous mind, stored with all the *learning* relating to the subject, and enriched with the results of the most extensive experience. It has been reviewed by the medical press generally; and we shall, therefore, not attempt any thing like a minute analysis. There are some points, however, of particular interest, which we cannot forbear to notice.

Lectures, whether oral or written, as a method of communicating medical instruction, are generally popular. It seems to introduce more familiarity between the teacher and learner, and being necessarily limited, the former has to confine himself to the most important points, and avoid the tediousness of minute detail. Such is the tenor of the present work. It consists of an introduction, and 44 lectures, taken down as they were delivered at St. George's Hospital, and revised and published under the care of the author.

The introduction gives an entertaining history of obstetrics from the earliest records, with brief allusions to the various improvements as they occurred. As usual, in such works, the author gives a good account of the anatomy of the parts concerned in generation, as also their physiology and pathology. In his reasoning and practices he is as scientific as the present state of our knowledge will admit.

The Lecture *on the causes, symptoms and treatment of Abortion* is very instructive.—from it we extract the following pertinent remarks.

"It is impossible I think, to treat abortion on scientific principles, without an intimate knowledge of the structure, functions, and diseases of the human ovum; and I cannot omit this opportunity of again recommending the subject to your especial attention and study. By the examination of morbid ova great light is thrown upon the subjects which would otherwise be involved in obscurity. In a great proportion of cases which I have examined, in four only out of fifty-six was the ovum in a healthy condition. There can be no doubt but that the diseases of the ovum are most frequently the result of constitutional disorder of one or both parents, and that they do not arise from inflammation; but I must admit that in some cases the cause cannot be ascertained with certainty, and that all remedies are unavailing in preventing their recurrence in repeated pregnancies." p. 190.

If this view of the subject were more generally observed, probably many of those cases of habitual abortion which undermine the constitutions of so many interesting females, might be prevented. Let practitioners when they are consulted, look well to the condition of the parents.

The following Lecture, *on the communication of certain diseases to the fetus in utero*, contains some curious facts.

"Not only has Small Pox been communicated by the mother when la-

boring under the disease of the *fœtus in utero*, but the contagion has been conveyed to the fœtus by the mother when she has been in perfect health." Several cases are here cited on the best authority, Dr. Lee says, "the venereal poison is often communicated to the fœtus in utero through the medium of the maternal blood. It may either be destroyed and expelled prematurely, in a flaccid putrid state, with the cuticle peeling off, or it may be born alive, covered with a syphilitic eruption, or with gonorrhœa, or purulent ophthalmia. More frequently children so infected are born in an apparently healthy condition, and the disease manifests itself in a very unequivocal manner several weeks after birth." * * * * *

"When a syphilitic taint exists in either parent, the pernicious influence of the disease in destroying the fœtus may be observed in repeated pregnancies, and I believe that in the greater number of cases of organic disease of the placenta, it is not inflammation, but syphilis, which produces the alteration of structure and death of the fœtus, and that the ordinary constitutional treatment of secondary syphilis with mercury and sarsaparilla should generally be employed when one or more children have died within the uterus. The most remarkable circumstance is the number of years which may have elapsed between the apparent cure of the disorder in the parents, and the manifestation of its effects upon the children. A gentleman may have been fifteen years, or longer, without any symptoms of venereal disease, his wife may be in perfect health, and yet his blood may be so tainted that all his children will die prematurely from syphilis, or exhibit unequivocal secondary symptoms of venereal disease at the time of birth, or soon after."

It is requisite, in all cases of syphilis during pregnancy, to treat the patient as though pregnancy did not exist.

In his lecture on the symptoms and treatment of Natural Labor, he adopts the simple arrangement or classification of Smellie and Denman, which it is useless to specify. In contradistinction to the French mode, he recommends the woman to be placed on the left side, instead of the back, both in natural labor, and all the operations and manœuvres required to be performed on the fœtus. Having tried both, we are inclined to prefer the French custom, as affording better support to the patient.

In regard to the management of the placenta, he says: "On whatever cause its retention depends, there are no cases in which the placenta ought to be permitted to remain within the uterus beyond an hour after the birth of the child, and not so long if hemorrhage takes place." At the expiration of this period if the usual mild means do not bring it away, he advises its removal by the hand.

Dr. Lee has devoted eight lectures to the consideration of protracted and difficult labors, which are replete with the most valuable information. All the difficulties and obstacles are mentioned in detail, and the most judicious advice given for their management. The question of the propriety of lessening the child's head with the perforator, on which there exists a marked difference of opinion between the British and Continental accoucheurs, is plainly laid before the readers in lecture xxv. The French surgeons refuse to open the head till they can obtain certain evidence that the child is dead, (which it is sometimes impossible to do,) whatever the state of the parent may be. On the contrary, Dr. Lee

says, "the operation of craniotomy is now performed by all British practitioners of reputation, whether the child be alive or dead, if the condition of the mother is such as to render delivery absolutely necessary, and the head of the child is beyond the reach of the forceps, or where, from distortion of the pelvis, or rigidity of the os uteri and vagina, it cannot be extracted if its volume is not reduced. This operation is performed from a conscientious belief and deep conviction that if neglected to be done at a sufficiently early period, the mother's life will be sacrificed, and the life of the mother is considered to be much more important than that of the child." (p. 260.)

We are disposed to concur with the British practitioners in this instance.

Lecture xxvii, on the invention and use of the Forceps, &c., is exceedingly interesting.

It seems that the glory of this important discovery is justly due to the family of Chamberlens of London, to whom we would only begrudge it on account "of the sordid avarice with which they were so deeply tainted, and the utter disregard to the claims of humanity" which induced them to keep it a secret until father, sons, and grand-sons had perished. "About a century and a half had passed away before it was known with certainty, what instrument it was they had invented."

The Lecture on the application of the Forceps abounds in sound principles and the most judicious directions. We cannot make room for any of the author's rules, but we must think they are such as cannot fail to free the mind of the practitioner from embarrassment.

The Lectures *on the causes, symptoms and treatment of preternatural Labour*, with all their various complications, are full and satisfactory for the most part. We might make some exceptions on one or two practical points, (for instance, the treatment of hour-glass contraction of the uterus, in which our author permits too much manual interference,) but we forbear. His instructions in regard to that dangerous complication, *uterine hemorrhage*, are excellent.

His observations *on inflammation of the uterine system of puerperal women*, are probably unsurpassed in the language.

The form of this inflammation commonly denominated *puerperal fever*, Dr. Lee says: "has generally arisen, like inflammation of the lungs and bowels, and other viscera, without any assignable cause—where the process of parturition had been completed in the most natural manner, where nothing could be discovered peculiar in the constitution of the atmosphere, and where typhus fever, scarlet fever, erysipelas, and other contagious and epidemic disorders, were not prevailing to an unusual extent. But it is an opinion which has long prevailed, that the uterine inflammation of puerperal women is of a erysipelatous nature, and that it is excited in some cases by contagion, or depends on a vitiated state of the atmosphere. like hospital gangrene, and may be communicated from one patient to another, by the nurse and medical attendant."

The author here cites sundry authors on the question of contagion, and sums up thus:—"It is difficult to reconcile this conflicting evidence; and the facts I have observed, though they have led me to adopt the opinion that the disease is sometimes communicable by contagion, and sometimes has a connection with erysipelas, have not perhaps been sufficiently nu-

merous, and of so decisive a character, as to dispel every doubt on the subject of its contagious or non-contagious nature, and to prove that it is a specific inflammation. It is but right to state that, in a vast majority of cases, the disease has occurred, and in the most destructive form, where contagion could not possibly be supposed to have operated as the cause.

It has suddenly appeared in the practice of those who had never before seen the disease, or had any thing to do at the time with cases of typhous fever, erysipelas, and other contagious disorders."

Such is the frequent and fatal occurrence of this dreadful disease in all large lying-in hospitals, that Dr. Lee has long since come to the conclusion that "the objects of their benevolent founders have been completely defeated."

The sum, without details of the author's treatment, is comprised within the following remarks.—"Bloodletting, general and local, the exhibition of mercury with opiates and purgatives, are the principal means which we possess in the treatment of cases of puerperal peritonitis, and they often check the progress of the disease. But they have little influence over inflammation of the veins, absorbents, and muscular coat of the uterus, and I am not aware of the existence of any means by which it is possible for us to stop the progress, or counteract the effects, of such destructive morbid actions as those which produce suppurative inflammation of the uterine veins; and of the ovaria and fallopian tubes, and gangrenous softening of the walls of the uterus."

He recommends bold depletion in the onset of the disease, followed immediately by calomel and opium to pyalism—fomentations and blisters are useful, and sometimes in the latter stages, stimulants.

The last two lectures are devoted to the history and treatment of *crural phlebitis* or *phlegmasia dolens*, and the *diseases of the brain and mamma in puerperal women*.—both of which display the author's usual ability and research.

We cannot conclude this notice without expressing our admiration of the comprehensive Tabular Views of important cases and operations with which the work is interspersed, condensing and showing at a glance the substance of extensive details. These tables are most carefully prepared and must be the result of much labor.

The work is a good specimen of British midwifery, and with its neat and substantial mechanical execution, and moderate price, we take pleasure in recommending it to the Southern Physician. [S. Woodall, 49 Camp st. has the work, together with a supply of other valuable medical books, which he offers at more moderate prices than usual in New Orleans.]

ART. IV.—*A Treatise on Hare-Lip*. By Dr. S. P. HULLIHEN, of Wheeling, Va., 1844.

This little *brochure*, of twelve pages, certainly very modest in its pretensions, discusses a subject which, though it may not involve either life or limb, yet treats of one which affects the "human face divine," and is often a matter of painful solicitude to the anxious parent.

Confessedly one of the most common, and at the same time, hideous

deformities which meet the eye, is congenital hare-lip. It is divided by the author into two varieties, the double and the single. He first describes, very accurately, the two varieties,—speaks of the parts involved,—its complications,—its influence upon the nerves,—the alveolar arch,—the exposure of the tongue, and consequently the shocking aspect all this imparts to the infantile features.

Next, he discusses "*the age most favorable for the operation.*" He is decidedly, with most other writers, favorable to an early operation; he reviews and refutes the arguments of those who are opposed to an operation for hare-lip during the first four or five months of childhood. The hemorrhages likely to occur, and which would deter some operators, our author declares to be easily arrested, by compression. It has been urged, says Dr. H., that "local irritation is a common cause of convulsions in infants, and this fact is undeniable, as it is proved by their more frequent occurrence during dentition than at any other period of life; and that the irritation attending a great stretching or dragging together of the lip, will likewise produce convulsions in some children, cannot be denied. Yet there is a grade of irritation necessary to produce these results, and that grade can only exist in this operation, from too great a tension of the lip, and this tension from a cleft in the alveolar process, which cleft can always be closed before an operation should be performed; thereby removing at once the necessity of any tension—the source of irritation, and the cause of convulsions. The objections, therefore, to early operations in infants, for the cure of this deformity, appear to have been based on certain effects, which have been shown to be erroneous." (p. 5.)

He recommends the performance of the operation before the period of dentition; because, at this age it is more easily executed; the deformity may be more successfully obviated; there will be no dental irritation to complicate and aggravate that set up by the operation; consequently, the child will run less risk, and the surgeon will be more likely to accomplish a perfect cure.

Another reason urged by Dr. H., in favor of an early operation, is the fact that the child is not disturbed by fear, nor agitated by the sight of the necessary instruments; being unconscious of the pain about to be inflicted, it will only wince when it is hurt, and, consequently, may be placed in the most convenient position to undergo the operation. In cases complicated with a cleft in the alveolar and palatine arches, the operation should always be advised prior to the appearance of the teeth; for "the bones of the face, at this period, being in a soft and cartilaginous state, can readily be brought into any desired position. The cleft in the alveolar arch can therefore be closed, its projections connected, its arch restored, which is as necessary to the complete removal of the deformity as a perfect adaptation of the lip."

The author has operated on thirteen cases before the period of dentition, three of which were only a month old, and yet no accident or untoward symptom followed the operation. *The preparatory treatment* is next carefully discussed, and particularly recommended in cases accompanied with cleft of the alveolar and palatine arches. Some cases are detailed in which the beneficial effects of the preparatory treatment are clearly il-

lustrated; like a skilful surgeon, Dr. H. insists upon the necessity of attending diligently to every circumstance which may contribute to the correction of these shocking deformities; for, like varus, this abnormal disposition of the features is a source of great distress to intelligent parents.

“*The mode of operating for the cure of Hare-lip.*—The general principles of the operation for the cure of Hare-lip consists first, in reducing the edges of the lips to a simple incised wound; then, inserting the needles so that the edges of the wound may be brought evenly together; then, in confining the edges together until they are firmly united. But, in addition to these general indications, a particular plan should be adopted in each operation, with the view of making a well formed lip, and this plan must be made with a strict reference to the peculiarities of the case, and be carefully and plainly marked out upon the lip before the operation is commenced.

The instruments necessary for the operation are, a scalpel, for detaching the lip from the jaw, a pair of dressing forceps to hold the lip, a pair of scissors or a bistoury, to pair off the edges, three or four long spear-pointed steel needles, silk ligatures, a pair of cutting nippers to remove the ends of the needles, and a sponge or two. Each stage of the operation is briefly and distinctly pointed out, and we think this effort of Dr. Hullahen is creditable to him both as an expert operator, and a scientific and well informed physician.

ART. V.—*The Student's Manual.*—*A Manual of Examinations upon Anatomy and Physiology, Surgery, Practice of Medicine, Materia Medica, Obstetrics, &c; Designed for the use of Students of Medicine throughout the United States.* By J. L. LUDLOW, M. D. Philadelphia, Barington & Haswell. Vol. 1. pp. 615.

This work, evidently the result of much labor and study, is offered to the American Medical Student by its author with unpretending modesty. In his very brief preface he says: “Our object is, simply to give at a glance the principal points necessary to guide the student in the prosecution of his studies, and to revive his recollection of subjects treated upon in more voluminous works.”

It is divided into six parts, each devoted to the different subjects mentioned in the title. We have examined this work carefully, and have no hesitation in commending the laudable industry, and general accuracy of the author, as far as he goes. It affords an excellent *coup d'œil* of the leading branches of medicine and will be of great value to the student, or practitioner who expects soon to undergo a general examination; as well as a convenient book of reference under certain emergencies. The system is that of question and answer; we observe a good many inaccuracies, which would be worthy the attention of the author, if a second edition should be called for. We should think this work would be quite a *desideratum* to the candidates for graduation in our Medical Colleges.

[The work can be had at the Book Store of S. Woodall, 49 Camp st. New Orleans.]

ART. VI.—*Introductory Lecture delivered before the Medical class of the Louisiana Medical College on the 20th Nov. 1844. By W. M. CARPENTER, M. D. Professor of Materia Medica and Therapeutics.*

This Lecture of Dr. Carpenter on the history of Medical Science from the earliest period to the present day, and the influence of warm climate upon intellectual energy, we listened to with pleasure. Dr. C. first gives a rapid though graphic sketch of medicine from the era of Hippocrates, and concludes with a discussion of the question—“*whether studies of any kind can be pursued with advantage in warm climates.*” Deeming the views of the author on this subject to be not only correct, but of great interest to the Southern physician, we have been kindly permitted to extract them, together with the closing remarks of the lecture. They are as follows:

“We have now arrived at the end of that period whose medical history has important bearing on a subject which it is my desire to elucidate—Since institutions of learning have arisen in the Southern portions of the United States, an important question has arisen as to whether studies of any kind can be pursued with advantage in warm climates; it has been the interest of some Northern schools, and I regret to say they have left nothing untried, to establish the negative answer.—This question it is my intention briefly to examine, and it is principally with this view that I have given this short historical sketch. In proceeding in this examination, I shall limit myself to indicating such facts as may show that warm climates have not been unfavorable to study or the development of science, and will abstain as much as possible from any insinuations respecting our Northern brethren, from recriminations, and from all comparisons which might be their disadvantage; in other words, I will endeavor to examine the question independently of the applications which might be made of my conclusions.

“In order to understand the influence of climate in modifying the capacities and activity of the intellect, it will be useful first to draw comparisons between places in our own country and those of the ancient continent which have given birth to the most celebrated men of our profession. It is well known, that in Europe, the temperature is much higher than in the same parallels of latitude in America. In order to make this apparent, a few examples only will be necessary. Scotland lies in the latitude of Hudson’s Bay; England and Germany in that of Labrador; France in that of Newfoundland, Boston in that of Rome, and New York, Philadelphia and Cincinnati in that of Naples and South Italy. But now compare the temperature of those places, thus similarly situated as to latitude, and we find that Newfoundland and Canada, instead of having the climate of France, possess that of Siberia. In New York, Philadelphia and Cincinnati, we find, says Humboldt, the summer of South Italy, and the winter of Copenhagen or Sweden; and Greece and Italy though situated 10 or 15 degrees farther North, having almost precisely the same mean temperature as Louisiana. Our climate, too, possesses the advantage of being much less variable than that of Italy or Greece; for in consequence of the peculiar situation of Italy, resting as it does, on one side, against the snow-clad Alps, and stretching, on the other, towards the burn-shores of Africa; it is alternately exposed to the fierce sirocco from the

arid sands of Lybia, and the icy chill of the tramontane." It has been truly remarked, that "in Italy, every breeze blows over a volcano or a glacier." Neither is the air in these countries more pure or dry than in Louisiana; for surrounded as they are by seas and bays, the air is often loaded with moisture, and the pestilential exhalations, the dread malaria, often poison the breeze. Neither are their skies more bright than ours, nor does nature there assume forms more beautiful, or deck herself in more attractive attire than here; yet such are the climates of Greece and Italy, lands sacred to literature and science, to the poet and philosopher, the homes of Homer, of Hippocrates, of Plato and Aristotle, of Celsus and Galen, and the hundreds of other men who have nowhere else been equalled, whose lives were tissues of the most prodigious intellectual efforts, and whose conceptions bear the stamp of divine inspiration.

"Let us now cast a glance at Arabia and Egypt, for these are countries, the history of whose literature and science, is pregnant with instruction. I will not compare our climate with that of Egypt or Arabia, nor will I contrast our fertile and beautiful land with the arid and burning deserts of rocks and sand, which constitute the general face of these countries; but in these deserts are spots of fertility, *oases*, in which cities have risen and flourished, and where the arts of civilized life have been carried to a high degree of perfection; where literature and science were cultivated; where the poet wrought life's glorious pictures in the woof of thought; and the indefatigable spirit of philosophy received a new impulse from being engrafted on the energy of enthusiasm. Here lived Avicenna; here the untiring Rhazes toiled in search of truth; and here Herophilus and Erasistratus, by unwearied invocation of the dead, arrived at an explanation of our wonderful structure. Egypt was the birth-place of science and literature, and in Egypt and Arabia they again sought an asylum under the fostering reigns of the Ptolomies and Caliphs. Why now, is it that in these regions intellectual power and activity were not destroyed; regions surrounded by deserts which glow like furnaces under the sun's intense heat; regions over which blow the scorching and blighting winds of the desert, the fell simoom? Simply for the reason that neither locality nor climate are capable of modifying to any considerable extent, the attributes of the intellect, which is susceptible of adaptation to every climate, where the body is capable of existing.

"If heat of climate be incompatible with energy and activity, how are we to regard the "Assyrians, whose ambition and wars during 500 years, threw Asia into confusion; the Medes who shook off their yoke and dispossessed them of their empire; the Persians who, under Cyrus, within the space of thirty years extended their conquests from the Indus to the Mediterranean? Were these inert people? The Phœnicians, who for so many centuries, were in possession of the commerce of the ancient world?" the people of Palmyra, Balbec and Egypt, of whose industry we possess such stupendous monuments; the Parthians, those formidable rivals of Rome; the warlike Numidians and their descendants, the unconquerable Kabyles of Algeria; the Saracens, whose wars threatened the subversion of Christendom, and the Jews, who, limited to a little State, never ceased to struggle for a thousand years against the most powerful empires? If the people of these nations have been inert, what is activity? If they

were active, where then is the influence of climate? Why in these same countries, where so much energy was once displayed, do we now find only indolence and apathy? Why, too, are the moderu Greeks so debased amidst the very ruins of Sparta and Athens; and in the fields of Marathon and Thermopylæ?

“Look back at the sketch that I have given of the history of our science, and you will see, that the South has been the place of its origin and most successful cultivation, the home of its nativity and glory; there it has flourished as an indigenous growth; while in the regions of the North it has been forced and cultivated as an exotic.

“If one country cultivates literature and science to more advantage than another, we are safe in saying it is because her moral and political condition is more favourable. If the South was once the exclusive home of science, it was because the North was barbarous and did not admit its rays. If the North of Europe now cultivates science with more success than Italy, Spain, Greece and Arabia, it is because these latter countries are under the iron rule of a degrading moral despotism.

“If we examine the intellectual diversities of nations, we shall find that they have, in truth, but little relation to climate, and but few to any external influences; but that they are greatly modified by moral agencies. In order that science should be pursued to advantage, in any country or climate, it is necessary that the general civilization of the country should be of a high grade. In some cases this high grade of civilization has been limited to particular ranks or classes, but it must always exist before any great acquisitions can be made in science.

“Look where you may, you will find it necessary to have continual recourse to some other cause than climate to account for intellectual superiority or deficiency. If, instead of regarding climate as the chief influence that operates to modify the development of intellect, we would study the moral, social and political condition of nations, we would then detect the cause of intellectual superiority or degradation—Government and religion are the true and main sources and regulators of the activity or indolence of nations. These are the efficient causes, which as they multiply or limit the natural or superfluous wants, limit or extend the motives of activity of all men. A proof that their influence operates in spite of climate, is that Tyre, Carthage and Alexandria once possessed the same industry as London, Paris and Amsterdam; and the path of science was then crowded with a host of votaries eager and persevering in the pursuit of discovery. But civil and religious institutions are perpetually changing, and as the wants of men undergo corresponding changes, the products of industry, whether corporeal or intellectual, must undergo perpetual vicissitudes. The influence of religion and government is not however, only of an indirect kind, but directly affects individuals, and stamp peculiar features on individual character. Men who are not permitted the free enjoyment of their natural rights, and whose feelings are habitually under the inspection or guidance of superiors, or oppressed by the debasing despotism of religious systems, are incapable of that intellectual independence, which is an absolute requisite to originality of thought, and to the successful pursuit of science.

“Civilization is necessary to the very existence of science and art, for it

is the increased wants of society that give rise to the demand for their productions. How, for example, is it possible for the painter to exist where no one cares for his pictures? What encouragement is offered to the poet or philosopher, where no one appreciates the verse of the one, or desires to know aught of the doctrines or discoveries of the other; or what inducement is held out for men to devote their lives, sacrifice their health, or spend their money in the attainment of excellence as physicians, when the community is equally satisfied with the base and ignorant quack who blindly deals his nostrums.

“Civilization has at different times existed in a high state of perfection, in all latitudes, from Egypt to St. Petersburg, and every where that it has existed, we find science and art following in its footsteps, and every where some men have engaged in their active and successful pursuit. In all climates we meet with some examples of that intellectual vigour, and indomitable energy of purpose, which independent of favourable, and in spite of adverse circumstances, will accomplish the great ends for which such men seem to be created; but in all latitudes the mass of men are devoted to pleasure, indolence, and brutal excesses.

“Human nature is every where the same; every where pleasure tempts its votaries, and the desire of indulgence predominates over restraining reason; every where men experience fatigue and lassitude; every where tired nature seeks repose; every where we find many circumstances in direct antagonism with the motives of activity; and every where the majority of men are wanting in those elements of character which would enable them to conquer difficulties. Every where too, we find men desirous of retaining the good opinion of their associates, and always anxious to adopt any pretext that may take blame from their own shoulders. Are we insignificant, or do we lounge in indolence? We do not wish to be charged with laziness; therefore it is the climate that relaxes. Are we devoted to dissipation or pleasure; it is the climate that produces the predisposition. Does our mental condition retrograde, the climate incapacitates our intellectual activity. But, as I have remarked in the beginning, history by exhibiting to our view the cultivation of science with equal success under the opposite extremes of climate, negatives these paltry excuses, and if we desire to indulge in indolence and ease, and at the same time to quiet our consciences and mislead our fellows, we shall be under the necessity of discovering some more plausible excuse.

“To conclude, I consider myself fully justified in asserting that no climate on earth is more favourable than ours to study, or to the prosecution of the most profound researches.

“As to the general advantages which our school offers to the medical student, they are too apparent to require their recital, and I will not tax your patience. Neither will I speak of the zeal, industry, or accomplishments of my respected colleagues; but there are some points that I could not omit to consider without manifest injustice to this institution. It has been established but comparatively few years, and its library and museum are not so extensive as the old institutions of the North, and Europe; but this will be remedied in the course of time; and in the meantime let us compare our resources. If *they* have descriptions and plates of diseases; we have here the *living tableaux*, the diseases themselves; have they fine

anatomical preparations; we have here the anatomical works of the Creator which can be but meanly imitated. Do they exhibit extensive cabinets of surgical instruments; you here see most, if not all, the instruments in use, and you see them actively employed by able hands in performing those great surgical operations, which physicians generally know only by description. Do they practice their students in midwifery on the senseless *mannakin*; here you will have opportunities offered you of practising on real flesh and blood.

“Enjoying the advantage of being situated in a great commercial emporium, a mart where the people from every part of the habitable globe, congregate to exchange with each other the materials of their commerce, we possess the advantage of studying disease in all its protean shapes. The people of these remote regions bring with them, too, their peculiar diseases, which are here accumulated as though it were to offer facilities for their study. The wisest physician of ancient times, aware of the great diversity exhibited by the maladies of different climates and races of men, and of the impossibility of obtaining philosophical views of disease without being acquainted with these diversities, always finished their instruction by advising their students to travel into every part of the earth, to study these influences, and no physician was considered as fully accomplished, until he had spent a considerable portion of his life in this pilgrimage in quest of experience. Thus Hippocrates, Galen, Avicenna and most of the distinguished physicians of early times had travelled over a large portion of the world; and the expanded views, obtained by this kind of observation, served as the foundation of their immortal fame. Here all the diseases of every race, region and climate are brought together and assembled in the extensive hospitals of this city, which is thus constituted a huge museum, which we may contemplate the morbid productions of the world, and which, in a pleasant walk, an hour’s agreeable lounge, presents to our observation more forms of disease than could be seen in years of travel, involving the expense of thousands of dollars.

“Here an enlightened public encourages us to pursue our investigations into the nature and cause of diseases, by examining on the dead the traces and changes wrought during life; thus enabling us to correct or confirm the indications of symptoms, and to apply our remedies with a nicer adaptation to the relief of suffering. Here the anatomist has an unlimited opportunity of pursuing his researches, nor does ignorance or superstition here dare to invade his sanctuary, or dispute his progress on the path of science. Here those who desire to obtain more correct or general knowledge, by the study of comparative anatomy, will find at every step, animals whose curious structures court investigation, and richly compensate the inquisitive and industrious who will enter upon their careful examination. Here, too, all the kingdoms of nature offer, in endless array, their rich and beautiful treasures to the contemplation of the naturalist, and with a lavish hand the materials of knowledge are scattered around. How can man exist in apathy and indolence when thus surrounded by every natural influence that can develop or stimulate the spirit of enquiry; or how can we rest satisfied with our pitiful acquisitions, when science enables us to contemplate the boundless opulence of creation.

“But gentlemen, notwithstanding every advantage you may enjoy, the

acquisition of knowledge requires assiduous industry and necessarily induces lassitude and fatigue ; it is for the aspiring spirit to triumph over those feelings which subdue the weak ; it is only thus that that excellence can be obtained which makes ambition virtue. Our science is one which is exclusively based upon close and careful observation ; our positive knowledge is composed of facts alone, and these constitute the only legitimate foundation of theories and opinions.

“ Our duties, gentlemen, are mutual ; it is ours to aid, suggest and instruct, and in fact to smooth the path of learning ; but our efforts will be in vain unless actively seconded by your zealous co-operation. It is yours, therefore, to avail yourselves of the unlimited advantages which are here offered for the study of your profession. Yours, too, is the reward of industry or penalty of neglect, and it remains for you to decide whether your professional career is to be one of glory or shame.

“ Those who neglect these opportunities and fail to obtain a familiar knowledge of their profession, may perhaps find means to protect themselves against the penalties of the law, but there are penalties much heavier than those inflicted by our courts of justice, and we bear the executioner of these penalties in our own breasts, and cannot escape. From the very bottom of my heart I pity the man who enters upon the duties of his profession without adequate preparation. His career is necessarily one of anxiety, too often of remorse, and almost necessarily terminates in disappointment, if not in infamy.

“ Contrast now to this sad picture, the triumphs of success which await those who, availing themselves of every opportunity and means of obtaining a knowledge of their profession, go forth respected by all, to reap a rich harvest of reputation and satisfaction, and to see their names enrolled in the bright catalogues of those who have been regarded as benefactors of their kind, and ornaments of their country.”

PART FOURTH.

HEALTH OF THE CITY—TOGETHER WITH AUTHENTICATED REPORTS FROM THE NEW-ORLEANS HOSPITALS AND INFIRMARIES.

NEW-ORLEANS, JANUARY 1ST, 1845.

We congratulate our subscribers on the opening of the New Year, and hope they will unite their best efforts with ours, to render it memorable for the advancement of medical science in the South. We have commenced the work, and our beginning is most auspicious; the inducement is great, and the field is rich and inviting to the ambitious laborer. Let us, then, go on with renewed energy, and resolve not to be surpassed by our brethren in other parts of the world. Four hundred physicians inspired with proper ambition, and united in their efforts to accomplish a noble object, surely may do something of service to mankind, and worthy of perpetuating their memories. Considerable improvement is already perceptible; medical societies are kept up with spirit; physicians read more, and are induced to write essays and report cases, by having a Journal in their midst. The general standing of the profession will doubtless be elevated when the community perceive the vigorous efforts made to alleviate their sufferings; and ignorance, charlatanry and imposture will soon be consigned to the degradation they merit.

It is with pleasure that we announce the continued accession of subscribers; we wish every Southern physician to look upon this work as peculiarly his own, and to feel a personal interest in its success. We are but the humble instruments to collect and disseminate their observations, and the medium through which their efforts may be united for the general good. We are grateful for the indulgence extended to our own poor efforts, and can but renew the assurance of our continued exertions. About three-fourths of our Table of Contents is original matter. We should have been pleased to have presented a greater variety in our first part, but the length of some of the communications prevented it.

The conclusion of Dr. Monette's paper on Congestive Fever, gives us a view of his method of treatment, which is somewhat peculiar. Whatever objections may be made to it, we are pleased at his effort to dimi-

nish the abuse of calomel. Dr. Lewis's-paper was suggested by the circular of Dr. Drake, published in our first number, and, as we are informed, by a similar call made by a distinguished physician at the North. Commanding, as we are aware Dr. L. does, the respect and confidence of his medical brethren in Mobile, his historical sketch of Yellow Fever may be viewed as combining in a great degree, the observations of the profession in that place, on the subject. It thus becomes a valuable addition to the records of Southern Medicine. Dr. Spencer's and Dr. Guild's Surgical cases are well worthy of perusal. We must again admonish our contributors on the length of their communications. Let them be as brief as possible, and *to the point*. We have been expecting papers from certain quarters which have not yet come to hand. We hope gentlemen will not be backward in sending. The country is now healthy, and we hope physicians will improve their leisure time. We would direct attention to the circular of the Medical Department of the National Institute, and hope that something will be forwarded from the South in answer to the questions proposed.

Having employed a new, and an American printer, we have endeavored still farther to improve the appearance of the Journal, and hope in future to be punctual in coming out. A few days after the first of the month are required to prepare the observations and statistics of the previous period.

The slight delay of this number we hope will be compensated by the increased amount and interest of the matter.

HEALTH OF THE CITY.

Since the date of our last number the City has continued in the enjoyment of uninterrupted health. The diseases of the warm season disappeared with it, and though now in mid-winter, there is no disease prevailing worthy of notice. A few scattering cases of scarletina, pneumonia, and catarrh have occurred, but less than was ever known. If New Orleans is to continue as healthy as it has been throughout the past year, at least one half of its physicians ought to seek places where they can do better. There have been fewer accidents, and less surgery required than usual. Indeed we can congratulate our fellow-citizens on the general prevalence of good health; at the same time we would assure them that the Medical Faculty are making a good use of their leisure time in scientific discussion and study; and we hope they will be able to keep alive until they are again wanted. In the Hospitals there have been a few cases of Typhus Fever in persons recently arrived by sea, and from the country; but as far as we know, none have originated in the city. We had hoped to give in this number full annual reports from all the Hospitals, but find that in the private Infirmaries the diseases have not been designated; therefore reports from them would not be interesting. A better system has been adopted for the future. We give the annual report of the Charity Hospital, in which the admissions have been numerous; but as we have before remarked, this is no criterion of the public health under the existing management of the Hospital. Under the more careful system of observation now adopted, we hope soon to be able to compare the diseases and

mortality of New Orleans with other American and European cities. We may be permitted in this place to offer a remark on the subject of

WATERING THE CITY.

A plan has been submitted to the Council of the 2nd. Municipality, by Mr. Samuel J. Peters, for supplying this Municipality with water for the purpose of washing the streets, extinguishing fires, &c., which we think of great importance. The necessity of having a sufficiency of water at command, promptly to extinguish fire, is at once apparent to every owner of property, and needs no appeal from us; but the cleansing of the streets by which the city will be rendered more comfortable and salubrious, although certainly not of minor importance, is a *public duty*, and therefore liable to be neglected. From what we perceive, much labor is annually spent in cleansing the streets of New Orleans, but it is evident that up to the present period, adequate means have never been resorted to for the accomplishment of this object. The filth and offensiveness of our streets have become a *by-word and a reproach*. If this prolific source of disease were remedied, it is difficult to calculate the beneficial results upon the public health. We could not expect the *purlieus* of a crowded city to be healthy as the open air of the country; but if our streets were kept perfectly clean, New Orleans might possibly become almost as healthy as the residences along *the coast*, which are probably not excelled in this respect by any in the world. We will not attempt to discuss the feasibility of Mr. Peters's plan; it is to the important objects in view, that we wish to call attention. Let there be continued streams of water flowing along all the streets from the river back to the swamp, and from thence drained into the lake; and the effects upon the health of the city cannot fail to be most beneficial.

THE LOUISIANA MEDICAL COLLEGE.

The annual course of Lectures in this Institution, commenced on the 18th November. We attended several of the Introductories, and were pleased to find the Professors entering upon their respective labors with a spirit and energy, which evinced a just appreciation of the high responsibility that devolves upon them. The task of instructing the student, to whom is soon to be entrusted the lives and happiness of the community, is one of serious and vital importance. The period allowed for the course of medical studies, throughout our country, is far too short, and it should impress not only on the Professor, the necessity of digesting well every thing he propounds, but on the student the importance of husbanding well his time and applying himself diligently to his duties. From what we have as yet seen of our Medical College the present session, we are induced to believe that both parties are properly mindful of these things, and we sincerely wish them every success. The class numbers ninety-three, which is quite respectable, considering the infant state of the Institution, and its numerous competitors in the Mississippi Valley. At a day not distant, New-Orleans must become the seat of a great Medical School; and if the present Professors of the Louisiana Medical College should not be destined to establish it, they will at least, be entitled to the honour of having laboured zealously in the cause. Such has been the

germ and growth of all great enterprizes, and the pioneers who struggle with the first difficulties should share the glory of those who complete them. New-Orleans possesses all the elements and facilities requisite for medical instruction; these will soon be fully seen and appreciated; and hence we confidently venture the prediction we have made. We are in no manner concerned in the education of Medical Students, but feel a deep interest in the subject, for we know that upon this depends the future dignity of the Profession. Our eye is upon the *Profession at large*, and our office is to persuade those who reside within our sphere, to *cultivate* and *dignify* the calling they have chosen.

We have been so much pleased with the Introductory of Prof. Carpenter, that we have made room for a long extract, bearing upon *intellectual energy and labour in Southern latitudes*, which we think will be read with interest. It may be found in our 3d part. The Professors of this Medical College should by no means, confine their labours to the Lecture room—they should write, that the world may form a just estimate of their abilities. But one of them has yet appeared as an author, viz: Prof. Harrison; and it is with pride that we have witnessed in nearly all the American Journals, complimentary notices of his “*Essay towards a correct view of the Nervous System.*” With proper exertion, Dr. H. is certainly capable of doing both himself and his profession credit.

MEDICAL SOCIETIES OF NEW-ORLEANS.

It is with pride and great pleasure, that we are enabled to refer to the spirit and energy with which the medical societies of our city are conducted at the present time; for it affords the best evidence of the reformation that has taken place in the profession, within a recent period. Two years ago there was not a medical society in operation in the city of New-Orleans—there was no union among physicians; no combination of effort to elucidate the nature and causes of disease, or to aid and enlighten each other in the arduous business of practice. Save the formation of a few private intimacies, which admitted the occasional interchange of professional observations, each one pursued, isolated and alone, the tenor of his way, and nothing was added to the common fund of useful information. As is naturally the case, under such circumstances, ignoble jealousies and petty rivalries sprung up, altogether unworthy the dignity of the profession, and which vanish before the gaze of more public observation. The profession lost *caste* in the community, for want of a just criterion by which to distinguish true merit from audacious arrogance. Now, we have two medical societies in constant operation, comprising nearly all the respectable physicians of the city, and in accordance with the veritable adage, “*E collisione scintilla,*” an impulse has been given to medical investigation, and intellectual power will be developed.

It is our purpose, at present, to give only a brief notice of the organization of these societies; in future, we shall lay before our readers such items of interest as we may be permitted to extract from their archives and proceedings.

1st. *The Louisiana Medico-Chirurgical Society.*—This institution was incorporated by an act of the State Legislature, dated April 1st, 1843.

The names of twenty-four physicians are given in, the Act ; the Society having power to increase its members. The Society is composed of a President, Honorary, and Corresponding Members, and Assessors. None but licensed physicians and surgeons residing in New-Orleans, or Lafayette, can be resident members. Every licensed physician and surgeon in the State is, *de facto*, a corresponding member of this Society. Corresponding and honorary members may also be elected from other states and foreign countries. The Assessors may be chosen from among the ablest chemists and pharmacologists of this, and other states and countries. In consideration of the privileges of the charter, the Society is bound, whenever required by order of any court of justice, within the cities of New-Orleans or Lafayette, to make any toxicological examination wanted by such court, and to make a faithful report of the same in writing. The Society held its first meeting, and was organised, on the 13th of April, 1843—a constitution and by-laws were adopted, and the officers elected for one year, consisting of a president, two vice-presidents, two recording secretaries, four corresponding secretaries, a treasurer, and curator. The Society being composed of both French and English members, a larger number of officers than usual was required to combine the two languages. Dr. C. A. Luzenberg was unanimously chosen the first president, who, beside his other qualifications, is perfectly familiar with both languages, and has filled the chair with great satisfaction to the Society. During the first year (1843) the meetings were punctually attended, and the exercises conducted with the utmost harmony. Many able papers and discussions have been introduced ; some of which we have already laid before our readers. By means of the quick perception and versatile talents of the President, less difficulty has arisen from the use of two languages, than would be imagined ; whilst the members speaking each, have been improved by the intercourse.

On the first anniversary, (April, 1844,) a festive meeting of the Society was honored with the presence of the Governor of the State, and President of the Senate ; on which occasion, Dr. Thomas M. Logan delivered an eloquent address. The present officers are : President, C. A. Luzenberg ; Vice-Presidents, C. D. Valetti, and J. B. Slade ; Recording Secretaries, A. Mercier, and T. Peniston ; Corresponding Secretaries, J. F. Buegnot, T. M. Logan, J. Rhodes, and E. D. Fenner ; Treasurer, J. H. Lewis ; Curator, Dr. Puissan. The Society holds its meeting in the Senate Chamber of the Capitol, regularly, the first Wednesday of every month, and oftener when requisite. One good effect resulting from the organization of this Society is worthy of particular notice, i. e., the establishment of a friendly and social intercourse between some of the French and American physicians. Medicine is a science co-extensive with human suffering, and should be free from the baneful influences of either national or sectional prejudice. We mentioned in a previous number that the Medico-Chirurgical Society had been constituted by the General Council a Board of Health for the City of New-Orleans. The functions of this office have been duly performed, and the utmost vigilance over public hygiene will be constantly maintained.

THE PHYSICO-MEDICAL SOCIETY.

This institution was established many years since, and we are informed

was formerly kept up with much spirit; but from some cause it was suffered to languish, and for five years past its operations have been entirely suspended. It affords us much pleasure to announce the re-organization of the Society, and from the union and energy which seem to prevail in its councils, we are induced to anticipate the most auspicious results. We can assure the members of this Society that they have our best wishes for its success; and we trust it may soon become distinguished, as well for its *esprit du corps*, as for its valuable contributions to medical science. It was re-organized about the 1st December last, by the adoption of a new constitution, and the election of the following officers, viz: President, Dr. Thomas Hunt; Vice-Presidents, Drs. Picton and T. O. Meux; Corresponding Secretary, Dr. C. F. Snowden; Recording Secretary, Dr. A. F. Axson; Treasurer, Dr. G. W. Campbell; Curator, Dr. W. W. King.

The Society holds its meetings at the Medical College, on the first and third Saturdays of every month, from December till May; afterwards once a month. The exercises we think admirably arranged, being somewhat in the following order, viz: 1st. an essay on some subject in medicine, or natural philosophy; 2d. a set question is discussed; 3d. each member is called on for observations on the diseases of the day. Several interesting meetings have already been held, the last of which we had the pleasure of attending. The meeting was large, consisting, besides the regular members, of the medical class, and other invited guests. The report of the proceedings of the previous meeting, was admirably drawn up by the Secretary, and its reading listened to by us with interest. Dr. Carpenter then read a paper on the anatomy of the "*Ophisaurus*," or Glass-snake, or joint-snake, accompanied by diagrams, which gave an excellent illustration of the mechanism of this curious reptile. The paper called forth various remarks and inquires, which resulted in the satisfactory explanation of almost every thing relating to the subject. A discussion was then introduced by Dr. Stone, "on the pathology and treatment of wounded arteries." The question was, whether, in such cases, the artery was obliterated by means of adhesive inflammation, or the organization of a clot? Dr. S. maintained the latter opinion, and cited in support of it several facts that had fallen under his own observation.

None of the members had any thing of importance to communicate in regard to the prevailing diseases; there being such a general dearth of sickness. Dr. R. M. Graham has been elected anniversary orator. If the interest and attention now displayed by the members of the society be kept up, the results cannot fail to be most gratifying. We hope to see a lofty and laudable emulation spring up, not alone between the medical societies of New-Orleans, but those of Mobile and Natchez too. Let us endeavor to fling a charm into the pursuit of medical science that shall inspire us with ambition. No ambition that ever absorbed the soul of man can be more pure than that which impels the self-sacrificing and philanthropic physician to immolate himself on the altar of human affliction. Although he be denied his meed of honor, gratitude and wealth, still whilst treading the dreary and polluted paths of disease and death, and ministering to the relief of human suffering, he will carry in his own bosom a richer gratification.

We will conclude our notice of the New-Orleans Medical Societies by expressing the hope that we may be permitted to select from their archives such matter as we think will be interesting to our readers; and thus be the means of making their merits known to the world.

DR. McDOWELL, OF LOUISVILLE.

This gentleman, the author of a late work on Consumption, has been in our city for some days. Dr. McDowell's views of the pathology and treatment of phthisis pulmonalis, if not original, are at least somewhat unique, and we are inclined to believe possess considerable merit. He has formed a pretty general acquaintance with the physicians of this city, and has been induced by the interest expressed in the subject, to deliver a few lectures illustrative of his peculiar views. His work entitled, "A Demonstration of the curability of Pulmonary Consumption in all its stages," has been before the public for more than twelve months, and has been the means of inducing a good many invalids to visit the Doctor at his residence in Louisville—with what benefit, it is for them to say. We regret to see that an acrimonious controversy has sprung up between this gentleman and the Editors of the "Western Journal of Medicine and Surgery." We hope it is now terminated, as it is not calculated to reflect credit, either upon the *parties*, or the Profession. Doctors *may* differ, but *should not quarrel!*

PUBLIC SCHOOLS OF NEW-ORLEANS—LYCEUM, AND LIBRARY.

We deem it fairly within our province as the organ of the Medical Profession in this region. and as humble though zealous laborers in the the great objects of *public health, public morals, and scientific improvement*, to offer a few remarks on the system of public instruction in the city of New-Orleans. This we do with the greater cheerfulness, on account of the growing importance of the public schools in the eyes of the community, and from a recent movement in regard to them, the influence which we believe they are destined to exert upon the future state of society in our city. It has become a *settled maxim*, founded in philosophy, and verified by the records of history, that no nation is qualified either to enjoy or preserve liberty, unless it be enlightened; hence public instruction and a general diffusion of knowledge among the people, have ever been considered by our Legislators, objects of paramount importance. Ample resources have been provided by Government for the accomplishment of these objects in the United States, but the people themselves have not formed a just appreciation of their nature; they have entertained wrong views of the whole subject. A foolish pride and silly fastidiousness have induced persons of wealth and influence in society, to withhold their countenance and aid from the great enterprize, under the false though liberal impression that the aid of government should be left entirely for the benefit of the poor. We will not here attempt to expose the fallacy of such an impression, but proceed to declare the gratification we enjoy at perceiving that the citizens of New-Orleans have at length arrived at a

proper view of the matter. They now perceive that a *large fund* derived from their pockets by taxation, and wisely intended for the education of the rising generation, to be properly applied, must command their serious attention and united influence. The School Fund provided by the State, and City of New-Orleans, is amply sufficient to procure the services of the best teachers; and the great object of solicitude to parents, indeed, *the great duty of their lives*, the education of their children, is placed within the power of every one who will embrace the means. It is only within the last three years that the subject has commanded in this city the attention it deserves; and it is due to the liberal and enterprising magistrates who have had charge of our municipal government during that period, to say that they have established a system of public instruction which will shed a lasting benefit on the community, and a lustre on their own memories. New Orleans has never been renowned for its fine schools. Private seminaries were to be found all over the city, where the children of the immediate neighborhood were taught at heavy expense, the rudiments of knowledge; but their disjointed and isolated nature totally precluded the influence of that great and indispensable impulse to all enterprise, *public opinion, and public observation*. It has been the custom here to send children off to be educated, as soon as they are old enough to be entrusted away from their parents. Such was our condition when the councils of the different Municipalities established the present system. The course of studies laid down is most excellent, and sufficiently full to qualify youths for any station in American society.

The discipline of these schools is most excellent; the pupils appear to *learn well*, what they do learn, and their studies and recreations are so arranged as not to *force* their minds at the expense of their physical constitutions. We cannot speak too highly of the introduction of vocal music as a regular study. Half an hour each day is devoted to this exercise; and the medical philosopher could not fail to admire the expansion of the lungs, and play of feeling, attending a spirited chorus of two or three hundred children, while singing a patriotic air. Their school hours, too, are not too long, as is the case in many places, and yet we think amply sufficient, viz: from 9 to half past 2 o'clock, and but one session in the day. The effects of too much study are forcibly illustrated by the Editor of the Boston Medical and Surgical Journal, in one of his late numbers on the subject of "*School hours in Boston*." The article may be found in our Periscope, page 345, and we refer the New Orleans reader to it, as well for the sake of its good sense, as to show that in *one instance* at least, we are not in arrear of our shrewd and enlightened northern brethren. We now have in all our Public Schools about 3000 pupils, from every rank of society, and every patriotic citizen begins to be conscious that they are the *chief glory* of our city. There is now no necessity for sending our children abroad to be educated, since it can be done at home *free of any special charge*, and in a manner at least equal to any place in the Union. Each of the three municipalities have their Schools under their own management. We are more familiar with those of the 2nd, but we understand the others are maintained with much spirit.

We thought it proper to give this slight sketch of our Public Schools

before coming to a particular and important movement connected with them, to which we wish to call attention. It is the establishment in the 2nd. Municipality of a PUBLIC SCHOOL LIBRARY AND LYCEUM. A proposition and well devised plan for the accomplishment of this object has recently been laid before the Council by one of our most talented and influential citizens, Mr. Samuel J Peters; and we are happy to say that it has met in all quarters, the favor and consideration it merits. The outlines of the plan are the following.

The Library and Lyceum are to belong exclusively to the Public Schools of the Second Municipality, and the chief reliance for their establishment is upon the voluntary contributions of the scholars. By paying 25 cents per month, or \$3 per annum for three years, or \$9 at once, the scholar is entitled to membership for life.

No persons are entitled to be life members except scholars, who have been in regular attendance for the last six months.

As soon as the sum of \$10,000 is raised, the Council are to furnish a suitable room for the Library.

When the sum of \$15,000 is raised, the Council are to furnish a lot with a suitable building.

When \$10,000 shall have been invested in books, maps, charts, &c., one half the annual income afterwards, is to be applied to the purchase of various philosophical apparatus. The Council of the Municipality are to hold every thing belonging to the establishment in trust. The Mayor, Recorder and Aldermen to be *ex-officio* members; and all the teachers of the public schools to be honorary members. No debt is ever to be incurred by the Institution.

Able Professors are to be employed to lecture on Astronomy, Geology, Chemistry, Natural and Moral Philosophy, Navigation, Engineering, &c., during eight months in the year.

The Lecture rooms are never to be used for the discussion of politics or religion. Mr. Peters in his accompanying remarks, estimates that there are in the public schools of the Second Municipality about 1500 scholars—that of three-fourths will probably subscribe, and there will be in the treasury at the end of the second year, at least \$10,000; the whole of which is to be invested in books.

Such is a brief outline of this philanthropic and feasible scheme; it was adopted by the Council without opposition, and is already in the full tide of successful experiment. We are informed that a large number of scholars are paying up their monthly contributions, and some the full amount at once. It has attracted general attention and commendation, of which we cannot give better evidence than to mention that one generous benefactor, (name unknown,) has sent to the Treasurer the liberal amount of *one thousand dollars*, in aid of the object. We doubt not, much more will be received from similar sources, for surely no better opportunity could be presented for the display of benevolence and liberality. When we contemplate the beneficial influences which this great *project* may exert upon the moral sense and intellectual condition of the citizens of New-Orleans, we confess we are filled with the most cheering anticipations.

Something of the kind has been *so long*, and *so much* wanted, that we

ners and customs of this luxurious city. The theatre and concert, the bar-room and card-table, will be abandoned for the halls of science; and folly and sensuality will no longer usurp the domain of reason and philosophy. The Emporium of Southern Commerce may become the *Emporium of Letters*, also; and Science and Literature resume their abode in *the clime that gave them birth*. These fond anticipations may be the offspring of a rather exuberant fancy, but it is pleasing to indulge them though they never be realized. We are in the habit of complaining in New-Orleans of being so completely overwhelmed by the immense concourse of strangers who visit our city during the winter, as to be almost lost in the general *melée* of business; yet, we find that this host of strangers is with great facility drawn into the current of our dissipations and fashionable amusements. The play, the opera, the *soirée*, and the masquerade, are sought after with avidity; and why might we not as easily direct the popular current to the lecture-room? These amusements are only calculated for the young, the idle, the extravagant and those who have never known the pleasures of scientific pursuits. They are prompted by the impulses of nature, in the season of youth, and should not be wholly repressed; yet they should be so guarded and tempered as not to *engross the attention*, or divert the mind from pleasures equally interesting, and far more useful, and enduring in their nature. To encourage learning and the love of knowledge, requires the countenance and patronage of the most influential members of society; those who have arrived at mature age, and have settled principles; the moral and religious, the wealthy; and, particularly, the gentler sex, whose destiny is identified with the refinement and improvement of the age. Whenever these potent influences can be combined, and brought to bear on the great cause of moral and intellectual improvement, we shall witness a change in the society of New-Orleans, that will redound greatly to its glory and honor.

This scheme for the erection of a Public Library and Lyceum, emanating from our city government, and founded on the acknowledged wants and wishes of *the People*, we trust is the beginning of this *much desired result*. Let it rise, a monument of the wisdom and philanthropy that gave it birth. Let it command our united efforts to extend its beneficent influences throughout our city; and in the lapse of revolving years, when *we* shall have returned to the dust whence we sprang, coming generations shall bless and venerate our memories.

We might readily expatiate on the interesting theme, but neither the occasion nor our limits would justify it. Being so favorably impressed in a *hygienic point of view*, with the mental and physical discipline of these schools, and so deeply interested in the success of this *purely republican* enterprise, we could not withhold the expression of our humble admiration. In respect to ruddy health, cheerful spirits, and mental progress, we doubt whether any city of like population can produce 3000 children, between the ages of five and seventeen years, in public schools, superior to those of New-Orleans.

HOSPITAL REPORTS.

We are not yet prepared to give as minute statistics as we desire, from all the Hospitals of the city. The *Maison de Santé*, and Circus Street Infirmary have not kept as accurate note of their cases during the year as would render them interesting abroad, and we therefore omit reports from them. The business year of the Marine Hospital expires in May, and we defer an annual report until that period. In our next number we hope to give some reports of cases from all these Hospitals.

THE NEW U. S. MARINE HOSPITAL.

We are pleased to perceive that this extensive and beautiful building, situated on the opposite bank of the river, is now in progress of completion. It was commenced some six or seven years since, on a magnificent scale; but the work only proceeded to the erection of the walls, when it was suspended. Appropriations have recently been made by Congress, and we understand the Hospital is to be completed as soon as possible. In the meantime, the American sailor at this place is most comfortably provided, and well attended to, under the care of the present Surgeon, Dr. C. A. Luzenberg.

CHARITY HOSPITAL.

At the semi-annual election of Physicians and Surgeons to this Hospital, in November last, the wards were placed mainly in charge of the Professors of the Louisiana Medical College. As we have before remarked, this is as it should be. The only Medical College should surely have command of every facility for giving instructions during their course of lectures. We must repeat the opinion, however, that at other times the service of this large hospital should not be confined to the hands of a small number of physicians. It is a professional charity, and whatever advantages appertain to it, should be extended as far as is consistent with propriety. Indeed we should like to see a *concours* adopted, at which the candidate for services, would be required to substantiate their pretensions by means of essays, or discussions on medical subjects.

There is one subject to which we would direct the attention of the Board, i. e. the physicians should be more prompt in marking on the tickets the diagnosis of diseases. The clerk is often caused much inconvenience and delay from neglect of this requirement.

SURGICAL WARDS.

This department of the Charity Hospital has been consigned to the care of Drs. Harrison and Stone, since the commencement of the lectures in the Medical College of Louisiana. Although a great variety of cases have been admitted into the surgical wards, yet but few of them have been of any particular interest; fewer still called for the use of the knife. We are seldom called upon, now-a-days, to witness any capital operations, although a few years since, they were performed almost daily. Is this to be ascribed to an improvement in our therapeutics, or to accident? Such, however, is the fact. Dr. Harrison has operated, twice, we believe, for *fistula in ano*, in the usual manner, and with success. Dr. Stone has received and treated several surgical cases in his ward; some of the most interesting of which we shall report briefly. Before, however, we com-

nence these reports, we shall enumerate a few of the most important surgical diseases admitted for treatment. Passing over a great variety of ophthalmic diseases; such as gonorrhœal ophthalmia, cornetis, ending in ulceration, sclerotitis, cataract, and in fact, every form of eye disease, we shall speak first of a case of *compound fracture of both legs*, for the reduction of which the house surgeon, Dr. Weidersrandt, found it necessary to saw off about an inch of the upper end of the right tibia. The reduction was then easily effected, and the two fragments maintained in apposition. Notwithstanding the bad constitution of the subject, and the profuse flow of pus from the two wounds for several days, yet under a judicious course of tonic treatment and nutritious diet, aided by the usual dressings, the wounds soon began to granulate and cicatrize, and the bones to unite. The patient is in a fair way to recover, with very slight, if any, deformity. This case should encourage the young surgeon to trust a great deal to nature, and to bear in mind that as a man is not a crab, and cannot re-produce a limb when lost, he should be careful not to sacrifice them without a cause.

The next was a case of *Section of the Tendo-Achillis*. The patient a stout, athletic man, struck his left leg violently against the sharp edge of a broken pot, and divided the tendon. The tendon promptly retracted and the belly of the gastrocnemius was rendered much more prominent than natural. A splint was applied by Dr. Stone, in front of the instep, which kept the foot extended, and at the same time, a compressive bandage over the leg, and thus the ends of the divided tendon were approximated. But in a few days the leg was attacked with diffuse inflammation, extending up the sheath of the muscle, where pus was formed. This was discharged by puncture, and emollient cataplasms; since which time, the case has been improving.

CASE III. *Cut Throat*.—John Flinn aged 30, was admitted into Charity Hospital on the 9th of November, for a wound of the throat. On examination it was found that about 10 hours previously, while laboring under great distress of mind and mental aberration, occasioned by poverty and want of employment, he had made an attempt to commit suicide. The weapon he made use of was a razor which he had drawn across his throat, the wound was inflicted between the thyroid cartilage and the os hyoides, the superior laryngeal, and hyoid branches of the upper thyroid artery were divided on both sides, the os hyoides was entirely severed from the thyroid cartilage, and the glottis was separated with the exception of a small filament by which it was adherent on the right side, and the pharynx was cut through the portions above and below the wound, being kept together by part a quarter of an inch in breadth of the posterior wall. When admitted into the ward, all hemorrhage had ceased externally, the wound presented an opening frightful to behold, the cut extremities had retracted at least three inches, the patient was pale from loss of blood, all ingesta passed through the wound, he could only speak when the lips of the wound were brought in contact; a great quantity of bloody froth mixed with mucus issued from the wound whenever he attempted to articulate. In addition to the wound of the throat, five other punctured wounds were discovered, three into the abdomen, and two in the upper part of the epigastric region.

Treatment.—As the patient was cold and exhausted from loss of blood, a stimulating anema was ordered; a large warm poultice was applied to the abdomen over the wounds, and sinapisms were ordered to the extremities; the lips of the wound were brought into apposition by position, and the application of three satures, one in the middle, and the other two in the angles of the wound, and he was allowed portions of an orange to suck to allay from time to time the thirst and the dryness of the tongue and fauces.

Nov. 10th, he had spent a restless night, his pulse was small, quick and frequent, his breathing was very much oppressed, and the accumulation of frothy mucus, mixed with blood, in the larynx was so great that to avoid impending suffocation, the middle suture in the wound had to be divided to allow of the exit of said substance, and relieve his respiration. His countenance was blue, he had some pain in the chest, dullness of percussion under right clavicle. He was restless and agitated, he insisted on drinking frequently, but the liquid always passed through the wound, bringing on violent fits of coughing which, seemed to aggravate his condition. He gave us to understand that he longed for death to relieve him of his sufferings. In the evening a stomach tube was introduced through his mouth and about a pint of chicken broth pumped into his stomach, he bore the operation very well; but the first introduction of the tube brought on a violent fit of coughing which only lasted for about a minute. From this time until the 13th, there was nothing remarkable excepting that he gradually declined in strength, he was nourished twice daily by the stomach tube which he bore very well, also by nourishing enemata. At the morning visit on this day he was found greatly prostrated in strength his lips and the ends of his fingers were cyanosed, his skin was cold, and it was evident that he was rapidly approaching the period of his sufferings. Every thing was resorted to in the way of external and internal stimulation which his case would admit of, but all in vain. He continued to sink, and expired about 11 o'clock the same day.

Autopsy.—At the post mortem inspection, held 12 hours after death, the following appearances were noted. The three wounds of the abdomen had entered its cavity, which was filled with blood, that in the pelvis in a semi-coagulated condition; all the viscera had escaped, the blood appeared to have issued from the divided vessels of the walls. Nothing was remarkable about the viscera, save that the stomach was so contracted in diameter that it appeared the size of the duodenum; its walls were thickened to the extent of half an inch, its nucous lining was white and healthy, and contained a small quantity of the broth administered through the tube; the gall bladder presented a shrunken, oyster-like appearance, and was nearly empty, but the hepatic and ductus communis choledochus were filled with the same fluid, and distended almost to bursting.

The two wounds in the upper part of the epigastric region had entered one the right, the other the left pleura which were also filled with blood from the division of intercostal arteries; the superior lobe of the right lung was in a state of engorgement, the pericardium was firmly adherent to the heart throughout its entire surface, so much so that it required great force to break up the adhesions which did not however seem of recent formation. The wound of the throat was such as has been already described,

CASE IV.—*Strangulated Inguinal Hernia.—Operation.—Recovery.*—Edward Buckley an Irishman, aged 33, a laborer, about 5 feet 7 inches in height, rather stout, a free liver, suffered lately with intermittent fever; has for the last two years been troubled with a rupture on the right side. At the period of its first appearance, which was caused by over exertion, after suffering 24 hours, was relieved by the taxis, aided by the usual means of relaxation. On the 18th of November, when employed as a deck-hand on a steamboat, while wrestling with a comrade, was affected with a sudden protrusion of the intestines, (he had worn a truss for a short time after the first appearance of the hernia, but left it off, thinking himself secure without it;) it gave him little pain at the time, but on making an attempt to reduce the tumour he found it impossible. The next day he experienced the uneasy sensations of constipation, but could procure no evacuation; the swelling had increased, and was painful on pressure. He abandoned all further attempts at its reduction. He suffered from debility and loss of appetite, but no vomiting or pain in the abdomen; the tumour however, continued to grow larger and more painful, and he became very much alarmed at his situation. These symptoms continued gradually to progress until the period of his admission to the Hospital four days afterwards. The resident Surgeon, Dr. Weirstrandt, at the evening visit, remarked the following symptoms: the hernia was nearly the size of the double fist; it was tender and painful on pressure, he had had no evacuation for four days, the taxis he could barely endure; he had no vomiting, no tenderness of the abdomen nor sensibility; he complained only of pain in the tumour and at the seat of its stricture, and he was exceedingly alarmed and agitated on account of his condition. He was now bled, by order of Dr. W., *ad deliquium animi*, and put into a warm bath, where he remained nearly an hour, during which time unabated efforts were made to reduce the hernia by the taxis, but all in vain; no impression could be made upon it; it remained hard and was painful on pressure. When taken from the bath, a *tobacco enema* was administered, and the taxis again repeated, with no better success. Ice was now resorted to, and a large quantity was applied to the tumour and continued for several hours, but no diminution of the swelling was perceived; the application was, however, agreeable to him, for it allayed his pain; he passed a restless night. The next morning the taxis was renewed, but with similar results as before. His condition now was rather worse than the evening before, and it was plain that the chief hope of safety depended upon the operation to which he submitted cheerfully.

The bladder was emptied, and the integument upon the tumour and the surrounding parts prepared for the operation. The patient was placed upon his back, the shoulders raised, and the thighs placed towards the body to relax the abdominal muscles. The Surgeon, placing himself between the patient's thighs, he grasped the tumour with his left hand to put the integuments upon the stretch, and with a scalpel made an incision through the skin on the anterior part of the swelling, which was begun opposite the upper part of the external abdominal ring, and carried to the inferior part of the tumour. Besides skin and cellular substance, a branch of the external pudendal artery was divided, which caused some hemorrhage, but this was arrested by torsion; the fascia of the cord and the cremaster were

then exposed and the cellular tissue beneath cautiously cut through, which now exposed the hernial sac; this was found firmly adherent to the surrounding parts, by adhesions too, of no recent origin. Under these circumstances, it was thought better merely to divide the stricture without opening the sac and to make no attempt at the return of the intestine. This was accordingly done in the usual manner, the lips of the wound were approximated by sutures and a compress, and the patient ordered an anodyne.

On the following day his condition was much improved. Under the influence of a dose of oil an evacuation was produced, he expressed himself much better, he continued daily to improve, having regular passages from his bowels, water dressings merely were applied to the wound and attention paid to his position in bed, and to diet. The discharge of pus is quite healthy, and to all appearances, he is now in a fair way of recovery. For several days after the operation, the pulse varied from 100 to 120; and during this time, considerable œdema, accompanied with an erysipelatous blush of redness developed themselves around the wound, and extended to the scrotum, yet it did not seem to create a great deal of constitutional irritation. The abdomen continued flaccid and free from tenderness, the bowels were easily moved by enemata. On the 9th or 10th day, the sutures were removed, and notwithstanding the removal of this source of irritation, the inflammation in a few hours terminated in sloughing, and was not arrested until a considerable extent of surface, together with a part of what was supposed to be the old hernial sac, was exposed to view. By the prompt use internally of the sulphate of quinine, camphor, &c., with a nourishing diet, and lotions of chlorine to the affected part, the slough was cast off, and it was gratifying to witness in a few hours, the development of a healthy granulating surface. The wound of the patient is gradually closing; all swelling has disappeared, and his general condition warrants the assertion that the cure will be complete in a few more days. (Dec. 25.) Patient left his bed for a short time, without any untoward symptom; the parts about the mouth of the sac are much thickened, which seems to have had the effect of closing the ring; bowels regular and general appearance satisfactory. (Jan. 6th.) Patient up and dressed; says the only inconvenience he experiences is from a slight collection of flatus occasionally about the neck of the sac. H.

CASE V. *Necrosis of the Tibia.*—Baptiste Schoff, a German, aged seven years, entered the surgical wards of the Charity Hospital, October 15th, 1844, with an *ulcer* on the right leg. This ulcer was situated over the tibia, midway between the ankle and the knee, just over the front part of the bone. It was produced by a slight blow, and of five months' standing: it discharged an unhealthy looking pus, and the tissues surrounding the ulcer were tender, swollen, and of a dark reddish color. It proved a source of constant irritation and some pain, which evidently exercised an unhealthy influence over the constitution. It was dressed for some time with liquid chlorine, simple cerate, adhesive straps, and a roller; but the ulcer continued to spread, and showed no disposition to heal or granulate. It discharged fœtid matter, and developed considerable constitutional fever. A full diet, with wine was allowed him; nevertheless, from the constant drain, pain, &c., the boy lost his complexion, became anæmic,

and clearly manifested, by his looks and general appearance, that surgical aid was required.

Dr. Stone examined the ulcer, and satisfied himself that a sequestrum was encased in, and surrounded by the sound bone, which acted as a foreign body, in preventing the healing of the ulcer; this he determined to remove; accordingly, on the morning of the 20th November, he cut down, by a free incision, upon the bone and found a small process of sound bone embracing the sequestrum. With a small chisel and mallet, he removed a portion of the tibia, and thus was enabled to dislodge and extract the necrosed portion.

The sequestrum was over one inch in length, lamellated, and rough around its edges. A pledget of lint was laid in the wound, a bandage applied, and the boy put to bed. A full diet and wine, with an occasional anodyne, to allay the irritation and pain, were allowed him. The after-treatment consisted of chlorine lotions, adhesive straps, and a roller. His general health has continued to improve since the operation; in about ten days after the removal of the sequestrum, a small spicula of bone was abstracted, since which time the wound has improved. Now, (Jan. 6th,) the wound is gradually closing, and filling up with healthy granulations. It looks quite healthy; his constitution shows a marked improvement; the enlargement and swelling of the leg is disappearing, and we have no doubt that, in a short time, the limb will be useful, and his general health entirely re-established.

CASE VI.—*Fistula in Ano*.—W. S., aged 60 years, Irishman, entered surgical wards about the first of December, with a *fistula in ano*, of 17 years standing. His general health was good, with the exception of an occasional affection of the chest. These attacks were pleuritic, pneumonic, and sometimes of a more serious import, attended with pain, free expectoration, cough, &c.; but cups, revulsives and blisters usually relieved him. During the existence of these thoracic symptoms, the discharge from the *fistula* ceased, again to be re-established as free as ever, when the chest was relieved. If the chest symptoms were very violent, the fistula almost dried up, and so long as the anal affection was unchecked, the lungs remained sound. Yesterday, however, (Dec. 18th,) Dr. Stone divided with a bistoury, in the usual manner, the septum between the fistulous opening and the rectum. A piece of lint was thrust between the divided surfaces, and the patient ordered to be kept quiet. No untoward symptoms attended any stage of the operation.

REMARKS.—In this case, the fistulous discharge may be regarded as a sort of drain upon the constitution, which may serve as a *diverticulum* for the lungs; for the history of the case shows that as the discharge diminished, the lungs became affected; and when the former was established, the latter were relieved. It is to be feared that by curing the *fistula* we may arrest the salutary drain, and thus concentrate diseased action upon the lungs.—ED'RS.

CASE VII. *Operation for Cataract*.—On Saturday, Dec. 15th, Dr. Stone operated for cataract on a woman aged about 40 years. The left eye was totally and irrecoverably destroyed several years ago, since which time a cataract had been gradually forming in the right eye, and for some months past it had become so complete, that vision was entirely destroyed.

The cataract was very distinct, of a white opaque appearance, but the other parts of the eye and its appendages seemed perfectly healthy. Dr. Stone, in the presence of the Medical Class, proceeded to perform the operation of couching; which method he stated he preferred, not only on account of its simplicity, but also because it may be repeated almost any number of times; whereas, the operation of extraction can only be performed once, and we either make, or spoil an eye. With the speculum of Pellier the ball was fixed by Dr. Weirderstrandt; Dr. Stone then selected a straight needle, as recommended by Hey, and grasping it somewhat after the fashion of a writing-pen, with the handle of the instrument parallel to the patient's cheek, directed its point backwards; and penetrated at its external angle the coats of the eye, about two or three lines posterior to the iris.

With the point of the instrument, he then lacerated the anterior capsule of the lens, and afterwards pressed the lens itself downwards and backwards into the vitreous humour. The latter steps of the operation were attended with some difficulty, owing to some adhesions between the lens and neighboring structures; but this obstacle was finally overcome, and the axis of vision made perfectly clear. The patient was then ordered to bed, to be kept perfectly quiet, restricted to a low diet, and a pledget of lint dipped in cold water, was placed over the eye, which was thus kept closed. No untoward accident occurred, and on the third day after the operation, we examined the eye and found the cataract had not left the bed in which it had been placed by the couching needle. Ordered simple dressings of cold water, quietude, obscuration of chamber, low diet, &c.

Jan. 4th. Tremulous motion of iris; cataract has disappeared; considerable conjunctivitis; lachrymation; vision null, owing doubtless to some chronic disease of the optic globe, or to insensibility of the optic nerve. The cataract was, therefore, only a complication in this case.

MEDICAL WARDS.

A great variety of diseases, some of infrequent occurrence in this latitude, have been received for treatment in the medical department. The field for clinical instruction is most ample, and we are pleased to find the Professors of the College zealously engaged, three or four times during the week, in delivering clinical lectures to the medical class. Practical knowledge of this kind cannot be too highly appreciated, and we rejoice to see that this branch of a medical education is now no longer neglected in any part of our country.

From every part of the civilized world, we receive patients, bringing with them, as they sometimes do, the diseases of their own latitudes, modified by our own. In addition to this importation of disease, from a great variety of climates, &c., we have our own, which may be said to differ, in some respects, from all others. Such an array of disease must court investigation, and we accordingly find many of the physicians of the city almost daily in attendance, each watching the progress of particular diseases, and we notice that the practical knowledge of the stethoscope is cultivated with more than ordinary industry. Hence the diseases may expect it, when in full operation, to produce a revolution in the man-

of the chest, of which we have a great number, are studied with enthusiastic ardor; and it is doubtless on account of our better acquaintance than formerly with the benefits of auscultation and percussion, that we have found many cases of Phthisis Pulmonalis this winter, than, perhaps, on any former occasion. Each physician now walks the wards, stethoscope in hand, and when any chest-symptoms are suspected, the case is thoroughly examined, and the diagnosis written on the patient's ticket.

From present indications, we are disposed to anticipate better days for the profession in our city, and corresponding good for the public. May these days be near at hand! We can only make room for the following cases.

CASE I. Hepatic and Cerebral Abscess.*—On the 8th of October, 1844, Robert L****, aged 55, was admitted into the Charity Hospital, under the care of Dr. Rushton. This man had dark hair and eyes, a sanguine temperament, and had been for several years an habitual drinker. The following symptoms were observed: countenance sallow and shining; eyes dull and drowsy; face and head bathed in perspiration; tongue dry and red, marked with longitudinal and transverse fissures; partial deafness: great thirst, colliquative diarrhœa, which resisted the combined action of opium and the acetat. plumb. Abdomen greatly distended, equal in size to that of a woman's, at the full period of utero gestation. Percussion over the right hypochondrium elicited a dull sound, and a sense of fluctuation in the abdomen. His breathing was difficult and prolonged; the impulse of the heart feeble; the right hypochondrium was more prominent than the left; hence Dr. Rushton concluded that the liver was enlarged; but as the symptoms which usually characterize acute Hepatitis were absent, he diagnosed passive engorgement or congestion of the liver. Yet on a more thorough examination of the case, and taking into consideration the state of the tongue, the partial and profuse sweats, the obstinate diarrhœa, thirst, his sallow complexion, &c., Dr. R. suspected the existence of an abscess deep in the substance of the liver; but the most certain sign—fluctuation, being absent, this diagnosis was equivocal. During the last eight or ten days of his life, he had daily attacks of delirium, which became more prolonged as he approached the *dead-house*. His urine was alternately dark and clear; the ascites was removed by the use of diuretics, such as squills, digitalis, potash, juniper, spirits nitrous æther, &c. The excessive irritability of the stomach and bowels was allayed by the internal use of the camph. mist. and medicinal cyanhydric acid. He was seized with convulsions and expired.

Inspectio Cadaveris. Brain.—Subarachnoid effusion, and also considerable opacity, in patches, of this membrane. In the posterior part of the right middle lobe of the cerebrum, a circumscribed *abscess* was discovered; all the sinuses were loaded with blood; the lateral ventricles were filled with a pale coloured serum. **Lungs.**—These organs were healthy; heart tuffed with coagula, and loaded with adipose matter. **Liver** double its usual size and of a dark slate color. Cutting into the right lobe, which was buried under the ribs, to the depth of two inches, a large quantity of pus mixed with shreds of membrane, escaped from a cavity in the centre

* We are indebted to Dr. Rushton for the notes of this case.

of this organ, capable of holding about 32 oz. of fluid. As the matter was making its way towards the diaphragm, near which it was situated, it is highly probable that in the course of time, it must have been discharged into the cavity of the chest, and then been expectorated; but death put a period to the *vis medicatrix*. The gastric mucous membrane was injected in patches; but the intestinal mucous surface was unusually pale; the spleen was loaded with blood, easily lacerated, and three times its natural dimensions. Bladder empty.

REMARKS.—It is easy to perceive, by perusing the history of the above case, that nothing short of a post-mortem inspection could have revealed the true nature of the various lesions in this instance. In the first place, the ascites masked in a great measure the true condition of the abdominal viscera, especially the liver, an organ whose structural changes are not always characterised by those violent and obvious symptoms which mark the progress of organic disease in many other viscera, whether of the chest or abdomen. In the second place, the abscess was deeply seated in the substance of the liver, consequently extremely difficult to detect. But the main feature to which we would direct attention, in this case, is the existence of an abscess in the liver and brain at the same time; but we have no means of ascertaining which of the two is antecedent. Blows on the head will, it has been said, produce abscesses in the liver; on the contrary, may not injuries and certain diseases of the liver re-act *pathologically* upon the brain?—ED'RS.

CASE II. *Hypertrophy of Spleen*.—Joseph Jobbard, native of Missouri, aged 24 years, six months in New-Orleans; sick two months, entered Charity Hospital, November 4th, 1844, and died Nov. 5th. For several years he had resided on the banks of the upper Mississippi river, where he had a protracted intermittent fever. For the last six months he has lived in this city, and during this time he was treated in Charity Hospital for his old complaint, the intermittent fever. At the end of two or three weeks he was discharged better, but his chill returning, complicated with diarrhœa, he applied and was again admitted into the Hospital for treatment. He presented the appearance of one worn down by dissipation and disease, was very pale, flesh flabby and soft, frequent and feeble pulse, great thirst, diarrhœa, pain in abdomen, but no heat of skin or other evidences of fever. On applying the hand to the abdomen we were astonished to find this cavity filled with a large solid body. We could trace the outline of this body as far as the right crest of the ilium, near the pubis, and giving such a contour to the abdomen as usually characterizes a woman six months advanced in pregnancy. We soon however satisfied ourselves that this body was none other than a spleen of extraordinary size. His diarrhœa, ingrafted upon a system worn down from dissipation, together with his feeble pulse, cool skin and colder extremities, led us to order brandy and opium. He died during the night.

Next morning, the body was opened and a spleen of extraordinary dimensions occupied almost the entire abdomen. We made an accurate measurement of this organ, and we give the following items:

Length,	17 inches.
Circumference,	22 1-2 do.

Diameter in the thickest part,	}	5 1-2 inches.
Weight,			12 1-2 lbs.

It maintained its normal shape and outline; its structure was firm and more solid than in a physiological state; it was of a bright hepatic color, and bore a striking resemblance to ordinary healthy liver. Its growth must have been gradual; it had evidently long been the seat of a fluxionary movement, being perpetuated by repeated attacks of intermittent fever. It is clearly a case of hyper-nutrition, which was carried on at the expense of the general system; for his body was much emaciated, and all his other tissues, except the liver, were greatly attenuated; stomach small and contracted; liver of the usual size and healthy color, left lobe more in the left hypochondrium than usual. H.

DEATH OF DR. SAMUEL FORRY.

Whilst labouring for the advancement of science and the good of humanity, Dr. Forry was snatched from among us by the inexorable hand of death. He fell a victim to intellectual exertion, and expired in the 33d year of his life, to the regret of the whole medical profession, from Maine to Louisiana. In him, science has lost an able advocate and expounder, and mankind a friend and benefactor. He lived long enough to canonize his name, and to extinguish by his modest deportment, the envy which his eminent talents had, at first, inspired in the breast of his rivals. If *France* mourned over the death of the gifted Bichat, *America* will long remember the young Climatologist. Few men, in our country, have done so much at his age, and so well. As an author he was accurate, clear and practical; as an editor impartial, independent and indefatigable. His writings prove that he sought for facts; that he studied nature in all her various forms and under every variety of change. His mind was strongly biased in favor of the numerical method, it was eclectic; diligent in the collection of isolated facts, and powerful in combining those facts and deducting therefrom great and useful results. His career was too brilliant to be lasting, too short for the good of science. The grave often entombs the plans and speculations of genius,—

Vitæ summa brevis ~~spem~~ nos vetat inchoare longam.
Jam te premet *nox*, fabulæque Manes,
Et domus exilis Plutonia, —————

MORTALITY OF NEW-ORLEANS.

STATEMENT of deaths in New-Orleans for the half year commencing July 1st, and ending Dec. 31st, 1844; with a list of the diseases and accidents from which they occurred. Furnished by the Sextons of the different Cemeteries to the Board of Health:

Apoplexy,	16	Encephalitis,	16
Abscess of the Brain,	1	Enteritis,	53
" " Lumbar,	1	Empyema,	1
Asthma,	1	Fever Yellow,	148
Anasarca,	3	" Bilious Remittent,	31
Asphyxia,	5	" Congestive,	57
Abdominal Abscess,	1	" Pernicious Intermittent,	12
Aneurism of the heart,	3	" Malignant,	4
Ascites,	22	" Putrid,	3
Anemia,	3	" Inflammatory,	2
Accident not specified,	7	" Typhus,	3
Burn,	2	" Typhoid,	44
Bronchitis,	25	" Nervous,	4
Cerebral Congestion,	26	" Hectic,	2
Carcinoma,	1	" Puerperal,	1
Concussion of Brain,	1	Fistula in Ano,	1
" of Spine,	1	Fracture of Cranium,	3
Compression of " "	1	" of Femur,	1
Croup,	3	Gastro-Duodenitis,	7
Carditis,	2	Gastro-Hepatitis,	4
Cyanosis,	1	Gastro-Enteritis,	24
Colitis,	8	Gastro-Encephalitis,	3
Cancer Uteri,	3	Gastritis,	11
Cancer of Stomach,	3	Gangrene,	4
" of Nose,	1	Gangrene of Mouth,	1
" of Intestines,	1	" of Intestines,	3
" not specified,	3	Gout,	1
" of Breast,	1	Gunshot,	4
Cholera Infantum,	9	Hydrocephalus,	6
Cholera Morbus,	5	Hepatitis,	13
Constipation,	1	Hepatic Abscess,	4
Colica Pictonum,	1	Hydrothorax,	3
Contusion,	3	Hernia,	2
Contusion of Abdomen,	1	Hysteria,	1
Convulsions,	65	Hæmorrhage,	5
Cachexia,	1	Hypertrophy of the Heart,	6
Diarrhœa,	21	Icterus,	2
Dysentery,	72	Intemperance,	17
Dementia,	4	Insolation,	8
Disease of Liver,	7	Leprosy,	1
Delirium Tremens,	44	Laryngitis,	3
Disease of Heart,	8	Meningitis,	27
Dentition,	24	Morbus Coxarius,	1
Drowned,	13	Malformation,	1
Debility,	8	Metritis,	3
Dropsy,	11	Myelitis,	1
Endo-Carditis,	2	Marasmus,	11
Epilepsy,	7	Œdema of Lungs,	1
Erysipelas,	1	Œdema,	1
Emphysema of Lungs,	2	Old age,	11

Pericarditis,	1	Syphilis,	5
Pneumonia,,	19	Scrofula,	1
Poisoning,	2	Scorbutis,	1
Pleuro-Pneumonia,	6	Still Born,	77
Phthisis Pulmonalis,	186	Suicide,	4
Peritonitis,	7	Tympanitis,	2
Parturition,	7	Tabes Mesenterica,	1
Prolapsus uteri,	1	Tetanus,	13
Pertussis,	22	Trismus Nascent.	43
Paralysis,	3	Uterine Hemorrhage,	4
Pleuritis,	3	Umbilical “	1
Ramollissement Intest.	2	Ulcer,	6
“ Cerebral.	1	Ulceration of Stomach,	1
Rheumatism,	4	Unknown,	115
Rubeola,	10	Vernes,	4
Suffocative Catarrh,	1	Wound of the Heart,	1
Schirrus Vaginæ,	1	“ of Carot. Art.	1
Scarlatina,	4	“ of Throat,	1

Remarks.—The Board of Health has had much difficulty in furnishing the above statistics, and they are not so satisfactory as they desired. From long neglect of this part of their duties, the different Sextons could scarcely be forced to make their regular reports to the Board, as is required. In the above table there is an omission of the Report for November, from the Cypress Grove, one of the principal Cemeteries of the city. Otherwise, the statement gives all the deaths for the half year. The Board will use every effort in their power in future to enforce the performance of this part of the duties of Sextons; and we hope with success. The mortality as above shown, is certainly not very great for a city of the size of New-Orleans,

We scarcely have any hope of ever obtaining a correct account of the marriages and births; although these statistics would be so interesting and valuable.

TABLE,

Showing the Countries and States from which the patients admitted into the Charity Hospital during the year 1844, have come, and the number from each.

New-York,	262	Mississippi,	10	Prussia.	83	Austria,	7
Pennsylvania,	211	Dist Columbia	10	Sweeden,	61	Malta,	5
Louisiana,	113	Rhode Island,	9	Switzerland,	60	New Brunswick,	5
Ohio,	97	Delaware,	8	Unknown,	60	New Foundland,	4
Maryland,	80	Illinois,	7	Canada,	51	Peru,	3
Massachusetts	80	Alabama,	4	Italy,	50	East Indics,	3
Virginia,	85	Michigan,	1	Portugal,	47	Grecee,	2
Kentucky,	70	Arkansas,	1	Denmark,	47	Cuba,	2
Maine.	46	S. Carolina,	24	West Indies,	15	La Plata,	2
Tennessee,	31			Mexico,	14	Texas	2
N Carolina	29	FOREIGN COUNTRIES		Sicily,	14	Hayti,	2
New-Hampshire	28			Poland,	12	Canary Isles,	2
New-Jersey,	26	Ireland,	2317	Norway,	12	Persia,	2
Connecticut,	24	Germany,	667	Belgium,	11	Chilli,	1
Missouri,	22	France,	350	Nova Scotia,	10	Buenos Ayres,	1
Indiana	13	England,	346	Russia,	9	Sandwich Isles,	1
Vermont,	13	Scotland,	141	Holland,	8	Manilla,	1
Georgia,	12	Spain,	93	Sardinia,	7	Brazil,	1
Admitted from United States,						1316	
" " Foreign Countries,						4530	
Total,						5846	
Of which Louisiana furnished						113	

YEARLY REPORT of diseases at the New-Orleans Charity Hospital, for 1844.

DISEASES	Admit't'd	Disch'd	Die'd.	DISEASES	Admit't'd	Disch'd	Die'd
Anæmia,	8	7	4	Diabetes,	1	2	1
Amenorrhœa,	9	7	0	Dyspepsia,	25	23	0
Abscess,	50	56	1	Dislocation,	8	6	0
Amaurosis,	11	6	0	Dysuria,	3	4	0
Arthritis,	8	10	0	Diaphragmitis,	1	1	0
Ascites,	48	33	27	Enteralgia,	1	2	0
Asthma,	4	6	0	Elephantiasis,	0	1	0
Anasarca,	35	25	7	Erysipelas,	31	57	7
Arachnitis,	2	2	0	Erythema,	5	5	0
Aneurism,	3	1	0	Enterorrhœa,	1	1	0
Apoplexy,	4	0	4	Enteritis,	48	45	26
Burn,	10	8	0	Epilepsy,	12	10	2
Bronchitis,	100	112	13	Encephalitis,	6	4	2
Bruise,	6	4	0	Exostosis,	1	0	0
Blepharitis,	2	4	0	Eczema,	9	4	0
Baleno-Postitis,	1	1	0	Effusion on the Brain,	1	0	1
Colica,	11	16	0	Fistula,	15	14	1
Cholera Morbus,	2	2	1	Fever Intermittent,	1591	1561	6
Cerebritis,	11	7	5	" Typhoid,	92	84	58
Contusion,	202	173	2	" Remittent,	279	244	12
Cataract,	10	6	0	" Yellow.	150	86	83
Congestion of the brain,	24	12	17	" Simple,	10	7	2
Conjunctivitis,	29	32	0	" Gastric,	11	10	2
Congestion of the Lungs	2	2	0	" Inflammatory,	10	9	0
Cephalalgia,	17	17	1	" Biliary,	28	5	0
Catarrh,	40	28	11	" Congestive,	82	73	58
Constipation,	13	10	0	Fract. of Radius & Ulna	4	3	0
Colitis,	330	236	168	" of Phalanx	0	1	0
Cornitis,	20	21	0	" of Humerus,	11	12	0
Cystitis,	4	5	0	" of the Acromian			
Colica Pictonum,	15	13	0	process,	1	1	0
Concussion of the Brain,	9	2	6	" of Femur,	6	9	0
Carditis,	2	1	1	" of Patella,	2	3	0
Diarrhœa,	173	118	24	" Tibia aud Fibula,	14	15	0

DISEASES	Admit ^d	Disch ^d	DIED	DISEASES	Admit ^d	Disch ^d	DIED
Fract. Tibia and Fibula, Comp.	3	2	2	Pleuritis,	59	54	2
" of Ribs,	2	3	0	Phthisis Pulmonalis,	121	36	110
" of Cranium,	1	1	1	Peritonitis,	6	5	4
" of Inferior maxilla	8	7	0	Pneumonia,	113	74	35
" of Clavicle,	7	6	0	Palatitis,	1	1	0
" of the 1st meta-tarsal,	1	1	0	Poisoned,	2	1	0
" of Os Ilii,	0	0	1	Parotitis,	4	5	0
Gastro-Enteritis,	68	50	15	Psora,	4	3	0
Gastralgia,	24	23	0	Ptyalism,	15	11	0
Gastritis,	169	89	7	Paralysis,	16	9	4
Gravitas Uteri,	40	31	1	Pharyngitis,	1	1	0
Gastro-Duodenitis,	20	8	10	Pertussis,	2	1	0
Glossitis,	3	1	1	Pericarditis,	5	5	1
Hysteria,	2	3	0	Pemphigus,	2	1	0
Hæmaturia,	4	4	0	Prurigo,	4	5	0
Herpes,	1	2	0	Phlegmon,	10	7	0
Hydrothorax,	2	1	0	Prolapsus Uteri,	2	2	0
Hydrocele,	9	9	0	Pleurodynia,	5	4	0
Hernia,	9	10	1	Paronychia.	4	2	0
Hepatitis,	55	40	3	Plica Polonica,	1	1	0
Hypertrophy of Heart,	10	4	2	Rheumatism,	276	256	1
Hæmoptysis,	11	9	0	Rupture,	0	0	1
Hemorrhoids,	10	10	1	Rubeola,	3	3	0
Hypertrophy of Spine,	5	3	0	Sclerotitis,	1	1	0
Insanity,	5	4	0	Scirrhus,	2	1	3
Influenza,	6	4	6	Stricture of Urethra,	21	14	1
Icterus,	32	29	2	Sciatica,	4	8	0
Iritis,	8	9	0	Scarlatina,	1	2	0
Ileus,	1	1	0	Syphalis,	227	20	0
Injury of the Spleen,	3	3	1	Spasmodic Vomiting,	2	2	0
Impetigo,	2	2	0	Scald,	27	23	2
Leucorrhœa,	0	1	0	Sprain,	25	23	0
Laryngitis,	17	17	2	Scrofula,	4	4	0
Lumbago,	14	14	0	Scabies,	8	3	0
Lepra Vulgaris,	3	2	0	Scurvy,	8	8	2
Lichen Tropicus,	2	1	0	Splenitis,	6	7	0
Morsus Aranea,	1	1	0	Softening of the Brain.	1	0	1
Mania a Potu,	123	101	18	Softening of the spinal marrow	1	0	2
Meningitis,	3	2	0	Tetanus,	6	1	5
Menorrhagia,	1	1	0	Tonsillitis,	4	4	0
Marasmus,	1	0	3	Tympanitis,	2	0	1
Myelitis,	2	2	0	Ulcer.	27	263	2
Metritis,	7	6	2	Urticaria,	4	3	0
Neuralgia,	18	18	1	Variola,	1	6	1
Nephritis,	1	2	1	Varioloid,	3	2	1
Necrosis,	5	6	0	Vertigo,	1	3	0
Osteitis,	0	1	0	Wound Incised,	48	49	1
Obstruction of Liver,	7	10	0	" Gun-shot,	10	7	1
Œdema,	8	6	2	" Lacerated,	11	6	1
Orchitis,	21	17	0	" Contused,	5	3	0
Otitis,	8	3	0	" Punctured,	12	9	0
Ophthalmia,	30	22	0	" Cannon-shot.	1	0	1

RECAPITULATION.

MAIN BUILDING.			LUNATIC ASYLUM.		
Admitted.	Males,	5,055	Admitted,	Males,	203
"	Females,	791—5,846	"	Females,	79—282
Discharged,	Males,	4,373	Discharged,	Males,	153
"	Females,	686—5,059	"	Females,	56—209
Died,	Males,	623	Died,	Males,	35
"	Females,	90—713	"	Females,	14—49

Remaining, January 1st, 1845. Main Building, 383; Lunatic Asylum, 82—465.

Remarks.—In some instances, the number of discharges and deaths will exceed the

admissions, and *vice versa*. This proceeds from the patients having several diseases at the time of admission, and being discharged or dying of a different disease from that marked on entrance. They also, sometimes, contract new diseases in the Hospital, of which they die, or are cured. In noting any discrepancies that may appear, regard must also be had to the patients in the Hospital, at the beginning and end of the year.

ABSTRACT OF A METEOROLOGICAL JOURNAL FOR 1844.

By D. T. LILLIE, AT THE CITY OF NEW-ORLEANS

Lat. 29° 57', Lon. 90° 7' west of Greenwich.

1844. Months.	Thermometer.			Barometer.			RAINY DAYS.	PREVAILING WINDS.	force of winds RATIO 1 TO 10	QUANT. OF RAIN.	
	MAX. 0 tenths.	MIN. 0 tenths.	RANGE. 0 tenths.	MAX. 0 hund.	MIN. 0 hund.	RANGE. 0 hund.				INCHES.	THOUSANDS
January.	79.5	36.5	43.0	30.38	29.73	0.65	11	S. E.	2.4	4	966
February.	81.0	40.0	41.0	30.40	29.91	0.49	5	S. E.	2.4	0	879
March.	83.0	38.0	45.0	30.40	29.83	0.57	9	N. W.	3.0	3	031
April.	85.0	40.0	45.0	30.46	29.98	0.48	3	S. E.	2.5	1	797
May.	88.5	66.0	22.5	30.31	29.83	0.48	9	S. W.	2.7	4	867
June.	91.0	69.0	22.0	30.18	30.03	0.15	12	S.	2.3	5	789
July.	92.5	73.0	19.5	30.22	30.01	0.21	16	S. W.	2.2	9	801
August.	92.5	69.0	23.5	30.26	29.93	0.33	14	S. W.	2.4	5	199
September.	91.5	61.0	30.5	30.21	29.95	0.36	8	E.	2.5	1	080
October.	85.5	50.0	35.5	30.31	29.89	0.42	4	N. E.	2.5	2	180
November.	88.0	40.0	48.0	30.34	29.94	0.40	9	N.	2.2	3	754
December.	74.5	32.5	42.0	30.44	29.83	0.61	4	N.	2.4	1	077
Ann'l Mean.	86.0	51.2	34.8	30.33	29.90	0.43	107		2.5	44	420

Annual Range of Thermometer, 60 deg. 0 min.

Annual Range of Barometer, 00.73 hund.

REMARKS.—The Thermometer used for these observations is not attached to the Barometer, and is placed in a fair exposure. Hours of Observation, 8 A. M., 2 P. M., and 8 P. M.

The Barometer is located at an elevation of 28 feet above the level of the ocean, and is suspended clear of the wall of the building. The Rain Gage is graduated to the thousandth part of an inch, and the receiver of it is elevated 40 feet from the ground.

THE
NEW-ORLEANS MEDICAL JOURNAL,
DEVOTED TO
THE CULTIVATION OF MEDICINE,
AND THE
ASSOCIATE SCIENCES.

(BI-MONTHLY.)

ARRANGEMENT:

- PART I.—Original Communications, Cases, and Surgical Operations occurring in Private Practice.
PART II.—Periscope of Practical Medicine—or Spirit of the Medical Journals, Foreign and Domestic.
PART III.—Brief Notices of Recent Medical Literature.
PART IV.—Health of the City, with Reports from the New-Orleans Hospitals, &c.
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EDITED BY
ERASMUS D. FENNER, M. D.
AND
A. HESTER, M. D.

LATE ONE OF THE PHYSICIANS TO THE NEW-ORLEANS CHARITY HOSPITAL.

"Summum bonum Medicinæ sanitas."—GALEN.

VOL. I.—NO. V.
MARCH, 1845.

NEW-ORLEANS.
PRINTED BY WM. H. TOY, 50, CAMP ST.
1845.

TO CORRESPONDENTS.

Communications have been received from the following gentlemen, for our next number, viz: Prof. Thos. D. Mitchell of Lexington, Ky.; Dr. C. B. New of Rodney, Miss.; Dr. Edward Montgomery of Middleton, Miss.; Drs. Fair and Mabry of Selma, Ala.

We have received "Vital Chemistry—Lectures on Animal Heat." By Thomas Spencer, M. D., Prof. Institutes and Practical Medicine in the Medical Institute of Geneva College. From the author.

Also, Twenty-Fourth Annual Report of the Bloomingdale Asylum for the Insane, for the year 1844. From the author.

Through the kindness of our Professional friends, we have received the following Foreign Medical Journals, viz:

Annales de Chirurgie, Francaise et Etrangere, Sept., 1844.	Paris.
Archives Generales de Médecine.	" "
Bulletin General de Therapeutique Medicale et Chirurgicale,	"
Journal des Connaissances Medico-Chirurg.,	"
Gazette des Hopitaux,	"
Bulletin de l'Academie Royale de Médecine,	"
The Medico-Chirurgical Review,	London.
The London Lancet,	"

The following American Journals have been received in exchange, viz:

- The American Journal of the Medical Sciences, Philadelphia.
- The Medical Examiner, "
- The Bulletin of Medical Sciences, "
- The Select Medical Library, "
- The Boston Medical and Surgical Journal, Boston.
- The New York Journal of Medicine, New York.
- The Western Journal of Medicine and Surgery, Louisville, Ky.
- The Western Lancet, Cincinnati, O.
- The St. Louis Medical and Surgical Journal, St. Louis.
- The Illinois Medical and Surgical Journal, Chicago, Illinois.
- The Southern Medical and Surgical Journal, Augusta, Ga.
- The American Journal and Library of Dental Science, Baltimore.
- The American Journal of Insanity, Utica, New-York.

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NEW-ORLEANS MEDICAL JOURNAL.

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THE
NEW-ORLEANS MEDICAL JOURNAL.

No. V.

MARCH, 1845.

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MR. PRESIDENT AND GENTLEMEN,—The subject I have chosen for this evening's discourse is an inquiry into the origin, progress, and effects, of the late Epidemic Scarlet Fever.

My preliminary observations must of necessity be somewhat prolix, still I hope to satisfy all who hear me, that the opinions I advance, although they may not exactly accord with those of others on this interesting question, they are given in the spirit of candour, and unbiassed by prejudice. I here freely confess that I am open to conviction on the one hand—and on the other, I will not be presumptuous enough to say, that I have entirely steered clear of errors; at the same time, I must avow my determination not to yield, in the event of controversy, one inch from the position I have taken up, until fairly and honorably vanquished.

When I turn over the memorandums which I made immediately after my arrival from England, in the month of March, 1841, I find that my attention was drawn to the prevailing gloom and panic, which spread through the city, in consequence of the general agricultural distress, occasioned by a long continued drought, and I was informed that scarcely a refreshing shower had touched the earth for twelve months.

The losses occasioned by such a visitation may be easily imagined, and it is no chimaera to state that the result of this distress effected all classes of society. This calamity befel us at a time when we were least prepared to meet its effects; it came upon us when the whole Island was torn, as it were, asunder by political dissension; and there is no know-

ing where our misfortunes would have terminated, had it not, very Providentially for Jamaica, occurred that a new order of things was about to be established through the agency of an individual, whose name, and the advent of his coming, can never be forgotten; I am sure you all know that I allude to our late truly estimable Governor, Sir Charles Metcalfe, who by a tact peculiar to himself, soothed down all the asperities of party feeling, and the social chain of society was once more made whole.

At this period thousands of persons flocked to the city, which augmented the distress that pervaded the poor class of the population. The scanty allowance of food which these persons precariously obtained was barely sufficient to support life. Their food consisted of bad rice and rotten saltfish. Crowded together, as they were, in ill ventilated apartments, it requires no great stretch of the imagination to draw a correct picture of their condition.

I have already remarked, that at the time of my arrival the Island was suffering from continued dry weather. The fertile plains which lie at the feet of our gigantic mountains were burnt up, dry and withered—resembling a dreary desert, where not one green patch was to be seen—no oasis to cheer the heart of man.

Let us now examine the atmospherical phenomena which followed.

On reference to my meteorological tables, I find the weather in the month of April was *exceedingly dry and sultry, with a prevalence of strong Southerly wind; there was a peculiar atmospherical influence, which produced in many persons a very great lassitude, both of the body, and of the mind.*

The wind during the day blew strong, fierce, and spitefully fiery—blasting every sort of vegetation in its course over the land. The nights were oppressively hot, and drove from one's eye-lids the balmy influence of sleep. Towards the end of the month, the wind suddenly passed from the South to the North. This unexpected change induced many to believe it to be the harbinger of some refreshing showers; but the anticipation was not realized; the want of rain was universally felt—the clergy lifted up their prayers for it, and the congregations assembled in the many churches and chapels in all parts of the Island, responded to the call.

The beasts of the field perished in great numbers. The grass brought into the city was dry stubble, and sold at the exorbitant price of a shilling the bundle. In the month of May, I find the following remark in my diary: “The sun is nearly vertical; it will be vertical on the 11th. As yet we have not had a shower to moisten the famished earth since my arrival. *The air is intensely hot, and I have no doubt that the constitutions of two-thirds of the inhabitants are suffering a lesion in some of their functions.*

On the first day of June, early in the morning, the wind was variable, and the clouds were seen to seud at a rapid rate to the West. Squalls of rain succeeded, and continued, off and on, all day. At half-past four, we felt the shock of an earthquake.

The general delight this day's rain occasioned may be easily imagined. On the 2nd and 3rd, it rained incessantly, day and night—and so it did on the three following days. On the 7th it moderated towards sun-set, but there was heavy rain during the whole night. Very little electricity was observed.

A friend of mine wrote that he expected weather like this when the sun reached the solstice. Some such breaking up of the long drought was natural.

After the rain had subsided, the solar heat was very oppressive, particularly on the 11th and 12th. From the 20th to the 30th, it was dry, with regular sea breezes, day and night; occasionally there was a shower; much lightning and thunder at night; the mean height of the thermometer was 86, and rarely below 76. The temperature throughout the month of July was warmer; the mean maximum was 88; for a few days in some parts of the city, the mercury was as high as 92.

Some very heavy rain fell in August, particularly after the total eclipse of the moon on the 2d. The maximum of the thermometer was as in July.

Occasional daily showers watered the earth for eight successive days in September; little or no sea breeze and as little land wind, very little thunder and lightning. It is, as I have observed for several years, generally so in September.

From the 1st to the 16th of October, very little rain fell. The threatening lurid atmosphere on the 18th, prepared us to expect the usual periodic rain in this month; but we had none until the 27th, on which day it rained moderate showers. On the 28th, 29th, and 30th, the rain fell in torrents.

There was a singular and remarkable commotion in the clouds on the 21st, 22nd, and 23d, between 4 and 5 in the evening. Detached masses of cirri and cirro-stratus passed rapidly towards the North-west in the upper zenith—whilst mountains of cumuli and cumulo-stratus, moved in an opposite direction. The agitation and rapidity of the movements did not fail to arrest my attention. From this indication I prognosticated rain.

The weather throughout the month of November was very changeable.

The month of December gave us some refreshing rain. North and North-easterly winds prevailed. There were occasional squalls from the South-west.

Thus you have a tolerably accurate statement of the atmospherical phenomena for nine months. The vicissitudes of the weather were carefully noted at the time, from which you will be enabled to compare the remarks with those of preceding years, for the purpose of ascertaining what influence these causes had either in producing or fostering, this fearful epidemic, which prevailed nearly twelve months.

Before, however, we proceed to investigate this part of my subject, it will be my duty to inform you that, in the general acceptation of the term, the city is proverbially known to be very healthy during the prevalence of dry weather; it was remarkably so during the drought. The air is generally pure and dry, and the benefit of the trade wind is great indeed, and the inhabitants enjoy a fair proportion of health.

This observation holds good as regards other places, both in the West Indies, and in Africa, and likewise in the East, for in dry weather they never produce their peculiar diseases, even in some of our most unhealthy settlements. When the rains, or the wet season sets in, the scene is reversed; the air becomes impregnated with miasm, the offspring of certain bodies in a state of decomposition. The increased temperature of the atmosphere favoring the process, which may go on for a greater or

less space of time, or until other causes conduce to restore a healthy equilibrium. The hurricane of 1815, swept away a very fatal epidemic, which carried off many hundreds of the military.

If it be doubted what effects may be produced by sudden transitions from dry to wet weather, I need only to mention a remarkable instance of the diabolical revenge of the Arabs, when they think themselves injured by the Turks at Bassora. By breaking down the banks of the river near that city, they lay all its environs under water; after the water is nearly evaporated, the mud and other impurities corrupting, pollute the air to such a degree as to cause a most fatal fever in that city. This was the case when Mr. Ives was there not many years ago, who states that 14,000 souls perished, and of the Europeans settled there, only three escaped with life; a species of revenge the most horrible, and a dreadful example of the deadly effects of marshes and stagnant waters in hot climates. We ought to profit by these lessons.

It has been strongly contended by some parties that its origin was local; on the other hand many have as firmly maintained that it was imported. Another party, unable perhaps to reconcile themselves to either side of the question, at first asserted that it was not Scarlatina, and they held to this opinion, because they were supported by the assertions of some of the oldest practitioners in the Island, that scarlet fever had never appeared here, and that the disease in question, was a malignant sore throat.

A writer at the time positively advanced his belief that it was of sporadic origin, and goes on to support his opinion by the following remark: "There cannot be a doubt but that it was sporadic, *the production* of the long continued drought of nearly eighteen months, followed by abundant rains."

It is difficult to reconcile these contradictory opinions. It is very true that scarlet fever had not appeared in this Island as an epidemic disease, and the fact of its attacking some of the oldest inhabitants is of itself a strong argument against its being the production of "*the long continued drought, followed by abundant rains.*" Many respectable testimonials prove that this Island has often been visited by long continued droughts, which have always been followed by abundant rains, but no Epidemic scarlet fever succeeded.

The writer above alluded to, proceeds to state that "had the disease been introduced by the military, or by the emigrants, it would first have shown itself in the city of Kingston, in the vicinity where they were located."

With regard to the time when the disease first made its appearance, there is some discrepancy, but the most accurate information which I have been able to procure, induces me to state with confidence, that the first cases were observed late in 1840, or early in January, 1841, and that the first victim was the wife of Assistant Surgeon Murray, who died of scarlatina anginosa, in the month of January. At this time no one thought of scarlet fever; but, says the person from whom I obtained the particulars, "*it was indubitably scarlet fever.*"

The anonymous writer already alluded to, could not have suspected that this lady died at Fort Augusta, the military station where the troops landed. Besides this, we have traced many cases, that were then denominated sore

throat and fever, on the Western part of the harbour of Kingston, and onwards to a place called Passage-Fort—here it was ascertained that a Mr. Roden, an old and respectable inhabitant, was seized with it, and died; many other cases followed, and it then would appear to have attracted some attention, and was spoken of as a “mysterious visitation,” for it was traced to the dwellings of the poor, who suffered materially in consequence of their ignorance in the first place, and their inability to procure medical assistance in the second place. Now, this was a long time before the abundant rains came to quench the thirst of the over dry land; we must consequently look for a more convincing proof of its sporadic origin. In other countries, perhaps as in England, it is not uncommon for a sporadic case of rosalia to occur in a family without communication, and without affecting the surrounding children, although no pains may have been taken to keep them separate; while a few months, or a few weeks, or a few days, may not have elapsed ere it may be received from the house of a neighbour, merely through the accidental visit of some member of the family, whose sojourn may have been but a few minutes. In the one case, there was no predisposition in the habit of the parties to be, as it were, simultaneously affected; in the other, the altered state of the atmosphere may have been such as to render the human frame extremely susceptible to be affected. This is a fact well ascertained in regard to other diseases besides scarlet fever.

Of any specific miasm originating in the atmosphere, capable of producing scarlet fever, we have no proof whatever; but we have abundant proof of its issuing from the bodies of those who are suffering from its potent powers, and the morbid miasm thus produced, may contaminate the surrounding atmosphere.

Dr. Elliotson remarks on the subject of exposure, “I have been exposed to the scarlet fever often enough, but I never had it; though I have had small pox, measles, and whooping cough, and the rest of the diseases which people have. There are a great number of persons who never had scarlet fever. There is no very satisfactory way of accounting for this immunity.”

In the month of February it was distinctly traced to take the route towards Spanish-Town. I addressed a letter to a very intelligent gentleman residing in Spanish-Town; one of those gifted individuals who with unsparing labor searches after truth on all those subjects connected with natural history, philosophy and medicine—and a keener observer of the phenomena attendant on those sciences I have seldom seen—alike conspicuous as an elegant writer, as he is perseveringly zealous in all he undertakes. His illustrations of the ornithology of our Island are executed, with correctness of drawing, and stamped with the touch of the master-hand—the coloring and attitudes of the birds, are true to nature, and certainly the work deserves encouragement. It is in the course of publication. The letter just alluded to, states: “I must not omit to apprise you, that in consequence of the *peculiar electrical character of the atmosphere during the greater part of last year*, many strange effects were produced on the chick of birds during incubation. With pigeons, not alone with me, but with my neighbors, only one egg was hatched, and the bird when the heat of the year was at its highest range, general-

ly came forth strangely deformed ; the bills twisted like those of the cross-beak, and the bones of the legs and wings most horribly distorted—or I would rather say, contorted. If the effect was less than this, the feathers were all frizzled, so that the children distinguished the broods as ruffled pigeons.” “There was another curious fact noticed by me, and confirmed by the observation of others. *The Columbidae*, which like arboreal and unlike rasorial birds, *came forth from their shells with their eyes sealed.* They opened their eyes at three days, the usual period being five or six.”

Here is organization, in its progressive development, influenced by external causes, so that the eye became capable of vision in much less time than ordinary. This gentleman saw Mr. Roden during his illness, and his diagnosis was scarlatina anginosa. The opinion that it was an imported disease brought here by the children landed from the Transport, or by the families of the emigrants, met with much opposition, chiefly because it reflected upon the health officer, who had not been vigilant, and the authorities in the city of Kingston, who were supine in the extreme, as will be presently shown.

Very many cases appeared in Spanish-Town before the rain which we had in the month of June. In pursuing the inquiry into this fact, I ascertained from authentic sources, that the first cases were not witnessed in Spanish-Town, and that the disease existed some time before its true character was known to the faculty in that neighborhood, and that some mortality had taken place at Fort Augusta, Passage Fort, and Port Henderson. There is no gainsaying the fact, that the disease was some weeks in Spanish-Town before its true character was known. When it assailed the higher classes of society there was no mistake about the affair ; the true symptoms of the disease were so well marked, and so easily seen in the white patients, that the veil, which for some time had been concealing the disease in the brown and black patients, was now uplifted, and the disease spreading rapidly, its epidemic character was proclaimed.

In the month of May, I have already remarked, that up to the eleventh, we had not one refreshing shower to moisten the earth ; the air, as I also stated, was intensely hot, and I had no doubt that the constitutions of two-thirds of the inhabitants were suffering a lesion in some of their functions. Again, let us inquire into the facts connected with the peculiar electrical state of the atmosphere during the continuance of the epidemic, both before and after the rain in the month of June ; the external causes influenced the organization of inferior animals, and these causes also, as early as the month of April, as already stated, affected many persons, who complained of the peculiar influence under which they labored ; both the mind and the body suffered. The ravages committed by this epidemic in Spanish-Town, must, from the reports which have reached us, have been very great ; probably no authentic record has been kept. The greatest mortality occurred between the months of April and June. I believe very few cases, if any, were seen in this city before the month of July. Spanish-Town, then, for the most part, was entirely clear of it. You all know to what extent its contagious wings carried it. You also know what measures were adopted, in the eleventh hour, to prevent its further spread, and to arrest the great virulence of the disease, particularly among the poor. The measures which were adopted, you all know,

mainly contributed to arrest the progress of the scourge. I shall presently mention the name of the individual to whom this city owes this debt of gratitude; great numbers were, however, carried off before the sanitary measures I allude to were adopted; the alarm which prevailed over the minds of this part of our population was very great, and in many instances led to serious results—many, very many scarcely knew where to find a house of refuge. It did not quit the city until after the month of February, 1842.

In the latter end of the month of January, the disease raged with great virulence, when a public meeting of the faculty was convened, by his Honor the Mayor, at the suggestion of Doctor Henriques. At this meeting but few of the faculty attended, not more than eight; however, to their justice be it spoken, they were unanimous in the necessity for the adoption of prompt measures, and a cordial co-operation. The voice of the poor called aloud for relief; hundreds were destitute of the necessaries of life, and labouring under the disease in all its varied forms—death daily making sad havoc, and adding many to the church-yards already crowded.

The city was divided into eight districts; to each district a medical man was appointed, who attended the poor gratuitously, and the medicine requisite was also given to them. At the same time, to each of those who really had not the means of providing themselves and their children with the requisite nourishment, a sh.lli.g per diem was given, by an order from the medical man, on the treasurer appointed. The fund accumulated for this benevolent purpose, arose from the voluntary gifts of the inhabitants, collected for the most part by the clergy of the established church, whose laudable exertions upon the occasion were beyond all praise.

If there was any way of reconciling to our minds the impossibility of this disease being brought to our shores in the way alluded to, it would strengthen the belief in the doctrine of sporadic origin.

At the little Island of St. Helena the introduction of the scarlet fever is dreaded as a plague.

I believe no one questions the contagious and infectious nature of this disease. All writers, whether ancient or modern, agree on this point, consequently it will not require much power of argument to be convinced that this disease, like the small pox, may be brought to our shores by infected persons landing from ships. In some countries foreigners and natives are as differently affected by contagious disorders, as if they had been different animals; of which fact some instances have occurred in Chili, and according to Humboldt, even in Mexico.

Again: the Reverend J. Williams in his interesting work (*Narrative of the Missionary Enterprize in Polynesia*,) says, "it is certainly a fact, which cannot be controverted, that most of the diseases which have raged in the Islands during my residence there, have been introduced by ships. What renders this fact remarkable is, that there might be no appearance of disease among the crew of the ships which conveyed the destructive importation." I mention this fact to show how easily our health officer may have been deceived with regard to the importation of the scarlet fever, which until this occasion had not been met with. This statement is not so extraordinary as it at first appears, for there are several cases on record

of malignant diseases having broken out, although the parties themselves who were the cause, were not effected.

In the early part of the reign of George the Third, a prisoner who had been confined in a dungeon, was taken out, and put into a coach with four constables and carried before a magistrate, and although the man himself was not ill, the four constables died from a sort of putrid fever, but the contagion extended to no others.

A very able writer on this disease has remarked that cynanche tonsillar and cynanche maligna are species of rosalia. All have been produced by a specific contagion, which in one instance was imported into Dublin from England in a very curious and unsuspecting manner. I cannot well refrain from mentioning the fact, because it is both instructive and interesting. It was in a box containing some plumed puppet soldiers, which served to beguile the convalescent hours of a young family, and were sent by them as a present to their quondam playmates in that capitol. In a letter which this writer transmitted to his correspondent he states: "We have had no severe visitation of rosalia in this place (Dublin,) for upwards of ten years; in this as in other instances, I have traced the progress of contagion from England, and believe it loses nothing of its ferocity on the way. I think it may occasionally come from the continent."

It is not, I feel assured, necessary for me to multiply facts of this description. I could, if I was not afraid of committing a trespass upon your patience, add to my list in support of the possibility of scarlatina being carried from place to place, in the most secretly masked form, *and as thoroughly unsuspected as the case of the puppet soldiers.*

Let us recapitulate for a few minutes. The Apollo troop ship left England in November, 1840, and brought out troops to this station; there were many women and children; whether they had, or had not a quick passage, is of no consequence. The scarlet fever was prevailing to a great extent in England in November and December, 1840. I was in England at the time, and it is not difficult to believe that there was a possibility of some of the passengers *bringing out a little pandora's box*, which may not have been opened until the termination of the voyage, but had nevertheless lost nothing of its subtle qualities during the tossing about in the Bay of Biscay, or during the more quiet passage from Madeira to Jamaica. Where did the women and children go to after they left the ship? It is a question easily answered; to Fort Augusta, Passage-Fort, and Spanish-Town.

Some may have, as the writer formerly alluded to, landed in the vicinity of the city of Kingston, and these may not have been affected. Nay, let us for argument's sake say, that none were suspected to be so; it does not follow that they were not. Mrs. Murray mixed very little in society; how did she become affected? it is easily answered.

Let us now inquire how far the progress and duration of this epidemic may have been influenced by the condition of the atmosphere.

Although I may not succeed in convincing you what this condition of the atmosphere may have been, so as to have favored the spread of the disease, I yet think I may have it in my power to lay before you some facts, which will go far to uphold the hypothesis, that the connexion of

diseases with the changes of atmosphere, is not devoid of truth, although, perhaps, as yet our limited knowledge may not be able to account for the phenomena which produce all the effects we witness.

During the months of March and April, a strong Southerly wind prevailed. The nights, as I have already stated, were oppressively hot, in Kingston at least. Many persons in the city complained of lassitude, headache, and an intolerably disagreeable sensation of dryness of the skin. This was felt by persons in the higher ranks of society, and as well by those whose avocations compelled them to be moving about in the open air. Refreshment from sleep was rarely felt, in consequence of the warmth of the night air. The sea-breeze continued all night, which as has been stated, was strong and spitefully furious at times.

In May, such was the effect of the weather, from the air being intensely hot, that I could not doubt its effects on the human body; and although I suffered from no particular lesion, I felt very little desire for bodily exertion. If I draw your attention to the facts already mentioned, regarding the electrical state of the atmosphere during the greater part of the year, and the extraordinary effects that state produced on the chicks of birds during incubation, you cannot fail to acknowledge the organization in its progressive development was influenced solely by external causes. May not, therefore, the same causes which acted so powerfully on the inferior animals, have also affected mankind, and in some measure rendered the constitution susceptible to morbid changes?

That there was a peculiar state of the atmosphere in the month of October and November, which pre-disposed all animal and moist vegetable matter to undergo rapid change into decomposition many persons as well as myself remarked. Butcher's meat, particularly, became soon affected; fish would become so sooner than usual; and it was generally remarked, that in most of the patients who died, they became insufferably offensive a few hours after death. If it be maintained that these effects arose from extreme solar heat, the position will not hold good, because the very reverse was the fact. The maximum of the thermometer in these months was 86° , the usual mean temperature being 84° . The mercury only ascended to 92 in July, and only for a few days in the lower part of the city approaching due South towards the streets which run East and West. The mean temperature, however, in July and August was 88° , which is usual. The range during the day and night being between 76° and 88° .

Might not these causes mainly have contributed in rendering the disease epidemic, assisted primarily by the predisposing causes alluded to in the preliminary remarks of this discourse.

The greatest sufferers were the poorer class of inhabitants, who were badly clothed, badly fed, and in too many instances, crowded together in ill ventilated rooms on the ground floor.

In a disease characterized as this is acknowledged to be, as to its contagious and infectious qualities, it may be reasonable to state that the causes just mentioned, were sufficient to assist its progress, and heighten the virulence of its epidemic nature. There is no denying that it very soon became epidemic, even before the rains, and we also find that it had nearly expended its powers in Spanish-Town, before it arrived in Kingston, in July.

The total amount of cases visited by the medical gentlemen in the eight districts, during January and February, exceeded 1000.

From the returns which I obtained from the clergy resident in the city, the number of burials performed between the 1st of July and the 31st of December is as follows namely: By the clergy of the Established Church 409; by the Catholic clergy, 98; by the Clergy of Coke Wesleyan Society, 64; by the clergy of the Conference Wesleyans 360; by the clergy of the English, German and Portuguese Jews, 50; by the clergy of the Baptist Society, 276—in all 1257. This is a large per centage considering the population of the city.

It must, however, be taken into consideration that very many persons sought an asylum in the city, from the circumstances I have already mentioned.

In order to arrive at a correct opinion regarding the origin, progress and effects of this epidemic, I addressed letters to several professional gentlemen to whom I submitted the following queries:

Query 1. When did the scarlet fever appear in your district, and how long did it prevail?

Q. 2. Did it attack a great number of individuals at the same time?

Q. 3. Did affection of the tonsils and throat generally or partially attend the patients?

Q. 4. In what localities did the greatest number of cases occur?

Q. 5. Did the three forms of the disease prevail, or which was the most general form?

Q. 6. Was the spread of the disease extensive in your neighborhood?

Q. 7. What was the proportion of deaths to the number attacked?

Q. 8. What circumstances predisposed the patients to a fatal determination?

Q. 9. What was the ordinary duration of the disease?

Q. 10. What unusual symptoms occurred in your practice?

Q. 11. What was your mode of treating the disease?

Q. 12. Did any particular atmospherical phenomena precede or accompany the epidemic?

Before I lay before you the replies I received to these queries, I may as well give you my own observations on

THE TREATMENT.

There existed a great diversity of opinion, both as regards its origin and treatment, and some affirmed that patients who recovered from one attack, were seized with a second, and sometimes with a third, by fresh exposure. Although I cannot contradict such statements, I own that my experience does not enable me to place any confidence in such anomalies. I have heard calomel and quinine strongly advocated, and some practitioners extol the use of emetics for the cure of the disease, under the theory that the fever and the general symptoms were entirely the effect of erysipelatous inflammation of the throat. I cannot help thinking this theory to be wrong, and to lay it down as a general line of practice, extremely dangerous; the former because the disease frequently proceeds to a fatal termination without sore throat—the latter, because fever of an inflammatory type is attendant. I have heard general bleeding equally advocated. This I take to be equally dangerous when applied in a general sense, namely: to bleed in all cases.

The inflammatory symptoms are very often masked, and the nervous excitement may run so high as to lead the practitioners to rely upon the lancet. In some adult cases I witnessed the nervous excitement, and although there appeared unequivocal marks of inflammation, still, when I felt the pulse, and ascertained the total inability to muscular exertion, I consider bleeding to be contra-indicated. In one case after the application of a dozen leeches, I had some difficulty in preventing collapse; wine, with quinine in these instances is to be preferred.

Most of the patients which came under my treatment, admitted of gentle purgatives; sometimes a full dose of calomel, followed by castor oil, succeed well; so did the use of saline medicines rendered sudorific by antimonials, refrigerent gargles, and when the throat was ulcerated, the best and safest gargle was diluted chloride of soda. The pulse on the second day generally ranged in adults, between 110 and 120; the temperature of the skin between 100 and 104. In children the pulse was rapid and irregular, and their tongues resembled a bit of scarlet velvet; sometimes there was a great swelling and constriction of the throat at the onset; then I used leeches and evaporating lotions. Indeed I found that leeches might be used with great hope of benefit at an early period only. Cold sponging, and in some particular cases, warm sponging afforded very great comfort to the patients. One child was for six successive days placed in the tepid bath; after the first two days the child became very restless and fractious—this gave some alarm, but the immersion was persisted in, and sleep generally followed.

I witnessed one or two lives jeopardized from the extensive quantity of blood lost after the leeches were withdrawn. This is assuredly a peculiarity of the constitution. We ought to be extremely careful late in the disease, about the use of leeches. A very small quantity of blood more than requisite will produce irreparable mischief, for sometimes, as Magendie says, the blood may be so altered by disease, as to prevent its coagulability, and hence the tendency to ooze through the slightest aperture. I would by no means wish it to be understood that bleeding by leeches, is an unimportant remedy; on the contrary, the draining by leeches often produces the happiest effects.

To lower the temperature of the throat externally, by evaporation, appeared to me to be preferable to blisters, and much more grateful to patients. I never met with a clear demonstration of the usefulness of blisters in this disease.

I include in my remedial treatment, constant confinement to bed, and a careful and frequent examination of the temperature of the body. The idea of its importance may not accord with the views of many practitioners; but so persuaded am I of the utility of the external heat, which is often very great, that it engages my first attention. One remarkable fact, the thirst is generally assuaged by the simple operation of cold sponging the face, neck, and arms with iced water.

I dare say you all remember the orders which the Duke of Wellington found it requisite to give to his army, when undergoing the fatigue of long and forced marches in the campaign of the Peninsular War. Very often the troops were taken sick and fell in the rear; the cause was not known. At length a careful watch was kept, and then it was discovered that all the

men who indulged themselves in drinking large draughts of water from the rivers and springs, were the sufferers. Hence the promulgation of the order, "that no soldier should be permitted to drink, until he had first washed his face and hands." Any one who disobeyed this order was punished very summarily. The result proved that this simple precautionary measure enabled each man to drink without injury. The phenomenon is easily explained—the thirst was diminished by the obstruction of heat from the body, in consequence of the ablution.

It is right to be constantly on the watch; the tendency to collapse is very great; the strength must be preserved, and all unnecessary muscular exertion must be avoided; look at the throat often; in fact every symptom must be regarded. When the brain is affected, it is a test of diminished strength.

The tendency to debility in this epidemic was very great, in some cases the cold sponging produced a shudder almost amounting to convulsion. There was a state, too, which a partial observer would take to be plethora, and sometimes on the verge of collapse. This points out the necessity of cautious watchfulness in all we do.

Having thus explained the outline of my treatment, I will now ask if there is any one present who may have any questions to ask. But first I wish to inquire if any of you place any reliance on the prophylactic virtues of Belladonna, which, according to Doctor Dusterbourgh, has the power of rendering the constitution for a time insusceptible of the contagion of rosalia. When the scarlet fever was epidemic at Gutersloh, in the year 1820, the Doctor gave it to all the children, and to none whom he gave it did he find a single case, that took it for a week, attacked with the disease. It is also stated that every child that did not take it and was exposed to the contagion, had the scarlet fever. Perhaps these observations require general confirmation.

In England, in the year 1840, the scarlet fever was very general, and the virtues of belladonna did not seem to be depended upon by the faculty. It was mentioned, as I understand, to be a favorite remedy with Dr. Henriques, but as he has not given us the result of his experience, I am unable to say any more on the subject.*

In the worst forms of the disease, perhaps it may be admitted that they are in their nature but little curable, and sometimes ill understood. Certainly in some instances young persons have been carried off in two days' illness—an incredible short period—in cholera death has struck the victim in less time than this. We shall have arrived at some degree of perfection in the healing art, if we can by foresight, and judicious attention, mark every symptom, and try to arrest the more dangerous ones from taking place.

*NOTE—We make the following extract from a letter of the Author accompanying this communication, in regard to the remarks of our friends Drs. Logan and Woodcock, on the prophylactic virtues of Belladonna, to be found in our first and second numbers. "I am much pleased with Dr. Logan's remarks on the virtues of Belladonna, the prophylactic powers of which seem to be fairly proved by Dr. Woodcock—such testimony as this, I regret not receiving sooner; because although it was stated by an able practitioner in this city, to possess such virtues, it was for the most part entirely discarded during the prevalence of the most fearful Epidemic Scarlet Fever in this Island not long ago."—ED'RS.

The great loss of life which took place in this epidemic may be ascribed for the most part to the causes I have laid down; I may be wrong, but the facts appear to be so strong that for want of others more convincing, I must be satisfied.

I will now read the replies to the queries. I have selected the answers of a very intelligent practitioner, whose ingenuous and prompt explanation of facts does him infinite credit, and I hereby acknowledge my sense of obligation to him.

Reply to Q. no. 1. "I first saw the disease in the month of *May last*, although I heard of deaths occurring previously from what was vulgarly called "*putrid sore throat*;" still as I had not met with a case, I am unable to say whether it was scarlatina or not, but from all I have heard of those deaths, I should not hesitate in saying they were; it has lasted up to the present time, March 4th, 1842, with occasional intermissions."

Now, Mr. President and gentlemen, you will perceive that the disease was not consequent on the abundant rains which followed the long and continued drought.

Reply 2. "Yes, it did attack many individuals at the same time, in almost every house it appeared, and every inmate was simultaneously affected; in others only one or two."

Reply 3. "Affection of the tonsils and throat almost invariably attended the disease, varying in the severity considerably."

Reply 4. "I should say (if any difference could be defined,) that the low swampy districts of this town immediately about the suburbs, suffered the most."

Reply 5. "The disease prevailed here in all its forms, but the general one was scarlatina anginosa."

Reply 6. "I should say that nearly one-fifth of the inhabitants of this town suffered from it. *It was slow in its progress at first, and I believe much doubt existed in the minds of the profession here, as to what the disease really was.* The first cases I saw, my mind was fully convinced as to its nature and character; *but on mentioning my opinion to other medical men, I found they differed from me. I mentioned my views to Mr. Hill, but was delicate in giving them publicity, from a fear of alarming the whole town; and it was not until the disease had made sad havoc, that I found the other practitioners yielding to my opinion.* I should say that in the months of July and August, the disease was at its height, as I find on reference to my lists, that in those months I had an average number of cases of about fifty-two daily, while the previous and subsequent months only rated about thirty."

Gentlemen, I must read this reply again; first, because it confirms my statement relative to the discordance of opinion as to the disease; secondly, because the medical men seem to have been very delicate, and extremely fastidious about alarming the inhabitants rather than investigating the true features of the enemy which had entered the town, and was committing such havoc; thirdly, because this question is a death-blow to the opinion of the writer who maintained it was sporadic; and fourthly, as to its progress—*it was like all epidemics, slow at first, then rapid and malignant*; and it afterwards left one locality for another.

Reply 7. "In my practice I have had under my care 537 cases of scarlatina; the number of deaths thirteen in all."

Reply 8. "I invariably found, if any symptoms of excessive congestion in either of the principal organs of the body existed on or about the third day after the attack, that the case would prove fatal, unless it had been under treatment from the commencement of the disease; but if neglected twenty-four hours after invasion, death resulted."

Reply 9. "If called upon early, a gentle emetic of ipecacuanha was given, followed by mild calomel purges. When the bowels were freely emptied I watched the constitutional symptoms, and treated accordingly—depending chiefly after the third day upon mild stimulants, such as intus. rad. serpent. with camphor and hyoscyamus, nutritious diet, and sometimes wine—*never purging after the first stage.* The bowels were kept open by mild enemata. The affection of the throat I have always regarded merely as a symptom of the disease, and satisfied myself with keeping it clean by mild gargles of borax and honey—I have never used any other application, and always found that as soon as the constitutional symptoms were alleviated, the local affection yielded."

Reply 10. "I am unable to reply to this, not having paid any attention to the subject."

I will now with your permission, read extracts from other letters:

"I have read your letter. The only additional fact I should bring under your notice is this, that the fever made its appearance first within Spanish-Town, at the King's house, I think during the preparations for the Queen's birth-day festivities (in May.) Several soldiers from Port-Royal had come over to assist in the arrangements of the house, when this terrific fever appeared among some of the servants, *and carried off two immediately.* Susan Chambers, a poor neighbour, who was employed at the King's house at the time, took the fever from one of those persons that died. *She died,* her daughter, who was sent to occupy her place, also took the fever and died. A second daughter, who was at death's door, recovered, but of three others, who also took the fever, one died; making three deaths in this family, and two among the servants at the King's house, all within a week, out of several who sickened immediately. These were the first mortal fevers within the town, *and these were cases of direct contact with the soldiery, decidedly as you have traced the first infected persons.*"

Extract of a letter dated, SPANISH-TOWN, 16th April 1841

"I think I mentioned to you that I had been for some days very rickety in health—I found the *lassitude and low fever a common ailment,* the result of the ungenial season. In consequence of the over-wrought feeling of mind as well as body that attended it, I thought it prudent to lay aside writing. As I could not however altogether break off the habit of cogitation, I have been for the last three weeks in a sort of half dreaming state; not mentally active, and yet not absolutely sluggish. I should have believed myself sick, if I had not found every one effected in the same way, and imputing it to the weather."

I think, Mr. President and gentlemen, that I have said enough, and have brought facts to support the opinions I have advanced; and have clearly shown the origin, progress, and effects of the Epidemic. With these remarks I now conclude, thanking you for the attention evinced during the reading of this long essay.

ART. II.—*Extraordinary case of Yellow Fever, accompanied with Gangrene of the leg.* By J. HAMPDEN LEWIS, M. D. of New-Orleans.

On the night of the 8th Sept. 1844, at about 10 or 11 o'clock, I was called upon to visit Capt. Kelly, of the barque Vernon, said to be very ill with the yellow fever. It had been agreed upon by the attending physician, Dr. J. E. Ker, and the friends of Captain Kelly, that I should meet the former at an early hour on the following morning: but the patient's symptoms growing every moment worse, and his friends much alarmed, and fearing delay, determined, if possible, that the consultation should take place that night. Dr. Ker being absent, on professional business when they called on him, and there being no likelihood of obtaining his presence before morning, they entreated me to see the patient alone that night, assuming to themselves the responsibility which might attend my visit unaccompanied by Dr. K. I yielded to their solicitations and saw the patient. He appeared to be a man between 45 and 50 years of age, of a stout robust constitution, and of a bilious-sanguineous temperament. The following particulars concerning him, I learned then and afterwards, both from Dr. Ker and from the gentleman at whose house he then was. Captain Kelly had been taken suddenly ill on Sunday night, the 6th, at ten o'clock, with intense pain in the head, loins and extremities; sickness of stomach and a violent fever. He was very temperate in his habits, and of a pious turn of mind—had been in port for upwards of a month; came last from New York, without touching at any intermediate port, and had gone through no fatigue or exposure either on the day of his illness, or the days previous. On Sunday evening, after having attended a Church meeting, he returned to his vessel, and was taken ill shortly afterwards; he then took a large dose of castor oil and went to bed. Early on the next morning (the 7th,) 8 or 10 hours from the invasion of the disease, he was visited by Dr. Ker, who pronounced his case one of yellow fever, and prescribed 24 ounces of blood to be drawn from the arm; a purgative enema, and acidulated drinks. On the evening of the same day, Dr. K. finding no abatement in the symptoms, again prescribed blood-letting from the arm to the extent of 20 ounces; a dose of calomel; stimulating pedeluvia, and frictions with lemon juice over the whole body. The patient passed a restless night, and was delirious; on the following morning (the 28th,) the doctor ordered scarified cups to the temples; mustard plasters to the lower extremities, cold applications to the head, and a purgative enema. In spite of the remedies used, the patient's condition continued to grow worse, and a fatal issue appeared certain. When I saw Captain Kelly, I found him suffering from the following symptoms; eyes brilliant and injected; face flushed, and peculiarly anxious in expression; some pain in the head. Tongue inclined to harshness in the middle, not red, the papillæ developed and elongated; gums rosy except a narrow deep red border around the teeth; great thirst; much gastric irritability, with a burning sensation in the stomach; frequent cruciations; tenderness when pressure was made over the epigastrium, an indescribable restlessness, the patient tossing himself with sudden violence from one side of

his bed to the other. The skin felt doughy, retaining the prints of the fingers after pressure on it. There was not much heat about the surface except about the chest, abdomen and head; nor was there any yellowness. The patient had voided no urine during the whole day; had passed frequent thin watery stools, containing a black flocculent matter, like that of black vomit.

Here was evidently a case of the conjestive type of yellow fever, the progress of which had been so far remarkably rapid and malignant. The brain and stomach seemed to be the organs principally affected; the therapeutic indication then was to relieve these organs. The abstraction of blood appeared to me the only rational means for effecting this with any chance of success. General blood-letting was impossible; fatal prostration might ensue from it. I determined upon local bleeding; leeches to the anus seemed preferable, for by emptying the hemorrhoidal vessels, a powerful derivation would be effected to the lower part of the body, the blood-vessels of the stomach, bowels and liver would be immediately drained, and consequently, those of the brain; and by placing the patient over a vessel of hot water, I might procure at pleasure the requisite amount of blood. I accordingly ordered 40 leeches to be applied to the anus, and directed the discharge from them to be encouraged by hot applications to the bites; at the same time I prescribed mustard plasters to the lower extremities, cold applications to the head, and the bicarbonate of soda with a fraction of the acetate of morphia, in order to allay the gastric irritability, which distressed the patient exceedingly.

On the next morning (the 9th,) I saw the patient in company with Dr. Ker. We found him somewhat better; he had passed a tolerably quiet night; his stomach was more quiet, but still there was some sense of burning remaining; and eructations of wind, though less frequent from that organ. The general restlessness of body under which he labored when I first saw him, had disappeared; the face was much paler; the countenance more composed, the eyes much less injected; he complained of no more pain in the head. The tongue was softer and more moist, the thirst considerably abated; the pulse was still small, though less frequent; the skin still deficient in healthy capillary circulation; the secretion of urine still suppressed, and the patient had passed more of the black flaky matter from his bowels, besides some reddish, dissolved blood of a very putrid and gangrenous odour, something like the bloody evacuations in bad cases of acute dysentery.

PRESCRIPTION.—The leech bites continuing to bleed, we advised that the discharge from them be promoted; and to place the patient in a hot general bath, rendered stimulating by addition of mustard; the patient to continue immersed in it a quarter of an hour, and a continued stream of cold water to be poured on his head during his stay in the bath. At 12 o'clock, we found our patient very much improved; his countenance was calm and indicated an entire relief of all the suffering organs; pulse full and soft, 84 pulsations per minute; skin good, elastic, no longer retaining the prints of the fingers after pressure, and showing a return of healthy circulation in its capillaries. The secretion of urine re-established; the patient had passed no more of the black flocculent matter by stool. *Prescription.*—Sulph. quinine, gr. x, every two hours per anum; frictions

over the whole body and extremities, with a strong decoction of cinchona bark. The leech bites continuing to bleed, showed that the blood was still in a diffluent state, and void of plasticity; however as the pulse of the patient rose instead of falling under this hemorrhagic drain, we judged it prudent not to arrest it. At our evening visit we found him still improving; but there being some excitement, we suppressed the sulph. quinine and bark frictions, and ordered a large flaxseed poultice over the abdomen; and a few spoons full of aq. calcis to allay some little remains of heart-burn.

On the next morning (the 10th) we found Captain K's condition satisfactory—he had passed a restless night, but felt a great deal better; his pulse was slow, full, but soft. We prescribed sulph. quinine gr. xv every two hours per anum, and frictions with cinchona bark decoction; porter and arrow-root. The leech bites still bleeding, were not to be interfered with. At our visits twelve and six o'clock, we found our patient very much better and had every reason to believe that he was in the commencement of a bona fide convalescence. On the following morning at 7 o'clock, being the 11th day of the month and the 5th of his illness, we found our patient in full convalescence; a complete cessation of all morbid symptoms justified us in considering him safe. We ordered the quinine and the cinchona frictions to be discontinued—as he had some craving for nourishment, we allowed him chicken water, arrow-root, and a little porter. The leech bites had ceased to bleed; a soft, spongy coagulum had formed around the wounds, showing that the state of the blood, although still altered and diseased in quality, was improving at least in plasticity. At our noon visit, the patient seemed to be still doing well, but complained of some pain in the upper and outer portion of the calf of the left leg—we discovered, on examination, a circumscribed hardness at the point complained of; but considering it as spasm of some of the fibres of the gastro-enemius muscle, or the commencement of a metastatic abscess; we thought little of it, and ordered frictions over the part with camphorated liniment. At about 2 o'clock I was sent for, but could not go; I learned however, that the patient was suffering extreme pain from his leg, and was very restless. Dr. Ker saw him and ordered the limb to be covered with an emollient cataplasm. At our evening visit, our patient was in an alarming state; he was distressingly restless and agitated—his countenance decomposed; pulse frequent and thready—skin cold and covered with a clammy sweat; and he was tormented with incessant thirst. His leg which was enormously tumefied, gave him excruciating pain, and drew from him, in spite of his firmness, continual groans; the swelling extended from the heel up to the lower third of the thigh. About the calf, the skin was of a livid and mottled hue; the whole leg was cold, and distinct crepitation was felt in the whole course of the swelling—the artery could be felt pulsating, but very feebly over the instep, the mischief seemed limited to the posterior part of the leg. We considered our patient's condition hopeless—his hours were numbered; the mortification was rapidly extending upwards towards the groin.

PRESCRIPTION.—The whole leg to be enveloped in a poultice of hops and cinchona bark, powders moistened with camphorated alcohol, and bottles of hot water to be placed in the neighborhood; carb. ammoniac grs. x

every hour, and brandy toddy. I saw the patient alone at 8 o'clock; he was in a still more hopeless state—his pulse was filiform, and his skin cold and clammy—the tumefaction extended up to within three inches of the groin; the calf of the leg of a darker colour. Captain Kelly died at 11 o'clock; about 14 hours from the time he began to complain of his leg. Shortly after death, the limb became black from the heel to the groin, was soft, doughy and crepitous throughout—a few hours later the tumefied portion became still softer and the cuticle began to detach itself, and a gangrenous odour became sensible from the leg.

As the body was to be removed from the city to the North, we could not make the autopsy. It would have been extremely interesting to examine the state of the blood vessels and nerves of the mortified limb.

I will add, to complete the history of this case, that the hemorrhage from the leech wounds at the anus, to which I chiefly ascribe the amelioration in all the symptoms of the patient up to the supervention of the gangrene in the limb, continued over 48 hours; the blood which escaped indicated that the whole mass of that fluid was diseased; it was of a bright red colour, very diffuent, and had lost completely its plasticity; and even seemed robbed of much of its vitality, for it became dark and emitted a putrid odour shortly after its escape. It was however, beginning to improve in its quality, as the cessation of the hemorrhage and the formation of coagula showed, although these coagula were soft, spongy and imperfect.

ART. III.—*A Fish-hook removed from the Œsophagus without an operation. Reported by ANDREW R. KILPATRICK, M. D., Woodville, Miss.*

In the summer of 1837, Mrs. * * * was enjoying her usual *siesta*, in the afternoon of a warm day, on a pallet spread upon the floor in a cool part of the house:—and while she was lying on her back sleeping pleasantly, no doubt dreaming of past pleasures, her grandson, a little urchin of three or four summers, was playing about the house with a fishing tackle complete, pole, line and hook; who, when he discovered the old lady with her mouth widely distended, thought it was a fine opportunity to “catch a fish.” Accordingly, in order to effect his purpose, he cautiously deposited the “barbed hook,” (I believe there was no *bait* on it,) into his granddame’s open mouth. The titillation caused her to awake suddenly, and as her mouth was dry from exposure, she closed it, and swallowed the hook two or three inches below the uvula. So soon as she discovered her situation, the whole family was assembled by her calls and cries of distress, *except little Charley*, who had dropped his pole in a panic, and, in provincial phrase, *mizzled*.

Some gentle efforts were essayed to remove the hook, both by the patient and some of the family; but being apprehensive of fixing the barb in the throat, they ceased all efforts, and despatched a messenger for Dr.

E. Leroy Antony, who resided in the neighborhood. When he arrived, and found that the hook was not fastened into the flesh, his fertile brain suggested a plan by which it could be removed safely, easily, and *without an operation*.

His plan was, to cut off the line within a foot or two of the mouth of the patient; then to drill a hole through a rifle bullet and drop it over the line, down on the hook. In order to fix the bullet on the point of the hook and maintain it firmly in that position, a reed was procured, the joints punched out, and then passed down over the line, and pressed firmly over the bullet. In this manner the hook, bullet, and reed, were all withdrawn at once, very casily, without any injury to the œsophagus or fauces.

This all seems so simple, like Columbus' *segg*, that the reader may think he would have done just the same thing. But the influence of education and of common practice, and the desire to perform surgical operations and acquire some celebrity, all conspire to keep us in the same beaten track; and the majority of minds, when started and trained in a certain way, seldom if ever alter their course.

It is matter of rejoicing, too, that the knife is less used now, than it was some years since, when surgeons seemed to vie with each other who could cut the largest gashes and the most of them.

The above case occurred in Barnwell District S. C. and, as stated above, was treated by Dr. Edwin Leroy Antony, son of Dr. Milton Antony of Augusta Georgia. Both were carried off in 1839 by the epidemic yellow fever of that city; and society and the profession lost two bright ornaments. Dr. E. L. Antony seemed to be formed a physician by nature; he possessed talents of a rare order, and an intuitive knowledge of nature and disease. As to his father, Dr. M. Antony, no eulogy can add to his fame; his name is rendered immortal by the Medical College of Georgia.

ART. IV.—*Sketch of the Yellow Fever of Mobile, with a brief analysis of the Epidemic of 1843, in reply to inquiries made by Professor Drake and others.* By P. H. LEWIS, M. D. of Mobile.*

The whole number of patients treated during the epidemic was nearly as follows:

Simple Intermittents and Remittents,	500
Intermittent and Remittent Yellow Fever,	100
Fever of one paroxysm—mild,	350
“ “ “ grave,	400—1350

Of the Intermittent and Remittent yellow fever, fifty proved fatal. Of the grave cases of yellow fever, one hundred and ninety—making 204 deaths in all. This discloses the fact that of 1350 persons attacked with

*Concluded from page 301. No. IV.

fever, 240 died; about 18 per cent. Considering that about 50 of these died without having ordinary attention, it was certainly not a very fatal disease. But if we apply the rule which some advocate, of classing those cases only, which come up to a certain arbitrary definition of some writers, then it would stand—Yellow fever 400—Deaths 190. That we lost within a fraction of half the cases which occurred, is an admission that no medical man here would make: still if we adopt the standard of those authors who have drawn their descriptions and impressions of the disease as it prevails among unacclimated people on board of ships or in barracks, then the admission, however painful, would be imperative. Carry this scrutiny a little further. A certain proportion of these cases come fully up to Chisolm's description of what he calls *pestilential fever*. I have stated that black vomit sometimes recovers, but, with one exception, I have never seen recovery take place in those cases which are thus distinguished. Such rigid distinctions and definitions, when applied to a disease which appears under such varying combinations and degrees of severity, as does yellow fever, have only to be examined, to demonstrate their absurdity.

I have succeeded in gleaning the particulars concerning ninety of those that died. Death took place as follows: Two on the night of the 4th day—five on the 5th—fifty-seven between the night of the 5th and 8th days, mostly upon the 7th—sixteen between the 8th and 12th days. Their ages were as follows: Two infants—four between 8 and 15—fifteen between 16 and 22—fifty-three between 22 and 40—thirteen between 40 and 60 years of age. Of these 90, but 12 were females; among the males were two mulattos.

I have stated that the mild cases of fever of one paroxysm, were confined mostly to the natives and acclimated; I have now to mention another form of the same grade of fever—changed somewhat by the character and constitution of the person attacked. I allude to that numerous class of old residents who have been for years the subjects of chronic disease. Late in the epidemic it fell to my lot to treat many of these cases. In one family connexion I waited upon four who for years had been afflicted with rheumatism. The mode of attack in these cases was similar to those who were seized with the mild fever of the season, with the exception that there was a mixed state of excitement which continued throughout the disease; the patient at one time complaining of being chilly, again that he was hot—the skin now dry and warm, and soon becoming moist. The pains in these cases were lancinating, and continued in the limbs and joints to the end of their complaining. The eye was slightly suffused and not without a pink and sparkling appearance which, notwithstanding they would wince under sharp neuralgic pains, gave to the countenance rather a joyous and animated expression. The pulse was not excited; there was no vomiting; neither was there the least derangement or disturbance of the digestive apparatus. When the peculiar pains and sensations of heat and cold had subsided—say on the 4th day—they resumed their usual avocations and habits of living without any inconvenience. Many of the intemperate, late in the Autumn, paid the debt due to their unfortunate habits. During the months of October, November, and December, as many as thirty of these persons died. Some of them in a few

days, of black vomit—those inured to the climate however, were seized in the same manner very much as the preceding cases, but were not so fortunate in recovering. Inflammation of some of the viscera usually supervened, which, added to the infirmities that had been accumulating for years, was too powerful for their already impaired constitutions.

These cases are worthy of notice—they are either the product of the same causes, which in different constitutions produce different effects, or, of those kindred agents of which a teeming earth seems so prolific.

Grief, despair and fear were terrible auxiliaries in the chain of fatality. I visited a Mr. Sparre who had but two days previously interred his wife—he was lying in bed when I saw him, weeping, sighing, and refusing to be consoled. His skin was moist—pulse 60—tongue natural—eye suffused—countenance dejected and despairing. He could not be prevailed upon to take even a glass of toddy—saying it was “of no use, he was obliged to die.” He continued in this situation for four days. Upon the fifth there was a great change noticed. Pulse 65, eyes of brick-dust color, skin chocolate, great burning at the stomach, some thirst and hiccough—physiognomy expressive of despair and recklessness. The 6th day he died of black vomit.

An interesting family by the name of Johnson were in Mobile for the first summer. Whilst Mrs. Johnson was lying dangerously ill of *peritonitis*, the fever struck down many well known citizens, upon which the panic became very great. The sick lady's husband and two brothers became exceedingly alarmed; they paced the floor, pictures of fright and despair. To add to this, the aged mother was taken ill. About the time Mrs. Johnson died, her husband and two brothers sought their beds. Foreseeing the trouble that was to ensue, I caused two able and well known physicians to be summoned to the family. But what could they do? there was no symptom to combat. It is in cases of this description, the physician feels that he is powerless. To give medicine would be but childish mockery. There was no fever, the pulse down to 60, skin cool and moist, some vomiting of water and mucous, with mourning and lamentation were all that could be pointed to as signs of disease. They all died save the aged mother and her grand-children. In the language of the eloquent Minister who officiated—“The destroyer entered their happy dwelling; he struck down the noon of life, leaving its morn and eve to lament that partiality which had made them desolate.”

It was not uncommon during the epidemic to hear that such a man was well this morning, and dead to-night. These reports were *always* untrue. It may not be amiss to mention a few of these cases. A man entered my office complaining, and wished to be prescribed for. After he retired, I told his friend that I was very confident the patient had the yellow fever, and I feared he would die. Two days afterwards he came into my office again, and threw up black vomit before I could get him out of it. The day after, it was reported in the street that he sickened, had black vomit, and died, all in eight hours. A sea Captain, on the fourth or fifth day of a *slight indisposition*, walked into the consulting room of a medical gentleman in town, and after he had taken his seat, and *twitched up* his shirt collar, so as to give it the proper *set*, began a conversation with an air of the most assumed indifference. The doctor requested the friend of the

Captain to hasten him to a boarding house, and at the same time remarked, that he might as well speak for his coffin, as he would need it in the morning—a prediction that was verified. These are the kind of cases that give rise to such erroneous impressions—impressions, too, which are not confined exclusively to the general mass of people, but are held by some occupying *high medical places*.

There were as many as twelve of these *walking cases* during the epidemic. They were not usually characterized by any chill, fever, or pain, the tongue was natural or very slightly coated—some thirst—pulse slow and wavering. If it be asked, upon what was a diagnosis so positively pronounced? I can only say, it was predicated on the pulse, appearance of the skin, general manner, and above all, the physiognomy of the patient. The poison of yellow fever may be taken to excess without shattering the nerves as does alcoholic drinks—it may be taken to excess without overwhelming the intellectual faculties and paralysing muscular action as does narcotic poisons. And above all, in *proportion as the dose is increased*, does it fail to produce those active phenomena which distinguish inflammations and essential fevers: still, from its hiding place within, it writes its destructive course and presence on the outer surface, in characters so plain and legible, that he who can read, may run and read.

I have, a few sentences back, arrayed twenty cases of the fever which passed through their three stages, for the purpose of comparing the symptoms with those of continued fever and the *well known* inflammatory diseases of the viscera. May I ask that these cases be grouped along with the others. These comparisons are simply instituted for the purpose of conveying my impressions of the diseases which I am desirous of describing.

NEGROES were frequent subjects of fever—these cases were similar to the mild grade of the yellow fever of the season; yet, never as far as my observation extended, arriving at the stage of black vomit, nor did a single case prove fatal in my practice among this class of persons. Some four or five mulattoes died of black vomit during the season. Many cases terminated in the characteristic hemorrhages, and others again passed through all the stages of grave yellow fever; requiring the same active stimulation to sustain them in the collapse stage, that were used under similar circumstances with the whites. These cases were confined to the mulattoes. Notwithstanding the great fatality that attended this class in 1813, we are bound to conclude that, as a general rule, they are exempt from the noxious influence of the poison of yellow fever. They constitute, especially in the Autumn, a large portion of our population. Many of them but recently from Virginia and the Carolinas; coming strictly under the head of unacclimated persons. Those unacclimated suffer more than those long resident among us; still they have black vomit so seldom as scarcely to constitute an exception to the general rule.

I will now so far travel out of my course as to give a few of the facts which have been gathered concerning the liability of this race to other diseases indigenous to Alabama. I practised two summers in the interior of the State; during the autumnal months, conjestive fever prevailed so generally in my neighborhood as to amount to an epidemic—there were in my professional circle two blacks to one white, yet I did not see

the first case of conjestive fever in a negro, nor did I hear that any died of the disease in that section of country. I have made enquiries of several medical gentlemen who have been practising for many years in the country, their experience does not materially differ from mine. The fact is, that the remarkable exemption from yellow fever, which this race enjoys, extends in a great measure to all the malarious fevers of hot climates—they may all have intermittent and light bilious fevers, as well as the milder grade of yellow fever, but it is only under extraordinary circumstances that these diseases affect them so seriously as to cause death. Many physicians residing in the interior may be disposed to question the correctness of this statement. To such I would say, weigh calmly all the circumstances—the vicissitudes of heat and cold to which they are hourly exposed—such as running from the fields during a shower of rain, sleeping in *wet* clothes, on a cold bluff or earthen floor, from which they arise with a pain in the head, and cold stiffened limbs. Again, they are too indolent and stupid to properly prepare their food, which is often eaten in a crude half cooked state. These, and not malaria, I have found to be the chief causes, of the mixed undefineable fevers, dysenteries, and diarrhœas, that annoyed the negroes upon the plantations that I have attended.

Facts elicited from time to time, make it very evident to my mind, that cold weather is not congenial to the negro. In the winters of 1835–6, and 7, hundreds of them died of a low typhoid fever in the middle part of this State. All infectious diseases which prevail usually in winter and spring, attacks them more violently than the whites. But the fatality of different seasons is the best test. During a somewhat laborious plantation practice from 1835 to 1839, I lost fifty-eight negro patients of acute diseases; forty-six of them died in the winter and spring, the others in the summer and autumn.

It would be useless to argue that the negro race is fitted for those localities where they are found. The hottest and most insalubrious regions of the earth are most congenial to them—there, under the rays of a burning sun they can luxuriate in the full enjoyment of health and happiness. That which the white man can only acquire as a second nature, is *their natural birth-right*.

ACCLIMATION.—It will be observed that the fever of 1819 respected no character of persons, the few whites, however, that survived, were acclimated. In the epidemic of 1837, the old citizen if attacked at all, generally recovered; in 1839 most of the citizens were attacked, the long resident very mildly, and the stranger severely. In 1842 the disease was any thing but epidemic, and confined to the lower part of the city. Every individual brought to the Hospital this autumn, laboring under yellow fever was *unacclimated*; the same rule obtained in those cases treated in private practice. Those which are called *sporadic cases*, occurring in healthy summers, are confined usually to persons who are strangers to the locality.

Of one hundred and twenty cases that terminated fatally in 1843, I have gathered the following particulars bearing upon this subject; seven were natives, three from Charleston, five from New-Orleans, twenty had resided in Mobile from 5 to 10 years, annually avoiding the sickly months; fifteen had been constantly in the city from four to seven years; among these were four who were attacked with epidemic fever in 1839. Sixty

were strangers, never having passed a summer in a yellow fever locality. Of the whole number, sixty-five were from Europe or New England, the balance natives of the Southern States.

It should be borne in mind that the population of Mobile has fluctuated but little in the last few years. During this epidemic there were very few strangers, especially of the laboring class; hence the limited number of deaths compared with the previous sickly Autumns.

DOUBLE ATTACK.—Five respectable citizens of Mobile have had the disease as many as three times; at least so pronounced by competent judges. I have traced out as many as eight persons who have had two attacks terminating each time in bleeding from the natural orifices. As many as twenty of my patients who were mildly attacked, state, that they were seized with the prevailing epidemic of 1837, or 1839, and that their physicians pronounced it yellow fever. From all the information I can get, I should judge that about one-fifth of those cases that I have classed as *mild yellow fever* were subjects of attack in previous epidemics.

Seeing that these facts clash with many English and American writers, I have examined with some minuteness, many authorities in relation to the question of double attack, and find that the resident physicians of the south coast of Spain, and of the West Indies, state that double, and even treble attacks were not at all rare.

Not being satisfied with confining my observations to such as were ill during the epidemic, I turned my attention for several weeks to those persons who remained in the city with impunity. These people were a climated, of course; and one-third of those thus acclimated had become so by a few years' residence, avoiding previous epidemics. In connection with this, I would point to a strong fact already mentioned. From 1829 to 1837, there was no epidemic in Mobile. During this interval the city grew up, her population, up to the epidemic of 1837, were strangers to the disease. Still we find in the epidemic of that season, a great partiality for the citizen of one or two years' residence, over those who had lived here three, four, and five years.

These facts tend to the following conclusions. In healthy years, what is called *sporadic* yellow fever is confined to strangers. In years when the disease does not prevail so generally as to amount to an epidemic, the *grave cases* are confined to the unacclimated, as in 1842, and 1844. In epidemics, the natives, old residents, and even those who have had the disease in previous years, are frequently mildly attacked; but the strangers are very generally seized, and have, in fact, to bear the violence and malignity which belong to the fever. Also, that it is not necessary to have had the disease to become acclimated, but an attack is a *greater protection* than long residence.

Knowing the difficulty of changing preconceived and rather settled opinions, especially when sustained by distinguished writers, I will have to make a remark in relation to *double attacks*. I not only have the names of the persons that I have cited, but could produce many more. It may be said that the second attack was not yellow fever; if so, I would simply appeal to my classification of the fevers constituting the epidemic. If I am wrong in pronouncing the disease which I have described under the head of "*mild fever of one paroxysm*," as yellow fever, then I waive

the question, and despair of ever drawing the line of distinction between yellow and bilious fevers.

I will here close my remarks in reference to the epidemic of 1843. Before entering upon a detail of the treatment, it is necessary I should mention the character of fever that appeared in 1844.

About the 20th of August the Board of Health reported several cases of yellow fever; the citizens expected another epidemic, but the physicians expressed a confident belief, that inasmuch as there was but little bilious fever prevailing, there would be no epidemic. This prediction, founded upon experience, was fully verified.

The number of malignant, well marked cases of yellow fever did not exceed one hundred, they occurred in different sections of the city, and were confined to strangers. The number of deaths was forty—to wit: Males, 34; Females, 5; Mulattoes, 1. Many of these cases were exceedingly violent, being seized suddenly, and attended with raving and convulsions during the first stage.

The cases of remittent, that occurred this fall, were, so far as my observation extended, of a decided yellow fever type—many of them being characterized by symptoms, and terminating in that character of yellow skin and hemorrhage which are peculiar to that disease. I was wholly unable to cure any of those cases with the sulphate of quinine.

Notwithstanding the importance which the endemic remittent yellow fever of this season assumes, I am compelled, for want of time, to drop the numerous notes I have taken, and hasten to a close of this already lengthy paper.

TREATMENT.—When it first fell to my lot to treat this disease, I visited the leading physicians of the city for the purpose of learning their views in relation to such an important and responsible part of my duties. As the result of these inquiries, I discovered that without any concert or understanding they had arrived at the same conclusions as to the character of the fever, and treated it on the same general principles. Considering the great diversity of theories which prevail in other places, I looked upon this unanimity of opinion in the Mobile faculty, not only as remarkable, but possessing claims which should not be passed over without a fair test. There is a necessity growing out of a want of proper information on the pathology and treatment of this disease, which experience alone can supply; and when I found this experience, embodied as it was, in gentlemen of sound discriminating judgment—veterans, too, of many epidemics—I adopted theirs in preference to any of those systems of practice which are pursued in other localities. To give a mere outline of this treatment is all I shall attempt.

It sometimes happens that the inexperienced physician will have the good fortune to fall in with that class of cases which I have described as "mild yellow fever," in which event, he flatters himself that his success is owing to his peculiar method of treatment, and he is astonished that other gentlemen are so unsuccessful. This infatuation continues until he is brought to the bed-side of a few of those grave cases which occur in unacclimated people. Here he is enabled to discover that the cases which he has been so *marvelously curing*, would not have died, unless the grossest mismanagement; whilst many of the latter, despite his

boasted skill and wisdom, march steadily on to a fatal collapse. It is to these malignant cases that my attention will be mainly directed.

It is the custom during the first or febrile stage to administer a mercurial cathartic, followed in a few hours with a dose of oil, so as to act freely and efficiently upon the bowels. Should the rigors continue very long, a warm mustard bath is ordered. As it is of the first importance to induce perspiration, febrifuges and warm ptisans are freely used. Cups to the cervical or epigastric region are more or less applied, as they seem to be indicated. All agree, that to prevent vomiting in the second, the intestines should be freely evacuated in the first stage. In many instances, after a small dose of calomel and rhubarb, I used sweet oil and the juice of a fresh lime. It was less revolting to the stomach than castor oil, and answered the purpose as well—some preferred salts and senna to either.

It is not usual during the first stage of bilious fever, that these bulky cathartics will be retained by the stomach; in treating yellow fever I have not met with a single instance, where they were rejected after the second trial.

In the second, or **STAGE OF CALM**, no active system of practice is pursued. A majority of physicians administer diffusible stimulants and diaphoretics, such as the acetate of ammonia alternated with the blue pill, with a view of exciting the excretory action of the skin, liver, &c. If the stomach is at all irritable in this stage, the attention of the practitioner is directed to the administration of such remedies as in his judgment are best calculated to relieve such an unpromising symptom. The means resorted to for this purpose, are too immaterial and varied to dwell upon here. It may not be amiss to state, that this irritability or vomiting is very different from that which attends bilious fever. In the latter you will recollect, that vomiting is accompanied with nausea, retching, depressed irritable state of the pulse, and general distress:—these are not so manifest in the former; the stomach is frequently disgorged without any other symptom than a slight tremulous curl of the upper lip, and a consciousness on the part of the patient that his stomach is in a rebellious mood. Two of our most esteemed practitioners use, during the early part of this stage, mixtures of a styptic or antiseptic character, for the purpose, I suppose, of changing that morbid action of the stomach which they believe in this disease is going on. Hillary, whose good old work but improves with age, had in view a similar object when adopting his third intention of cure: "To put a stop to the putrescent state of the fluids, and prevent the gangrenes from coming on, by suitable antiseptics." One of these remedies consists of tannin combined more or less with claret. At first, I was pleased with this remedy, but after a few trials in 1844, I came to the conclusion that it so checked the excretions as to throw the violence of the disease upon the brain; consequently, I abandoned its use in this stage. In those cases, however, attended with profuse hemorrhage, this remedy is invaluable—and as those hemorrhages occur in that stage when stimulants are indicated, the combination with claret or brandy is not objectionable. The other remedy is kreosote diluted in the acetate of ammonia. In 1843, I gave this mixture to a few patients, but believe that little good could result from its administration. In 1844 I had th

opportunity of seeing most of the cases treated by the gentleman who introduced it into the practice here. The cases which he treated passed through all the stages of grave yellow fever without black vomit, and with one exception, he lost but one patient during the season. Whether this great success was owing to this article or the gentleman's tact, in meeting with other remedies the indications as they arose, I cannot say. The few first doses are offensive to the patient, but if persevered in, this objection ceases—in some cases it checked obstinate vomiting and irritability of the stomach—in some others it relieved hiccough.

No physician in Mobile who has any experience, expects to *cut short* a grave and serious case of yellow fever—or in other words, to cure it, by what I believe is called “the spoliative plan of treatment.” The following remarks by Dr. Nott, in his late annual address to the Medical Society, met with a hearty response from all its members: “That the physician must watch the indications as they arise, and cautiously maintain the strength of the patient until the disease has run its course. *Of all others*, it is the disease which will bear the least forcing, and thousands have fallen victims to what has been termed bold or heroic practice.” Governed by the same opinions which prompted these sentiments, all undue excesses are carefully avoided, and with the simple treatment of which I have spoken, the physician awaits the approach of the third or collapse stage of the disease.

I have before mentioned that the approach of the collapse stage is more regular some seasons than others. But in order that I should be prepared to meet it, I began a close watch on the night of the fourth day, as between that and the night of the third, it usually made its approach; and when the patient was discovered to be more restless, pulse wavering or variable, or any of those signs of prostration to which I have previously alluded are manifest, a stimulating treatment was immediately begun. Brandy toddy or julep is usually preferred. It is cautiously given, until it is ascertained that the patient has a relish for it, after which it is pressed until the depressing tendency of the disease is fully arrested. After the restlessness has moderated, and the pulse rallied, the stimuli were continued in just such quantities as are necessary to sustain the patient. After the liberal use of brandy, small quantities of chicken or oyster broth are cautiously given; if this should also be retained by the stomach, the fears of the approach of black vomit, which were previously entertained, begin to fade away.

The universal use of brandy in this stage of yellow fever, seems to be somewhat peculiar to the physicians of Mobile. This is owing to the fact, that of all stimulants, (and none have escaped attention,) this is the most certain to be retained, and is much more prompt in rallying the fast sinking powers of the system than any other they have yet discovered. There are instances of recovery, after profuse hemorrhage or slight black vomit, which can only be ascribed to the free use of this article. Many gentlemen whom I meet in the streets almost daily, men who are strictly temperate in their habits, have recovered, (after being despaired of, by physicians) by a free and unprecedented use of brandy. Females of the most delicate constitution have taken their three and four juleps in the course of 24 hours, with a decided relish, and without the least feeling of

intoxication or subsequent inconvenience. A gentleman by the name of Corcoran, strictly temperate, drank during the collapse or hemorrhagic stage, which in his case continued five days, as many as four bottles of brandy. This quantity was found necessary to sustain and keep him up; at no time during these five days was his pulse above par, or did he experience the least feeling of intoxication; he recovered his health rapidly and returned to his business in ten days. But the cases requiring these large quantities are usually of that low hemorrhagic character, in which the brain is not seriously implicated. As a general rule a few teaspoonsfull of toddy or julep every hour, with mustard or a stimulating lotion of equal parts, comp. spts. lavender and concentrated acetic acid, to the surface, is all that is required to fulfill the indications which call for their use. In those fevers where the third stage is tardy or stealthy in approaching, our anxiety frequently urges to a premature use of it. In 1844 I treated Morrison and Heblit, both young men, recently from Europe, and of the most temperate habits—(several of my medical friends saw these cases.) They were first seized with catarrhal symptoms; vascular excitement was very moderate, and continued about the same until the sixth day. On the morning of the fifth day, there was slight oozing of blood from the gums, *ash colored, glutinous evacuations*, and petechiæ so visible and uniform, as to make them as spotted as the leopard. The physiognomy in these cases was of a decidedly bad character, assuming what we call here the physiognomy of the *copperhead*.* I gave these patients but one cathartic, some spts. mindereri and a warm bath, up to the fifth day. Knowing they had to pass through a severe ordeal I here became anxious, and made several attempts to introduce a nourishing and stimulating treatment. They complained that they could not relish the toddy, and that it *increased* the burning at the stomach; consequently I withdrew it and continued a close watch. Early in the morning of the sixth day, they both *asked for brandy*, and it soon became necessary to give it freely. On the seventh day, one had rallied, the physiognomy and restlessness calmed down; the other began on the same day to purge a thin, dark fluid resembling black vomit. The brandy was increased, mustard applied to the extremities, and contrary to expectations he also rallied. I was not a little gratified at the recovery of these young men, for besides being useful citizens, I had taken some responsibility in treating them in my own way, resisting constant entreaties to *give more medicine*. The petechiæ did not entirely disappear until after they began to walk about. Occasionally the patient prefers claret or champagne, in which they were indulged. In 1837 porter was used, but it has not succeeded so well since that time.

Very few physicians in the interior of the State use alcoholic stimulants in the treatment of fevers. So great are their fears that it will produce inflammation of the brain or stomach, or induce a dangerous reaction of febrile symptoms, they discard it, even when it is indicated. Did my limits permit, I could have introduced *hundreds* of instances where the patients during the portentous period of collapse, drank freely of brandy

* For conversational convenience myself and a friend have divided the grades of fever into *fly-bites*, *spider-bites* and *copperheads*—representing 1st, the extremely light, 2nd, the severe, and 3rd, the most malignant grades.

without experiencing any undue excitement or special determination to any organ, and with few exceptions would return, at an early period, to their accustomed mode of living. These facts are so general, and so completely at variance with those in connection with bilious fevers, and diseases of the mucous membrane of the stomach and bowels, as to constitute for yellow fever, an additional claim to those already mentioned, to a separate and distinct rank among the fevers of the climate, and puzzle those who may be disposed to class it among the phlegmasiæ.

In some cases stimulants will not be borne, and they are given in others unnecessarily, or without benefit. My remarks in regard to their use apply to the great mass of grave cases, the symptoms of which, are briefly detailed in the preceding pages. With this glance at the practice pursued in the different stages, I will devote a few pages to particular therapeutical agents.

I have stated that a mercurial cathartic was given in the first stage. The evacuations from this cathartic are usually bilious, but as the disease progresses, the stools become gummy and inodorous, to prevent which, mercury, in the form of blue pill is given very moderately throughout the age of calm. Few aim at ptyalism, as a means of cure, and it was seldom produced. During the epidemic of 1843, it was remarked that moderate salivation was easily produced, passing off, however, with the same rapidity that marked its approach. It so happened that I had charge of some patients who had not taken a particle of mercury—in many of these I was surprised to see a development of what I had looked upon as slight mercurial affection. This caused me to examine them closely. The gums were swollen and spongy, but the teeth firm; the secretions of the mouth were profuse, but of a thick mucus rather than saliva; the ha-us peculiar, differing from that of mercury, yet similar to it. These patients bore stimulants well, and all recovered. Although I have treated many grave cases successfully without mercury, still I am convinced it cannot be easily dispensed with. It has become the fashion of late to pronounce this remedy in almost every shape. Gentlemen forget that an abuse of an article, constitutes no good reason why it should not be valuable if properly and judiciously directed.

As it is not my intention to enter fully into a discussion of the treatment, I would avoid making any mention of blood-letting, but its importance demands a few words. I know full well that whilst the physicians of Mobile condemn this practice, there is great and abundant authority in its favor. So long as medical men adhere so closely to specific plans of treatment, to which from a partial success they have become wedded, the propriety of this or any other practice can never be settled, at least, not until every epidemic and individual case shall present the same uniformity of symptoms and vascular excitement. Even Rush, who at one time bled all his patients, was compelled at a later day to admit that the indiscriminate use of the lancet was dangerous and hurtful. Hillary, who wrote in opposition to Warren, advocated it with all the warmth of a partisan, but cautions against its use after the febrile stage, and says, that in some epidemics, it cannot be safely practiced. We find Dr. Hulse in 1841, bleeding all his patients in the first stage of the disease, and at the same time making use of the following language: "In some epidemics,

however, the symptoms will vary, and the depressed vitality of the organ nerves will be such as to enable them to carry on a languid circulation. On these occasions *venesection is injurious*, and often hastens a fatal termination." When we find admissions like these, coming from such distinguished and zealous advocates of this practice, we should infer that instead of adopting it as a general rule, it is applicable only under peculiar circumstances.

The fever of 1837 was one of high action, attended in many cases with delirium and a strong corded pulse; these bore the lancet well; but the bleeding could not be repeated without the most marked pernicious effect. The fever of 1839 was more uniform in symptoms; the collapse approached regularly the fourth night. Although many patients required and bore sanguineous depletion, still the physicians here have come to the same conclusion in regard to the treatment of yellow fever, that Watson has in relation to that of the continued fevers of London. In section 86 he says "I advise you not to draw blood from a vein, even early, merely because the disease is or appears to be fever; not to order venesection unless there be some other manifest reason for it."

If the experience of 1837 and 1839 led to such conclusions as these, the fevers of 1842, '43 and '44 were more than calculated to confirm them. In these years I did not meet with a patient whose pulse was *hard, ten contracted, or wiry*; even in cases where it was 115, it was invariably *gaseous and bubbling*. Coupling this state of the pulse with the certainty that it would in a few hours sink to 80, 70, and even 60, after which collapse with a train of debilitating phenomena must ensue, none could be found so hardy as to draw blood from a vein. The operation, under such circumstances as these, would have been entitled to a distinction which none but a Sangrado could have envied.

I have already quoted Watson, allow me to draw from the same mine of practical wisdom. "Cullen inculcates the necessity of obviating the tendency to death. To do so, we must ascertain the direction of that *tendency*. We do not so much cure these maladies, as keep our patients alive while they recover. If we would prevent their dying, we must know in what manner they are in danger of *dying*." This sentiment was delivered in reference to the treatment of typhoid fever. Let us for the moment apply it to yellow fever. In the first stage, the pulse though firm is gaseous and compressible, the symptoms, if impartially reviewed, do not tend to establish the belief that there is any local determination, or that the disease is strictly inflammatory in character. In the second stage the hot skin and sharp pains that existed in the first, have passed away, the pulse has fallen to 65 or 70. From this, the malady passes rapidly to the third stage. Here, every sign that can distinguish a fatal collapse from a momentary sinking or oppression of the functions of life, is manifested; the poison has not played upon the outskirts, but exerted its baneful influence on the very citadel of vitality, and extreme prostration is the consequence. This, then, is the *tendency*—now for the *manner of dying*. In this stage the pulse is not *firm, quick and wiry*, as in inflammatory or irritative fevers which have fallen on some of the viscera; neither does the heart evince by a tremulous fluttering, that it is laboring to free itself from the thickened element that is crowding upon it, as in congestive

ve fever. Its action, yet distinct and clear, becomes *slower* and *feebler* until by a lengthened trembling pulsation we are apprised that its power to act has passed away. The patient dies of debility of the heart's action. Taking then the supposed *character*, obvious *tendency*, and *manner* of dying, in yellow fever, and trying them by the plan of practice as pursued in Mobile, it will appear that the results of experience harmonize with the theory of our author.

Notwithstanding the physicians of Mobile placed but little reliance on the remedial virtues of quinine, still, from the happy influence which it exerted in the great mass of fevers in the interior. I was disposed to believe it could be advantageously introduced into the treatment of the one under consideration. An opportunity of testing this opinion did not present until 1842. The fever brought to the hospital this season was of no questionable character, many of the cases coming up to the highly wrought descriptions of Chisolm's ardent mind. After a free use of quinine in five cases, to the decided injury of the patients, I began to reflect upon the disease, and compare it with those in which quinine exerted a beneficial influence. I had been instructed in the use of quinine by Dr. Ames of Montgomery, whose long experience, tact and skill in its adaptation to fever are probably excelled by none. He gave it during the apyrexia, in the declining stage of fevers, and not unfrequently in those cases where the fever had become continued. In the latter he gave it to quiet irritation, produce perspiration, and in that way bring about a remission. Dr. Boling, in an instructive article published in the American Journal of Medical Science, uses the following language in relation to quinine: "Its most general effect however, is that of a sedative; more certainly controlling the action of the heart and arteries than any remedy with which I am acquainted." These opinions are not dissimilar to those entertained by Dr. Ames—likewise by Dr. McCormick, who has written on the fevers of Florida. With notions of a kindred nature, as to its effects, I soon came to the conclusion that it was not indicated in the disease then before me. After that mixed and feeble paroxysm which ushered in the malady, the pulse and all the powers of the system seem to have been brought under the influence of some active sedative. Had Dr. Boling seen this fever, he would have said—if there is no remedy from the crucible of the chemist, there *is one* at least, from the store-house of nature which "exerts a greater influence on the heart and arteries," than does quinine—that remedy is the unknown agent of yellow fever. After this partial trial I suspended its use for two days. It was here that Bancroft's work fell into my hands. He says, that preceding the collapse there is a second paroxysm, and distinguishes the stage of calm as a remission. I here resolved to give the quinine a second trial; I gave it during this supposed remission in x gr. doses, until xxx had been taken; but again concluded that so far from exerting any beneficial influence on the course of the disease, it was clearly contra-indicated and hurtful. Observation here brought me to the additional conclusion, that Bancroft's second paroxysm was nothing more than that physical fretting, which in many diseases, and particularly yellow fever, precedes the approach of a dangerous collapse, or the departure of the disease.

So much for the employment of quinine in the distinct severe form

which the fever took on that season. Unsatisfactory as was my experience so far, I did not doubt its efficacy should the disease assume an intermittent character. I have already made mention of the singular fact that in one section of the city, during the epidemic of 1843, those who were unacclimated were attacked with intermittent or remittent yellow fever. In the treatment of these cases I relied solely on quinine. It was given boldly during every remission; but without arresting the progress of the disease in a single instance. Dr. Nott and Dr. M. Gayle treated many cases of a similar character; quinine was given with no sparing hand and with the same want of success. After three or four paroxysms they terminated either in black vomit, hemorrhage, or some of the milder characteristic features which distinguish the disease from all others.

In the analysis already given of this epidemic, it will be discovered that there were a great many fevers of an ordinary intermittent character that recovered, and that they were treated by the Samaritan physicians. I then assumed that they were acclimated; I will here state, that I have examined the registers kept for several years prior to this, and find that these patients were old and standing beneficiaries of this charity. Their names appeared either on the register kept by Dr. Harral in 1840, myself, in '41, or Dr. Ross in '42. The names of those attacked with intermittent yellow fever *cannot be found* on these records. Again, these patients were constantly relapsing; while there were no relapses among the others. These facts are important; they not only prove that my observations in relation to quinine were not hastily made—but that the agents of bilious and yellow fever, however much they may differ, will under some circumstances, so affect the human constitution as to produce a disease of a mixed or blended character.

I have been compelled to leave almost untouched the new and interesting character of fever which has prevailed during the autumn of 1844. With the exception of grave cases which occurred among strangers, and three quadroons, the fever was of a remittent type, assuming in many instances the rank and grade of yellow fever. This character of disease appeared not only in different sections of the city, but in the surrounding country. It was milder than the same character of disease in 1843, and did not run its course so rapidly. It was strictly *endemic*. No physician can pretend that there was any "epidemic constitution of atmosphere" this season, or influence the periodic fevers of the country. I have the history of patients in whom the fever *remitted* once every twenty-four hours, for five or six days—after this it become *continued*, and with injected eyes, yellow skin, and oozing of blood from the orifices, lasted for ten and sometimes fifteen days. The late Dr. Fletcher, who was attended by Dr. Nott and myself, had a slight chill with an imperfectly developed fever every day, for five days. The disease then assumed a more definite and uniform character. On the eighth day of illness there was hemorrhage from the gums, and on the ninth black vomit. This vomit continued for six days, making fourteen in all. After this, he slowly convalesced; but some ten days afterwards, he sunk under a cholera morbus, which had been occasioned by imprudence in eating. This was the only instance which has come under my observation where *green bile* was thrown up with

black vomit. I suppose a table-spoonfull of each was ejected at intervals of four or five hours. Now in all these cases, (and many more treated by Dr. Nott,) quinine was *pushed* as far as we dared; but did not on a single occasion arrest the fever, or exercise any other than an unhappy influence upon it. At the same time that these unfortunate results were unlooked for, they were deeply mortifying. The patients usually recovered, but the disease was tedious, and required toward the close, an appeal to active stimulants.

This narrative of facts leaves no doubt that so far, in Mobile, quinine has signally failed in every form of yellow fever. From its commendation, however, by Chervin, Rufz and others, in the treatment of *remittent yellow fever*, I shall continue to try it in cases of this character. But I cannot consent to its use in those grave fevers which occur in unacclimated people. Another must be added to the manifold and miraculous virtues which are already claimed for it, before I can see the indications which call for its administration.

Gentlemen talk about giving quinine as *an antidote to the poison of fever*. Now the very shortest time necessary for the incubation of the disease is five days. (I have many facts to sustain this assertion, which have been omitted.) I would ask if it can be expected that the antidotal properties or effects of a remedy will influence an *insensible* poison which had been inhaled five days previously, and has already produced a diseased action?

Many, no doubt, who may read this hasty sketch of the practice pursued in Mobile, will be astonished to learn that we do *so little*, and refrain usually from all attempts to cut short or *break the fever*. To such, if I were allowed to counsel, I would recommend the following language of Pitcairn, as particularly applicable to yellow fever: "You may guide a fever; you cannot cure it. What would you think of a pilot who attempted to quell a storm? either position is equally absurd. In the storm you steer the ship as well as you can; and in fever you can only employ patience and judicious measures to meet the difficulties of the case."

CONCLUDING REMARKS.—1st. History establishes the inference that yellow fever has existed in Mobile since its first settlement; that it prevailed in this colony in 1766, there can be no question.

2d. From 1819 to 1845, yellow fever has prevailed epidemically seven times, occupying the months of September and October, and in some instances August, and a part of November. In those seasons when it did not prevail, there was an absence of any general disease. Bilious fever has not as yet prevailed in this locality to any extent during these months, without being overshadowed or superceded by the yellow fever. The conclusion, therefore, that yellow fever is the disease peculiar to the autumnal months in Mobile, is irresistible. These facts are paramount to all speculation or hypothesis.

3d. The occurrence of sporadic cases in some years, and the partial prevalence of the disease in others, together with the fact that persons become acclimated by remaining in town during healthy summers, would induce the belief that the morbid cause, though generally too much modified or diluted to produce general disease, is ever present.

4th. If the phrase "epidemic constitution of atmosphere" means a

condition which is independent of local causes, or that combination of heat, moisture, &c., supposed to be necessary to the formation of deleterious emanations, it cannot apply to the epidemics of Mobile. When it is remembered that the disease is sometimes confined to only *one* section of the town, at another, remaining for weeks within a few squares, my reasons for this conclusion are obvious. Air that is ever in motion will not, I imagine, possess different qualities in circumscribed localities, as does the earth which is stationary under our feet. We might with equal propriety apply the remark to those local fevers, which for a time depopulated the little towns of Pickensville and Lafayette, in this State; notwithstanding the disease was satisfactorily traced to local causes of an extraordinary character. Again—yellow fever in 1844, prevailed endemically in Mobile and New Orleans, and a few cases occurred in Natchez, whilst it prevailed *epidemicallly* in Woodville. Now, I would ask, if it can be supposed that there was an “epidemic constitution of atmosphere” confined to the little village of Woodville, whilst that of the surrounding country and neighboring cities was pure? We can well imagine such a condition in the case of those epidemics which traverse large sections of country, or the whole South, but do not see how it can be applied to local diseases, the boundaries of which are as distinct as the Chinese wall.

5th. If any thing in relation to the yellow fever of Mobile is satisfactorily established, it is the non-existence of a contagious or infectious character. Persons who sicken of the fever in town, are constantly taken to the surrounding villages and settlements, but it has not as yet produced *its* kind in others. During epidemics, a rapid steamboat communication is had with towns on the rivers above. Individuals laboring under the disease have been introduced time and again into these towns, but no case has yet occurred in any of them. Patients are taken from the infected districts to the healthy without producing cases there, and that too, all in the same city.

It was originally intended to have introduced here some special notice of the different grades of bilious fever, together with their symptoms, tendencies and manner of termination, for the purpose of contrasting them not only with yellow fever, but with one another. But my limits forbid it. In giving an analysis of the epidemic of '43 I have occasionally pointed out those differences which exist between bilious and yellow fever. It is true I have seen isolated cases of fever in the interior, which resembled yellow fever very closely, but the hemorrhage and black vomit were absent. I cannot but regard the yellow fever as a disease of *one paroxysm*; even the remittent cases which I have noticed, I am disposed to consider as mere complications; and if my remarks have been carefully noted, you will discover that the remission or intermission in them was characterized by the same phenomena which existed during the stage of calm in those grave cases of one paroxysm. Take all the facts in connection, and the conclusion that it is a *distinct, individual disease*, is unavoidable. This conclusion also brings along with it the additional one, that the poison or agent of its production is not common with other fevers, but *distinct and peculiar*. At the same time, however, that these conclusions would appear but the legitimate offspring of fair induction, still there is a remarkable connection and association between bilious and yellow fever, which call imperatively for some explanation.

Take the facts that existed in 1819. From the beginning of warm weather bilious fever was unusually prevalent; by the first of August it became violent and exceedingly fatal—a few days more, and the yellow fever was proclaimed. The whites continued to die of yellow, and the blacks of bilious fever. Pass from this to the years '25-'27-'29-'37-'39 and '43, and observe the reports of the Boards of Health; "they are sorry to announce that bilious fever of a *high grade* is prevailing, but can assure the public there is no yellow fever." A week elapses, and they are "pained to report the existence and prevalence of *epidemic yellow fever*." Let us, now for one moment pass into the dwellings. The following is an instance of what occurred almost daily in every physician's practice. Mr. T—— had three sons of 7, 9 and 12 years of age. On the night of 5th October, '43, they were seized with fever; the two youngest recovered after the third chill, which had recurred every morning, whilst the eldest had but the one chill; after which the disease assumed the livery of yellow fever. He died on the 7th day, of black vomit. Here were three natives of the city, born of the same parents, living under the same roof, and nourished from the same table—they are seized upon the same night, of a complaint which for some hours is characterized by the same symptoms. In the sequel, two prove themselves simple intermittent, and the third yellow fever. Dwell now for a moment upon the facts which I have detailed, in connection with the epidemic of '43,—the difficulty of diagnosis in many cases, and the singular complications of the two diseases in the Southern section of the city; and above all, the mild and blended epidemic of 1844. These facts are either passed over by writers, or are very summarily disposed of as matters of little moment. But I must confess they have caused with me the deepest reflection and greatest doubts as to the propriety of distinguishing yellow fever as a disease *sui generis*.

The old argument that yellow fever is but a *high grade* of bilious fever, differing only in degree, does not explain it; because bilious fever prevails with a malignity unto death, without displaying any of those symptoms pathognomonic of the other; and on the other hand, a well marked case of yellow fever may be even *lighter* than the *lightest* case of bilious fever. Before attempting any explanation touching this close connection, I beg leave to call attention to the diseases incident to other localities. Some fifteen miles north of Mobile is a dense swamp, in which are a few farms and wood yards; those who expose themselves to the emanations from this soil are seized with a fever differing very much from the ordinary bilious fevers of the interior. I have treated twelve cases of this swamp fever, and received accounts of nine others. The pulse varies from 120, to 150 and is invariably *hard and contracted*; tongue is coated with a long white fur, skin dry and *pungently hot*; pain in the head and limbs very acute, the patient screaming out if the least ray of light falls upon him; very little nausea or biliary derangement, and restlessness, are the uniform symptoms that characterize the fevers of this locality. The pains occasionally remit, but the fever never does. Despite frequent bleedings, studied and varied assaults upon the liver, and the magical effects of quinine, it continues its course for 10, and sometimes 13 days, without the least abatement. The convalescence in these cases is painfully protracted until cold weather. They usually become acclimated after the first

attack ; subsequent ones, like those in yellow fever, being very mild. I could here point to other fevers of a somewhat local character, but still different ; to local epidemics which have ravaged small towns in Alabama and Florida, which though somewhat uniform in themselves contrasted strongly with each other ; but it is unnecessary. These differences in the fevers of the interior are so manifest and striking, as to cause many physicians to contend, that effects so opposite cannot be the product of the same identical poison ; hence they are forced to renounce *in toto* the whole doctrine of malaria. And notwithstanding this doctrine is so well established, and if possible strengthened, by the circumstances connected with the diseases of Alabama,—still if it be contended that these emanations are strictly identical, differing only in degree, then it would be difficult of belief. But if we suppose there is, instead of the one, a multiplicity of febrile poisons or emanations, the case will be materially changed.

We know by diseases peculiar to them, that lead and mercury give out into the air their poisonous properties which are in some manner taken into the system ; and that the emanations from a bed of tobacco produce effects different from those arising from a bed of lettuce. But to come more directly to the point ; who can assert that the emanations from the soil of New-Orleans, which unfortunately combines all that animal and vegetable nature can contribute to disease, are identical with those arising from the sandy bottoms of the highlands of Memphis, Tennessee ? Come to our own locality, To the west of Mobile are small simple marshes, such as are frequent in the interior—while to the east are marshes which are newly made by the drift wood, weeds, and loose soil, brought down by the rivers on the one side ; and the marine exuvia on the other. These marshes are partly covered with a growth peculiar to them ; are at one time covered with *fresh*, and at another with *salt water*, or a mixture of both—and in autumn are exposed to the sun's hottest rays. Is it possible that formations so widely differing can give out emanations which are identical ?

Some months since I read a paper to the Medical Society in which, after noting the diseases of different localities, the foregoing views and opinions were hastily shadowed forth. Since then they have been strengthened by reflection and observation. Among the books within my reach I could find no direct authority for this conclusion ; within a few days, however, a friend who coincides in opinion, has handed me the following paragraph ; it is from the pen of Deslundes, a French writer of much eminence. "No, in spite of all that authors have said, these emanations cannot be identical, those which chemistry have detected *are not* ; the others cannot be. Foci which do not resemble, some of which contain animal substances, others vegetable, fresh water or salt water, human corpses or putrifying vegetable matter, cannot pour forth into the air emanations of the same nature. They cannot be identical which present such varied and opposite odours ; which cause diseases so different, which devlope in Egypt the plague, in the Antilles, yellow fever, cholera in India, pernicious fevers in Italy, here scurvy and there dysentery. We may then admit as demonstrated, that these emanations that we do not see, and which we do not know, present in their nature differences which are infinite."

If then different materials or formations, will in the process of decomposition give out malaria not identical, but peculiar to them, it strikes me that the facts in relation to the fevers of Mobile are easy of explanation. Yes, we can upon this hypothesis imagine how it is that the same meteorological influences which cause to rise from the earth one noxious agent, will start into being those of a *different* but kindred nature. Having advanced this far, it is natural that the effects of the one should not be produced without the others being manifestly present. Thus united, they may produce in some seasons a disease of a blended character; and in others the influence of the one may so completely predominate as to impress its separate and peculiar effects upon the human constitution.

NOTE.—This paper has been rather hastily prepared amid the frequent interruptions of professional business incident to the autumnal season. I must therefore crave indulgence for its imperfections in style. It has been my earnest desire to report the facts correctly, though I fear it has not been done so clearly as I could wish. I am indebted to Drs. Fearn, Fordicai, Ross, Crawford, and Nott, for notes of cases treated by them in 1843.

P. H. L.

ART. V.—*Case of Occlusion of the Vagina in a pregnant woman.* By A. DAVIZAC, M. D. of *New-Orleans*.

(This case was reported to the Medico-Chirurgical Society of Louisiana, in October, 1843.—ED'RS.)

A few days since I visited, in consultation with Dr. B. of this city, a woman under his care, aged about 26 years, of robust stature, somewhat lethoric habit, and muscular appearance, at the time laboring under strong expulsive pains of childbirth. I proceeded to the examination *per vaginam*, and to my astonishment found a little above the mouth of the rethra, a complete obstruction to the passage of the finger. Upon a minute examination, the vagina was found apparently completely closed by a strong, dense, striated membrane—the striae radiating from the centre, and giving the sensation of tense cords. Finding that delivery was impracticable, Dr. B. and myself concluded to administer an anodyne in order to lull her pains; and advised her husband to call in Dr. Luzenberg the following morning. She slept well and remained quiet during the remainder of the night.

Dr. Luzenberg met us early the next morning, and satisfied himself of the condition of the parts above described; with the addition of an opening not larger than would admit the head of an ordinary probe, which could only be observed when the membrane was protruded by the head of the child during the expulsive pain. At noon of the same day, he performed an operation by making a crucial incision the whole extent of the obstructing membrane. It proved to be very thick and tough, resisting the instrument like tendon. Immediately after the operation the head of the fetus could be distinctly defined; the occiput presenting itself to the left

of the pubis. The labour then appeared to advance tolerably well, and we thought would be soon terminated. At night the head had descended so as to press considerably on the perineum; but still the soft parts continued rigid and unyielding, and the bones of the head preserved their spherical form.

We then attempted to deliver with the forceps, and with difficulty introduced one blade, but we found the head so firmly impacted that we did not deem it prudent to proceed any further, and desisted.

On the following morning, at the suggestion of Dr. L. we determined to perforate the head, and attempt to bring it away with the hook. Accordingly we placed the patient on a table for the purpose of operating with more facility—and having passed the perforator into the fontanel, and broken up the brain, the bones of the cranium collapsed, and then by the use of considerable force with the hook, we were enabled to extract the head. After this, the shoulders offered great resistance, but we finally succeeded in bringing away an uncommonly large male infant. It had been sometime dead, as was indicated by the livid spots and phlyctanæ on the neck. The placenta followed immediately afterwards. The uterus contracted well and quickly; and the patient complained of nothing now but exhaustion. She is at this time convalescent.

Upon inquiring minutely into the previous history of this case, it was ascertained that a few years since, she was married the first time—that she had been a stout and healthy girl—that about a year after marriage she was confined in childbed, and had such a difficult labour that the fœtus had to be dismembered before delivery could be effected; and that she was very much bruised and lacerated during the operation. Very soon after her accouchement, and before she had any intercourse with her husband, he died. She slowly recovered, and had no sexual intercourse until her marriage to her present husband, which took place about two years afterwards. She menstruated regularly during the time. The husband says there seemed to be considerable difficulty in the first copulation, but that since then; although he always perceived an obstacle, it seemed to be elastic, and yielded to a considerable degree. Her last accouchement took place about 16 months after marriage.

Upon reviewing the history of the case, it would appear that owing to the laceration caused by the first instrumental delivery, there was an adhesion of the walls of the vagina, or the formation of an adventitious membrane which closed it up with the exception of a very small perforation, which could only be discovered when it was distended, but was sufficient to admit the discharge of the menses, and the ingress of the *semen masculinum*. The obstructing membrane was sufficiently elastic to admit the male organ into the vagina to a satisfactory extent. The woman has a remarkably narrow pelvis, and it to be apprehended can never be delivered without instruments.

The most interesting features of this case relate to the formation, and the extremely small perforation of this adventitious membrane, (being no larger than the end of a probe;) yet it seems to have been sufficient to allow egress to the menstrual flux, and consequently must have admitted some portion of seminal fluid; yet the latter must have been greatly obstructed in *its natural jet*, and could scarcely have penetrated as far as the

s uleri. Such however are the facts in the case, and they are submitted to the society.

ART. VI.—*Case of Intussusception of the Jejunum, terminating fatally.* By B. MORTIMER ENDERS, M. D. of Baton-Rouge, La.

On the 15th of January 1844, I was called to see a negro woman, a strong, muscular field hand. I found her laboring under the most excruciating bearing-down pains, not unlike the pains of labour, and was informed that she had suffered with them for several days previous to my seeing her. Previous to the attack, she had enjoyed uninterrupted good health. I at first was inclined to think that she was *enceinte*, and about to miscarry, but upon examination found that such was not the case. In the examination, I found an enlargement about six inches in length, laying in the left hypocondriac region, on a line with the *linea alba*, and about two inches from it. Finding this, my suspicions were at once aroused as to the nature of her disease, my diagnosis was intussusception of the bowel, and I proposed to relieve it by an operation, but her master objected to it; he told me that he had used every means to produce an operation from the bowels, but had not succeeded. I ordered her calomel and jalap, to be followed eight hours afterwards by castor oil and spts. turpentine. On the morning of the 20th, I found, as I had anticipated, no action—I then ordered a strong decoction of tobacco, to be given by injection, which was repeated several times and relaxed her very much, but nothing was brought from her. During the day I had water thrown up the *rectum*, two gallons at a time; but all to no purpose. In the evening, at 6 o'clock, gave her croton oil, gtt. iv. and ordered it to be repeated at 9 o'clock. On the morning of the 21st, there was, as yet, no passage per anum, but a large quantity of fœcal matter thrown up by the mouth. When her stomach became quiet, I gave her mercury ℥ iij; four hours after, gave her the same quantity, it had no effect whatever. I again resorted to the injections, but my exertions were all fruitless. On the morning of the 22d, she again threw up fœces by the mouth. Her appetite was good, and continued so during her illness. She took a considerable quantity of nourishment, which underwent thorough digestion, as was satisfactorily proven by the pure fœces thrown up. She continued during the day of the 23d, to throw up fœcal matter about every eight hours. She grew weak; pulse became feeble and fluttering, I ceased giving her any thing, and her death was inevitable. She died the morning of the 24th. I made an examination eight hours after, and found the intussuscepted portion laying immediately under, and in contact with the abdominal parietes. The mucous membrane of the jejunum for ten or twelve inches on each side of the intussuscepted portion, was literally destroyed; the coats were all very much softened, but the other portions were all healthy.

This is a plain history of the case; the specimen of which is now in

the possession of S. D. Gross, M. D. professor of surgery in the Louisville Medical Institute. I am fully persuaded that she could have been relieved by an operation, and insisted on performing it when I first saw her but her master would not listen to it. I abandoned the idea, not, however, without great reluctance.

ART. VII.—*Fatal Case of Puerperal Fever, Autopsy, &c.*
By C. S. MAGOUN, M. D., of Wilkinson Co., Miss.

The subject of this case was a negress, aged 18 years, of a robust habit and sanguineous temperament. She was purchased in New Orleans December 22d, 1844, and came to this place on the night of the 23d. She was immediately taken in labour, which was not tedious, difficult, or attended with any unpleasant symptoms. She had apparently completed the full period of gestation, and soon gave birth to a child of full size, healthy and vigorous. On the morning of the 25th, Wednesday, a dose of castor oil was given with a view of opening the bowels in order to prevent any disposition there might be to take on fever. The oil acted on the bowels in the evening, and she appeared as well as usual at bed time. During the night she became thirsty, but made no complaint of any pain or distress; she called frequently for water through the night, but being refused by the servants in attendance, she got up and satiated her thirst. She obstinately refused to let the child be put to the breast in spite of all persuasion, but no delirium or aberration of mind was noticed. Thursday morning her owner, Dr. R. T. L., a medical practitioner of experience, went in to see her in consequence of her refusing to nurse the child, having been informed that she was obstinate and sullen, and not expecting to find her with fever or any disease of serious import. He now found her pulse from 140 to 160 per minute, small, and easy compressible; extremities rather below the natural temperature, body hot and dry, comatose, and insensible to all external impressions; abdomen nearly natural to the feel, the uterus well contracted. Prescribed venesection, but pulse sank under it, and it was discontinued after the abstraction of four ounces. Cups were applied to the abdomen, although no tenderness was apparent; stimulants, blisters and sinapisms applied to the extremities, &c., but with no visible advantage. The pulse increased in frequency, respiration became more hurried and laborious, the extremities cold, the pupils dilated and immoveable, and death closed the scene at about 4 o'clock in the afternoon.

She was suffering when purchased, with a cough and great hoarseness, and spoke in a low, compressed stridulous voice, apparently with great effort. This state was said to be a "bad cold" of a few days standing; the symptoms were those resembling common influenza or catarrh.

Autopsy, eighteen hours after death, the weather being very cold. The thorax was first examined. The lungs were healthy. The pericardium contained about $\frac{3}{4}$ ii of serum, in other respects the heart and its

appendages were in a normal condition. Anterior to the trachea and near its bifurcation, was felt a tumour, which on being removed, proved to be about the size of a hen's egg, hard and unyielding, composed or formed of several glands united by a fibro-cartilaginous substance somewhat granulated in appearance. Many of the glands in the vicinity of this tumour were also enlarged, hard and indurated. The irritation and compression of this tumour directly upon the air passages would seem to quite satisfactorily account for the cough and catarrhal symptoms. On opening the abdomen, the peritoneum was found deeply injected, and showed marks of intense inflammation; a small quantity of serum was effused into the abdominal cavity; the anterior folds of the small intestines and the fundus of the uterus, showed marks of inflammation. The uterus was not quite as well contracted as it should have been; the spleen was about three times its natural size and weight, hard, brittle, and easily broken down with the fingers. The other organs of the abdominal cavity were healthy. The head was not examined.

QUERIES AND REMARKS.—This woman was sold under a guarantee of soundness; under the circumstances, ought the seller or buyer to be the loser? Did the tumour in the thorax have any influence in causing the death of the patient? If so, how much, and in what manner was this influence manifested or exerted? The woman was evidently unwell at the time of sale, and must have been so for weeks, if not months. Did this unsoundness injure the property? Was it immediately or remotely the cause of death; an exciting or predisposing cause of puerperal fever? These questions I shall leave unanswered for the present.

This was a case terminating more suddenly fatal, and passing through its different stages quicker than is often noticed. The pathognomonic symptoms of the disease were more obscure and less appreciable before death, than is commonly observed. I have thought the case worthy of being reported on account of its rapid progress to a fatal termination, the obscurity of its symptoms, and the medico-legal questions that may arise in the controversy that will probably ensue in court.

PART SECOND.

PERISCOPE OF PRACTICAL MEDICINE; OR SPIRIT OF THE MEDICAL JOURNALS, FOREIGN AND DOMESTIC.

I.—*On the Chemical and Physiological Balance of Organic Nature.* By M. J. Dumas and M. J. B. Boussingault, Members of the Institute of France. We make the following interesting extracts from an admirable analysis of the above work in the October number of the Medico-Chirurgical Review. We regret that we cannot make room for the whole.

This Essay, the joint production of Messrs. Dumas and Boussingault, comprises a brief exposition of the grand features in the life of plants and animals, considered in a chemical point of view. It presents a variety of new views, calculated to supply general physiology, medicine, and agriculture, with grounds upon which the study of the chemical phenomena that take place in organized beings may be advantageously pursued. Vegetables, animals, man, contain matter in their composition. Whence comes it? What part does it play in their tissues, and in the fluids that bathe them? What becomes of it when death breaks the chain by which its various parts and forms were so closely conjoined? Such are the important and truly interesting questions, which our authors have undertaken to solve in this essay. It cannot fail to excite amazement, when we find that of all the elements of modern chemistry, organic nature has made use of but three or four; that of those vegetable and animal substances which are now multiplied almost to infinity, general physiology requires, no more than some ten or twelve species; and that all the phenomena of life, so complex in appearance, may be referred in their essence to a single general formula, so simple, that in a few words every thing seems stated, every thing having been recalled to mind, everything foreseen. Numerous results have satisfied the authors that an animal, in a chemical point of view, constitutes a true apparatus of combustion, by which carbonaceous matters, burnt incessantly, are returned to the atmosphere in the shape of carbonic acid; in which hydrogen, burnt incessantly, is returned as water; whence, in fine, free azote is ceaselessly exhaled in the breath, and, in the state of oxide of ammonium, is thrown off in the urine. So that, from the animal kingdom as a whole, carbonic acid, watery vapour, and azote or oxide of ammonium, are continually escaping—simple substances, and few in number, the formation of which is intimately connected with the history of the atmosphere itself. On the other hand, it has been found that vegetables, in their natural and healthy state, decompose carbonic acid incessantly, fixing the carbon, and setting free the oxygen; that they decompose water, seizing on its hydrogen, and disengaging its oxygen as before; lastly, that they either abstract azote directly from the air, or take it indirectly from oxide of ammonium, or nitric acid;

thus acting, in every particular, inversely or in opposition to animals. So that, while the animal kingdom constitutes an immense apparatus of combustion, the vegetable kingdom constitutes, in its turn, an immense apparatus of reduction, where carbonic acid decomposed leaves its carbon, water its hydrogen, and oxide of ammonium and nitric acid their ammonium or their azote. If animals incessantly produce carbonic acid, water, azote, and oxide of ammonium, vegetables consequently consume, without cease, oxide of ammonium, azote, water, and carbonic acid. What the one gives to the atmosphere, that the other takes from it; so that it may be said, that plants and animals are the OFFSPRING OF THE AIR; that they are but condensed or consolidated air. Vegetables and animals, therefore, come from the atmosphere, and return to it again; they are true dependants of the air. Vegetables assume from the atmosphere the elements which animals exhale into it; viz, carbon, hydrogen, and azote, or rather carbonic acid, water and ammonia.

The next question is, how do animals procure the elements which they give to the atmosphere? The simplicity of Nature's laws is truly admirable! Animals always derive their elements primarily from vegetables. Animals do not create any of the truly organic substances; they consume or destroy them; vegetables, on the contrary, habitually create these substances—they destroy but few, and this only for particular and determinate ends. Thus it is in the vegetable kingdom that the great laboratory of organic life is found; it is there that both vegetable and animal substances are compounded; and they are all alike formed at the cost of the atmosphere. From vegetables these substances pass ready-formed into the bodies of herbivorous animals, which destroy one portion of them, and store up another in their tissues. From herbivorous animals they pass ready-formed into the bodies of carnivorous animals, which destroy or lay them up, according to their wants. Finally, during the life of these animals, or after their death, the organic substances in question return to the atmosphere, from whence they originally came, in proportion as they are destroyed. Thus is the mysterious circle of organic life on the surface of the globe completed and maintained! the air contains or engenders the oxidized substances required,—carbonic acid, water, nitric acid, and ammonia. Vegetables, true reducing apparatus, seize upon the radials of these, carbon, hydrogen, azote, ammonium; and with them, they fashion all the variety of organic or organizable matters which they supply to animals. Animals, again, true apparatuses of combustion, reproduce from them carbonic acid, water, oxide of ammonium, and nitric acid, which return to the air to reproduce the same phenomena to the end of time.

An agent which acts an undoubted part in all these various phenomena, is the solar light. Without light, Nature was without life and without soul: a beneficent God, in shedding light over creation, strewed the surface of the earth with organization, with sensation, and with thought. *****

Thus then we see that the primitive atmosphere of our globe has formed itself into three great parts—one constituting the atmospheric air of the present time; a second represented by plants; a third by animals. Between these three masses continual exchanges are effected: matter descends from the air into vegetables, penetrates in this way into animals, and returns to the air, according as they apply it to their purposes. Green

vegetables constitute the grand laboratory of organic chemistry. They are the agents which, with carbon, hydrogen, azote, water, and oxide of ammonium, slowly form the most complex organic substances. Under the form of heat, or of chemical rays, they receive from the sun the force which enables them to accomplish this great work. Animals absorb the organic substances which plants have formed—they decompose them and bring them back towards the state of carbonic acid, water, azote, and ammonia, in which state they are restored to the air. In burning these organic substances, animals produce caloric, which radiating into space, goes to supply that which vegetables had absorbed. Thus, all that the atmosphere yields to plants, plants yield to animals, animals restore to the air. Eternal round, in which death is quickened and life appears, but in which matter merely changes its place and form! The crude mass of the air, gradually organized in vegetables, passes unchanged into animals, and becomes the instrument of sensation and thought; then, vanquished by this effort, it returns as crude matter to the source from whence it came.”

II.—*Proceedings of the Royal Academy of Medicine, Paris.—Séance of the 6th August, 1844.* The order of the day was to proceed to the election of a member for the chair of operative medicine. The commission presented the names of six members, which were arranged alphabetically: (viz.) MM. Denenvilliers, Huguier, Laugier, Malgaigne, Robert, and Vidal (de cassis). M. Laugier, received the majority of votes, and was proclaimed member of the Academy.

Treatment of Varicocele.—M. Velpeau made a report to the Academy upon the memoir of M. Vidal, relative to the treatment of *varicocele* by tying the spermatic veins. According to the reporter, this mode of operating is not so simple as that which is adopted at the present day, nor is it of such easy execution. Besides, it is not less dangerous than the plan of M. Breschet or of M. Reynaud of Toulon, and, in the present state of things, it would be impossible to decide whether relapses would be more likely to follow M. Vidal's method. (Thanks to the author, and the paper delivered to the committee of publication.)

Spontaneous Prolapsus of the Uterus.—M. Velpeau read a second report upon an observation which had been transmitted to him by Dr. Estevenet of Toulouse. It related to the case of a female, aged 37 years, who had a cancer of the uterus, and from whom this organ was spontaneously expelled in toto through the vagina, whilst at stool. A peritonitis which supervened several days after the accident, destroyed the patient, and an autopsy verified the reality of the fact.

Double Monstrosity.—M. Bâigney, physician to the Hospital of Meulan, presented a living child to the Academy which offered a curious example of *diplogénèse*.* It was a female, aged 24 days, and in good health; its parents were young and well constituted. The period of utero-gestation passed without manifesting any remarkable phenomenon. The child was born in the first position after about three hours of labour; the delivery of the inferior part of the trunk at the point where the *diplogénèse* com-

* From *διπλος*, double, and *γινομαι*, to be born.

ruenced, presented some difficulty. From the lumbar region, a second as perfectly formed as the first child commenced: it thus had its inferior parts *double*. M. Bérigny displayed the anus and genital organs of the second being, but they were imperforate. M. Guerin remarked that both feet of the normal infant presented a very singular case of clubfoot—the one equinus, the other varo-equinus. He regarded this deformity as resulting from a convulsive affection produced by the destruction of the nervous centers, in the second child, and thought that it should be regarded as the permanent result of a disease during the first period of intra-uterine life at the time of the engrafting of the remaining parts, which might easily be produced and explained.

Paralysis of the Facial Nerve.—M. Gerdy presented a patient, who, after having received a blow upon the occiput, discharged blood from the right ear, and had symptoms of cerebral congestion. On the second day, incomplete paralysis of the right palpebra, which prevented him from closing the eye entirely, was perceived; that the corresponding eye-brow was a little depressed; that the cheek was paralysed and distended in the acts of expiration, and lastly, the mouth was drawn to the left. Now, ten months after the accident, the patient's mouth is retracted towards the *paralysed side*, that is, towards the right, and he chews with great difficulty on that side. M. Gerdy, presented this patient, because his case demonstrated one of the discrepancies, so common, between the results afforded by diseases and vivisections, although we find in this instance the principal characters of paralysis of the facial nerve.

Séance of the 13th August. Vitalism.—M. Virey read a note entitled, *a critical examination of the facts touching vitalism*. According to many physiologists of the present day, remarks the author, *nature is a unit*, physico-chemical science appears to be so much confounded with physiological science, that they would suffice in themselves alone to establish the phenomena of life and organization. According to this opinion, *matter alone governs*; the various telluric materials possess intrinsically the scattered forces of vitality.

Such is German pantheism—such is also the system of *monades* of Leibnitz, revived with further developement by Spinoza, and reproduced at the present day under other forms by Schelling, Oken, Carus, Cabanis; etc. According to M. Virey, all matter is not adapted to receive life: of such are the crude minerals, granite, silex, and especially arsenic, copper and other metals; these may *crystalise*, but can not become *organised*. The only substances that possess this latter property are combustible bodies—carbon, azote, hydrogen, etc. Thus organization expresses a harmonious combination of combustible elements in a state of equilibrium, combining themselves into a *centre of unity*, in order to constitute the individual or *le moi*, (the self,) with a tendency to the absorption—to the assimilation of analogous materials, with a view to conservation and propagation by generation. Life is movement, organization is the instrument. After having specified the well known differences which separate the organic from the inorganic kingdom, M. Virey attempts to demonstrate that the various chemico-physical hypotheses admitted by certain physiologists, (irritability, incitability, living chemistry, vital properties, &c.) cannot explain in a complete manner the phenome-

na of life. Rejecting all idea of spontaneous generation, M. V. establishes definitively that life is an active agent, essentially intelligent, although destitute of intellect, constantly struggling to restore the equilibrium when destroyed by disease—to complete or repair its being—resisting to a certain extent the influence of deleterious agents, distributing nutriment where it is required—and sacrificing if necessary, the parent for its offspring.

M. Rochoux began the discussion, by rejecting as unintelligible the pantheism of the Germans, but was willing to accept frankly and without reserve the *atomism* of Epicurus. To defend the system of units against the attacks of which it had been the object, we must recollect that the atom exists—possesses an *activity* through all eternity—a *form* and a *solidity* which remains invariably the same. With these three qualities, it is easy to say how, in proportion as the combination of atoms becomes complicated, the compounds or aggregates develop faculties more and more elevated, and all this without the necessity of appealing to an active force independent of matter. M. Virey, continues M. Rochoux, admits that elements destitute of reason may assume regular crystals in salts; well, if M. Virey can tell us how a cube is formed, I will tell him how a mushroom or a man is formed. Hence it follows that all distinction between the organic and inorganic kingdom is impossible. M. Royer Collard, calling up the question on the ground of physiology, showed that the arguments advanced by M. Virey did not overthrow any of the reasons for the suitable and judicious employment of physics and chemistry. The vitalists have only arrayed assertions and hypotheses against the assertions and hypotheses of those whom they combat; but they have never furnished any positive and formal proofs of their doctrine. From pantheism to vital chemistry the distance is very great; why, then, has M. Virey united and confounded these two doctrines into one and the same term of condemnation? To repeat, in physiological science vitalism ought to be confined strictly within the domain of physiology. An explication of the phenomena of organization requires the aid and concurrence of other laws; those of physics and chemistry will here be found highly serviceable at every step, in explaining the mysteries of life.

Séance of the 20th August. Of the action of the SPINAL MARROW upon the genito-urinary apparatus. M. Segalas continued and concluded the reading, commenced at a previous *séance* of a memoir relative to *traumatic lesions of the spinal marrow considered in relation to their influence upon the functions of the genito-urinary apparatus.*

From facts observed in man and the experiments to which he had directed his attention, M. Segalas concluded:

1st. That traumatic lesions of the spine do not prevent the secretion of urine; 2d. That these lesions do not disturb the composition of this fluid; 3d. That the change of composition which ultimately takes place in the urine is the consequence of a catarrhal inflammation of the bladder, an inflammation either spontaneous, or produced by the sojourn of the urine itself in the bladder, or by the retention of the sound in this viscus, and this, too, with or without the concurrence of other causes; 4th. That traumatic paralysis always begins by being complicated with retention of urine, and that the incontinence of urine which suc-

ceeds this secondary disease in the absence of proper care, takes place, first, because the bladder being greatly distended, can no longer receive the liquid, and afterwards because that organ, now highly inflamed, refuses to act any longer as a reservoir; 5th, that these traumatic lesions do not arrest the secretion of semen; 6th, that they do not alter sensibly the composition of that secretion; 7th, that they often provoke erections without desires, and these desires are sometimes witnessed without erections; 8th, that they do not always present any permanent obstacle to sexual intercourse; 9th, that they do not prevent conception or gestation, and that when these lesions do occur, parturition in animals and in women, demands the aid of artificial means. Considered in a surgical point of view, the facts established in this memoir lead, then, to consequences of the greatest importance in practice, and among others, to the following. We should regularly empty the bladder of every man affected the traumatic tetanus; we should guard against letting the catheter remain too long in this organ; we should avoid the use of such medicines as may act as irritants upon the bladder. According to an analysis of these facts, the spinal marrow seems to hold directly under its control, the bladder, the vesiculæ seminales, and the uterus, and the expulsive powers of these different reservoirs, are more or less deranged by traumatic lesions. On the contrary, the kidneys, testicles, ovaries and their products, are beyond the control of its action.

In opposition to the assertion of M. Segalas, M. Martin Solon denies that the incontinence of urine, which follows lesions of the spine, is due to inflammation of the bladder. In the opinion of M. Solon, this inflammation arises from a deficiency of urinary excretion. Then the bladder does not completely empty itself, the urine remains too long in the bladder; its aqueous elements are re-absorbed, (as the urinous exhalations from the patients prove): its saline principles become concentrated and it is thus converted into a pathological state whose presence must irritate the mucous membrane. Without rejecting the influence of this cause, M. Segalas thinks that the first phenomenon is the accumulation of the liquid and the consequent distention of the bladder, and that this distention here plays an important part. Much has been said of the resorption of the aqueous elements of the urine. Direct experiments prove that the mucous membrane of the bladder absorbs very slowly, and with great difficulty, the fluids that are introduced into it. As to the evidence derived from the urinous odour, it must be remembered that it is rarely observed in persons who receive the requisite care and attention.

M. Royer-Collard likewise combatted some of the statements put forth by M. Segalas. And first that vivisections are not always calculated to explain physiological phenomena; they determine a perturbation which brings the functions into an abnormal state. As to the facts in themselves, why treat separately the urinary secretion and composition of urine—two questions which are so nearly allied? On the one hand, M. Segalas has not satisfactorily diagnosed the erection, the ejaculation and the venereal desires, all of which are very different things. The experiments have not been sufficiently multiplied, they should have been directed to the phenomena of motility and sensibility. Moreover, M. Royer-Collard agrees with M. Segalas in relation to the resorption of the

urine. At the present day, few believe in resorption, and M. Dumas has shown that when we find urea in the blood, it is because it has not been eliminated by the kidneys. M. Oliver (d'Angers) said that he had not seen any cases of erection which were caused by a luxation of the cervical vertebra. In those who are hanged, this is a mechanical phenomenon from hypostasis, resulting from the position of the body. The intervention of art is not always necessary in the accouchement of paralytic women. Chaussier has mentioned two cases of labour which took place spontaneously in females affected with paraplegia.

(*Archives Générales de Médecine.*)

III.—*Discovery of a new nervous Ganglion.*—M. Barrow of Breslau announces, in the September number 1844, of the *Archives. General de Med.* that he had discovered in man a nervous ganglion, to which he had given the name of *arytenoidian ganglion*. We know, says he, that the crico-arytenoid filament, arising from the inferior laryngeal, ascends between the posterior face of the cricoid cartilage and the posterior crico-arytenoid muscle, being directed backwards and upwards; it then passes over the superior margin of the cricoid cartilage and penetrates between the fibres of the arytenoid muscle. At this place, the nerve of each side enlarges to form an oblong or rounded ganglion, which is scarcely two *millimetres* in its greatest diameter. Very delicate nervous filaments arise from this ganglion,—ramify in all directions, and the deeper seated of them penetrate as far as the mucous membrane of the larynx. The author has not been able to find this ganglion in the ox, but he proposes to search for it in other animals.

IV.—*Hysterical Amaurosis.*—Dr. Hocken in *Schmidt's Jahrbucher*, makes some sensible remarks upon the peculiar character of hysterical amaurosis. *The prodromes*, or premonitory symptoms are—ordinarily gastric derangements, cephalalgia, occasionally subdelirium. They appear suddenly, and in like manner disappear, to be reproduced from the slightest causes. *Symptoms.*—Both eyes are affected at the same time; spasmodic contraction of the orbicular muscles, especially when under the influence of intense light, or when we attempt to separate the lids; photophobia and epiphora; pupils more or less contracted, according to the intensity of the light and the irritation of the retina. With these exceptions, the eyes present nothing peculiar. At first, vision is disturbed; objects are less distinctly seen; but soon it is almost completely abolished by the effects of the photophobia, the contraction of the lids and the epiphora. *Diagnosis.*—We must not confound hysterical with sympathetic amaurosis which is connected with certain affections of the uterus or intestines. In the latter cases, the uterine and intestinal symptoms always precede the optic affection; the photophobia, the contraction of the lids are not so powerful; there is ordinarily more or less congestion of the constituent parts of the ball of the eye; the brain is also congested; the carotids pulsate with violence; face red; sometimes strabismus; finally, sympathetic amaurosis rarely ever effects but one eye. Chronic retinitis may likewise be mistaken for hysterical amaurosis, but in the first, the contraction of the pupils is greater; the pupils are besides irregular, de-

formed, and not contractile ; the disease usually occupies but one eye ; and is more or less altered in its constituent parts, and there is fever and other symptoms of inflammation. *Treatment.*—In the acute form of hysterical amaurosis, M. Hocken recommends mild purgatives and especially calomel and opium combined. Equal parts of castor oil and turpentine, by injection, often dissipates the disease. If these fail, we should resort to drastics, to aloes if the primæ viæ will tolerate this article. If, in spite of these means, the amaurosis persists and becomes chronic, we must treat it as we do genuine hysteria. We should then prescribe antispasmodics, assafœtida, camphora, &c. We must cut off all light from the patient, and remove all cause calculated to excite or irritate the nervous system. Cold lotions to the head are sometimes useful ; again, leeches to the mastoid apophyses or a blister to the nucha may dissipate the amaurosis.—*Journal des Connaiss. Medico-Chirurg.*

V.—*Remarkable case of Diaphragmatic Hernia.* By DOCTOR OLIVET. (*Annals de la Chirurgie*, Sept. 1844.)—The following report of a rare species of hernia, we shall abridge for the purpose of illustrating a capital error in diagnosis, and also with a view to guard others from falling into a similar mistake. In this instance the error is pardonable, because the case was exceedingly obscure, and a multitude of circumstances combined to conceal the true nature of the case. We doubt much, if any skill in diagnosis, could have detected in this rare case, the actual condition of the parts. We shall withhold further comment. [A man aged 47 years, was engaged in excavating a ditch, when a large portion of heavy earth tumbled in upon him, and almost entirely buried him. He was immediately extricated and transported to the Hotel-Dieu under the care of M. Petrequin. He entered in a state of well-marked stupor ; when he recovered, on the following day, he complained only of pain in the right thoracic region, and of difficulty of breathing. As the chest appeared to have received the greatest injury, it was to this cavity that attention was chiefly directed ; but nothing important was revealed. Some days afterwards, however, it was discovered that the fifth or sixth rib was fractured about its middle. Pressure on the two ends and respiration produced a distinct crepitus. The sounds of the chest were normal, with the exception only of a slight mucous rale ; he had slight cough and his sputa were such as characterise bronchitis. After a few days, the scene changed, and along the lower lobe of the right lung, a *souffle* was heard that was taken for an amphoric *souffle* which resulted from a perforation of the lung by the fractured rib. It could only be heard over a small space, behind and below the root of the lung. This *souffle* was replaced on the next day by an amphoric gurgling, similar to the bruit which is produced by blowing air by means of a reed into soap bubbles ; very distinct metallic tinkling was also heard, and similar to that produced by a drop of water falling into a bottle half filled with water. But as the metallic tinkling persisted some time after the patient was seated, that is, until all the drops adherent to the pleura had fallen, M. Petrequin was induced to believe that the formation of these drops resulted from the condensation on the pleural surface of the vapour which exhaled from the effused serosity, and that the penetration of the air must take place in a liquid state. A flat

sound was detected, by percussion at the base of the lung, and considerable sonorousness superiorly. They were then led to believe that a fluid had been effused within a short time, in the pleura. Respiration was short, frequent, incomplete, and the lower ribs were elevated with difficulty in inspiration. After a few days, the flatness gradually extended over the space occupied by the lower lobe of the lung, and the sonorousness mounted still higher. Finally, ten days after the appearance of these symptoms, the dyspnœa increased considerably, and in a very sudden manner; the right side of the chest remained almost immovable in inspiration. Percussion always produced the same results, but auscultation revealed no *bruit*, except a few large hurried râles on a level with the three first ribs in front. The skin was covered with a cold sweat, the features were contracted; the patient could not be made sit up in his bed. He expired the same day. Of his digestive organs, we shall say a few words. When this man entered the Hospital, they were healthy; he afterwards had a diarrhœa, succeeded by obstinate constipation, which was combatted by lavements; this removed the constipation. Subsequently he had nausea, and also vomiting. Towards the latter part of his life, the functions of the intestines assumed a more healthy and regular character, yet the stools were rare, although of normal consistency. *Autopsy, 24 hours after death.* The thoracic cavity being opened with great precaution; we found effusion in neither pleural cavity. On the left side, the diaphragm was forced upwards on a level with the fifth rib. But on the right, the lesion was so interesting as to deserve a detailed description: we found an *enormous diaphragmatic hernia*. The pleural cavity, at first sight, appeared entirely occupied by at least one half of the large intestine. By drawing this mass of intestine from above downwards, which reached as *high* as the *clavicle*, we found the lung reduced to the size of the fist, compressed against the vertebral column, but drawn upwards by some old adhesions at its summit; it was not hepatised, nor was there, in either, any trace of tubercles.

The opening in the diaphragm, through which the intestines had escaped into the cavity of the chest, was a rupture or rent, about 20 *centimetres* in length, running from right to left, and from behind forwards; but, from appearances, it did not retain its linear shape, but as the intestines escaped through it, it assumed a circular form, by losing in length what it gained in width, so that its torn and irregular borders represented a large ring, through which the right lobe of the liver, and above it, several folds of the colon had passed into the chest with which the right side of this cavity was now almost entirely filled. All the hernial organs were uncovered; none of them had contracted adhesions, either with the pleura, or diaphragm, and the opening through the latter was so large as to prevent any chance of strangulation, except from spasmodic contractions of the diaphragm, and even under such a supposition, such a thing is exceedingly problematical. The abdominal cavity was distended by the intestines, which were filled with gaz, and when pressed gave out a gurgling sound analagous to that which was heard during life in the thoracic cavity. Their walls were thickened, but they were free from inflammation. The liver, the right lobe of which had escaped into the cavity of the chest, had been so displaced that its anterior face was turned

directly above, and its sharp border in front. This organ rested against the posterior wall of the trunk, and at first view, it lay entirely concealed by the folds of the displaced intestines. All the other viscera were sound. Between the sixth and the ninth rib, was found a subcutaneous ecchymotic effusion which seemed to result from the direct action of the fall upon the thoracic walls. The sixth right rib was broken; the fracture was transverse and smooth; an osteo-cartilaginous callus had already commenced to be formed, which had partially united the two fragments. Thus we may now be enabled to explain the symptoms which developed themselves in this patient: the perforation of the diaphragm having given passage to a small portion of intestine produced an exaggerated sonorousness; the gurgling heard in the intestinal folds was mistaken for the bursting of bubbles of air passing through the fluid effused into the pleural cavity. As the rent in the diaphragm was enlarged, a large mass of intestine escaped into the chest, and increased the sonorousness and the gurgling, and at the same time the liver, which formed a voluminous hernia, increased below the flat sound which was attributed to the presence of a liquid. Finally, on the last day, no r ale was heard in front on the right side; this can be explained from the fact that the opening through the diaphragm being suddenly enlarged, the intestine, as revealed by the autopsy, had compressed the lung which, besides, was found separated from the anterior wall of the thorax by several folds of the the colon. The condition of the patient forbade a more thorough examination of the lower part of the chest. It is to this sudden enlargement of the diaphragmatic rupture that we must attribute the rapid collapse of the subject, and finally his death.

We then see that if an error in diagnosis was made, it was very difficult to avoid, since so many circumstances concurred to simulate a pneumothorax: fracture of a rib, the possibility of a perforation of the lung, the metallic and amphoric sounds, flatness below, an exaggerated sound above, all these stethoscopic signs were as clearly marked as we ever find them in hydro-pneumothorax, however well characterised. Many physicians and Interns concurred in the diagnosis. Yet from the second day that the symptoms of hydro-pneumothorax appeared, I had some doubts as to the existence of that affection. I could never hear distinctly the amphoric *souffle* as heard by others, and I presume now that they were led into error by a strong bronchial *souffle* which might have sounded in an exaggerated manner through the folds of the intestines distended with gas. I ought likewise to state that the amphoric voice could not be detected, nor the peculiar *timbre* of the cough which ordinarily accompanies it; thus then we find here three signs of hydro-pneumothorax wanting. If the condition of the patient had not prevented it, succussion might probably have removed all doubts in regard to the real nature of the case.

VI.—EPILEPSY cured by extracting a foreign body from the *Meatus auditorius*.—(*Bulletin Therapeutique*.) The following curious case reported in a Bordeaux Medical Journal by Dr. Roussilhe, will be read with interest: Jean Raynes, a farmer, aged 30 years, introduced a small stone or pebble into his left ear in 1833. For a long time he was only troubled with partial deafness; by and by the auditory canal became the seat of a discharge to which the patient paid little or no attention. In 1836 he

was seized with vertigo which forced him to suspend his occupation. About the period of the harvest, he was assailed by a violent attack of *epilepsy*, since which time these attacks have come on with the greatest irregularity. In 1838, Dr. Roussilhe was consulted; The epileptic seizure was always preceded by symptoms of vertigo. The mother of the patient being present during the consultation, alluded to the introduction of the foreign body into the ear some time before the epileptic attack. Recollecting the case related by *Fabricius de Hildanus*, in which the extraction of a piece of glass from the ear of a young girl had cured an attack of epilepsy, Dr. R. proposed to extract it in this case. On examining the ear with a speculum, he found a large mass of cerumen lodged in the bottom of the auditory canal. The canal was slightly inflamed and also the seat a sero-purulent discharge. An alcoholic solution of soap was thrown into the ear with a view to dissolve and remove this indurated cerumen. With the aid of a blunt pointed stilet, the ear was thoroughly cleansed. After this the foreign body was soon reached, and the operator endeavored, but in vain, to pass the stilet beyond its great diameter and to extract it; he could only move it from its bed. He allowed the patient to rest for a few moments, because he had suffered a good deal during these efforts. He then filled the auditory canal with warm olive oil, and allowed it to remain there for some moments. He next took a small silver wire and bent it in the middle, so as to form a sort of noose, and then introduced it down to the foreign body, and attempted to pass it beyond it; this was soon and easily effected; he next drew gently upon the noose, and secured the body and withdrew it at once. It proved to be a small stone or pebble of irregular shape and nearly a triangular form. This body had remained *five years* in the ear. He advised the patient to throw emollient injections into the auditory canal, and to take daily the infusion of valerian. Since that period up to the time the case was recorded, (September 1843,) the epilepsy had not re-appeared. M. Roussilhe is induced to believe that the disease will not return.

VII.—*M. Morganti on the accessory nerve of Willis.*—(*Journ. Comsaiss. Med. et Chirurg.*, 1844.) Physiologists have generally agreed, at the present day, that the spinal nerve represents the anterior or motive root of a rachidian nerve. This opinion was at first admitted on anatomical considerations, in regard to the distinct origin of two trunks, and by practical experiments upon their branches; but this view had been adopted rather because of the simplicity of the explanations which it enabled us to give, than in consequence of positive demonstration. M. Morganti was then induced to follow on that subject the works of M. M. Bischoff, Lenget, Arnold and Muller. M. Morganti first studied these arguments in comparative anatomy. He has always seen upon the dog, cat, horse, &c., the spinal nerve pass along the side of the ganglion which the pneumogastric nerve formed in its passage through the foramen lacerum without having any connection whatever with it. He then endeavored to prove, by vivisection, the motive properties of the spinal nerve. For this purpose, he exposed the spinal marrow of a lamb two months old, in the space which separates the occiput from the first cervical vertebra. After having incised the dura-mater, he elevated the spinal nerve with the for-

ceps, and irritated it. The animal, which had manifested signs of suffering during each step of the operation, then ceased to show them. An assistant who had his hands upon the trapezius and sterno-mastoid muscles, felt their fibres contract whenever the nerve was irritated. The same experiment was always attended with the same phenomenon, but always without any modification or change of voice. It must also be stated, that the upper roots of the nerves were alone irritated, and that from these originated the external branch, hence their irritation could not affect the functions of the larynx. It was necessary to act directly upon the spinal trunk within the cranium. But, we know that it is difficult to divide the spinal nerve entirely. M. Longet, who is quite skilful in researches of this kind, acknowledges that he failed in this experiment eight times before he succeeded. M. Morganti proceeded in the following manner: After exposing the nerves which pass through the posterior foramenacerum, in the space comprised between the branch of the maxilla and the condyle of the occiput, he divided the muscles arising from the occiput and those which are inserted into the styloid apophysis. Having thus obtained space enough, he either cut, broke or disarticulated the bones of the animal, which was a very young dog. The arteries were ligatured or twisted, and the sinuses tamponed. By tracing the posterior border of the maxillary branch, the author arrived with facility at the foramen lacuum, and discovered the ninth, tenth, and eleventh pairs at their exit. He removed the bony arch which circumscribed the posterior foramen lacuum, and, thus making his way into the cranium, he discovered the spinal nerve through the dura-mater. He divided this membrane—reached the nervous trunk, and wished, before proceeding further, to ascertain if the voice of the animal would be affected. He irritated the surface of the wound; the animal howled lustily and in his natural tone. M. Morganti then divided the nerve; and at that moment, the voice became harsh and auous. When the dog was irritated, he was forced to make a noise, but his voice was the same as after the recurrent nerve had been divided. The operation lasted three hours, and the animal lived fourteen afterwards. They ascertained after death that the spinal nerve had been entirely divided. The peripheral end had retracted within its sheath. Upon another dog, aged five months, the same operation having been performed, the larynx was exposed, and the author discovered that the right vocal cord, as well as the corresponding arytenoid cartilages remained immovable, whilst the same parts of the left side, experienced, during his efforts to cry, their natural movements of contraction and relaxation. The spinal nerve had been divided on the right side.

VIII.—*Of the Treatment of Varicocele.*—(*Archives Generales de Med. Sept. 1844.*) In an able and elaborate memoir on varicocele and its radical cure, published in this Journal, Dr. J. Helot, thus speaks of the "TREATMENT" of the affection: From the description which we have given of the disease, it is manifest that in an immense majority of cases, no treatment at all is required. This was the advice of a great number of surgeons prior to the epoch when M. Breschet turned his attention to the cure of this affection, and it is still the opinion of a great number. Boyer, Dupuytren, and Astley Cooper did not operate for varicocele.

The treatment of varicocele, observes Sir Astley, should have for its object to prevent its increase and guard against its inconvenience. The scrotum should be supported by means of a suspensory. The parts should be kept as cool as possible. All pressure from the clothing should be avoided. Cold baths are useful; lotions with cold water holding in solution nitre and the hydro-chlorate of ammonia, may be applied with advantage. This surgeon also advises irritating applications, and even flying blisters to the scrotum with a view to obtain a thickening of its tunics. But, he says, that in cases of varicocele, such as are usually met with, it is preferable to tell the patient that the tumor should not disturb his feelings, that it will exercise no bad effect upon the organs of generation; the surgeon should besides say to the patient, to quiet his apprehensions, that varicocele is so frequent, that probably of twenty persons there is at least one of them who has this affection, and this, too, without interfering with any of the functions of the organism. Only in the last extremity, should the surgeon decide upon an operation; but in the practice of a long life we rarely find a case in which an operation is called for. Mr. Key is among the very few who has found it necessary to resort to chirurgical means. M. Dupuytren was likewise averse to an operation for the relief of this affection. Thus, then, with rare exceptions, the entire treatment of varicocele should consist in wearing a suspensory, (and other palliative means calculated to diminish local vascular plethora.) Since varicocele is not a disease jeopardizing the life of the patient, the surgeon should not, on account of the simplicity of the operation, and the little risk to be incurred thereby, recommend it without the most urgent necessity. Most surgeons, and among them, we may mention Cooper and Dupuytren, refuse to operate, not because the consequences are serious to the patient, but because the disease is too simple in itself to require it. It then remains for us to examine into the positive indications for the operation, before instituting a comparison into the various methods as to which is the better. In our opinion, an obvious inconvenience, even considerable pain, would not induce us to operate; we should be content to indicate such mild means as might mitigate the patient's sufferings. If in consideration of this inconvenience, even this pain, we should propose a surgical operation, I do not see why we might not amputate a toe to cure a corn on the foot, which is more painful than an ordinary varicocele. That sadness—that *ennui*—that *tedium vite* which we sometimes observe in those affected with varicocele, should not always induce us to operate; for if a hypochondriac should demand an operation for a disease which he did not have, or which did not require the knife, we should certainly refuse to operate. But when all ordinary palliatives have been employed—if the great volume of the tumour—if the severe pains prevented the patient from pursuing his occupations, if it were impossible for the patient to change his profession in cases where this might be desirable, then, and then only, because *des accidents graves et immediats*, we might appeal to the knife. The author proposes, in a future communication, to discuss the relative claims of all the various operative proceedings, which have, at different times, and by different surgeons, been proposed and practiced, in cases demanding an operation.

IX.—*Injections of Tinct. Cantharides into the bladder, in cases of re-*

retention and incontinence of urine, caused by an incomplete paralysis of the organ. (*Bulletin General de Therapeutique*, 1844.) By M. Lisfranc. A man between 45 and 50 years of age, entered the Saint Louis Hospital with a retention and incontinence of urine; the bladder was distended and the urine escaped *par regorgement*; the bladder was evidently paralysed. But what was the cause of this, and was the obstacle to the excretion of urine caused by an inflammatory or nervous state of the neck of the bladder or by a diminution of innervation? It was highly important to resolve this question, for if we treat it as a paralysis, and there exists an inflammatory or nervous state, we must fail to relieve the patient. To ascertain if the paralysis was primitive and independent of the condition of the bladder, M. Lisfranc, with his characteristic boldness, resorted to the method which always succeeded in a great number of patients, in from one to ten days, in relieving the spasmodic inflamed state of the neck of the bladder. His method is to bleed, for several days in succession, from the arm, taking at each, from 90 to 120 *grammes*, and using lavements composed of 15 grs. camphor. dissolved or suspended in the yolk of an egg, and 100 *grammes* of water, and when required adding a few drops of laudanum. This treatment having failed in the case in question, M. Lisfranc concluded that here was a true paralysis of the nervous action of the bladder. He then determined to try the injection of the tinct. lyttæ into the bladder. For this purpose, a gum elastic sound was introduced into the bladder; then a small syringe, containing a small quantity of the tinct. lyttæ, was adapted to the mouth of the sound, and the injection slowly forced into the bladder, without the slightest movement of the sound, in order to avoid exciting any contraction of this organ; immediately afterwards, half a glass of tepid water was thrown into the bladder. In this way, the tinct. first coming in contact with the mucous surface of the bladder, must necessarily excite powerfully that organ, it being immediately succeeded by the tepid water, this excitation created by the the first injection, must be gradually diminished and finally cease. By combining the tinct. cantharides with the tepid water, the excitation would not be adequate to arouse the inertia of the bladder. As the bladder became accustomed to the contact of the cantharides, the quantity was increased. By this procedure, the injection may be repeated three times per diem. A few drops of the tinct. lyttæ will suffice for each injection. By this treatment the patient was greatly improved; he no longer soiled his linen; he passed urine only two or three times daily, and five or six times during the night. He was in fact almost cured.

We cannot conclude these remarks, continues the reporter, without speaking of the good effects which M. Lisfranc has derived from demulcents of laudanum and camphor, in cases of gravel and in cases of spasm, and inflammatory irritation of the neck of the bladder. In gravel the excretion of the first half of the urine is easily effected; it is only towards the end that contractions of the bladder project the stone towards the neck of this organ, which, being irritated, opens with much difficulty; even the patients urinate like old people; the urine escapes slowly. An injection of six or eight—(twenty or thirty) drops of laudanum, and fifteen *grammes* of camphor suspended in some suitable vehicle, calms the irritation, the spasm, and facilitates the expulsion of the stone. This treat-

ment, by causing a free evacuation of the urine, will prevent vesical catarrhs, which are so apt to attend when the bladder is partially emptied; and it is especially important in cases of gravel, when the size of the stone will increase as the difficulty in expelling the urine is augmented. These lavements are equally efficacious in mild catarrhs of the bladder, when the desire to urinate is frequent and troublesome.

X.—*Researches into the nature of White Swelling.* By M. RICHEL, (*Archiv. General de Med.* September, 1844.)—The author begins by making some general remarks upon the anatomy of the joints. He states that the synovial membranes, are highly vascular; they derive the smooth polish of their interior surface from a polished membrane, composed of cellules, and organized; it acts as varnish in lubricating the points of contact. The author denies that the synovial membrane passes over the cartilages; he believes that the smooth appearance of the cartilage, is produced by the above epithelial layer, which alone covers them. The cartilages are composed of a translucent homogeneous substance, denominated *fundamental*, in the middle of which are situated excavated cellules containing a peculiar liquid and a cytoblast. M. R. has never discovered any blood vessels or nerves in this structure, hence he concludes that they are unorganised, and that they resemble the epidermis. He admits however that the cartilages live, but possess a parasitical life, and they live too, at the expense of the surrounding parts—at the expense of the bones particularly, to which they adhere without the intervention of any cellular membrane, and finally, at the expense of the synovial membrane, which is reflected upon their borders without covering them. The ligaments are the fibrous structures which have but few vessels and no nerves; M. Richet thinks that the pain produced by torsion is seated rather in the bone to which the ligaments are attached, than in the fibrous tissue itself. According to M. Richet, the synovial membranes and the bones are almost always the seat of *white tumors*. The changes in the fibrous and cartilaginous tissues are usually consecutive. The author first studies carefully the diseases of the synovia. We rarely have an opportunity of studying these diseases in the beginning, It was necessary therefore to make experiments upon animals for this object, and follow, step by step the various alterations. When the synovia is exposed to the air, it becomes red in four or five hours, then it loses its fine polish; in 24 hours, this unpolished surface is covered with a sero-sanguinolent layer; on the third day, the synovia discharges pus, and is covered with fine granulations analogous to those of the lids in chronic blepharitis; then from the fifteenth or sixteenth day, we find on the superficial serous surface a pseudo-membranous exsudation, which latter forms a sort of chemosis around the cartilage. Sixty days after having injected alcohol into the knee joint of a dog, M. Richet found these synovial fringes or cuffs encroaching upon the cartilaginous surfaces, and almost completely covering them. After the lapse of a long period, the synovia sometimes assumes a considerable degree of thickness, which is due not only to the pseudo-membranes, but also to an œdematous engorgement of the exterior cellular tissue.

This thickening, Brodie has described under the name of *fungus articularum*. But the French surgeons deny this alteration to be cancer-

ous. The liquid found in the articular cavity is sometimes genuine pus, in some cases no liquid is to be found; this happens in cases of considerable thickening of which we have already spoken.

Brodie has described under the name of ulceration of the synovia, a special alteration. The synovia ulcerates, in certain cases, in which pus primitively formed in the interior of the articular cavity, makes its exit through the membrane, and becomes infiltrated in the surrounding muscles, or when an abscess at first seated exterior to the articulation, opens afterwards into the cavity of the synovia. But facts do not demonstrate the existence of a primitive ulceration, as seems to have been admitted by the English author. When a synovia has been discovered for some time, it sends out, as already stated, pseudo-membranous prolongations upon the cartilage; this is absorbed and gradually disappears, so that the false membranes became fixed to the exposed osseous surfaces. Fibro-cartilage is re-observed in the same manner. The ligaments are likewise almost always changed; but, according to M. Richet, this is not a real inflammation, we do not often find any distinct vascularity. The fibrous tissue becomes diseased from its proximity to the the inflamed synovia, and its alterations especially consist in a softening due to the infiltration of the interfibrillar cellular tissue. Occasionally we find induration. The osseous extremities may become inflamed consecutively to a disease of the synovia which is proximate to it; but frequently, osteitis, caries, tubercular affection, become the starting point of a *white tumor*, that is, of an arthritis which becomes general. In these cases, the affections transmitted by the continuity of the periostium to the portion of the synovia which covers it, and subsequently reaches the entire membrane, which experiences the transformations of which we have spoken, and afterwards transmits it to the ligaments. At the same time, the inflammation of the bone extends to the cartilage; fungosities developed in the bony cells destroy the compact lamilla, then the cartilage, and this last thus in part or in toto, disappears; the fluid poured into the articulation from these fungosities becomes a new cause of inflammation to the synovia. M. Richet insists strongly upon inflammation of the bones in white tumors; he thinks that this inflammation may be propagated along the medullary canal to the opposite extremity. In this fact, he finds an explanation for those pains in the knee which attends morbus coxarius.

The author does not think that the diarthroidal cartilages are ever primitively diseased; he does not admit the ulceration described by Brodie, because, says he, we have never found their solutions of continuity furnish pus; and because, finally, we find in old people softening and loss of substance which give rise to no accident. The partial or general destruction of these organs are the result of a perversion of their nutrition, by a disease of the bones, at the expense of which they live. Whenever we find the cartilages decorticated, eroded by white tumors, an attentive examination of them shows that the diseased bones beneath have been the starting point of all the mischief. We have given this exposition of M. Richet's views, without discussing them, which should be carefully studied before we conclude to receive or reject them definitively.

(*Anual. de la Chirurgie. 1843.*)

XI.—*On an improved mode of managing Blisters.* By JOHN KEY ROBERTSON, M. D., Glasgow.—(*From the London Lancet.*) In a monograph on "Special Diseases," published by me in 1841, I described a mode of managing cantharides as a blister, the general purport of which I shall repeat here, that it may be extensively read and *tried* through the wide circulation of THE LANCET.

I beg leave to say, that what follows is the result of my observation, extending over nearly seventeen years, and that if the practice be followed anywhere, or by any one, it has never been made public but by myself, so far as is known to me.

I shall be extremely glad that it be given a fair trial generally, by gentlemen in the profession, and that the results be sent to THE LANCET for publication.

The improvements I beg to suggest are the following: The common empl. canth. of the pharmacopœia is to be used.

I. It is generally spread on leather.

It should never be spread on leather, but on thin paper, (partially sized, or printing paper,) or upon soft linen. Leather, by the heat of many parts of the body, becomes dry and partially crisp, and with difficulty adheres to the skin, producing, even if the blister were otherwise good, an impossibility in many instances of acting well and generally over the whole part intended to be blistered, from not being over the whole extent of the blister in contact with the surface of the body. The linen or paper has no such objection, and clings easily and to anywhere. I invariably use *paper*, and straps to secure it, above these a small pad, and then a bandage.

II. It is generally spread very thick.

It should be spread very thin—a mere covering of the paper or linen is all that is requisite. The thickness partakes of the objection already mentioned with reference to leather; and as no more than the mere surface of the blister can act on the skin, to make a blister thick is, in addition to rendering it in many places difficult of application or adhesion, sillily throwing away, or wasting, a rather expensive substance.

III. It is a very common practice to cover the surface with powdered cantharides. *This should never be done,* but instead, a few drops of olive or sweet oil put on the surface of the spread blister, the oil, by means of the finger, being rubbed into its surface and allowed to remain.

There are several objections to the practice of putting powdered cantharides on the surface of blisters. In the first place, a good one does not need it. In the second, a bad one wont be made good by its being there, as dry cantharides act very triflingly, or not at all, on the skin; and again, if the blister act it is troublesome to remove from the surface, thereby increasing the chances of strangura by absorption, or forcing us to tear off the cuticle to obtain its removal.

The active property of Spanish fly is soluble in fixed oil. This, it may be said, is perfectly well known; possibly, it is well known; but while the simple empl. canth. of the shops will act occasionally tolerably well in summer, in winter it is far otherwise; the vehicle is then almost solid, and my proposal is a means of obtaining the activity of the Spanish fly at all seasons, and independently of ordinary counteracting circumstances. Its activity by this means is not only rendered certain, but *more intense*,

much less time being necessary to blister than usual, six to eight hours being quite enough, and even less will do where time is of importance.

The skin requires no preparation whatever—*strangury never follows with me*. They are dressed afterwards in the ordinary way, with cotton. If the oil has been rubbed into the blister a few hours before being used, so much the better.

Circumstances which I need not detail here, have forced me to have a blister on my own person this week. I used one as advised here. It rose beyond anything gentlemen using the ordinary blister in the ordinary way are accustomed see, and gave me little or no annoyance.

Patients soon begin to discover the superiority of means in the hands of different practitioners. Those who have used these blisters prefer them to every other. It is only a few weeks ago that I received written messages from different parties, both of them ladies residing in neighboring counties, containing many apologies for making such a request, but begging a blister of the kind used by me to be sent per post, giving as a reason, that they had been my patients some two or three years before, and had then used them; were now ordered blisters by their present medical attendant, &c.

In some instances, blisters produce a vast deal of irritation. I have met with persons who, from this cause, were perfectly alarmed at the bare idea of a blister. These are cases in which the form of blister recommended here will be found to answer admirably, and will repay those who choose to give it a trial. One lady I recollect, from Brighton, told me she never could be blistered; that it produced the greatest distress, that her skin could not tolerate it, &c. She lived to learn that she could be blistered like her neighbors.

None of the blistering tissues recommended and puffed by those interested in selling them are, in my estimation, to be compared to the means narrated.

Every man can make this blister for himself, of the commonest materials, at a very trifling expense, and if this be any recommendation, they will act three, four, or six times, if uninjured, and the oil gently renewed on the surface.

West Hill-street, Glasgow, June 18, 1844.

XII.—*Cases of Strangulated Hernia; with remarks.* By Professor WARREN, of Boston.—(*Amer. Jour. Med. Science.*)—We find in our Philadelphia Cotemporary for last month, a very interesting paper on the subject of hernia by the celebrated eastern Surgeon :

Seven cases of strangulated hernia are reported by Dr. Warren, accompanied with many just and judicious remarks. Few operations for strangulated hernia were performed in Boston, Dr. W. tells us, prior to 1803 and 1804. The surgeon was slow to advise and the patient unwilling to submit to the operation; this practice was deprecated by the professor, and accordingly, he made every effort to correct this error and to impress upon the minds of his medical friends, the absolute necessity of resorting to the operation after the usual medical and manual means had failed. He was soon successful in his endeavors to correct the public mind, and

the result of this change has been most gratifying. For the last six years, although he has operated for strangulated hernia a number of times, he tells us he lost only a single case, and this because the operation was delayed three days after strangulation. He introduces these seven cases, in detail, with a view to illustrate some important points of hernial pathology and practice, and especially the following—"first, the situation of the stricture, whether in the abdominal ring or the neck of the sac; second, the simulation of strangulated hernia by peritoneal inflammation in the sac and its vicinity; third, the practicability and utility of dividing the stricture, and reducing the hernia without opening the hernial sac; fourth, the possibility of conducting the subsequent treatment so as to give the patient some security against the return of the disease, after his recovery from the operation. I would have it understood, that it is not my intention to present a statistical record, but rather to bring forward a few cases in detail, calculated, so far as they may go, to explain the manner in which I have treated this affection, and also to touch upon the points above mentioned. The first case which we shall now record, illustrates, firstly, the advantages of an early operation; secondly the seat of stricture; thirdly the practicability of dividing the abdominal ring without opening the sac; fourthly, the practicability of returning the hernia without opening the sac." Then follows the case, in which the operation was performed 30 hours after the occurrence of strangulation. He cut down upon the the tumour, and returned the sac without opening it. The case recovered without a bad symptom.

The second case was one of crural hernia in an old lady aged 82; operation 24 hours after strangulation; discharge of blood from the wound eleven days after the operation, and from the vagina 20 days after the operation; still the case recovered. In this instance the sac was opened in the usual manner. The third was one of inguinal hernia; operation 24 hours after strangulation; sack returned without being opened; recovery. Case fourth, also one of inguinal hernia; operation in six hours after strangulation; rapid recovery. Notwithstanding the speedy and prompt use of the knife in this case, the intestine which filled the sack was of a deep purple color, and must have terminated, if not relieved, in gangrene in a few more hours. This case should warn us not to procrastinate the operation, for it is here emphatically the "thief" of life. The fifth case was one of crural or femoral hernia; operation 32 hours after strangulation; recovery. The stricture was relieved by dividing the semi-lunar insertion of the external oblique muscle into the os pubis. In the sixth case there was no operation, the patient having died a few moments after he reached the hospital. A post mortem was made with great care and the stricture was found at the mouth of the sack, and no appearance of peritoneal inflammation. The intestines were generally of a black color, produced by stricture and consequent tension of the mesentric vessels of the abdomen. In remarking on the singular appearances presented by this case after death, Dr. Warren, says that the phenomena here do not support the opinion that the seat of strangulation is at the mouth of the sack. For the mouth of the sack was quite expanded, and the actual seat of constriction resided in the tendon of the external oblique muscle at the abdominal ring. Case seventh, is short, and so

curious that we shall give it in full. Dr. Warren was requested to see a patient of Dr. Parker's who had been attacked with strangulation on the day previous. It was a large scrotal hernia, on the right side. Careful and continued efforts were made to reduce it, without success; other measures having been previously tried, Dr. Warren now recommended an operation. In three or four hours, the patient was induced to consent to have it executed, and the necessary arrangements being made, the patient was laid on the table, with his legs hanging down as usual; the operator then placed the thumb and fore finger of the left hand on the skin over each side of the hernia, without making pressure—turned to receive a scalpel from an assistant behind him, and bringing the scalpel down to the surface of the hernial tumor, he perceived there was no longer any tumor; the hernia had at that moment receded, and was perfectly reduced. The patient to his great satisfaction, was restored to bed, and had an injection, which operated favorably that night. The next day, he took a dose of senega, which operated well, and in a few days he was cured.

Professor Warner concludes these cases by some general reflections which are highly judicious. He urges the importance of an early resort to the knife in strangulated hernia; his long experience as an operator testifies him in this recommendation. Before however, we resort to the operation, he advises pressure actively and judiciously employed, for a short time; but it should not be kept up too long, for it rather tends to increase the inflammation than reduce the hernia. In the second place he commends bleeding, under the eye of a good and sensible physician. Third, the warm bath may be used in mild, but in bad strangulation it is useless, and sometimes increases the tension of the abdomen. Fourth, the early part of the strangulation, cold may be applied for a short time, if too long continued, it may determine gangrene, as Dr. Warren has witnessed. Sixth, he speaks favorably of large doses of opium, as not only giving relief from pain, but as also favoring muscular relaxation, thus facilitating the reduction of the hernia. He recommends the division of the stricture without opening the sack, and believes the practice should generally attempted. In the first and third cases, as already mentioned, relieved the stricture without disturbing the sack; in the femoral hernia in the male, this practice was likewise attempted but failed. Where the intestine is suspected to be gangrenous, it would obviously be improper to return the sack unopened. If the stricture existed at the neck of the sack, this method would, of course be in a great measure impracticable.

III.—*The presence of Animalculæ in the Blood.*—Dr. Goodfellow writes, in the *Medical Gazette*, a case of fever in which he discovered a great number of animalculæ in the contents of the stomach and in the blood. The following is a condensation of his remarks:—

On examining the fluid ejected from the stomach during life and on the day following that on which the vomiting commenced, by the aid of the microscope, myriads of animalcula were observed in very active motion.

These minute organisms appeared to vary in length from 1-5000th to 1-3000th of an inch, and their diameter, (which I am convinced was the same throughout their length,) from about 1-40,000th to about 1-100,000th of an inch. Nothing was observed by which I could distin-

guish the head from the tail, although sometimes one extremity appeared certainly larger than the other; close observation enabled me to discover that this appearance was owing to one extremity being a little out of focus; when the whole of one animalcule was in focus, no difference could be detected. Their movements, when active, closely resembled those of the small naiades so frequently seen in river water after rain, but when they became sluggish from the inclosure of the animalculæ between slips of glass for several hours, they resembled those of the larvæ of the common meat fly, *musca vomitoria*. The fluid ejected after every attack of vomiting was found to contain the animalculæ in as large numbers as when it was first examined; they were also found in the sanguineous exudation from the lining membrane of the mouth and nostrils. The vomited matters also contained a considerable quantity of altered blood corpuscles, epithelial cells, and a small quantity of mucus, but no trace of bilious admixture. Similar animalculæ were observed in blood taken from the capillaries of the skin, but in such small numbers that they escaped my notice for several examinations. Repeated observation, however, ultimately convinced me of their existence in the blood taken from the capillaries during life. At the autopsy, forty-eight hours, P. M., they were still seen in large numbers in the fluid contents of the stomach, and in the blood taken from both sides of the heart, and the aorta, carotid, venæ cavæ, pulmonary artery and veins, brachial artery and veins, and the femoral artery and vein. They were also found, during life, and in the fæces, but here they were never seen to exercise any movement. None could be detected in the gall-bladder or biliary ducts, in the pancreatic fluid, in the urine, or in the frothy mucous in the large bronchial tubes."

Dr. Goodfellow expresses his ignorance of the manner in which these animals got into the blood-vessels. He does not believe that they were introduced into the blood from the stomach, but rather that they passed, and they could do this readily, owing to their minute size, from the blood-vessels into the stomach.—*London Lancet*.

XIV.—*Researches concerning the importance of Bile in living Animal Organism.* We are indebted to Prof. Schwaun for an account of some interesting experiments, instituted for the purpose of ascertaining whether the bile is really essential to life. These were so conducted as to allow that fluid to flow out of the body without ever getting into the bowel. The means employed was ligature of the ductus choledochus.

The author contends that the experiments of Brodie, Tiedemann, and Gmelin, Leuret and Lassaigue, are of no physiological value as regards the present inquiry; inasmuch as if the ductus choledochus be simply tied not only is ingress of bile into the bowel prevented, but the secretion likewise stopped. Now the secretion may serve a double end in the animal economy; first, to remove certain matters from the blood; second, to elaborate a fluid destined, like the gastric juice, to exercise some peculiar action upon the nutriment. That the bile contributes to effect a change in the composition of the blood cannot be denied. Accordingly, if the depurative process performed by the liver be arrested, death must follow as surely as after ligature of the ureters,

To obviate the above difficulty, the author, while he applied the ligature

formed at the same time a fistula of the gall-bladder, having its external opening in the abdominal integument. Under such circumstances, if death ensued, it must be from absence of bile within the bowel, for the secretion is permitted to go on without interruption: those cases, of course, being excepted where a fatal termination has been the immediate result of the operation.

The following important practical inferences may be drawn from Prof. S's experiments. Out of 18 dogs whose ductus choledochus was tried, and fistula of the gall-bladder at the same time formed, two alone survived. In both, when killed, the ductus choledochus was found re-established. Of the other 16, ten died in consequence of the operation. In the remaining 6 death could not be assigned to that cause, but only to absence of bile in the intestinal tube. It may be, therefore, concluded that the bile is of vital import; that the liver does not merely serve, through the biliary secretion, to carry off certain effete matters from the blood, but that it at the same time elaborates a fluid essential to the animal economy. This is borne out, not only by a consideration of the six cases where the animals died without any other appreciable cause, but, likewise, of those in which the duct became restored, and the dogs lived. There the emaciation continued up to a certain period, no doubt that of the re-establishment of the ductus choledochus; in one, symptoms of marasmus supervened exactly resembling those in dogs dying from want of bile, but which completely disappeared on the integrity of the conduit being regained. The ten cases in which another cause of death was discovered cannot be received in evidence, as it is probable that the privation of bile partly contributed to shorten life. This must be taken into account in every instance where an animal outlives the operation three days, as the effects of absence of bile are already appreciable before that date; if wasting occur earlier, it is probably the direct effect of the operation.

Death takes place even when the dogs lap and swallow the effluent bile; it cannot, therefore, be reckoned a substitute for that which, in the natural course of things, passes into the duodenum. On the other hand, the ingested bile did not seem to impair digestion.

Young dogs die as well as old ones, and probably sooner; thus, one died in seven days; and one, although eventually saved by reproduction of the biliary canal, manifested by the tenth day those marked symptoms of faulty nutrition which do not usually show themselves till a later period.

Death takes place amid symptoms of inanition or defective assimilation,—emaciation, muscular weakness, tottering gait, falling out of the hair; and these are the more prominent the longer life is prolonged after the operation.

There is considerable variation as to the period at which animals die from want of bile; thus, one young dog died within seven days, and another not before two months and a half had elapsed. It would appear, as a general rule, that adult dogs perish from want of bile in from two to three weeks after the operation. Now it is known that dogs can live for nearly a month without any kind of nourishment. (*Muller's Physiology*, Bd. I. p. 477.)

In order to account for those cases in which, after the animals had apparently recovered, there was a renewal of the emaciation, and death, it

may be assumed that at some advanced period, in consequence of local injury by a blow or leap, the newly-formed texture has been ruptured, leading to inflammatory exudation within, and closure of the previously pervious canal, whereby the supply of bile has been cut off.

The following is the author's summary of results:—

1st. The bile is not a mere excrementitious matter, but is, after being secreted, of vital necessity.

2d. Bile is alike indispensable to young and old animals; indeed, the former seem to bear its want less than the latter.

3d. When the bile does not get into the bowel, its absence is generally perceptible in dogs by diminution of weight about the third day.

4th. When the bile is prevented from reaching the bowel, adult dogs usually die after two or three weeks, sometimes earlier.

5th. Death is preceded, as above stated, by signs of deficient nourishment, great wasting, muscular debility, falling out of the hair, together with slight convulsions during the agony.

6th. The bile which naturally flows into the duodenum cannot be replaced by that which the animals lap and take into the stomach.

7th. The bile so swallowed does not seem to interfere with the process of digestion.

The author proposes to extend his experiments, with the view of ascertaining whether the efficacy of the bile depends upon its being a solvent of certain articles of nutriment.—(*Am. Journ. Med. Science from Foreign Journals.*)

XV.—*The uses of Pure Tannin.* By ROBERT DRUITT, Esq.—In any case in which a vegetable astringent is indicated, Mr. Drutt believes that the tannin ought to have the preference. A simple solution of it, in distilled water, he says, is much more easily and quickly prepared, as well as much more elegant, than the ordinary decoctions or infusions of oak-bark, catechu, &c.; moreover, it may be prepared of uniform strength, and free from foreign inert matter, and it is not liable to decompose quickly; in fact, it has all the advantages which the other simple vegetable principles have over crude preparations from the herbs or extracts in which they are contained.

The cases in which Mr. D. has employed it, are sore nipples, excoriations about the arms and scrotum, piles, leucorrhœa, atonic phagedenic sores, toothache, aphthous sores in the mouth, severe salivation and relaxed sore throat.

For *sore nipples* especially, Mr. D. has found it “invaluable.” Every accoucher knows what a source of wretchedness and illness these are to the young mother, and how difficult it often is to find a decisive remedy; but Mr. D. has never been disappointed in the use of tannin, except once, in a neglected case, with deep irritable cracks, for which it was necessary to use the lunar caustic. The form in which he employed it, is a solution of five grains in an ounce of distilled water; this is applied to the nipple on lint, covered with oiled silk.

For the itching excoriations about the anus and scrotum, which so much infest old men, he has used it with benefit, but prefers lemon juice as a local application. For piles, with mucous discharge, he has also found it of use, but he cannot say much on this point from his own experience.

"In one or two cases of lingering atonic phagedena," says Mr. D., "I have found it of some service, sprinkled thickly on the sore; but more particularly so in those aphthous ulcers which sometimes occur in the mouths of adults, from acidity in the stomach, and congestion of the liver. I may say that I believe it the best possible remedy for severe salivation, and for all cases of relaxed sorethroat, attended with superabundance of mucus. It coagulates the mucus and enables the patient to get rid of it easily. Of course I do not use it to the exclusion of constitutional remedies; but of all the local means of making the mouth *comfortable*, I believe it to be the best.

"But of all the cases for which it is adapted, that common troublesome complaint, toothache, is that in which I believe it is most to be depended on. For this piece of useful knowledge I am indebted to my friend Mr. Tomes, and I have tested it by ample personal experience. It will often be found, as Mr. Tomes told me, that the gum around a carious tooth is in a spongy, flabby condition; a little piece of it, perhaps, growing into the cavity. The ache, too, is often quite as much in the gum as in the tooth itself. But, be this as it may, when the tooth aches, let the patient wash out the mouth thoroughly with a solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbors, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it in nine cases out of ten. I think that practitioners are to blame in not paying more attention to the cure of toothache; I am convinced that, in most cases, it is as curable as a colic or a pleurisy; the chief points being to open the bowels, and put the secretions of the mouth in a healthy state, and to apply some gentle astringent and defensative to the diseased tooth, till it is capable of being stopped by some metallic substance. I say emphatically a *fine* lancet, because the coarse, round, blunted tools that are generally sold under the name of gum-lancets, only bruise the gum, and cause horrible pain. The lancet which I use is sickle-shaped, cutting on both edges and finely ground; and if guarded with the middle finger of the right hand, it may be used in the case of the most unruly children, without any possible ill result." (*Amer. Journ. of Med. Science*), from *Foreign Journals*.

XVI.—*Analysis of the Blood of Persons exposed to Malaria.*—M. SALVAGNOLI examined the blood of four persons actually laboring under, or who had just recovered from intermittent fever, and were living in a malarious district. He found that it contained a notable diminution in the proportion of its fibrin, albumen, and fatty matter, and that the phosphates had almost entirely disappeared. It contained, however, a large quantity of cholesterine. It is remarked that the biliary secretion of those living in such districts has been previously noticed to be rich in cholesterine.—(*American Journal of Medical Science*), from *foreign Journals*.

XVII.—*Femoral Hernia of the right side—Operation twelfth day—cure.* [The following case was reported by Dr. Edward Hall, of Maine, in the *American Journal of Medical Sciences* for January 1845.—EDG'S.

June 2d, 1842, was called to Mrs., wife of J—M—, aged 50; found her suffering from femoral hernia of the right side. I learned that the rupture first happened fifteen years ago; that the tumour had been constantly down for a long time, and that it had often troubled her. The present attack, which commenced six hours prior to my being called, was far more serious than any she had ever had. The tumor was about the size of a hen's egg, and very hard. Bled her to syncope, and then attempted reduction; but the bleeding made no impression on the tumour. The remedies usually resorted to were successively tried, but without any effect.

3d. Patient no better; pulse but little accelerated; has vomited a good deal. I strenuously urged her to be operated on, but she would not consent.

4th. Dr. Hubbard was called in; patient getting worse; some febrile movement; vomiting continues. An operation was again strongly urged upon her, but she would not consent. Opium in four grain doses till a decided effect is produced. Plaster of extract of stramonium to the tumour.

5th. Patient much the same as yesterday. When fully under the influence of the opium, no impression could be made on the tumour.

10th. Since last report the patient has been gradually getting worse. The attacks of vomiting have been exceedingly troublesome, particularly one or two hours after taking nourishment. To-day the vomiting is stercoracious. She has had large and oft repeated doses of morphia, to allay the irritability of the stomach. Pulse 130; bowels somewhat tympanitic.

14th. Patient very feeble; countenance extremely anxious, pulse 130; hiccough; has had stercoracious vomiting at intervals since last report; bowels very tympanitic; nothing has passed them since the first day of June.

Shortly after I left her, her husband called upon me, stating that his wife was willing to submit to an operation, and that he wished to have it performed immediately. I remarked that I thought it too late for an operation to be performed, and that, under existing circumstances, I did not wish to undertake it. He was, however, so urgent in his request, that I at last consented. Dr. Ford was called in to assist. The operation was performed in the usual manner. We found the peritoneum much thickened, and firmly adherent to the cellular tissue externally. There was no omentum in the sac. The intestine was chocolate colored, and adhered firmly to the neck of the sac. It was so tender, that in endeavoring to insinuate a probe through the stricture, it passed into the intestine, though the utmost care and caution were used. Nothing remained then, but to open the intestine, and divide the stricture, which was accordingly done, when a large quantity of gas and fecal matter escaped.

On the inner side, and beneath the intestine, as the patient lay on the bed, I observed the appendix vermiformis, which indicated pretty conclusively, I thought, that the strangulated portion must be a part of the cæcum. I do not remember of ever having seen a case reported, in which this appendage was protruded into the hernial sac.

My patient began to rally soon after the operation. She was very much troubled with diarrhœa for the first week or more. Food would pass through the wound, almost unchanged, in one or two hours after being swallowed.

All attempts to regulate the discharges by the artificial opening were of no avail, for in spite of all the tents, compresses and adhesive plasters I could use, fecal matters would escape from the wound almost every hour in the day.

In about a week after the operation, the patient had a discharge by the rectum; the next day another of the same consistence as those by the wound. In another week the natural course of the bowels was fully established, and the discharges by the artificial opening ceased.

REMARKS.—In reviewing this case, I am of the opinion that the patient owed her life to the opium and its preparations, which were freely administered to her during her sickness. Nor do I think that she could have survived till the twelfth day had it not been for this drug. Sulphate of morphia was the preparation used in the latter part of her sickness, as it agreed better than opium. It was generally administered in half grain doses, after an attack of vomiting, and in many instances would serve to prevent another attack till one or two hours after taking nourishment. Its influence on the mind of the patient was none the less salutary than its effect on the stomach and bowels. She was of a nervous and excitable temperament, and thought from the commencement that her case would terminate fatally. The season assigned why she would not be operated upon was, that no matter what was done for her, she should die, and that every individual within her knowledge who had been operated upon, did die. When under the influence of morphia she was cheerful, and expressed but little anxiety respecting the termination of her case.

I regard opium as of great value in the treatment of hernia of aged people. I was, in August, 1842, called to see an aged lady laboring under femoral hernia. She was so feeble as to forbid the use of debilitating remedies. Half a grain of morphia was administered, and the hernia was reduced in about thirty minutes. About six months afterwards I was called again to see her for the same difficulty. The same dose as before was administered, and not being able, after waiting the same length of time to reduce it, I repeated the dose. Half an hour after the second dose the hernia was easily reduced. A year afterwards she was operated on by another physician for the same difficulty, he being unable to reduce it.

A neighboring physician of respectability informed me that he once gave a patient a full dose of opium, after trying the usual means for reducing strangulated hernia without avail, to keep him quiet till daylight, in order that he might operate on him; and that when fully under its influence, the hernia was spontaneously reduced. The good effects which resulted from the use of opium in these cases, were attributable quite as much to the tranquillity of mind which it produced, as to the relaxation of the system. One great cause of failure of reduction in many cases, is the fears and mental excitement which patients labor under when suffering from hernia. An article which, like opium, will allay this excitement, must be of great value.

Saco, York co., Me., Oct. 1844.

XVIII.—*Ununited Fracture successfully treated by Acupuncture*—The *Gazette des Hopitaux* quotes from the *Giornale per servire ai Progressi*, a case of ununited fracture successfully treated by acupuncture. The pa-

tient was a young man, twenty-six years of age, of good constitution. Both bones of the forearm were fractured, and after nine weeks no union had taken place. M. Wiesel then introduced between the two ends of the ulna two needles, sufficiently long to traverse through the false joint, and retained them in this position for six days. They were then withdrawn, their presence having produced considerable pain and swelling of the part. Fifteen days afterwards, M. Wiesel repeated the same operation on the radius. A simple bandage was applied to the limb, and in six weeks reunion was complete.—(*Ibid.*)

XIX.—*Extracts from the recorded proceedings of the New York Medical and Surgical Society.—Erysipelas of the Face translated to the Brain, accompanied with a peculiar state of the genital organs.* By J. G. ADAMS, M. D.—In the month of July last, during a visit to Avon Springs, Livingston county, I was requested by Dr. Butler, of East Avon, to consult with him in the case of Squire B——, aged about 60 years. On our way to the patient's residence, I learned from Dr. B. the following particulars of his case.

On Wednesday afternoon, five days previous to my seeing him, he had been attacked with a severe rigor of four hour's duration; on the following morning a bright scarlet spot appeared on the left cheek, near the ala of the nostril, accompanied with slight fever and some derangement of the digestive organs; the remedies used consisted of purgatives and diaphoretics, under the use of which he appeared to be convalescing. On Sunday afternoon, without any apparent cause, the spot disappeared from the cheek and he became delirious, requiring restraint; the posterior part of the head was observed to be of much higher temperature than the forehead, though both were equally exposed; he evinced strong sexual propensities; the penis was in a state of constant erection, and when any of the females of his family came into the room, he would make an effort to get hold of them. His hands were also continually occupied, so to speak, with his genitals. (I may remark that his temperament was lymphatic, and that he had been a man of exceedingly regular life, and unusually moderate in all his passions and desires.) Dr. Butler, immediately on seeing him, had opened a vein in the arm, but symptoms of collapse soon coming on, he was obliged to desist after a very few ounces of blood had flowed; iced cloths were applied to the head with counter irritation to the extremities. After a slight reaction had been established, moderate purgation was resorted to, combined with diaphoretics. The pulse continuing low and feeble, the Dr. had ventured on the use of quinine in small doses, but without benefit.

On arriving at the house, I found the patient in a state of extreme jactitation; eyes staring wildly; conjunctivæ much injected: pupils contracted, but not insensible to different degrees of sight. There was no redness or tumefaction of the face or head; skin of the forehead not above the usual temperature, but over the nucha and posterior part of the head, the increased heat was very remarkable; his hands were in constant motion, playing with his penis, which was now in a semi-flaccid state. He was unable to articulate, and could be made to swallow only with considerable difficulty; urine and fœces passed involuntarily; pulse

about 100, and feeble, yet his muscular power continued to retain considerable vigor.

I recommended the use of camphor and hyosciamus, with wine whey; an iced bladder to the head, and sinapisms to the extremities. The symptoms continued without alleviation until 6 P. M. of the same evening, when death ensued after a violent convulsion, being the sixth day of the disease.

Autopsy fourteen hours after death.—On removing the skull cap, the vessels of the dura mater were found engorged with blood, and the membrane in some parts had a rosy tint, with patches of lymph at several points, more particularly on the lateral surfaces and near the tentorium. On making sections of the cerebrum in various directions, the red points were found to be very distinct and in large numbers—the ventricles contained the usual quantity of fluid, and presented nothing anomalous. On dissecting off the tentorium, the cerebellum was found in a softened condition, so that it was lacerated in taking it out of the skull; it was so soft that the fingers could be easily driven through its substance, and the sections presented marked evidence of high inflammation. The arachnoid at the base of the brain, was reddened and thickened with the deposit of lymph.

The examination was necessarily conducted in a hurried manner, and almost by stealth, owing to the strong opposition of one of the relatives.

N. Y. Journal of Medicine.

XX.—MEDICAL SOCIETY OF LONDON, OCT. 1844.—*Bleeding in Puerperal Convulsions.*—Dr. WALLER had been surprised at the remarks of Dr. Lever at the last meeting, to the effect that bleeding in puerperal convulsions was too often resorted to. Dr. Lever himself doubtless meant to qualify these remarks. The practitioner would meet with two distinct conditions of system in cases of puerperal convulsions—the one of these would be sthenic, the other asthenic; in the sthenic, blood-letting was essential—in the other variety it might be injurious. With respect to his own practice, he might remark that he had never lost a patient with puerperal convulsions. His practice generally consisted in large blood-lettings, and the quickest possible delivery. Indeed, if there were any secret in the successful treatment of this formidable affection, it was, speedy delivery. Bleeding, he believed, was necessary, in nineteen out of twenty cases.

Mr. Crisp, in the absence of Dr. Lever, remarked that that gentleman invariably bled in the sthenic form of the disease. His remarks at the last meeting had reference mainly to the want of discrimination between the sthenic and the asthenic form of the complaint.

Some discussion followed on the presence of albumen in the urine, and its influence in the production of convulsions.

Mr. Crisp remarked that phlegmasia dolens succeeded to the convulsions in his case, related at the last meeting; and during the prevalence of this affection, the albumen in the urine gradually diminished.—(*London Lancet.*)

MEETING OF THE BRITISH ASSOCIATION AT YORK.

XXI.—[We insert the following proceedings of this enlightened body of the Profession, as well on account of their intrinsic merit, as to lay be-

fore our readers a specimen of just such a convention of physicians as we think should be annually held in the South-West. We have before thrown out a hint upon this subject, and contemplate endeavoring at some future period to have it carried into effect. Who can estimate the beneficial results that might arise from a convention of one or two hundred physicians from all quarters of this vast and fertile region, embued with the laudable impulses of philanthropy and the love of science? The success that has attended our humble efforts to establish this Journal, encourages us to hope that we may see such a convention held in this city either during the next winter, or the following spring. But more of this anon.—ED'RS.]

THE MEDICAL SECTION.—The meetings of the medical section of the British Association for the Advancement of Science, were held in the Great Hall of the York County Hospital, and were generally exceedingly well attended by the very distinguished practitioners of York and its neighborhood, who, as well as their fellow-townsmen, entered warmly into the spirit of the meeting, and extended the most cordial hospitality to those of their brethren who attended from a distance.

The following is a list of the officers of the medical section;—

President—J. C. Prichard, M. D.

Vice Presidents—W. P. Alison, M. D.; H. S. Belcombe, M. D.; George Goldie, M. D.; Thomas Simpson, M. D.

Secretaries—I. Erichsen, Esq.; R. S. Sargent, M. D.

Committee—H. Bacchetti, D. M. et Chir. of Pisa; T. Hodgkin, M. D.; J. Black, M. D.; — Formby, M. D.; — Stewart, M. D.; T. Laycock, M. D.; W. Bevin, M. D.; C. Williams, Esq.; R. Hey, Esq.; B. Dods-worth, Esq.; James Allen, Esq.; W. D. Husband, Esq.

Sept. 26th.—Mr. Erichsen read an elaborate report on asphyxia. After discussing at length the various theories that have been entertained on this subject, the author detailed a series of carefully conducted and very interesting experiments, from which he deduced the following conclusions;—First. That although the persistence of the respiratory movements has some influence in maintaining the circulation through the lungs, yet that their arrest is not by any means the sole cause of the cessation of the circulation. Second. That a diminution in the force and frequency of the contractions of the heart, consequent upon the altered quality of the blood circulating through its muscular substance, is one of the principal causes of the cessation of the circulation in asphyxia; as is evident from the fact that when the force of the heart's contractions is maintained by a supply of arterial blood to its muscular substance, it is enabled to propel black blood through a collapsed lung. Third. That the obstruction which has been proved to take place in the pulmonary and systemic circulation, is due to the venous blood exciting the contractility of the minute divisions of the arteries and pulmonary veins, by acting upon their special sensibility. Fourth. That the cause of the stoppage of the circulation in asphyxia is therefore three-fold—depending first, upon the arrest of the respiratory movements; second, upon the weakening of the heart's action; and third, upon the obstruction offered to the blood (propelled with diminished force) by the refusal of the smaller divisions of the arterial system to receive venous blood.

The author next adverted to the treatment of asphyxia, and after criticising the different plans usually recommended, stated the interesting fact, as determined by a considerable number of experiments, that if artificial respiration be set up, even after the heart has entirely ceased to act, the left cavities of that organ will fill themselves with arterial blood, the congealed condition of the lungs be removed, and the pulmonary artery be emptied of its blood; and this without the action of the heart being in any way renewed. These effects take place much more rapidly when the lungs are inflated with pure oxygen, and by these means the author had succeeded in restoring the contractions of the ventricles after these had entirely ceased; he therefore recommended the employment of this gas in cases of asphyxia from drowning, and the irrespirable gases.

An interesting discussion followed, in which Dr. Sargent, Dr. Pritchard, Mr. Bevan, and Mr. Erichsen took a part.

A paper was then read "On a peculiar disease of the Tongue," by Dr. Heming, illustrated by cases and colored drawings. The disease appeared to resemble psoriasis of that organ, and generally occurred in patients of a broken constitution.

Sept. 27th.—A paper was communicated from Dr. Perretti, of Rome, by Dr. Hodgkin, "On the bitter principles of Vegetables." The paper, which chiefly related to pharmaceutical chemistry, contained an account of the resins of the bitter plants usually employed in medicine, and the author spoke highly of the effects of wormwood in several diseases requiring tonics. A very interesting paper from the pen of Dr. Merriman was then read, "On the comparative frequency of Uterine Conception in Women." Dr. Merriman found, from a long table of births, that the greater number of conceptions took place in the following months, arranged according to the frequency of conceptions:—April, March, June, May. According to Malorine, the months are July, May, June, August; in either case, four consecutive months, differing, however, a little in the time of the year. The section then adjourned to hear a paper by Professor Matteucci, of Milan, at the chemical section.

Sept. 28th.—Dr. Hodgkin read a very interesting paper "On Tape Worm," as occurring in a native of Abyssinia, who came to this county, the service of Dr. Beke. The Abyssinians use the kopo, a violent drastic purgative. The tape-worm, which Dr. Hodgkin was anxious to examine, was of a large size—the *tænia solium*. This case enables us to extend the geography of this parasite, which seems to occur where the *bothriocephalus latus* does not occur, and *vice versa*. The *bothriocephalus latus* is found in Russia and Switzerland, where its presence may be regarded as amongst the records of the invasion of those north-eastern borders which contributed to the subversion of the Roman empire. Again, amongst the natives of Southern Africa, whether the diminutive Hottentots or the gigantic Caffres, we find indications of the stream of population having taken its course from the north-east. The doctor then concluded a most interesting and instructive paper, by some curious observations on the kopo, or remedy employed by the natives of Abyssinia, &c. as a powerful anthelmintic. Amongst others, that it was held in such high repute, that some countries of the African continent, its employment was confined to the royal families. Where its employment is not so restricted, the na-

tives make a practice of purging themselves in company regularly every two months, when a certain day of the Allemah months comes round. An interesting discussion followed, in which Mr. Williams, Dr. Sargent, Dr. Laycock, Dr. Alison, Dr. Goldie, and Dr. Fowler took part.

Dr. Laycock next proceeded to read an important communication "On the Reflex Function of the Brain." He argued that the brain, although the organ of consciousness, was also the seat of the reflex actions, and thus did not differ from other ganglia. After giving a short summary of the general phenomena of reflex action, he proceeded to prove, by a series of facts, that the brain and the cerebral nerves were susceptible of the reflex actions just as much so as the spinal system. In order to develop the reflex actions of these nerves, it is necessary to excite each by its appropriate stimulus; thus, the optic nerve by light, the auditory by undulations of air, &c. Thus, in hydrophobia the excitomotory phenomena are excited just as readily by the action of reflected light upon the retina, the *sound* of dropping water, or the *idea* of water, &c., just as readily as by the actual touch of water, &c. The author related several cases from various writers on hydrophobia illustrative of this. Dr. Laycock next referred to the pathological action of colour, especially of red, and of odours, more especially the delicate ones. The paper, which was an interesting one, was, however, of such a nature as not to admit of justice being done it by any abstract. A most interesting discussion ensued, in which Dr. Goldie, Dr. Alison, Dr. Thurman, Dr. Sargent, Dr. Fowler, and Dr. Laycock took part.

A paper was next read by Dr. Goldie, from Dr. Bacchetti, of Pisa, entitled, "Some particulars of Extra-Uterine Pregnancy." A woman, mother of six children, showed, in Dec. 1836, the signs of a seventh pregnancy. At the ninth month all signs of true labour manifested themselves; these phenomena recurred for fifteen days, when they entirely ceased.—The tumour did not change in volume. In 1838 she became the subject of a natural pregnancy, and again in 1841, both of which terminated happily. Ten months after this the tumour in the abdomen became painful, and the patient gradually sunk, in March, 1842. On examination, a large tumour was found, which had contracted adhesions to surrounding organs; on examining this, a male fœtus was found, which was entire, with the exception of the cranium, the bones of which were separated; no traces of placenta or funis could be found. The case was interesting in consequence of the complete development of fœtus, its continuance for several months in the abdomen, and the woman having become pregnant twice, with an extra-uterine fœtus in the abdomen. Remarks were made in French by Dr. Bacchetti, and some remarks by other members of the section.

A very instructive paper was then read by the Venerable Dr. Fowler, on "Some cases of Congenital Deafness, Dumbness, and Blindness," as well as a letter from Dr. Howe, on the same subject, addressed to Dr. Fowler, of which an abstract could scarcely be given. After remarks from Dr. Alison, Dr. Fowler, Dr. Goldie, Dr. Sargent, and others, the meeting adjourned till Tuesday, Oct. 1.

SECTION E.

Tuesday, Oct. 1.—D. Kemp read a paper "On the Functions of the

Bile." After stating that the bile is not merely an excrementitious fluid, the author proceeded to point out that it was recrementitious, and then went on to the discussion of the question of how the elements of the bile re-enter the system. This, he thinks, can be best ascertained by a comparison of the composition of the ingesta and egesta. The author also stated, that the bile, when healthy and fresh, was always neutral; but that the mucus of the gall-bladder, being a proteine compound, readily underwent decomposition, giving rise to the formation of carbonate of ammonia, and that he had noticed the bile to become alkaline in consequence of this change taking place; and also, that in typhus fever and death from severe burns, he had observed the bile to become alkaline. The cystic bile is essentially different from the hepatic bile, and that this difference is owing to the admixture of mucus or epithelium with the cystic bile. The paper, which was a very interesting and valuable one, was followed by a brief discussion, in which the author, Dr. Sargent, and Dr. Goldie took a part.

Dr. Thurnam, of the Retreat Asylum, next made some very interesting remarks "On Dr. Carus's Scientific Cranioscopy," an abstract of which it would be impossible to give.

A report was then read, from the pen of Mr. James Blake, "On the Physiological Action of Medicines." The author, after stating that isomorphous substances, when introduced into the blood, exert an analagous influence on the animal economy, proceeded to detail some very interesting experiments that he had made on tartrate of antimony, the salts of palladium and platinum, and with the chloric, hydrochloric, bromic, and iodic acids. Tartrate of antimony gives rise to precisely the same phenomena as the arsenic and phosphoric acids; the quantity required to cause a death was about a drachm and a half. Chloride of palladium was found to be very poisonous, arresting the action of the heart in smaller quantities than any other substance. A grain of this salt injected into the jugular vein caused death in twelve seconds. The salts of platinum act in a similar way; but are not so poisonous, requiring three or four grains to destroy a dog. The other members of this isomorphous group have not been experimented upon, on account of their rarity.

The next group experimented on were the iodic, bromic, chloric, and hydrochloric acids. These exert an influence on the passage of the blood through the lungs, and appear to prove fatal, by inducing asphyxia.

The following is the evidence on which Mr. Blake rests his law of the analagous action of isomorphous substances:—1st, the similarity of action of the isomorphous substances belonging to the magnesian class—viz, magnesia, lime, manganese, iron, cobalt, zinc, cadmium, copper, and bismuth; 2nd, those of lead, strontia, and barytha; 3d, of palladium and platinum; 4th, of phosphorus, antimony, and arsenic; and 5th, of chlorine, iodine, and bromine. Mr. Blake concluded a most interesting and valuable paper, by supposing that isomorphous substances form definite analagous compounds with the blood and tissues. This report concluded the business of the section, although two papers had been received, but too late for reading. The medical men who visited the city on this occasion all expressed themselves most highly gratified by the kind and cordial hospitality with which they had been received by their brethren of York, more especially by Drs. Belcombe, Goldie, Simpson, and Williams.

XXII.—*Multiplication of Dentists.*—At the present rate of increase, the dentists will outnumber the physicians. There are nine in one short street in Boston, and how many more there are from Roxbury to Winnisimmit Ferry, the Directory does not mention. They all assert, likewise, that the demand for dentistry is increasing. This must undoubtedly arise from the bad work of some of the craft. It takes one half of them to repair the poor operations performed by the rest. Their income, too, quite outvies the charges of the profession. High as their fees are, the public bear the burden without wincing—which proves that a competent man may get his own price for any undertaking. Dental societies are correcting the empiricism of the profession a little, but not quite fast enough. Persons who never knew the composition of an artificial tooth, open an office, puff themselves, and gather customers as successfully as some of the best taught graduates of the Baltimore College. If the abuse of dentistry could be corrected, the increase of numbers would create no alarm.—*Amer. Jour. of Dental Science.*

XXIII.—*Removal of a Tumor without pain.* (*From the Boston Med. and Sur. Jour.*) TO THE EDITOR OF THE BOSTON MEDICAL AND SURGICAL JOURNAL. SIR,—I was much gratified by your notice, a few weeks since, of Dr. Bodinier, of Paris. I have seen many of his operations in this city, and I am satisfied that his advent here will prove quite an era in the annals of American surgery. I have never in my life been more surprised, than on Thursday, the 17th of January, when invited by him to witness the following case.

I have, as you know, always been a disbeliever in Animal Magnetism, I have never seen any experiments which were satisfactory, and those detailed by others I have thought could be explained without believing in Mesmerism. This case, however, was very astonishing. I will give you the facts, and you can draw your own conclusions.

Margaret S—, Chambers street, aged 22, of Irish descent, had been affected for five years with a lymphatic tumor in the parotid region, which had increased very rapidly during the last six months. Her health was excellent; she had no engorgement in any other part of the body, and no appearance of scrofula. The tumor threatened to cause great deformity, and she applied to Dr. Bodinier to have it extirpated. As Dr. B. had already operated successfully on two cases in Paris, at the Hospital St. Louis, while the patients were in a magnetic sleep, and as this seemed a favorable case for another attempt of the same character, it was proposed to Margaret S., who immediately assented to the experiment.

On the 29th of December, Dr. Bodinier magnetized her, and succeeded on the first trial in putting her to sleep. This was repeated every other day, with a view to produce perfect insensibility, till the 16th of January, when the operation was performed. On that day I saw the patient at half past 11, A. M. She walked into the room apparently quite bright and talkative, and seemed in no wise sleepy. Seating herself in a chair, Dr. Bodinier commenced his passes; in five minutes I saw the eyelids droop, and at twenty minutes of 12 she was soundly asleep—the pulse and the respiration natural. Attempts were now made to wake her, but unsuccessfully. I remained till 12, M., during which time I examined the

tumor, and the doctor described the operation about to be performed. I now left the patient to make a few visits, and returned at quarter past 1, P. M., in company with Dr. J. W. Francis, and Mr. J. S. Redfield, who had been invited to witness the operation. In a few minutes we were joined by Drs. Mott, J. Kearney Rodgers, Delafield, Robert Nelson, Isaac E. Taylor, Dr. Alfaro of Madrid, Mr. Parnly (the distinguished dentist,) a physician from Buenos Ayres, and several others resident in the house. We now descended to the basement, where the female was still asleep. Everything being ready, Dr. Bodinier remarked, in French, that "the operation would not be a brilliant or rapid one, as he wished to preserve from injury the facial nerve, which is frequently divided in extirpating tumors from this region; and that consequently, instead of making his incision from the auditory foramen, to below the lower angle of the jaw (the extent of the tumor), he should commence it about half an inch below the lobe of the ear, and behind the angle of the jaw, carrying it downward in the direction of the folds of the chin in that region, with a view to avoid the division of the facial nerve and consequent paralysis of the parts to which it is distributed, and also to conceal the cicatrix as much as possible."

The skin was now divided, for about an inch and a half, with a convex bistoury, and also the sub-cutaneous cellular tissue, the aponeurosis in the parotid region, and a portion of the parotid gland itself, and the lower half of the tumor was exposed; the upper end of the incision was now raised and held with a blunt hook, and also the branches of the facial nerve in that region; the lower part of the tumor was grasped with the *pincers de Museux*, and drawn downward; and then, instead of completing the operation with the bistoury, by which the facial nerve would have been exposed, the tumor was raised from its bed and separated from its attachments by the blunt edge of a pair of curved scissors. The tumor was now removed, and proved to be the size of a pullet's egg. No large vessels were divided, the facial nerve was saved, and but little hemorrhage ensued. The operation was performed in two and a half minutes. A stitch of suture was now inserted, the edges of the wound were brought together, and it was dressed.

You may imagine my surprise to see that the patient was perfectly unconscious during this operation. The pulse remained natural, the respiration was not hurried, not a feature of the face changed for a moment, but the patient slept as quietly and profoundly as an infant in its cradle. Most of the other gentlemen who witnessed the operation seemed as much surprised as myself, but one could not disbelieve his eyes. The operation being completed, Dr. Bodinier stated that the patient would not be awakened immediately, as this would cause her pain, but that the sleep would be continued by the magnetic passes till quarter past 4, P. M., when she would be awakened, and requested those gentlemen who wished, to return at that hour.

On going to the house again, at the time appointed, I found there Drs. Taylor, Parnly, and several others. After a few passes, the patient was awaked. I immediately inquired, "if she felt any pain in any part?" She answered, "no, but her limbs were weary." I asked her "if she had suffered during her sleep?" She said "no." "If she had been cut while asleep?" She said "no, that the operation was to be performed the

next day," as Dr. B. had told her would be the case. She was now shown the tumor, and seemed much surprised and gratified. She remained up till 8, P. M., when she went to bed. She laid in bed the next two days, everything went on well, and now, the third day, the wound has united by the first intention, everything promises a speedy recovery, and the patient has been free from suffering.

I have thus, my dear Sir, given you a minute and true detail of the most singular case I have ever witnessed. I leave you to draw your own conclusions. The high character and established reputation of Dr. Bodinier in Europe, forbid all suspicion of collusion, even if one were inclined to doubt his own eyesight.

A. SIDNEY DOANE.

32 Warren St., New York, Jan. 30th, 1845.

XXIV.—LITHOTOMY.—Prof. DUDLEY, of *Transylvania University*.—We find the following interesting case reported by the subject himself, Dr. J. N. McMinn, in the *Western Lancet*, for December, 1844. It is an additional trophy to the unrivalled success of this eminent surgeon, that will render the name of Dudley immortal. Our professional brethren abroad may rest assured that however incredible it may appear, the reported success of Dr. Dudley in this operation is *beyond all question*. There lives not the man who is more candid or conscientious in reports of this nature. The editor of the *Lancet* prefaces the case with the following remarks :

"We insert below a highly interesting account of a case of lithotomy, detailed by the subject of the operation, Dr. J. N. McMinn, a highly respectable practitioner of Alabama. During a visit to Europe, he consulted several eminent surgeons and physicians, Syme, Craigie, and Liston among the number; but, we believe, the nature of the disease was not detected. The operation was performed by Professor Dudley, in November last; and, as will be seen by the following detail of the case, with entire success, notwithstanding the great constitutional derangement under which the patient had previously labored.

"The pre-eminent success of Prof. Dudley in performing lithotomy is well known in this country. His operations, if we are not mistaken, number 182; and of this large number, the few who have not eventually recovered, died from secondary consequences, or of incidental affections, not the necessary or direct results of the operation itself.

"Our European brethren find it difficult to comprehend, or credit, this extraordinary degree of success; and, indeed, it is not a matter of surprise that it should challenge their belief, when results, so widely different, are constantly exhibited to them. M. Velpeau, we believe it was, while advocating the superiority of the lateral operation, introduced the success of Prof. Dudley as corroborative evidence in favor of his position, but at the same time stated in private that "begar it was a lic;" evidently disbelieving the reputed success. And M. Civiale, the great lithotritist, seems unable to comprehend the success of Prof. D.; and in relation to one of the causes assigned for the favorable results, namely, the preparatory and subsequent medical treatment of the patients, and recognizing the relationship existing between the constitutional derangement and local affections, he remarks, that the cause assigned is as extraordinary as the success itself.

We infer from the language employed, that doubts are entertained not only in reference to the cause, but likewise the success itself is presented in a somewhat dubious aspect. But whatever may be the improbabilities of such results in the estimation of those who have not witnessed the cases, the facts are as already stated."

For want of space we are compelled to condense the details of the case. The patient Dr. McM. states that in 1825 or 1826, he was attacked with what is commonly called *gravel*, attended with frequent and painful micturition, that in the cystic region, a discharge first of sand, and afterwards "small stones about the size, and having very much the color, of dark gray water-melon seeds." The disease then disappeared, and he thought himself well of it for a period of ten or twelve years. During this time he was occasionally troubled with a sense of warmth in the bladder, and occasionally a gleet discharge. He was not disabled, however, from attending to a laborious country practice. During the spring of 1839, after several days and nights exposure and fatigue, he was attacked with inability to pass urine, which continued several hours. He was bled, took the warm bath &c, which afforded some relief, but he was disabled from business for a month. He remained feeble during the summer, sometimes observing an uneasiness at the end of the bladder after voiding urine. He now had an attack of autumnal fever, which lasted several days, during which time he suffered a good deal with his bladder—he says that from that time until he was operated on by Prof. Dudley, "he never was one minute perfectly free from suffering, and frequently suffering of the most frightful and intense character." The pains were chiefly referable to spasms of the bladder, rectum, abdominal muscles, and even the œsophagus and larynx. His bladder sympathised so powerfully with the stomach, that he would sometimes have intense pain in it in five minutes after swallowing animal food. For two years he lived on corn bread and cold water. Several attempts were made in Tennessee and Alabama to sound the bladder for stone, but the instrument could not be introduced. Some physicians pronounced the disease stricture of the urethra, others, an affection of the prostrate gland. Dr. McM. was himself of the latter opinion. Finding his health now so much broken down, and his case so desperate, he resolved on a voyage to Europe. At New-Orleans he embarked for Liverpool, and during a voyage of forty-six days, he found his health very much improved. From Liverpool he went to Ireland, and traveled over a great part of it. From thence he went over to Scotland, and visited Glasgow and Edinburgh. Here he sought the advice of some of the most eminent physicians and surgeons—here he submitted to an examination, and here for the first time the sound was introduced into the bladder, but no stone was detected. His case was pronounced *disease of the prostate gland*. He spent the summer in Edinburgh, and his health improved considerably. He then went to London and consulted "various medical men"—but "they coincided with those of Edinburgh, and prescribed accordingly." He then sailed for the United States, and landed at New-Orleans after a voyage of 44 days. His health was now greatly improved, though he was still somewhat troubled with his bladder. His health soon gave way again, and he found himself as bad as ever. His bladder was stopped up for several days, and after the ineffectual efforts of several physicians,

he succeeded in introducing the instrument himself, and as he withdrew it he discovered the stone. He felt it several times afterwards in the same way, and resolved to apply to Prof. Dudley. He arrived in Lexington in September 1843. About a week afterwards Prof. D. introduced the sound and at once detected the stone. This was done with a skill and facility that astonished the patient, as, to use his own language, "he has been previously almost murdered with instruments." He remained there until the following June, but his system could not be put in a condition satisfactory to Prof. D. and he advised him to take an excursion into Tennessee. On the journey he had the misfortune to be attacked with dysentery, which came near killing him. After reaching his destination, however, he improved rapidly, and gained forty pounds of flesh. We will conclude the narrative in the patient's own words.

"I then returned to Lexington, the first of last month, (November,) and in about three weeks after my arrival, Dr. Dudley operated upon me with success that far exceeded my most sanguine expectation; for my general health had been so bad so long, and the bladder itself so much inflamed, that I had very little hope of long surviving the operation. In twenty-four hours after the operation I was easier than I had been for five years, and have remained so, and am still fast improving. The unparalleled spasmodic affection of the bladder, presented a difficulty in extricating the stone which was quite unexpected, and I doubt not would have foiled ninety-nine surgeons in a hundred, (at least for a time;) but the difficulty was met and overcome in an instant, with a decision and promptitude truly characteristic to the operator. The time consumed in the operation after the Professor began to cut, I think did not exceed two minutes, till he said "loose him and let him go."

I must be permitted to say, that I do not believe, taking all the circumstances of the case into consideration, that all the world combined could have done so much for me, and done it so well, as Prof. Dudley has done. He has at once preserved my life, and put a period to indescribable sufferings. On the ninth day after the operation, I got up, dressed myself, and walked down stairs; and on the fourteenth day I was out on the streets going where I pleased. During my affliction, I have learned, with the assistance of Dr. Dudley, an important lesson, which I shall never forget; in fact he had taught it to me before, but it never was so forcibly impressed upon my mind until the teachings were repeated over and over by him, and the necessities of my own case. I have learned that an honest persevering effort will overcome any obstacle; and that if we take proper care of the chylopoietic organs, they will take care of the rest of the system.

SAML. N. McMINN.

Lexington, Ky., Dec. 11, 1844.

XXV.—MILLERISM.—*From the American Journal of Insanity.*—By looking at the Reports of the Lunatic Hospitals in the Northern States, we notice that into three of them, *thirty-two* patients were received during the last year, whose insanity was attributed to *Millerism*.

Allowing something for exaggeration and mistakes in the accounts of the evils that have resulted from the inculcation of this doctrine, it must be evident to all, that they are alarming. But in our opinion the country

as as yet seen only a small part of the evils this doctrine has produced. Thousands who have not yet become deranged, have had their health impaired to such a degree as to unfit them for the duties of life forever; and especially is this the case with females. The nervous system of many of those who have been kept in a state of excitement and alarm for months, has received a shock that will predispose them to all the various and distressing forms of nervous disease, and to insanity, and will also render their offspring born hereafter, liable to the same.

We have no hesitation in saying that, in our opinion, the prevalence of the yellow fever or of the cholera has never proved so great a calamity to his country as will the doctrine alluded to.

This doctrine for the present, we presume, is dead, and probably will not soon be revived;—but let us inquire if there is no *improvement* to be made of it, and if there can not be some measures adopted to prevent the spread of equally injurious though dissimilar delusions hereafter.

The prevalence of one such delusion prepares the way for others. We must therefore expect them; and those who wish well to the community ought to strive to prevent their being extensively injurious.

Such delusions, many have hoped and believed, belonged only to the dark ages of the world, or spread only among the illiterate and ignorant. But such is not exactly correct, for many intelligent and well-disposed persons embraced Millerism. In fact, we believe for the most part, the promulgators and believers of its doctrine were sincere and pious people. We entirely acquit them of any bad intentions. In fact, such *moral epidemics* appear always to spread, as was remarked in the last number of his journal, “without aid from any of the vices that degrade our social nature, and independent of any ideas of temporal interest.”

But what can be done to prevent the occasional recurrence and spread of these *epidemic or contagious monomanias*?—for such they in fact are.

Reasoning with those thus affected is of no use. In fact, we are assured by one of the believers in the late delusions, that according to his observation, it but tended to confirm them. They are monomaniacs, and the more their attention is directed to the subject of their delusions by reasoning with them, the more is their *diseased faith* increased. We do not believe that much, if any, good has resulted from the numerous sermons and tracts that have been published exhibiting most clearly the calculations and predictions of Mr. Miller to be erroneous.

We therefore recommend the following course; and we address ourselves particularly to the heads of families, and to the religious portion of the community.

1st. Do not go to *hear* any new, absurd and exciting doctrine taught, and keep away all those over whom you have influence. This need not and should not hinder you from obtaining a knowledge of all new truths and new doctrines; for such are in this country immediately published. Read about them if you wish, but do not go to *see and hear—to swell the wrong of gazers and listeners*, for as has been said, such things spread chiefly by *contagion and imitation*.

You would keep yourselves and would keep others under your control from hearing lectures of an irreligious character, and directly intended to inculcate vice, or to injure the health. Take the same course as regards

new, absurd, and exciting doctrines. Read about them, as we have said, if you choose, but do not run after them, nor make them the subject of conversation.

Thousands of printed tracts upon Millerism, scattered through the country, would have done no harm, if there had been no *preaching* of the doctrine,—no *nightly meetings, and collecting in crowds to hear and see.*

In connection with this subject, we beg very respectfully, to suggest to all religious denominations, the propriety of lessening the number and frequency of protracted religious meetings, and especially of those held in the evening and night. We are confident that although some good results from them, that very much evil does also. They prepare many to entertain the delusions referred to, by creating an excitement bordering on disease, and unfitting the mind to contemplate important subjects calmly. They also seriously impair, the health of the clergy, and unfit them for other duties. We ourselves may be more sensitive upon this subject than others, as we live in the midst of many, who, a few years since, were among the most worthy and pious of the land, who are now, and probably will be while they live, tenants of a Lunatic Asylum. According to our observation, the greatest number of such cases occur among those who have long been pious, but who having become excited, agitated, and worn down by attendance, week after week, on nightly religious meetings, until their health became impaired; they then began to doubt their own salvation, and finally despaired of it, and becoming decidedly deranged, were conveyed by their beloved friends to our care, and often to prevent self-destruction.

These few hints we have thrown out with all candor, and hope they will be so received. While we would carefully avoid saying any thing that hinder the spread of the truths of the Bible, or the conversion of a single soul, we feel it to be our duty to call attention to the methods of attempting to extend religious doctrines which we believe are not unfrequently productive of disease, madness and death.

XXVI.—*Medical Institute of Louisville.*—We have before us, just issued from the Press, the Eighth Annual Catalogue of this Institution. It numbers 286, or 24 more than that of any preceding session. Till the making up of this class, that of Transylvania University, in 1825-'6, 19 years ago, was the largest ever assembled in the valley of the Mississippi. By a curious coincidence, it was the Eighth Session of that school which brought a more numerous class than it ever attracted before or since. We are unwilling to believe, that the classes of the Institute are to follow the same law, and not again to equal that of this year. At the time referred to, Transylvania had six professors, of whom one half are now in the Institute. Their tickets were \$20 each, making \$120; but the professors received for them the paper of the Commonwealth's Bank, which had depreciated to fifty cents on the dollar; so that attendance on all the lectures cost, in fact, but \$60. It was, at the time supposed, that this was one cause of the numerous class of that session. That nothing of the kind has operated to aid the Institute the present session, is obvious from the fact that it has seven professors, whose tickets amount to \$105; and no depreciated bank paper is received, except that of Alabama, which is at a discount of 5 *per cent.* only. It would seem, then, to be the intrinsic advantages—real or supposed—of the Institute, that have secured its present encouraging class.—*Western Journ. & Med. Surg.*

PART THIRD.

BRIEF NOTICES OF RECENT MEDICAL LITERATURE.

ART. 1.—*New Elements of Operative Surgery*; By ALF. A. L. M. VELPEAU, Professor of Surgical Clinique of the Faculty of Medicine of Paris; Surgeon of the Hospital of la Charité, Member of the Royal Academy of Medicine, of the Institut, &c.; carefully revised, entirely remodeled, and augmented with a Treatise on Minor Surgery: Illustrated by over 300 engravings, incorporated with the text: Accompanied with an Atlas in quarto of twenty-two Plates, representing the principal operative processes, surgical instruments, &c. First American, from the last Paris edition: Translated by P. S. Townsend, M. D. Late Physician to the Seaman's Retreat, Staten Island, New York; Augmented by the addition of several hundred Pages of entirely new matter, comprising all the latest improvements and discoveries in Surgery in America and Europe up to the present time under the supervision of, and with notes and additions; by Valentine Mott, M. D., Professor of the operations of Surgery with surgical and pathological anatomy, in the University of New York; Foreign Associate of the Académie Royale de Médecine of Paris, of that of Berlin, Brussels, Athens, &c. In three volumes. Vol. 1. New York: Henry G. Langley, 8, Astor House, 1845. (pp. 851.)

The Publisher, through the kind attention of Mr. Steel, 14 Camp street has transmitted to us the first volume of Professor Velpeau's great work on OPERATIVE SURGERY. If this were the first effort made by that distinguished Surgeon and celebrated operator, it might be necessary to look into the principles and doctrines contained in the work before us; but when it is known that he has already written and published to the world over 25,000 pages on medical and surgical subjects; that his name and reputation are familiar to every one who keeps pace with the progress of our art; when it is acknowledged that Surgery is indebted to his fertile genius for many valuable improvements, little else is left for us, but to welcome this *chef d'œuvre*, this masterly production into the literature of our science, and to congratulate the profession that such a man still lives to adorn and illustrate its history.

With these few prefatory remarks, we shall enter at once upon the pleasing task of presenting to our readers, a brief analysis of the principles contained in this valuable work upon Operative Surgery. Before however, we proceed further, it may not be irrelevant to state, that the author has collected and communicated a vast number of important facts, touching new operations, new methods of performing them, and a great variety of useful and valuable information, which has never before been published or made known to the medical world. In

this, his work is before the age ; it in fact, anticipates what it would have required years to develop ; perhaps but for this effort to give it circulation, it might have perished or been erased from the memory of man. M. Velpeau has left nothing undone calculated to render this work worthy of his country, his own high position, and the medical Profession. To this end and to bring the work up to the actual state of surgical science, he addressed and received able communications from distinguished Surgeons in all most every part of the civilized world ; in France, from *Messieurs* Casta-Chaumet et Moulinié, Caffort, Buret, Haime et Tonnelé, Philippe, Stoltz, Jacquier, Robert, Lefevre, Lallemand, Serre, Loreau, de Mazières, Jozzet, L' Herminier and Rufz of Guadeloupe ; and from a number of others. Besides these, most of whom reside out of the capitol, M Velpeau, consulted M. M. Roux, Robert, Le Roy d'Etiolles, Laugier, Sedillot and Toirac, who reside in Paris, in regard to some new improvements which each has introduced into his department of Surgery. This, then, contains all the facts which France possesses on the subject. Not content with all the information which could be obtained from such authentic sources, M. Velpeau, with a genius scarcely less daring for science, than was Napoleon's for conquest, pushed his inquiries into Italy, and received materials from Fabrizi and others ; in Germany, from Sprengler and Adelman ; in Denmark, from M. Korhbye ; in Russia, from Baroni and Peyroff ; in Spain, from M. M. Hysem and S. de Toca ; in Holland from M Kerst of Utrecht in America, from Professors Warren, Rodgers, Gibson, and chiefly from Valentine Mott. With facts and materials collected by men of talents and distinction in such a variety of regions, extending to a point in the South, where summer never ends, and to the North, where eternal snows bleach the face of nature, M. Velpeau, has, with the aid of his own extraordinary learning and observation, produced a system of surgery, which will eclipse all that has heretofore been written on the subject. Nor have these facts and observations been recorded without a searching criticism into their peculiar merits ; he has compared, and reduced them to method ; he has enlarged upon some points and circumscribed the limits of operative surgery in others ; he has repudiated some of its rude mechanical processes, and substituted a better and a more enlightened system of therapeutics. From minor surgical operations, he gradually ascends to those called capital ; from the mode of extracting a tooth to the complete excision of the lower jaw ; nothing has escaped his philosophic mind, but each in turn claims his earnest attention. He does not hurry over the minor operations, because they are less important ; for he declares, with truth, that the smallest scratch or most trifling puncture *may open the gate to death*. He is not so minute as to tire, nor so brief as to obscure the subject under consideration. He avoids on the one hand, the verbose and diffusive style of the French authors generally, and on the other, the constant introduction and discussion of mooted points so characteristic of some of the English and American writers. He boldly puts forth his own opinion when rival doctrines conflict, and thus definitely silences all unprofitable controversy. In a word he has mastered his subject, and left but little room for improvement or criticism.

The first volume, after the admirably written Preface of the American Translator, opens with gratulatory and explanatory notes exchanged be-

tween M. Velpeau and Valentine Mott. The French Professor, in his reply to a letter from Dr. Mott, developes his views *in extenso*, and in the course of his remarks, pays the New York Professor some high and deserved eulogiums; styling him the first American surgeon, and evincing, by his expressions of friendship and sincere regard, that attachment which can alone spring from a proper estimate of real worth and a high order of talents. The independence and impartiality which usually characterise the writings of Professor Velpeau, eminently qualify him for the task which he has undertaken. This work therefore, will award that credit which is due to those who have enlarged the boundaries of operative surgery, or added any thing important to the mechanical or pathological departments. The first Surgeon of the day, both for dexterity and learning, he has but little to fear from any quarter, and much to gain by a candid and honest statement of facts. If he has partialities for his own countrymen, and prejudices against foreigners, he has too much good sense to exaggerate the claims of the former, or to detract from the merits of the latter; so that the most captious has no reason to complain. Looking beyond the narrow bounds of the present, he has elevated his mind above surrounding influences and predilections, and appealed to future generations for that posthumous fame which is sure to crown the efforts of great men, when engaged honestly in the discovery and promulgation of the great truths and principles of a useful *science*. The appeal, made in a temperate and candid spirit, will not be in vain. As a complete record of all the discoveries and new operations, this work will be the text book for the beginner and a sure guide for the old and experienced surgeon. The title of this work would be likely to mislead those who have not examined its pages; it professes to treat of the operative parts of surgery; of the mode of exsecting a tumour in the lower jaw; of amputating a limb; of tying a large artery; of extirpating the parotid gland, and indeed of all chirurgical operations. But in spite of the efforts of great Surgeons to divorce surgery from medicine, still we find them touching at almost every point, and it is impossible to say where the one begins and the other ends.

We shall now see how M. Velpeau arranges his subject. He rejects the classification of Sabatier, Delpach and others, and is rather in favor of the topographic arrangements, long ago suggested by Fabricius, and afterwards developed by Boyer with much talent and great zeal. He thinks as anatomy is the true basis of surgical science, operative surgery should be made to conform to it. All his observations are divided into two classes; under the first head he places all the general operations, and under the second, all the special operations. By this arrangement, he thinks, the memory will be less embarrassed, and the important rules laid down by writers to guide us, much easier of application. In his second chapter, on the nature of operations, he first treats of those, all the various steps of which are known in advance, and of those in which no rules heretofore laid down can enable us to foresee the difficulties of the operation. Fortunately for science, (and we may add for humanity,) says M. Velpeau, the first are by far the most numerous and the most important. Under this head, may be classed amputations of all kinds, operations for aneurisms after the method of Anel, for cataract, for lithotomy &c. and those for the

performance of which, there are no well established rules laid down to guide us, comprehend tumours, whether malignant or simple; whether seated in the head, cheeks, abdomen, back, in the axilla or elsewhere. It is obvious that no one can foresee what may be the complications, the attachments, the extent &c. of such tumours; all of which may call for some corresponding modification in their extirpation; hence the utter impracticability of marking out to the operator, precise lines and limits beyond which he must not cut. He establishes also a third class of operations, intermediate to the other two; the rules for the performance of these operations, are partly known, and partly unknown; of such, are strangulated hernia, fistula in ano, &c. Professor Velpeau, without underrating the value of operations on the dead body, denies that this practice alone can ever impart to the operator the requisite skill for dealing with living and feeling man. Death produces so great a change in the tissues and bloodvessels, to say nothing of the nerves, or sensation, that he who can amputate a limb or excise a tumor on the dead with ease, dexterity and without *much loss of blood*, may fail when he comes to divide the living fibre or the sensitive nerve. He thinks that operations performed on living animals better calculated to qualify us for the more serious and important attempts on the human subject. He bases operative surgery then—1, on anatomy—2, on operations on the cadaver—3, on living dissections;—4, on pathology—5, on the constant practice of operating on the living subject.

In the next place, he devotes a short chapter to the different *methods* or *modes* or *processes* by which they are to be performed. Succeeding this, are some admirable remarks upon the "Indications" which are to guide the surgeon in determining when and why an operation is required. Surgical operations are called for—1, When these are the only means indicated; 2, When we have tried all other means in vain; 3, When they form the last resource; 4, When we are sure of being enabled to complete them; 5, When the operation will effect a permanent and radical cure. But in addition to these indications, there are many others which would justify us in undertaking an operation. For instance, we may amputate a withered, paralyzed and useless limb, which is constantly impeding the various movements of the rest, not because it is imperative, or would not jeopardize, in some degree, the life of the individual, but simply to obey the Scriptures, as they declare, "that if a limb offend thee, thou shalt cut it off." We are surprised to find so short a chapter devoted to the *indications*, certainly the most obscure and difficult part of our profession. The indications are in fact co-extensive with the bounds of the healing art; they influence and control our choice of means to be employed; they teach us when to take up and when to lay down the scalpel; when to draw and when to staunch the blood; when to administer an anodyne, and when a stimulant; when to leave the work to the *vis medicatrix*, when, and to which medicament we must resort, to control or repress morbid action. A knowledge of the indications presupposes an intimate acquaintance with all those branches of the profession, upon which alone these are based. An empiric neither knows nor acknowledges any indication; yet he tells his dupes that the humors are corrupted, and must needs be purified. This is the head and front of his offending.

Chapter fourth treats of the conditions that are necessary to operations ; and first of the *locality*, or where the operation should be performed. This says M. V. should be done in an *amphitheatre*, where the cries of the patient will not be heard by his suffering companions, and where they can not see the mutilations which he is to undergo. This is an excellent reason for establishing an operating room in all large Hospitals. Besides many other considerations might be urged in its favor. (One of the most prominent defects of our own excellent Charity Hospital, is the want of an amphitheatre ; and as but little additional expense would be incurred by fitting up and arranging a room for this special purpose, we see no valid reason why it should not be done forthwith. When an operation is to be performed in this Hospital, the patient is placed in the middle of the ward in which he may happen to be, without regard to persons or things, and the inmates, led on by an idle curiosity, leave their beds when able, and gather in such numbers around the table, that medical men and students are forced to retire, or be pressed into a *cube*. This is all wrong, and in bad taste ; but the fault does not attach to the surgeon ; it is obviously the duty directly of the Legislature and indirectly of the Board, to provide a suitable room for all surgical operations of any importance.)

A goodly portion of this volume is devoted to *minor surgery*, including the art of dressing, with a description accompanied with wood cuts, of the necessary instruments ; the mode of applying bandages, &c. &c ; all of which are of the utmost importance to the young surgeon. The great value of this part of the work, in a practical point of view, must be admitted by all. Instead of hurrying over, as beneath the attention of the author, this part of his task, and hastening on to give tedious details on those rare and dangerous operations which few surgeons are ever called upon to perform, M. Velpeau has dwelt upon those points which we are daily compelled to apply to practice ; thus fully recognizing the truth and beauty of Milton's lines—

—————“ to know
That which before us lies in daily life,
Is the true wisdom.”—————

He occupies several pages on morbid cicatrices and subcutaneous bridges, and about 38 on the alterations of the tendons. At page 490 begins the appendix, on *Tenotomy*. This contains the history as well as the discussions on this new branch of surgery, written by M. Vidal, and transmitted to the American editors, by M. Velpeau, while this volume was going through the press. It will be found a highly interesting portion of the work. To this part of the book, are appended, tenotomy, myotomy, and anaplasty in America, also, by the American Annotators. These facts are valuable as showing the readiness with which the American mind can lay hold of the truths of a science, and at once carry them out to their full extent of practical utility. We think surgery might now claim *creative power* when we read attentively the author's, and the translator's remarks upon the various anaplastic and autoplasic operations ; these, in our opinion, are the proudest achievements of which the art can boast, and unlike the other operations, which generally consist in the ablation of a part, they supply that which has been lost, and rectify the injured countenance of man.

The American appendix closes the first volume and is a valuable addi-

tion to the work ; it contains the experience of our great American surgeon, Valentine Mott, and Dr. Townsend. The labors of two such men added to that of the great French surgeon, have brought operative surgery up to 1845 ; and we confidently predict that this will supercede all other works on the subject. We have found it utterly impossible even to mention a fractional part of the subjects discussed in this, the first volume. It would require more space than we can appropriate to this part of the journal, and we may add, far more talent than we can bring to the task, to analyse the principles and proceedings laid down in a work of such research and learning.

(The volume can be had at J. B. Steel's Book store, 14 Camp street, price \$4 50.

ART. II.—*Lectures on the Theory and Practice of Physic.* By JOHN BELL, M. D. *Fellow of the College of Physicians of Philadelphia, &c. &c.,* And By WILLIAM STOKES, M. D., *Lecturer at the Medical School, Park street, Dublin ; Physician to the Meath Hospital, &c. &c.* Third edition, enlarged and improved. In two volumes, p. 15 18. Ed. Barrington, and Geo. D. Haswell, Philadelphia, 1845.

We have had the pleasure of receiving this comprehensive and invaluable fund of medical knowledge, from the northern publishers, through the hands of Mr. S. Woodall, of this city. We have perused its contents with much interest, and have only to regret that the limits of our Bibliographical Department preclude anything like an extensive analysis. The scope of the work is most comprehensive ; embracing all the branches of practical medicine applicable to both sexes, and all ages. The American editor, Dr. Bell, has here given us an evidence both of industry and ability that cannot fail to shed a lustre on his name ; and we hope will be the means of stimulating many of his junior professional brethren to emulate his devotion to medical science. The illustrious name with which Dr. Bell has associated his labors, will give interest to the work, and we think our foreign *confrère* will not have occasion to regret the alliance.

The work consists of one hundred and forty-three lectures ; of which thirty-four are by Dr. Stokes, and one hundred and nine by Dr. Bell. The style is for the most part clear and concise, and the meaning of the authors distinctly conveyed. Of course we shall only be able to call the attention of the reader to a few of the most interesting paragraphs.

The first lecture, by Dr. Stokes, consisting of "*general observations*" is certainly one of the most eloquent and profound introductory we have ever read. The views of the learned and distinguished author, are so very just and appropriate, that we cannot forbear laying some of them before our readers.

After an excellent illustration of the proper object of an introductory lecture, and some general remarks on theory and practice, he observes, "The objects of medicine, gentlemen, are two-fold, first, to cure disease, no matter where seated, or how produced ; and secondly, to relieve bodily suffering in cases where a cure is impossible. Its great end is to prolong life, and to diminish the bodily evils which result from the infirmities

of our nature and other circumstances. Some of you may ask, where then is the distinction between medicine and surgery? In truth, there is no distinction in reality, and there should be none in theory. The human constitution is one; there is no division of it into a medical and surgical domain; the same laws, and the same principles of treatment apply to the cure of a fractured bone, and the cicatrization of an internal ulcer. Unlike the corporations of medicine and surgery, the supposed purely medical and purely surgical parts of the body live in excellent harmony. Here, then, there is no division, no jealousy, no separation of interests."

He does not deny that advantages may arise from a practitioner devoting himself to a particular branch of the profession; "but *if he seeks for eminence*, he will first educate himself *generally*." In the division of the profession into medicine and surgery, Dr. Stokes says, "*the surgical student is the greatest sufferer*." "I have long observed the ruinous system which has been pursued by teachers, as connected with this subject. The pupil was taught to consider, that if he was a skilful anatomist, if he understood the routine surgery of an hospital, and had carefully studied certain works on surgery, and some obsolete books on pathology, he was thereby prepared, in the language of the school, to go forth to teach and practice the art and mystery of medicine in general. Now, all this was wrong. You may be profound anatomists and be bad surgeons, and worse physicians; you may have by heart the writings of Pott and Desault, of Hunter and Thompson, and be totally incapable of treating a simple or complicated fever, or a case of visceral disease."

He says the present state of society demands that the old system of division be abolished; and we fully concur with him. Though in fact it is not maintained in this country; and Dr. S. says, it is being abandoned in Dublin. Here follows a just compliment to the Irish members of the profession. Some striking allusions are made to the different eras of medical history, and *the vanity* of the modern profession justly reprimanded for taking to themselves a larger share of the honors of medical philosophy and discovery, than it is fairly entitled to. He deplors the neglect of the ancient authors in our day, and awards them the following splendid tribute.

"If the writings of the ancient authors only contained a small portion of the information with which they abound, it would be a sufficient stimulus to their study; to reflect that it is in them, in the medical writings of the ancients, that the germs of the inductive philosophy are first to be found. It is, then, in the old regions of medicine that we find the fountains of that mighty river, which, for two thousand years, has fertilized the earth, and made man its lord. Had the progress of man not been retarded by the ignorance which is the child and servant of barbaric despotism, an earlier Newton might have enlightened the earth, an earlier Laplace have measured the heavens, or a Cuvier declared the glories of the past and present creation. The mind of man would have burst its chains, and ages ago have formed that holy alliance with knowledge, and her first born, liberty, which now is its safeguard and its glory. I repeat it: in the writings of Hippocrates you will find the principles of the inductive philosophy. *A physician showed Bacon the road to immortality.*"

The above extract teems with the generous impulses of a noble Irish heart.

Dr. Stokes descants learnedly upon the errors and defects of medical philosophy both among the ancients and moderns. "We find that there is in the mind of man a tendency to reverse the true mode of reasoning, and to seek for a principle before it has observed facts, and this was the cause of the retardation of medicine, as well as all other sciences. Hence the various schools, from Pythagoras to Cullen and Brown."

Even these, however, Dr. Stokes asserts were *behind* the actual state of medicine in their time. A slow, though sure revolution had long been going on, and the period of modern improvement may date from the adoption of the Baconian system, when the profession reverted with care to the precepts of Hippocrates. His review of the various improvements of modern times, with their authors and epochs, is very interesting. His definition and distinction of two medical terms in common use, viz, *signs* and *symptoms* of disease, are worthy of notice. He says—"By *signs* we mean those mechanical alterations produced by disease, in the condition of parts, which are recognisable to the senses of *touch, sight, and hearing; changes in appearances, volume, shape, resistance, peculiarities of feel, and in the production of sounds.*

"Now, *symptoms* are altogether different; they consist in certain changes produced in *functions*; and these functional changes are to be considered in a three-fold manner:—

"1st. Changes in the functions of the part itself.

"2d. Changes in the phenomena of organic life.

"3d. Changes in the phenomena of animal life."

His illustrations of each are clear and pointed, but we cannot make room for them.

We cannot refrain from laying before our readers the following admirable remarks on the present state of medical science.

"At this moment, the medical world, particularly on the continent, is divided into two great sects. One may be called the pathologico-anatomists; the other the Hippocratists. The first declares that diseases are *primitively local* in all cases; that the symptoms—say in a case of fever, are only *the results of sympathetic irritation from some local disease*, which is to be *attacked with vigor*; that pathological anatomy is to be the foundation of all practice; that there is nothing approaching to a *specific in medicine*; and that *nature makes little or no attempt to cure*. Their favorite maxim is that saying of Bichat;—"What is observation, if we are ignorant of the seat of disease?"

"This is the sentiment of an anatomist, but not of a physician; and we must regret that it once escaped the author of the *Researches on Life and Death*, a book of such interest and such beauty, as to captivate even the non-medical reader, and make the very name of Bichat be hallowed in our memory. Many are the diseases of which we know not the seat: yet in which observation—Hippocratic observation—is of the greatest utility. We know not the seat of fever, let the followers of Broussais say what they may to the contrary, yet is observation of symptoms of no avail in fever?"

"Are the effects of contagion, the history and nature of epidemics, the termination by crisis, the result of treatment, of symptoms as connected with prognosis—is the observation of these useless or unnecessary? Sydenham knew not the seat of variola; yet he declared the true principles

of its treatment. There are many diseases on which pathological anatomy throws but a magic light, if I can use such a term, particularly affections of the fluids, and the neuroses.

So much for the doctrine of the anatomical school. I beg of you not to misunderstand me as undervaluing pathological anatomy; I only wish to show you its true value. I believe there could hardly be adduced a single fact in pathological anatomy that has not its distinct bearing on practical medicine. And it is true that the diseases whose treatment is best understood are those whose pathological nature are best known. Even in fever the actual nature of which has not been revealed, great advantage has been derived from anatomical researches, for all the advance in our knowledge of this protean disease consists in ascertaining the number, nature, and seat, of the local inflammations which accompany or rise in the course, and complicate the disease.

Let us, lastly, revert to the opinion of the Hippocratists. They admit that *vast advantage* has arisen from pathological anatomy; but they see that its light is limited within certain bounds. They believe that great advantage is to be derived from the careful study of symptoms, even in cases whose pathological nature is not revealed by the knife. They believe that there are many diseases whose local origin cannot be demonstrated; for instance, *fever*. They deny that pathological anatomy is always to be our guide, but admit a rational empiricism, and the use of remedies which may be called specifics; and, lastly, they hold that nature, in many cases, makes an attempt to cure; and that the physician, in the words of Hippocrates, is to be the *minister and interpreter of nature*, rather than her master. Let us, then, combine the precepts of the founder of medicine with the lights of modern science. Let us take *observation*, and that observation rendered fruitful by study, for our guide; and let the observation equally embrace the phenomena of the living as well as the dead. Let us be Hippocratists in the dissecting-room as well as at the bedside. By comparing the practice of these two schools, we get more accurate ideas as to their doctrine. The anatomists holding that all diseases are local, direct their whole attention to the discovery of the lesion, and its connection with symptoms. This with their doctrine that almost all diseases are inflammatory, leads them to a strict general and local antiphlogistic treatment. Fever is to them symptomatic, and the supposed source is to be vigorously attacked in the commencement. *Diathesis, the nature of the epidemic*, and the *powers of nature* to effect a cure, are comparatively neglected. They inhibit purgatives for fear of increasing the local inflammation, and lose many patients for want of timely support of the powers of life. They deny specificism in diseases as well as in medicine, and are sorely puzzled to explain the extraordinary powers of bark, and mercury, and sulphur and iodine. They despise the experience of the past. The true Hippocratist on the other hand, believing that we have not yet arrived at the knowledge of the local origin of all diseases, and particularly fevers, grounds his practice accordingly. He draws his experience from the recorded knowledge of the past, and his own unbiassed observation. When he recognises a local inflammation, he meets it with judgment, taking into account the habits, diatheses, epidemics, constitution, and tendency to crisis. He trusts much to nature, and watches her opera-

tions, particularly in fever. He is not afraid of moderate evacuations; the phantom of a local inflammation does not always haunt him; and even where he recognises its existence, that does not prevent him from using a stimulating and supporting treatment, if the general state of the patient requires it.

He treats particular diseases by particular remedies, the utility of which has been proved by experience—such as syphilis, scrofula, intermittent fever, and so on. He uses the expectant medicine, which is not inactive treatment, but founded on the observations of the powers of nature—“*Natura morborum medicatrix*;” but he never loses the opportunity of doing good, when such presents itself, remembering the first aphorism of his great master:—

“*Occasio præceps.*”

“I have great hopes for medicine, for I see men’s minds turning to the true path; and I trust that all whom I now address will deem themselves as laborers in the great work. Think what a noble science you profess! the only one relating to earth-born things, which, while it ennobles the mind of man, yet softens and expands his heart; whose source is all science, whose end is good to man. Above all things follow truth; nature can never deceive—see that you be her faithful interpreter. The great evil is, that there has as yet been adopted no means by which the experience of the past can be brought fully to bear on the actual teaching and practice of medicine. Too often has the physician to create his own instruments. But when all the scattered facts of medicine are collected, whether they be the observations on the living or the dead body, as old as history, or as young as to-day; when these votive tablets are hung up in the temple of truth, and their facts verified, compared, and classed, then, and not till then, you will see medicine in all her glory.” Such remarks, characterized by so much good sense, and good feeling, and emanating from so distinguished a source, cannot fail to excite admiration.

The second lecture by Dr. Stokes, “embracing general remarks on local diseases,” and several other important points, is most excellent; but we can only make room for the following striking paragraph in relation to the existence of serious disease in some portion of the intestinal canal, unattended with pain. It was once shrouded in mystery how or why a person should die of a shaft that gave no pain, but modern pathology has thrown much light upon this obscure question. Dr. Stokes says: “But in considering the differences which depend upon intensity, extent, and situation of disease of the intestinal canal, we must not omit those which depend upon tissue. If disease be confined to the mucous membrane of the intestines alone, we may have an extremely diffused and extensive inflammation, sufficient to destroy life, without any pain being complained of by the patient; it is a painless though fatal disease. Recollect this,—extensive and fatal inflammation without pain. In former times the ideas of pain and inflammation were unseparable. Thanks to the light which pathology has shed upon modern medical science, we are now acquainted with this seeming anomaly, and can conceive the existence of extensive disease of the mucous surfaces accompanied by pain. But let the inflammation seize on the muscular tissue, the character of the disease is instantly changed, and the pain is dreadful. Here is a case in which difference of tissue is to be

taken into consideration" This should keep the wary practitioner constantly on his guard, lest death "steal a march" upon his patient.

We must close our notice of this valuable work with the following beautiful extract from one of Dr. Bell's lectures *on the diseases of the organs of generation*.

"There cannot be derangement of function in any part of the animal economy without some change in the disposition, mood, or mind of the individual. But in no case is this fact so strongly exemplified as in either congenital or acquired defects of the genital organs. Discourse, as two lovers may, ever so copiously and eloquently of the refinements of sentiment, the elevation and purity of thought, their disinterestedness of feeling, each being to each a dearer self, certain it is, that all of this would dissolve in thin air, and the love would cease to be either felt or understood, or even imagined by the swain, if he were by any cruel chance, as that which happened to Abelard, to become emasculated. Nor could the sweet shrinking and blushing Phyllis, on her side, retain her former delightful emotions and sensibilities, or her expansive regard for the world at large, if her ovaries had become atrophied. Love and all its associations would be for an eunuch what song and orchestral accompaniments are to a deaf mute; things unfelt or unappreciable except by analogies. I would not seize an occasion in common psychology to throw a shade over young romance, or to abate the fervour of enthusiasm. The period for the indulgence of either is too short, and too quickly curtailed by the stern realities of life. But, as physician and physiologist, it becomes my duty impress on you the connection between our physical and moral nature, or rather, how much the latter is an educt of the former. Can here be, for example, a greater contrast in the disposition, feelings, and general frame of mind between a young girl suffering under chlorosis and uterine atony, and the same person a year afterwards, with rich blood coursing through her heart and vessels, and new vitality in her uterine organs. I do not now speak, although it properly relates to the present theme, of the effects on the mind of real or supposed impotence of an individual of the one sex, or of sterility in one of the other. Often life receives an entirely different coloring from a belief even though without adequate foundation, that there is inability to perpetuate the species. Some, from entertaining suspicions of themselves of this nature, have kept aloof from society, or looked on it at a distance with eye of suspicion, degenerating after a while into hate and positive malevolence towards their fellow-beings, whom, under better auspices, it would have been their pleasure to render contented and happy."

Our limits totally preclude any thing like an analysis of this comprehensive work. It comprises not only *the substance* of the best standard authors on all diseases, but also the gist of the ablest periodicals up to the date of the edition. Add to this the personal observation and experience of two such men as Stokes and Bell, clearly and elegantly expressed, and you have the book as it is.

Such is a most imperfect sketch of this most valuable work. It would be an acquisition to any medical library, and we think particularly so to our friends in this part of the world, who for the most part have such

slender libraries. It may be had at the store of S. Woodall, No. 49, Camp street, New-Orleans, at \$6,00, the publishers' price.

ART. III.—*Notes on Cuba; containing an account of its discovery and early history; a description of the face of the country, its population, resources and wealth; its institutions, and the manners and customs of its inhabitants. With directions to travellers visiting the Island.* By a PHYSICIAN. Boston: James Munroe & Co. 1844. (pp. 359.)

[This interesting *brochure* has been handed us from the publishers, by Mr. J. B. Steel, of this city; and a friend of ours, and old acquaintance of the author, has been kind enough to furnish us the following brief notice of it.—ED'RS.]

Cuba is emphatically the paradise of the world. On that favored Isle nature has lavished her choicest gifts,—an ambrosiac clime, a fertile soil, picturesque scenery, eternal spring, all unite to produce a beauty of harmony and scene, surpassing the ideal of the poet, the painter, or the romanticist. To the statesman, the speculator, and the adventurer, it is a land involving the destinies of nations—pregnant with wealth and replete with incident. Commanding all the Bahama channels like “a guardian,” as the old Spanish chronicles denominated her, England may well envy Spain the possession of this her brightest colonial jewel. But the “bulwark of the Western Indies” is too intimately identified with our institutions, and too closely linked to us by the strong ties of interest and neighborhood, ever to be made subservient to British domination. “A constant secret tide of liberal views flows ever from our Republic into her rising generation. Many of her sons are educated among us; and every where on the Island will be found the Anglo-Saxon emigrant with his restless spirit, forcing upon his adopted country the improvements he has brought from his native land.”—(p. 252.)

But it is especially to the valetudinarian and physician that Cuba offers her peculiar treasures—affording to the one an almost enchanted existence, and tendering to the other a safe resort for re-energizing the enfeebled energies of some valued patient, whose frail tenement less genial airs may have visited too roughly.

Touchingly interesting is this Isle, when viewed in the latter connection, as memory brings back the friends who in her balmy sunshine have sought renewed health, and are now no more! How many hopeful consumptives have gazed with sparkling eyes upon her healthful shores? how many look back with tearful gratitude? Alas, how many have looked their last upon her bosom?

We are pleased, therefore, to perceive that “a *Physician*” of enlarged views and refined taste, has so successfully introduced the general reader to an acquaintance with this hitherto almost “*terra incognita*,” and we have followed him with uninterrupted pleasure through the flowery fields of the tropical garden, whose “very weeds are beautiful,” gathering many a fragrant bouquet by the way, and deriving much positive benefit from its rich mine of literature, natural history and domestic life.

The “Notes,” though by no means professional, still possess much interest for the scientific reader, and we have analyzed them with an express view to their bearing upon medical topics.

Consumption is, in accordance with the pathological discoveries of the day, regarded very properly as a disease of *debility*, (p. 12,) and our author has been sedulously careful to record with minuteness all the accessories in the way of dieting and travelling, even to their dernier cost, that may aid the recuperative powers of nature. We ourselves readily declare our conviction, with Dr. McDowell of Louisville, Ky., who was the first to call the attention of the American profession to this subject, that many a case of tubercular cachexia is hastened to an untimely end by dietetic abstinence, and the antiphlogistic treatment, without regard to the absence or presence of inflammatory complications. Too much credit, therefore, cannot be given to those members of our profession, who contribute to substantiate our claims to the gratitude of mankind, by promulgating discoveries which have a direct tendency to diminish their emoluments; and the author of the "Notes on Cuba" has done much to merit the high encomium passed upon our corps by the impartial utilitarian Bentham, for disinterested devotion to suffering humanity.

In passing on over the pages of the "Notes," our medical eye is frequently arrested by glowing accounts of well conducted hospitals, and other charitable institutions for the sick, the insane, the orphan, and the destitute. The Military Hospital is represented as one of the finest in the world, and will compare, in its internal arrangements, its anatomical museum, and other auxiliaries to correct demonstrative modes of study, with any other similar institution in the world. It is attached to the Medical College, which was reorganized in 1842, and has now a respectable standing. Several of the professors of this school, which is a part of the Royal University, are Frenchmen; and the present requisitions for graduation, among others, are a classical education, and six years study of medicine. "The ordeal through which foreign candidates for licences to practice are now compelled to pass, is rigid in the extreme, and the expenses amount to nearly \$400." p. 215. The next and most important hospital is that of San Juan de Dios in Havana, which in 1842 received into its wards 2299 patients, 507 of whom died. It is a public charity, similar to our Charity Hospital; and for scrupulous cleanliness and order, as well as care and attention to the sick, surpasses any thing of the kind in this country. Nor could we, as we "looked" with our author "at the invalid in his clean bed, surrounded with more comforts than his home, if he had one, could afford, and saw the convalescent whose pale features were lighted up by the first signs of returning health, promenading the galleries, and feasting his sight with the bright sunshine, and the green shrubs that grew in the square beneath,"—"refrain from rejoicing over that charity that extended its care as well over the *colored* as the *white man*." Our author likewise enumerates all the other hospitals in Havana, with their number of admissions and deaths, in order, as he observes, that the reader may arrive in a measure at the comparative mortality of the city,—in all 942 deaths from 9155 patients,—about 9. 7. But, as we shall soon show from other facts furnished, this is far from being a correct criterion of the proportionate mortality of the city and suburbs. We are pleased to perceive that in the well administered Lunatic Asyla, which our author so interestingly describes, the ameliorations recently introduced among the *vesania*: with us, are so benevolently carried out, and bear evidence of the ad-

vancement of its medical officers in a knowledge of the most unfortunate malady that "flesh is heir to." Besides the yellow fever, which prevails in all the maritime towns from June to November, often commencing in May, Cuba is liable to several peculiar and formidable maladies, some of which are well worthy of note. Such is the singular susceptibility to idiopathic as well as traumatic tetanus, that the Creole will not wash his face in cold water early in the morning, or after shaving; he likewise sedulously shuns drafts of air, nor will he sit by a fire. "Frictions with olive oil, and the expressed juice of garlic, in teaspoonful doses, are among the popular remedies for cases induced by exposure; those from wounds, as elsewhere, are almost all fatal." p. 300.

Carbon, or the *pustule maligne* of the French, often attacks the negroes who handle the cattle, which frequently die of gangrene of the skin during the dry season. Free incisions, and cauterization with the actual cautery, are resorted to, as with us, for the cure.

But the most remarkable disease is the *Kocubea* or *Lazarino*, commonly called Leprosy, a species of disease peculiar to the West Indies, and of which little is known elsewhere. Like the dry mortification of European authors, "it commences its ravages on the toes and fingers, which first become atrophied and distorted; then a small blister appears on their extremities, and joint after joint decays and falls off, until sometimes the whole hand to the wrist, and the whole foot to the instep, is thus destroyed. Some recover with the loss only of the first and second joints of their fingers or toes, but the stumps remain quite insensible." p. 225.

"This disease is probably ossification of the arteries, on which an inflammation supervenes, closing their calibres, and death of the part ensues, as in senile gangrene. It is regarded by the Creoles as contagious, and any one affected by it, if seen in the streets, is at once conveyed to the hospital. No instance has, however, been related of its spreading there to the nurses or physicians." p. 226.

"About 30 white, and 60 colored patients were lying on beds, or promenading under the corridors, presenting every degree of deformity from the ravages of the disease, and to any but a medical man, a repulsive sight of human suffering. But even here could the heart glean delight in the contemplation of man's love to his fellow man, and even the abolitionist learn a lesson in the treatment of his colored brethren, who here received the same attentions as the whites. It was pleasant also to reflect that the balm of religion was poured on the sorrowing minds of these outcasts from society, doomed through life to be the tenants of a prison, and to witness around them nought but foul disease." p. 227.

The yellow fever is not believed to be contagious. Sporadic cases occur all the year round in Havana, especially during long spells of wet and warm weather in the winter. It is the opinion of some merchants that it is imported, as the epidemic appears in Havana always after the arrival of vessels from St. Jago de Cuba. It is not known if the disease is to be traced to some other place from the latter city.

The treatment consists in general and local bleedings and revulsives; while only castor oil is administered internally. We have no positive data for getting at the results, but incline to the opinion that this practice is not very successful, inasmuch as from what has been furnished us of

the number of interments, the mortality must be very great. Taking into consideration the extreme salubrity of the climate, we presume most of the deaths occur from yellow fever. Now the actual population of Havana and suburbs is not less than 184,508, according to the census of 1841. (p. 63.) The aggregate mortality for the last ten years is put down at 56,434, (p. 170,) from which 6,000 would be a fair deduction for deaths by the cholera, which occurred in 1833. The average annual mortality therefore may be estimated at 5,043, or 1 in about every 30½ inhabitants. A proportion of mortality frightful indeed. What inclines us to the opinion that most of this awful mortality is attributable to yellow fever, is the fact incidentally furnished us, (at p. 263, and altogether for the purpose of showing the proportionate number of suicides,) of the annual number of deaths in the *partido Guamacaro*—a section of country exempt from yellow fever. Here the population consists of about 1196 whites—11,813 slaves, and 138 free colored, (p. 128.) Of these, 42 whites, 167 slaves, and 6 free colored, died in one year, (1842,) according to a table of interments furnished by the worthy Padre of that district, (p. 262.) This shows a proportionate mortality of only 1 death in 61, and is an evidence of great salubrity.

While we may congratulate ourselves upon the more advanced state of medical science with us, and especially upon the improved methods of treating yellow fever in New Orleans, as our very small proportionate mortality compared with that of Havana incontestibly proves, we might take a lesson from our Cuban brethren, on the subject of collecting fees, which at the present time would not be amiss. At p. 128, an anecdote is related of an individual who attempted to commit suicide by cutting his throat, but failed—the wound not penetrating much deeper than the skin. Owing to there being no money found in the purse of the patient, the physicians, who were called in, of course received no fee. "Learning, however, that the gentleman, at whose house the man boarded, had given him a dose of oil, the evening previous to his committing the deed, they indicted him for practicing without a license, affirming that the oil had caused the suicidal mania. It was only by a compromise that the gentleman escaped from an expensive lawsuit."

Quackery, it would also appear from the following narrative furnished us, at p. 216, is very properly restricted within rational bounds. "A quack medicine, which had been puffed through its advertisement in one of the Havana papers, was found on trial to be deleterious, and to have caused the death of several persons. To guard against future similar accidents, a medical censorship was also established, to which the ingredients in all quack medicines must now be confided, before they can be recommended through the papers."

Another excellent law in the medical police obtains there, which we hope soon to see put into execution here: it provides that no body shall be buried, before a certificate from a physician, stating the cause of the death, shall have been deposited with the Padre, (p. 170.)

With regard to the suitableness of the climate of Cuba for those laboring under any of the forms of pulmonary diseases, our author unhesitatingly gives it the preference during the winter months over that of any portion of the globe—not excepting Italy. The invalid should leave there,

however, in April or commencement of May, before the debilitating and relaxing summer sets in. He recommends, with true Carolina patriotism, Aikin, S. C., as offering the best climate for a retreat especially during the spring and fall months. We have always entertained the idea that no climate is better adapted, during these periods, for the invalid than that of St. Augustine, East Florida, and we believe most of the profession concur with us in this impression. It is this partiality for his native State, which has put us *en route* to discover the author's identity in the former Demonstrator of the medical college of the State of South Carolina;—for with characteristic modesty his name is withheld. We sincerely congratulate him at his success in authorship, and cordially recommend his interesting volume as a valuable *vade mecum* to the traveling invalid.

T. M. L.

The work may be had at the Book Store of J. B. Steel, 14 Camp st., New-Orleans, price \$1,25.

ART. IV.—*An Essay on the Philosophy of Medical Science.* By ELISHA BARTLETT, M. D. *Professor of Theory and Practice of Medicine, in the University of Maryland.* pp. 112. Lea and Blanchard, Philadelphia, 1844.

(This valuable work which has attracted so much attention from the American Medical Press, was handed to us from the publishers by Mr. J. B. Steel, of this city; but we cheerfully give place to the following notice of its contents kindly sent us by a friend in our sister city, Mobile. We are sometimes pressed for time to perform justly the arduous duty of reviewing, and the assistance of our friends both in this city, Mobile, and Natchez, will always be most gratefully acknowledged.—ED'RS.)

“I trust that I have got hold of my pitcher by the right handle.” Such is the motto on the title page of the book, and it is one which looks as if the author had some doubts about his own sobriety but I will; with much pleasure, at least do him the justice to say that he has much method in his madness.

This work is built after the late models of France where “*la philosophie*” is all the fashion—every pamphlet there on music, cooking, dancing &c, bears the title of “*philosophique*” and we should not be behind hand in the United States; we must go to work and learn philosophy too.

A short time ago I opened by chance the comedy of the “*Bourgeois gentilhomme*” from which I will take the liberty of extracting a part of a dialogue between a Master of Philosophy and his pupil, which is particularly applicable to myself if not the subject before us.

“*Maitre de Philosophie*—All language which is not prose is verse, and all which is not verse is prose.

“*Mons. Jourdain*.—And when I talk, what do you call that?

“*Maitre Philosophie*.—Why prose, certainly.

“*Mons. Jourdain*.—What! when I say Nicholas bring me my slippers, and give me my night cap, it is prose? By my soul I have been talking prose more than 40 years without knowing it, and I am a thousand times obliged to you for teaching me that.”

Well I am as much astonished after reading the “*Philosophy of Medi-*

cal Science" as was Monsieur Jourdain, for I have just found out that what I have been taking for prose all my life, is poetry! All the medical books I have ever read except a few of the "heathen French" are blown to atoms by our *maitre de philosophie*, and I shall have to go to school again to learn philosophy.

Not having the honor of our author's acquaintance, I have no idea of his physical developement before he commenced his work, but I will answer for it, he was as lean as Cassius when he got through—it is the concentrated essence of hard thinking, and to me, who like Peter Spyke, never had an idea of my own in my life, it is perfectly appalling—I am obliged to swallow it in broken doses, and then trust to Providence for digestion.

Some 20 years ago, in Philadelphia, walking home with my old preceptor one day after his lecture, he remarked to me that it was a source of deep mortification to him that whilst he was laboring with all his might to instil *principles* into the minds of his class, he noticed that but few attended to him with any interest; but if he mentioned a *prescription* which "was good for" a bowel complaint, clap, or other disease, every ear was open and every pen at work to write it down. This I fear will be the fate of Dr. Bartlett's book, it will be read and appreciated by the few, and neglected by the many. As the Hon. Hugh S. Legaré once remarked "whatever is reasonable in religion or medicine the mass will not have; they must be humbugged." Dr. Bartlett should remember that posterity has never done any thing for him, and it shows a great want of good sense to be working for them. But to be serious, this is the most remarkable medical book yet written in this country—it is full of clear, bold, and original thought, and could only have emanated from a highly cultivated and well stored mind. It tears off the veil which has been thrown over false science, and exposes it in all its deformity.

An analysis of a work of this kind cannot be attempted in a journal, and we can do very little more than recommend every doctor in the Valley of the Mississippi to read and digest; for there is no country where such a book is more needed.

Dr. B. has divided his work into two parts, 1st, Philosophy of Physical Science; 2d, Philosophy of Medical Science. The first part does not properly belong to the subject, but as "all science consists exclusively in phenomena and their relationships classified and arranged," this part is introduced for the purpose of elucidation, and as a standard by which we may test the exactness of medical science.

All physical science is the result of observation, and its facts being more simple and well defined, their relationships can also be more clearly defined, and our knowledge of them becomes more precise and positive. Not so with medical science; it is here often difficult to isolate facts and ascertain clearly their relationships; but still, as our author tells us, this is the only path by which the science can advance. He says "the feeling has been, and still is, (as much, almost, since the time of Bacon, as before,) that the science is in the *inductive or reasoning process, superadded to the facts and their relations*, more than in these latter themselves. Here, at the commencement of this part of my essay, I wish to enter my protest against this doctrine, in all its forms and modifications; I wish to show, that the science of medicine consists *in the phenomena of life, with their relationships classified and arranged*, WHOLLY, ENTIRELY, ABSOLUTE.

LY. I wish to show, that these elements constitute, not the foundation upon which, nor the materials, merely, with which the science is to be subsequently constructed, by some recondite and logical process of the reason, but that they are the science, and the whole science, already constructed, and so far completed; and that nothing can be superadded to them, by an act of mind which can in any way increase their value, or change their character."

These propositions will be rather new and startling to Dr. Cooke and others, but they are nevertheless true. Where are all the great medical doctrines of the past, which have commanded the admiration of their epochs? they have not only melted away like "baseless visions," but now appear so ridiculous that we cannot imagine how they could have sprung from leading minds; Galenism, Cullenism, Brownism, Rushism, Broussaisism, like Cookeism and Thompsonism now stand only as monuments of the fallacy and madness of human reason; because they are hypothetical explanations of facts, and not legitimate deductions from them.

One sample of these *isms* will serve to illustrate the author's idea of the whole catalogue, and we will select Cullen's *theory of fever*, which is one of the most celebrated and best constructed amongst them.

"This theory began by *assuming*, that the cause of the cold stage of a febrile paroxysm is the cause of all the subsequent phenomena. The doctrine *assumed*, in the second place, that this primary cause is to be found in the weakened energy of the brain, occasioned by the application, and action upon it, of certain sedative influences, or agents. Then, it was further *assumed*, that this diminished energy of the brain produces a state of debility in all the functions of the body, but especially in the heart and arteries, and in the extreme vessels; in consequence of which, it was again *assumed*, that these vessels become the seat of spasm. In consequence of the cold stage, and of this spasm of the extreme vessels, it was finally *assumed*, that the heart and arteries are excited to increased activity, and by this activity, the spasm of the vessels is overcome, the energy of the brain is restored, and the series of morbid actions thus entirely destroyed. He seemed to think, that this was a very sound, a very philosophical, and a very *useful* doctrine. "I flatter myself," he says, "that I have avoided hypothesis and what have been called theories!"

Admirable, is it not? Here is what a certain Mobile demagogue would call a beautifully "concocted quantity of circumstances," which may be set down as a fair specimen of what is called *inductive reasoning*. Is it not enough to make us despair of any high destiny for our featherless biped race, when we look back and see how enchanted the world has been with such nonsense? This same Cullen, too, had unusual talent for observation, and as long as he confined himself to the description of what he *saw*, he was a true and great benefactor to science; but the Lord forgive him and others, for their inductive reasoning and its consequences.

Insanity has been defined to be "that state of mind in which a man reasons right from wrong principles," and if this definition is allowed to stand, it will make sad havoc amongst the great inductive reasoners of past and present times. Cullen, Brown, Rush and others of this stamp, begin to be read as curiosities of literature, while the chronic phlegmasiæ of Broussais, the pathological anatomy of Andral, the works of Louis on phthisis, yellow fever, &c., are destined to stand as imperishable beacons

on the path of science, because they are composed of "facts generalized and classified;" and facts can never lose their value.

One of the most striking parts of the work of our *maître de philosophie* is his chapter on Medical Doctrines—it is really admirable to see with what tact he crowds on steam, and navigates old Thompson into the front rank of medical philosophers. Cullen, Brown, Rush, Broussais, Hahnemann, Thompson, &c., are all placed upon the same level, and they are properly placed as far as medical doctrines will give position—they have all started with false premises, and their reasoning, however ingenious, has all led to unsound conclusions. This chapter should be read by all.

The more I read of this book, the more am I tempted to advocate homœopathy—and for the same reason that some good infidels uphold the Christian religion, viz: to keep mankind from doing worse. Hahnemann would seem to be too hard for all competitors; for while the others are slaying, by blood-letting, boluses, steam, &c., he is following scrupulously the "golden rule of Chomel, that it is only the *second* law in therapeutics to do good, its *first* being this—NOT TO DO HARM;" and the perverse old sinner, as a practical demonstration of his system, lives to be 100 years old, whilst the other reformers are killing themselves with their own physic before they have run out their three score and ten.

Experientia docet, is a time honored maxim, and still there is nothing more fallacious and mischievous than what is generally called *experience*. It means nothing more in our profession than a routine practice, based on a theoretical doctrine. It should be remembered, that it is not he that has passed the longest life in the practice of medicine, who is best skilled in the cure of diseases, but he who has accumulated, classified and generalized the most facts. Hamilton and Hahnemann, Thompson and Preissnitz, Broussais, Brown and Rush, all boast of their success and appeal to *experience*. They cannot all be right, which proves that the world has been physicked too much; and here lies the curse of medical doctrines—they are not mere mental amusements. Each medical reformer, like Napoleon, kills at least six millions of people, but unlike Napoleon, the harm is done without the subsequent good. Well might Moliere say, he would have nothing to do with doctors, because his constitution was weak, and he could not resist disease and doctor at the same time!

What, you may ask, are we to do? I would answer, lay aside theories, and accumulate facts from which alone fixed practical principles can be deduced; and while this is going on bear in mind the maxim of Chomel, that it is the first law in therapeutics "*not to do harm.*" Never strike a blow in the dark, never give a dose of physic unless you can give a good reason for it—it is always much more easy to destroy by poison than to cure.

Truth is more wonderful than fiction, and when unadorned, is most adorned; but still mankind must have her dressed up with paint, lace and tinsel, until there is no nature left. The physician sees every day scenes in real life more striking in incident, and more touching, than any thing penned by Scott or Bulwer—and the laws of physiology and pathology, plainly written out, are far more wonderful than all the speculations of Boerhaave, Haller, Cullen, or even Cooke. What has human reason ever created in science but falsehood? All science exists as a part of

nature's laws; we may *discover* and bring to light these laws, but nothing more. Newton discovered the laws which govern the solar system by following up the links of nature's great chain, but he *created* no fact or principle in Astronomy or Mathematics. The inventor of a steam-engine or a watch, has merely discovered and applied laws of natural philosophy which have existed from the beginning of the world. So with physiology, pathology and therapeutics—their laws, too, exist as part of the great chain, and must be *discovered*, and not *created* by human genius.

Our author is by no means disposed to discard theories and hypotheses entirely from scientific investigations, but insists upon their being dealt with rigorously *as such*, and never stated as established laws. In this way they may be useful in stimulating or directing investigation; but otherwise they may lead to mischievous consequences.

He makes the following pertinent extract from Sir Humphrey Davy: "Hypothesis should be considered merely as an intellectual instrument of discovery, which may at any time be relinquished for a better instrument. It *should never be spoken of as truth*; its highest praise is verisimilitude; knowledge can only be acquired by the senses; Nature has no archetype in the imagination; her empire is given only to industry and action, guided and governed by experience." — "I trust that our philosophers will attach no importance to hypotheses, except as leading to the research after facts, so as to be able to discard or adopt them at pleasure; treating them rather as parts of the scaffolding of the building of science, than as belonging to its foundations, materials or ornaments."

We regret that the character of Dr. Bartlett's book, and the space allowed us, preclude the possibility of giving an idea of its merits, or of doing justice to the author—we therefore take our leave by earnestly recommending the work to our readers, and thanking the author for the pleasure and instruction we have received.

J. C. N.

The work may be had at the store of J. B. Steel, 14 Camp street, New Orleans. Price, \$2 50.

ART. V.—*Medical Lexicon of Modern Terminology; being a complete vocabulary of definitions, including all the technical terms employed by writers and teachers of Medical Science at the present day, and comprising several hundreds of words not found in any other dictionary; designed for the use of Students and Practitioners.* By DAVID MEREDITH REESE, A. M., M. D. of New York, late Professor of the Institutes of Medicine and Surgery, and Medical Jurisprudence in the Washington University of Baltimore: Editor of Cooper's Surgical Dictionary, &c., New York, 24 mo pp. 229.

We do not recollect to have seen so small a book with a title so imposing: a Lexicon including "all the technicalities of Medical Science;" *proh pudor?* such a work would be as ponderous as an Encyclopædia, and would demand half a life time for its preparation. We were at first,—after a superficial examination, disposed to pass over this little volume without either condemnation or approbation; but having stumbled in some, nay many palpable errors, we resolved to examine into its merits,

without partiality or prejudice. It must be recollected that it purports to be a "*Lexicon of Modern Terminology*;" we would ask the author what are we to understand by the term "modern;" does he include all the period since the days of Paracelsus? We ask this question because, if we are not greatly in error, many of the technicalities of modern medicine are either omitted, or when given, their explanation is so imperfect as not to deserve to be considered as definitions. Again, he has introduced into this work, terms which no writer of taste would venture to introduce into the science at the present day. We will enumerate a few. "*Galaxia*, thoracic duct;" "*Gena*, the cheek;" "*Genetica*, diseases of the sexual functions;" "*Gonalgia* (idem *Gonualgia*), pain in the knee, gouty or neuralgic;" "*Graphite*, plumbago;" "*Obfuscation*, Amaurosis;" "*Janitor*, the pyloric orifice of the stomach," "*Janitrix*, the vena porta;" "*Jecur*, the liver;" "*Jecur Uterinum*, the placenta;" and lastly, "*Hoffman's Anodyne*, alcohol and sulphuric ether." This definition would lead the student to suppose that this celebrated Anodyne could be prepared at any moment by mixing ether and alcohol, than which supposition, nothing could be more erroneous; every Pharmaceutist of any information knows that the Anodyne properties of Hoffman's liquor are due to a principle, called *etherine*, and when this is absent, it possesses but little or no anodyne virtue. Besides these, which were found *oculis non armatibus*, a number of others, long since regarded as obsolete, are scattered through this little volume. Dr. Reese must try again.

Here we had intended to leave this book, and consign it to that obscurity which we feel satisfied awaits it; but the following technicalities arrested our attention. What will the classic student say to the following specimens of the author's knowledge of Latin: "*Olivaris Corpora*;" thus linking a singular adjective with a plural substantive! We venture to assert that the merest tyro in Latin would not commit so gross a blunder. Again; "*Pedicular*, a louse"—miserable Latin! It is needless to say that it should have been for the singular *pediculus*, and for the plural *pediculi*. We assume neither the seat of the critic nor the toga of the scholar, but as an act of justice to the public and to ourselves, we are compelled to enter our protest against this abortive effort at dictionary-making. For the encouragement of our author, we will mention a circumstance relevant to the case before us. When Lord Byron was in Italy, his physician, being weary of travel and vexatious to his illustrious patron, determined to return to England. His Lordship gave him a letter of introduction to a friend, stating that the doctor had written a book on medicine; and although of no value, yet it manifested a desire on the doctor's part to do *something* useful, and must therefore be placed to his credit.

ART. VI.—*An Introductory Lecture on the means of promoting the Intellectual Improvement of the Students and Physicians of the Valley of the Mississippi; delivered in the Medical Institute of Louisville, Nov. 4th, 1844.* By DANIEL DRAKE, M. D. Professor of Pathology and the Practice of Medicine. Published by the Class. Louisville, Ky.
By a late regulation of the flourishing Institute of which Professor

Drake is one of the main pillars, but one introductory lecture is delivered, at the opening of each session. To deliver the introductory of the present session, Professor Drake was chosen by the faculty, and he has given us a fine specimen of his scholastic attainments, his excellent taste, and above all, strong evidences of his deep interest in the education and welfare of the profession throughout the Valley of the Mississippi. Having but just returned, "fresh from the country," Dr. Drake must be intimately acquainted with the state of the profession from Louisiana to Michigan, and this lecture proves that he has handled his subject with consummate skill. He divides his lecture into *nine* propositions; we shall quote his *seventh*. "You should attend three courses of lectures before you attempt to graduate. In this opinion, I believe my respective colleagues all concur. For myself, I regard it as most unfortunate, that all our schools had not been organized on the principle of three courses for graduation, two only being paid for. Such as should not choose to incur the expense of mere travel, boarding, and lodging, for the sake of graduating, after a third, could go into practice at the end of the second course; as the majority now do, in a most immature and unqualified state, at the end of the first. It is a most vicious public opinion, that frightens students into candidates, in the midst of their career of elementary study. They are afraid to hold back, when they have become *technically* eligible, lest it should be said they are not *intellectually* qualified. Under this contemptible cowardice, we see students who are yet young, and whose means are ample, pressing forward, and subjecting themselves to the risk of being rejected! To avoid an imaginary, they plunge into real danger! Who is the physician that ought to be respected—that is most likely to receive the confidence, of society—is best qualified by his triumphs to maintain that confidence and is most amply prepared to make discoveries and improvements—he who graduates in the shortest possible time, or he who makes the most patient, and persevering efforts to become eminently qualified? Such questions suggest their own answer? Let me, then, entreat you gentlemen, to ponder deeply on this subject, and resolve that you will rise from the path of mediocrity to eminence."

In the above sentiment we fully and most heartily concur. If the advice given by Professor Drake were followed, we should find fewer young doctors roaming over the country, in search of an "*opening*." They are ambitious to graduate, but are too young to enter upon the stern and trying realities of practice. They commence before they know any thing of man, society, and the usages of the times; they consequently fail to obtain that patronage to which they think a *square foot of parchment* should entitle them; hence, they begin to denounce the profession, perhaps, of their choice; many of them, for want of practice to support them and occupy their minds, turn their attention to other pursuits, for which, they are perhaps better fitted by nature, or become reckless and plunge inconsiderately into base and ignoble excesses, and thus cover the profession with disgrace. Haste has done more to cast discredit upon the profession than even quackery itself; it hurries us into active life, ere we are prepared to play the part of men—of physicians; it begets in us a degree of negligence which mars our future usefulness, and we trust that something may yet be done to correct our false and perverted notions on this subject.

Professor Drake, deserves, for this and his other efforts in behalf of the cause of medical education, the thanks of the profession.

We cannot close our brief notice of this very eloquent lecture without one more quotation. In his peroration, the author seems to have become full of his subject, and utters sentiments which do equal honor to his head and heart. Hear the "old man eloquent."

"*Young Gentlemen*: you have two missions to execute,—one of science and humanity, the other of freedom and national glory. In becoming physicians, you will not cease to be citizens. Most of you will, indeed, attain to both distinctions at the same time; and all should feel, and practically acknowledge, the responsibilities of both characters. You have a profession to organize—a country to build up—a high destiny to fulfil. A heritage of great principles, requiring diligent cultivation, is descending to you and the generation of which you are a part. Hand it down enlarged, purified, and embellished. Do your duty, your whole duty, and nothing but your duty; and thus you will hasten on the day when love of science and love of constitutional liberty, and love of country, will unite in one deep and swelling emotion of soul; and the natives of every hill and valley salute each other with the anthem, 'We are Americans.' Our forefathers were the first of the human race to plant the seeds of universal learning, christianity, and freedom in the solitudes of a wilderness. We must honor their memory by emulating their deeds."

ART. VII.—*A Lecture on the Physiology of Digestion; introductory to a course of Lectures on the Institutes of Medicine and Materia Medica, delivered before the Medical class of the University of the city of New York, at the session of 1844-45.* By MARTYN PAINE, A. M., M. D., Professor, &c., and Member of numerous Foreign and American learned societies. Fourth edition. New York.

The process of digestion is exceedingly complicated, and is certainly but imperfectly understood by a great many medical men. Professor Paine could not have chosen, for his Introductory, a more appropriate and interesting subject; and it is needless to say that, in his analysis of the various stages of this process, as given by chemists, he has proved himself an able physiologist and a good logician. He quotes largely from Professor Leibig's work on chemistry, and points out what he calls absurdities and contradictions, where that great chemist comes to speak of the process of digestion. Professor Paine is opposed to the doctrine of the chemico-physiologists, and ascribes the transformation of nutriment to something else beside chemical agency—to something *vital*, and independent of the laws of chemical reaction. We think, for ourselves, that chemistry commences, and the vital or dynamic forces of the stomach completes the process. Hear what this learned Physiologist says on the subject: "We have seen, also, that it is conceded by philosophers who defend, *in extenso*, the chemical hypothesis of life, that there may be *something* appertaining to the stomach totally distinct from the chemical powers, and which is capable of imbuing the *chyme* with *vitality* and an *organic* condition; and it is therefore, quite a philosophical conclusion, that this *vital something* has an important agency in preparing the material for

the admitted exercise upon it of the vivifying or organizing power. Nor can there be any valid objection to the supposition that this vitalizing power, which so far transcends the chemical forces in the organizing effect it is allowed to exert, may be fully adequate to any transmutations the food may undergo; and this inference is the more corroborated by the consideration that matter already in an organic state must be better fitted for the process of vivification, than it can possibly be after its elements are broken up and recombined by forces with which those of life are in absolute opposition. Besides, the vitality of the gastric juice, or the vital influence of the stomach itself, being fully admitted, and even capable of organizing the food anew, this, in itself, should protect the alimentary matter against any chemical agencies which have been supposed to operate."

Leibig and his followers have found two powerful opponents to their chemical doctrine of digestion, on this side of the Atlantic; one is Professor Paine, the other is Professor Caldwell of Louisville; either of whom is competent to grapple with this Goliath of modern chemistry.

ART. VIII.—*An Introductory Discourse on Medical Education, delivered to the Students of Geneva Medical College, October 1st, 1844.* By CHARLES A. LEE, A. M., M. D., *Professor of General Pathology and Materia Medica in Geneva College.* Published by the Medical Class. (pp. 40.)

The subject of medical education seems to be the theme of one half of the introductory which come to hand. From this circumstance, we are led to hope and believe that the day is not distant when students of medicine will be required, before they shall be allowed to become candidates for graduation, to possess a good, sound and classical education. We are glad to see such able champions in the field as Professors Drake and Lee; having such men to head the column, we would fain believe that others will follow.

Dr. Lee's address is chaste, sensible, and abounds in excellent advice to the student who is ambitious to be enrolled among the disciples of Æsculapius. He deprecates, as must every reflecting physician, the almost criminal custom of sending out young men, incompetent to discharge the duties which the world may impose upon them as practitioners of medicine. He insists upon the utility of the dead languages, as necessary to qualify the mind to understand the technology and terminology of the science, to say nothing of that mental discipline, which the study of the dead languages imparts to the intellectual faculties. He regards as exceptions, and therefore not to be taken into account, those few rare and extraordinary geniuses which, without the aid of classical lore, of Greek and Latin, have shown as bright luminaries in the path of medical science. Such instances are few and far between; and it is not difficult to imagine, says Dr. L., that even these gifted minds might have added richer trophies to science, and gained a more enduring reputation, had their minds been trained early in life, by studying the writings of ancient authors in their vernacular tongue. We wish Dr. Lee's introductory could be placed in the hands of every student and recent graduate throughout the country. From the tone of this address, we have reason to believe

Dr. Lec an able teacher, and an excellent lecturer. He has just conceptions of the manifold responsibilities of our profession, and points out to the student the course to be pursued in order to attain to usefulness and eminence.

ART 9.—*Lecture Introductory to the course of Medical Chemistry in the Medical Department of Pennsylvania College, Philadelphia; for the session 1844-5.* By WASHINGTON L. ATLEE, M. D. *Published by the members of the Class. Philadelphia.*

We had already formed a very high opinion of Dr. Atlee's attainments as a scientific physician, from his numerous and valuable contributions to medical literature. The present effort proves him to have cultivated with success, more than one department of medical science.

The main object of this lecture is to impress upon the class, the absolute necessity of a practical, as well as theoretical knowledge of chemical science, in order to fit them to become good physicians.

He points out the close connection between medicine and chemistry; shews the influence of the one upon the other, and declares that an able physician, must, of necessity, be a good chemist. He makes this strictly an introductory to his course, because he begins it by treating of some of the elementary bodies, whose various compounds form a part of our armamentaria. When we recollect that many of the so called vital acts are attended with chemical phenomena, that even life itself is *chemical force held in equilibrio*, we cannot expect to be either sound physiologists, or learned pathologists without a knowledge of this beautiful science.

ART. X.—*On the Formation of Professional Character, an Introductory Lecture, delivered Nov. 4th. 1844.* By JOHN P. HARRISON, M. D. *Professor of Materia Medica and Therapeutics in the Medical College of Ohio.* Published by the Class.

Professor Harrison is a ready writer and an eloquent lecturer; but his fondness for high sounding phrases and uncommon terms, frequently mars the beauty of his ideas, and obscures the sentiments sought to be conveyed. We have, however, been enabled to understand enough of the present lecture to form a very high opinion of the professor's moral and intellectual attainments. The course recommended to the Class for the attainment of honors and professional distinction, will, we are satisfied, accomplish all, if diligently prosecuted, the young aspirant may seek to obtain. He advises a strict adherence to truth; gentleness in examining a patient, the avoidance of all ostentatious display, and unwearied application to professional studies. All the qualifications of a medical man may, we conceive, be told in a few words:—he should be a *gentleman* of thorough education; this comprehends the sum and substance of the author. Speaking of the present progressive improvement of medical science, Professor Harrison says: "It is a matter of warm congratulation to every cultivated member of our profession that at no former period in the history of medicine, have the boundaries of its scientific truths been more conspicuously enlarged than in our day. The electric fluid is not more active and

ceaseless in its invisible motion around the globe, penetrating all bodies, and ever impressing changes wherever it touches, than is the spirit of research in the wide spread body of the medical profession. In Europe, Asia, Africa, America, and in the Islands of the sea, every where and in all places, wherever the torch of education has kindled up the lights of philosophical inquiry, the glow and animation of medical improvement are working out indestructible results, and building up with imperishable materials, the temple of science."

ART. XI.—*Nineteenth Annual Report of the Board of Managers of the Prison Discipline Society.* Boston. 1844.

This large and most interesting Report has been handed to us by a friend, and we cannot omit calling the attention of our readers to its contents. It contains 116 pages of the most valuable statistics in regard to the Lunatic Asylums, Penitentiaries and Prisons of the United States. The Society appears to be of long standing, and composed of able and influential men. This Report of their annual labors and researches certainly does much credit to the philanthropic institution. About half the Report is occupied with accounts of the various Lunatic Asylums throughout the Union. It appears that these humane institutions, unknown to the ancients, and so creditable to modern philanthropy, have already been established in the following States, viz: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, New York, Pennsylvania, Maryland, Virginia, South Carolina, Georgia, Louisiana, Tennessee, Kentucky and Ohio. Efforts are being made to establish them in the following States, viz: Rhode Island, Delaware and Indiana. Particular allusion is made to all the Asylums now established, accompanied by valuable statistics concerning the causes, varieties, and treatment of insanity. Part II. is devoted to an account of county Prisons—Part III. to Penitentiaries, and Part IV. to Houses of Refuge. Then follows an appendix, containing "Mr. Barret's Journal," which is an interesting diary of facts and observations taken while visiting numerous Lunatic Asylums, Penitentiaries and Jails in the Western States; previous to which, however, the Society close their Report with the following interesting remarks:

"In conclusion, the Managers of the Prison Discipline Society would take courage, because so many States have already established Asylums for poor lunatics. All except three have been established since the Prison Discipline Society was formed. With regard to the establishment of most of them, the Society have had a direct agency. The consequence has been a very general and extensive jail delivery of this class of sufferers; and laws of many States have permanently secured their support in Asylums, and prohibited their imprisonment. In other States, where no Asylums are yet established, the people and government are moving on the subject. In some, liberal provision is already made; in others, information is disseminated; and in others still, there are individual minds, of great power, actively engaged in promoting the object. Twenty Asylums, at least, are built; their doors are open; their wards are filled; their accommodations are being enlarged; their principles are right; their physicians are good; their attendants kind; their employments, amusements*

and instructions, restorative and soothing to the insane. About 3000 annually, are receiving the benefits; about 2000 are enjoying these benefits at this time; about 1500 are received each year; and nearly 1000 annually, are restored. Why should not this Society take courage, by what has been done for the jail delivery, and proper care and restoration of poor lunatics? Again, we are encouraged by the smallness of the number of prisoners, in county prisons, particularly in New England; (in April, 1844, one prisoner to 8238; one debtor to 100,000; one female to 300,000; one juvenile delinquent to 200,000; one poor lunatic to 100,000;) and the diminution of crime, as shown by the opinions of prison keepers, and the statistics of penitentiaries; the causes assigned by them for this diminution of crime, the progress of temperance, and the general improvements in society. It looks like the dawn of a better day. * * * * *

“The houses of refuge are nipping crime in the bud, and qualifying juvenile delinquents for honorable apprenticeship. Nearly 3000 children and youth have been thus rescued by one of these houses of refuge, and by all of them nearly 5000. Imprisonment for debt, which incarcerated annually, by estimate, 75,000, 12 or 15 years ago, is extensively abolished; and seldom is an individual in prison, for a single night, who is poor, and cannot pay, and shows no disposition to defraud his creditors. Prison scenes are greatly changed from those revolting, to those on which the christian can look with some degree of admiration.”

The Report will be read with approbation by all who feel an interest in the improvement of society.

ART. XII.—*Select Medical Library, (new series) and Bulletin of Medical Science.* Edited by JOHN BELL, M. D. &c., Philadelphia.

The October number of this quarterly, containing Bampfield's work “on Curvatures and Diseases of the Spine,” has come to hand. This method of republishing valuable standard works, at a price so low as to enable every medical man to possess them, will tend to advance materially the cause of science, and to diffuse a vast amount of useful information among general practitioners. As it is our object simply to announce the appearance of this work, we shall not enter, at present, into an analysis of its contents; this we shall attempt in our next number. The works republished in the select library by Dr. Bell, are well selected and of the most authentic and practical character. Few men in this country have done as much, and labored as faithfully as Dr. B. for the advancement and spread of medical information, and we sincerely hope that his reward will be commensurate with the benefits he has conferred on the profession in this country.

The price of the Library and Bulletin, is only \$5, 00.

ART. XIII.—*The Medical Examiner, and Record of Medical Science,* Edited by R. M. HUSTON, M. D. Prof. Mat. Med. and Gen. Therapeut. Jefferson Medical College, Philadelphia, &c. &c.

This Journal comes to us enlarged from 24 to 72 pages, and altered from a semi-monthly to a monthly, without any increase of price; the

form is now very neat, and we think the appearance greatly improved. Dr. Huston is an experienced editor, a ready writer, and certainly a critical examiner of medical literature. The contents of the two numbers that have reached us are valuable and select. Among the most valuable acquisitions to this journal are the clinical lectures of Professor Dunglison at the Philadelphia Hospital. The Bibliographical Notices, although not always free from acerbity, are evidently the productions of a keen sighted critic.

ART. XIV.—*Southern Medical and Surgical Journal. New Series—Monthly. Edited by PAUL F. EVE, M. D. and J. P. GARVIN, M. D. gusta, Georgia.*

We hail with pleasure the appearance of another journal devoted to the cultivation of medicine in the South. The field is extensive and rich, and if our journals are sustained by southern physicians as they should be, it will afford the best evidence of progressive improvement. The Southern Medical and Surgical Journal was suspended for several years, but is revived under auspices which, we trust, will render it stable. The *new series*, like the former, is a monthly periodical of 48 pages, at \$3 per annum; though the second number contains a proposition to add 16 pages more without additional expense, "if sustained by the profession." The first number contains an excellent article "on the pathology of Intermittent Fever," by Dr. L. D. Ford, Professor of the Institutes and Practice of Medicine in the Medical College of Georgia. We had intended to insert in our periscope the views of the author on this subject, not on account of their novelty, for they are not new, but because we think them sound and correct; but we could not make room for them. The second is also an interesting article "on the abortive and curative treatment of gonorrhœa by nitrate of silver," accompanied by a report of 13 cases. There are other interesting articles in the two numbers which have come to us. We repeat a hearty welcome to our cotemporary, and wish it every success.

ART. XV.—*The American Journal of Insanity.*

This is a neat quarterly, of 96 pages, and contains a large amount of excellent original matter. It is issued punctually under the auspices of the officers of the New York State Lunatic Assylum at Utica. Devoted to the subject of mental diseases, as its title indicates, its object as to "popularize the study of insanity,—to acquaint the general (and professional) reader, with the nature and varieties of these diseases, and methods of prevention and cure. No class of diseases is more worthy the attentive study of the philanthropic physician, than those appertaining to the diseased intellect; and if mind be the noblest attribute of man, surely its derangements should elicit our attention, and command that careful and serious study by which we may be enabled to understand its phenomena, arrest its progress, and restore banished reason to her throne. It is, indeed, appalling to see an intellect, once powerful, engrossed and overpowered by a single absurd and abiding thought; Prometheus-like, chained to

a single preposterous idea, unable to exercise or control its powers, seeking to soar into its native element, yet doomed to grapple with the demons of darkness ; insensible even to friendship and the caresses of affection ; all this, and more than this awaits the unhappy lunatic. We would commend this work to the professional and general reader ; it will richly repay an attentive perusal. The subscription price is extremely low, too low in fact, for such a work—being only *one dollar* per annum, in advance.

ART. XVI.—*Transylvania Medical School—Meeting of the Class.*

We have received “the Observer and Reporter Extra,” containing the proceedings of the Medical class of this school, in regard to certain articles written by a Dr. Pinkard, in the newspapers of the day, over the signature of “a friend to Lexington.” The class in solemn conclave assembled, boldly denounce this “friend of Lexington” as “a *wolf in sheep’s clothing*,” who by his insidious and dastardly machinations, has aimed a deadly blow at this well established and excellent medical school. They adduce facts and reasons to show that the animosity of this gentleman against the Lexington school, is attributable to disappointed ambition, and personal pique. We are sorry to perceive that through some malign influences, much injury has been done to this very respectable school of medicine, but we have resolved not to encumber our pages with accounts of medical quarrels.

PART FOURTH.

HEALTH OF THE CITY—TOGETHER WITH AUTHENTICATED REPORTS FROM THE NEW-ORLEANS HOSPITALS AND INFIRMARIES.

NEW-ORLEANS, MARCH 1st, 1845.

We have the gratification to announce the continued success of our Journal. Our list of subscribers is still constantly increasing, and we find a rich reward for our toil, in the flattering commendations generally bestowed upon our humble efforts. It has been *our earnest desire*, seconded by our *very best exertions*, to publish, as we promised, an *independent and impartial Journal*. If we have failed to do so *in the opinion of any one*, we are constrained to believe it has proceeded either from an unfortunate expression of our own meaning, or a misapprehension of the idea intended to be conveyed. We reiterate the declaration, that the *cardinal object* of this undertaking has been the advancement and improvement of the whole medical profession in the South-West, regardless of party influences and local prejudices. The vast and fertile field lay before us, untilled and unoccupied by a single Medical Journal,—it was inviting, and one seemed to be generally called for; but who was to enter upon the task? As none more capable and experienced came forward, we concluded to venture our humble exertions, knowing but little of our powers, and having, indeed, but an imperfect idea of the labor to be performed. We knew we had nought to inspire us but *hope, and a firm determination*; but taking for our maxim, *IMPROBUS LABOR VINCIT OMNIA*, we entered upon the task, and so far the result has been satisfactory. But we defer further remark on this subject until our next number, which will complete the first year. We may remark, however, that our pages have been freely offered to *all* who wished to write. We only solicited the honor of making known the merits of others to the world. We have never been at a loss for a plentiful supply of original matter, and those who have so kindly sent us their communications, have not only conferred an obligation upon us, but have done themselves credit.

We have said that our list of subscribers has been constantly increasing, and we refer with pride to our receipts on the cover, for the manner with which they attend to the important duty of paying. Some have already paid *in advance* for another year, whilst others are still in arrears. We hope his gentle admonition will be sufficient to remind these of this

part of their duty. Having been compelled to become *publishers* as well as *editors*, both our labors and expenses have thereby been increased, and we hope our friends will bear this in mind.

The original communications in this number, we think will be read with interest; and from those already received for the next number, it is evident that the physicians of the South-West intend to afford us a hearty co-operation. We are much gratified at the favor conferred on us by Dr. Arnold of Kingston, Jamaica, and have reason to expect other papers from the West Indies, Mexico and Texas. We are now in communication with the medical world at large, and a moment's reflection must convince gentlemen ambitious of distinction, that this Journal affords the best medium west of the Alleghany Mountains, for giving an extensive currency to their literary labors. We regret that we shall not be able to supply new subscribers with the numbers previous to January. The work was commenced on so precarious a basis, and we were so inexperienced in every thing relating to publishing, that it was impossible to calculate the risk to be incurred, or the support we should receive. The work is now firmly established; we are getting familiar with our duties, and hope to proceed with more order and regularity in future.

We take this occasion to remark, that the pleasing task of *bibliographical* notices is rapidly increasing upon us, and we would gladly avail ourselves of the assistance of our friends in New-Orleans, Mobile and Natchez. We shall always insert in this part of our Journal, all local medical news received from the neighboring cities, and should be glad to receive regularly, not only the proceedings of their Medical Societies, but reports from their Hospitals and Cemeteries. We are indebted to Dr. Ross of Mobile, for the necrological report of the past year; and to Dr. Gayle, for the report of the U. S. Marine Hospital in the same city.

HEALTH OF THE CITY.

The winter is past; and surely, in point of weather, it has been one of the most delightful ever experienced in this place. It has been for the most part cool, fair, and dry, without any of those disagreeable extremes to which we are so often exposed at this season. From dismal fogs, excessive rains, and their necessary attendant, *muddy streets*, we have been comparatively quite exempt. The *beau monde* has been unusually gay, notwithstanding the old complaint of "*hard times*" and the absence of the customary number of visitors to the city at this season; and, but for the extraordinary reduction in value of the great staple of the country, and the consequent depression of every branch of business, the winter would be memorable as one of the most charming ever experienced in New-Orleans.

The health of the community has generally been good. There has been frequent attacks of slight indisposition, but no serious disease of an epidemic character has prevailed. The common complaints have been catarrh, pneumonia, rheumatism, bowel complaints, bronchitis, typhoid fever, angina, and a few cases of measles, erysipelas, small pox and scarlatina. We have heard of less small pox than usual. We have seen some very bad cases of idiopathic erysipelas, and in some

instances, it seemed to spread by contagion, but fortunately it has not assumed an epidemic form. We have heard of several surgical operations in private practice which we should be pleased to report for the honor of our surgeons.

SCIENTIFIC LECTURES IN THE CITY.

DR. McDOWELL.—We mentioned in our last number that Dr. McDowell of Louisville, Ky., would deliver a few lectures on *pulmonary consumption*. About the first of January he delivered, at the hall of the Medical College, four lectures, in which he gave a brief outline of the pathology and plan of treating this disease which he has adopted. As we were promised a *synopsis* of these lectures, (themselves but a *synopsis* of the author's views,) we took no notes at the time, and therefore will only say they were well attended, and listened to with interest.

Rev. C. K. MARSHALL.—In addition to these lectures, our citizens have had a course on *Astronomy*, by the Rev. C. K. Marshall, of Mississippi, which we were unable to attend.

PROFESSOR SILLIMAN.—The celebrated Professor of Yale College, is at this time delivering a course of Lectures on Geology. The reputation of Professor Silliman as a man of science and erudition, is perhaps unrivalled in America. It appears that we are indebted for his present visit to a company of our citizens, who some time since resolved to unite their influence for the purpose of procuring some able scientific lectures to be delivered in New-Orleans during the present winter. Professor Silliman having been selected, kindly accepted the invitation, and we look upon his visit to our city as peculiarly auspicious at this time, when there are such evident proofs of a growing disposition to cultivate the arts and sciences. His course consists of ten lectures, which will serve to give a correct general idea of the interesting science he teaches. His introductory was attended by an immense assemblage of ladies and gentlemen, and his subsequent lectures, by a class of at least two or three hundred. We are particularly pleased to see so large a turn-out among the ladies, as it will serve to give a *fashionable* impulse to scientific pursuits.

Dr. Silliman is a man rather above the middling stature, well developed, and of fine personal appearance. His hair is silvered o'er with the frosts of probably 60 winters, though he appears quite fresh and vigorous, and does not seem to require the aid of glasses in reading. Although he does not appear to command the graces of eloquence, he is certainly a very dignified and impressive lecturer. He seems to be perfectly familiar with the science, and is very clear in his illustrations, although he is sometimes very discursive, touching upon a variety of topics, as if he were perplexed about what to lay before his hearers, from the immense fund of knowledge he has accumulated. We will not attempt to give a particular account of Dr. Silliman's lectures; suffice it to say, he has laid before his audience, in a succinct and graphic manner, all the prominent, sublime and wonderful truths of geology discovered and established by modern science; he leads us back through different stages of the world's existence to a period anterior to any dreamed of in ancient times; he gives us a most rational view of its diversified nature; and teaches us

how to "look through Nature, up to Nature's God." He is listened to with profound attention, and since the visit of Dr. Lardner, our citizens have not enjoyed such a "feast of reason," as the lectures of Prof. Silliman.

MR. SILLIMAN, JR.—Also, the son of the distinguished Professor is delivering a course "on the Chemistry of Agriculture;" but on account of various other engagements, we are not allowed the pleasure of attending them. The subject is an exceedingly interesting one, and very great progress has recently been made in this department of science; but at this season, when there are so many other attractions, we fear Mr. Silliman will not command as much attention as the subject merits.

HOSPITAL REPORTS.

In the Report of surgical cases, from the Charity Hospital, contained in our last number, we omitted to state, in detailing the particulars of an operation for *strangulated inguinal hernia*, that Dr. W. Stone was the operator. This was an accidental, and to us, an unfortunate oversight, which we sincerely regret, as nothing could be further from our desire than to make the slightest misrepresentation or omission, in a case of the kind, or to give such a coloring to the report as would tend in the least to conceal or obscure the merits of the operator. We make this correction with pleasure, as an act of justice both to Dr. Stone and ourselves. The various steps of the operation were recorded by a medical gentleman present, every way competent to the task; but from a multiplicity of engagements, and the consequent haste in getting it up, Dr. Stone's name was not mentioned as the operator. Thus much we deem it our duty to say, and we trust the like will not again occur.

CHARITY HOSPITAL.

The following is a summary of the monthly reports for January and February:

		MAIN BUILDING.				
	Admitted.	Discharged.	Died.	Remaining		
January.	477	380	55	422	1st Feb'y.	
February.	378	365	48	388	1st March.	
		LUNATIC ASYLUM.				
	Admitted.	Discharged.	Died.	Remaining		
January.	25	20	4	86		
February.	25	24	4	82		

MEDICAL WARDS.

Owing to various engagements and interruptions during the winter, we have not had time to take notes of particular cases in the Medical Wards and therefore have none to report [as occurring within the last two months]. Prof. Jones is the only one of the Medical Faculty who has delivered lectures in the clinics in this department. We have listened to some of his bedside observations with interest, but are not prepared to report them.

SURGICAL, WARDS

We have paid more attention to this department of the Hospital, but have only room for the following observations:

SERVICÆ OF DR. STONE.

CASE I. Dislocation and fracture of Spine.—J. L., aged 25—native of New York city—rather thin, but active and of good constitution, entered Charity Hospital, February 3d 1845, eight days after the accident. He fell a distance of 30 or 40 feet, his back coming in contact with a hard projecting embankment, and was picked up with complete *paralysis* of the lower extremities. He entered the Hospital as above stated, and presented the following symptoms:

He lies extended at full length, unable to change his position—complete loss of motion and sensation in both lower extremities: bladder distended, and constantly discharging urine, mixed with a large quantity of blood; it flows *guttatim*; abdomen slightly tympanitic—bowels costive—thirst; pulse 54, and full; skin natural; tongue loaded: pressure just over the junction of lumbo-dorsal vertebræ, the seat of the contusion, produces agonising pain, but little tenderness either above or below this point. On inspecting the legs, we find the cutaneous vessels rather congested; and just above the left internal malleolus we observe a dark spot, as large as a dollar, covered with vesicles filled with a dirty-colored fluid: it is evidently tending to sphacelus. Just at the inner side of the *os calcis*, another dark-lead-colored spot, of equal size, has made its appearance, and will likely terminate in sloughing.

Treatment. Dr. Stone ordered 8 cups to the spine, just over the seat of pain—Injections of tepid water into the bladder; the urine to be drawn off frequently through the day; flax-seed tea as drink, &c.

4th.—This man is without any material change; between the nates, just over the sacrum, there is a dark livid spot, caused by stasis of the blood in the capillary vessels. The lower extremities are rather œdematous, and pits on pressure; the urine escapes, mixed with fresh-looking blood, *guttatim*; Dr. Stone ascribes this to a lesion of the kidneys, as the blow was received just over the seat of these organs. This opinion is doubtless correct. Respiration is slow, and performed by the abdomen and chest, simultaneously; his pulse is full and 60. Tongue rather red and very dry; has thirst and vomiting; tenderness over the epigastrium; insomnia. The spots about the ankles are larger, but without any other change. Still loss of motion and sensation. Dr. Stone ordered an enema of *acetatis plumbi, et tinct. opii*; a large blister to epigastrium and the extremities to be kept warm. He died two days afterwards.

Post mortem 24 hours after death. The last dorsal vertebra was fractured and driven in upon the spinal marrow, which was crushed, and almost severed in twain; for some distance above and below the seat of fracture, the spinal marrow was atrophied, and the membranes injected; within the vertebral theca, there was a sero-sanguinolent effusion. Bloody infiltration in the surrounding muscular structure. One of the kidneys was ruptured, and contained within its pelvis, a mixture of pus and coagulated blood.

The bladder seemed to have given way, just above the pubis; hence pelvic peritonitis, causing adhesions between the pelvic viscera.

CASE II. Concussion of Brain; followed by stupor of six or seven days duration—Recovery. A. C., Irishman, aged 30, of robust constitution, and good health, entered the surgical ward of Charity Hospital, January 1st. 1845. He was picked up in the street, in a state of complete insensibility, and brought to the Hospital. On examination, it was found that he had received a blow with a bludgeon, across the left *parietal bone*, extending from before backwards, and rather obliquely, downwards towards the occipital region; it was about four inches in length, and divided the scalp down to the bone. It was thought that there was no fracture; yet he continued in a profound stupor, with complete insensibility for seven days; during which time, his pulse was always rather full, but compressible, and between 70 and 75—skin warm, but not hot; respiration easy, very and slow not over 12 or 14 per minute, but not stertorous; pupils dilated; tongue rather dry.

Treatment—Result of Wound, &c. On the day of entrance, the wound was stitched, and also the lobe of the ear of the same side, which we have omitted to state, was partly divided by the blow. Cold water dressings were applied, and he was bled from the arm to fifteen or twenty ounces.

The bleeding produced no sensible effect; the stupor continued, and on the second day he was cupped freely at the nucha. The cups were reapplied from time to time, and cold lotions continued to the head, with occasional sinapisms to lower extremities. Stimulating cath. injections were resorted to; but all this did not arouse him. After this blisters were ordered to the nucha, but with only partial benefit. The wound of the scalp continued to heal steadily, notwithstanding the oppressed condition of the brain. At the end of the seventh day he began to manifest symptoms of returning consciousness. A singular phenomenon attended this attended this man's recovery. Although walking the ward, and looking as intelligent as the inmates generally, yet when addressed his only reply was invariably "yes" or "no," being utterly unable to pronounce any other word in the English language. His mind, as expressed in rather a good countenance, seemed quite active, and fully conscious of this inability; yet he could not be prevailed on to utter another syllable. He can now pronounce a few other words, and no doubt will ultimately recover his speech. It was the organ of intellection—the tongue, which seemed to disobey the will; it seemed beyond the control of the mind. Dr. Stone remarked that he had seen similar phenomena follow wounds in this region of the head.

CASE III.—Fracture of Skull and Laceration of the Brain, from the accidental discharge of a loaded gun.—Feb. 10th. E. F., aged about 19, was brought to the Hospital this morning in a state of insensibility. He was covered with blood, and on inspection of the head, it was found that a large portion of the left parietal bone was blown away, rupturing the dura mater, and leaving the substance of the brain exposed and lacerated. The exposed surface was nearly as large as the palm of the hand; was bleeding copiously, and its pulsations could be distinctly seen. A large portion of the parietal bone was also elevated, extending as far back

as the lambdoidal suture, behind, laterally to the squamous suture, and to the middle as far as the sagittal. The scalp around the edges of the wound was perforated with a number of small shot. Symptoms; unable to utter a syllable; constant motion of the upper and lower extremities on left side; raising, flexing and extending them.

In a short time, slight spasms, attended with *shivering* and most severe *rigors*, succeeding each other in rapid succession—*goose flesh, &c.* When pinched, gave signs of pain. Whilst his limbs were in constant *motion*, his head remained *stationary*; no disturbance of respiration; pulse regular, soft, and between 65 and 70. In 30 minutes after he was placed in bed, the flexing and extending of the limbs ceased; the *rigors*, however, continued at longer intervals and less severe; he gradually sank into a dosing coma, occasionally making a deep inspiration, as one falling into a quiet and refreshing slumber. We observed slight twitching of the tendons. The action of the heart, when the ear was applied over this organ, was regular and distinct in its sounds, except during the existence of a severe rigor, which obscured its motions. Slight motion of superior palpebrae; deglutition practicable; 40 minutes after entrance, more quiet.

TREATMENT.—The House Surgeon, applied a compress, dipped in cold water, over the wound, which was confined by a bandage; clearly all that could be done under the circumstances. These observations were made in the morning about 10 o'clock; we returned in the evening about 6 of the same day, (February 11th,) and add the following: pulse, still regular, and 80—respiration normal; skin warm; frequently carries his *left* hand to his head, and flexes his *left* leg; he is unable to move, except slightly, either the *right* leg or arm; but when pinched, he gives a sort of rotatory motion to both. Slight *rigors* at long intervals; right foot much colder than the left; in other respects, no change. February 12. Since last note, little or no change; *rigors* have ceased; pulse regular and stands at 80; skin warm; eyes constantly closed, and when inspected, found in constant motion; pupils contracted. When a wet sponge is applied to his lips, he swallows; paralysis of right side continues; without loss of sensation. February 18th, pulse became rapid and feeble, pressure on the exposed brain produced stertorous breathing; grew worse and worse, and quietly expired on the morning of the 14th February, the *third* day after his admittance.

Post-mortem 6 hours after death.—The entire left parietal bone was fractured and split in every direction, extending as far as the sutures by which it is insulated. The contents of the gun, entered the left hemisphere of the brain, carrying away at least one-fourth of the parietal bone, and fracturing the remainder, as already described. A considerable portion of cerebral substance had escaped, before death, in a softened, broken down and semifluid state; the third and lateral ventricles of the left side were blended into one; the *thalamus* and the *corpora striata* were destroyed; a great quantity of blood, in a semi-fluid state, mixed with cerebral matter, was found in the middle and anterior part of the hemisphere; also, considerable effusion of blood at the base of the brain.

A number of bony spiculæ, of various sizes, were driven deep into the substance of the brain, causing extensive laceration, and rupture of vessels. The origin of the various important nerves of sensation were unaffected. The right hemisphere was sound. *Lungs* collapsed, but highly engorged:

extensive old adhesions on right side ; no effusion either in pleural cavities or pericardium. Heart large and loaded with adeps. Liver healthy, and charged with dark fluid blood. Gall-bladder filled with dark thick bile. Bladder distended with urine ; Stomach empty and contracted. Intestines healthy.

SERVICE OF DR. HARRISON.

Erysipelas, caused by a bite from a man.—Death. E. F., aged 38, Son of Erin, laborer, had an altercation with his employer five days since, during which he received a bite on the right jaw, just below the inferior maxilla, and another on the throat, a little to the right. This happened above Donaldsonville, and the patient left immediately for the Charity Hospital, where he arrived on the 6th February.—*Present Condition.*—He states that the swelling commenced soon after the wound was inflicted, and continued to increase. In fact, it is a formidable case of *Erysipelas*, occupying one half of the head, throat, and face. The right eye is completely closed, and discharging a thin acrid fluid ; the swelling of the scalp commences about the middle of the right eyebrow, and extends directly backwards, across the parietal bone, making a distinct, well-marked ridge ; it is very tense and painful to the touch ; the cheek of the same side is enormously swollen, hot, of a mixed livid and scarlet hue, as hard as wood ; covered with small watery vesicles filled with a thin yellowish pus.

The upper lip is projecting, swollen, tense, and tender on pressure. The neck is also so much enlarged that the chin is merged in the face and neck, measuring 16 inches in circumference. The tumefaction and redness extend some distance down the sternum, and around to each clavicle ; respiration is wheezing, laboured and hurried, deglutition almost impossible ; he attempted to swallow some beef tea in our presence, but was threatened with suffocation. The wounds inflicted by the bite do not seem to be deep, they are filled with an unhealthy looking pus, and have dark, ragged and gangrenous borders. He complains of intense pain in the head ; great thirst, &c. His pulse is small, rather frequent, but feeble ; skin elsewhere than over the seat of *Erysipelas*, is cool, and nearly natural.

Treatment.—Nourishing soups, port wine, and a saturated solution of Velpeau's sulphate of iron, in cloths to the face and neck. He expired about 3, p. m., apparently from suffocation.

Autopsy 24 hours after death—Nothing characteristic as to external appearance, except a number of dark leaden-colored spots, as large as a ten cent piece, scattered over the lower extremities ; muscles moderately rigid. As his friends demanded his body for interment, the examination was partial, and confined to the neck and the seat of the disease. On cutting down upon the cheeks, a quantity of thin unhealthy looking pus, was found to flow from the subcutaneous cellular substance ; in fact, this tissue on both sides of the cheek, and over the front and lateral parts of the neck, was completely charged with a thin greenish looking pus. The depth through the integuments, cellular and adipose tissues, to the first layer of muscles, was 3 or 4 inches at some points, and 2 and 3 in others. The

muscles of the neck when examined, presented a pale, soft and flabby appearance. The parotid, submaxillary and sublingual glands were enlarged, but of course contained no pus. The inner coat of the jugular vein was smooth, and presented no evidences of phlebitis; all smaller vessels escaped detection, amid such a diseased mass; A sero-gelatinous fluid occupied the subcutaneous cellular structure along the upper part of the sternum, and in the clavicular regions. The uvula was of a dark pink hue, swollen and elongated; the epiglottis was œdematous, and the rima glottidis nearly closed. This condition of things impeded the ingress of air, and when this is taken in connection with the pressure exercised upon these organs by the swollen, tense, and unyielding circumjacent structures in front and laterally, and also by the tough and inelastic fascia of the neck, it is easy to discover the cause of death. The mucus membrane of the larynx and trachea was of a dark purple color, and was evidently in a state of hyperæmia, produced doubtless by the pressure, which prevented the rapid transmission of venous blood from vessel to vessel. As his intellect was clear to the last, the brain was not inspected. We were kindly assisted in this dangerous examination, by Mr. Fourniquet, resident student of the Hospital.

We are indebted to Dr. J. Hampden Lewis, Secretary of the Board of Health, for the following Reports from all the Cemeteries of N. O.—ED'RS.
INTERMENTS in the City of New-Orleans from the 1st January to 1st March, 1845, of all diseases, viz:

JANUARY.			FEBRUARY.		
Adults—White,	99	Adults—White,	89		
“ Colored,	45	“ Colored,	37		
Children—White,	37	Children—White,	48		
“ Colored,	28	“ Colored,	29		
	209		203		

ABSTRACT OF A METEOROLOGICAL JOURNAL FOR 1844.

By D. T. LILLIE, AT THE CITY OF NEW-ORLEANS

Lat. 29 57' Lon. 90° 7' west of Greenwich.

1844. Months.	Thermometer.			Barometer.			RAINY DAYS.	PREVAILING WINDS.	force of winds RATIO 1 TO 10	QUANT. OF RAIN.	
	MAX. 0 tenths.	MIN. 0 tenths.	RANGE. 0 tenths.	MAX. 0 hund.	MIN. 0 hund.	RANGE. 0 hund.				INCHES.	TENTHS
January.	71.5	41.5	30.0	30.57	29.67	0.90	7	N. W.	1.9	3	097
February.	78.0	37.5	41.5	30.46	29.94	0.52	3	N. W.	2.8	1	498

REMARKS.—The Thermometer used for these observations is a self registering one, not attached to the Barometer, and is placed in a fair exposure. Hours of Observation, 8 A. M., 2 P. M. and 8 P. M.

The Barometer is located at an elevation of 19 feet above the level of the ocean, and is suspended clear of the wall of the building. The Rain Gauge is graduated to the thousandth part of an inch, and the receiver is elevated 40 feet from the ground.

MORTALITY OF MOBILE IN 1844

We have received from the Mobile Medical Society, through the kind attention of Dr. Ross, the Secretary, a list of interments for the year 1844, furnished by the sexton, J. F. M'Bride. The table being too complex for admission entire, we will abstract the most important items. For the first six months we have only the monthly mortality, with a classification of the age sex and color. The total mortality for the first six months was 270.

In June, it seems, an ordinance was passed, requiring a classification of the disease, sex, age, and color. We cannot give the minutiae, but only the diseases and the deaths from each, from the 1st July to 1st January, inclusive.

Apoplexy	3	" Yellow	40
Affection of the Brain	1	" Gandular	1
Asthma	1	Hepatitis	1
Abscess	4	Inflammation of Brain	2
Bilious Colic	1	" Bowels	10
Consumption	28	" Stomach	4
Casualty	10	" Lungs	3
Cholera Infantum	2	Intemperance	5
Convulsions	6	Jaundice	2
Childbed	3	Lock Jaw	4
Congestion of Brain	2	Marasmus	3
Cancer	1	Mortification	1
Croup	7	Pneumonia	2
Dysentery	5	Paralysis	4
Diarrhœa	1	Pleurisy	1
Delirium Tremens	5	Quinsy	1
Dropsy	7	Stillborn	3
Debility	7	Suicide	4
Drowned	11	Teething	4
Erysipelas	1	Whooping Cough	6
Fever—Brain	4	Worms	1
" Bilious	6	Unknown	52
" Congestive	10	Found dead	1
" Gastric	1		
" Intermittent	2		287
" Nervous	1	First 6 Months	270
" Scarlet	1		
" Typhus	1	Total	557

PATIENTS admitted into the United States Marine Hospital at Mobile, during the Quarter ending 31st November, 1844.

DISEASES.					DISEASES.				
	Admitted	Discharged	Died.	Remaining		Admitted	Discharged	Died	Remaining
Febris Intermittens	55	51		4	Pneumonia Typhoid	4	4		
“ Biliosa	6	6			Abscessus Pulmonalis	2		2	
“ Flava	6	4	1	1	“ Cerebri	1		1	
Colica Pictonum	2	2			“ Hepatica	1		1	
“ Biliosa	10	9	1		“ Testis	2	2		
Ascites	2	1		1	Fistula in Ano	1			1
Rheumatismus Acutus	12	12			Pericarditis Acutus	1			1
“ Chronica	5	1	1	4	Fractura Femoris	1			1
Phthisis Pulmonalis	1				Vulnus	4	1		3
Morbus Venereus	17	5		12	Ulcus	7	4		3
Hernia Inguinalis	1	1			Contusio	7	6		1
Ambustia	2	2			Icterus	1	1		
Anæmia	2	1		1	Anthrax	2	2		
Dysenteria	3	2		1	Carcinoma Gastrica	1			1
	124	97	2	25		35	20	5	10

RECAPITULATION.

Cases, 159—Discharged, 117—Died, 7—Remaining, 35.

R. GALE, M. D., U. S. M. Surgeon.

THE
NEW-ORLEANS MEDICAL JOURNAL,
DEVOTED TO
THE CULTIVATION OF MEDICINE,
AND THE
ASSOCIATE SCIENCES.

(BI-MONTHLY.)

ARRANGEMENT:

- PART I.—Original Communications, Cases, and Surgical Operations occurring in Private Practice.
PART II.—Periscope of Practical Medicine—or Spirit of the Medical Journals, Foreign and Domestic.
PART III.—Brief Notices of Recent Medical Literature.
PART IV.—Health of the City, with Reports from the New-Orleans Hospitals, &c.
-

EDITED BY

ERASMUS D. FENNER, M. D.

ONE OF THE PHYSICIANS TO THE NEW-ORLEANS CHARITY HOSPITAL.

AND

A. HESTER, M. D.

ONE OF THE SURGEONS TO THE NEW-ORLEANS CHARITY HOSPITAL.

“Summum bonum Medicinæ sanitas.”—GALEN.

VOL. I.—NO. VI.

MAY, 1845.

NEW-ORLEANS.

PRINTED BY WM. H. TOY, 50, CAMP ST.

1845.

TO CORRESPONDENTS.

Communications have been recently received from Dr. Hort, of New Orleans; and Dr. S. A. Jones, of St. Francisville, La.

The following works have been received:—Principles of Forensic Medicine, By W. A. Guy, M. B. Cantab, &c., &c.; First American Edition, with Notes and Additions, by Chas. A. Lee, M. D., Prof., &c.; New York. Harper & Brothers. (From the publishers.)

A Practical Treatise on the Diseases of Women, &c., by Samuel Ashwell, M. D., &c., &c., London. First complete American Edition; with Notes, by Paul B. Goddard, M. D., &c., &c.; Philadelphia; Lea & Blanchard; 1845. (From the Publishers.)

Principles and Illustrations of Pathological Anatomy, with colored lithographic drawings. By J. Hope, M. D., F. R. S., &c. &c. First American Edition, by L. M. Lawson, M. D., Prof., &c. &c., Cincinnati; Desilver & Burr; Lexington, Ky, N. T. Skillman & Son; 1845. (From the Editor.)

The Principles and Practice of Dental Surgery, By Chapin A. Harris, M. D., Prof. &c., &c. Second Edition, Illustrated with Engravings. Lindsay & Blackiston, Philadelphia, 1845. (From the Publishers)

Annual Report of the Perkins Institution and Massachusetts Asylum for the Blind. 1845. (From Dr F. W. Howe.)

Researches upon Febrile Caloricity, before and after Death—*Post Mortem Fever*, by B. Dowler, M. D. of New Orleans. (From the Author.)

Catalogue of the Faculty and Students of Jefferson Med. College, Philadelphia. Session 1844-5. (From Prof. Huston, Dean.)

Annual Announcement of Transylvania University; with a Catalogue of Pupils—1844-5, and Schedule of Instruction for 1845-6. (From Prof. Mitchell, Dean.)

Journal des Connaissances Medico-Chirurg, Paris,

The London Lancet, London.

The following American Journals have been received in exchange, viz :

The Select Medical Library, (quarterly) in 1845, Philadelphia.

The American Journal of the Medical Sciences, “

The Medical News and Library, April. “

The Medical Examiner, March and April. “

The American Journal of Insanity, Utica, New-York.

The New York Journal of Medicine, New York, April.

The Boston Medical and Surgical Journal, Boston, March and April.

The Southern Medical and Surgical Journal, Augusta, Ga. do do

The Western Journal of Medicine and Surgery, Louisville, Ky. do do

The Western Lancet, Cincinnati, O. do do

The St. Louis Medical and Surgical Journal, St. Louis.

The Illinois Medical and Surgical Journal, Chicago, Illinois.

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ART. VII.—The Principles of Surgery. By JAMES MILLER, F. R. S. E., F. R. C. S. E., Professor of Surgery in the University of Edinburgh, Surgeon to the Royal Infirmary, &c., &c. Philadelphia: Lea & Blanchard, 1845. pp. 519.	617
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ART. I.—*The pernicious influence of false Diagnosis.* By THOS. D. MITCHELL, M. D., *Professor Materia Medica and Therapeutics, Lexington, Ky.*

The accurate discrimination of disease is so universally conceded to be one of the essential pre-requisites for professional excellence, that it would seem to be a waste of time, and almost an insult to the enlightened physician, to cast a shadow of doubt on the subject. Especially is this remark true, in relation to practitioners, who profess to follow very closely the indications of any of the systems of nosology, rather than yield their assent to the guidance of what are justly and most wisely denominated *principles in medicine*. Even where the mind is under the predominant influence of the latter, as every well regulated and rightly informed physician should be, the aids which diagnosis affords, are always appreciated in their proper character and relations. In truth, the rules and laws of diagnosis are among the most essential features in a code of medical principles, and are necessarily so interwoven with the whole scheme, that we doubt altogether whether a man is capable of rising a whit above the dignity of a downright quack and imposter, who, from ignorance or design, abjures the one or the other, as wholly useless or unnecessary. Not a little have we been amused to witness the studied efforts of some in modern times, to discard the very idea of principles in medicine, who, notwithstanding, seem disposed to ride the hobby of diagnosis to death. They appear to have no sort of conception in reference to the fact, that in *principles*, which necessarily embrace every mental operation that ought to guide in the practice of physic, are embodied all the facts and reasonings associated with correct or incorrect diagnosis, and that truth in the latter is among the fundamental features that give dignity and value to the former. The man who professes to have no *principles* in medicine, may very properly be suspected of a lack, or even a destitution, of principles in morals, religion, or any thing else. So, in like manner, he who totally repudiates diagnosis, or places it among the category of insignificant things, furnishes, just so far, pretty fair evidence, that principles in medicine have

very little, if any thing to do in the formation of his professional inventory. We should certainly not allow ourselves to be under the supreme guidance of sublimated notions of the importance of diagnosis; for this error may gradually expand itself to the most frightful dimensions and deformity of medical transcendentalism. On the other hand, we should carefully guard against a morbid antipathy to what is called *modern* diagnosis, as this may lead to the mischievous rejection of helps that are of the last importance to the practitioner of the healing art.

But there are some, whose means of acquiring information have been restricted, who may not be aware of the evils necessarily involved in a false diagnosis, nor of the circumstances under which those evils are likely to be involved. For the especial benefit of all such persons, and of any others who may feel an interest in the premises, it is deemed proper to make a few statements drawn from real life. And as preliminary to this development, we beg leave to say, that false diagnosis may originate in either of the following sources: First, it may grow out of gross ignorance; secondly, it may be the fruit of mistake or error; and lastly, it may be the result of a settled purpose to deceive.

As illustrative of a false diagnosis, growing out of sheer ignorance, many facts could be cited from ancient and modern works. Indeed, it is more than probable, that this has been the most fertile source of diagnostic blunders, in all ages and countries, and that it is so at this day. For we need, perhaps, no other basis on which to predicate our judgment, that a man will err in diagnosis, than a knowledge of his ignorance of the characteristic features of any given disease. If he be thus ignorant, it need not be expected that he can make a true diagnosis in any case, save as a matter of sheer accident.

Cases have occurred, in innumerable instances, in which pregnancy has been mistaken for spinal irritation, and the mal-treated patient, who should have enjoyed the advantage of daily exercise, has been doomed to the horizontal posture, and tartar emetic or blisters to the spinal column, have been inflicted on her, most unmercifully.

But there are cases more strikingly illustrative of our position, to which we invite attention. And as these are not peculiar to any country, we may refer to them without fear of the charge of personality. Among the most conspicuous, as showing the evil tendencies of a false diagnosis, we give the following case.

A married female, of very respectable connexions, and herself above reproach, discovers that she has some kind of disease in the genital organs. Her husband is a man of integrity, and has no sign of morbid action in his person, sufficient to account for the embarrassing condition of his wife. They have been married but a short season, and have the most unbounded confidence in each other's honor and virtue. The case at length was submitted to the inspection of a practitioner, who unhesitatingly affirms the presence of a venereal affection, and forthwith directs the accustomed treatment. The female at once feels herself outraged, either by the decision of the physician, or by the supposed faithlessness of her husband, and a most painful series of criminations and recriminations, the termination of which none can predict, is the result. To settle the difficulty, other professional counsel is solicited, and the case is ascertain-

ed, with all sensible clearness, to be wholly unconnected with a venereal taint. To the ignorance of the primary medical adviser, and his consequent false diagnosis, all the painful associations of the case, affecting most deeply the character and confidence of the parties, are to be traced. And, it cannot reasonably be doubted, that family broils, terminating in perpetual alienation, have had precisely such an origin, in many cases.

We might multiply facts under this head, to a very great extent, but it would seem to be unnecessary. The case cited is given as a sample, and is abundantly monitory. And if it teach nothing more, it proclaims with a voice that should be heard all the world over, that ignorance is not only the mother of a false devotion, but of a false and ruinous diagnosis.

But we have referred some of the cases of false diagnosis to mistake or error. And we are most free to concede, that the best informed in our profession may err, since this is a feature entailed on our common humanity. It must not be disguised, however, that in some of the cases of diagnosis based on mistake, the party has allowed himself to be warped in judgment by undue attachment to favorite notions or dogmas, and that, so far, he is blameworthy. False diagnosis, growing out of mistake or error in judgment, has been made by men of high distinction in our profession; and that, too, under circumstances calculated to impugn neither their candor nor liberality. From very many cases that are on record, as well as not a few that have happened in our own time, we cite the following, because it is directly to our purpose, and also for the credit it reflects on our own country.

A gentleman supposed to be affected with stone in the bladder, visited Great Britain, to avail himself of the acknowledged surgical skill for which that country is so noted. He was carefully examined by two gentlemen, at distant periods, in order to determine the presence of a calculus; and the decision in both cases, was against the existence of stone. Not yet satisfied, however, the patient resolved to try the skill of a distinguished western surgeon, to whom he made known all the previous history of the case. That gentleman very promptly reversed the decision made by the British surgeons; and to make assurance doubly sure, he has actually performed the operation of lithotomy on this patient, and extracted the stone.

In presenting this case, we mean no disrespect to the able surgeons on the other side of the Atlantic, whose names stand very high and honorably on the escutcheon of British surgery; but simply to show, that the best informed may err in judgment, and that this error is often a source of false diagnosis.

There are, however, more common cases in point, that seem equally well, perhaps better, to illustrate our position. We allude to false diagnosis in reference to *disease of the heart*. We have known a single case of imaginary, or it may be, of actual disease of this organ, to develop some six or a dozen cases in a very short space of time, in the immediate vicinity. To such an extent has fancy operated in this matter, that there has actually appeared something like an epidemic tendency at work. We have been consulted, more than once, by persons who, from contrasting their feelings with those supposed to have cardiac disease, have actually determined that they were in the same dilemma, when in truth, not

a sign of such disease existed. And although we are now talking of the results of mistake alone, we feel quite sure that some of the errors perpetrated in regard to heart disease, were attributable to palpable ignorance. On this point, there can be no reasonable doubt.

It would serve no good purpose to deny the existence of disease of the heart, were we disposed so to do. That organ, like every other part of the animal economy, is liable to morbid influences from numerous and varied causes, and hence our excellent treatises on the nature, causes and treatment of the disease. Such being the fact, there is no sufficient excuse for ignorance, and scarcely less for mistake, on a point of such vital interest.

It would be of comparatively small moment, if ignorance or mistake on the disease of the heart were a matter of opinion merely, the influence of which could in no way prove deleterious. Far otherwise, however, are the facts of the case. We know, certainly, that under the operation of a false diagnosis, patients have been subjected to the most unwise and erroneous treatment, in the expectation of removing or alleviating the morbid condition of an organ, in whose entire structure there was not a particle of disease. We speak now particularly of the heart, and adduce a single case to substantiate our position. Well would it be for the profession, and for society, if it were the only case.

A medical gentleman was called in consultation to see a patient said to be very near his end, and who had been under treatment for a long season, for disease of the heart. The attending physicians, who were quite as well educated and respectable as the major part of the profession who are engaged in country practice, had formed their opinions wholly from the symptoms, unaided by any thing like an accurate use of physical diagnosis. At the moment of consultation, the patient exhibited an almost exsanguine surface, a pulse thread-like and exceedingly feeble, and yet, not an indication of organic disease. The chest was examined with care, especially in reference to the heart, and also to ascertain the condition of the other organs. The result was a perfect conviction that the patient labored under no kind of organic disease, and that the excessive debility induced by the treatment, was the only point demanding attention. The practice, therefore, was reversed from evacuants and starvation, to mild tonics and a generous diet, under the kindly influence of which the patient rapidly recovered.

Fashion in medicine, has often led to false diagnosis. This has been most certainly the case, in this region of country, in reference to what is called *typhoid* fever. Since the publication of Professor Bartlett's book on fevers, the tendency has been to fix the *typhoid* character on every form of disease. And so strangely has this bias perverted the judgment, that the most obvious marks of disease have been overlooked, the true nature of the malady misapprehended; and typhoid fever being declared to exist, diagnostically, the treatment was of course directed accordingly. We need hardly add, that most pernicious errors must have resulted from such misconceptions of the true nature of the case; it could not have been otherwise. We will be better understood by citing a case in point.

A patient is seized in the winter season with an attack of fever, with

more or less of local determination. The non-medical attendants detect a cough, with more or less of bloody and brickdust looking expectoration, labored respiration, &c. There is some disorder of the bowels, a good deal of febrile heat, some delirium, and an exceedingly variable pulse. The attending physicians pronounce it a case of typhoid fever, most distinctly marked, and the patient dies. As the opportunity of testing the correctness of the diagnosis must not be lost, it is agreed to have a post mortem examination, with the especial view of finding the peculiar ulceration of the small bowels, which has been pronounced as characteristic of typhoid fever. The examination is made, but lo! the stomach, alimentary canal, liver, &c. are perfectly natural. The chest is next noticed, and one or both lungs being found nearly wholly solidified, it is seen at once that the patient died of pneumonia, and that death most probably resulted from maltreatment, based on false diagnosis.

We have heard of several cases, not wholly unlike the one to which we have just now referred; and we cannot but think that much of the good that followed the publication of the book above named, in reference to the erroneous notions of congestive fever, has been counterbalanced by the professional mania engendered in reference to typhoid fever.

The stethoscope has been not a little injured in public estimation, by the false diagnosis obtained expressly by its aid. Thus, for instance, a gentleman direct from France, where he has been professedly engaged in the study of diagnosis for two years, locates in one of our towns or cities, with a proclamation of exceeding skill in diseases of the chest, the use of the stethoscope, &c. He is at once called upon to examine cases, supposed to be phthisis pulmonalis. He flourishes the instrument about very adroitly, and in the hope of getting hold of a few good cases that may be productive, he assures the friends of his ability to cure the patient. I have been present when such assurances were given in the most unqualified manner, and I have seen the funeral procession of the same patient in less than ten days after.

Now we all know that the most sanguine advocates of the stethoscope profess to be able to decide *infallibly* by its use; and the physician referred to above was among the most enthusiastic admirers of the instrument I ever knew. He did not hesitate to denounce all treatment of phthisis, apart from the stethoscope, as sheer quackery; and yet it is probable his blunders in diagnosis did more to disparage the use of mediate auscultation, than all other circumstances in the region referred to, combined. Like too many, he neglected the importance of rational symptoms, and thus placed an estimate altogether too high on the stethoscope, in the use of which he was more apt to err in diagnosis, than many practitioners who never saw a stethoscope.

It is not our wish to dilate on this subject, as its details would furnish instructive matter copious enough for a large octavo. We designed barely to call the special attention of young practitioners to the matter in hand, and therefore pass to the last source of false diagnosis, viz. a *settled purpose to deceive*.

On this point prudence and other motives admonish us to be brief. We feel very reluctant to cherish the sentiment that our profession contains many within its enclosure, who make it their chief aim to practise

deception on their suffering fellow-men. We do very much fear, however, that there are those who know better, and who should act from more honorable motives, who nevertheless are guilty of wilful imposition in regard to diseases of the heart. To this class we say, in all honesty and kindness, beware. Your triumph, if indeed you should succeed, will be shortlived, and its ultimate fruit be remorse and disgrace.

The main object in calling attention to this topic, is to enforce the great importance of acquiring the tact of making a correct diagnosis. But, as this faculty cannot be acquired in the absence of a proper acquaintance with the symptoms and physical signs of disease, the necessity of a more strict and accurate study of these points than has heretofore obtained in the profession, will commend itself to every reflecting mind. That some persons have overrated the value of auscultation and percussion, is quite possible; yet it is equally certain that many more have not appreciated them as they deserve, while others are wholly ignorant of their uses. These things ought not so to be.

ART. II.—*Report on the origin of Yellow Fever in the town of Woodville, Miss., in the Summer of 1844.* By C. H. STONE, M. D., of Woodville, Miss. Read with prefatory remarks, before the Louisiana Medico-Chirurgical Society, on the 5th March, 1845, by Dr THOS. M. LOGAN, Corresponding Secretary, and ordered for publication in the *New-Orleans Medical Journal*.

[Our readers have already had one Report on the yellow fever at Woodville, laid before them in the pages of this Journal, No. III. As the subject begins to acquire great interest, and its discussion has been resumed in the Med. Chirurg. Soc. for reasons which will hereafter appear, we purpose, previously to publishing the article at the head of this column, and in order to give a perfect idea of the impartial and philosophic manner in which the whole matter is undergoing investigation, and is tending towards important results, to devote a few pages to the proceedings of the Society, as kindly furnished us by Dr. Mercier, the Recording Secretary.—ED'RS.]

LOUISIANA MEDICO-CHIRURGICAL SOCIETY.

Meeting of the 2nd October, 1844.

Immediately after the reading of the joint Report of Drs. De Valetti and Logan, on the yellow fever at Woodville, the floor, on demand, was accorded to Dr. Beugnot, who addressed the Society as follows:

Messieurs—When, in the course of last winter, the Legislature did us the honor of asking our opinion on such measures of sanitary police as should be taken to protect the country from epidemic diseases, your did

not think proper then to adopt the conclusions of the report which was presented to you by the majority of your committee. You decided that the important question submitted to you, required to be studied by the observation of new facts, capable of enlightening your minds, and you postponed to a later period your definite answer.

Now, this provisional reply carries implicitly with it, the promise of resolving the question which was put to you. You cannot leave it eternally in suspense; and speaking now only in allusion to yellow fever, it is necessary that you must decide one of these days, and reply to the Legislature, whether this disease is or is not transmissible, and whether prophylactic measures are or are not necessary.

But in order to give certainty to this response, it became necessary for us to observe with care all the facts which could enlighten us; and for this reason, at the last meeting of your Board of Administration, it was decided, that Drs. De Valetti and Logan should be sent to Woodville, for the purpose of searching out the origin of the disease which raged there epidemically, and of studying its character as well as its contagious properties, if indeed any existed.

You have just heard the reading of the remarkable memoir of our two honorable confrères, and you have been enabled to see that this journey is far from being fruitless; for never was there a collection so rich in interesting facts, made in so short a time.

Permit me to examine this memoir, and to ascertain with you what practical consequences may be deduced therefrom, under the view of measures of sanitary police.

And first, there can be no doubt, that it is indeed the yellow fever that Doctors De Valetti and Logan have been studying at Woodville; and it is also most certain that the disease developed itself there spontaneously, and that it had no foreign origin. In effect, as our confrères have judiciously observed, it is impossible that, in a place containing such a small number of inhabitants, and removed so far from every frequented highway, yellow fever could have been brought there from abroad without its having been perceived.

What then can be the causes of this disease?—Drs. De Valetti and Logan tell you frankly, that these causes are absolutely unknown, and more than ever, at present, is the etiology of yellow fever plunged in thick darkness. Until now, we have been habituated to the idea, that this formidable affection especially appertained to marshy, submerged, hot and humid countries, and yet we see on the contrary, that Woodville possesses in the highest degree every condition essential to salubrity: a silicious soil—an elevated position—dry atmosphere, moderate temperature, &c. What becomes now, I ask you in the face of these facts, of the histories of yellow fever observed only with a view to its miasmatic origin? In the course of last summer, one of the most respectable physicians in this city, read to us in this circle, a memoir on yellow fever—a memoir in which miasmata played the principal part. According to the skilful author of this memoir, it is these miasmata, which, introduced into the economy by every possible surface, become accumulated even to a hurtful degree, and occasion the development of yellow fever. According to the same theory, the treatment is altogether anti-miasmatic: it consists in the employment of means

calculated to expel from the body these pernicious principles, to neutralize their injurious action, and correct the alteration that they have impressed upon the organs, &c.

I hope that the author, to whom I have here made allusion, will modify his ideas on yellow fever, when he becomes possessed of the memoir which has just been read to us, and which proves more than ever that the etiological history of yellow fever must be studied *de novo*.

Let us turn now to the examination of the facts, which to our eyes offer most interest.

Drs. De Valetti and Logan demand of you, if, after all the observations they have offered, it is possible for you to decide that contagion has had any part in the extension of the epidemic? Messieurs, your decision does not appear dubious to me, and I do not hesitate to believe that you will say almost unanimously, No! the yellow fever of Woodville has not been contagious. The only case, and that an obscure one, which could encourage an opposite idea—that of the person who was employed in the exhumation of which they have spoken, has not in my eyes, the character of yellow fever, and contagion has not had the least influence in the development of this disease, which Drs. De Valetti and Logan have with good reason regarded as a simple case of bilious fever.

But if the disease has not appeared to be transmitted from one individual to another, (and consequently contagion had no part in its extension,) the same does not hold with respect to infection, which has a great deal to do with it. In fact, you have seen that the disease raged exclusively in a space, the diameter of which was about three miles. Nearly all who lived within these limits, fell sick successively, as has been told you: those who dwelt without these limits, all escaped—except such as had the misfortune, even for a few moments, to enter within the *focus of infection*. And again, in the latter case, such as contracted the disease did not transmit it to those who lived without its limits. Here, then, have evidently existed limits at Woodville which the epidemic has never crossed. Then there was a well established focus of infection. Well now, Messieurs, the observations which have been collected by our skilful *confrères* come positively to the support of what Dr. Luzenberg and myself had the honor of stating in our report on the utility of sanitary measures respecting yellow fever. If you will give yourselves the trouble to read over this report, you will see that we are altogether anti-contagionists, and that we have exclusively attributed to infection the fatal power of contributing to the extension of this epidemic. In fact, the primitive focus of infection is not always fixed, or very extensive; it may be moveable and very contracted. A ship has no great extent, yet nevertheless it can very well become a focus of infection. I will give but a single proof; that of the Gomer, which was last year decimated by the yellow fever at Pensacola, after a short stay at the French West Indies.

Now there yet remains an indubitable fact: a focus of infection, when well developed, is not always confined within its first limits; it may extend itself, when circumstances are favorable to this extension. If this primitive focus is a vessel, the infection may, as soon as the vessel is at anchor, proceed from point to point, and make in a short time immense progress. Call to mind what occurred in 1841, on board the Talma, which,

by all those who were able to observe the fact, was readily acknowledged to be the origin of the epidemic that ravaged our city.

Unfortunately, facts so authentic are rare, for the simple reason that the time for collecting them is so very short. Formerly, when we were under the influence of the principles of the European schools, we believed the transmissibility of yellow fever to be impossible; and all our observations were made with a prejudiced mind against every idea of contagion and infection: an incident occurred to create doubts with us, and the same thing may perhaps soon induce us to entertain quite an opposite conviction. Now I wish to tell you of a very curious fact which I have recently discovered. A few days ago, I had some conversatiinn respecting yellow fever with a creole, fomeryly of Martinico, now a respectable merchant of New-Orleans. This gentlemen, while speaking on the subject of the contagiousness of the disease, related an observation, which was repeated last year at Martinico, which observation appeared to me so interesting that I requested him to reduce it to writing. Two or three days afterwards the gentlemen wrote to me a letter on the subject, the principal passages of which I will now read to you. Here is the letter:

“NEW ORLEANS, 21st Sept., 1844.

“You know, M. Beugnot, that the harbor of St. Peter is exposed to all the winds, except the trade wind, which prevail continually under the Tropics, and which vary from N. E. to S. E. Nevertheless, at the period of the *hivernage*, which commences on the 15th July and ends on the 22d October, the winds become more variable and blow often from S. W. to N. W.; then vessels become very much exposed, and cannot hold on long by their anchors, if the wind increases and continues. Remark again that a second cause of danger for vessels exists in the storms, which are very violent, and which never happen in these latitudes but during the epoch that is designated by the name of the *hivernage*. For this reason, and the interests of the shipping and commerce, the French government determined to require all vessels in the harbor of St. Peter, on the 15th July, to go and seek a more secure anchorage at Port Royal. Accordingly all the vessels which arrive in the colony from the 15th July to the 22d of October, are directed to go to this last port, excepting those which are insured for St. Peter, during the *hivernage*, and in which case secure themselves, and remain there with the authority of the Governor.

“I happened to be at Martinico during the last year, towards the end of the *hivernage*, and I went to pass nearly every evening at M. Cabanel's, Apothecary of the 2d class of the Royal Marines, and Superintendent of the Marine Hospital of St. Peter: there, I was enabled to observe a fact, which I will relate to you. The yellow fever prevailed but slightly during all the *hivernage*, among the crews of the merchant vessels, a great number of which were in harbor. But a few days after the arrivals of the vessels which had passed the *hivernage* at Port Royal, where the yellow fever prevailed, the development of this disease was remarked at St. Peter, and it was observed to rage in the beginning almost exclusively among the crew of the vessels which had the misfortune to be in the neighborhood of one of the vessels which had recently arrived from Port Royal. In a few days the number of cases of yollow fever increased considerably.

“Although at Martinico they do not believe in the contagiousness of

yellow fever, yet every one who was able last year to observe the entries at the hospitals, and the different anchorages taken by the vessels coming from Port Royal, were obliged to conclude that some sort of contagion existed. I will add, that in spite of the anti-contagion belief, all the inhabitants of Martinico and Gaudaloupe pretend that the yellow fever is brought to their islands by American vessels.

“It is difficult to reconcile these two opinions, which appear to be contradictory.

M.”

Do you not see, gentlemen, in the observation which I have just read to you, without commentary, something that resembles the history of the Talma? Do you not see, as in this last case, vessels coming from an infected port, introducing into a healthy port the germ of a terrible malady? Do you not see the positive proof of the possibility of the extension of the focus of infection, which, at first, limited to a few vessels, does not delay to spread from these to such as have the misfortune to be near?

All this, Messieurs, comes, I believe, singularly to the support of what Dr. Luzenburg and myself stated to you formerly, viz: that infection plays a very important part in the development of yellow fever; and if this infection can very readily be of foreign origin, as we have observed in 1841, why may it not always be the same with other epidemics not so well observed? And if the focus of infection can be of foreign origin, is it not rendering the country an immense service to devise means which may save it from so powerful a cause of the epidemic?

I know very well that the objection will be made that it is useless to have recourse to measures of sanitary police to preserve a country from yellow fever, where the disease can develop itself spontaneously. Although this spontaneity is not yet very well proved, yet I will admit that it is true; I will do more—I believe it. But along with this concession which I conscientiously make to the opponents of quarantine, and will believe, until it is proved to be erroneous—I say, along with this concession, I have another belief in common with many of you; which is, that yellow fever can be brought from abroad and excite the disease among us in the course of certain years, when perhaps we would not have had a spontaneous epidemic; and in this event we obtain an immensely beneficial result, by saving the country from imported epidemics. And who knows but that, for the future, the local disease being reduced to itself, it shall become more and more rare? Who knows but that the unknown germ of this pestilence will be put an end to by destroying itself?

Besides, we should hasten to adopt these sanitary measures in order to give confidence to the timid and irresolute. Every idea of contagion being removed, such measures will be very easily carried out, and it appears to me will be of little expense to the State, and slight inconvenience to commerce. In fact, as the disease is not transmissible through individuals, it would be useless to confine the passengers. In consequence, no *surveillance* would be necessary at the Lake, which indeed would be almost impossible—no Lazaretto in the river below, but perfect liberty for all passengers. As to the vessels, it is quite another thing.

It would be necessary that all should be inspected by officers placed *ad hoc* a little above the point where different mouths of the river unite.

The pilots shall have orders to conduct all vessels to this sort of sanitary custom-house. There a free passage will be granted to all vessels arriving from Europe, or ports perfectly healthy; while such as come from countries where yellow fever reigns, shall be compelled to remain below in the river until the expiration, without sickness, of the whole period of incubation of the yellow fever. It is difficult to calculate exactly the duration of this period of incubation—facts are wanting; but, while waiting for others, we can base our calculation upon an observation that I have taken from the memoir, so rich with facts, of Drs. De Valetti and Logan. In fact, observe Messieurs, that our sagacious confrères give us the dates—1st of the sojourn that the member of the convention, of whom they spoke, and whose name has escaped me, made at Woodville, in the midst of the focus of infection. 2d. Of the day when this gentleman arrived sick at Bayou Sara. Now, between these two epochs there were about four or five days in this case, constituting a period of incubation. This number of four or five days may, I think, represent the main period. But for the sake of being sure, let us increase it to twelve days, and even a little more if you wish.

This is settled, then, that the quarantine for every vessel coming from an infected port shall be twelve days, or more, counting from the period of the departure of the vessel from said port. Thus for example, a vessel coming from Vera Cruz, after twelve days voyage, shall, on arriving without any sickness having appeared on board during the passage, be allowed immediately to go up into port. If the vessel makes the voyage in eight days, it must remain four days below in the river, and at the expiration of that time be allowed to proceed up to the city, provided no sickness breaks out during this period.

Other more important and more difficult measures must be taken in case of the existence of yellow fever on board of vessels. It will become necessary to find means of dispersing the sick, in order to prevent the formation of a focus of infection, and afterwards for disinfecting the vessel by procedures which no doubt your wisdom will suggest, if you should become convinced of the utility of these measures.

Messieurs, I know that in other places it is neither the fashion nor the *bon ton* to believe in the possibility of the transmission of yellow fever. Nearly all of us come to this country with ideas opposed to transmissibility. We French physicians have all imbibed in our mother school the opinions that Chervin, by the influence of his fine talents, his conviction and his honorable character, has imparted to nearly all those who have been able to read his works, or especially who have heard him. But because it is now in Europe almost conventional, that, to converse of the utility of quarantine for yellow fever, is ridiculous, is that a reason that we, who have been eye-witnesses of facts contrary to this opinion, should prefer believing what others say, rather than the testimony of our own senses? Shall we imitate the sheep of Panurgia?

Let us endeavor, Messieurs, to have our own opinions based upon facts observed by ourselves; and in place of partaking of the errors of others, be content to excuse these very pardonable errors, when those who commit them are remote from the places where they could enlighten themselves by direct observation.

I beg pardon, Messieurs, since, *a propos* of the memoir of Drs. De Valetti and Logan—a memoir which is, indeed a piece of good luck for us, I have thought fit to enter into the domain of the general discussion of infection. But it is indeed necessary for us to profit from every occasion which is afforded of working towards the edifice which we have to construct. I have found here some stones for this edifice, and I have collected them. I was so little prepared to speak this evening, that I have not drawn any definite conclusions. But I believe that the question of quarantine is not yet completely ripe, and that it is better to wait longer. For the present I will conclude by moving to vote for the printing of the memoir of Drs. De Valetti and Logan, and the preserving of it among our archives.

This motion, being seconded by Dr. Rhodes, was put to vote and adopted; Dr. Fenner alone in the negative.

Dr. Fenner rose to explain the motives which induced him to vote in the negative on the proposition of Dr. Beugnot, at the last meeting, but he was immediately called to order by the President. He continued by saying that he hoped he would be allowed to express his high appreciation of the great value of the Report just read by Drs. De Valetti and Logan, but was decidedly of the opinion that the Society ought to wait some time longer—or at least until the epidemic was over, before it re-entered upon the final discussion on the subject of yellow fever.

The floor was now accorded to Dr. Slade, who addressed the Society as follows :

GENTLEMEN—I have listened with much pleasure and satisfaction to the reading of the report of Drs. De Valetti and Logan, and as a member of this Society, individually I accord to those gentlemen thanks for the able and faithful discharge of the duties of their mission. The report seems to present an unbiassed record of facts, and tends, not inconsiderably, to erect on a firmer basis, the contentious question of the origin of yellow fever within the borders of our own country; and in confirmation of a fact therein mentioned, of its transmission by an individual, without the occurrence of its subsequent communication. I beg leave to state, that during the prevalence of this scourge in Vicksburg in 1841, it occurred within my own observation, and within the knowledge of many citizens in a neighboring county, that several persons who, upon exposing themselves to the influence of the infection in the city, were attacked in the interior of the country after various periods of incubation, and died with the usual phenomena of the disease, surrounded by their friends, without imparting it in any instance to a single individual. Isolated cases of this character are not wanting elsewhere; and in the absence of a satisfactory solution, should exercise some influence in bringing to an issue this interminable controversy of the contagiousness of yellow fever.

Dr. Richey stated that he had seen Mr. Stewart seven days after he had left Woodville. Without being positively sick, he was then complaining of indisposition. This circumstance proves the exactitude of one of the facts reported by Drs. De Valetti and Logan. He now cited three cases, within his knowledge, of individuals who took the yellow fever in 1841 at Vicksburg, and died afterwards in the interior of the country without communicating the disease to those who were near them. Among

others, he spoke particularly of the case of Dr. Weller and his son, which was fresh in the memory of all who knew them.

Dr. Luzenberg now requested Dr. Slade to take the chair, and addressed the Society :—

He spoke of some of the symptoms mentioned in the report just read, and which appeared not to have sufficiently attracted the attention of the Society, viz : the state of the tongue and its annexæ. He cited the case of a lady whom he had attended this summer, and who offered the most distinct adynamic form. At the end of 80 hours she died with black vomit. She turned yellow and had had suppression of urine; but up to the very last moment the tongue and its annexæ remained normal. Besides, this was not the first case of the kind he had seen—this peculiarity did not appertain exclusively to the epidemic of Woodville.

As to the time of incubation of yellow fever, Dr. Luzenberg had met with two well established cases in point, which shewed that the period was much longer than was generally supposed. In the month of February last there were received into the Marine Hospital two sailors with yellow fever, who had arrived from the West Indies, and who did not fall sick until they touched at the Balize, thirteen days after their departure. In the event, therefore, of establishing a Quarantine, it would be necessary that vessels should not be allowed to enter port, even if no sickness had occurred on board, until thirteen days after their departure from an infected port.

Returning to the conditions necessary for the formation of a focus of infection, Dr. Luzenberg related a case which he witnessed this year, at the Marine Hospital. The surgical apartment is situated about 150 feet from the main hospital, and no yellow fever patient is ever admitted therein. A patient belonging to the surgery having visited one of his friends who had yellow fever in one of the medical wards, immediately contracted the disease. This fact was so clear to every one, that the inmates of the hospital determined that no individual should be permitted afterwards to go from the surgery to a medical ward. As to the epidemic of Woodville, he found himself in a most embarrassing position. The impartiality of his two estimable confrères, devoted to the well being of society, is so well known; the exactitude, with which the facts are related in their report, is so remarkable, that the ideas which he had formed upon the origin and mode of transmission were perfectly confused. Nevertheless, he would not abandon his position. He thought that the discussion ought to be pushed to its extreme limits, and although he agreed with Dr. Beugnot, that he would no longer consider yellow fever as a contagious malady; but, on the contrary, an infectious one, still he suggested if it was not probable, taking into consideration the numerous commercial relations between New-Orleans and Bayou Sara, that yellow fever might have been communicated to Woodville during the present year, by means of boxes of merchandize, or possibly some years previously in goods which had not been opened; and which may have been the primitive cause of the present epidemic.

Dr. Beugnot now moved an adjournment. The motion being seconded, was put to the vote and rejected.

Dr. Mercier next offered the following resolution :

Resolved, That the 18th article of the constitution, requiring the election of members nominated at one meeting, to lie over until the next regular meeting, be waived in the present instance, and that the society proceed to the election of Dr. P. B. McKelvy, of Bayou Sara, and Drs. C. H. Stone and Henry N. Martin, of Woodville, Miss., as corresponding members.

This motion being seconded by Dr. Logan, the society proceeded to the election. Drs. Rhodes and Lewis being nominated to examine the ballot box, declared these gentlemen to be unanimously elected. The President directed the corresponding secretary to inform them of their election.

Dr. Slade requested that the society would permit Drs. Fenner and Hester to publish the report of Drs. De Valetti and Logan in the next number of their journal, which would soon appear. This request was granted.

Dr. Fenner said that it was not from an unfriendly sentiment that he voted in the negative for the publication of the report of this esteemed colleagues. He was heartily ready to give to the work of these gentlemen all the publicity that the pages of the journal could offer. But he was altogether opposed, and ever would be opposed to the publication of the proceedings of the society in *political* journals. This was the only motive which had determined his vote.

The proceedings of the Society having arrived at this stage, the whole subject under debate, with the exception of the publication of the report, was, on motion of Dr. Logan, *nemine contradicente*, laid upon the table, in accordance with the suggestion of Dr. Fenner, who, as Dr. L. thought was perfectly correct in his opinion, that the Society ought to wait at least until the epidemic at Woodville was over, and men's minds had settled down into calm reflection, &c ; especially, as information had just reached him, rather contradictory of the first information imparted by Dr. Stone and others, and recorded in the report which had become now the property of the Society. In moving to lay the subject on the table, however, it was expressly understood that Dr. Logan should be at liberty to call it up whenever he had arranged the matter by correspondence, to his satisfaction. Accordingly, at the meeting on the 5th of February, 1845, on Dr. Logan's stating that he had at last been enabled to arrange definitely, the correspondence respecting the origin of the yellow fever at Woodville, it was resolved that the floor be accorded to him at the next meeting. At the succeeding meeting on the 5th March, 1845, Dr. Logan in the order of the day, read a report from Dr. Stone of Woodville, after some preliminary remarks by himself, (to be found in the sequel,) which, together with his remarks, were, on motion, ordered for publication in the New-Orleans Medical Journal ; and it was also resolved, that Dr. Logan be allowed to follow up the subject, in accordance with his expressed wish whenever he was prepared.

Extract from the minutes.

(Signed.)

MERCIER, Secretary.

Remarks of Dr. THOMAS M. LOGAN, before reading the report of Dr. Stone, on the Origin of the Yellow Fever at Woodville.

MR. PRESIDENT—You will remember that in the joint report, which I had the honor of presenting to the Society in association with my re-

spected confrère Dr. De Valetti, respecting our mission to Woodville, Mississippi, in September last, we then candidly stated that *as far as the limited information which we had been enabled to collect extended*, it did appear that the yellow fever had developed itself at Woodville without the influence of foreign transmission. We, however, refrained from expressing any positive opinion at the time, not deeming it incumbent upon us to do so, and conceiving that the purport of our mission was: 1st, to examine and satisfy ourselves whether the epidemic was really the yellow fever: 2d, in the event of its being yellow fever, then to learn all the particulars we could relating to it, as well as to the topography of Woodville, and the other physical circumstances bearing upon the question of its origin:—and, 3d, if it really proved to be yellow fever, then to establish such a correspondence as would aid us in our future researches. That we accomplished the objects committed to us, in a manner satisfactory to the Society, the animated debate and flattering resolutions which ensued upon the reading of our report, most gratifyingly convinced us.

You will remember that while we left you to be the sole arbitrators of the facts, which, in the capacity of your agents, we had collected for you, and afterwards at the request and pressing solicitation of yourself, Mr. President, and several other esteemed members, hastily reported on the 2d of October last, and which you thought proper to publish; we at the same time apprized you of the reception of additional communications from Woodville, conflicting with the first information imparted to us. We indeed, explicitly stated, in a note appended to our report, that Dr. Stone acknowledged some important errors—errors which, as may readily be conceived, were unavoidable at a time of such great confusion, incidental upon so much public and private calamity; and pledged ourselves to continue to prosecute the subject impartially, and echo faithfully all the facts as they came to hand.

Accordingly, Mr. President, I have from time to time acquainted you with the progress of our correspondence, and have now the pleasure of presenting a digest of all the facts, carefully arranged by Dr. Stone of Woodville, after mature and thorough investigation—after comparing notes with the other physicians of Woodville, and after consultation with some of the most respectable inhabitants of the town, and adjoining country. The fidelity with which every circumstance has been investigated and related, is *prima facie* manifest, particularly so, when we take into consideration the fact, revealed in the report, that Dr. Stone is an anti-contagionist, thus incontrovertible, that even the strong proof, furnished by him,—(proof so overwhelming as completely to revolutionize all my former preconceptions)—that the yellow fever was imported from Galveston to Woodville, and spread from this case, as a focus, has not even modified his ideas into a tolerance of the doctrine of contagion.

I beg leave particularly to call your attention to the discrepancy between some of the facts recorded in our first report, and those now definitely arranged by Dr. Stone, which I am about to lay before you, in the order of the day. And my special reason for so doing, is to state that inasmuch as the facts, which are now about to supply the place of those thus proved to be faulty, change the whole aspect of the case, I am desirous of prosecuting the subject by substituting for my regular rotation,

essay, with your permission, at an early day, some observations based upon these reports, and touching the contagiousness of yellow fever. I give this early notice of my intention, in order that as soon as any failure shall occur in the regular alphabetical roll of essayists, previously to my turn, I may then be permitted to supply the vacancy.

Before sitting down permit me to express the hope that, in conformity with Dr. Stone's wish, his report may be ordered for publication in the New-Orleans Medical Journal, and furthermore to request that these few remarks may appear in connection with it.

Report of Dr. C. H. STONE, on the Origin of the Yellow Fever at Woodville, Miss. in 1844.

This town, containing about 800 inhabitants, is situated in Wilkinson County, Mississippi, fifteen miles in a direct line from Fort Adams, the nearest point of the Mississippi river. It is built on a ridge, dividing the waters of Thompson's creek, Bayou Sara and Buffalo, at an elevation of 340 feet above the bank of the Mississippi river at Bayou Sara. The soil is clay and sand, the adjacent country rolling, and much worn by cultivation; North of the town very broken and covered with timber, chiefly pine. There are no swamps or ponds in the neighborhood. From its uneven surface it is impossible for filth to accumulate; had this taken place, the heavy rains of May, June and part of July, must have washed it away, for there is but one spot of about one acre, where water can remain; and here, at the site of a so called, *natural pond*, are houses, a street, and part of the public square. Some cellars retain rain water, and a cistern was said to be full of water of bad odor, but nevertheless used for *washing, and watering horses*. All this has existed for years past, and in nothing can it be said that the village differed from former years. I have resided here since 1832; and it has justly been considered one of the most healthy towns in the South-west.

In 1839, a citizen of Bayou Sara died here of yellow fever, and previously others had come from places where it was prevailing, and going through the disease, no person was ever known to have been affected.

During the latter part of May and June, a diarrhoea of a very severe character prevailed here, while the people of the adjacent country were as exempt from it as usual; certainly nothing occurred that attracted attention.

On the 12th of this month (July,) the Rev. W. J. Thurber arrived from Galveston, Texas, and made his residence at Col. J. S. Lewis' at the South-east corner of the town. After much difficulty and contradiction of dates, as to the time of the arrival of this gentleman, I am able at last to give the following extracts from his letter to me of January 12th, 1845. "June 30th, I left Houston on the steamer "Col. Woods," and arrived at Galveston on the same day. I spent five days here, during which time, I lived quite intemperately in eating melons of all kinds, and drinking ice water in such quantities as brought on a slight degree of the bowel complaint. I then left the Tremont House, and went a mile in the country, to Dr. Price's; took some of his tonic and was soon well." "The place (Galveston,) appeared to be quite healthy 'till about the 6th or 7th; several were taken sick on the 7th and 8th." "I saw no sick person whilst on the Island, and was not exposed, to my knowledge, more than

passing the street, and attending Church. I left Galveston, July 9th, on the steamer New York. We were 40 hours to New-Orleans, where we landed on the 11th. I spent six hours there, and arrived in Woodville, at Col. Lewis's, on the 12th of July, 1844. From the time I arrived in New-Orleans till now, I had indulged a craving appetite for peaches and apples, and felt the need of some physic; therefore, before going to bed on Monday night 15th, I took a small dose of pills. In the morning they operated pretty well, but before and after, from three in the morning, I was in great distress, and very sick. I tumbled and groaned in bed until afternoon, and sent for Dr. Brown; he came, I think about four o'clock, but did not give me any medicine. He came again at night, &c. I left Woodville, on the 1st August."

The above may appear a useless history but it is not so, as Mr. Thurber is said not only to have *brought* the disease here, but to have *given* it to the citizens of Woodville, after the mode of modern contagionists. It is true that Mr. Thurber is the first person to whom the disease can be traced, and to give full benefit to the idea that he *imported it*, I shall make his room and person the starting point of the inquiry into the question of its origin. Col. Lewis's house is of two stories, Mr. Thurber's room was up stairs, and visitors of the family are received below.

That the disease which prevailed in Woodville was yellow fever, I need only say is the opinion of competent judges; of Drs. De Valetti and Logan of New-Orleans, and of Drs. D. Holt and Duncan of this county, and that Mr. Thurber had the same fever is the present opinion of Dr. Brown.

The following comprise the names of all those who are known to have been in Thurber's room during his illness. Rev. Mr. Porter, Dr. T. C. Brown, Mr. Soher, Mr. Shaw, J. S. Lewis, and three servants, Mack, Mary, and Ails.

Mr. Porter, a resident of the county, was at Col. Lewis's, suffering under symptoms which usually precede an attack of fever. He slept with Thurber on the 13th and 15th of July; between these dates he went into the country and had a paroxysm of fever of 16 hours duration. He remained free from fever for the following two weeks; his symptoms, he says, were similar to Thurber's; such as pain in the head, back and joints, particularly in the knees and ankles. Dr. Brown sickened on the 25th August, Mr. Soher on the 14th September, Mack and Mary on the 1st August, Ails after the 12th. Col. Lewis, having had yellow fever previously, was not effected during the summer. Mr. Shaw, a stranger, arrived here, on the 12th July from Bayou Sara, where and at Point Coupee, he had been residing for some weeks, and had been subject to intermittent fever at both places. He was taken sick on the 18th or 19th of July. It is unnecessary to state the dates at which the persons sickened, who visited him during his illness. It is sufficient to say that the servant who nursed him, and slept in his room, was among the last of Mr. Therrell's family to be taken sick, a period of nearly 60 days. The following includes the names of those who were the first to have the disease, as far as I have been able to learn, after a most diligent and difficult inquiry:

The distance and direction from Col. Lewis's house are appended to each,

and such as are not stated to have been at Col. Lewis's house or in Thurber's room, had no communication whatever with either.

July 15. Mr. Thurber at Col. Lewis's, attended by Dr. Brown.

July 16. Mr. I. S. Collins, residing 400 yd's north, had been at Col. Lewis's for half an hour *on the 15th, but did not enter the house*—attended by Dr. A. R. Killpatrick.

July 18 or 19. Mr. Shaw, sick at Mr. Therrell's, 400 yd's north, had visited Thurber—attended by Dr. A. C. Holt.

July 22. Negro child at Lancaster's, 500 yd's north-west—attended by Dr. A. C. Holt.

July 24. Negro child at Col. Gordon's, 200 yd's north—attended by Dr. Martin, but the particulars of the case furnished by Mr. S. Posey.

July 27. Maria Joor; "child," 500 yd's north—attended by Dr. Stone.

July 31. Col. Lewis's children; having no physician.

August 1. Col. Lewis's two negroes, Thurber's nurses, Mack and Mary; having no physician.

August 1. Mrs. Gordon, 200 yd's north—attended by Dr. Martin, but the particulars of the case furnished by S. Posey.

August 2. Mrs. Simrall, 30 yd's south, had visited Mrs. Lewis while Thurber was sick—attended by Dr. Stone.

August 2. Negro, belonging to Mr. J. S. Collins, but *hired and taken sick*, at Judge Gildart's, 800 yd's north-west, the further extremity of the town—attended by Dr. A. R. Killpatrick.

August 4. Negro child at Lancaster's, 500 yd's north-west—attended by Dr. C. H. Stone.

August 5. Mr. H. N. Smith, boarding at Mr. Therrell's, 400 yds north; attended by Dr. A. C. Holt.

August 6. Mrs. Lewis, wife of Col. Lewis, had not seen Thurber as late as the 23d of July—no physician.

August 7. Two negroes at Simrall's, one had been at Col. Lewis's often, and the other probably not at all—attended by Dr. Stone.

August 8. Moses, belonging to Mrs. Newell, residing five miles in the country, was frequently in town at Simrall's, but not at Col. Lewis's—attended by Dr. Stone.

August 10. Edwin Keller, 450 yds north, had returned from the country one week before his attack—attended by Dr. Brown.

August 11. H. F. Simrall and child, 30 yds south; the child had often been at Lewis's—both attended by Dr. Stone.

August 12. Mrs. Slade, 450 yds north.

" 12. Mr. Gillespie, at Col. Lewis's—attended by Dr. Brown.

August 13. S. Posey, 60 yds south-east.

" " John McKee, 550 yds north-east.

" " Servant at Dr. Stone's, 300 yds north; had returned to town one week before her attack.

Before this last date, cases were occurring in various parts of the town in great numbers, and it is useless to enumerate them.

Few persons escaped; I know of not more than five adults, and no children, except those persons, about twenty in number, who had had yellow fever formerly. Of those, one had it in Charleston forty years ago, others in New Orleans, Bayou Sara, Natchez, the West Indies, and elsewhere, and all escaped, *perhaps* with one exception—a mild case.

As Mrs. Lewis, her children and two servants had no physician I can only consider these cases to have been yellow fever in a mild form, because they escaped any attack during the remainder of the summer; although they remained in town until after the end of the first week of September, and some of them were in town afterwards during the prevalence of the epidemic. For the same reason, as also because their attacks were observed to present the peculiar characters in a mild form, and spoken of at the time as very unusual, are given the cases of the negro children at Lancaster's on the 22d July and 4th August, and Maria Joor on the 27th July. Mr. Thurber's case rests on no better basis, indeed, on one not as firm, for he left town soon after his recovery, and Dr. Brown at the beginning of the inquiry repeatedly stated that he did not have yellow fever. But his present opinion is as I have stated it before, and I mention it to show that his was a mild case, not presenting such marked characters as Shaw's and Co.'s; the latter having no intercourse whatever with him.

Mr. Thurber's skin did not become yellow; Mr. Shaw was deeply jaundiced, and presented other marked symptoms, which Dr. Holt well remembers, and Mr. Collins's eyes and skin became yellow, and his urine he describes as like porter for nearly a month after his convalescence.*

The condition of the surrounding country well merits attention, as one hundred or more cases occurred in various parts of the country with persons who had visited Woodville during the epidemic, not communicating the disease to others, and more especially possessing an importance, as it will, *perhaps*, be apparent that yellow fever has existed at other points than at Woodville.

I will first request attention to Mrs. Newell's plantation, five miles south; where Moses died on the 13th August. It is on Mrs. Newell's authority that the following statement is made, and she is well acquainted with the fevers of this country, having resided in it for fifty years. During the sickness of Moses, who, it will be remembered, had visited Woodville frequently during the occurrence of the first cases there, the house and plantation negroes visited him often. At this time two negroes were suffering under intermittent fever, and the place remained healthy till the 28th August. Three negroes were sent to Woodville where they had attacks of yellow fever at Simrall's. Ten others were in town from the 7th to the 20th of August. These were attacked indiscriminately with those who had remained on the place. *The first six cases occurred among the latter*, and the last case, on the 12th October, was the mother of Moses, who had been his principal nurse. Of 120 negroes, six died, and only four escaped an attack, not including the three who had yellow fever in Woodville. On the 28th of August, the first six cases occurred of a fever of which the following is as accurate a description as I am able to obtain,—I am satisfied it was yellow fever. They complained of pain in the head, back and stomach, some of the knees, and all of

* I am authorized by Dr. Kilpatrick to say, that the *dates* of the two cases enumerated as having been attended by him, namely, Mr. J. C. Collins and servant, are entirely correct, and that he *now* considers them to have been cases of genuine yellow fever.

great weakness. Pulse full and strong; skin not very hot; generally moist, and sometimes bathed in profuse perspiration; tongue generally not much furred; in one instance the fur was black, but more often red and dry. I saw one case at the fourth or fifth day: the tongue was red and dry, pulse remarkably slow, and the negro sitting up, making no complaint. Several days after, quinine was given to him by Mrs. N., which was followed by hiccough, and other distressing symptoms, vomiting of black matter, &c., and death. The eyes were red and watery at the commencement; they became yellow with some, and in two mulattoes the hands and feet, especially the nails, which were very yellow. The serum from a blistered surface was of the same color in another case, the only one in which observation was made. The urine was observed with one only, in which it was like ley. The fever was not periodical; after a paroxysm of from eight or ten hours to three or five days, they entered into convalescence, or death ensued.

One boy was thought to be recovering, when he discharged a large quantity of blood from the bowels, and died quickly. All to whom quinine was given complained of its ill effects. I have seen a case of jaundice in this place occurring in December, being the second among these negroes. Judge Walker contracted the fever in Woodville, and died at his place, one mile north of Mrs. Newell's, on the 11th September. One of his servants had been in Woodville on the 11th August, and according to Mrs. Simrall, had an attack of yellow fever on the 5th October. Another who had not been in Woodville since the 5th September, but had nursed his master, was attacked with the same fever on the 20th October. I attended this case, it was well marked—much intercourse existed between this place and Mrs. Newell's, though this boy seldom went there.

At George Morris's, two miles west, several cases of yellow fever occurred with persons who had been in Woodville—none of the white family sickened with this or any other fever. The *washwoman* and her child, three years old, had well marked attacks of yellow fever, in which I attended them. Her infant, four months old, who slept with her during the attack, remained exempt. This woman and her child there is the best reason to believe had not been in town for many months before the prevalence of the fever there. A negro girl, one of the most constant attendants upon the sick in the house, had an attack of common fever.

At J. S. Holt's, ten miles north, four cases occurred, the disease having been contracted in town; one 3, and another 4 weeks after exposure. A large amount of bed and other clothing of the sick and dead was sent here, and the *washwoman* did *not* sicken. nor did others.

It may be unimportant to state, that at Mr. Burrass's, two miles east, one case occurred, as it cannot be proven that the subject of it had not been in town; though this is highly improbable, as she was the plantation cook, and her master thinks she could not have done so without detection. Certainly the only time possible was at night, and then she had a *watchful* husband by her side. This case occurred late in the fall, and long before that time the panic among all classes was too great for a negro to venture into town. At J. L. Trask's place, seven miles west, I saw as well marked an attack of yellow fever as were the cases in Woodville, occurring on the fourth September. I saw the case twice, and its charac-

ter was not to be mistaken. Mr. Welch is confident the patient had not been in town since the December preceding: he was the driver, and one of the most trusty of a faithful set of negroes. This was the only case that occurred on that place except one, subsequently in a negro, who had been in Woodville a week and had no intercourse with the other.

Mr. Jas. A. Stewart, living six miles south-west, informs me that the fevers on his place were of a different character from any he had before seen. He saw a child in his neighborhood who, after death from fever, became yellow and spotted, especially discolored about the neck and ears. It is proper to state that the father of this child had yellow fever at this time. Before proceeding further to the western part of the county, we will observe that Mr. S. H. Stockett had yellow fever after visiting Woodville. His room was kept badly ventilated, indeed, very close; none of the attendants sickened, and only one of the visitors. This one, a son of Gen. McCausland, had been in Woodville on the 17th August, and his attack began on the 18th September, one month after his visit to Stockett's room, in which he remained a short time. Gen. W. L. Brandon and H. M. Keary, both residing near Pinckneyville, fifteen miles from Woodville, have informed me that on their places a fever of one paroxysm of from three to eight or nine days, prevailed; in the treatment of which, they found quinine could not be given. They described cases, the general outline of which corresponds with the condition of the negro patients of Woodville. Jaundice has occurred among Mr. Keary's negroes this winter.

Dr. A. Powell, a successful practitioner for nine years past at Pinckneyville, after giving the outline of the symptoms of the fevers generally prevailing in his neighborhood, corresponding with the character of the fever at Woodville, having one paroxysm of from three to eight or nine days, and being altogether different from any he has seen in this State, goes on to say, in answer to my inquiries, that the symptoms of a case occurring in a lady who had been a week in Woodville during September, were similar to those prevailing at Col. Semple's, before her arrival there. He also attended a negro at Major P. F. Keary's, who had been in Woodville repeatedly, and did not perceive any difference in his case from those generally prevailing in his section. He found quinine very injurious, causing a return of fever in some, when administered twenty-four hours after its subsidence. And here I may be permitted to remark, that this effect of quinine was conspicuously the same in the treatment of the fever in Woodville—an effect so unlike that observed from it in the treatment of fevers *truly miasmatic* in their origin, that, if it cannot properly be referred to as evidence of the character of the fever in which it was thus baneful, it at least shows the marked difference of the disease from those usually occurring, in which quinine is of so much value. It is to be hoped Dr. Powell will give a fuller statement on the subject.

I have stated all the instances where cases occurred in the families of persons who became affected by going to Woodville. At no other place can I learn that yellow fever was observed, which might by some be referred to such a source. Whether in the cases enumerated, it was by contagion or from a condition of atmosphere sufficiently imbued with the poison from causes entirely local, each can judge for himself. Neither at Mr. H. M. Keary's, Gen. Brandon's, Mr. Burrass's, Col. Semple's, or Ma-

for Trask's, had any person gone who had been at Woodville during the epidemic,—no case was at these places to apply the torch, and if any remain sceptical as to the nature of the disease, I hope Dr. Powell will enter more fully upon it. If Mr. Thurber had yellow fever, which I prefer to admit, how could he have so contaminated the atmosphere as to give it to Mr. Collins, who did not enter the house, and was there *before* the attack was developed? Or how could the leaven of his case so quickly produce the fermentation of the atmosphere spoken of, in the face of a north-west wind which it was necessary to overcome in order to infect the air at Judge Gildart's, where Collins's negro was living? During the early part of the summer, Dr. Kilpatrick says the wind was north-west, and afterwards from the north east. Lewis's house is at the extreme south-east of the town, and Judge Gildart's at the extreme north-east.

Whence, then, has the disease had its origin? The cause cannot be found *here on the surface* of the earth; we must enter the *interior*, only, no doubt, to be foiled in the search. I am well informed that yellow fever has been of domestic origin at Natchez, during the past summer, despite their faith in quarantine.

Will the medical men of that place publish the facts?

ART. III.—*An Essay on the Medical Topography and Diseases incident to the Counties of Carroll, Choctaw, Tallahatchie, and Yallobusha, Miss.; especially Algid or Congestive Fever.* By EDWARD MONTGOMERY, M. D. of Middleton, Carroll County, Miss.

TO THE EDITORS OF THE NEW-ORLEANS MEDICAL JOURNAL.

GENTLEMEN.—I have received the four numbers issued of your very interesting and more edifying Journal, and I was very agreeably disappointed in finding it so well stored with original communications and essays, the recorded experience of scientific physicians on almost every malady incident to the South. I do not use the language of flattery when I tell you, that by originating and respectably maintaining such a periodical in the *South-west*, the physicians of New-Orleans have done more for the advancement of medical knowledge, for the scientific enlightenment of the profession, and for the alleviation, prevention, and cure of disease, than has been done by the whole Esculapian fraternity in Louisiana for the last ten years. I trust your truly philanthropic undertaking will be duly appreciated by the *medical profession* generally, in the *South-west*. Studying the statistics and reports of all cases in your Journal will necessarily make them more acute and more sedulous in investigating all cases they may meet in practice. Your laudable enterprise has filled up a *hiatus* in periodical medical literature in *America*. Accustomed, as I have been, to hear the scientific lectures of a Christison, an Allison, a Hamilton, a Liston, a Bell,

&c, &c., with every advantage afforded the student in the *alma mater* of Edinburgh, I could not but feel the want of a Medical Journal published in our midst, and I am truly gratified that you have so nobly engaged in the good work, which is such a *desideratum* in this section of the Union. But I need not dilate on the advantages and importance of medical periodicals, for they are, in fact, the *life-blood* of the profession; and I trust the day is not far distant when every *regular physician* in America shall be a subscriber to, and attentive reader of at least two medical periodicals. Accompanying this, is a short description of the MEDICAL TOPOGRAPHY, *endemic diseases*, &c, of this part of Mississippi. Please insert it in your next number, and oblige

Your obedient servant,

E. MONTGOMERY, M. D.

ALGID FEVER.—Gentlemen, as you intimate in your last number that every Southern practitioner should consider the New-Orleans Medical Journal his own, and should feel a desire for its lasting prosperity and scientific character, I venture to send you this short communication concerning some of the most prevalent diseases of this section of Mississippi, my humble opinion of their *causes, treatment, &c, medical topography* of the place, &c. I am the more anxious to contribute my quota to the pages of your excellent journal, from the well known courtesy you extend to you medical brethren, and because I know that it is by recording individual experience, and by publishing our matured opinions based on *real facts*, that we can incite inquiry, diffuse general information, and aid in advancing the practical usefulness of our glorious profession. In giving my views on this occasion, I shall endeavour to be as brief and pointed as possible, avoiding all hypothesis, and adhering to facts as they really were manifested to my senses at the time. Since the year 1836, this county, Choctaw, Yallobusha, and Tallahatchie counties, have been very healthy; but last summer, (1844,) these and the adjoining counties have been pervaded with a fearful amount of disease, principally the endemic maladies of the South. In my range of practice, which is rather scattered through Carroll, Choctaw, and Yallobusha, the diseases were common intermittent, malignant intermittent, or algid fever, simple remittent, severe bilious remittent, typhus, black tongue (or, as some call it, erysipelatous fever,) gastro-enteritis, dysentery, &c. The disease which created the greatest alarm and astonishment was the *algid fever*; as the old settlers tell me it is a malady almost unknown in this region until now. On looking over my notes of cases, I find I have seen *twenty-six cases* of this disease; an estimate may therefore be formed of its frequency when one physician had twenty-six cases in three months, in a country where there is a "Doctor" for every ten square miles at least. Bilious fever was very prevalent, and the cases of typhus and erysipelatous fever were unusually numerous. Indeed, it is affirmed by the eldest settlers of the country that we have experienced more diseases, and a greater amount of violent sickness during the last summer, than has been observed in this region, for the previous ten years. It becomes an interesting subject for investigation, to determine the causes of this increase of sickness and mortality in our heretofore salubrious counties. The county of Choctaw, which has been proverbial for its healthfulness, has suffered more from remittent

and algid fever, than any other of which I know in North Mississippi, according to its population. The counties of Carroll, Choctaw, and Yallobusha have ever been considered healthy, and this prevalent opinion is corroborated by the medical topography of those regions; and especially Choctaw, which exhibits no local cause for the pervading propagation of disease. Then why was it that the most elevated, driest, and apparently most salubrious county should suffer most in 1844? It has been observed by my medical brethren that the diseases prevailed last summer all over our dry elevated country, whilst the creek bottoms, swamps and valleys, were almost exempt. In the above mentioned counties, the face of the country is very much interrupted and broken; the valleys in all, except the Western border of Carroll, are very narrow, and confined and contracted by sandy and rocky ridges; no lakes of any importance, very little land subject to overflow, very few ponds of stagnant water, or any place that could be properly called a malarious swamp. The Big Black river touches the the South-eastern border of Carroll, and courses through the midst of Choctaw, from its North-eastern, to its South-western extremity. There are but few creeks, and those of small dimensions, in Choctaw and the valleys and creek bottoms are very small and contracted in that country. In Carroll we have the Yazoo river, running nearly in a Southerly direction along our western border; the Tallahatchie passes through about 30 miles of our North-western corner; Big Black as before mentioned, courses along the South-eastern angle of the county; thus, these three rivers run nearly from North to South, and the few creeks nearly all run westerly, to empty into the Yazoo. The creeks nearly all dry up in summer, and we have scarcely any ponds of stagnant water. The county of Yallobusha is only coursed by one river, (the Yallobusha) which traverses that county from the north-east, running down to the south-eastern extremity, then turning and coursing all along the southern border. There is one large creek bearing the euphonious name Aattatambogue, which traverses the whole county, running from North to South; and it is worthy of remark that the people living near the bank of this creek, are very exempt from disease. There are a few more small creeks in this county, but of pure, clear water; and no malarious regions of any extent to my knowledge.

We see, then, from this imperfect geographical outline that the only local causes of disease in these counties, are from the Big Black in the south-east, the Tallahatchie and Yazoo, on the West, and the Yallobusha running Westerly from Choctaw, between Yallobusha and Carroll counties. As I have said, all this region, except the Yazoo valley in the West, is very much broken; the soil is rocky and sandy on the hills; the level lands are composed of productive dark colored loam, with a substratum of clay soils: some freestone, but little limestone; the springs of water are plenty and excellent, mostly rising in sandy strata, some few containing large portions of iron and sulphur. The high lands, by far the most plenty, are covered with the common pine, black jack, and red oak; the valleys are timbered with the gums, poplar, hickory, ash, white-oak, elm, beech, &c. Some little cane in the Yazoo valley. Cotton is the great production of the place; but little of any other crop is raised. The greater part of our good arable land is opened and cultivated, except in

the Yazoo valley, where there is very much rich land, and very little cleared. There has been a great amount of immigration to this region of the State for the past two years, but that can hardly account for the unusual amount of sickness; as in Choctaw, where there was least immigration, there was most sickness. It is true, the deadening of timber and the great decomposition of vegetable matter from the many new settlements in Carroll county, might cause a vitiation of the atmosphere, which would be carried to the elevated lands of Choctaw by the superior and more rarified strata of air. During the winter and spring of 1844, there was an immense quantity of rain; indeed, so unusually flooded were our vallies, and in particular the Yazoo Valley, that planters experienced the greatest difficulty in transmitting their crops to market. Many oxen were drowned in the Yazoo Valley, and horses and mules were compelled to swim very frequently to avoid a similar fate. This, then, seems to me to have been the cause of the almost universal sickness in the hills and elevated counties. The whole face of the country was completely saturated with water; every creek was overflowed, every ravine, pond and lake was full to overflowing, and so remained until May, when the weather became suddenly very hot and dry; from this time until October, the summer was dry almost without interruption, and was unusually hot and sultry. It is true, we had some light showers, but they were only partial, and no general rain saturated these counties during the time mentioned. The waters having overspread the face of the earth for such a long period, must have necessarily caused great decay of vegetable substances; and then the sudden and long succession of dry hot weather must have promoted a rapid evaporation of watery vapor, together with the vitiated and noxious gases given forth from the great amount of decomposed vegetable matter. These miasmatic vapors we know to be of less density than the surrounding atmosphere; they will therefore be evaporized by the great heat and drought, and carried up into the air until they reach a certain elevation, and come into contact with the air of the same density, and with it be wafted through the aerial regions until they come in juxtaposition with the hills and elevated regions of country, where their malarious influence will be exerted in creating disease among the inhabitants. This view of the matter is much strengthened by the well observed fact that all high and exposed situations suffered last summer; although the swamps, which were formerly so sickly, were almost exempt. I believe the Yazoo and greater portion of the Mississippi swamps were more healthy last summer than they have been for many years, whilst the universality and malignancy of disease in the heretofore healthful regions, has been unparalleled in the annals of this country. It was, indeed, remarkable to see the *real congestive fever* manifest itself in our dry pine hills, where formerly a physician was rarely ever called upon. Our sickly season commenced in the latter part of May; the simple intermittent was then observed to be unusually intractable for this locality; every week the cases were more numerous and more obstinate, and there seemed to be a greater degree of *gastro-duodenitis, anorexia, nausea, &c.* than usual.* In the second week in June, I had three cases of algid fever, immediately after

* The first cases in June, and the last cases in the latter end of August.

which I heard of several in the practice of others. This disease created great alarm in the minds of the inhabitants, which caused them to send off directly for a physician as soon as they were attacked, which circumstance greatly lessened the fatality that we had, in comparison with the universality and severity of our fevers. Thus, in 26 cases of congestive or algid fever in my practice last summer, I lost only four, and two of those were in a stage of collapse before I arrived. This disease has many synonyms here, amongst "doctors" and laymen; such as congestive chills, congestive fever, cold plague, algid fever, adynamic fever, malignant intermittent, &c. Algid, or congestive fever, I humbly think, are terms appropriate and expressive enough for this insidious and sudden disease. It certainly does belong to the class of fevers, as it commences with rigors, headache, thirst, anorexia, quick pulse, &c.; and I am astonished to see that men of great minds, and of deservedly high standing in their profession, should think the term "congestive" misapplied in this disease. That there is adynamia and great loss of nervous energy, as well as congestion, I am ready to admit; but that the former is the producing cause of the latter, I cannot yet believe; for we see patients walking to and fro, apparently little discomposed, and all at once a chill seizes them; the countenance becomes dark and cadaverous, the extremities become cold, and there is *dyspnœa*, restlessness, anxiety, præcordial oppression, a small, quick, weak, and thready pulse, sense of burning and fullness about the stomach; great desire for cold drinks, and if the congestion is to the brain, there is confusion of intellect. The patient is so strong that it takes two or three to hold him in bed; the forehead bathed in cold sweat, which is frequently all over the surface of the body and extremities; if the congestion is to the liver and abdominal viscera, there will be great irritability of stomach, vomiting of blood, and bloody discharges *per anum*. In all cases that I have seen, the internal heat, or, as the patient calls it, "inward fever," seems very great, yet the tongue is generally moist, and coated with a soft, clammy, white covering; and towards the fatal termination, I have noticed the tongue to be livid along the margin, perfectly insensible to taste or feeling, and *ice cold*? These are the symptoms in the cold stage which, I think, certainly prove congestion; and when speaking of the treatment I will strengthen this position by showing the effect of therapeutic means directed according to this etiology of the disease. There are a few more curious points to which I will allude in speaking of the symptoms of the congestive stage. In all the fatal cases which I have seen, there seems to be an inability to swallow, and though the tongue and mouth feel cold and insensible, the power of motion is complete; for give the patient a mouthful of *tinct. cardam. vel capsic.* and he will not be able to swallow it, but will retain it in his mouth two or three minutes, and then squirt it out with great dexterity and force to the most remote corner of the apartment. Another striking symptom in the collapse stage, is the great repugnance to any covering, or any thing warm to the extremities; the patient will say his hands and feet are burning hot, and yet if we examine them they are deadly cold, and covered with a cold, copious perspiration! I have said that the patient may be going about his ordinary business, and be apparently, without much indisposition, yet be suddenly seized with one of these congestive chills, which

I have endeavored feebly to pourtray ; but the general mode of accession is not so insidious ; the patient may for a day or two feel rather listless, sickly, want of relish for food, and a general *malaise*, he will then take a very slight chill, followed by very little fever, pay little attention to it, and go about his ordinary business ; his general appearance will be altered, a peculiar anxious expression of the countenance, eyes watery and dim, color pale, with restlessness and mental irritability. The second chill may come on the next day, or the day after ; will be more severe and lasting, the lividity will be more apparent, greater amount of nausea and præcordial oppression ; *dyspnœa*, or confusion of intellect according to the seat of the congestion. Patients generally get over the second chill, but the fever is more lasting, and a much greater degree of prostration, irritability, anorexia, &c. follow. Up to this time the patient or patients are not alarmed ; and if the physician was now called in, his means would most probably prove successful ; but when the third or fourth chill ensues before medical aid is applied, it is hard to rouse the prostrated nervous energy, establish an equilibrium in the disordered circulation, or restore the engorged organs to their wonted integrity and proper functions. The prognosis of this disease is generally easily comprehended. If the right treatment is adopted before the third chill, the majority of cases will recover ; the exceptions to this rule are pregnant females, persons of great obesity, or of a very depraved and debilitated constitution. When either vomiting or purging of blood is present, or copious and frequent black or rice water discharges, the case is a very doubtful and dangerous one. Those cases which are converted by bad treatment, or neglect, from the bilious intermittent, or remittent to the congestive form, are generally remediable, but are apt to linger long, and convalesce slowly ; whilst the real idiopathic congestive fever will run its course in a few days. I may here remark that in aged people the disease ran speedily to a fatal termination, if not arrested ; and all ages, sexes, temperaments and constitutions amongst the *whites* were subject to it ; whilst the *blacks* were almost exempt from this, and the bilious fevers which visited us last summer. I will now describe the *treatment* which I adopted, in as brief and concise a manner as possible ; and in elucidating this most essential part of the subject, I shall arrange my remarks under three heads.

1st. *The treatment required in the congestive or cold stage.*

2d. *The treatment during the stage of re-action, or hot stage.*

3d. *The means to be employed during the intermission, or passive stage.*

When summoned to a case of algid fever, we most frequently find the patient in the cold stage, and so alarming and insidious is the disease, that it becomes us to adopt means with energy and despatch ; no temporizing, or *ad placendum* treatment must be relied on, as we know not whether the patient will be able to rally, and withstand the shock which this fearful period of the malady imparts to the important organs and nervous system.

On entering the sick chamber, and finding the patient in the congestive or cold stage, give *immediate* directions for hot water, or what is preferable, cayenne pepper tea, to be prepared, and in a bucket full of either, plunge the patient's extremities ; after keeping them in the tea for five or

eight minutes as hot as they can bear it, take them out, and have them well and briskly rubbed with warm flannel; after which apply large mustard plasters, covering the hands, arms, feet and legs with them. This much being done, the patient can be examined more minutely, and if the congestion or engorgement is to the brain, *scarified cups* should be applied to the *temples*, *nape* of the neck, and behind the ears; in this way blood should be drawn to the amount of 8 to 20 ℥. according to the state of the case. If the integrity of the brain is not restored by these means, the head should be shaved, and a long *blister* applied, extending from the fifth cervical vertebra, over the occiput, and along the median line of the scalp to the frontal bones; this blister may be three to five inches broad, as the case may require. I had one case of congestive fever last summer, where the patient lay in the cold stage eighteen hours, entirely *devoid of sensation*, and possessing every little motion! In that case the sinapisms, scarified cups, and blister along the head roused her, and she eventually recovered. If the congestion is to the lungs, (which is easily recognised by the great dyspnoea, and very *livid* color of the *lips, cheeks, &c.*, and often by the vomiting or expectorating of blood), the scarified cups should be applied over the chest and between the shoulders; after which a large blister on each place. Again, if the hyperæmia is to the stomach, liver, &c., the same means should be there applied; and these latter organs appeared to be primarily affected in a great majority of cases I saw last summer, the nausea, vomiting, pæcordial oppression, intense desire for cold water, fullness and sense of constriction in the stomach and œsophagus, bloody discharges, &c. Symptoms attending such cases were immediately relieved by topical bleeding and vesication; indeed I do not know a disease in Cullen's Nosology which more imperatively demands, or that is more promptly relieved, by local bleeding and epispastics. During this stage, if the bowels are constipated and torpid, enemata of *ol ricini* ℥ ij.—iv; *spts. terebinthina*, ℥ i—℥ iss *pro re nata*, given in warm water or sage tea, may be very advantageously employed. On the other hand, if the bowels are too much relaxed, with frequent, thin, watery, or sanguineous discharges, give the watery infusion of *acacia catechu*. Acetic solution of *acet. plumbi and pulv. opii*, or enemata of *amylum* and *tinct. opii*. &c. In all cases where there is great thirst and internal heat, give freely of the coldest water to be found, or ice if it can be had. I believe if the patient cannot be rallied from the congestive stage by the above means, that there is little hope of doing good by pouring in tonics and stimulants; for if the stomach and bowels, the liver, lungs, heart, spleen, and brain and nervous system, or any one of these organs are so loaded, engorged, deranged, or functionally destroyed, so that the recuperative powers of nature cannot be roused by the remedies above recommended, I think there is no chance of doing good with *quinine, piperine, tinct. capsici, carb. ammon.*, &c; and I think, to say the least, such strong tonics and stimulants are very questionable remedies in the congestive stage of this disease. I would here intimate that the same remarks apply to calomel, blue mass, and drastic purgatives of every description. Some physicians employ the startling remedy of dashing large buckets full of cold water over the patient in the cold stage; they assert that in this stage of complete congestion, if they are able to produce a

chill, fever will as a natural consequence follow. I have certainly known the patient to rally after it, although the *rationale* of such a remedy is too like the philosophy of the *homœopathists*: "*Similia similibus curantur.*" In the state of re-action or hot period, but little is to be done, as it generally continues but a short time, the subject in the majority of cases will be free from fever in a few hours; and even the fever that does follow, is not severe or distressing; perspiration ensuing in a short time, from the accession of the hot stage. This is the period of the disease when we should *particularly* attend to the various secretions. If the bowels are too much relaxed, give *hydrarg. cum. crcta. grs. vij*; *pulv. opii. grs*; *iss. pulv. ipecac. grs. ij. M.*, for a dose; if this does not correct them, administer *plumbi. acet. grs. iij. tinct. opii. acetatis, ʒ ss*; *acid acct. dilut. ʒ iij*; *aque. menthæ pip. ʒ ij*, mix for a dose, to be repeated *pro re nata*. If on the contrary, there is constipation, now is the time to use aperients; and none but those of a mild and unirritating quality should be prescribed; I always use in this disease the *phosphas sodæ*; I give it dissolved in the arrow root, gruel, or rice water which the patient uses for food; it will make his *panadas* of a palatable saltness, and is a very mild and efficacious aperient.

In mentioning the gruel, arrow root, pearl barley, &c. I am reminded of the importance of strictly charging the friends and attendants to confine the patient to such kinds of food as enumerated, as I have known serious consequences to accrue from eating cabbage, turnips, peaches, &c. Other and more active aperients may be necessary; of such I give *magnes. carb. ʒ ij*; *pulv. rhei. ʒ i*; *pulv. zinzib. ʒ ss, M.* This I believe is a most excellent evacuant in such cases. A prescription like the following I often administer with good effects: *ʒ magnes. sulph. ʒ ii*, solve in *infus. rosarum ʒ xii, M*; et adde *acid. sulph. aromat. ʒ ij, M.* A tablespoonful or two in cold water, *pro re nata*. The oil ricini and spts. terebinthinæ may also be used in combination. The Seidlitz, soda and lemonade powders may be given with advantage. But by all means use enemata and warm fomentations to assist the mild laxatives, *and never use drastic cathartics to overcome the constipation in this disease.* As soon as the hot stage, or period of reaction, has merged into the stage of intermission, or passive stage, if the bowels are in a proper condition, commence the tonics and antiperiodics. Of these I greatly prefer the sulph. quinin. and that in solution; if no contra-indication exist, I would push it boldly until its specific action was manifested.—*ʒ Quin. sulph. ʒ ij. aque puræ. ʒ xv. acid. sulph. aromat. ʒ iij, M.*—a tablespoonful every two or three hours. I have often been proud of the utility and power of pharmaceutical chemistry in the cure and alleviation of disease, but never more so than when admiring the blessed effects of this glorious remedy in congestive fever. If the subject is unable to bear the solution, or nauseates at the taste of it, I give it thus:—*ʒ sulph. quin. ʒ i, ext. leontod. tarax. ʒ ij*; *mucilag. q. s.* make into 30 pills, and give two or four pills every three or four hours, ordering a little acid drink occasionally afterwards. If the alimentary canal is very irritable, so that the quinine cannot be retained, I would use it *per anum* and *endermically*; if, during the lost balance of the circulation, the congestion has been to the brain, some other antiperiodic may be employed. In such cases, if there is no tenderness nor hyperæmia to the sto-

mach ; the piperine made into pills with ext. leontod. taraxici, or ext. gent. is a very effectual remedy. Various other tonics are in daily use, given according to the pathological condition of the patient, or to suit the particular idiosyncrasy of the case ; such as the carbonate of ammonia, spts. ammon. arom ; strychnia ; sulph. ferri. carb. ; solutio arsenicalis ; ferri, cyanureti, infus. cinchonæ, &c. &c. I have thus concentrated my views in regard to this peculiar disease, and committed them to paper, with the hope that whatever imperfections exist, they will be charitably viewed, and partly attributed to the very frequent interruptions, anxieties, and toils of a laborious profession. My opinions of the pathology and treatment of this disease may be thought eccentric and paradoxical by some, and I therefore beg to submit a sentence or two in explanation. I believe the disease to be essentially congestive, from the pathognomic signs, the bloody sputa and expectoration, the bloody discharge *per anum*, the engorgement of the brain and lungs, the cold surface and extremities, accompanied with the internal burning and oppression ; all denoting the loss of balance of the circulation—a retrocession of blood from the periphery to the central organs. Again, I admit the implication of the nervous system, and my humble opinion is, that this is secondary and caused by the congestion ; for restore the equilibrium of the circulation, and the *vis vitæ* will be apparently unimpaired. My treatment may appear inconsistent to some, the lancet in the one hand, and tonics in the other : but this will not appear so paradoxical when I explain ; I extract blood, to remove a portion of the black sluggish fluid from the veins, and thereby encourage and admit a quantum from the engorged internal organs ; to determine and stimulate a flow of blood from the centre to the periphery. In short, I bleed to evacuate some of the bad venous fluid, and to attract the redundancy from the internal organs to the surface. After this is accomplished by the scarification, blisters, and sinapisms, I pour in my tonics to promote and maintain the true balance of the circulation, support the *vis vitæ*, and impart those chemical constituents to the vital organism, which are so essentially necessary to its renovation and integrity. On a future occasion, I may submit a few hints on some other of our endemic diseases of last summer.

Middleton, Miss., February 5th, 1845.

ART. IV.—*Case of Extensive Fracture of the Skull, wound of the Brain, and Fungus Cerebri.* By Drs. FAIR and MABRY, of Selma, Alabama.

The subject of the following case, a slave, the property of Maj. Tipton of this neighborhood, 23 years of age—active, sprightly, and of good constitution ; was, on the 12th February, 1841, driving a team of mules and traveling rapidly, when a pole, four or five inches in diameter, which happened to be in the waggon at the time, being accidentally caught between the spokes of one of the fore wheels, was made to perform a revolution, and in its descent to strike him on the right side of the head. He fell from his saddle, and was immediately taken up insensible, and carried to the house, which was but a short distance off, when he soon

afterwards vomited, and sunk again into a comatose state. We visited him at 11 o'clock, A. M., a few hours after the accident occurred, and found a large elastic tumour occupying nearly the whole of the right parietal bone. There was no external wound of the scalp whatever, and the tumour was so large that it was altogether impossible to ascertain what injury (if any) the bone had sustained. He was at this time apparently in a heavy, deep sleep, from which he might by great exertion be roused to some extent, and in reply to questions relating to his injury, would say his head hurt him, and almost instantly again relapse into his former insensible condition. The pupils were natural, breathing somewhat stertorous, skin cool, and inclined to be moist, pulse slow and very feeble—so much so that we apprehended that we should be forced to give stimulants for the purpose of inducing reaction. Believing, however, that it would be safer not to administer them at all, unless the condition of the patient should seem imperatively to demand it, we concluded to withhold them for the present, and watch him carefully until we could ascertain whether or not reaction would come on without our aid. We accordingly remained with him till five o'clock, P. M., when we had the satisfaction to see reaction sufficiently established. Administered an active cathartic, ordered cold applications to the head, and warm to the feet, which were to be continued during the night.

13th. Found him this morning in pretty much the same condition as when we left him, except that his pulse is fuller, and somewhat stronger, but still too feeble to justify bloodletting; the cathartic had operated moderately. Ordered another cathartic, and continued the same applications to the head.

14th. Freely purged last night; condition about the same, and having now observed the rule laid down, and so earnestly recommended by a late distinguished English surgeon, never to use the trephine or convert a simple fracture of the skull into a compound one, unless symptoms of compression exist, and not even then, until the effect of depletion has been freely tried; and having by means of active purgatives, carried this as far as we deemed it prudent, without producing any beneficial results, we determined to lay open the scalp, in order that we might ascertain what injury the parts beneath had sustained. For this purpose, two incisions were made to cross each other at right angles, over the most prominent parts of the tumour, and in length sufficient to include its whole extent. Upon turning back the four flaps thus formed, a considerable quantity of effused blood, half coagulated, was found lying beneath the scalp, which had produced the tumour, and rendered the condition of the bone altogether uncertain. The bone was extensively fractured. Three large pieces, besides a number of small fragments were detached, leaving, when these were removed, the dura mater exposed to the extent of nine or ten inches in circumference. The membranes were lacerated by a sharp piece of bone, which was driven into the substance of the brain, a little anterior to the middle line of the antero-posterior diameter, and about one inch and a half from the longitudinal fissure, making a wound that would easily admit the finger, and through which $\frac{3}{4}$ ss of cerebral matter escaped. After removing the fragments and carefully depriving the edge of the bone of all the angles and pointed projections calculated to inflict further and

future injury upon the dura mater, the scalp was replaced, and the edges of the wound drawn together, and confined by means of the interrupted suture and adhesive straps, and light dressings were applied. The patient exhibited signs of consciousness while the incisions were being made, but again became insensible as soon as they were completed. He was considerably exhausted by the operation, and in attempting to remove him from the operating table to his bed, syncope was produced.

15th. Consciousness partially restored; complains of pain in the head; has had several slight convulsions, and frequent and repeated muscular twitches about the face, and, an occasional involuntary backward motion of the head. Ordered cold applications to the head, and \bar{z} ss sulph. magnesia to be given.

16th. No convulsions to-day; twitches much less frequent; consciousness almost entirely restored. Yesterday's treatment repeated.

17th. Rested well last night; mind is now clear. This morning observed incomplete hemiplegia of the left side, which has, probably, existed since the occurrence of the accident, but owing to the insensible condition of the patient, was not sooner discovered. Re-applied the dressings, and found one incision healed by the first intention in nearly its whole extent, but the other forced open, and the stitches torn loose by a *fungus cerebri*, which had thrust itself through the wound in the membranes, and appeared to be about the size of a common chestnut. Made pressure upon it by means of lint soaked in lime water, and adhesive straps, and endeavored again to close the wound.

18th. The *fungus* has perceptibly increased since yesterday, and the hemiplegia is now quite complete, both as to sensation, and the power of motion. The temperature of the paralytic side is also several degrees below that of the opposite.

28th. The course of treatment mentioned above has been steadily persevered in; the paralysis the same. The fungus is now as large as a hen's egg, and seeing that it continues to increase in size in spite of all our exertions to repress its growth by means of the straps and the officinal preparation of lime water, we concluded to use a stronger preparation, and accordingly applied one which left a thick deposit upon the fungus after evaporation. From this time we had the satisfaction to see it begin to shrink, and continue to subside till about the middle of March, when it had entirely disappeared. The paralysis also gave way as the fungus subsided; the wound healed kindly, and on the 23d of April we discharged the patient, cured. We have seen him within the last few days, and repeatedly conversed with him upon the subject of the accident, and have been assured that he is not sensible of any unpleasant consequence resulting from it.

We consider this case interesting, not only as affording another instance, illustrative of the great amount of injury which the brain is capable of sustaining without producing a fatal result or any permanent impairment of its functions, but on account of the temporary paralysis which occurred on the opposite side to the injured one, and remote from the seat of injury; and the means by which we were enabled to arrest the growth of the fungus, and ultimately to effect its entire destruction. We are satisfied that if we had relied upon the lime water, made according to the

direction of the pharmacopiæ, our efforts would have proved unavailing, and we should have had the mortification to witness the death of our patient. There is also another circumstance connected with the treatment, which we consider of some importance, which is, that by the timely and judicious use of purgatives, and laxative enemata, together with the strict low diet, we were enabled to prevent the occurrence of inflammation of the brain without the loss of a drop of blood, except what was necessarily shed in the operation.

Selma, February 10, 1845.

ART. V.—*Remarks upon a Case of Hydatids of the Uterus; read by Dr. J. F. BEUGNOT, before the Medico-Chirurgical Society, at its sitting of the 5th February, 1845.*

GENTLEMEN: I am about to state, without comment, some observations which have appeared exceedingly interesting to me, in this respect, that they relate to a disease which is very rare; the diagnosis and treatment of which have hitherto been clouded with the greatest uncertainty.

In July 1841, I was sent for by Madame Simon B., living at the time on the other side of the river, at Algiers. This lady, who seemed to me at first, fat, hearty, and in the enjoyment of good health, related to me that during the space of five years since her marriage, she had not had a child, though she had been pregnant at various times. In the course of the first year of her marriage, she noticed that her form became round, her abdomen swelled, her loins extended, and became sensitive to the touch; her menses became irregular, though they appeared from time to time. She was also conscious of movements taking place in the region of the pelvis, which were always obscure and limited. From time to time, she felt pains in the loins and *bas ventre*, which lasted for hours and days, then ceased, then returned and ceased again. Her general health was good; her appetite unaffected, her digestion easy. Her condition continuing without any more certain indications of pregnancy, Madame Simon B. began to feel more and more anxious, and at length became satisfied that she was not in a state of pregnancy. After some considerable length of time, (I do not remember how long,) the pains I have described became all of a sudden extremely violent, and were accompanied by expulsive efforts and strong contractions of the uterus; in a word, all the indications of a delivery appeared, and continued for some time, without any thing making its appearance, when suddenly the patient discharged a large quantity of water through the genital parts, and felt her belly shrink, without, however, resuming its normal volume. From the moment of the expulsion, the violent pains ceased and the patient found herself as she had been some months before. Very soon, her abdomen began to swell again; the intra-uterine movements were again felt; the pains in the loins and *bas ventre* shortly followed; there was now no reason to suppose a pregnancy, and Madame Simon B., more and more anxious, had

recourse to medical skill. Many physicians were successively called ; I am not informed as to their diagnosis or their treatment. Towards the close of the year 1839, after many years of uninterrupted suffering, Madame Simon B. was under the care of Dr. Solier, a very skilful physician, who remained too short a time amongst us. I remember that about this time Dr. Solier conversed with me frequently about his patient, whose condition excited his liveliest interest. She had up to that time, discharged on different occasions through the vagina, very large quantities of water, and after each discharge had felt relieved. Dr. Solier, basing his opinion mainly upon this frequent discharge of an abundant serous liquid (*de nature serouse*) considered the disease of Madame Simon, *uterine dropsy*. I, without seeing the patient, opposed this notion, for up to that time I could hardly believe in the possibility of simple dropsy of the uterus. Dropsies are subject to general laws in their development ; they can only take place in the cellular tissues and in the cavities, which are closed on every side, and lined with serous membranes : in the ovaries, the pericardium, the peritoneal cavity, and the synovial capsules. The uterus does not present this anatomical structure ; its cavity is lined by a mucous membrane ; instead of being closed on every side, it presents above, the openings of the *fallopian tubes*, and below, the origin of the canal which communicates with the uterine cavity, a canal which would afford a constant and unailing passage to a serous liquid formed within the matrix, as it affords a constant outlet for the uterine mucosities, which are developed in the course of the catarrhal inflammation of that organ. The abundant serosity, which was from time to time discharged by the patient, must therefore have been occasioned and retained in the cavity of the matrix by an *intermediary*, the presence of which would explain every thing. What was this *intermediary* ? This was the problem to be solved ; this was also the limit of my inquiries.

In the month of April 1840, Dr. Solier suddenly determined to leave for Brazil, and left Madame Simon B. in the state in which he had found her. In the month of July 1841, the sufferings of this lady still continuing, and becoming more and more intolerable, she decided to send for me. It was then that I discovered, from her conversation, that she was the patient about whom Dr. Solier had frequently spoken to me.

But since the departure of that skillful physician, a phenomenon had occurred to his patient which removed every doubt, and rendered the diagnosis as plain as it had hitherto been obscure. More fortunate, without being more skillful than my predecessor, I was permitted to remove the veil which had concealed the nature of this singular affection. In fact, during the last discharges, the patient independently of the large quantity of water, had thrown out several bodies which she called sacks ("*poches*") and had preserved them for my examination. These bodies, although they were too much deformed to be conveniently studied, seemed to me to be evidently the remains of *hydatids*. The presence of these *hydatids* explained every thing. This was the intermediary I had spoken of to Dr. Solier. Everything, until then so obscure, became clear about this disease ; every thing was satisfactorily explained :—the

augmentation of the volume of the abdomen, occasioned by the slow and successive development and multiplication of the hydatiform bodies; the pains occasioned by their accumulation in the matrix, and the distension of that organ; the sensations of movements resembling that of the heart of the fœtus which begins to feel animation; movements taking place within the hydatids themselves, which are in fact parasitic animals, having life, and possessing the power of contraction and dilation; the expulsive pains caused by the extraordinary distension of the uterus, and the efforts of nature to relieve that organ of the foreign bodies which embarrassed it. The discharge of the large quantity of liquid proceeded from the rupture of the hydatiform bodies, powerfully compressed by the violent contractions of the uterus.

There was no longer any doubt as to the nature of the disease I was called on to treat; my course would be to provoke the expulsion of the hydatids and to prevent their future development. How was this to be accomplished? Here the difficulty was great, for I had nothing to guide me. I was unacquainted with any fact of this character. My friends whom I consulted, were equally at a loss. The books contain barely a few words upon this disease, which, from their silence, or from the brevity of their descriptions, one would almost suppose fabulous. With respect to its treatment, nothing is said in any place.

I had a great desire to cure my interesting patient. To accomplish this I was under the necessity of forging, so to speak, a new mode of treatment. After careful reflection I resolved to adopt the following method of treatment, which I will proceed to unfold.

And first; how did it happen that during the violent uterine contractions which occurred so frequently, the hydatids were not always expelled as any inert body would have been? These parasites must then possess a power of resistance and of adhesion, inherent in their being? This seemed probable, and my first step was to destroy, or at least weaken this power of adhesion. To effect this, I adopted the simple plan of injecting into the uterine cavity itself, a liquid sufficiently active to poison the hydatids, but so little irritating as to expose the patient to no serious danger. I hesitated some time in the selection of the liquid, and finally determined on the *tincture of iodine*, very much diluted. Analogy led me to adopt this medicine, which you know, gentlemen, is frequently employed by injection, in the treatment of certain dropsies, such as hydrocele and hydrarthrosis, *a priori*, I might expect that uterine hydatids would be destroyed by the iodine, and the patient escape the baneful influence of its poison. But it was not merely necessary to kill these *entozoaires*; it was important to discover some method of exciting at the same time violent contractions of the uterus, in order to expel from that organ the hydatids rendered inert. Was it not natural to suppose that the presence, simply, of iodine in the *uterus* would cause excitement enough for contractions to ensue?

This method ought, then, to suffice for all the purposes of a curative treatment.

My plan having been matured, and the patient being determined to submit to all that I should direct, I prepared the first injection, which was made in the presence, and with the aid of my esteemed friend Dr. Valetti, who had approved of my proposed treatment.

I proceeded in the operation, as follows: The patient being placed near the edge of her bed, I applied a speculum and exposed the os uteri. I then introduced with great care into the opening of this passage the rounded extremity of a male catheter, which I had previously straitened. I inserted the catheter gradually, and introduced it as far as possible, stopping only when I met with a fixed resistance. At this point the catheter was parallel to the axis of the speculum, and its extremity was beyond this instrument. Before I commenced, I had taken care to prepare a syringe, such as is used for injections into the tunica vaginalis in operating for hydrocele, and to introduce into this syringe about six to eight ounces of cold water, in which I had diluted about one drachm of the alcoholic tincture of iodine. I introduced the extremity of the canula of the syringe into the mouth of the catheter, and slowly injected the liquid through this canal, into the uterus; a portion of the liquid seemed to remain in this organ and the excess escaped through the mouth of the uterus, and fell into the speculum, which was inclined so as to conduct it outwards. The injection accomplished, I withdrew the instruments. I then had the patient placed at her ease, and awaited the result. A few seconds after the operation, violent pains *dans le bas ventre* were experienced, which rendered it necessary to resort to baths, and an anodyne. During the first twenty-four hours, the patient continued to suffer very much, but to my great satisfaction during this short space of time, she expelled seven hydatidic sacks, which were carefully preserved in water, and submitted to my examination, and to that of Dr. De Valetti, who aided me in my treatment during two or three weeks. These hydatids, which were somewhat distended by the liquid they contained, were all of them a little exceeding in volume a large hen's egg; they were all of the same form. I cannot describe it more precisely than by comparing it to a stomach with its two outlets removed: the resemblance is perfect: the sack having, like the stomach, two curves; a larger and a smaller one; two *culs de sacs*; two openings very near each other, and situated near the centre of the small curve: these openings communicated with two ducts; one of these about an inch and a half in length, was marked by transverse rugæ, and terminating in an opening slightly fringed, the other about four inches in length, was smoother and larger than the first, and terminated in a wide opening. This form is by no means that indicated in the books. In examining this subject, I have found no description which resembles that I have just made. In a word, the hydatid of the uterus is an animal of the simplest form, consisting of a mouth, an œsophagus terminating in the stomach, in which all the phenomena of digestion take place, and from which the excretions pass through an intestine terminated by an anus.

I would remark here in anticipation, that during the course of the numerous injections which I made, I was so fortunate on one occasion as to visit my patient a moment after she had expelled *une vesicule hydatigene* of large size, and very perfect; which, when thrown upon the floor gave signs of life, analagous to those of the intestines of animals just butchered. I placed this hydatid in a bowl of warm water, where its vitality was still more perceptible, and shortly observed that it filled itself

with the water in which it was floating. Its movements were chiefly in the short duct terminating in a fringed opening, and were of four kinds : contraction followed by dilatation, and shortening followed by elongation.

To return to my patient. Twenty-four or thirty hours after the first operation, the pains subsided and finally disappeared. At the end of five or six days, there was a manifest improvement in the condition of Madame Simon B. who, encouraged by this first trial, did not hesitate to submit to a second injection, which I made with the advice and aid of Dr. De Valetti. The second operation was attended by identically the same effects as the first, and was followed by the discharge of one or two hydatiform sacks. From that time I repeated the injections every eight or ten days, and in this way I effected the discharge of 20 to 25 hydatids successively, some of which were shrunk, and strongly impregnated with *iodine*. On one occasion, the patient discharged a kind of cluster, of the thickness and length of a small pigeon's egg, and consisting of a central stem proceeding from a base, and divided into a number of small fibres to which granulated bodies of the size of a barley-corn were attached. Several of these bodies, which were more developed, had a vesicular appearance and a form like that of the hydatids completely developed. Was this cluster a collection of germs? It seemed probable.

By degrees, as Madame S. B. discharged these parasites, whose presence had so long troubled her, she found that her habitual bad health disappeared; her size diminished, and every symptom of good health began to manifest itself more and more. Very soon the injections, which were always followed by pains, occasioned no more discharges of hydatids and I discontinued my treatment, deeming Madame S. B. cured. Five months passed before this result was obtained. Was it necessary then to resort to a prophylactic treatment? To decide on this point, I was first to become acquainted with the causes which govern the origin and the development of the hydatids, and then to endeavor to remove my patient from the influence of these causes. The authors I consulted were almost all silent upon this interesting question: those who touch on it in general agree in considering the hydatids of the uterus as resulting from false conception. It is true, that hitherto these parasites have been found only in married women; I am not aware that they have ever been observed in virgins. But do our observations suffice to admit that the alleged false conceptions of the books are the true cause of the formation of hydatids? I shall not attempt to solve this problem, which will doubtless call into exercise the penetration of the naturalist, but will leave the subject, gentlemen, for your private examination.

As I was unacquainted with the causes of the disease I had been treating, I took no precautionary measures to guard against its future return. Two years passed, during which I saw Madame S. B. very often, and found that her health was generally good. In the course of this period, the lady with her husband removed to the other side of Lake Ponchartrain, to the plantation of Mr. E. B. Early last year, (1844) I was visited by the husband who came full of joy to announce to me that his wife believed herself really pregnant. I was delighted with this news, for I considered that pregnancy was an indication of a perfect cure. Five or six months later I was again visited by the husband, who now appeared less joyful.

The pregnancy of his wife had not assumed a positive character, and she began to entertain fears of the probable return of a disease from which we had supposed her forever relieved. I requested him to bring his wife to the city; which was done some weeks later! A careful examination soon convinced me that the fears of the lady were but too well founded. She was not pregnant, and her uterus had again become distended by the hydatids of a new formation.

This relapse might be attributed to two causes: Either I had not continued the injections long enough, and had thus left behind some *germs*, which had subsequently become developed; or supposing all the *germs* to have been destroyed, exposure anew to the unknown causes of the disease had occasioned its return. In either case it became necessary at once to destroy, and provoke the expulsion of the hydatids. The method was known, and I at once resorted to it. Strange to say—this time the injections of the diluted tincture of iodine were ineffectual, although they excited very great pains. After many fruitless attempts, I called Dr. Luzenberg in consultation, who advised the use of the infusion of the *secale cornutum*, administered in the form of injection, and of drink at the same time. Deeming this advice good, I hastened to adopt it. But, like the injection of iodine, it was followed by violent expulsive pains, though unattended by the discharge of any of the hydatids. On one occasion, however, a large quantity of water was discharged and this circumstance confirmed me in my diagnosis. At length, being much at a loss, I thought of employing corrosive sublimate, and proposed it to Dr. Labatut, whom I met on one occasion in attendance on my patient. He approved of my suggestion.

I then prepared an alcoholic solution of corrosive sublimate, in the proportion of half a drachm (*demi-gros*) of sublimate to one ounce of alcohol, adding hydrochloric acid; I then mixed about two dessert spoons (*cuillerees a cafe*) of this liquid in six ounces of water, which I injected into the uterus in the way already described. On this occasion, either by chance, efficaciousness, or better luck, the injection was followed by the expulsion of two hydatids, perfectly identical with those I have described. I continued this treatment every week, and very soon, after the expulsion of many other hydatids, my patient recovered her health.

It is now three months since my patient was restored to health. With the view of preventing the return of the disease, I have advised her to visit the city every month to receive one or two injections of the weak solution of corrosive sublimate. She has followed my advice, and I hope to prevail upon her to continue the treatment for a year longer.

The observations which I have now presented to you are not as complete as might be desired. I will render them more so hereafter, if possible: Such as they are, I thought them interesting enough to merit some notice among our labors. In concluding these remarks, I would state, that before making the irritating injections which brought about the recovery of Madame S. B. I reflected on the danger attending their use. Any liquid poured into the uterine cavity, must, under ordinary circumstances, be rapidly conveyed into the fallopian tubes by absorption and capillary attraction. From the fallopian tubes into the peritoneal cavity there is but a step, and a liquid poured into this cavity would almost necessarily develop a

peritonitis, which might itself soon terminate fatally. I was not myself acquainted with any fact on which to ground this apprehension, but Dr. De Valetti informed me that he had somewhere read of a fact which should make one exceedingly cautious in injecting the uterus. This was the case of a woman, who being treated with an injection of the watery solution of iodine into the uterus, with the view of curing the fluor albus, sank soon after under a very severe peritonitis, which was the consequence of the injection.

But a woman whose womb is filled with hydatids, is under very different circumstances, and the apprehension of this danger is less. Indeed, it is natural to conclude, that the hydatids themselves would serve as mechanical impediments to the passage of any liquid through the fallopian tubes, and thence into the peritoneum. This passage being prevented, all medicinal action would take place within the uterus, and would be limited to the destruction of the parasites in that organ, and to the development of expulsive irritation.

Still, it should not be inferred from the fact I have just related, that uterine injections are always harmless. On the contrary, I think them dangerous under ordinary circumstances, and I should advise their employment with the greatest possible reserve.

ART. VI.—*Case of Renal Dropsy.* By S. C. FARRAR, M. D., of Brandon, Mississippi.

John, a slave of Mr. P. was attacked, some four or five months since, with œdema of the legs, for which his master gave him various diuretics; from the use of which, for a few weeks, the dropsical symptoms abated—but suddenly the œdema increased, and the body became anasarcaous. In this condition he was placed, three or four weeks before his death, under my care; tongue clean, appetite good, pulse full and somewhat irregular, but not intermittent; breathing laborious; skin dry and mottled on the breast by white lines and patches; thirst excessive; bowels disposed to constipation, secretion of urine small; is unable to sleep with his head low, complains of no pain either in the chest or loins.

Treatment, first day jalap and cream of tartar; then Eberle's compound powder:

℞ Sup. tart. potass.,
Sulph. potass. each $\frac{3}{4}$ ss.
Pulv. scill. maratim. ʒ i.

Mix, and give a teaspoonful three times a day.

This compound had the effect of increasing the flow of urine, and of ameliorating the dropsical symptoms, but the improvement was temporary; his respiration became more difficult, and pulse more irregular.

Let him take *digitalis squills* and *calomel* combined in the form of pills, night and morning. No improvement from this prescription. About eight days previous to his death he complained for the first time of pain in the loins; head also affected with pain; pulse full and strong. I now suspected this to be a case of renal dropsy, and the patient was bled to 12 oz.

with relief to the head. On the 12th of February, three days after the first bleeding, it was repeated, but with no perceptible advantage.

13th. Symptoms worse. 14th. Skin cold, and bedewed with perspiration; pulse small and intermittent; at 5 o'clock, P. M., he died.

Autopsy.—At the post mortem examination held at nine o'clock the next day, the following appearances were noted. Pericardium distended with water; hypertrophy of the right ventricle of the heart, without any apparent obstacle to the exit of blood;* left kidney enlarged, weighing 13 oz. (avoirdupois), mottled; also numerous linear depressions; right kidney enlarged, weighing 13 1-2 oz. mottled, and stained; the lower part, of a dark color, yet bloodless; the cortical substance presented, when cut into, a pale homogeneous surface, with the exception of the dark space on the lower part of the right kidney; these kidneys were weighed in the presence of Mr. Wm. Reber, a student of medicine, who assisted me in the post mortem examination. They were also examined by R. G. King, M. D., who concurs with me in opinion that this was a well marked case of albuminia. Since 1837, (the year that Dr. Bright first called the attention of the medical world to this singular and formidable disease,) Rayer, Christison, and others have described granular degeneration of the kidneys, and M. Rayer has related instances in which the kidneys weighed 12 oz; but so far as I am informed, this is the most remarkable case of hypertrophied kidney on record. My object in reporting this case is to present additional evidence of the insidious progress of Dr. Bright's kidney disease. From the size and altered condition of the kidneys, it is manifest that disease must have been going on in them for some time, although no indication of lesion was furnished by pain, until a few days previous to the patient's death. So obtuse is the sensibility of the kidney, that incurable lesions may occur in it before we are apprised of the disease—by pain—and hence pain cannot be regarded as one of the pathognomonic symptoms of albuminaria.

Frequent examinations of the urine in reference to its specific gravity and the quantity of albumen will perhaps furnish the physician with the best and strongest evidence of renal dropsy; the urine of this patient

* It is highly probable that this condition of the ventricle was brought about by deterioration of the blood. "The heart no less than any other parts of the body, will suffer from the deterioration that has been shown to take place in these cases, (renal dropsies;) a sort of anæmia is produced, and it has been already explained, that anæmia implies debility of the muscular texture of the heart, and tends to dilatation of the cavities, and the weak heart becoming irritable, also, grows thicker as it labors. And this is the form of cardiac disease which has been found in many cases to be coincident with renal dropsy. By Dr. Bright's table it appears that in 27 cases, no disease at all of the heart could be detected. There were 52 cases of hypertrophy, and of these no fewer than 34 were free from any trace of valvular disease. Among the 34, there were 11 instances of disease affecting the aorta; hence there were 23 cases in which no cause of hypertrophy and dilatation could be found in the heart itself, or in the aorta. The true cause may therefore be suspected to have been the renal disease, operating upon the muscle through the quality of the blood."—(*Tweedie's Library of Practical Medicine*) page 489.

"Simple hypertrophy of the ventricle, says Dr. Watson, sometimes occurs when we can discover no mechanical obstacle to the passage of the blood out of the ventricle, which might account for it; none I mean, by the closest scrutiny made even after death."—*Watson's Practice of Physic*, page 597.

was not examined, because the disease had progressed almost to its fatal period before renal dropsy was suspected.

ART. VII.—Case of successful Extirpation of the Eyeball, for Cancerous Tumor. By E. H. Kelly, M. D., of *Mobile, Alabama.*

Wm. Stringer, farmer, of Clark county in this State, aged 49 years, of bilious temperament; placed himself under my care on the 20th January last, for a fungoid tumor of the left eye. The history of the case is given by the patient as follows. That he had suffered for nearly five years of a tumor growing from the external surface of the eyeball, accompanied with severe lachrymation, and acute lancinating pain, which deprived him of rest, and the performance of his ordinary duties. The patient says that his misery has at times been so great as to produce temporary fits of mental alienation, and to obtain relief, he has submitted to three operations, which were performed by different surgeons, at his own residence, and at distant intervals; the latest being practised in April last. These operations were completely ineffectual, and did not check the fungus, or admit of the advantages of the intervention of change of structure; the disease sprouting out more furiously as it was meddled with by the knife. Mr. S. therefore determined to visit Mobile with the desperate resolution to undergo any operation that might be proposed; and in accordance therewith, called in several physicians of this city, all of whom, he states, united in condemning an operation for the following reasons, to-wit: recurrence of disease in an aggravated form, hastening a fatal termination; adhesion to the bones of the orbit; constitution inadequate to withstand the effects of the operation itself; fungus hematodes, &c. Having heard these objections, and carefully weighed them, I now examined the tumor, which I found to be of a hard schirrous character, a pinkish purple color, painful to the touch, and discharging a bloody fluid on the slightest pressure. It had protruded between the eyelids which were concealed from view, except the inner margin of the superior cilia. Sight had long since been extinct, and the tumor completely occupied the space between the eyebrows, the root of the nose, the external commissure, and down to the middle of the cheek. A thorough investigation at once decided me that the tumor was a carcinomatous affection, in the state as Scarpa describes, previous to its malignant action. I was well satisfied that there was no complication with the bony structure, as it was slightly moveable, and a glance convinced me, that the disease was not fungus hematodes, from its schirrous touch, color, and general aspect; besides, the rare occurrence of this affection in old persons; (fungus hematodes, according to Wardrop, Lawrence, and others, appearing mostly in children—cancer and melanosis, in aged persons.) Confident that my patient had sufficient stamina to encounter the consequences of an operation, although much enfeebled by the discharge and suffering, and no diseased glands being observed about the neck or head, or constitutional diathesis, I advised as the only hope, the operation for extirpation of the tumor and

eyeball ; the patient having but a short period of painful existence as the bitter alternative.

The failure of the previous operations I attributed to want of proper diagnosis ; for Scarpa, Lawrence, and others, have all declared that the operation should embrace "all parts altered in structure, and if possible a portion of the surrounding healthy substance." Now, as Travers says, that except the lachrymal gland and conjunctiva, he believes no other texture of the eye is primarily affected, I am at a loss to conceive what benefit could be realized from merely shaving off the fungus from a diseased structure, as was practiced by my predecessors. Although I could not guarantee to my patient a permanency of cure, I considered the operation as warrantable, on the conditions as laid down by Dessault, Scarpa, and Lawrence, and I could not have wished better authority than Cooper, who says that "what is usually called cancer of the eye, does not seem to be nearly so malignant as carcinoma of the breast, for if the distemper is confined to the globe and eyelids, and the cellular substance and bones of the orbit continue uneffected, the operation generally produces a radical cure ; a fact strongly dictating an early recourse to that effectual means in surgery, the knife ;" (*Vide Cooper's Surgery, with notes by Alex. H. Stevens M. D., and notes by S. McClellan.*) Velpeau even says that we must not be inactive, though desperate the issue. Other considerations had their effect with me in forming a prognosis, as the possibility of the disease not springing from a cancerous diathesis or latent disposition, but a tumor made malignant by escharotic applications ; It being an established fact that tumors, not at first of hurtful tendency, are liable to malignant action from improper applications. Also, the success of other operators, as Dessault, Bier, &c, in cancer of the eye ; and the similitude of the cases related by Hildanas and Wardrop ; the last, who describes a case of a gentleman who consulted many respectable surgeons in England for a large excrescence of the eyeball, but as they supposed it to be cancerous, they declined operating, which he undertook with entire success and radical cure. After due preparation, I operated on the 25th February last, in the presence of several gentlemen of the medical faculty in this city. My patient being placed in the recumbent position, I inserted a large tenaculum into the tumor, and gently drew it towards me ; with a scalpel I now made an incision through the external commissure for about an inch ; the lid being now carefully everted, the knife was pushed on to the depth of an inch, dividing the conjunctiva at its reflection, and being conducted round the circumference of the orbit, cutting in turn the inferior oblique, a small portion of the superior tarsus near the caruncula, which pierced the fungus, and the superior oblique and levator palpebræ muscles. In this operation I used the long margin of the orbit as a fulcrum, which enabled me with more precision to effect my purpose, and avoid such accidents or bad surgery as a maldirection of the knife has occasioned, viz : penetrating the orbital plate, maxillary sinus, cutting the second branch of the trigeminus nerve, or through the sphenoid hole, wounding the middle lobe of the brain, &c. I think also that the scalpel is a safer instrument than the bistoury, as being better adapted to the conformation of the orbit, and accordingly shall always prefer it. In my

next step in the operation, I adopted the manner of Dessault and Lawrence, introducing the curved scissors from the external side and avoiding the pedicle composed of the recti muscles and optic nerve. The tumor and eyeball were now freed, and a portion of the lower lid that looked suspicious. The hemorrhage, which amounted to a few ounces was suppressed, and the lachrymal gland removed, which was unaffected; the whole operation occupying the space of 21-4 minutes. As soon as the socket could be examined, it was found free from cancerous induration; a dossil of lint was introduced, to be removed the following day, and a soft rag, kept moist with cold water, applied after the operation, and continued until cicatrization was established, which was effected in the short period of three weeks, and without any untoward circumstances. The patient recovered his health and spirits, and a better use of the eye unaffected. The tumor was now examined and found entire; proving that there were no morbid adhesions which had not been removed by the knife, the eyeball not enlarged, and the optic nerve in a sound state. The patient has departed nearly six weeks since for his home; gratified for the services he has received, and which I trust may be enduring.

I cannot close my remarks here without coinciding with Messrs. Lawrence and Guthrie, against the practice of impacting with charpic the orbit after extirpation of the globe. When the connection of the delicate sheath of the optic nerve and the brain is considered, as well as the cicatrix that nature produces from the remnant of conjunctiva which remains besides that which forms from the bottom of the orbit, our astonishment must cease at the bad result of this operation in many cases; the lint causing much irritation, without doubt a recurrence of disease, inflammation and suppuration of the brain, and in its character as an extraneous body, operating as a wedge, preventing the speedy separation of healthy structure.

March 22d. 1845. I have just heard from Mr. Stringer, and I am informed that he is well, and getting fat.

PART SECOND.

PERISCOPE OF PRACTICAL MEDICINE; OR SPIRIT OF THE MEDICAL JOURNALS, FOREIGN AND DOMESTIC.

I.—*Albuminaria and its complications.*—In an able article published in the *Journal des Connaiss. Medico-Chirurg.* for last year, we find the following excellent observations upon the *morbus brighti*: Albuminous nephritis occupies one half of the beautiful work of M. Rayer on the diseases of the kidneys. The author defines it a disease chiefly characterized, during life, by the presence of a notable quantity of albumen, with or without the existence of blood globules in the urine—by a diminution in the proportion of the salts or of the urea in this fluid, whose specific gravity is almost always less than in a state of health; finally, by the coincidence or ulterior development of a particular dropsy in the cellular and serous tissues. Albuminous nephritis may be acute or chronic, febrile or apyretic. The alterations of the kidneys in this affection may be referred to six principal forms:—the two first appertain to acute albuminous nephritis; the others to chronic albuminous nephritis. However, they may be found combined in a particular case. Thus defined, albuminous nephritis is a well determined disease, properly named, and acquires a place in pathological science. It defines much better the facts than the term *morbus brighti*, or a granular affection of the kidney, and it moreover has the advantage of leaving to general pathology the right to decide upon the question of albuminaria.

It is not the object of this paper to describe in this place, albuminous nephritis; we shall doubtless soon have occasion to recur to it in a special manner; for this affection is still but little, or at least but imperfectly understood. After having studied it in itself, the author has examined it in its relations to other diseases—with pericarditis and endo-carditis, with hypertrophy of the heart, with diseases of the veins, with those of the organs of respiration, bronchitis, pneumonia, pleuritis, phthisis pulmonalis; with the diseases of the digestive apparatus, such as intestinal lesions, peritonitis, lesions of the spleen and liver, with cerebral affections, with pregnancy, cutaneous diseases, febrile or not; with scrofula, and with syphilis. This enumeration shows how complex is the question in relation to albuminous nephritis.

We should not be astonished to see this question connect itself, in some measure, to all pathology, if we reflect that the albumen is one of the immediate principles of the blood. But, when by the effect of an abnormal secretion of the kidney, or by any other cause, this albumen finds its way into the urine, it throws out of the economy one of the elements of the blood indispensable to the recomposition of the tissues. Albuminaria is a real loss to the whole economy, because it robs the system of some of

the elements of the blood, necessary to the healthy functions of the organism. The effect of this waste will be the more remarkable as the urinary secretion is a sort of outlet for the diabetic, albuminous, and seminal discharges. The renal symptoms in acute albuminous nephritis may be predominant and fix the attention; but in a chronic form, which is the most frequent, and which takes place from the commencement, it is the albuminaria which predominates, which directs the attention to the kidney, to its annexæ, and sometimes even leaves us in some doubt as to the existence of nephritis.

But it is chiefly a clinical examination which demonstrates that albuminaria is a humoral diathesis, the determination of which is still far from being fixed, and it is to that fact that we should direct attention, to verify the operations of M. Rayer, not only in regard to the existence, however incontestible, but in reference to the frequency of the connections of albuminaria with a particular lesion of the kidneys. We have paid particular attention to this question in the clinical service of the faculty, when the urine of all the patients has been tested by nitric acid and heat. In seventeen patients, the urine contained albumen; in the space of four months, in the service of sixty beds almost all occupied at the same time. This single fact proves the great frequency of albuminaria. Well, in seventeen patients, two only were effected with a well characterised albuminous nephritis of an incontestible character; but as there could be no anatomical examination, these cases might be questioned. One of the patients went out cured, at least for the time; both its antecedents and its symptoms were clearly those of the morbus brighti.

This is the only case where albuminaria could be traced to a well marked albuminous nephritis. It may be said that in the other cases the renal affection was latent, and had had for its phenomenal expression only the passage of the albumen into the urine. This may be supposed in the case of those patients who are still alive; but many succumbed to various lesions, and presented nothing special in regard to the kidneys. Such was the case of a woman dead of pleuropneumonia without dropsy, of two females dead likewise of uterine cancer without dropsy; of a young man who perished of typhoid fever, also without dropsy.

In other patients there existed albuminaria with dropsy, without any renal symptoms sufficiently characteristic to enable one to pronounce with any probability that there had been an affection of that organ. In one there was acute anasarca, in others ascites without any appreciable anatomical cause; sometimes anasarca with chlorosis, at other times tubercular phthisis. Scarlatina is one of those diseases with which albuminaria, and even albuminarios nephritis is most frequently connected; this result is so frequent, that patients convalescing from that affection demand the utmost care, and they should be especially guarded against a cold humid atmosphere.

We think that the cases of albuminaria which have been heretofore observed, may be divided into three categories: 1st, well characterized albuminous nephritis; 2d, albuminaria without any lesion of the kidneys, but with dropsy; 3d, albuminaria, without either lesion of the kidneys or dropsy. From the preceding observations, we may consider albuminaria as a humoral disease, (or a disease of the blood,) consisting in a peculiar

alteration of the blood, and of a modification of the urinary secretion ; without however, the latter being necessarily affected in its texture. Whatever may be the origin of the disease, the blood is found to be most seriously changed. The cases of albuminaria which we have witnessed, when they did not appear to be connected with a nephritis, could be traced to those diseases which affected the entire economy, such as cancer of the uterus and stomach, typhoid fevers, phthisis, scarlatina, chlorosis, &c. One question yet remains to be determined ; it is whether in albuminous nephritis, albuminaria is not sometimes preceded by a lesion of the kidney. This might be the case, especially in Bright's disease consecutive to scarlatina. Albuminaria may some day acquire a special therapeutic treatment, as chlorosis, as all those other wastes which, like them, alter the composition of the blood. In the meantime, whatever may happen, its history, although imperfect in several particulars, is nevertheless a beautiful page to be added to the triumphs of humoralism, as revived and illustrated by chemistry and pathological anatomy. The discovery of Bright is one of the most beautiful of our day, and it will immortalize his name.

II.—*On the character of Acute Rheumatism, in reference to its Treatment by Medicine.* By JAMES ARTHUR WILSON, M. D., Physician to St. George's Hospital, London.

[We find in the London Lancet for February, 1845, a very valuable paper upon this subject, which, if we could make room, we would insert entire in our Periscope ; but we shall be compelled to restrict ourselves to the following extracts, which give a sufficiently correct view of the author's peculiar opinions in regard to the nature and treatment of a disease that is very common in our region. Dr. Wilson says :]

“ In the business of medicine, there is nothing more mischievous than a name with a false analogy ; for to the unreflecting practitioner, in the name of a case is the rule for its treatment. Under the common phrase of “ nervous disorder,” what an incongruous array of prescriptions is at once summoned into action for the relief of symptoms in character the most opposite ! How careless, how fatal, in their simplicity, the means which, word for word, we oppose by rule to “ inflammation !” In the angry names of laryngitis and pharyngitis, an authority is found for venesection and other antiphlogistic measures in the cure of sore throat, depending on insufficiency of material and defective power of nutrition ; and, by an identity of Greek termination, puerperal fever is subjected to a rule of treatment, violent and indiscriminating as that of pleurisy. Yet, between inflammation of the peritoneum, even in its least complicated form, and inflammation of the pleura, how wide, how vital, is the difference ! In the face-ache, lumbago, and partial muscular stiffness, induced by common cold, there is surely but little of the distinction that attaches to severe constitutional disorder ; yet, even among medical men, these weather-pains, that come and go, are classed with the most violent of our English continued fevers, under the common name of “ rheumatism.” A very limited view of acute rheumatism has of late years been presented in the pathology, by which all disease is localized in particular structures, and all local action is identified with inflammation. Under the futile distinc-

tions of fibrous and synovial, acute rheumatism is taught in many of the schools as a mere affair of the joints, or of the surrounding articular structures, with scarcely a reference to the wide constitutional character of the influences from which it originates, or of the effects that follow on its development. The disorder known as acute rheumatism, is, in truth, a well marked idiopathic fever, always tending, like other fevers of this kind, to limit itself by its own actions within a given period of time, and running, for the most part, a safe and regular course. Its average range of duration, when not complicated with organic lesion, or thwarted by undue medication, is from fifteen to twenty days. Weakness with stiffness, from long disease of the affected muscles, rheumatic pains, and achings in the track of their lately inflamed tendons, will, in many cases, remain for weeks and months after the cessation of the constitutional symptoms; but the excessive heat, the high rapid pulse, the loaded tongue, the profuse acid sweats, that distinguish this fever, are rarely continued beyond the term of three weeks from its commencement. Even when, after an early intermission, the fever has returned by what is called a relapse, the sum of its several periods will be found in most cases to be confined within the term of twenty days, the longest to which any of our British continued fevers, of whatever type, are known, on an average calculation, to extend.

“Relapses in rheumatic fever are, for the most part, but the completion of the train of actions necessary for the relief and permanent security of the system, after interruption by accident, or, as in many instances, by undue energy of treatment.

“As the scarlet fever localizes itself especially in the throat, the measles in the mucous lining membrane of the lungs, the epidemic typhus in the cæcum and lower ilium, and the crysipelas fever in the integuments of the head and face, so is the rheumatic fever determined by special effects of inflammation to the larger joints of the body, and the surrounding articular structures. But the heat, redness, and swelling thus induced, are no more the cause of the constitutional disturbance in acute rheumatism, than the scarlet rash or the small-pox pustule of the fevers that bear their respective names. They are but the particular expression, by impaired nutrition, of a disorder that is general in the system.” * * * * *

“It would be idle to multiply examples of the uniformity in character and regularity of period, that, in right of its own nature, we claim for the disease in question. It is a long, regular, continued fever, and has thus been taught in my clinical practice for many years past to the students of St. George’s Hospital. Indeed, since I first entered the wards of that institution, it has been matter of regret to me that a disorder, which never does less than inflame the general blood, which frequently thwarts its current within the heart itself, and sometimes kills by suffocation, should be designated, even among medical men, by the vague, trivial name of rheumatism. The attention, thus preoccupied by local effects of the fever in membrane and ligamentous fibre, is of necessity withdrawn from the evidences of its operation through the system; yet these are always of the widest and most varying interest; so that to the physician there is, in truth, nothing more worthy of remark than the fever of acute rheumatism. It most resembles the exanthematous fevers, for, like them, it is distinguished by a series of rapid continuous actions, violent as inflammation,

yet harmless, for the most part, in their result. Of this eruptive character there is abundant illustration in the heat of surface, the profuse acid sweats, the erythema, and varied miliary rash, by which the rheumatic fever is specially distinguished. Its action is not more determined to the joints than to the skin. I have often traced its shifting locality by patches of superficial inflammation, vivid and circumscribed as those of measles, or scarlet fever, and like them, evanescent, without pain, on gentle pressure. I have occasionally seen this disease associated with purpura, and in three or four instances have observed the large bulæ of pemphigus coincident with the development of the fever." * * * * *

In the treatment of this disorder, its analogies with gout and eruptive fever should be continually remembered. Like them, it may be partial, irregular, or suppressed; and, like them, it is rendered comparatively safe by development. The independent separate power of nutrition, temperature, and function, which, in disease as in health, the living structures are severally capable of exercising, is in no way more strikingly illustrated than by the arthritis of rheumatic fever. Elbow, knee, wrist—every great joint, it may be, in succession, sets up, maintains, and brings to a close, its own special process of inflammation, irrespectively each of the other, and this without abatement of the general disorder, which remains in operation through the system, until the arthritic crisis is everywhere completed and determined; and here is a recurrence of the great practical lesson by which in this disorder, we are continually taught to bear patiently with fever, and to look, at times, with favor on inflammation. The true origin of symptoms is from the business of nutrition in the extreme textures of the body. Hence, all the evidences of impaired vital agency will be found to proceed, and among them, in its local varieties, inflammation, which is but an expression of the nutritive function, rendered difficult, for the time, in particular structures. Inflammation originates no movement, creates no function, brings no new elements into operation; it is not an acquired principle, but an innate faculty, held in trust by every living structure from the beginning, for the means of self-protection, and as a security, under injury, for redress. Thus considered, the arthritis of acute rheumatism is respected by the physician as salutary, under circumstances, and as working, with the fever, *to a cure*.

For the safe and better construction of its pathology, it is of great practical importance that the self-adjusting character of this highly composite disorder should be likewise recognised in its local segments. In the extremity of suffering induced by rheumatic inflammation in the joints, we are continually tempted, under a false compassion, to prescribe with undue energy for the removal of its cause, thus disturbing the natural succession of its symptoms, which in this, as in other idiopathic fevers, are prearranged by purpose, to an end. These partial inflammations of membrane and fibre define themselves, for the most part, with the same regularity as the fever, in which they all conspire; generally receding in less than forty-eight hours from their several points of attack. Locally, on this principle, they are best treated when most let alone. The affected joints, when urgently painful, may be soothed with tepid washes of the liquor ammoniæ acetatis, combined with laudanum, or with dry fomentations of hop, bran, and camomile. It is not here proposed to consider the

rare instances of rheumatic inflammation, in which it may be necessary, by blisters, local bleeding, or other measures, to protect the affected joint from ulcerative disorganization.

In the treatment of a disorder which is essentially one of action, the best indications are those which its own action affords; and thus, in the lavish sweats of rheumatic fever, we find our warrant for the use of remedies which are determined specially to the skin. This principle of cure by perspiration has not met with much favor, of late years, from those who profess a clinical authority in the treatment of rheumatic fever. Its simplicity ill accords with the impatient violence and affected combinations of modern therapeutics; yet of constitutional methods of cure, no one, by long practical experience, has been more thoroughly approved. Exception has been taken to the rheumatic sweats, that, by them, the local suffering is not relieved. Certainly, in the majority of cases, they are not followed by any immediate diminution of pain; but it should be remembered that, with the pain, they, (the sweats) are essential to the safe and regular development of the constitutional disorder. Like the arthritic inflammations, they are important in their series and by recurrence, and are not the less salutary in not being severally critical. To secure effects, by perspiration, in this disorder, diaphoretic medicine has been prescribed in every variety of form and combination. Opium, antimony, ipecacuanha, ammonia, have been unsparingly added to the system, already tasked by an active disturbing principle to its utmost means of resistance. Hence, from undue haste, violence, and inconsistency of action, a great loss of the credit which would otherwise have attached to the sweating practice in rheumatic fever. There is but one way in which the vital fluids can be determined, without change, and in quantity, to the skin. By the improved hot air bath, while nothing is added to the blood, we obtain from the surface the greatest possible amount of excretion. In absolute power over the fever of acute rheumatism, by the direct control of every symptom, the hot air bath is superior to all remedial means hitherto employed. The direct sensible effects of its agency are such as to imply the caution necessary for its use. Its demands, by actual waste, are so large, that in weak and empty habits they cannot always with safety be supplied. It affords most relief, when the fever and local inflammation are slow to arrive, and linger in their departure. In a large experience of many years, the hot air bath has thus repeatedly been found to determine the character, and to limit the duration of this disease. The principle of this great remedy for rheumatic fever is that of action by excretion. And here, by the approved means of cure, is suggested a rational method of prevention. From the skin, by interruption of its excretory functions, the disorder is often known to begin. By the contrived temperature and forced sweatings of the hot air bath it has, in many instances, been at once subdued; and in those liable to it, it may assuredly be kept very much at bay by daily ablutions, with general friction of the skin, and other habits of thorough personal cleanliness. In the dirt-crusts on the knees and ankles of our hospital patients, from whom we principally learn the local symptoms of rheumatic inflammation, there is open evidence of duties long neglected by the skin of those who, as a class, are especially subject to attacks of this disorder.

It is not only from exhaustion by labor, but from want of time and op-

portunity to be clean, that the lower orders are rendered more liable to the rheumatic as to the other forms of constitutional illness. House-servants, who, without hard work, have no convenient leisure, are frequent in our hospital wards, among the worst cases of acute rheumatism.

In the present month of July, 1844, T. G——, a man aged twenty-two, under my care in St. George's Hospital, has recovered easily and rapidly from severe rheumatic fever, after one full effect of the hot air bath. The treatment, in other respects, was uniform and simple. A few grains of Dover's powder were given occasionally, at bed-time, and he took twelve or fifteen drops of colchicum wine in a common saline draught, at intervals of eight hours, for some days together. In this case the acute symptoms, which began on July 1, subsided almost immediately after the use of the hot air bath, on July 13.

Another patient, T. S——, aged thirty-eight, a servant, was convalescent from all urgent constitutional symptoms on July 12, having sweated profusely in the hot air bath on July 8, ten days after he first took to his bed with fever and inflammation of the joints. Late in the month, as he still suffered from pain, with weakness of both ankles, a second hot air bath was administered, by which the symptoms were immediately and finally relieved.

In a longer practical experience of this disorder, I have found it sufficient, in ordinary cases, that the patient should lie still, be kept from cold, fed on bread, milk, and water, and take, of medicine, but little salines. These are generally prescribed with an excess of the carbonated alkali, and are sometimes combined with a few grains of nitre. If ten or twenty drops of the ammoniated spirit of colchicum seeds are occasionally added to the draughts, it is not in the belief that any specific advantage will accrue from small alterative doses of this drug to the patient. The alkaline salt, which is the basis of this prescription, has been recommended by Dr. Furnival, in some late number of *THE LANCET*, as specific in the control of the cardiac and arthritic inflammation of rheumatic fever. Here, no doubt, is the true principle of treatment—that of moderate interference with the necessary actions of the disorder, and of gentle ministration to its supposed necessities. In explanation of the symptoms, we thus assume a previous condition of prejudice to the blood; but are not thereby committed to the doctrine of its acidity. It does not follow that the blood is sour, because the sweat reddens litmus paper, or smells of stale vinegar. Alkalies, taken as medicine, may be effectually alterative, yet not directly antacid, in the cure of the patient.

If the pain, restlessness, and general distress be urgent, from three to five grains of Dover's powders are administered every six hours, or a larger dose of this opiate is given at one time, according to the exigencies of the case. The pain, let it be remembered, for which we prescribe in this disorder, often ceases of itself, before our prescription can be followed. In a fever of constant violent action, like that of acute rheumatism, opium should assuredly be administered with a considerate hand. This great remedial agent, in its operation, is never merely anodyne. It pervades the entire system, and modifies every secretion. Its agency, there is reason to believe, directly influences the blood-current while in passage through the chest. That it can be felt in the pulse and breath is in the

daily experience of thousands. Possessing these powers, it is a question whether in the general result, opium, as a remedy for acute rheumatism, has been indeed a blessing to mankind. There never was more of dangerous complication in this inflammatory fever of heart and joints, than in these latter days, when opium has been the most largely used.

It is from an ignorance of the true definite character of this fever that so many incongruous remedies are continually suggested as specific for its cure. Rheumatism, even when designated as "acute," is seldom regarded within its fixed and proper limit of self-regulating action. In this compound phrase, the substantive term is one of severe chronic illness, and under it both patient and practitioner are impelled to undue interference, by direct and violent treatment, with the symptoms. And these approved principles of cure by poison and bloodshed, rest, professedly, on more than conjectural science for their authority. They are not set forth diffidently, as the experimental misgivings, by small induction, of a theory yet to be realized; but are proclaimed as the dicta of a bold and successful experience. They are blazoned as heroic mottoes above the vulgar host, that, seeing them, we may know our leaders, and be prepared to follow. Hence, wherever cures by medicine are professed, rheumatic fever is the hobby of the boasting physician. By the vanity which, in every instance of recovery, arrogates to itself the triumph of a cure, a spurious reputation is easily secured from the latter treatment of a disorder, which is never more violent than towards its natural close; and of which, it is known to few, that, by its own actions, it completes, in a stated time, the measures of its own relief. Hence, too, in the practice of this regular, yet protracted fever, the frequent rebuke, by disappointment, of any one unvarying formula of prescription. In brief commentary on the published lectures, and other treatises which profess the cure of this disorder by system, and in detail, let the remark suffice, that, in ordinary cases, rheumatic fever is best treated, when with most respect for the fever, there is least regard to the rheumatism.

III.—*Observations on the Mysteries of Generation.* By M. MOREAU. (*Bulletin Gen. de Therapeut. Med. et Chirurg.* 1844) It is not our object to write a dissertation upon the various systems by which the mysteries of generation have been attempted to be explained; we wish simply to state an opinion of the pre-eminence of one over another, which we have heard advanced by our learned professor of midwifery, M. Moreau. This view of the act of generation presents to the physician an important practical question, which should attract his attention. It may not be peculiar to Professor Moreau, but these observations assume much more weight in our estimation as emanating under the patronage of a name so respectable as his, and more particularly as they are strengthened by a great number of observations taken from his practice.

Every one knows that all the systems proposed and discussed, from the earliest period to the present day, may be reduced to two—the *ovarists* and the *epigenesists*. The former maintain that the new being exists *en germe* in the female ovary, and man only contributes in the act of generation by vivifying the germ. With the latter, the individual is formed entirely by the materials furnished by both sexes, each taking a more or less active part in the product of conception.

M. Moreau believes in the doctrine of *epigenesis*. He thinks it incontestible that the individual who is the strongest, who enjoys the best health at the moment of conception, will have a pre-eminence over, the other and that the sex of the child will be determined by this pre-eminence. It has been ascertained by M. Moreau, a number of times, and every one can appreciate the truth of the remark, that in families where the man is vigorous and robust, and the woman is feeble and delicate, the males predominate; and where, on the contrary, the woman is very young and robust, and the man is sickly or old, the females outnumber the males. In some families we find all boys; in others, all daughters. In such cases, the predominance of one sex over the other is constant—it is, in some measure, constitutional. But the predominance of the man over the woman, or of the woman over the man, arises from the state of the physiological forces—from the vital powers of each, at the moment of reproduction. If, then, the husband, although the most vigorous, is enfeebled, is suffering from any depressing cause, the wife, although apparently more feeble than he, will have the pre-eminence, and *vice versa*. In a word, it is not always from the exterior—from appearances, that we ought to judge of the physiological state of the reproductive forces. The state of the organism at the moment of copulation, exercises an immense influence, and the sex of the child will be determined by the relative state of the parties concerned, at the time of coition.

From these considerations it follows that we may, at pleasure, in some degree determine the production of one or the other sex. This fact, which sometimes possesses a high degree of social importance, is indisputable, according to M. Moreau. He is convinced that he has, in a number of cases, influenced by the above considerations, determined the production of a boy or girl. M. Moreau reduces to practice the well established rules of hygiene; which consists in tonifying the one and reducing the other; this is all. A captain of huzzars, of some renown, about 34 years old, having lead a dissipated life up to the period of his marriage, espoused a young girl of 22 years, strong and in fine health. His first and second children were daughters. He was anxious for a son. M. Moreau, being a witness to his despair, promised him a son if he would consent to change his habits. He renounced a mistress whom he kept; he took tonics and a substantial diet, and drank Bordeaux wine to recruit his strength, *enim in vino Venus*; he observed the most absolute continence; and during this time, his young wife was subjected to the use of prolonged tepid baths, to a light vegetable regimen. He seized for the congenial embrace the moment when his wife was languid, and *mal à l'aise*; a third pregnancy followed, and behold a son was born unto him!

IV.—*Uterine Moles*.—[In a review of Dr. Ashwell's work on the Diseases of Women, in the Medico-Chirurgical Review for Jan. 1845, we find the following interesting information respecting moles and hydatids.]

This term is not accurately defined. All fleshy and shapeless masses, irregularly passing from the uterus, have been thus designated; but the author says, they may originate from the ovum, which has been early blighted, or which has been only imperfectly developed; from a portion

of retained placenta; from the firm clots of dysmenorrhœa; from a polypus spontaneously detached and shut up in the uterine cavity; from fibrous portions of coagulated blood, or from the hardened mucus of the uterus itself. There are, therefore, two kinds of uterine moles, viz: those which are the product of conception, and those which are independent of pregnancy. Of course the majority of such cases may be traced to conception as their first cause: but it is also certain that there are moles and hydatids which do not thus originate. Moles differ much from each other; sometimes not resembling any animal form, but rounded with an external coating like skin. The author remarks that there are several examples in Guy's Hospital Museum of the mole which has been termed "the false germ," where the embryo is absent, while the membranes are somewhat perfectly formed.

"All pathologists allow the existence of those moles, however different they may explain the circumstance of their formation, where the embryo having died early, the ovum being retained, has increased in size and solidity, not by a process of growth, as in natural pregnancy, nor even as in a tumour or polypus, but the effusion of a coagulable lymph from inflammation of the living membrane. This forms successive layers over the surface of the dead ovum, giving it eventually a great degree of consolidation. Some of these masses when cut into, have no cavity; but the chorion and amnion are demonstrable, although the developing lymph may be one or two inches in thickness. It seems somewhat surprising, that the coverings of the fœtus should be carefully constructed when there is no embryo. But the fact is so. Lately, I was present at the expulsion, after much previous flooding, of a firm fleshy mass, equalling in size a large orange. The small central cavity was lined by a smooth and perfectly formed amnion, with a little fluid; but, although I examined the specimen under water most carefully, I could detect no appearance either of an embryo or umbilical cord. If in such instances the embryo has never been formed, they may be regarded as genuine examples of false conception. Some physiologists, however, have supposed that in these cases, the tender germ may have been accidentally and early deprived of life, and subsequently dissolved in the liquor amnii. However explained, the absence of the embryo is thus certified."

Of Moles which do not owe their existence to Conception.—The author has twice seen fibrous clots, the product of dysmenorrhœa, growing into mole, not expelled till they had attained a considerable size, and then only with great pain and serious hæmorrhage. The following case was give in Dr. Ashwell's own words:

"Some years ago, I was asked by Dr. Hodgkin to visit a lady a few miles from town, who was thought to have polypus. On examination, a fleshy and tolerably firm body could be touched just within the cavity of the cervix uteri; there had been considerable bleeding, and the anæmia was distressing. Ergot was given, and in a few days the mass was protruded through the os. A ligature was placed around it, which in twelve hours cut through, bringing away the tumor, but not without considerable hæmorrhage. Ergot was again exhibited, forty minims of the tincture every quarter of an hour, and after the sixth dose, a fibrous mass, as large as a turkey's egg, of firmly coagulated, and partially organized blood, was ex-

pelled. In six or seven weeks another mass, only smaller, was got rid of in the same way. This lady had long suffered from dysmenorrhœa, and had frequently passed firm concrete clots of lymph and blood. There had been no sexual intercourse for eighteen months prior to this occurrence. She afterwards died; dropsy of the chest and abdomen having supervened."

Testicular Moles or Hydatids of the Uterus.—We are tempted to inquire why these products are not classed amongst the moles that are dependent on pregnancy. We can scarcely believe, even on Dr. Ashwell's high authority, that these vesicles ever originate merely in diseased action of the lining membrane of the uterus: certainly the chorion to which they are attached, and from which as a root they grow, can only exist as the product of conception. The chorion, unlike the decidua, is an entirely foetal production, and we are therefore constrained to believe, that these vesicular hydatids, invariably found in connection with it, must be foetal, also; or rather, the blighted remains of the embryo. But Dr. Ashwell shall speak for himself.

"*Pathology.*—These formations are placed in the second species of moles, because I have seen at least one example where they were the result of the diseased action of the uterine lining membrane, independently of the sexual intercourse. The patient was the widow of a surgeon, and of undoubted reputation. Her husband had been dead two years and a half when the abdomen began to enlarge. She had nausea, but no vomiting, from which she had always suffered in her pregnancies. The increase of size was very rapid, and at three months and a half from the first stoppage of menstruation, the bulk of the uterus had reached that of a seven month's pregnancy. The abdominal tumour was flaccid, and the os closed. At the fourth month, after more than ordinary exertion, there was a gush of blood from the vagina, followed by the immediate escape of vesicular hydatids.

"The recovery was good. Iron was afterwards given, she was sent to the seaside, and now, at the expiration of several years, there has been no return of the malady.

"Mr. Douglass Fox, surgeon to the Derbyshire Infirmary, gave me the particulars of a case where a large mass of vesicular hydatids was expelled from the uterus of a maiden lady, where the hymen was unruptured, and of whose chastity there could not be a suspicion.

"Sir Charles Clarke and Dr. Blundell unite in opinion, that conception is not a necessary condition; while Madame Boivin, Capuron, Duges, and even our own countrymen, Denman and Burns, have arrived at an opposite conclusion. Dr. Evory Kennedy says, that 'hydatids may occur in virgins'; while Dr. Montgomery believes, 'that they invariably result from impregnation.' It were to be wished that every disputed physiological point admitted, as this does, of a settlement by the observations of facts.

"Women are liable to a repetition of this vesicular formation, where it has resulted from conception. The few exceptions, where the hydatids have formed independently of pregnancy, forbid at present any decided opinion as to the probability of their recurrence."

V.—*Gunshot wound of the Anterior Cerebral Lobes.*—Dr. BLAQUIERE,

of Mexico, forwarded the details of a gunshot wound involving the anterior cerebral lobes, which presented considerable physiological interest. A child playing with a loaded pistol accidentally discharged it. The ball struck his younger brother, four years and a half old; entered at one temporal region, came out at the other, and finally spent itself against the wall of the room. For six-and-twenty days after the accident, the child retained the entire control of its intellectual faculties. The memory and judgment were not in the least impaired; the child was as gay as before the accident, had appetite for food, and slept tolerably well. The wounds were both situated about an inch and a half below the external commissures of the eyes. On the twenty-sixth day, symptoms of cerebral inflammation appeared, and the child died on the twenty-ninth. On examination, the anterior and superior region of the two hemispheres was found to have been traversed by the ball. The ventricles were intact. The entire sinus was the seat of suppuration; the meninges were inflamed. M. Blaquiére considers this case to be fatal to phrenological doctrines, as the seat of several important phrenological faculties was destroyed, and yet no functional lesion whatever of the brain was observed.—*London Lancet*.

VI.—*Lumbar Enterotomy for Imperforation of the Rectum*.—M. BAUDELLOCQUE communicated two cases of imperforate anus, successfully operated on. The first case was that of a child, two days old, that had not voided any meconium. On passing the little finger of the left hand into the rectum, he found that it terminated in a cul-de-sac, about an inch above the anus. The membrane was ruptured by a sharp-pointed probe passed through a sound, and the meconium at once found a passage. In the second case, the child was also two days old, and the circumstances of the case were the same; but on pushing the probe through the membrane terminating the rectal cul-de-sac, the colon was not attained. M. Baudelocque determined, therefore, on practising the operation of lumbar enterotomy. The child having been placed on its side, a transversed incision, an inch in length, was made in the lumbar region. The aponeurosis of the external obliques was divided, as was also some fibres of the quadratus lumborum, and the colon, which was found lying on a layer of fat, was then opened. A considerable quantity of meconium escaped, and the intestine was afterwards fixed by three sutures. On the fourth day a little erysipelatous redness appeared around the wound, and the child became feverish. Leeches were applied, the nurse was changed, and the child at once recovered. On the eighth day after the operation it was doing well.—*London Lancet*.

VII.—TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.

Carcinoma of the Lungs. By GEORGE BURROWS, M. D.—Carcinoma in any part of the body is a terrible disease. In the mamma, the uterus, even in the lip, it is a horrible affliction. In the lungs, and especially, in its open state, it is the most direful of all. A few years ago we attended a young married lady who labored under this disease. The breath and expectoration emitted such a malaria, that it was scarcely possible to stay a quarter of an hour in the same room with her, and the effluvia

was so dreadful to herself that she twice attempted suicide. The odour of cancer is so peculiar that no person can mistake it. It differs totally from that horrible stench attendant on gangrene of the lung, and is, alas ! much more lasting before life becomes extinct. This lady laboured under the malady for years before death terminated her sufferings.

The case which Dr. Burrows relates, did not apparently arrive at the state of open cancer, and did not present the fetid breath to which we have alluded. It was a young married female, aged 20 years, who entered St. Bartholomew's Hospital 22d April, 1843. She had been ill only six months. She complained, at first, of pain beneath the sternum, loss of appetite, cough, and some expectoration, followed by want of sleep, emaciation and perspiration. A month previous to admission, had an attack of hæmoptysis, succeeded by a pink-coloured sputum. She suckled a healthy child three months old. On admission, she presented the following phenomena :—

“The face pallid, rather full and œdematous, with a dark areola around the eyes; the lips rather livid; the alæ nasi acting violently with each inspiration: respirations 40 in a minute; the pulse 132, rather small, bounding, but soft, and increased to 160 when she assumed the sitting posture in bed; the decubitus on the back, but inclining to the right side.

“She complains of weakness, pain between the shoulders, and gnawing pain in the epigastrium; also of shortness of breath, and of frequent prolonged paroxysms of ineffectual cough, which are followed by urgent dyspnoea amounting to panting; the sputa are scanty, glairy, intimately blended with blood, and of a uniform pink color, resembling currant-juice; the glandulæ concatenatæ on the right side of the neck are swollen, hard and tender, with some distended veins passing over them. The glands on the left side of the neck are also slightly enlarged, and the left external jugular vein distended. The tongue clean and moist, the abdomen full, soft, and rather tender on pressure in the umbilical region; the bowels open twice daily; the catamenia had not appeared since parturition.” 122.

On auscultation, a clear exaggerated respiration, with an increased resonance on percussion, were audible over the left lung on the other side a diminished resonance in the upper part; while below the third rib, in front, and beneath the spine of the scapula, there was complete dullness—this dullness extending down to the right hypochondrium. There was a feeble respiratory murmur in the upper part of the right lung. The heart's sounds were natural. The diagnosis was, that she labored under “extensive malignant disease of the right lung.”

We need not follow the details. She died on the fifteenth day after admission.

“The right pleura was distended by Oiv. of an olive brown colored serum. In spite of this large collection of fluid, the right lung had not collapsed, but stood out firm and prominent into the pleural cavity. The upper lobe of the lung was not much altered: its substance was tough and crepitating on pressure, the middle and lower lobes when handled felt solid. A white lobulated tumor of a white dull color, something like a mass of suet, projected from the middle lobe of the lung; it was somewhat yielding on pressure, and in close apposition with the right side of the pericardium. Towards the root of this lung was another similar tumor,

which forced the lung upwards from the spinal column. The middle lobe was intimately connected with these tumors, and much resembled them in external appearance. The pleura covering the lower lobe was rough and dark-colored, with enlarged, congested, varicose blood-vessels, ramifying on the surface.

“When sections of the middle lobe and tumors were made, they appeared one continuous mass of carcinoma. Their substance was mostly of a uniform dull white color, and rather soft; in some parts the substance was pinkish or red, as if vascular; and in other points, especially in the situation of the bronchial glands, the cut surfaces were streaked with black lines and spots, and divided into oval segments. The surfaces yielded, on compression, a white creamy fluid in considerable quantity.”

The diagnosis formed at the beginning, was, if no good luck occurred, one of those extreme instances of auscultic science, which happen once in a century, and to one in a thousand practitioners. We would not advise the tyros of the profession to stake their diagnostic knowledge every day on such minute distinctions. It is only by the “*tactus eruditus*” and the exquisite ear of a master in the art of percussion and auscultation, that a man can hope to predict with the accuracy presented in the foregoing case. We agree with the talented author, that when such a malignant disease as the above is detected during life, the exhibition of mercury, long repeated counter-irritation, frequent blood-letting, &c. “can only impair the vital powers, without arresting the local complaint.” But is not the same reasoning to be applied to almost every disease so interfering with the functions of respiration? Can we cure old-standing consolidation or tubercular infiltration of the lungs by medicine? We fear not. “*Optima hic est medicina, medicinam non facere.*”

Cases of Acute Disease in the Throat and Larynx. By Dr. JAMES ARTHUR WILSON, Physician to St. George's Hospital.—There can be no doubt that many lives are lost by the above inflammations for want of tracheotomy. In November, 1830, Dr. Wilson, with Dr. Nevenson and Mr. Keate, attended a gentleman who died of cynanche supervening on crsipelas. On examination, the epiglottis and posterior membrane of the tongue were found to be highly vascular and thickened, and pus was infiltrated in the cellular membrane of the fauces. The larynx, below the cordæ vocales, and the trachea, were free from disease or obstruction. Here was a case where tracheotomy would have saved life, almost to a certainty. The event made a deep impression on Dr. W.'s mind, and was of service thirteen years afterwards.

Case.—Mr. W. C. aged 27, full habit, got heated at a ball, and caught cold going home. He was unable to sleep, from general uneasiness and sense of choking on attempting to swallow. Leeches, calomel, and other measures, were employed; but the breathing was not relieved, even by the abstraction of twenty-four ounces of blood from the arm. In the evening of July 8, 1843, he was in extremis, and Mr. Keate exposed the trachea below the thyroid gland, and made an opening into it, inserting a canula in the aperture. Instantaneous relief was the consequence.

“On the first rush of air into the trachea, the patient appeared to feel instant relief, and his countenance began at once to resume its natural ex-

pression; but from this time not two minutes could have elapsed, when he was suddenly attacked by most violent spasms of his whole frame, with a struggle for breath, as if threatening immediate suffocation. All consciousness directly ceased, the eyelids closed, the face was livid, the features were distorted, the blood, still bubbling from the wound, became suddenly black as ink. The breath was drawn convulsively, and at long intervals. All movement, excepting that of the pulse, had ceased, and the patient appeared literally at his last gasp. During this awful crisis of the young man's fate, which lasted for perhaps a minute, (seemingly for a much longer time,) his head was held forcibly back,—the canula was withdrawn,—and the orifice in the trachea cleared from blood, and kept widely open. The breathing at length became more natural; the face, no longer ghastly, began to resume the character and tint of life. Not long after this most fearful convulsion, a large quantity of mucus, mixed in part with blood, was rejected, in long viscid ropes, from the mouth; and it was then found that the patient again breathed through the larynx. Upon this, the canula was finally withdrawn. A profuse perspiration now burst forth from the face, neck, and chest of the patient, who gradually recovered his consciousness, and expressed by writing that his 'breathing was quite easy.' He slept at intervals during the night, and was convalescent from this time."

Although, as Dr. Wilson remarks, the operation can hardly be too late, yet the chance of success is greatly lessened by delay, because the patient is being poisoned by his own blood. There is a good deal of management necessary in preventing the blood from flowing down the trachea into the lungs. The operation of tracheotomy has now been so often performed with success, that no patient should be allowed to be suffocated by obstruction about the throat, without opening the wind-pipe. A gentleman of our acquaintance breathed more than twenty years through a tube.—(*Med. Chirurg. Rev.*)

VIII.—*Researches on the Treatment of Neuralgia.* By Dr. E. HERMEL, (*Jour. des Connaiss. Med. Chirurgie.* 1844.)—The object of our author is to determine the still disputed efficacy of electro-puncture in the treatment of neuralgia. He has not only resorted to this application in those neuralgias whose anatomical seat has been well defined, but likewise those which have been designated *erratic neuralgia*, because of the mobility of the seat which it occupies. This memoir is founded upon eight observations, the titles and principal peculiarities of which we shall enumerate. The first is a case of traumatic neuralgia of the lumbo-sacral nerve, and of the small sciatic, of five months standing; it was cured by eight applications of the electro-puncture. The second was neuralgia of the peroneal nerve of the right side, of fifteen days duration, attended with constant pains, more violent at night, convulsive movement, &c. It was treated by blisters for eight days, with some relief. The first application of the electro-puncture was followed by more pain during the night, but less agitation; on the second application, still greater relief; after the third, fatigue of the limb, pricking pains; six days afterwards a small suppurating phlegmon developed upon one leg, which was promptly cured. On the twenty-first day, the patient went out no longer limping, after the three

applications of the electro-puncture. The third was sciatic neuralgia, of four months standing, which had been ineffectually treated by frictions with opodeldoc and the essence of turpentine, afterwards by suppurating blisters; he was finally cured by a single application of the electro-puncture. The fourth was of a similar character, of six months duration; cured by one application. In the fifth there was neuralgia of the lumbar plexus and of some of its branches, of one month standing; it was treated as a disease of the kidneys by leeches and scarified cups; at first some improvement, but eight days afterwards, renewal of pains; cured in a few days by two applications of the electro-puncture. The sixth was one of sciatic neuralgia of both sides, attended with paralysis, of five weeks standing; nocturnal pains, numbness; first application of the electro-puncture caused a cessation of pains;—incontinence of urine during sleep; two days afterwards, two applications were made, and the numbness and pain ceased; still the incontinence continued. The patient was allowed to rest for eight days, during which time had frequent involuntary discharges of urine; the application was repeated a third and fourth time, and all disease disappeared, and in six days afterwards the cure was confirmed. The seventh was like the sixth, of one month duration. The first application of the electro-puncture was made on the 10th September; it produced local sweats, diminution of pain, recovery of some motion. On the 11th, the second application, great progress; 12th, suspension of the electro-puncture until the 24th, and a purgative substituted, aided by vapour baths; progressive amelioration, the patient now walked with the aid of a stick; on the 28th, the pains re-appeared on one side; the 29th, the electro-puncture was again applied; complete and final cessation of all pain. About the 8th of October, the electro-puncture was used three times, assisted by vapour baths, and the patient left cured. In the 8th and last case recorded by our author, there was sciatic neuralgia consecutive to a meningitis, of fifteen days existence; violent pains, immobility of the limb: on the 30th November, the electro-puncture was used for the first time; the pains ceased; on the following day, the patient could sit and move his limb: the second application was prolonged for ten minutes, which caused complete cessation of pain, the patient now being able to sit up and walk without assistance. The pains not returning after the lapse of a few days, the patient left cured.

The author adds, that he could adduce a great many other similar cases in support of the efficacy of the electro-puncture in neuralgia, but deems these sufficient for his purpose. From these facts he thinks we may deduce the following conclusions: 1st. Electro-puncture is efficacious in the treatment of both idiopathic and essential neuralgias. 2d. The violence of the pains is not a contra-indication to the employment of this therapeutic agent; never are the pains exasperated under its influence. 3d. The paralysis which attends essential neuralgias yields to the same treatment. M. Hermel promises to continue his experiments, and to try the application of the electro-puncture in other forms of neuralgia.

IX.—We give below a list of the more important cases and surgical operations which were performed by M. Dupuytren in the year 1818. It will be seen that this great surgeon possessed rare opportunities for the at-

tainment of that brilliant reputation which he so truly deserved during his lifetime, and which has consecrated his memory since his death.

Opening of various abscesses, 300 ; operations for *fistula in ano*, 16 ; ligature of carotid, femoral, and radial arteries, 7 ; cataract by couching, 57—by extraction, 3 ; artificial pupils, 3 ; excision of the skin for inversion of the eyelids, 9 ; excision of the conjunctiva for eversion of the lids, 5 ; tumors and fistulæ lachrymales, 4 ; strangulated hernia, 44 ; luxations, 26 ; fractures of the femur, 24—of the arms, 18—of both bones of the leg, 14—of the tibia alone, 11—of the fibula, 13—of both bones of the forearm, 7—of the radius, 14—of the ulna, 2—of the olecranon, 2—of the clavicle, 12—of the patella, 3—of the cranium, 7—of the vertebræ, 2—of the ribs, 38—of the tarsus, 2—of the carpus, 1—of the metatarsus, 1—of the phalanges, 2—total, 178 ; Sequestræ removed, 24 ; caries, 16 ; stone in the bladder, 7 ; hydrocele, 9 ; paraphymosis, 8 ; polypus of the nasal passages, 7—of the maxillary sinus, 1—in the ear, 1—in the uterus, 4 ; cancer of the eyelids, 1—of the lower lip, 6—of the commissure of the lips, 1—of the tonsils, 1—of the sublingual gland, 1—of the mammæ, 17—of the penis, 1—of the labia majora, 1 ; osteo sarcoma, 4 ; amputation of the superior maxilla, 1—inferior, 1 ; extraction of the maxillary tuberosity by an incision through the cheek, and the section of the apophysis, 1 ; artificial anus, 3 ; resection of the elbow, 1 ; amputation of the thigh, 10—of the leg, 2—of the humerus, 2—of the forearm, 1—of the testicle, 1 ; extraction of a ball lodged in the head of the humerus, 1—erectile tumors, 4—encysted tumors, hydatids, 5—fibrous tumours around the lower jaw, 3. (*Compte rendu du Service Chirurgical de l'Hotel Dieu*, 1818, par M. Marx.

X.—*Anatomy in England—Dissections in the Schools, and in Private—the Anatomy Act.*—(From the London Lancet.)

There is but one inspector of anatomy for England. The name of that officer is John Bacot, Esq. and his office is situated at No. 4, Middle Scotland Yard. Licences for practising dissections, whether in public schools or private establishments, are granted by the Secretary of State for the Home Department, to any legally qualified member of the medical profession. The application must be countersigned by two justices of the peace, acting for the county or place wherein the applicant resides. They must certify that, to their knowledge or belief, the applicant "is about to carry on the practice of anatomy." The Anatomy Act was printed verbatim in THE LANCET, vol. ii., for 1831-2, page 712. The districts in which the inspectors are to act are regulated by the Secretary of State. The charge for the licence is about £3. Any persons having the legal custody of bodies, or parts of bodies, may cause them to be removed or sent to licensed persons ; but if they be sent from the place where the death has occurred, the bodies cannot be removed until after forty-eight hours from the time of death ; nor until after twenty-four hours notice has been given to the inspector of anatomy. A certificate, also, must first be procured, signed by a physician, a surgeon, or an apothecary, who either attended the patient before the death, or was called in subsequently, stating "the manner or the cause of death, according to the best of his knowledge and belief." The certificates thus received by the licensed anatomist are to be forward-

ed, within twenty-four hours, to the inspector. The dissection may be conducted, "in privacy and secrecy," by any licensed individual; but before any body, or part of any body, can be received for dissection, he shall give one week's previous notice to the Secretary of State. One of our correspondents on this subject says, "I am anxious to dissect without absence from home, if possible; but if not, where would you recommend me to proceed, for a short season, in order, at the most economical rate, to rub up my acquaintance with regional and surgical anatomy?" We regret that we are compelled to advise our correspondent to go to Paris for that purpose, as there is such a scarcity of bodies at this time in the schools of London, that he has no chance of succeeding in his object in this capital. Here, again, is another example of the benefits which the public and the profession derive *from connecting the affairs of medicine with THE STATE.* The schools of *anatomy, with respect to the practice of dissections, are in direct connexion with the HOME OFFICE.* How does the system work? Let the unhappy and disappointed students answer the question. If they go to Paris and dissect, their certificates are not recognised by the Colleges here. Information which is acquired abroad is deemed contraband at home, and spurned accordingly. A just system of representative government in medical affairs is the only remedy for this and a hundred other evils. What "DIGNITY" do the schools of anatomy derive from their being placed under the Home Office? We do not hesitate to say that a few of the public meetings have been "managed," in the late discussions on the Government Medical Bill, by some, either of the most dishonest or the most stupid men to be found in the ranks of the profession.

REMARKS—Many of our readers will doubtless be surprized to learn the great obstacles to the study of anatomy to be encountered in the metropolis of England. It should serve to admonish us of the poor use we make of the abundant facilities presented in the city of New-Orleans. Paris is, perhaps, the only city in the world superior to it in this respect. Here any amount of subjects may be obtained free of charge, and anatomy might be studied to the greatest extent. Notwithstanding our warm climate, subjects keep very well; but there is really no necessity for preserving them any great length of time, as it is so easy to procure fresh ones. If the students of our Medical College do not become well versed in this important fundamental study, it surely must be their own fault. The physicians of the surrounding country ought to come to the city occasionally, for the purpose of dissecting a subject or two, and refreshing themselves in their knowledge of anatomy. It would doubtless be the means of great improvement to them.—N. O. ED'RS.

XI.—*Surgical Memoranda by M. Vidal.*—*Luxation of the First Phalanx of the Thumb.*—The reduction of this accident is almost always extremely difficult. A variety of suggestions have accordingly been proposed to effect the object in view. Shortly after I arrived (says our author) in Paris, a case of dislocation of the thumb backwards was brought into the Hotel Dieu: every imaginable attempt to reduce the displacement was ineffectually tried. *M. Dupuytren* delivered a lecture upon the accident, and endeavoured to prove that the irreducibility was caused by the altered position of the lateral ligaments of the joint: these bands, in cou-

sequence (he supposed) of having become stretched in an oblique direction, bound down the digital bone against its metacarpal fellow. Upon that occasion, I showed that the real obstacle was a *boutonniere* of muscular substance, which strangulated the head of the metacarpal bone, and became the more and more tightened in proportion to the force with which traction was applied to the displaced phalanx. This impediment is formed on the outer side by the external portion, and on the inner side by the internal portion of the small *flexor pollicis* and *adductor brevis*. As the heads of these muscles are inserted into the upper extremity of the first phalanx, they are necessarily forced backwards along with the dislocated bone, and the upper metacarpal protuberance is thus held fast between them. To effect the reduction, traactions in a variety of directions had been (as already mentioned) tried for a length of time; but all in vain. I proposed to cut away the head of the metacarpal bone; but the suggestion was not, and perhaps wisely, adopted. M. *Malgaigne* has more judiciously suggested that it would be better to divide the external portion of the *boutonnies*, or strangulating muscular band.

XII.—ACCOUCHMENT. *Presentation of the shoulder with the delivery of the arm; Spontaneous Evolution of the Fœtus.* (*Bulletin General, Med. et Chirurg.* 1844.)—Professor Velpeau recently communicated to the Academy of Medicine the particulars of a case of *spontaneous* evolution of a fœtus, a circumstance which is so rare, that it is even denied by some accoucheurs. We shall condense the report of it made by Dr. Gayraud of Aix. On the 23d of March, 1842, the author was called on about midnight to see a woman in labor. He found a woman about 32 years of age, who had previously borne two healthy children at term; at the end of this, her third pregnancy, she felt in the evening the first symptoms of an approaching labor. Aided by a sage-femme, he delivered her in a few hours, with facility, of a healthy and well formed child. After the delivery of the first child, it was remarked that the abdomen remained large. In a short time, parturient pains again commenced; the bag of waters formed; was ruptured and the arm of the second fœtus presented. This took place in one hour after the first delivery. In one hour and a quarter, the right arm of the fœtus had entirely escaped; it was livid and motionless; the head remained in the right iliac fossa (the second position of the right shoulder). Above the umbilicus there remained a hard and spherical tumor, which might have been taken for the head, had not the arm been seen protruding out of the vulva. M. Gayraud placed the woman upon the edge of the bed, the feet resting upon two chairs, in order to turn and deliver; but the breast of the child was so much engaged in the pelvis, that he could not introduce his hand. However, the pains were powerful and frequent, and M. G. perceived that at each contraction of the uterus, the arm and chest descended. Then the shoulder reached and became engaged under the pubic arch; it there remained (*arc-boutée*) supported. The chest continued to descend, and finally appeared at the vulva; each expulsive pain increased the protrusion of the perineum, and still farther enlarged the vulva. Finally, a powerful and well sustained contraction of the uterus expelled successively through the vulva, the base of the thorax, the flank, the hip

and the lower extremities, without the shoulder, which was first delivered, having changed its original position. All was now delivered except the head, which was placed like the second position of the feet, and the left arm which remained above in contact with the corresponding side of the neck and the head. The accoucheur first disengaged this limb and then the head, according to the usual rules. The child, a male, was born dead, the arm and shoulder which were first delivered, being swollen and livid. It was the placenta which formed the spherical tumor observed above the umbilicus. There existed two placentas united by a common chorion. The two *amnios* were distinct.—(*Gaz. des Hop.*)

XIII.—*Statistics of Obstetric Practice.*—In the last number of the *Dublin Journal* we find a communication from Professor Murphy, which contains several points deserving attention. We shall refer to them in the order of their occurrence.

I. *Menstruation.*—Dr. Murphy has ascertained *the age* at which this function commenced in 559 individuals. This inquiry has been already pursued in 450 instances by Mr. Robertson, and in 1169, by Dr. Lee. A total of 2169 cases shows,

“That there is a great variety in the age at which the catamenia first appears; 9 years (14 cases,) and 23 years (1,) seem to be the extremes; the most frequent period of its occurrence is between the ages of 12 and 18; and of those recorded, it commenced, in the greatest number of instances (417,) at 15.”

The interval of the catamenial functions was recorded in 591 cases by the author, and by Mr. Robertson in 100. In 557 of those cases the interval was found to be 28 days; in 105 it was 21 days; and in the remaining 29 it was irregular, varying from 14 days to 42. It should be observed, that Dr. Murphy's inquiries were addressed to pregnant females, in whom probably the menstrual period would be found to have been more regular than in the same number of females taken indiscriminately.

2. *Pregnancy.*—Its duration was made by the author the principal subject of inquiry; some curious and useful facts are the result. The number of cases in which accurate information was procured was 186; in each the catamenial period was noticed; and

“To prevent error arising from uncertainty as to the exact date of conception, this interval was deducted from the whole number of days of pregnancy; thus, 328—28 would make the duration of pregnancy 300 days.”

The results thus ascertained establish 301 *days as the average limit of gestation.* To this there are, however, three remarkable exceptions. In the first a fully developed child was born after an interval of 261 days. The evidence in this instance (an unmarried female, stating herself to be pregnant after one connexion) is not to be wholly relied on. In two other cases the duration of pregnancy extended to 342 and 352 days, or deducting the menstrual period, to 324 and 314 days, respectively. The history of those cases, given in detail, are such as to lead to the conclusion that pregnancy may be prolonged to this extended period—a fact of great importance to the medical jurist. The relation of pregnancy to previous menstruation is referred to, and some exceptional cases are recorded.

Thus, in one instance pregnancy occurred without previous menstruation; in another, menstruation ceased on marriage; and in a few cases periodic discharges resembling the catamenia were present during pregnancy.

A remarkable coincidence between the periods of human gestation and those of the cow, as deduced from the tables drawn up by Lord Spencer, some valuable practical points connected with the use of instruments, the treatment of hæmorrhage, and the origin of puerperal fever, remain to be noticed. To those we shall again refer.

XIV.—*Galvanism*.—We quite agree with Mr. Grantham, that the application of galvanism in paralysis, and other chronic affections of the nervous system, has been too much neglected. Indeed, its administration seems to be confined almost to empirics who apply it in all cases indiscriminately, and consequently do more harm than good. Why a full and fair trial of its medicinal powers should not be made in some of the numerous chronic cases which encumber the hospitals, we cannot imagine. Mr. Grantham relates some cases in which he found this agent, carefully administered for a prolonged period, completely successful; and states the results of his experience in its employment in these conclusions.

“1. Galvanism is identical with the vital action of the nerves of organic life, and the nerves of volition. 2. Its action is determined by the healthy condition of the brain and spinal marrow. 3. The skin must possess a normal sensation, as well as temperature, before the galvanic action can affect the muscular fibre. 4. The positive plate or wire should be applied over the region of the origin, and the negative to the termination of the nerve. 5. The galvanic influence, when passed along the spine, will be most active in the paralyzed limb. 6. Galvanism is assisted by the alkalis and mercurial action. 7. It restores diminished temperature, decreased circulation, and lost muscular action, in the following order: 1st, temperature, 2d, circulation, and muscular action last. 8. It has no effect in disease that alters the structure of nerves. 9. It supersedes manual friction. 10. It is assisted by immersion of the affected limb in a warm bath, into which the negative plate or wire is placed. In passing a current from the head through one half of the body, the foot should be immersed in warm water. 11. It is injurious when too much pain is caused in the muscles by its application. 12. It may be carried to an undue extent, so as to produce congestion of the brain.”

XV.—*Intermittent Fever, complicated with Spurious Inflammatory Affection of the Lungs*. By DR. REINHOLD, *Military Surgeon, of Athens, Greece*. (From *Caspar's Wochenschrift*, 1843, No. 13. The intermittent fevers of Greece are frequently accompanied with symptoms, which, without considering the prevalent type, might readily be taken for pneumonia, which are really nothing else but congestion of the lungs, caused by the fever. If, under this impression, such cases should be treated antiphlogistically, the patient would be lost; but being guided by the view that the paroxysm of the fever causes the engorgement of the lungs, and that the only treatment likely to be successful, is to prevent a return of the congestion by cutting short the fever, or at least to give the organism strength sufficient to go through the next paroxysm. A more favorable prognosis

may then be given, provided the patient has not been too much weakened by previous untimely venesection. The following cases will serve as illustrations.

CASE 1. A German soldier, 36 years old, was brought in the morning to the hospital, perfectly sensible. He complained of a feeling of suffocation, had a flushed anxious face, and great oppression of respiration. He was immediately bled copiously, which relieved those symptoms, and left only a dull pain in the left hypochondrium. In the afternoon, when the writer saw him for the first time, the fever had, it is true, abated, but the face had that peculiar expression of disfigurement which usually takes place if the patient has been bled in the paroxysm of an intermittent fever. The blood did not show a sign of *crusta pleuritica*. Still the patient expectorated, with great difficulty, *fluid blood* with thin mucus. He could not lay but on his back, and complained of a pressing pain in the left hypochondrium. The writer understood that the patient had been perfectly well up to the day when he had the first chill. Convinced that he had to deal with a febris intermittens, and that the next paroxysm would endanger the life of the patient, weakened already by the bleeding and the previous excessive use of wine, and having a paralysis of the lungs, he did not hesitate, notwithstanding the apparent existence of pneumonia, to give *quinine* in large doses, and at short intervals. The bloody expectoration diminished under its continued use, with sulphuret of antimony and external derivants. No new attack happening the following two days, there was no cause of apprehension for the state of the patient. It was the more surprising when, on the morning of the fourth day, the patient was seized with an indescribable oppression, a small and frequent pulse without being able to expectorate any thing, breathed with the greatest difficulty, his hands and feet were cold and clammy, and he laid in a low delirium. It was obvious that a paroxysm, threatening the life of the individual, was on its march. Strong irritants, externally, and a moxa on the chest were immediately resorted to, an injection of *asafoetida* and camphor ordered, and internally one hour afterwards, three grains of musk, in quick succession. By this he succeeded in restoring the circulation within two hours, when consciousness returned, and a slight eruption made its appearance on the lip. Supposing that this showed the end of the paroxysm, as the occurrence of a regular stage of heat and sweat was not to be expected, the patient received, in quick succession, 24 grains quinine, with a decoction of senega. The same symptoms, however, appeared at night again, although less violent, and this time succeeded by a sweat. By the repeated use of 12 grains musk, and 24 grains quinine, another attack was prevented. The next day, (the 5th day of sickness,) the patient was free from fever, but still complained of severe pain in left hypochondrium, as also of a continued feeling of suffocation, with total suppression of expectoration. The abdomen was greatly swollen and tender. The patient, since the commencement of his sickness, had been costive; but hardly had he taken six grains of calomel when a copious discharge of hardened feces took place, which softened the abdomen, and diminished the pain in the hypochondrium. The expectoration became more free, and the whole body warm. The next night he slept for the first time, without being interrupted by delirium. Until the eighth

day he took small doses of quinine with senega; and the use of a mild nourishing diet, with a moderate portion of wine, were sufficient in a short time to restore the health of the almost exhausted patient.

CASE 2. An officer aged 42 years, after great mental excitement and the plentiful use of wine, felt unwell, and without asking a physician, got bled. When consulted the next day, I found him free from fever, but complaining of great prostration, and great oppression on the chest. On account of the prevalent type, I apprehended an immediate attack of intermittent fever, and indeed it soon made its appearance. On the following day the patient had such a violent paroxysm, that the delirium, the great oppression of the chest, and the profuse bloody sputæ, could have easily led to a second bleeding. Instead of that, the writer ordered, as soon as the heat had abated sufficiently, 24 grains quinine, in 8 doses, given in quick succession. Another attack was prevented by it; a few mild relapses were of no consequence. The use of Peruvian bark, ammoniated iron, (*ferri ammonio-chloridum*: Ph. Lon.) together with a strengthening diet, and the moderate use of wine, completed in a few weeks the convalescent state.

REMARKS.—Complications of the above character are of frequent occurrence in the Southern parts of the United States. Dr. Boling, of Montgomery, Ala., has recently reported several cases of intermittent fever, complicated with symptoms of pneumonia. By large doses of quinine he arrested the paroxysm and cut short the pneumonia. Our *Grecian confrère* with commendable sagacity, had regard to the prevailing type of disease, administered the great anti-periodic, and thus saved if not the life, at least the health of his patients. During the reaction succeeding a violent paroxysm of grave intermittent fever, congestion of the lungs, of the brain, of the gastro-enteric mucus membrane, of the liver, sometimes takes place with great rapidity, simulating acute active inflammation of these different structures. If we rely, in these cases, upon depletion and antiphlogistics, without regard to the *intermittence*, we will hasten the fatal catastrophe, by exhausting the strength of the patient. We have seen, in the pyrexial state of an autumnal intermittent fever, a rush of blood take place to the encephalon, producing stupor, dyspnoea, rapid and corded pulse, loss of consciousness, fixed and dilated pupil, and even stertorous breathing; but these grave symptoms gradually subsided—the patient awoke as from a midsummer-night's dream, utterly unconscious of any thing that had transpired. We gave quinine just before the next accession, and the disease was arrested. But, wishing to test the practice, we omitted the quinine; the third day the chill came on, followed by fever, cerebral congestion, coma, and ultimately death.

We have translated Dr. Reinhold's observations simply to show that, in their effects at least upon the constitution of man, the climate of Greece and that of the Southern part of the United States, have a marked resemblance. It may be some gratification to us Americans to know, that we have diseases, at least, in common with the descendants of Grecian sages and philosophers!—ED'RS.

XVI.—*Case of Racemiferous Hydatids of the Uterus.* Reported by J. K. MITCHELL, M. D.—On the 10th of July I was called to the case

of Mrs. T——, who had returned a few days before from a visit to “the South.” She complained of nausea, such as usually effects females during utero-gestation, but of greater intensity and prolongation. There was also an unusual degree of tenderness to the touch in the hypogastric region, extending to the right iliac fossa. A careful examination of the part by palpation, presented no unusual conformation, induration, or tumefaction. The history of the case led to the supposition of the existence of a pregnancy of about a month’s duration, as, previously to that period, her catamenial regularity and perfect health left no doubt of an unimpregnated condition.

Aperient medicines, to regulate a costive state of the bowels, and antacids, for an acid condition of the stomach, with sinapisms as revellents, relieved the more pressing symptoms. On the 18th of July my attention was called to a small tumour on the right side, about half way from the *symphysis pubis* to the anterior superior spinous process of the *os ilii*, in a right line. It was then about the size of a turkey’s egg. The part was painful to the touch, ached when at rest, and suffered from attempts to alter the position in bed. There was a remarkable frequency (120) of the pulse, some heat of surface, and an anxious expression of countenance. The tongue was dry, but clean, the thirst moderate, the nausea irrepressible; and slight mental incoherency, with restless movements of the head and hands, indicated much disturbance of the innervation.

The application of leeches and a poultice relieved in some measure the local suffering, and an antispasmodic prescription abated the restlessness.

No examination exteriorly over the symphysis pubis, by palpation or percussion, could detect any uterine enlargements; so that I was led to suppose that there was an acute affection of the right ovary, complicated with peritonitis, and therefore placed the patient entirely at rest, and used such antiphlogistic measures as her feebleness would permit.

On the 22d of July the *uterus* was perceptibly enlarged, occupying a position entirely to the right of the median line, and extending from the place of the tumour first discovered to the *symphysis pubis*.

On the 26th an examination *per vaginam* was permitted, and resulted in the certainty that the uterus was enlarged, and connected with the tumor, as the movement of the one altered, in a corresponding manner, the position of the other.

On the 28th, it was found that the rapid increase in the size of the *uterus* had obliterated the exterior vestiges of the lesser tumour, and that the former occupied the whole of the right hypogastric region, and rising above the umbilicus, extended a little way to the left of the *linea alba*.

Irritation, and probably pressure suddenly produced, interfered with the power of micturition, and a catheter was used to withdraw the urine, of which the quantity was scanty, and the quality offensive.

As the case had by time assumed a difficult and threatening shape, I asked for the assistance of my friend Dr. R. M. Huston; and accordingly, on the 30th of July, a consultation was held, and another very careful examination made, exteriorly and *per vaginam*.

The uterus had by this time acquired such a size as to fill nearly the whole abdominal cavity on the right side, while it extended about two

inches to the left of the *linea alba*, without any obliquity in the position of the *os tinæ*, to explain the presence of the body of the *uterus* on the right side above.

The history of the case, the short period of time since the cessation of the *menses*, the singular tumour on the right side, and the preternatural rapidity of the development of the *uterus*, rendered the *diagnosis* obscure; but on the whole, we were disposed to believe that a dropsy of the right ovary had extended to the *uterus*, or that there was a rapid production of a mole *in utero*. The absence of any *fremitus* on percussion, and the escape of a little unmixed blood, misled as to the *hydatids*; and the rapidity of development, and failure to excite motion, left no doubt as to the absence of a *fœtus*.

On the 7th of August, contractions of the *uterus*, with the usual pains, announced expulsive efforts, and in the course of the night an immense body of *hydatids* were expelled. There were many thousands of these vesicles attached to each other, or to a common membrane, so as to appear like bunches of grapes. They varied in size from almost imperceptible globules to the dimensions of large grapes. A few had acquired the volume of a pigeon's egg, while one or two were as large as a hen's egg. They were transparent, uniform, and without nucleoli or apparent organs, and might be properly termed *racemose acephalocysts*.

Hæmorrhage and after pains, as in ordinary cases of labor, followed the expulsion of the *hydatids*, without causing any abatement of the abdominal tenderness or frequency of pulse.

On the following day the signs of puerperal peritonitis became obvious; an addition was therefore made to the consultation by calling in Dr. Joseph Hartshorne, and such measures taken as were possible in the exhausted condition of the patient.

On the 9th, the case ended in death, and in thirty-two hours thereafter an autopsy took place, for the following minute of which I am indebted to Dr. Charles Huston, who conducted the dissection.

On opening the cavity of the peritoneum it was found to contain about ten ounces of turbid serum, mixed with pus, of which latter a less diluted portion was found in the pelvic cavity. The right ovary was completely disorganized, nothing having been left of it but the exterior membrane, which was found ruptured, and appeared to have been filled with pus, of which a part still remained. The left ovary was enlarged and softened. It presented, when cut into, a very beautiful, perfectly developed *corpus luteum*.

The *uterus* was about the size of that organ as it is usually found a day or two after delivery. The interior presented a rough surface at the fundus, as if there had been an attachment of the membrane, or of some of the *hydatids* to it, and that part was partially covered with coagulated blood. The *cervix* was of an unusually dark hue, but not softer than usual.

This case is interesting for several reasons:—

1st. Because it gave no signification of its character by the discharge, from time to time, of single vesicles, or by intermittent gushes of water, produced by their accidental rupture, an event not unusual in such cases.

2d. Because it was obviously a consequence of impregnation; a blight-

ed ovum having given origin to the disease, as evinced by the presence of the membranes to which the vesicles were attached, and by the perfect development of a *corpus luteum*.

3d. Because of the very rapid development, first of an ovary, then of the uterus.

4th. Because of the severe constitutional disturbance, which, as proved by the history of other cases, marks the presence of hydatids *in utero*, and is not commonly found either in uterine dropsy or pregnancy.

5th. Because there remained *no traces* of a fœtus, and no vestiges of an ovum, except the transparent membrane to which the vesicles were attached; the most careful examination of which could not, *per se*, have given evidence of an ovarian origin.—(*Phil. Med. Examiner.*)

XVII—*Diseases of the Negro Population.*—By DANIEL DRAKE, M. D., in a letter to Rev. Mr. Pinney:

MEDICAL INSTITUTE OF LOUISVILLE, NOV. 15, 1844.

DEAR SIR: Since our interview in Cincinnati, I have been so much engaged in entering on my duties for the winter, as to be unable till now to comply with your request, for some notice of the diseases of the colored population of the South and West. As I told you then, my inquiries were chiefly made in Alabama, Mississippi, and Louisiana, in the spring and summer of 1843 and '44. Of the diseases of which I am about to mention, I witnessed most of the varieties, but the greater and better part of my information was derived from conversations with physicians, planters, and overseers, carefully noted down at the time. By referring to these, I give you the following statement:

1. Many infants die of trismus, or lock-jaw, when they are but a few days old; after that early age, convulsions, and summer sickness, (cholera infantum,) and worms, carry off quite a number.

2. They are liable to measles and scarlet fever, both of which were prevailing (but especially the former) on many plantations which I visited; which diseases seem to be as fatal to them as to the whites.

3. Scrofula or king's-evil is of frequent occurrence; and consumption, or cachexia Africana, as it has been called, is prevalent and always fatal.

4. On many plantations the strange habit prevails of eating dirt or clay, the common soil of the fields, particularly that of the Mississippi bottoms, producing serious and fatal diseases. I was told of one estate in South Alabama, on which fourteen slaves had died from this cause, and visited another in Louisiana, on which I saw nearly half that number unable to work from the same practice.

5. A disease of the heart, conjectured to arise from dirt-eating, destroys quite a number. I met with several cases, and heard of a plantation on Red River, where more than thirty died from this malady.

6. Tetanus or lock-jaw from wounds, is extremely common and almost uniformly fatal. Some cases occur without previous wound. A physician in Alabama told me he had, in fifteen years, met with at least fifty cases, nearly all colored people, and all but one mortal. I met with several young physicians in the smaller towns, who had, respectively, met with more cases than have occurred in Cincinnati from its first settlement.

7. Diarrhœa and dysentery, of frequent occurrence, are often fatal.

8. Where the cholera was epidemic, in 1832, '33, and '34, it swept off great numbers; was more destructive, in fact, to the colored than the white people of the Southwest.

9. Epidemic erysipelas, or black tongue, has prevailed on many plantations within the past year. I was told of one, in Mississippi, on which seven had died of it.

10. The colored people are not proof against the cause of yellow fever, but as they are not numerous in the cities and towns, where only it prevails, the mortality from this disease is not great.

11. Acute inflammations of the lungs are among the most destructive diseases of the colored population. These are catarrh, croup, bronchitis, pleurisy, and pneumonia, or inflammation of the substance of the lungs, which is the most frequent and fatal of the whole. These maladies often destroy life in a few days; but sometimes the patient recovers with his lungs rendered permanently unsound. I saw many cases of this kind. This group of diseases, produced by changes of weather in winter and spring, occasions more deaths than any other, except the next.

12. Intermittent, and remittent fevers; simple, and malignant or congestive, are the greatest outlets of human life among the people of whom I am speaking. They return every year in the latter part of summer and in autumn, and one attack is no security against another. When they do not prove fatal, they leave behind them diseases of the spleen, and dropsy. In the following winter those who were down in the autumn, are tender, and often die of inflammation of the lungs.

In addition to the diseases I have named, others occur now and then, with considerable frequency, of which I may mention rheumatism, epilepsy, colic, hysteria, and several infirmities peculiar to women.

From this catalogue you will perceive that the colored population of the Southwest are by no means exempt from a variety of formidable diseases. As we come further north, tetanus and autumnal fever get less, but consumption and inflammations of the lungs increase. All over the region of which I have spoken, the greatest part of the practice of every country physician is among the colored people. A gentleman in Louisiana told me that he received a salary of \$1,200 a year for attending on a single plantation. From all I have read and heard on the diseases of Liberia, my impression is, that if half the colored population of a Southwestern plantation were sent to the colony, they and their descendants, in ten years, would number more than those left behind.

With great respect, I remain, dear sir, your obedient servant,

DANIEL DRAKE.

Col. *Herold*.

Mr. PINNEY.

XVIII.—*Insanity cured by excision of the external Organs of Generation.* By SAMUEL N. McMINN, M. D., of Tuscaloosa, Ala.—I was called to see Mrs. B., fifteen miles into the country, and was told by the messenger, to use his own language, "that she had been crazy for several years, and now had ruined herself with a razor." I found her visage bloodless, and pulse at the wrist almost imperceptible. Upon further examination I found her floating in blood. She had procured a razor, and secreting herself, commenced an operation upon her own body, as it

appeared, by making a horizontal incision above the pubis, about four inches in length; then intersecting this, two other incisions one on each side downward on the inside of the thighs, so as to include the whole of the external organs of generation, and terminating the process by amputating or exsecting the whole of the external organ. The wound was so deep as to lay bare the os pubis, and wound, or perhaps remove, the external portion of the urethra and vagina. Taking into consideration the great loss of integument and blood, the necessary irritation of the urine passing over the raw surface, I thought it likely she would die. I dressed the wound with the most simple dressing, and ordered a dose of castor oil in the evening, if the bowels were not moved. During the whole time of my stay on the first visit, she was talking incessantly and unintelligibly.

I learned from her friends, that about six years previous to the above date, when she was about forty-two years of age, she ceased to menstruate; and a few months afterwards became deranged, and had remained so ever since. In consequence of her derangement, her husband had abandoned her, and had not lived with her since.

The next day I visited her again, and found evident marks of returning reason. Her mind continued to improve, and in about three weeks her reason was perfectly restored. In about four months the wound completely cicatrized. From that time to the present I believe she has enjoyed the right use of her reason, and good health; and she and her husband live together in peace and good order.

I am pleased to call the attention of the profession to this case, as I presume there are a number of just such in existence. And the results of this case may suggest a remedy. Whether it was the great loss of blood, the removal of the external organs and the counter-irritation consequent, that cured the patient, is the question for the consideration of the profession. I have had the opportunity of making examinations in three different cases which I presume are quite similar to Mrs. B.'s, since her case occurred to me; and in each case I found the external organs of generation tumified, indurated and issuing a serous, acrimonious, and quite offensive fluid, indicative of considerable disease in the parts. But whether this condition of the organs existed before mental aberration was evident, or had set in at a later period, I am unable to determine.*—(*Western Lancet.*)

XIX.—“*Milk Sickness.*”—After the many and earnest inquiries for the true cause of the disease called “Milk Sickness,” it is about to be discovered in or near Edwardsville, Madison county, Illinois, by a series of experiments under the direction of Dr. Jones, with the assistance of Mr. William Tweedy, and Mr. Joel W. Cormack, all of Edwardsville. The following is a brief history of the matter:—Some exertion has been made by Dr. Jones to procure water from some place supposed to have given the disease in question; and about the middle of August last, said Tweedy and Cormack presented Dr. Jones with some water which de-

* It was subsequently ascertained, that this woman enjoyed the usual venereal excitement after the operation; and as the *clitoris* was removed, it would conclusively prove, (if proof were necessary) that the excitement does not reside in that organ.

posited a considerable metallic sediment. It was advised that the water be placed in the hands of some able practical chemist; while other portions should be given to a healthy calf, to see the result; in a few days the calf was completely "Milk Sick." The doctor advised that another calf, of known good health, be procured, and put under a course of treatment, with the species of water. But during this time, the first *seep* that afforded the water had dried up, and water was taken from the well of Mr. Tweedy, and poured on the place where the first water was procured. It stood about 48 hours, and was then taken, and half a gallon was given to a very healthy calf, and in 24 hours more about three half pints in addition. In 48 hours from the time the first water was given, the calf was so completely 'Milk Sick,' that it could not be driven one hundred yards by any means whatever; and trembled in such a manner as to be scarcely able (to all appearance)⁴ to bear its own weight. Further experiments are in progress.—*Cin. Chron.*

XX.—*Society and the Doctors.*—A surgeon is sent for to attend a sick person—we now simply state a case occurring only the other day; in the discharge of his professional duties, he is ready to go—in the discharge of his duty to himself and family, he inquires who is to pay him. The reply to this reasonable, and, in a man who gets his livelihood by an arduous profession, natural inquiry, is, imprecations and abusive language: the surgeon declines to attend the patient, and the patient unfortunately dies, Society taking no more trouble than to order a coroner's inquest. The inquest is held; the surgeon states the facts above stated; he states, moreover, that he frequently was knocked up to attend paupers, the children of society; to exercise his humanity, skill and attention upon them, without getting a farthing; that he has himself knocked up the butcher, to get materials for making beef-tea for the patient, and was refused, with butcher-like expressions; that he lived by his profession; that his time was his means of life; that, in this particular case, he was preparing to attend the patient, when he was revolted by the abuse of those who solicited his aid.¹

Society, represented by the coroner, or his deputy, we forget which, waxed exceedingly indignant. The poor practitioner was informed, with ludicrous gravity, "That if he got no money, he should have found sufficient recompense in the esteem of his fellow-men;" that he should be ready, at all hours of the day and night, to do Society's business, in the way of his profession, for nothing. "Humanity," said the coroner, "is a great thing." The jury, among whom might or might not have been the butcher who refused materials for beef-tea, became humane and benevolent, as it cost them nothing, and "fully concurred in the observations of the coroner."

Now, let us see whether, in his conduct towards this poor medical man, Society did not on this occasion exhibit himself a most unfeeling, as well as an impudent fellow.

A man determines to invest his time and money in obtaining the diploma of the College of Surgeons. Very well. Does Society educate him for nothing? Does Society feed, clothe and lodge him while walking the hospitals, attending lectures, or undergoing the disgusting details of the dissecting-room, for nothing? On the contrary, Society takes a thousand Protean shapes to extract money from the pockets of this very man, whom

it victimizes afterwards for not running like a lamp-lighter to do its business gratis.

In the shape of a Professor, Society dives into the pockets of the student for fees for lectures, demonstrations, and hospital attendance; in the shape of a landlady and trades people, it makes him pay through the nose for every thing he has, and, sometimes, for things he has not had; in the shape of a college, it makes him pay for his diploma before it admits him to examination.

Nor has Society done with him then.

When he sets up an establishment, Society expects that he will maintain the station of a gentleman; that he will pay his tailor, his butcher, his shoemaker, his baker, his druggist; that he will conduct himself in an honest, straight forward manner, paying every body his due; and having laid down this law for him, Society, when, through its parsimony, inhumanity, or neglect, an outcast perishes in its streets, empanels a coroner's jury of this very tailor, butcher, shoemaker, baker, to victimize this doctor, who is so inhuman as to inquire who is to pay him—this hardhearted practitioner, who expecting to pay, has the audacity to expect to be paid.

But we are told by the coroner, who, by the way, was paid for *his* services, that humanity is a great thing—a sacred duty—paramount to considerations of profit and loss. Very good—very fine. But let us extend this principle. Are coroners, judges lawyers, and coroners' juries to have the benefit of it?

Humanity, we presume, is not limited to physicking paupers for nothing; humanity is not merely a medical virtue, though Society seems to think so.

The prompt administration of justice is humanity; yet what judge on the bench administers justice for nothing? It is humanity to investigate the causes of sudden or suspicious deaths; yet did any man ever hear of any coroner who sat upon any jury since the time of Alfred, without being paid his fees and his mileage? To feed the hungry, to clothe the naked, to visit widows and orphans in their afflictions, is humanity; yet we hear of no tailor, butcher, baker, who refuses to give bread, beef and clothes for nothing, being told by coroners' juries, that "if he gets no money, he gains the esteem of his fellow-workmen."

Will the esteem of his fellow-workmen feed the poor doctor or clothe his wife and children, or pay house-rent, or taxes, or appear on his frugal board in the shape of a leg of mutton and trimmings? Will the esteem of his fellow-workmen preserve him from rusty clothes or an empty stomach; from a distress for rent, or from the insolvent court?

Let him go to the workhouse with the esteem of his fellow-workmen in his pocket, and he will be set to break stones or pick oakum, just the same as if his fellow-workmen did not esteem him in the least; and when he dies, after a life spent in gaining the esteem of his fellow-workmen, by running after sick paupers for nothing, let his widow go before a police magistrate for relief, and she will be lucky, indeed, if the esteem of her late husband's fellow-men enables her to take change out of a sovereign.

Medical men are fair game—their profession is a noble, humane and liberal profession; therefore, besure, they are expected to be noble, hu-

mane and liberal enough never to expect payment; they are advertised for in the same way as tallow-candles and scrags of mutton, and for the same use—the use of the parish poor; therefore, besure they must be gentlemen, disdaining payment.

They have been, and still are, a profession foolishly charitable, and criminally benevolent, to the injury of themselves, their families and their fellows; therefore, Society takes them at their word; if they work for nothing, they get no thanks; and if they don't work for nothing, they are rebuked by juries of butchers, bakers and tailors, who glory in the chance of sitting, once in their lives, in judgment upon a gentleman.—*London Med. Gaz.*, from *Young England*.

XXI.—*Report of the successful Inoculation of Measles, during an Epidemic of that disease.* By Dr. KATONA, of Hungary.—During an Epidemic of rubeola, Dr. K. inoculated 1122 persons who were exposed to the disease. Of every hundred thus inoculated with the matter taken from the exanthematous eruption, seven escaped, and those who were attacked, had it very mildly; not a single case of death was witnessed. He took the matter, when the exanthema was at its height, from an opened vesicle, mixed with blood, and proceeded with it as for vaccination. A red areola soon formed itself around the puncture, which in a short time disappeared. Fever, and the usual *prodromi morbillorum* took place on the 7th day after the inoculation, and the eruption made its appearance two or three days afterwards. The fever disappeared on the 14th day; the exanthema became pale, there was also slight desquamation, and some diarrhœa. On the 17th day after inoculation, and seven or eight days after the eruption of the measles, the patients were perfectly well. In two cases the exanthema did not appear before the 18th day.—(*Oesterr. Medic. Wochenschrift*. 1843.

XXII.—*Defence of Calomel—its Tests.*—We find in the 3d number of the Southern Medical and Surgical Journal, March, 1845, an article entitled, “*Calomel—its Chemical Characteristics and Mineral origin considered, in view of its curative claims.* By Alexander Means, A. M. Professor of Chemistry and Pharmacy in the Medical College of Georgia.”—which sets up a most spirited defence of this once omnipotent, but now much abused medicine. Prof. M. first gives an interesting account of the medical history of the article from the date of its discovery; and then discusses the question—“Is calomel to be ranked in the category of poisons?” He admits that, “under an ill-timed and injudicious administration—by unwarrantable exposures on the part of the patient; and still more rarely by an unsuspected idiosyncrasy of constitution, it may once, perhaps, in 500 cases, overpass the boundaries of its usual and healthy action, and leave traces of its violence long and deeply to be regretted;” “but,” (he asks) “what other active remedy, vegetable or mineral, may not, under similar circumstances, lead to like unfortunate results?” He expatiates upon the wonderful powers of the remedy in various diseases, and indulges the following rather romantic flight:

“It cannot, must not, be confined to the exercise of mere tetrarchical functions over a petty province in the vast dominion of medicine. It wears

and wields princely prerogatives, gives ample evidence of its power to rule, and consociated with a few other leading and active agents of the *Materia Medica*, constitutes that oligarchy of medicinal power, in which alone the profession can confide for the suppression of some of the most formidable rebellions against life and health, which Disease has ever generated in the human system. Other valuable remedies have their intrinsic merit, and occupy important positions as auxiliaries in this grand allinement for constitutional defence, yet few are capable of occupying so wide a field of action, or destined to accomplish so much. In contemplating the noble spirit and invincible heroism of the indefatigable NEX, the foremost in the achievements of the army upon the Rhine, and the "bravest of the brave" on the memorable field of Hohenlinden, my heart recoils with an honest indignation at the cold-blooded cruelty which presents that manly bosom as the public target for the muzzles of a score of French musketeers, simply because the *Bourbons are in power*. Now, although from the nature of the subject, similar sympathies cannot be involved, yet something like a kindred aversion is excited against that ruthless policy which (from motives best known to those who advocate it,) would strike forever from the roll of medicinal honor, an agent signalized so long for its energy and its success, and to which, under Providence, the writer has been, at least *once*, indebted for his life."

He then enters upon the chemical nature and *methodus medendi* of calomel, to show that it is an invaluable medicine, and not a poison. He then discusses in a very interesting manner, the question—*"Are not mineral substances unsafe and improper remedies, and therefore to be prohibited in the treatment of disease?"* and closes his remarks thus :

"In conclusion, then, with these facts before us, and the powerful and effective energies of our mal-treated remedy freely acknowledged, shall we, because in careless and injudicious hands, or in idiosyncratic temperaments it may have occasionally overleaped the prescribed bounds of its therapeutic action, and done violence to the human constitution,—consent to cower at the outcry of blind prejudice, or ignorant and interested empiricism, and, before the eyes of the living myriads whom it has rescued from the jaws of the grave, deliberately pronounce the blistering curse of Science upon its head, and consign it to the reproach and maledictions of posterity? No never!—Sooner let the fate of the lacerated and engulfed multitudes, who have fallen under the explosive, power of uncontrolled steam, and found their winding sheet in the ocean wave, authorize the utter explosion of this great agent from the civilized world, when ten thousand burning axles are rolling under its impulse, and bearing with the speed of the winds the exchanges of intelligence and commerce to rising and expectant nations. And yet who is prepared for such a national sacrifice?—None. The voice of civilization is the voice of reason, and the world obeys;—hear it:—

"Study more profoundly your science—strengthen your cylinders,—modify your machinery, and increase your circumspection, but, still retain **THE MASTODON IN HARNESS**, to do the work of an AGE in a YEAR."

"Having concluded our general views in regard to this interesting article of the *Materia Medica*, it has been thought desirable to append

a few practical observations which may be made available in *detecting its presence or asserting its purity*.

Properties. Its *specific gravity* is about 7.2. i. e. its weight compared with an equal bulk of *water*, is as 7.2 to 1.

By exposure to light, even in closely stopped glass bottles, it acquires a darkish tint—the chemical constitution of the change thus produced, not being well understood. We cannot believe, however, with DUMAS, that it depends upon the formation of a small quantity of the corrosive chloride and the deposition of metallic mercury, but should rather suggest (were our own opinions to be consulted,) that from the chemical activity known to be imparted to chlorine by the action of light, a portion of that negative element of the compound was dismissed, and minute particulars of metallic mercury deposited on the exterior stratum of the mass.

Tests. To ascertain *first*, whether an article supposed to be calomel, be a *mercurial* preparation, heat it with one of the vegetable alkalis, or their carbonates, and if mercury be present, small globules will appear.

Or: Digest it with nitric acid, and then rub it with a woollen cloth, or buckskin, upon a piece of *clean copper*—if the metal be there, a silvery stain will be left on the copper, removable by a red heat.

Next, to ascertain whether the mercurous salt thus detected be calomel, ascertain first, whether it is insoluble in *water*.

Secondly, whether with aqua ammoniæ, or caustic potassa, it strikes instantly a blackish, or with lime water, a blackish gray precipitate—which if produced, is the *protoxide of mercury*, while the supernatant liquor containing the dislodged chlorine and alkaline solution, with lunar caustic, will give a white precipitate (the chloride of silver.)

Other tests might be added,— these we trust will suffice, and, to show the value of such tests in determining the chemical characteristics of the article under examination, I close by remarking, that my esteemed and lamented friend and former partner, Dr. WM. P. GRAHAM, of Covington, Ga. once purchased from a store in the village a considerable quantity, perhaps half pound of an article labelled 'calomel,' and which from a superficial examination, he supposed to be such. Before attempting to use it, however, after returning to his office, he determined to subject it to the action of an alkali. To his surprise, no blackish precipitate appeared. He saw me sometime afterwards, and requested me to examine it in my laboratory. I did so, and by the most decisive tests, found the mass to be *arsenious acid*."

REMARKS.—We admit it is quite probable, that both the profession and the world, as is often the case, are going from one extreme to the other in regard to the use of calomel; but at the same time we must think that if Prof. Means had been aware of the deplorable consequences arising from an improper use of this article, so extensively to be witnessed in the new Southern and Western States, he would be cautious in bestowing too glowing an eulogium upon it. The most erroneous impressions have prevailed among the young physicians of the South-west (and here they are almost all young,) in regard to the powers of this remedy. But these impressions are now undergoing great reformation, under the influence of more correct medical doctrines. We deem it the duty of every enlightened and experienced physician to contribute his aid to the advancement of this salutary

reform. The ignorant steam doctors, whose business it is to pander to the whims and prejudices of the unprofessional community, alone deny that the mercurial preparations are valuable remedies; but we do not think there is much danger of these remedies becoming obsolete.—ED'RS. N. O. MED. JOUR.

XXIII—*Foot-Prints of Extinct Animals*.—Several printed pages, accompanied by a lithographic plate, illustrative of discoveries, by James Deane, M. D., of Greenfield, Mass., have been received. Dr. D. is a laborious investigator, and is bringing treasures out of the rocks, of incalculable importance to geologists. A detail of his discoveries would be quite out of place, yet we cannot allow the opportunity to pass of reminding our medical friends, that they, above all men, have special reasons for studying nature and her laws. By economizing time, and allowing no moment to be lost, researches may be systematically conducted, of vast interest, illustrative of the early condition of the globe, the races that have successively occupied its rough surface, and of man himself, the greatest wonder of the whole.

Dr. Deane has already cut his name in the temple of fame, in connection with certain curious discoveries in the new red sandstone of Connecticut river. He has traced out, and is still progressing in the work of proving, that, at an epoch so remote that no philosopher dare define the period, animals of strange figures and anomalous proportions, perhaps unlike any of the present day, lived and gambolled in the majesty of unrestrained freedom,—so long ago, that the solid rocks on the margin of the Connecticut, were then a soft, yielding mass. While in that state, those known *unknowns* walked about, leaving the impressions of their feet in the then plastic mud, which has brought down an exact figure of them to these latter days. Here is something to excite philosophical enterprise. Dr. Mantel, of England, is a bright example of the achievements which may be accomplished by a daily practitioner of medicine in a country town, removed from intercourse with the learned, and far from libraries or the advantages of a regular cabinet. His name rings over christendom. Dr. Darwin, a country physician, was a man of mighty genius. The *Zoonomia* must go down to after times, the perpetual evidence of his transcendent intellectual endowments. True it is, that the sun of his glory is somewhat obscured by the dazzling rays of later scientific luminaries; but still the name of Erasmus Darwin can never be erased from the calender of scientific discoverers.

These considerations spontaneously arise when reflecting upon the extensiveness of the field that is laid open for the inspection of medical gentlemen, when unoccupied by legitimate professional duties. Let us improve the opportunities, then, and suffer not the gray hairs of approaching age to reproach us with having heedlessly neglected to improve ourselves, or to enlarge the sphere of human knowledge.—(*Bos. Med. & Surg. Jour.*)

REMARKS.—Professor Silliman, in his recent course of lectures in this city, showed us a cast of one of these same foot prints. It was the track of a bird, which, he *calculates*, (as they say in New-England) must have been about ten feet in height, and the Lord only knows *how large*. He

described the tracks left by the bird as being so far apart, that it would be as much as he could do to follow its footsteps.—EDS. N. O. MED. JOUR.

XXIV.—MESMERISM.—*Extirpation of the Mamma of a female in the Mesmeric Sleep, without any evidence of sensibility during the operation.* By L. A. DUGAS, M. D., *Professor of Physiology, &c. in the Medical College of Georgia.*—On the 3d of January, 1845, Mrs. Clark (wife of Mr. Jesse Clark, of Columbia county, Georgia) came to this city, for the purpose of getting me to remove a schirrous tumor of her right mamma, which had been gradually increasing for the last three years, and which had now attained the size of a turkey's egg. The tumor had never caused any pain of consequence, was not adherent to the skin, nor did it implicate any of the axillary glands. Mr. C. is about 47 years of age, has never borne a child, and her health, though by no means robust, was pretty good, and had not been impaired by the evolution of the tumor. The operation having been determined upon the following day, Mrs. C. remarked to me that she had been advised by Mr. Kenrick to be mesmerized, but that, as she knew nothing about it, she would like to have my advice, and would abide by it—to which I replied that there were several well authenticated cases on record, in which surgical operations had been performed, under mesmeric influence, without the consciousness of the patient; that I would be happy to test the subject in her case, and that I would endeavor to mesmerize her, instead of operating as had been proposed, on the day following.

On the 4th January, at 11 o'clock, A. M., I called on Mrs. C. and was informed that on the preceding evening she had been put to sleep by Mr. B. F. Kenrick (at whose house she resided.) I then mesmerized her myself, and induced sleep in about fifteen minutes. Finding my patient susceptible to the mesmeric influence, and reflecting that it would not be convenient for the same person to maintain this influence and to perform a surgical operation at the same time, I requested Mr. Kenrick to mesmerize Mrs. C. morning and evening, at stated hours, until insensibility could be induced. This was regularly done, with gradually increasing effect, when, on the evening of the 6th January, sleep was induced in five minutes, and the prick of a pin was attended with no manifestation of pain. The sittings were continued, and the patient's sensibility daily tested by myself and others in various ways. On the 9th January, I invited Professor Ford to be present, and, after pricking, and pinching strongly the patient without evidence of pain, the mesmerizer was requested to leave the room, when we exposed the breast, handled it roughly in examining the tumor, and readjusted the dress, without the consciousness of the patient. We then held to her nostrils a vial of strong spts. of hartshorn, which she breathed freely for a minute or two, without the least indication of sensation, unless the fact that she swallowed once be regarded as such, instead of a mere reflex action. On the 11th January, in presence of Professors Ford and Means, in addition to the usual tests, I made with my pocket-knife an incision about two inches in length, and half an inch in depth into the patient's leg, without indication of sensation.

Fully satisfied now, of our power to induce total insensibility, I determined to operate on her the next day at noon, but carefully concealed

any such design from the patient and her friends, who did not expect its performance until several days later.

On the 12th January, at 20 minutes past 11, A. M., Mrs. C. was put to sleep in forty-five seconds, without touch or pass of any kind, the facility with which the mesmeric influence was produced having gradually increased at each sitting. At 12 o'clock M., in presence of Professors Ford, Means, Garvin and Newton, and Dr. Halsee, the patient being in a profound sleep, I prepared her dress for the operation, and requested my professional brethren to note her pulse, respiration, complexion, countenance, &c. before, during, and after the amputation, in order to detect any evidence of pain, or modification of the functions. As Mr. Kenrick had never witnessed a surgical operation, he feared he might lose his self-possession, and requested to be blindfolded; which was done. He now seated himself on the couch near the patient, and held her hands in his during the operation. This was accomplished by two elliptical incisions about eight inches in length, comprehending between them the nipple and a considerable portion of skin, after which the integuments were dissected up in the usual manner, and the entire mamma removed. It weighed sixteen ounces.

The wound was then left open about three quarters of an hour, in order to secure the bleeding vessels, six of which were ligated. The ordinary dressing was applied, and all appearances of blood carefully removed, so that they might not be seen by the patient when aroused. The amount of hæmorrhage was rather more than is usual in such cases.

During the operation, the patient gave no indication whatever of sensibility, nor was any of the functions observed by those present, modified in the least degree. She remained in the same sound and quiet sleep as before the use of the knife. Subsequently, the pectoral muscle, which had been laid bare was twice or thrice seen to contract when touched with the sponge in removing the blood. About fifteen minutes after the operation, a tremulous action was perceived in her lower jaw, which was instantaneously arrested by the application of the mesmerizer's hand to the patient's head. This phenomenon recurred in about ten minutes after, and was again in the same manner quieted. Professor Ford, who counted the pulse and respiration, states that before any preparation was made for the operation, the pulse was 96, and the respiration 16 per minute;—that after moving the patient to arrange her dress for the operation, and just before this was commenced, the pulse was 98, and the respiration 17;—that immediately after the detachment of the breast the pulse was 96,—respiration not counted; and that after the final adjustment of the bandages and dress, which required the patient to be raised and moved about, the pulse was 98, and the respiration 16. All present concur in stating that neither the placid countenance of the patient, nor the peculiar natural blush of the cheeks, experienced any change whatever during the whole process—that she continued in the same profound and quiet sleep, in which she was before the operation, (with the exceptions above noted,) and had they not been aware of what was being done, they would not have suspected it from any indications furnished by the patient's condition.

The patient having been permitted to sleep on about half an hour after the final arrangement of her dress, the mesmerizer made passes over the seat of

the operation, in order to lessen its sensibility, and aroused her in the usual manner, when she engaged in cheerful conversation with Mr. KENRICK and myself, as though she had no suspicion of what had taken place. I then introduced to her the gentlemen, who had placed themselves so as not to be seen by her on awakening, and observed that we might fully test her insensibility, preparatory to the operation. After a few minutes of conversation, I asked her when she would like to have the operation performed?—to which she replied, the sooner the better, as she was anxious to get home. I added, “Do you really think that I could remove your entire breast, when asleep, without your knowledge?” Ans. “Why, Doctor, the fact is, that from the various experiments I am told you have made on me, I really do not know what to think of it.” “Well, madam, suppose I were to perform the operation one of these days, and to inform you of it when you would awake, would you believe me, and could you control your feelings, on finding that it had been done?” Ans. “I could not suppose that you would deceive me; and of course I would be very glad, but would try not to give way to my feelings.” Have you perceived since your arrival here, or do you now perceive, any change in the ordinary sensations of the affected breast? “No, sir, it feels about as it has done for some time back.” About a quarter of an hour having elapsed since she awoke, I then told her that, as we found her in a proper state for the operation, I had performed it, and that the breast was now removed. She expressed her incredulity—said I was certainly jesting, as it was impossible that it could have been done without her knowing it at the time, or feeling anything of it now. She became convinced only on carrying her hand to the part and finding that the breast was no longer there. She remained apparently unmoved for a few moments, when her friends, approaching to congratulate her, her face became flushed, and she wept unaffectedly for some time. The wound healed by the first intention.

In laying the above narrative before the Profession, it is due to the cause of truth to state, that it has been submitted to all the Physicians present at the operation, and that I am authorized by them to say that it accords in every particular with their own observations, so far as they were present. I should also add that, having no other object in view than the establishment of the fact that a surgical operation may be performed under such circumstances without the consciousness of the patient, I have designedly avoided any mention of the various and interesting mesmeric phenomena manifested prior and subsequently to the operation. These have been carefully and judiciously recorded by Mr. KENRICK, whose well directed zeal has enabled him to collect a body of highly important facts from a field unfortunately explored too exclusively by ignorance and charlatanism.

Augusta, Ga., 1st February, 1845.

REMARKS.—In the succeeding number of the Southern Medical and Surgical Journal, we find a very able lecture on the subject of Mesmerism, by Professor Paul F. Eve, delivered to the students of the Medical College of Georgia. Prof. Eve is altogether opposed to Mesmerism, and in this lecture has made a most scrutinizing inquiry into the history and nature of the (so called) science. We can only make room for his allusion to the case of Dr. Dugas, and the conclusion of the lecture. We

would earnestly recommend this lecture to all who have access to the Journal. (No. IV—1845)

“In the two patients operated upon in the mesmeric state, the one recently in this city, and the other in Europe, we notice this difference. The one, when roused, and after collecting himself, said, “I bless the Lord to find that it is all over;” but the other, after she awaked, conversed concerning her amputated breast, “about a quarter of an hour,” replied, when asked, that “it feels about as it has done for some time back,” and this, too, notwithstanding the mesmerizer’s passes over the seat of the operation, in order to lessen its sensibility; and yet “she expressed her incredulity—said the operator was jesting, as it was impossible that it could have been done without her knowing it at the time, or feeling any thing of it *now*. She became convinced only on carrying her hand to the part, and finding that the breast was no longer there.” This surely is the most astounding part of the whole operation. That she was insensible to the knife is certainly nothing compared to the fact, that after being aroused from the “mesmeric state,” and saying distinctly, too, when questioned, that the breast felt about as it had done for some time back, admitted she did not perceive any change in the ordinary sensation of the affected breast, conversed about it for fifteen minutes, and still did not know the operation had been performed. With me this is the greater wonder of the two, and is proof positive of the extent to which this patient was deceived by her own sensations. She declared she felt no mesmeric influence in the breast, notwithstanding the passes had been applied by a Mesmeriser; and then again, while in possession of her natural feeling in the breast, did not know for about fifteen minutes it had been cut off, even after having been aroused from the Mesmeric state. If this be not proof of the effects of the imagination, or of the operations of the mind, in this instance, controlling the ordinary sensations, then I know not where we can find it. This lady was evidently in a trance, or reverie, brought on by the workings of her own feelings—just like the boy who lost all consciousness, from believing he was approaching a tree said to be Mesmerised. And yet this one case has made hundreds of believers in Mesmerism.

Who does not recollect the incident of an actor on the stage of Liverpool, falling dead upon uttering the words, in the play of the Stranger, “There is another and a better world?” To what was this melancholy and unexpected event owing, but the yielding to the impulse and energy of his own feelings? How often have hysterics, syncope, &c., been brought on by patients themselves?”

* * * * *

“I know not how this subject is viewed by you, but with me, the existence or non-existence of Mesmerism, is a vital, a fundamental question. If true, you and I may close our books, and retire forever from these walls, for by it, and through it, *omniscience* is come, Would you be wise in medicine? be put in relation with JOHNSON and VELPEAU, and your object is accomplished. Would you operate without inflicting pain? would you know what remedies are now employed in London, Paris, or China? would you inspect the actual condition of the internal organs? would you predict the return of disease? would you tell whether that lady is pregnant with

a boy or a girl? or would you deliver this lady without pain? Mesmerism being true, study it. But, fellow-laborer in the science of medicine, these things are not so; and I tell you whom you should rather consult—the Author of all things. To the law and the testimony; what say they? Intuition! in the sweat of thy brow shalt thou eat bread—divination! thou knowest not what a day may bring forth—no pain, no suffering! in sorrow shalt thou bring forth children.

“That which was unanimously condemned by men of the highest scientific authority when it originated—that which is now classed with the quadrature of the circle and perpetual motion, by the Academy of Sciences in Paris—that which was abruptly dismissed from the Medico-Chirurgical Society of London—that which is ridiculed by every Medical Journal of the day—that which has never been demonstrated, but which is opposed by reason and judgment—that which has never received favor with but few exceptions from scientific men, of any age or country—that, the belief of which cost DR. ELLIOTSON his professorship in the University of London—that which at best exists but in a dreamy state—that which is explained not in one, but in thousands of cases, to be due to the imagination alone, cannot be, is not true.

XXV.—*Mortality in Boston.*—In the city of Boston the past year, the number of deaths was 2,241—of which 1,109 were of children under five years of age. The number of deaths from consumption was 305—the number of deaths from fevers of various kind, 458, including 75 of typhus, 132 of lung, and 229 of scarlet fever.—*Bos. Med. and Surg. Jour.*

XXVI.—*Petrification of Animal Bodies.*—Some recent discoveries in the Territory of Iowa have resulted in determining the fact that there are certain localities, in that far-off region, where bodies of animals, after being buried a short time, are converted into stone—or, in other words, the particles of organized matter are mysteriously exchanged for lime, without essentially deranging the color or arrangement of parts. What is to prevent some ingenious investigator from detecting nature in the very midst of her operations in this matter? The great discovery by Dr. Segato, who died without divulging the marvellous method which he could practise of turning the entire human body into solid stone, at his pleasure, unquestionably had its origin in surprising this same Dame Nature at her occult labors. There was no mistake in the character of his surprising lapidific achievements: the astonishing monuments of the perfectibility to which Dr. Segato carried the art of converting single organs, groups of viscera, or the entire mass of a dead body, into stone, are the richest public gems in Italy. There they are, to be seen and to be wondered at by travellers from all sections of the civilized world. No attempts appear to have been made, of late, to re-discover the lost secret—simply because it is supposed to be locked up in the archives of unknown things, apparently forever beyond the ken of human investigation. Chemistry offers no assistance in a search of the recipe; and explorations by the learned, with a view of recovering the magic wand, which, in the hand of Segato, at his individual bidding, transformed a being once endowed with life into an unyielding statue of marble, of late seem to have been wholly abandoned.

Let not this hint be lost upon Iowa philosophers.—Those who are visiting that great territory, so rich in agricultural and mineral resources, should investigate every circumstance connected with the developments alluded to in the extract appended to these observations. Five months ago we were ranging over the great prairies of the far west; and the impressions made by the scenery of the Falls of St. Anthony, and that of other places in that region, cannot easily be forgotten. Had the phenomenon here detailed by a letter writer, been announced while we were there, investigations would have been immediately instituted. A correspondent of the *New Hampshire Patriot* writes as follows respecting the above-named discovery.

“There is something in the nature of the soil which petrifies many substances, such as shells, wood, bark, fish, feathers, and insects and reptiles. I have seen them of all these various kinds—some very natural fish and insects, and I saw one complete wing with all the feathers. There was a very singular instance of petrification discovered yesterday in this town. The citizens have built a new cemetery, and have removed many of their friends from the old graveyard to it. Many of the coffins have been found to be unusually heavy, even of small children. Yesterday, in attempting to remove a Mrs. Evans, who had been dead about five years, they found it difficult to get the coffin out of the grave, and curiosity excited them to open it, when they found it in a state of petrification. The nose and some part of the face were decayed, but the neck and the wrinkles in the flesh were perfectly natural. The flesh on one of the legs had the appearance of what is usually termed goose-flesh. Petrification was not entirely complete, except on the exterior. I did not see the body, but I saw some pieces taken from it. They had the appearance of lime-stone. So much for the marvellous. But singular as it may be, it is true.”

XXVII.—*Rejection of Quack Advertisements.*—The following admirable remarks on quackery and quack advertisements are to be found in the No. for November, 1844, of a religious periodical, which is stated by a correspondent to circulate more than 30,000 Nos. monthly, called *The Christian Witness*:—“We fell into the current, and followed the bad example of pre-existing religious periodicals; but reflection has led us to see our mistake, and we hasten to repair it, assured that we shall give satisfaction to all our readers, who properly estimate the true character of modern quackery, which is one of the vilest and foulest of all foul and vile vocations; and is sustained to an incredible extent by fraud, forgery and falsehood, and fraught with delusion, disease, and death. To publish their nostrums, is to partake of their deeds; to receive their money is to share their spoils, and aid them in making war upon mankind. No vehicle renders them such assistance in the work of rapine as the *religious magazines*, which, among the thoughtless masses, powerfully and naturally tend to dignify the hateful system, and to sanctify the ruthless imposture. On this point the communications of some of our correspondents are both startling and grievous, and such as show the necessity of religious men and religious magazines cutting all connection with quacks and quackery.”—*Lancet*.

PART THIRD.

BRIEF NOTICES OF RECENT MEDICAL LITERATURE.

ART. I.—*A Treatise on the Diseases and Special Hygiene of Females.* By COLOMBAT DE L'ISERE, translated from the French, with additions by CHARLES D. MEIGS, M. D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, &c. with wood-cut illustrations. Philadelphia, Lea & Blanchard, 1845. pp. 719.

[This valuable work has been handed to us from the publishers, by Mr. J. B. Steel, 14, Camp st., and a friend has kindly furnished us the following notice of it.—ED'RS.]

If, among civilized nations, woman is less exposed to the numerous maladies and epidemic pestilences, which assail, and too often abridge the allotted lifetime, of the sterner sex; if, from the usages of society she is not forced to gain her daily bread by the sweat of her brow, or to toil up the rugged steeps of Parnassus at the expense of health and happiness, or to seek "the bubble reputation even at the cannon's mouth;" if, moreover the fashions of refined life do not suffer "the winds of heaven to visit her too roughly," she is, nevertheless, charged by the primæval fiat with the most important part of the propagation of the species, imparted and entailed on the condition of numerous great evils of which it is the source. In consequence of this vastly greater share imposed upon her in the act of reproduction, and her necessary higher organization, as delicate as it is mobile, coupled with the superior excitability of her nervous system, it is easy to understand why her sexual organs, embracing, as they do, such extensive sympathetic relations, are not only more liable to disease than those of men, but involving in their derangement the whole physical and moral nature, render woman an easy subject for many maladies unshared by man. Let but her uterine function be deranged, and she becomes sad, desponding, and susceptible—her digestive organs languish, and with them her whole system. Does this functionary derangement become organic—immediately her beauty and her freshness pass, and she fades, as our author quotes,

"Comme un fruit dont le cœur est rongé par un ver."

Truly, as the inspired poet says, "her dower is all of love and suffering from her birth;" and renders her habitually dependant upon our profession for that strength of constitution, and that advice and aid so necessary for the fulfilment of her important destinies.

Accordingly, we find that her peculiar sufferings have engaged the attention of physicians of all times, and their history occupies a conspicuous place in medical writings, from those of Hippocrates, downward. But notwithstanding the great attention that has for ages past been given to

the descriptive anatomy and physiology of the female genitalia; notwithstanding the scientific accuracy with which the manual of all difficult labor has been long ago demonstrated; it is only since pathology, as now studied, has shed its order-giving light upon the general chaos of organic alterations, that we have arrived at correct ideas of the nature, character and difference of those which the uterus and its appendages undergo.

Hitherto nearly all the diseases of the womb were either confounded under the hopeless denominations of schirrous and of cancer, or were shrouded in such obscurity that their treatment was but little more than empirical. But, under the fertilizing influence of pathological anatomy, and the improved processes of observation and study now infused into the whole circle of the medical sciences, the peculiar diseases of females are not only better understood, but their medico-chirurgical therapeucy has reached a degree of perfection as honorable to those who have contributed to these results, as it is useful to humanity. By the collateral aid of physics and chemistry, new methods of diagnosis and of treatment have been introduced, and numerous real discoveries have been achieved. But, as in the progressive conquests of the human mind, these ameliorations lie scattered in thousands of journals and volumes, it becomes a matter of imperious necessity for practical purposes, that they should be collected and compressed into some convenient form, so as to be accessable to all whose province it is to apply them to the accidents and circumstances to which they are adapted. It is true that several valuable works have already emanated from the medical press, intended to supply this want; but as medicine is a progressive science, it stands to reason that they are far from being up to the level of the times, and that the same cause which now tends to impair their value and importance, must in the natural course of things occasion the welcome contribution to medical literature at the head of this article to be superseded by something better, and still more complete.

As far however as medical science has progressed on the road towards perfection, the present treatise, expressly devoted to the diseases of females, has advanced *pari passu*.

M. Colombat De L'Isère has not consecrated ten years of studious toil and research to the frailer sex in vain; and although we regret to hear it is at the expense of health, he has imposed a debt of gratitude as well upon the profession, as upon the mothers and daughters of beautiful France, which that gallant nation knows best how to acknowledge.

As resident surgeon of the *Maison de Santé*, of the *Rue de Valois du Roule*, specially appropriated to the medico-chirurgical treatment of the diseases of women, and enjoying also the rare opportunity of attending the learned clinics of Dupuytren, Lisfranc, Recamier and others, our author, as may be supposed, has had ample practical experience on the subject, which possessed, as he professes and as is self-evident, powerful interest for him. Convinced, however, that all epochs and all nations are tributary to medicine, and that to limit this comprehensive science to a single age or nation would be to do it injustice, our author has neglected none of the materials furnished by antiquity, by the middle ages and by cotemporary medicine of all countries; and the extent of his researches may be conceived when it is known that he has cited, in different parts of his pages,

above *one thousand authors*, an alphabetical list of whom, from *Ætius* to *Zimmermann*, is added, with a view to facilitate the history and literary study of the diseases of women.

The treatise, which in its trans-atlantic dress occupies upwards of seven hundred pages, about one hundred of which are in the form of notes by the accomplished translator, comprises an account of the physiology, the surgical anatomy, pathology, therapeutics, operative medicine and hygiene of the genito-mammary organs of the sex. That it is eminently calculated to be serviceable both to practitioner and pupil, the following brief view of the arrangement and of some of the author's new and peculiar modes of procedure and treatment may serve to testify. Before entering on his arduous task our author very properly appropriates four chapters to, 1st. The history of the physical, moral, and physiological changes which take place in females at the principal epochs of life. 2d. The varieties of conformation, the surgical anatomy of the genital organs, and the sympathies of the womb. 3d. Examination of the female organs of generation, by touching and by the speculum. 4th. The general causes, and a synoptical table of the diseases of females. These several preliminary topics are discussed very judiciously, with a masterly conciseness. Our author not wishing to cumber his work with more than what is absolutely necessary to elucidate the subject, has confined his anatomical and physiological details to considerations applicable directly to pathology and therapeutics.

Next, with the design of grouping and approximating the diseases, whose history is comprised within the scope of the work, as closely as possible, in the natural order they ought to occupy in any general system of pathology, our author divides them into six sections; to wit: 1st. Lesions of form. 2d. Lesions of situation. 3d. Physical lesions. 4th. Vital lesions. 5th. Lesions relative to reproduction.

A cursory glance at the subjects embraced in the first section alone. viz: all the primitive and the accidental deformities of the *genitalia*, will suffice to show that our author has not only far outstripped his predecessors, in detailing with a perspicuity and fulness emphatically French, all the various lesions connected with the coherence, imperforation, obliteration, narrowness, obturation, and all the different kinds of genito-urinary occlusion in the female, but has also originated and improved upon several operative procedures, which reflect high credit upon his judgment as well as ingenuity. It is known that the mode of treating retention of the menses from imperforate hymen by a crucial incision, as generally practised, often gives rise to fatal inflammation, and to fever of a bad character, in consequence of the fluid escaping so suddenly as to prevent immediate contraction of the uterine parietes. In order, as far as possible to obviate such bad consequences, and especially with a view to preserve the *membrana hymen* to which is attached a great moral importance, our author has proposed a very simple operation, and described for this purpose in an accurate cut at page 90, a pair of scissors *emporte piece*, which, by producing a small oval aperture, resembling the natural orifice of the hymen, admits of a gradual evacuation of the menstrual products accumulated within the womb, while it prevents as completely as possible, the pernicious effects of air, when suddenly introduced into this viscus. In the same section a

new instrument and method are also proposed, for curing congenital narrowness of the vagina. The instrument which may be called a cutting thimble, is delineated at page 111, and is intended to be adjusted upon the right index finger. "By using this we can," says the inventor, "with the medius of the right hand continually inquire as to the resistance of the tissues after each little incision, and guide the cutting edge constantly until it reaches the sanguine collection that has called for the performance of the operation." A figure of a convenient knife, with a very convex edge, to be used also for separating the coherent sides of the vagina, is likewise described on this same page.

Hysteroptosis or *prolapsus uteri*, is treated in the second section with a completeness which this distressing accident so affectingly demands. Owing to the debilitating, relaxing, and other bad habits of females of the present times, and the careless attendance which they too often receive from unqualified midwives during the first days that follow child-birth, especially in cases of delivery whilst standing up, falling of the womb is becoming an affair of rather more frequent occurrence than formerly, at least with us in the southern portion of the United States. We are therefore pleased to perceive that our author has so satisfactorily given us the results of his vast experience as to the advantages or disadvantages of the various kinds of pessaries now in use, as well as to other palliative or curative measures. We are particularly pleased that he has noticed an error which originated with the Father of Medicine, and which, owing to the want of proper information, is sometimes perpetuated even in this enlightened age, viz. that virgins are more liable to uterine disorders than women in the conjugal state. We have reason to believe that many a case of simple *irritable uterus* (of which the author could have got a hint from our Dewees,) is treated for engorgement—many an engorgement for schirrous indurations, and many an elongation of the cervix for prolapsus. Now if physicians would bear in mind the small size and lightness of the virgin womb, and the constricted condition of its ligaments as well as of the vagina, and would be guided, even in their attendance upon married women, by the admirable diagnostic rules so admirably dispensed throughout the pages of this work, we opine that there would be less necessity for the frequent confidential interviews, and the oft repeated examinations which are becoming so fashionable in American practice. It is the differential diagnosis which constitutes the glory of modern medicine, and on this we depend for the protection of our science from such disgraceful blunders as the one our author cites, in which the surgeon, supposing himself about to extirpate a polypus, completely extirpated the womb itself, which was affected with prolapsus in the second degree. To render this section as perfect as possible on the subjects of which it purports to treat, author has omitted, to use his own words in the introduction, "nothing important relative to the deviations, the incurvations, the inversion, elevation, and immobility of the uterus; the different hernias of the organ, as well as of the ovaria; the prolapsus of the lining membrane, and the invagination of the vagina; in fine, the prolapsus and thickening of the lining membrane of the urethra; while the vulvar and the vaginal cystoceles and enteroceles have been particularly the objects of our close attention." page viii

To facilitate the study of the "Physical Lesions" embraced in the third

section, our author has divided them into three classes, viz : " 1. Contusions, wounds, and lacerations of the vulva, perineum, vagina, and uterus; ruptures of these organs; and, finally, contusions and wounds of the *mammæ*. 2. Vesico-vaginal, utero-vaginal, and recto vaginal fistulas. 3. The accidental introduction of foreign bodies into the genital cavities." p. 215.

For the purpose of ensuring the surgical operations required by these lesions, especially the vaginal fistulas, various instruments are suggested, and marginal woodcuts of them are given, which convey an accurate idea of their suitableness to the end proposed. We rejoice to see that these deplorable vesico-vaginal, and recto-vaginal fistulas, so disastrous to the peace and comfort of the wretched sufferer, are not now, even the worst of them, placed beyond the pale of hope from chirological redress. Our author has certainly contributed much individually towards these happy results; but we regret to see that he has not meted out, in any part of his work, although he has consulted 1000 authors, the measure of praise justly due to young America in her scientific achievements, few though they may be. Indeed, our admiration, "great as it is, for M. Colombat's work is much tempered by the regret that he has not literally fulfilled his introductory promise, and carried out his idea of making all nations tributary to the branch of science to which he has sacrificed his health; for certainly we feel that our country has been most unardonably slighted. The triumph of our skillful countryman, J. Rhea Barton, M. D., in most ingeniously and successfully treating a recto-vaginal fistula, as published in the *Am. Jour. Med. Sciences*, Aug. 1840, p. 305, and afterwards copied in the *Gazette Medicale*, Paris, May, 1841, is not only well deserving of a place in the section now under consideration, but would have enriched our author's original pages, and added lustre to his researches.

Well has the distinguished translator, of whose capital performance we shall speak again, intercalated this *chef-d'œuvre* of Philadelphia's son, so worthy of a place on the escutcheon of French surgery.

The limits to which we are restricted will not permit us to dwell on the peculiar operative method of the author described in this section. He gives decided approbation to the use of the suture in cases of transverse and oblique fistulas, and has embellished his text with figures of various instruments which are calculated to render their very difficult application to those parts more easy. The spiral needles invented for the purpose of performing the continuous-whip suture, in fistulas of the vagino-vesical septum, and which may be employed also in the treatment of those of the recto-vaginal, strike us as being beautifully simple, and admirably calculated to produce the reunion of the parts to which they are adapted. We long to try one. *Experientia docet*. In the fourth section, appropriated to the vital and organic lesions, which alone in the original work consists of near two hundred pages, and to which about thirty pages of new matter are now added, are included "all superficial and deep seated inflammations, degenerations, excrescences, transformations, and, in fine, all morbid productions of the vulva, vagina, uterus, fallopian tubes, ovaries, and *mammæ*." We are at a loss to imagine, however, why, as the translator has pointed out, no mention is here made of rheumatism of the womb, an affection, said by German writers, by whom it was first discovered, to be frequently met with in practice. Our learned author cannot be ignorant

of the disease, for it has been described in his own country by M. Cazneaux, and indeed he names it himself when on the subject of hysteria, at page 540. By his unaccountable silence, we must either conclude that this affection has, as Dr. Meigs suggests, been accidentally omitted, which we do not think very probable, or that M. Colombat does not think the disease sufficiently well established to merit a place in female nosology.

In this section our author also makes known several instruments of his own invention, illustrated by wood cuts, for the surgical treatment of poly-pous tumors and cancerous affections:—at the same time he does not neglect to mention and describe most of those that have been employed by his predecessors. We cannot pretend to convey to the reader any idea of these instruments, but must refer to the book and figures themselves. We would remark “*en passant*,” however, that our author displays rather a pruriency for instrument-making, which, it strikes us, is carried perhaps to excess in Paris. To the fifth section, in which are discussed in a masterly manner derangements of menstruation, uterine hæmorrhages, chlorosis, and the neuroses peculiar to women, our author has added at p. 542, a most valuable chapter containing more than twenty pages on the “*Special Hygiene of Women*.” The object proposed in this chapter is to guide the frail sex through the midst of the dangers which threaten them during those stormy periods and physiological transitions which mark the chief phases of their life, and in imparting his counsel for this purpose, our author has displayed the noblest attributes of an accomplished physician and enlightened philanthropist. After having furnished most abundant proofs of his practical qualifications, it is now that he puts forth his claims to something higher, and confirms the opinion we have long entertained, that the intelligent practitioner possesses a moral influence, if he would only use it, for the good of humanity, as great as the responsibility it involves. We have only space to give a few short extracts, in order to confirm what we have advanced, and to furnish an idea of the elegant style, which, indeed, pervades the whole volume. After speaking of the hygienic and physical means to be observed with delicate girls at the interesting epoch, when, no longer living for themselves, they are about to enter under bondage to the entire species which they are doomed to perpetuate, our author goes on to remark :

“It will be well, at the same time, to pay attention to the moral condition of the patient and for this reason, it is of the highest importance to remove young girls from boarding-school, when they approach the age of puberty, in order to exercise a constant watch over them. We should prevent as far as possible, the false emotions produced by the reading of licentious books, especially of the highly wrought romances of the modern school, * * * * * frequent visits to the theatre ought to be carefully avoided, * * * * * as well as the violent intimacies formed at boarding school,” &c. “It often happens that, in spite of all the care and precaution of a tender and prudent mother, the imagination of a girl becomes exalted to such a point, as to silence the voice of reason and shame. In this unequal contest, when nature often gains the victory over social institutions, we should resort to the use of means which may, by a powerful diversion, counter-balance and destroy the erotic exaltation. Experience has proved, that among these

means, severe occupation of the mind, and bodily exercises carried so far as to induce fatigue, are more efficacious than all the drugs of the apothecary." "A directly opposite plan should be adopted for girls who, though arrived at the nubile age, are cold, apathetic, and indifferent; and, it is to such only that the culture of the fine arts, the frequenting of balls, of theatres, of crowded assemblies, and even the reading of certain imaginative works and romances, will not be hurtful, and might even prove useful in exciting their sensibility, and thus inviting the menstrual exhalation." pp. 543-4-5.

We hasten, for want of space, to the sixth and last section, which comprises the lesions, and sympathetic phenomena produced by conception, pregnancy, labor and lactation, and which is something over and above the original plan, and may be considered wholly independent of the present work. Indeed we are informed that a part of this division constituted a supplementary volume which appeared in the year 1843. The subjects discussed herein are certainly of sufficient importance to merit a special treatise, but we are glad to see that M. Colombat has brought his labors to a close by incorporating this valuable section with his present edition. The articles on those obscure affections, impotence, sterility, and eclampsia, particularly inculcate the only rational therapeutica dependable on. Like as he has concluded his labors on the diseases and accidents of the unimpregnated females, so he completes the present section with another valuable article on hygiene, in relation especially to pregnant and lying-in women. While speaking of the exalted sensibility in pregnant women, and the care with which they should shun occasions of violent impressions upon the moral as well as physical constitution, our author takes the opportunity of bearing testimony to the profound knowledge of human nature evinced by his gifted countrymen, whose remarkable "*Juif Errant*" is doubtless at this very moment exercising, in every corner of the world, many a potent spell for weal or woe over the unhappy daughters of mother Eve. The instance cited from the writings of Sue, is that of a woman who was so much affected by the prediction of a Gipsy, who foretold her death, that she made her will and fulfilled the prophecy in her eighth month. Such truly is the wonderful relation between the psychical and physical, that, alas, we apprehend too many a similar coincidence results in real life! Upon the medical adviser devolves the momentous responsibility of controlling these moral perturbations, and of either restricting or suggesting their influence, according to the idiosyncrasies, the excitability or apathy of the case.

Let it not be supposed from the hurried analysis we have now given of this elaborate work, that we have done more than sketch imperfectly some of its striking features. It teems with so many rich discoveries, inventions, and improvements,—embodies such a judicious collection of authorities, and presents such a lucid exposition of most of the opinions and practical methods of both ancient and modern practitioners, that it would require the pages of this whole Journal, and a far more practised pen than we hold, to do it justice.

Excellent, however, as M. Colombat's treatise is, it is not perfect, and we cannot, as indeed the sensible author does not expect us, say, "nothing is wanting." For although the writer's end is compassed, and we have

now a text and table book, unequalled in its department, still the adage of the Poet,

“Whoever thinks a faultless piece to see,
Thinks what ne'er was, nor is, nor e'er shall be :”

is proved to hold good when we turn to the many admirable annotations of the distinguished translator, which were necessary to render it complete. Prof. Charles D. Meigs already enjoys an elevated position in medical society as a lecturer on midwifery and diseases of women and children : a subject, which, as is now shown, he thoroughly understands ; and the present work is well calculated to add a “cubit to his stature.” We know not which part of his performance to admire most, the scholar-like translation, or the independent manner in which he enters his protest against some of the peculiar notions of authors whose reputation is “European,” and brings out in bold relief the neglected trophies of our countrymen. A critical research and faithful exposition of the views of authoritative writers on doubtful points, characterizes all that he has done, while his discriminating judgment has left but little undone. In his able advocacy of a sound pathology and therapeutica in puerperal fever, he exhibits powers of a high order, and furnishes in himself an example of the value of a philosophical education in qualifying a physician for the bold Herculean practice so necessary in great emergencies. The practice he so logically arrives at, and inculcates with the courage and determination of a mind certain of being in the right, is like that of the Gordon's and Hays—“*jugulare febrim*,” as Galen says—“to destroy it at a blow.” We leave the following specimen of his nervous style, to furnish some idea of his bold and energetic practice—the *sine qua non*, in the treatment of metro-peritonitis.

“Can we safely abandon the philosophy of medicine, and relying upon some vague and ill-defined notion of a constitutional depravation, undertake to counteract these vivid and almost electric movements of life, local in their origin and domain, by means of a few drugs applied to the mucus membrane of the stomach or bowels ; by some cataplasms or liniments, or fomentations to the belly ; or, at most, by dozens or hundreds of leeches fixed on the cutis of the abdomen ? What are great inflammations that they can be overcome by such means ; especially inflammations concealed in the very recesses of the body, remote from the surfaces, and deriving their source, their impetus, their proximate cause, their *ipsissima causa*, from the injecting power of arteries springing directly from the emulgents, the aorta, or the hypogastric tubes ? It would appear to me to be mere dandling with the malady, in comparison with the vigorous and masterful influences of blood letting, &c.” p. 672.

As to the degree to which this agent must be carried, our author assigns no universal rule—indeed physic can never be practised by rule ; but the principles which should regulate it are philosophically discussed and are worthy of being studied.

We can now only refer to the work itself, which would be an acquisition to the library of the student, and especially of the practitioner.

T. M. I.

ART. II.—*Lectures on the more important Eruptive Fevers, Hemorrhages and Dropsies, and on Gout and Rheumatism; Delivered in the University of Pennsylvania.* By N. CHAPMAN, M. D., *Professor of the Theory and Practice of Medicine, &c., &c.* Philadelphia: Lea & Blanchard, 1844. pp. 448.

The name of Chapman stands deservedly high in the annals of American medical science. A teacher and a lecturer for nearly forty years, in the oldest and, we believe, the first medical school on this side of the Atlantic; the intimate friend and companion of Rush, Kuhn, Physick, Wistar, Woodhouse, Dewees, and a host of others scarcely less renowned, Professor Chapman reflects upon the profession of this generation something of the genius and wisdom of that which has passed; he stands out the able and eloquent champion of the doctrines and principles of other times, when Cullen's "*first lines*" formed the rule of faith for all the *Doctores in Medicina*, throughout Christendom. In him is embodied the experience of three score and ten, strengthened by reading, and enlightened by a familiar intercourse with many of the ablest medical men in the new and old world. His name suggests a thousand pleasing associations, dear to the heart of every graduate of the University to which Professor Chapman is attached. By his rich and original wit, he has added eclat to his scholastic attainments, and attracted the attention of some of the first men of the age. Pleasing and eloquent as a lecturer, he brings to the task a thorough knowledge of his subject, and possesses a happy faculty of communicating such knowledge to his students.

But we must pass from the Teacher to the Author. We must examine the book apart from the man; and however great the merits of the individual, they must not be permitted to consecrate errors, or blind the judgment in relation to the value of the matter before us. Truth is eternal, because it has to do with facts and their relationships, and must therefore remain as invariable as these latter are immutable. We shall now see how far these remarks are applicable to the lectures of Dr. Chapman.

The first lecture is devoted to the history, &c. of "*variola*," or small-pox. This, he pronounces, (with truth, we believe,) to be a disease of modern date, since we find no mention made of such an affection in the writings of any of the Greek or Roman physicians. Historians, however, declare that the small-pox broke out at the siege of Mecca, in the year 569, and destroyed one-half of the Christian army while besieging that place.

Rhazes, an Arabian physician, was the first to give a full and authentic account of this scourge upon mankind. The crusaders, on their return from the Holy Wars, between the eleventh and twelfth centuries, introduced the small-pox into Europe. About, and soon after this period, as commerce began to flourish, and the intercourse between one people and another increased, the disease was spread "*throughout all Christendom*," and for several centuries it carried terror and devastation over the earth. Thus originated this most loathsome of contagious diseases, which spread as commerce extended and civilization increased, until, Professor Chapman tells us, it visited all the habitable globe, except New South Wales,

where neither this disease, measles, nor whooping-cough, have ever made their appearance. Professor C's description of the rise, progress and propagation of this disease, in the various parts of the civilized world, exhibits considerable research, and a familiar acquaintance with its histology. Under the head of "*Exanthematous Fevers*," he includes variola inoculated small-pox, varicella, vaccinia, varioloid, rubeola, and scarlatina; all of which occupy 150 pages of the book. The history of these diseases, especially the first, is but an epitome of the advancement of mankind in those arts and sciences by which a free inter-communication was kept up between the people of different and distant nations. In the historical department of our profession, Professor C. is perhaps without a rival in this country. His thorough knowledge of the writings of the ancients, and his ready memory, aided by a discriminating taste, entitle him to our respect and confidence, when he attempts to speak or write on this subject.

At page 153, our author begins his lecture on "hæmorrhagia," or hæmorrhage. Resigning traumatic hæmorrhage to surgery, Dr. Chapman divides "vital hæmorrhage" into *active*, *less active*, and *passive*. We see no good reason why our author should not have added, with equal propriety, the comparative *less* to the term passive as well as to active, especially as these terms apply to the *living* organization. But, waiving objections to terms, we shall proceed to give a brief and rapid review of some of the ideas advanced by our author on the causes and pathology of hæmorrhages.

There are *five* modes enumerated in this lecture, by which hæmorrhages may take place; 1, by *rhæxis*, or rupture of a vessel; 2, by *diarcsis*, or division of it, (traumatic;) 3, by *diabrosis*, or erosion of its coats; 4, by *diapedesis*, or transudation through them; 5, and by *anastomosis*, or dilatation of the mouths of the exhalents. Ancient authors admitted only *three* species of hæmorrhage, which seem to be quite sufficient for all practical purposes; "*auctoresque medici sunt, vel exesa parte aliqua sanguinem exire, vel rupta, vel ore alicujus venæ patefacto. Primam διάβρωσιν, secundam ἰκτῆν, tertiam ἀναστόμωσιν, appellant.*" Modern authors, and among them is Dr. C., have improved upon the ancient division, by the addition of two other species. Nor is this of material importance, when we come to study the process itself, since our views of its pathology are far more accurate and satisfactory than those of our predecessors. Dr. Chapman dwells at considerable length upon hæmorrhage by anastomosis, or by exhalation; these constitute, in his opinion, by far the greater number, in a medical point of view, and consequently claim his special attention. In *active* hæmorrhages he, with others, admits a local congestion of the part associated with general or partial excitement of the whole system, and of the heart and arteries. He instances nasal hæmorrhage, on the accession of fever; hæmoptysis, attended with heat of skin, a full and strong pulse, and the usual concomitants of vascular plethora. Our author contends that all genuine hæmorrhages are arterial, and not venous. To such a conclusion he arrives by supposing that the hæmorrhage takes place from the exhalants, and these being, in his opinion, connected directly with the arterial and not with the venous system, the hæmorrhage must of consequence be arterial.

This opinion may be questioned, if we recur to the capillary system of vessels, the seat of these supposed arterial hæmorrhages. This system of vessels appertains neither to the arteries nor veins exclusively, but to both or to neither, in which latter case, we must regard them as an independent system, influenced however, by the quality and quantity of both the arterial and venous blood. Our author is evidently behind the present advanced state of hæmofological pathology; true, he alludes to the alterations and depravations of the blood, as favoring hæmorrhage, yet he treats this important part of the subject, either as unimportant or imperfectly understood. We cannot suppose Professor Chapman unacquainted with the valuable discoveries recently made on the subject of hæmatology. He is too sagacious to have neglected a minute examination of the experiments made by Andral & Gavarret, and others on this part of pathology, yet they seem to have had but little influence on his mind when forming his theory on the subject of hæmorrhage.

Recent writers tell us that any considerable loss of fibrine, either relatively or absolutely, or a breaking down of the globules of the blood, favor very materially all kinds of hæmorrhages. Spontaneous or vital hæmorrhage, we conceive, may take place; 1, from some chemical alteration in the constituents of the blood itself; 2, from a change in the structure of the anastomotic vessels, independent of any modification in the sanguine fluid; 3, from an *error of secretion*—an *error loci*, or if you please, a perversion of secretory action; 4, from a combination of the two first causes, or conditions, mutually aiding in bringing about the result. After a very eloquent discussion of the various hæmorrhages, in which the author with characteristic independence, handles without gloves some of the late theories on this subject, he gives a rapid, though satisfactory sketch of the treatment adapted to such species; in this, we find him sound, without being original. Indeed, on the practical part of the profession, Professor Chapman has long been regarded as high authority; and we doubt whether, at the bed-side, he has his superior in this country. If he is less familiar with our modern methods of diagnosis, than those who have paid particular attention to this subject, he possesses an intuitive knowledge of disease acquired by close observation for more than half a century.

A large portion of the book is devoted to the consideration of "*hydrops*," or dropsy; upon the various causes, seats and varieties of which, he delivers himself in his usual luminous and happy style. In the fourth and last part, he examines "*rheumatism*" and "*gout*"—two affections on which he is particularly celebrated, not only as a lecturer, but likewise as a practitioner. We shall long remember his earnest manner, and his pure and classic language on these usually dull and uninteresting subjects. We confess, however, that we derived more pleasure than instruction from these lectures; perhaps it was ours, and not his fault.

In conclusion, we must declare our belief that the name of Chapman will survive when that of many of his cotemporaries shall have been forgotten; when other generations shall tread the great theatre of human affairs, and when other discoveries yet undisclosed, shall shed a brighter light upon the path of medical science. The various lectures which he has recently been publishing, containing, as they do, the doctrines that he has

so long and so eloquently taught to large and admiring classes, we doubt not will be welcomed with delight by his numerous pupils throughout the Union.

The work has been handed us from the publishers through Mr. J. B. Steel, 14 Camp street, New-Orleans, where it is kept on sale.

ART. III.—*Vital Chemistry—Lectures on Animal Heat.* By THOMAS SPENCER, M. D., *Prof. Institutes and Prac. Med. in the Medical Institution of Geneva College, New-York.* Published by request of the Class. Geneva, N. Y. (pp. 114.)

We are obliged to the author for a copy of this little work, consisting of three lectures on the above subject, and deemed by his class worthy of publication. The work certainly displays some talent and original thought on the part of the author; but “the results rather of occasional moments of leisure from the duties of an active professional life, than of a special devotion of the cultivation of the more inviting field of chemistry and physiology,” as he acknowledges these lectures to be, cannot be expected to attract much notice at this day, on a subject that is commanding the attention and indefatigable labors of some of the greatest living minds. We are pleased, however, with the modest and unpretending effort of our countryman to solve some of the most interesting mysteries of vital action, and wish him much success in his future investigations, which we hope he will keep up with zeal and industry. We are unable to enter into an analysis of the work, but venture to assert that its perusal will well repay the occupation of two or three hours; and the reader will be apt to lay it down under a very favorable impression of the author’s merits.

ART. IV.—*Remarks on the Influences of Mental Cultivation and Mental Excitement upon Health.* By ABRAHAM BRIGHAM, M. D., *Superintendent and Physician of the State Lunatic Asylum, Utica, New-York.* Third Edition. Philadelphia: Lea & Blanchard. 1845. pp. 104, 18mo.

[This interesting little book has been handed to us from the publishers by Mr. J. B. Steel of this city, and a friend has kindly furnished us the following remarks in relation to it.—ED’RS.]

We have not the pleasure of a personal acquaintance with the esteemed author of this little work, yet we cannot regard him as a stranger. The important services the cause of humanity and science has received at his hands, at once enlist our sympathy and good will, not only in his behalf, but in those arduous and responsible labors to which he has entirely dedicated himself. We have known Dr. Brigham long and intimately in his public character as a man warmly enlisted in public charities, generally too much neglected in the provisions of our social and humane institutions. With no ordinary difficulties to subdue in the rise and spread of our civil and social forms of being—a people of yesterday compared with the time-honored cis-atlantic governments, unceasingly changing under the operation of circumstances which we can neither control nor desire to abate—inhabiting a continent alike coveted by the oppressed and unhappy of other nations, and the restless and hopeful of our own—with modes of social

existence based upon and drawing their quickening influences from freedom of opinion and action, admitting no restraint but such as the general welfare imposes, it were a superfluous expectation to look for those matured and well ordered establishments which regarded only the infirmities and misfortunes of humanity. Yet under all these disadvantages—and such they really become among a people in the very bloom of their existence, working out a great and novel problem in the history of humanity, where individual will is felt, not as the symbol of heartless and cruel selfishness, but as an element of collective wisdom, and energy designed to dignify and make blessed man's common nature—we look with heartfelt delight upon the splendid monuments of noble charity and genuine sympathy for the mysterious bereavements to which flesh is always heir, that adorn our older and better settled cities. At the head of one such institution, and under the patronage of a great and enlightened commonwealth, Dr. Brigham presides. Were we at all disposed to question the Sybiline leaves which contain, not less now than in memorable days gone by, the germs of future events, we should unhesitatingly have predicted from the fair offspring of this little book, so replete with good sense and sincere love for his fellow-man, that the doctor's latter days would be crowned with the distinguished and important mission in which he is at present occupied, as Superintendent and Physician of the State Lunatic Asylum of New-York.

This little work, a rare *bijou* in its kind, and manifestly a labor of love, was first published some dozen years since, and at a period marked by a singular frenzy of the public mind on behalf of infant schools, and novel systems of discipline for the development and culture of infant minds. We are not so old that we have forgotten the marvel it occasioned at the supposed happy discovery, that the child scarcely yet weaned from its mother's arms could be taught to lip the elements of the most abstruse and difficult sciences, and the happy prognostics of a state of intellectual excellence, and height, we were destined to reach through the magic of this lucky discovery. We have seen crowds of anxious parents, rushing to public exhibitions to behold their tender infants rehearse the vulgar mummeries of this mode of mental discipline, and dilate with parental pride at the marvellous proficiency they had effected at the cost of those glad hours of sportive innocence, when the bright sky and free air, the heritage of infancy alone, should have been their lot, as it is their chief privilege to enjoy. With a quick sagacity and enlightened benevolence the doctor early discovered the mischievous error that was committed, and undaunted by the strong tide of feeling in its behalf, dared to remonstrate, and expose the baneful abuses of this marvellous perversion of nature. Relying on the sober second thought, which flows back from the forced onward march of society, he was content to collect facts and weave them into a simple and connected narrative, adapted to every adult understanding, showing the grievous mistake to thwart the laws of Nature, and anticipate her in her direct operations. If he did not then reap the rewards of his active benevolence, he enjoys the satisfaction of now witnessing the fast gathering oblivion that is obscuring that lamentable folly, and the general testimony abroad and at home to the valuable benefits of his discerning and heroic virtues.

“Philosophy,” said a faithful and earnest admirer, as he gazed at the

rich and superb collections in the Anatomical Museum of Florence, "philosophy is in the wrong not to descend more deeply into the physical man; there it is the moral man lies concealed." With this profound truth as his guide, Dr. B. has entered upon the consideration of his subject in a spirit fully conscious of its utter and lasting importance. It is something for this age to boast that it has come back to the very portal of nature, and *through* but not *beyond* it, scans and searches into the manifold and intimate relations and dependencies of mind and matter. We have gained much toward the solution of man's complex being, in determining the brain to be the material organ of intellectual manifestations. It really seems incredible that with such palpable evidences of this close connection, it should so long have escaped the observations of philosophy and the devices of art. The seeming mystery of this relation is not greater than that of other important organs and their associated functions. The silent action of the brain, unfelt and unnoticed, and the subtle evolution of thought, which conceives the splendid schemes of a conqueror, or the gay and fanciful visions of a poet, are not more inscrutable mysteries than most of the dependent functions of humbler organs. We know with no more certainty how the stomach digests the food, than how the brain thinks. The facts and evidences that sustain the one as the instrument of digestion, sustain the other as the instrument of thought, and they are both the results of experience and observation. If we have no sensible proof of their action in a state of health, we have those evidences in a state of disease, by a loss and perversion of functions. If we behold the skull fractured and depressed under violence, we at once discover the mind to vanish, and the moral agent to disappear. This is all we may ever know of these surprising and inexplicable relations; and that they exist in such exact and mutual conditions, only the stupid bigotry of ignorance has denied. We are aware that cavilers of this class, who seem to fear too great a compromise of man's immortal part, are in the habit of urging as objections, that moral causes often produce insanity, and that no organic changes can be detected, at all answerable to the effects. But the answer is obvious, and, we believe, triumphant. Great and palpable functional disturbance may exist, is happening every day in the experience of every practitioner, and will continue to happen without our ability to trace them to any perceptible and sufficient cause, with our present limited means of investigation. Let such ascertain and define the organic changes concerned in that most frightful of our disorders, tetanus. And here, surely, are inordinate functional derangements, not limited to one organ only, but involving every subordinate system in the economy. If loss or perversion of action can occur independent of recognizable alterations of matter, we see no stumbling obstacle in the operation of moral causes in the production of species of insanity. But we are not sure that the higher degree of accuracy with which morbid structural changes have of late been examined, has not discovered many of those hidden lesions which were vaguely and unmeaningly ascribed to moral agents. The labors of Esquirol and Pinel of our day, and of Spurzheim and Haslem, and a host of other patient and philosophic observers in the generation just passed away, have shed a flood of light on the material changes of the brain and its appendages, as concerned in the multifarious and distress-

ing modes of insanity which we now recognise. The first named author, who perhaps has done more than any other man for the unhappy victims of this serious malady, by the application of his acute mind and ready benevolence in detecting the connexions of mental aberrations with lesions of the brain, has established the following as fundamental truths in this department of our art. First: that in the brains of those who die of insanity, changes of structure will always be found. Secondly: that those changes are the consequences of inflammation either acute or chronic. Thirdly: that there exists a correspondence between the symptoms and the organic changes; and that the names monomania, mania, &c., ought only to be employed as representing degrees and stages of inflammation of the brain. It, therefore, we recognize these important facts—and the body of evidence in their favor is so large and varied that we are at a loss to understand how they can any longer be withstood—how superlatively absurd, if not criminally negligent, becomes the conduct of those, who, having the care of tender minds under their guidance, habitually practice toward them the principle of an entire separation of a mind from matter. We too often see parents and teachers, yielding to an unfortunate pride in early mental development, urge on a precocious child in the acquisition of knowledge, to say the least of it unnecessary and useless to their period of life, until the young victim sinks into an untimely grave, or lives to a more matured life, only to disappoint early promises, or become the hopeless imbecile under the responsible duties of adult age. A little reflection on this subject would spare a world of anxious care for the future, and a host of entailed physical ills. The undue exercise of any of the organs of the human system is now regarded by the most sensible and experienced observers as the most certain among the productive agents of disease. The brain, in its structure, and from the large proportion of blood distributed through it, is an organ predisposed, from its very nature, to disturbed action; and we readily understand how a tasked performance of its duties at a period of life when it is not in its natural state of development, with its substance in a soft and semi-fluid condition, and its susceptibilities sharpened by the constant reaction of the natural arrangements surrounding it, can and does excite a series of disturbances at once prejudicial to its future well-being, and to the health and life of childhood. It was the main purpose of this invaluable little work, which should be found in the nursery of every family who have the well-being of their offspring at heart, to diffuse correct knowledge among parents and teachers on the subjects of mental cultivation and excitement, and to demonstrate that by disregarding the close dependencies subsisting between the brain as its organ and the mind as its function, serious and irremediable mischiefs were but too frequently entailed on the tender and ungrown mind. For the better execution of his design, Dr. Brigham has devoted one section of his work to a consideration of the proofs, (amply sufficient,) of the brain being the organ of the mind, and has arrayed them in a manner as imposing as they are free from the ambiguities and technicalities of a work of art. They are adapted to the understanding of any careful reader, and possess interest enough, we hope, to enlist the earnest attention of every parent and instructor of youth. Then follow, as direct corollaries from this fact, seven other sections making a small duodecimo vo-

lume, which an hour's careful perusal for three days will complete. We will conclude this notice, general as it is, by expressing the hope that this matter will not remain unnoticed by the heads of families throughout our country, and by those who have duties second only to parents to discharge, in their charge of future generations; but that, acting on the hints and evidences contained in this volume, we shall be blessed in time to come with a race of beings of more manly vigor in body, and a higher eminence in mind.

A. F. A.

V.—*Twenty Fourth Annual Report of the Bloomingdale Asylum for the Insane, for the year 1844, New-York.*

We are indebted to the author, Dr. Pliny Earle, Physician to this Institution, for a copy of this interesting report. The Bloomingdale Asylum for the Insane is a branch of the New York Hospital, and is situated near the Bloomingdale road, seven miles from the City Hall, New York, upon an elevated and beautiful site, half a mile from the Hudson river. The Institution was formerly called the "Lunatic Asylum," and was a building erected in the year 1808, in immediate proximity to the main Hospital. It continued there till the year 1821, when the patients were removed to the present establishment, and the Institution received its present name. This is the oldest Asylum for the Insane in the United States, except one at Williamsburg, Va. "From the time of opening the Institution to December 31st, 1844, the number of patients admitted was *two thousand eight hundred and seventy-five*, of whom *one thousand three hundred and fifty-four* were cured." This is certainly a gratifying result. Dr. Earle says—"Modern improvements in the method of treatment have deprived mental disease of much of its terror, by demonstrating that it is curable to as great an extent as most of the maladies with which mankind is afflicted. It appears to be very satisfactorily proved, that of cases in which there is no eccentricity or constitutional weakness of intellect, and where the proper remedial measures are adopted in the early stages of the disorder, no less than *eighty* out of *one hundred* are cured. There are but few acute diseases from which so large a per centage of the persons attacked are restored. One of the chief obstacles to a more general recovery of the patients admitted into public institutions, and one of the principal causes of the great accumulation of deranged people in the community, is the neglect of removing them to an Asylum as soon as it is possible, after the commencement of the disease. A belief that they can be treated more effectually among their friends, when ail experience goes to prove that they are more easily managed, and far more likely to recover, under the care of strangers; erroneous ideas in relation to public institutions; the sanguine hopes cherished from day to day, but cherished only to be daily disappointed, that the afflicted person will soon regain the use of reason, frequently combine with other considerations, to retard the admission of the patient until the period most favorable to recovery is past. Thus the mistaken kindness of relations has undoubtedly been the cause of rendering the disease of hundreds of maniacs permanent. After the first three months of the existence of intellectual derangement, the probabilities of a cure

begin rapidly to diminish; and at the expiration of a year, it is believed they are not half so great as at first. If continued beyond that time, the diminution progresses, so that of such as have been deranged more than two years, the number that recover is comparatively very small; supposed by some physicians to be but about one in thirty. Yet hope is left, and cures are sometimes effected of those whose disorder has existed for five, ten, and even fifteen years. It would seem that every consideration of humanity and of duty requires a greater practical attention to these important truths."

There are ten tables made out by Dr. Earle in relation to the following topics, viz: general statistics; monthly averages of patients; forms of disease; causes of disease; duration; causes of death; nativity and residence of patients; ages; and occupation.

There were in the Asylum on the 1st January, 1844, 100 patients.
Admitted during the year, - - - - - 106 "

	206	
Discharged, - - - - -	89	"
Died, - - - - -	13	"
Remaining 31st Dec. 1844, - - - - -	104	"

Of those discharged—there were recovered, 50; improved, 27; by request, 12.

TREATMENT.—Under this head Dr. Earle offers the following general remarks.

"The curative management of the insane consists in a combination of two distinct and essentially different series of means, the first of which are those remedial agents strictly belonging to the art of medicine, and the second, a course of bodily and mental discipline, the tendency of which is to tranquilize the mind and restore it to its original integrity. Hence have arisen the terms *medical treatment*, and—for the want of a more expressive word—*moral treatment*. These subjects will receive, as they merit, a distinct consideration; but before proceeding to them, it may not be inappropriate to remark, that there has been, and still is, a diversity of sentiment in regard to which of these series of restorative means should claim pre-eminence. There are many persons in the community who believe insanity to be purely and exclusively a disease of the mind, and consequently set at naught all medical remedies. Many physicians, also, particularly those of Germany, among whom are Hoffbauer, Heinroth, Reil, Benek, and Langermann, concur in this opinion, so far as regards the seat of the disease, but most of them acknowledge the utility of medicines in effecting a cure. Leuret, a French physician who has adapted the theories of the German School, is the only one, so far as I am informed, who maintains that the disorder may always be cured, if it be curable, by moral treatment alone. On the contrary, it is the belief of a large majority of the physicians of the present day, that the disease is always bodily, and that the mind appears to be disordered only because the organ through which its operations are manifested is not in a condition of health. The latter opinion appears the more rational, as it is more consistent with the general principles of physiology and with the commonly received ideas of the spiritual nature of man. But how diverse

soever may be the sentiments of individuals in reference to the seat of the disease, it is now generally conceded that the most effective treatment is that which unites, in judicious proportion, the variety of means included by the two divisions already mentioned."

Then follow special remarks under the heads of *Medical and Moral Treatment*, which are very interesting. The report concludes with a Meteorological Register for the year, and an appendix giving an account of the general expenses &c. It is altogether a very interesting document, and as it is not intended exclusively for the medical reader, should obtain a general circulation.

ART. VI.—*Human Health; or the influence of atmosphere and locality—change of air and climate—seasons, food, clothing, bathing and mineral springs, exercise, sleep, corporeal and intellectual pursuits, &c. &c., on healthy man—constituting Elements of Hygiene.* By ROBLEY DUNGLISON, M. D., Professor, &c. &c. &c. A new edition, with many modifications and additions. Philadelphia, Lea & Blanchard, 1844. pp. 464.

This edition, of a work for some years before the Profession, offers another proof of the indefatigable industry of Professor Dunglison. Well skilled in the art of book-making, if he cannot lay claim to originality, he at least selects well from the labors of others, and arranges his matter with taste and judgment. This constitutes the chief merit of Dr. Dunglison's voluminous works, and it is by no means insignificant, since more credit is due to the man who collates and classifies a large number of facts and phenomena, than to him who may have made a few isolated discoveries. True merit consists in the practical application of scientific truths to the happiness and welfare of man. The discovery of an important law in physics, if not made available in the mechanic arts, and consequently promotive of human good, will not entitle the discoverer to the appellation of benefactor to his species. Franklin not only discovered the electric fluid, but he wrested it from the hand of Jove—he brought it from heaven, and taught us how to protect our dwellings from its ignipotent influence. Had he stopped short of this, the beautiful and simple experiment by which he moved it from the skies, would have been little else than soaring a kite for his amusement on a summer's eve. The same remark may be applied in other discoveries in any science whatever.

But let us return to Dr. Dunglison. "The object of *Hygiene* is to inquire into the circumstances that may promote health, or give rise to disease; or, in other words, into the influence of physical and moral agents in healthy man; and thence to deduce the best means of preserving health, and for developing all the healthful energy of which the functions are capable." Such is the noble object of hygienic science; the development of the physical and intellectual powers of man, in order to protect him against the deleterious influence of physical and moral agents. Our first aim should be to prevent, and our second, to cure disease. To do this—to accomplish such a glorious result, we must necessarily study the "various circumstances" by which man is surrounded—investigate the agents, both atmospheric, telluric and electrical, which act upon and modify his physical and moral nature.

Chapter 1st is devoted to the consideration of the influence of "atmosphere and locality" upon man's health. This subject undoubtedly deserves an attentive examination, and accordingly we find the author has adduced a vast amount of useful information on this point; he investigates the influence of atmospheric pressure, both when diminished and increased, upon the constitution of man; he discusses its temperature, whether high or low; its hygrometric, barometric, thermometric, and electrical states; he alludes to that fruitful source of disease, "vitiation of the atmosphere," but his remarks upon this subject are far too meagre, considering its important bearing upon man's organization; after this, he enters upon "terrestrial emanations," and here our author makes ample amends for his brevity on the last named subject. But we think he might have included both under one head; for is not a "vitiating atmosphere" brought about by "terrestrial emanations;" as, how could any gas, malaria, (*vel malaqua*,) marsh effluvia, or indeed, any of those mephitic, or deleterious emanations mount from the surface of the earth, but by commingling with different strata of atmosphere and soaring with it into the upper region, until it attains a point where it either remains stationary, or is wafted by different currents over the surface of the earth. Chemists tell us, that the relative constituents of the atmosphere are nearly the same, at all heights and depths,—whether upon the "Chipea Pic" of the Himalayas, or in the sandy deserts of Egypt. The ubiquity of the atmosphere attests its necessity to all organized beings, whether to the fish who gambols at a depth of 3 or 4000 feet, or the plant, budding upon the top of the tallest mountain. A goodly portion of the volume is occupied with the comparative salubrity of different soils, planetary influences, seasons, climate, &c., &c.

Chapter 2d treats of the various kinds of "food," adapted to the wants of man. On this part of his work, Professor D. dwells at great length, and evinces a thorough knowledge of the *ingesta*, proper for the well-being of our systems. We would recommend those who wish to become familiar with the digestibility, &c. of the various articles of diet, to read this chapter; it will be found to contain all the facts which have been discovered in this useful branch of hygiene.

Chapter 3d, as well as the 4th, 5th, 6th and 7th, treats severally of "clothing, bathing and mineral springs, sleep, corporeal and mental occupations," concluding with an "appendix" containing a "table of the mean temperature, &c., of the seasons in different parts of America and Europe."

After all that has been said and done for the health and longevity of man, we still find but few reach a good old age, fewer still attain the age of three score and ten, simply because they will not read our big books on Hygiene, or if they chance to read, they fail to follow the advice which they contain. Few men, so long as they are in health, will consult the doctor as to what they shall eat or drink: every man will obey the impulse of his own appetite, and if, on trial, he finds this or that article to derange the digestive organs, he may then be pleased to renounce it. We have always found it a serious difficulty to restrain patients, even when suffering under acute disease; and numbers annually fall victims to their appetites, in this city, when convalescing from the yellow fever. The

cuisinier is more potent than the doctor; whilst the *confiscur* compounds for the most delicate tastes, often filching from the *Pharmacien*, some of his most active articles, to give a proper coloring to his candies! Verily, this is a cheating world, and no class is more humbugged than the doctors.

In conclusion, we have a serious charge to prefer against our author. Throughout this volume, he is constantly referring to his other works—as if to say, “buy gentlemen, and read; I alone have written on this subject!” Professor D’s works are doubtless very good, but their commendation would appear better from some other source than the author.

We are indebted to the publishers through Mr. J. B. Steel, No. 14, Camp street, for a copy of the work.

ART. VII.—*The Principles of Surgery.* By JAMES MILLER, F. R. S. E., F. R. C. S. E., *Professor of Surgery in the University of Edinburgh, Surgeon to the Royal Infirmary.* &c., &c. Philadelphia: Lea & Blanchard. 1845. pp. 519.

The 19th century will be memorable in after times for the appearance of a number of valuable works on medical and surgical science. Scarcely had we finished a hasty review of one of the most valuable and extraordinary books of the day, on “Operative Surgery,” when another, quite as finished, though far less comprehensive, makes its appearance, on the “Principles of Surgery.” Mr. Miller’s work establishes an indissoluble connection between medicine and surgery—a connection which has been questioned by some, denied by others, but which all must sooner or later acknowledge to exist. The principles of surgery, therefore, bear the same relation to pathology proper, as do the principles of medicine to the same subject. Why then should we seek to separate two branches of the same science, having a common origin and object? The effort, from whatever quarter it may come, must, as it has ever done, fail, because *morbid changes* are identically the same for both departments. Mr. Miller has said more in a few words, than any writer since the days of Celsus, to whose style of composition his may be very aptly compared. He has condensed a vast amount of useful information into a small book; a merit to which but few of our medical authors can lay claim. He has rather attended to the matter than the manner—his words, if not always elegant, are, at least, full of meaning, and evidently show that he is more occupied with thought than diction. Mr. Miller has given in the first part of his work a “historical notice of surgery,” tracing its origin back to the times when, we are told, that “gods and the sons of gods,” deigned to practice the art. He gives a rapid, though eloquent sketch of surgery as it groped its way through ignorance and superstition, for centuries, until it finally emerged into the broad light of the 18th century. This part of the work will interest the young surgeon, because here he will find, that most of our modern improvements, yecept discoveries, if not actually developed, were at least shadowed forth in such strong language, that little doubt can be entertained as to their priority.

But it is not to these disputed points we wish to call attention; other and more important matter claims our consideration. M. Miller divides his work into twenty-two chapters; the first of which treats of “*pervert-*

ed action of the blood-vessels," including "inflammation and congestion." With the former—inflammation, that fruitful source of disease and death, a terror both to the surgeon and physician, our author begins. Inflammation is by him defined a "perverted condition of blood-vessels of a part, interrupting its healthful function, and changing its normal structure; ordinarily attended with heat, redness, &c., inducing more or less disturbance in the general system." He asserts that the term "inflammation" has been made to include too much—too many morbid phenomena;—comprehending in its definition the slightest exaltation, as well as the complete and total destruction of a part, by suppuration, gangrene, &c. He proposes therefore, in view of the confusion necessarily arising from the consideration of a subject so complex, to restrict the term, *inflammation* to what is *essentially morbid*; or in other words, at "variance with healthy function and structure." The blood "curbed into a blush," upon the cheek of modesty, and the fiery redness of erysipelas, are essentially different; the former does not transcend a physiological, whilst the latter has, already, entered into a pathological state. The transition from health to true inflammation is gradual, not sudden, except in particular instances. Pathology has laws no less certain than physiology, although the first be less understood, and more difficult to define than the last. Nature, whether engaged in the noble work of constructing or of destroying, is consistent, harmonious, guided by fixed and determined laws, the study of which constitute the respective sciences of physiology and pathology. It is to understand and define these laws that so much has been written on the subject of inflammation.

Our author subdivides the stages of inflammation into three—1. simple vascular excitement; 2. active congestion; 3. true inflammation. He illustrates the theory of the inflammatory process by reference to the effects of all acrid irritants when applied to the skin. And although all the component parts of the structure may be affected, yet our author thinks it is the nervous structure—the sensory portion, which first suffers; the impression thus made, is referred to the nervous centre, and by reflex action transmitted thence to the vascular system, affecting the heart and its dependent parts. Between the first impression and the sympathetic excitement, brought about by reflex action, a given time elapses, which is called the period of *incubation*; this is longer or shorter, varying according to the temperament of the individual, &c. The *first* condition of a part, about to become the seat of an inflammation, is a flow of blood to the point, whilst its velocity through it is materially increased. The capillaries of the part diminish in calibre, they contract, they may even be regarded as in a state of spasm; soon however, they become relaxed, the tonic spasm disappears, under the now augmented pressure of the circulating fluid, which now begins to rush to the part from all quarters. After the lapse of a certain period, the very reverse of the first stage—dilation, takes place; the diameter of the vessels is increased; the "red corpuscles," by the *vis à tergo*, are driven and packed into the now enlarged vessels, and some of which, for the first time, receive red blood. If this vital turgescence is not soon dissipated by art, or the unaided efforts of nature, effusion takes place in the circumjacent cellular structure. This constitutes the first stage according to our author—"sim-

ple vascular excitement; we, however, think that it is rather about the middle of his second. But we shall not pause to dispute this point, which has reference more to the degrees of inflammation than to any real pathological change. The *second*, or the stage of "*active congestion*," is announced by increased vascular commotion in the arteries on the "cardiac side of the part effected;" they pulsate with violence; they enlarge; they transmit more blood to the congested point; now the small vessels, the seat of the afflux, begin to give way under the accumulated pressure from all sides; up to this period, they are merely in a state of dilatation; retaining some degree of tone and controlling the circulation of their contents. Now they are about to give way, before the mighty rush of blood, the "lymph-globules" of which, by their adhesive properties, greatly retard the transmission of the fluids through the capillaries. Nor is this all. The attraction between the fluids and solids is augmented; hence the circulation is more retarded than in a normal state. "The red corpuscles are no longer limited to the central current, but are encroaching more and more on the lateral and clear lymph-spaces." We now have exsudation of serum and *liquor sanguinis*; also, increase of plasticity in the fibrinous portion of the blood. Derangement of circulation necessarily implies a perversion of nutritive action. These, together with some other changes in the part, which we are forced, for want of space, to omit, constitute *active congestion*. This state of things may either pass away, or, gradually advance to the *third*, or *true inflammatory stage*. Now the process is completed; the tone of the vascular tissue is destroyed—it has lost all power of contraction; the nervous influence is either suspended or abolished; the vessels implicated are "thickened—softened"—the circulation in the part is completely arrested; the capillaries are crowded with the sanguine corpuscles; these may now be said to act as *so many little foreign bodies*, thus hastening on structural change. Finally, we have all the products of a real stagnation; exsudation of altered liquor sanguinis—of blood—pus is on the point of being secreted—"disintegration" of texture, with loss of vitality, soon succeeds; all formative acts are now at an end; the power of re-construction, of reparation, is annihilated, and we are now entering into the domain of pathology. Notwithstanding this arrest of circulation in the now inflamed part, that in the adjacent structures is unusually active. The vascular branches, going to these parts, are stimulated to increased exertion, urged on by the sympathetic action of the heart and large arteries. If the obstruction to the circulation is not removed, the neighboring vascular tissues, in consequence of the additional labor to which they are subjected, must sooner or later lose their tone, and fall likewise into a state of passive dilatation; thus the circle of congestion is widened—and on making an imaginary section of the "*inflammatory disc*," we have in the centre, *true inflammation*, characterized by extravasation and destruction of texture, with incipient suppuration; at a little distance from this centre, the seat of genuine inflammation, we have *active congestion*, with exsudation of liquor sanguinis,—still further out, from the circle of active congestion, we have simple *vascular excitement*, accompanied with serous effusion. "Thus, true inflammation, structurally considered, consists of suppuration, actual or imminent, surrounded by fibrinous deposit, and that encircled by effusion of serum."

We have thus given a rapid, and, we fear, an imperfect sketch of the various stages of inflammation—a morbid process which accompanies, sooner or later, nearly all the changes wrought in the system, by disease of whatever kind. Our author gives a minute, and, we think, a clear and philosophic exposition of the local symptoms of inflammation; these comprehend, *redness, swelling, heat, pain, throbbing, increased sensibility, disorder of function, &c.* Here Mr. Miller has been particularly happy; and if he has not advanced any thing absolutely original, he has at least, shown himself a sound pathologist and a man of excellent practical views. He has accumulated and digested all that has been made known on the subject of inflammation and its symptoms. With speculation and theory, he deals as little as possible. He possesses the rare gift of condensing—of compressing in a few words, all the facts bearing upon a given subject. Whilst he studied to be concise, he did not forget to be clear and explicit. His sentences are short, and sometimes even abrupt, but always full of meaning. He reminds us of the husbandman, who, when he comes to store away his corn, takes an accurate measurement of his granary, and packs it with system; so that his barn is full and nothing over. Inflammation, since the days of Celsus, has been a fruitful theme for discussion, and authors, even at the present day, have not exactly agreed as to its real nature. A medical writer, a contemporary of Horace and Virgil, in speaking of inflammation, describes its symptoms in these words: "*Vero inflammationis notæ sunt quatuor, rubor, et tumor, cum calore, et dolore. Quo magis erravit Erasistratus, qui fibrem nullam sine hac esse dixit.*"

The Roman physician thinks Erasistratus errs egregiously, when he declares that all fevers arise from inflammation—a doctrine recently revived, and ably developed and maintained by the celebrated Broussais. Here indeed, we find the germ of that system of medicine which culminated in the medical horizon for a short period, and which meteor-like dazzled the imagination, but soon exhaled like the aroma of a perishing flower.

But let us return from this digression, and follow the author through his second chapter on *perverted action of the nervous system, or irritation*. This term is greatly abused by medical men at the present day. If we cannot detect the real seat of lesion, all is explained by referring the morbid system to irritation; if we are unable to diagnose the disease—if there are no evidences of localization, if the nature of the diseased action eludes our grasp, if the patient clamours for an explanation of, or a name for his disease, we confidently pronounce it "irritation;" then, and not until then, is the patient satisfied, and the doctor's character vindicated.

Mr. Miller first describes the signs of *local and general irritation*, which we regard as the clearest and most lucid to be found in any book written in modern times. Then comes the treatment, and as might be expected *à priori*, nothing could be added to this part of the subject,—and we know not which to admire most, his sound therapeutic views, or his accurate and profound knowledge of pathology. On this point, Mr. M. is without an equal—as it is well known that our best pathologists are miserable therapeutists.

Here we are compelled to take leave of our author, from whom we have derived both pleasure and profit; and in doing so, we can safely com-

mend his book to all who wish to acquire an accurate and clear conception of the "principles of surgery." We know we have not done justice to his book; we have commented only on the first two or three chapters; but these will suffice, we trust, to induce others to study his principles, and apply them to practice. It will be found a rich mine of valuable information, from which the old as well as the young surgeon and physician may draw largely; it will more than repay perusal, and as much cannot be said in truth, of a great many works which come to hand. The mechanical execution of the book is highly creditable to the enterprising publishers; the binding is excellent, befitting well its contents. The book may be had of Mr. J. B. Steel, 14 Camp st, through whom we have received a copy from the Northern publishers.

ART. VIII.—*An Essay on Curvatures and Diseases of the Spine, including all the forms of Spinal Distortion.* By R. W. BAMPFIELD, Esq. one of the Surgeons to the Royal Metropolitan Infirmary for Diseases of Children, Fellow of the Medical Society of London, &c. Edited by J. K. MITCHELL, M. D., Professor of the Practice of Medicine in Jefferson Medical College. Philadelphia, Barrington & Haswell, 1845, pp. 223.

[This valuable work has been incorporated into the SELECT MEDICAL LIBRARY of Dr. John Bell, from whom we have received a copy. A friend in this city has kindly furnished us the following notice of it.—ED'RS.]

A republication of this work, so long after its first appearance, speaks well in its favor. It was originally delivered, in 1823, before the Medical Society of London, which awarded to the author the Fothergillian gold medal. The essay was subsequently improved, by the addition of cases and remarks, before it was given to the world in its present form. During this period of more than twenty years, many works have appeared from authors of ability, on curvatures of the spine, without shedding much additional light upon Mr. Bampffield's publication. The same is conceded by the accomplished American editor, Prof. Mitchell, who has made this important subject a special object of study, and contributed a handsome paper upon it, with some improvement in the detail of treatment.

The various parts of this work, the author comprehends under curvature and distortions of the spine; fractures; concussions and dislocations of the vertebræ; spina bifida; inflammation of the medulla spinalis and its membranes; &c. &c.

Distortions he divides into two species, the curvature and the angular projection. Of the former he makes three varieties: excurvation or curvature outwards; incurvation or curvature inwards; and lateral curvature.

As excurvation is that variety of spinal deformity which most usually occurs, our author has, very properly, introduced it first, and has bestowed upon it the most extended notice. In imitation, we shall confine what little we have to say, to this variety, not omitting by any means, commendation of the work generally, and cordially recommending it to the medical profession, as being replete with sound practical sense and accurate observation. Fortunately, however, our bountiful country is comparatively exempt from curvatures of the spine; and we are seldom called upon to

treat these affections. But they should engage the attention of the enlightened physician, as cases do sometimes occur; and as the little sufferers are apt to enlist our sympathies from their helplessness, and command our respect from the sprightliness of their intellects.

Mr. Bampfield has given the symptomatology in faithful detail, and has dwelt at length upon the lesions of the various structures involved, as the muscles, the bones and intervertebral cartilages, the spinal chord, and the nerves arising from it, the ligaments, &c; all of which are well worthy of study, and especially the bones of the spine in their distorted and disorganized state.

The destruction of the spinal bones is accomplished by two modes of action. The one by caries; the other by progressive absorption; and the bodies of the vertebræ are the parts chiefly subject to these modes of destruction, which also involve the intervertebral cartilages. But the destruction is effected differently. Caries, when of a scrofulous character, attacks for the most part the cancellated structure; the earthy matter is absorbed, and the bone rendered soft and spongy. In common chronic inflammation, the bones assume a dark color, and become unusually vascular, but preserve their natural texture and hardness.

Ulcerative absorption may have its origin in any part of the bodies of the vertebræ, or their horizontal surfaces; and the destruction progresses in a very irregular manner. Sometimes excavations are formed; at other times the horizontal surfaces, and again the perpendicular surfaces, are destroyed. More commonly, the carious surfaces are jagged, fissured, or irregular, with cavities filled with puruloid matter. Sometimes it is found without pus or matter, and is then designated dry caries.

Abscess of the contiguous soft parts is occasionally the result of caries, causing collections of pus in the posterior mediastinum, which separates the thoracic pleura from its natural adhesions, and by pressing upon the lungs produces cough and dyspnœa, or it may be discharged into the cavity of the thorax, causing death. Or pus may separate the peritoneum from its attachments, or penetrate the peritoneum, and excite inflammation of this membrane, that may terminate fatally; or it may take a course to the verge of the anus, or it may insinuate itself along the spine and produce lumbar abscesses.

In progressive absorption, destruction of the bodies of the vertebræ is begun and continued on the horizontal surfaces, so that if the disease run its course without interruption, the bodies are reduced to a cuneiform shape and rendered thinner and thinner, until they are wholly absorbed; the intervertebral cartilages becoming contemporaneously absorbed with the bone.

It would be useful, did space permit, to enter into a full consideration of the causes of spinal distortions, as upon these a true knowledge of the nature and treatment depend. We can barely observe that our author enumerates among the remote causes, contusions from blows, sprains, and other mechanical injuries; scrofula, rheumatism, rachitis, syphilis; irregular growth of bone; muscular debility; and senility. And he considers a morbid alteration or destruction of the spinal bones, and intervertebral cartilages by caries or progressive absorption, the proximate or immediate cause of permanent curvature. It must be obvious that the

erect attitude of the spine depends upon an equal thickness of the vertebræ and of the intervertebral cartilages ; and that the graceful movements and flexions of the spine are performed by the temporary yielding or alteration of these cartilages ; consequently, all permanent curvatures of the spine are the result of either the vertebral bodies, or the intervertebral cartilages, or both, being reduced to a cuneiform shape, or entirely destroyed.

The general indications, in the treatment of excurvation of the spine, are equally applicable to the several varieties. They consist in removing pressure from the vertebral column ; in avoiding irritation from motion in the erect attitude ; in assisting to regain the true spinal line ; in removing constitutional disturbances, and rectifying disordered functions ; and lastly, in promoting the general health.

In all cases, pressure is best removed on a horizontal, and not upon an inclined plain, as the latter position must necessarily be incompatible with the easing of the spine of all superincumbent weight. To avoid the irritation of motion, Mr. Bampffield recommends rest in the horizontal facial position, upon which he lays much stress, and claims the discovery as his own. The patient should lie on a feather bed, or other soft medium, to admit of an inward inclination of the vertebral column by its own gravity ; and the stretching the flexor muscles of the thigh will also tend to draw the lumbar vertebræ inwards. Thus the horizontal surfaces of the anterior portions of the vertebræ will be separated, and pressure thereby effectually taken off, to allow an opportunity for the regeneration of bone and intervertebral substance. The muscles of the back are likewise relieved of their state of tension, and gradually recover by relaxation and moderate exercise. Generally, a confinement of about three months will be required in this situation ; at the end of which time, if the spinal line should be transferred too far inwards, the dorsal horizontal position should be observed or alternated with the facial : and in cases where lateral curvature has been superadded, this deviation is soon rectified by extension, and the facial horizontal position.

Mechanical extension and pressure of the vertebræ likewise contribute to the regaining the true spinal line. In the advanced stages, before ankylosis has taken place, these powers are unequal to reduce the curve to a straight line at once, but gradually assist in accomplishing it. But where ankylosis has taken place in the surfaces of the diseased vertebræ, these means are fruitless, and the deformity irremediable. Extension has been differently applied by machinery on the principle of a windlass, and by assistants pulling at the upper and lower extremities at the same time. During the extension, pressure should be applied with the hand, and shampooing, or friction with the bare hand, or a little flour interposed to prevent abrasion, or with camphorated liniment. Co-operating to the same end, may be used a compress, or quilted pad, placed over the curvature, with a broad bandage rolled round the chest. If the mechanical means cause pain from the presence of inflammation in the vertebræ, we should have recourse to the counter-irritation of issues, seatons, cupping, leeches, blisters and rest. To the surgical treatment already suggested, may be added the spine-car of Professor Mitchell, which consists of a little cart on rollers, with a light iron supporter for the head, to keep off the pressure from the spine, which is very convenient in cases of children,

who are naturally impatient of confinement in the horizontal position. An account of this simple and ingenious little machine may be found in first number of the N. Amer. Med. and Surg. Journal, published in 1826.

In the medical treatment, the general principles that guide the profession, in all cases of disease, apply here with equal propriety. A proper regard must be had to the due preservation of the digestive organs, for upon them a healthy balance of the general system depends. The several indications may be mostly met by rhubarb, or a combination of this article with mass hydrarg. and pulv. ipecac; by chalybeates, with vegetable bitters, and alkalies of soda and potash; also the preparations of iodine, particularly the iodide of potass. and iodide of iron, in scrofulous habits. Likewise, local cold bathing, in the absence of pulmonic complaints; and exercise of the muscles involved in the deformity, in the incipiency of the disease, and in the advanced stages of recovery, where there is no inflammation in the vertebræ, and when the superincumbent weight can be borne without injury. But during active inflammation or caries, or during the formation of callus, or regeneration of bone, it is obvious that perfect rest, in a suitable horizontal position, must be rigidly observed. In conclusion, it may be remarked, that the restoration of the vertebral column, "is generally accomplished in incipient cases, in temporary curvatures, and where there is not much destruction of the bodies of the vertebræ or their cartilages, or great disproportion of the growth, or malformation of bone; but where there is considerable vertebral destruction, or the curvature is of long duration, or the disproportion of the parts of the vertebræ is great, either from malformation or diseased alteration of structure, the perfect restitution is impossible, and the patient must be resigned to the imperfect degree of uprightness his situation admits of being restored to."

Having extended this imperfect analysis of excurvation so far, we regret that our limits forbid any further notice of the remaining varieties of curvature, or of the angular projection, or any other of the divisions of diseases of the spine.

Upon the whole, (the treatise is a very valuable one, and notwithstanding its rather too great prolixity, may be consulted with the greatest advantage: and we reiterate, that we cheerfully recommend it to the profession.)

J. B. S.

PART FOURTH.

HEALTH OF THE CITY—TOGETHER WITH AUTHENTICATED REPORTS FROM THE NEW-ORLEANS HOSPITALS AND INFIRMARIES.

NEW-ORLEANS, MAY 1st, 1845.

This number completes the first year and volume of our Journal, and we will not disclaim the gratification we feel, at having progressed thus far in an undertaking which the state of the medical profession in the South certainly demanded, which we have prosecuted with zeal and such ability as we possess, and which, we now feel assured, will continue to prosper. Our labors have been arduous and oppressive, but we have felt that they were exerted in a good cause, and resolved, if sustained, to persevere, whatever might be the sacrifice of comfort or health. Our commencement presented at best but an experiment, though founded upon an estimate (which the event justifies) of the talent and liberality of Southern physicians, and the wants of the profession in this section of the Union. Without, however, being able to bring to the undertaking the advantages of capital or extensive acquaintance, we succeeded in getting it under way, and have labored on from number to number, gathering strength and favor as we proceeded, until we may now safely say that the Journal is firmly established and the prospect before us is flattering. We cannot express the gratitude we feel towards those who ventured to sustain us in the experiment, and for the kind indulgence with which our efforts have been received. We are aware that many persons who wished success to the enterprize, were induced to withhold their subscription on account of its uncertainty; but the fact that a sufficient number have already come forward to establish and sustain the work during its infancy, affords conclusive evidence that much more may be done—that the physicians properly within our sphere may sustain a Medical Journal that will be read with interest throughout the world. We wish to enlist our professional friends to a far greater extent than merely reading our pages and paying their annual contributions—we wish to put them in communication with the scientific men of other countries, and to excite their ambition to make *their organ* as respectable as any Medical

Journal in the world. If they cannot make it as distinguished for scientific research and ability as others in older and more enlightened countries, they can at least enrich its pages with many valuable facts and observations, which need but the labor of careful noting. Having become more familiar with our duties, we hope in future to give more satisfaction. We shall make some improvement in the style of the Journal, and are determined to have no more complaint about its want of punctuality in coming out. It shall appear hereafter on the 4th of each alternate month, unless prevented by some unavoidable obstacle.

We wish to make our work truly a *Journal of Health*, containing instructions for preserving health, a faithful record of prevailing diseases, together with the best methods of curing them. The original articles in this number will doubtless be read with interest, and require no comment from us.

Dr. C. H. Stone of Woodville, Mississippi, has sent us a supplement to his interesting paper on the yellow fever of that place, which arrived too late for insertion in our first part; but we cheerfully comply with his earnest request, and publish it below. We learn from a different source, that Dr. Powell, whose testimony Dr. Stone seems so anxious to incorporate with his own, in regard to the late epidemic, is a neighboring practitioner of high standing and extensive experience. Dr. Stone deserves much credit for his laborious investigation into the origin and progress of this fatal epidemic.

Inasmuch as our Hospital Reports were very brief in the last number, on account of a press of matter, and as we find ourselves in the same condition at present, we are induced to add eight pages to the present number, rather than exclude observations of this nature, which we know are viewed with interest by many of our readers. Although the additional expense is an object of some importance to us, we feel desirous of doing every thing in our power to enhance the value of our Journal.

The following is the addition to Dr. C. H. Stone's paper, referred to above:

SUPPLEMENT TO DR. STONE'S REPORT ON THE YELLOW FEVER OF
WOODVILLE.

Since writing the foregoing,* I have conversed with Dr. Powell, who, in addition to a description of the fever prevalent in his neighborhood, expressed his decided opinion that it was yellow fever, and that it originated there. Dr. Powell had often seen yellow fever before, and therefore his opinion is of value as to the nature of this epidemic.

It is remarkable that the whites were more exempt from fever than usual, three only coming under his care, and two of these, at least, had been in Woodville, while it prevailed extensively among the blacks; thus reversing the liability of the two races, if it were *truly* yellow fever. The blacks in Woodville had no greater immunity than the whites, though their attacks were milder.

Dr. P. further states, that from the first of August to October, all the fevers were *continued*, lasting from three to nine days, attended with more

* See article on yellow fever of Woodville, page 520, in this number.

pain in the head, back and extremities than usual in ordinary fever. The eyes and urine were yellow, and the serum, flowing from blistered surfaces, of the same color. He is unable to say much of the color of the skin, as the fever was chiefly confined to the blacks. Three whites only came under his care. One of them, Miss B., died at Mr. John Evans' on the 26th August, and had not been in Woodville since the preceding April. In this case the skin was yellow, as were the eyes and urine. Large quantities of bile were discharged from the bowels; the stomach was seldom irritable. Strangury and retention of urine were common in bad cases; profuse sweating in some instances, not attended with relief to the fever; pulse full, tongue red, and in severe cases dry; no hæmorrhages were noticed.

Dr. P. has seen cases of yellow fever occasionally occurring in that section, on the river, at Fort Adams and its vicinity, without the possibility of tracing it to any other source than a local one. These cases occurred in 1839 and 1842.

C. H. STONE.

Woodville, April 7th, 1845.

HEALTH OF THE CITY.

The city has continued quite healthy since our last date. There has been a continuance of the same diseases as noted in our last number, viz: pneumonia, catarrh, rheumatism, bowel complaints, erysipelas, measles, scarletina, &c. but none of them have prevailed to an extent to be called epidemic. The weather continued cool unusually late, and for the most part dry. Fires were not generally dispensed with until about the 10th of April, since which time it has turned warm rapidly, and the shady sides of the streets are sought with avidity, to avoid the oppressive rays of the sun. Since the weather has become so much warmer, we find bowel complaints more common among those exposed. The river from the 10th March, to the 10th of April was very high for the season, and our cross streets were well watered by means of the culverts through the levee. The water was only about 2 1-2 feet below the highest stage of last year. This rise proceeded from the Ohio, Cumberland, and Tennessee rivers; it was of but short duration, and has already passed almost entirely off. As a conjunction between the annual rising of the rivers on the Eastern and Western sides of the Mississippi has not taken place, there are now no apprehensions of an overflow this year. The rise of the upper Western rivers does not usually occur until June. The Mississippi at this place is again so low that an extensive batture is exposed, from which arise very offensive exhalations, and as the supply from the river is cut off, the stagnant waters in the gutters at the back part of the city are likewise very noisome. All these circumstances combined, induce many croakers to forebode a sickly season, but this is the old cry that may be heard every spring. We do not believe that any certain calculation can be made in regard to a future epidemic, or that the opinions of any in regard to it are of much value. We know really nothing of the remote cause of our autumnal fevers, nor the laws that govern it. What we call *malaria* is altogether a hypothetical agent, imperceptible, and appreciable only by its effects. These we have learned to prevent, in a measure, by

means of cleanliness and free ventilation ; or to avoid, by removing afar from the scenes where they prevail. But the great business of the physician is to defend the human constitution, and to aid the system in resisting these baneful influences. This being the alternate year in which yellow fever has usually prevailed for a period of about twenty years past, renders it quite probable that we may have another epidemic ; and this single fact is of more importance than all the calculations that may be made from the state of the river, or weather, or the condition of the streets, put together. It is worthy of remark, however, that the general health of New-Orleans has greatly improved within four years past. The oldest practitioners concur in the opinion that there is nothing like the amount of sickness in the city during the healthy seasons, that there was eight or ten years ago. Whether this is merely one of those remissions or exemptions that have occurred previously for similar periods, or a permanent hygienic amelioration arising from paving the streets, greater attention to cleanliness, &c., time alone will determine. There is doubtless still great room for improvement, in the condition of our city, and we are pleased to see that the proper authorities are devoting to the subject the attention it deserves. An important duty devolves upon the Board of Health ; they are the special guardians of the health of the community, and should promptly point out all sources of disease. The plan submitted to the council last summer by Mr. Peters, for more effectually watering and cleansing the city, has not yet been adopted, which is certainly a matter of regret, for there is no doubt that it would be attended by the happiest consequences. The utmost vigilance will be kept up in regard to the first appearance of yellow fever in the city, with the view to ascertain its source and cause ; and we hope the results will be conclusive. During the past winter we heard of several cases of sickness imported into the city directly from the West Indies, and pronounced by competent physicians to be yellow fever. One or two of them died, but the disease did not spread in a single instance.

HEALTH OF THE COUNTRY.

We learn that a considerable amount of winter diseases, such as pneumonia, catarrh, rheumatism, &c. have prevailed in different parts of the country. A physician from Mississippi, who resides in the neighborhood so severely scourged by erysipelalous fever, or black tongue, last spring, informs us that the same disease has made its appearance there again, and is very fatal at this time. He speaks of it as being a most unmanageable complaint, and one in which the patient has to rely almost solely on the *vis medicatrix naturæ*. So insidious are its attacks, and so obscure the indications, that no active remedy can be used without manifest injury. We should be pleased to receive another communication from our esteemed correspondent Dr. Puckett, of Warren county, Mississippi, on the second visitation of this disease. We learn that it has prevailed to some extent in Madison Parish, Louisiana, on the river just above Vicksburg, and we deeply regret the death of Dr. D. Barber, who fell a victim to it in that vicinity. Dr. B. was from Virginia, but had been practising in Mississippi and Louisiana for eight or ten years. We had no personal acquaintance with him, but have often

heard him highly spoken of as a skilful practitioner. We have heard that quite a fatal pneumonia has prevailed in the Western District of Tennessee, and the newly settled country on the upper Ouichita river. The physicians in those regions should to publish an account of this disease. In our future numbers, we hope to furnish a more ample account of the health of the country.

HOSPITAL REPORTS.

CHARITY HOSPITAL.

At an election held by the Board of Administrators on the 7th April, for the purpose of choosing eight physicians and two surgeons to serve until November next, the following gentlemen were elected, viz: to the Surgical Wards, Dr. A. Mercier, and Dr. A. Hester; to the Medical Wards, Drs. T. M. Logan, J. B. Slade, Martin, Harral, Pecquet, Alpuente, Osborne, and E. D. Fenner. Dr. Osborne being desirous of the surgical service only, declined accepting his medical appointment, and Dr. P. W. Landreaux has been chosen in his place. These appointments are all new, except Drs. Harral and Alpuente. Dr. J. C. P. Wiederstrand was re-elected House Surgeon. The following students were chosen to serve in the hospital, viz: R. H. Chinn, A. H. Fourniquet, J. A. Piernas, J. B. Vandergriff, J. Felix, and Compton;—Apothecary, M. Boyens—Assistant Apothecary, H. Rose; Hospital Clerk, H. Vanderlinden—Assistant Clerk, J. V. Loubére.

It will be observed that the above named physicians and surgeons have been chosen to succeed the Professors of the Louisiana Medical College, whose term of service expired with their course of lectures. They will be reinstated in the fall when the course is resumed. There are three wards more than the Professors can attend, which are given to other physicians. We are induced to hope that the physicians and surgeons now in service will note carefully every thing of interest occurring in the hospital, and that we shall be furnished with extensive observations for publication. Their term of service is as yet so short, that no full reports of cases can be furnished—such general observations as could be obtained are here submitted.

The admissions into the Hospital have been numerous; chiefly of such diseases as are common at this season. It may be remarked, that during the month of March and up to the middle of April, erysipelas prevailed to a considerable extent in the Hospital, especially in the surgical wards. It supervened upon almost all recent wounds and injuries, and was sometimes very difficult to manage. The remedies used in this Hospital are mercurial cathartics, sulph. quinine, nitrate of silver, Velpeau's lotion of sulph. of iron, mercurial ointment, and mild cataplasms. Idiopathic erysipelas is a constitutional disease of serious import; it is generally attended with a continued fever, that requires from seven to fifteen days to run its course. Here the *local treatment* is of secondary importance; the physician must direct his chief attention to the state of the system. If the febrile excitement is restrained within bounds, and the chief secreting viscera made to perform their functions properly, it matters but little to what extent the cutaneous inflammation runs. This last is apt to be

but moderate in the most fatal cases. We have seen and heard of a good many cases in private practice, but not in that malignant form that is called in the country, black tongue.

MEDICAL WARDS.

On going through the Medical Wards, we observed a number of exceedingly interesting cases, but are not prepared to report any of them in this number. The principal diseases met with, are intermittents, rheumatism, pneumonia, bronchitis, phthisis, and affections of the bowels—there are some very interesting cases of more rare affections, such as paralysis, neuralgia, dropsy, spinal irritation, &c. We hope to be favored in future with many notes from this department of the Hospital.

SURGICAL WARDS.—SERVICE OF DR. A. MERCIER.

The following observations are deemed worthy of notice, in Dr. Mercier's wards, viz :

CASE I. *Fracture of the Femur, Fibula and Radius.*—A young man, æt. 23 years, was thrown from the top of an omnibus, which caused a fracture of the femur and fibula of the right side, and of the radius of the left. He was brought to the Hospital and kept perfectly quiet until the second day after the accident, when Dr. Mercier applied the starch bandage to the whole injured leg. Simple dressing with splints and ordinary bandage were applied to the arm. The patient is free from irritation, lying quiet, and doing well.

CASE II. *Simple Fracture of the Femur; of about four weeks standing; still ununited.*—The subject of this case is a vigorous young man, aged 20, apparently of fine constitution; entered the Hospital 11th March last. Dr. Mercier found him in the ward when he took charge of it. He at once applied the starch bandage from the toes to the hip. Seven days afterwards, the young man left his bed and walked out into the yard with the aid of his crutches. He appears to be recovering rapidly.

CASE III. *Fracture of the Humerus, of six weeks' standing; ununited.*—Dr. M. found this case also in the Hospital when he commenced duty. He applied the starch bandage immediately. It is now nearly three weeks since, and the patient is perfectly comfortable—the cure nearly completed.

REMARKS.—The *immoveable dressing* for fractures of the extremities, is a favorite remedy with Dr. Mercier; and we have certainly witnessed some very satisfactory results from it. All *hobbies*, however, are apt to succeed better in the hands of their particular riders, than of the generality of practitioners.

CASE IV. *Hydrarthrosis of right Knee—extensive effusion—enlargement of the ends of the Femur and Tibia.*—This is a case of eight months' standing, and in the Hospital since 26th Dec. last. When Dr. Mercier took charge of the patient, he found all his symptoms at their worst. *Treatment.*—Iodid. potass. grs. xii, dissolved in decoc. sars. ℥ vi, taken daily. Ointment containing iodid. potass. ℥ i, iodine grs. ii, adeps. ℥ i, applied to the knee, under a light compressive bandage. The amendment under this treatment is remarkable—all pain has ceased, and the inflammation and swelling are rapidly subsiding.

CASE V. Abscess of the Abdominal Parietes.—The subject of this case is a young man aged 25, who received a severe blow on the lower part of the abdomen from the machinery of an engine on board a steam-boat on the Mississippi river just above Memphis, about 8 months since. He reached Memphis soon afterwards, and was taken to the Hospital at that place, where he remained under treatment about six months. Violent inflammation followed the injury, which terminated in the formation of matter that was discharged from the umbilicus. On the 6th April he entered the Charity Hospital of this city. Dr. Mercier found him in his ward when he commenced duty. The patient is feeble and emaciated, with extensive ulceration under the abdominal muscles discharging by a sinuous ulcer on the navel. He is directing his treatment with the view to strengthen his constitution, and intends injecting tinct. iodin. into the sinuous cavity. The result will be related in our next number.

CASE VI. Terrific Ulceration of the Groin.—The subject of this case is rather a delicate looking young man, aged 18 years, with fair complexion and red hair. He entered the Hospital on the 3d April, with a syphilitic bubo in the left groin, which had been opened a few days before. Dr. Mercier put him on the usual anti-venereal treatment. In a few days ulceration commenced progressing rapidly in the part, and the patient became so much alarmed that he went almost beside himself. The ulceration destroyed the cutaneous, muscular and cellular tissues rapidly, extending almost into the cavity of the abdomen, and leaving the enlarged inguinal glands *perfectly naked*. Dr. Mercier now discovered a *scorbutic diathesis*, and at once put the patient upon the antiscorbutic syrup of Larrey, extr. cinchon. and opium, with very acid lemonade to drink, and lemon juice applied to the ulcer; warm baths, &c. His health is now improving; his mind is more quiet, and it is hoped that he will soon be well.

Dr. Mercier's Treatment of Ulcers.—An immense number of chronic ulcers are admitted into the Hospital, and quite a variety may generally be seen in the surgical wards. The subjects, for the most part, belong to the poor class of Irish laborers, whose habits are bad, who are very much exposed to the inclemencies of the weather, and who are proverbial for their disregard of all the dictates of prudence. Their constitutions are generally very much injured by intemperance, and it is almost impossible to establish the healing process when any injury is inflicted upon their shins, for this is the most common seat of ulceration. Dr. Mercier has found the following plan of treatment to succeed better than any other:—He gives iodid. potass. ʒ ss., and iodine gr. i, dissolved in decoc. sars. ʒ vi daily. When suppuration is copious, he has the sore washed clean with chloride of soda, and dresses it with lint wet with vin. aromat.—when the discharge is moderated and granulations spring up, he covers the sore with narrow strips of adhesive plaster; with the triple view to counter-irritation, compression, and exclusion of the air.

SERVICE OF DR. A. HESTER.

The following notes, without aiming to be full on but few if any cases, are intended to give a *coup d' œil*,—a brief summary of the more

important and instructive facts which have fallen under our observation since we first entered upon duty in the Charity Hospital. Believing, moreover, that in the reports of clinical practice, we are too prone to extend our observations beyond what is necessary to a just understanding of all the most important facts, we have preferred to err on the other hand; aiming at brevity rather than seeking to be prolix. Without stopping to note the daily—the hourly fluctuations of disease, we shall not fail to state every change which may be likely to shed light upon the history of the case, or tend to illustrate in any measure the therapeutics of our art. Such is our apology then, for the following brief clinical remarks, which shall have at least one merit—that of being accurate.

CASE I.—*Scrofulous Caries of the Vertebrae, with Lumbar Abscess.*—R. D. a little boy aged 7 years, native of Philadelphia, entered Charity Hospital, April 7th, 1845. Twelve months since, spine began to assume a considerable degree of curvature. This curvature includes four of the upper dorsal vertebrae; its direction is outwards, and gives rise to a hideous deformity, increasing the diameter of the chest laterally, and shortening it antero-posteriorly. Pressure over the projecting vertebrae excites no pain. He has cough—no expectoration—colliquative sweats—pale anemic countenance—lower extremities atrophied—yet can walk with crutches; puerile respiration very distinct in right lung, left normal. In the right lumbar region, a large collection of purulent matter has recently taken place, giving rise to irritative fever, hectic, debility, &c. Unwilling to interpose the art in this case, we left the abscess to nature; accordingly, in a few days ulcerative absorption assailed the most prominent parts of the abscess—it extended, the abscess was opened and a large quantity of a thin, unhealthy, cheesy looking pus, escaped. Finding his strength to give way under the profuse discharge, it was moderated by compression; his system sustained by a nourishing diet. Porter, tonics, the mineral acids, &c. He is now taking sarsaparilla and iodid. potass, aided by all the means, both therapeutic and diatetic, that can enrich his blood, and improve his general health. The abscess is doubtless connected with the carious vertebrae. An autopsy, which can not be delayed long, will reveal all the facts.

CASE II. *Compound Fracture of one Foot; lacerated wound of the other; serious injury of the Head; gangrene, coma, death—autopsy.*—Jean Baptiste D., Frenchman, aged about 30, cabinet maker; dark hair and eyes. large muscular system, of medium height, was run over by the Ponchartrain cars, late on Saturday night, April 27th, and was brought to the Charity Hospital about 2 o'clock, A. M., Sunday morning. At our morning visit, made between 6 and 7 o'clock, we found him as follows: Entire surface of a cadaveric paleness; skin cool, moist and relaxed; left foot crushed—cominuted—the tarsal bones broken and exposed, the tendons of the muscles ruptured and drawn from the flesh; the muscles hanging in shreds and tatters; the toes gone; the integuments rent, lacerated, and split in various directions; little or no hæmorrhage; patient restless, tossing from side to side: eyes closed; scarcely conscious of any thing around him. The integuments in the sole of the right foot were rent from the inside of the root of the great toe, to the os calcis; it was dissected from the planta fascia. the entire extent of the foot, be-

tween the toes and heel ; the muscles beneath were bruised ; the aponeuroses torn ; the feet and legs cold ; pulse imperceptible, except when patient makes violent exertion ; the action of heart scarcely audible ; in a word, the nervous system seemed gravely shocked.

Treatment.—With the advice and assistance of the House Surgeon, we amputated the foot, taking away five of the tarsal bones, leaving only the astragalus and os calcis. We made as clean a cut as possible, trimmed the lacerated integuments ; cut off the broken and protruding tendons, leaving sufficient flap to cover the wound. Several stitches were employed ; a compress of lint, and a roller carefully bound around the part. Only trifling hæmorrhage occurred when removing the lacerated part of the foot. The wound or rather rent, in the right foot, was drawn together by several interrupted sutures, adhesive strips, and a bandage. This being completed, we examined the head, and found the lobe of the left ear completely cut off, hanging only by a narrow strip of integument ; it was removed with the scissors. The whole left side of the head was contused, the scalp lacerated, and laid open in several places to the bone ; no fracture could be detected ; on the posterior and right side of the head, the scalp was also cut and bruised in several places. The whole head seemed if it had been compressed between two hard bodies. We applied a bandage, but the patient, in his delirium, tore it off as fast as it could be applied. Fæces and urine discharged involuntarily.

Medical Treatment.—Ordered flying sinapisms to extremities ; brandy toddy and camphor julep. Through the day, (Sunday, 27th,) remained the same—restless—little or no reaction, notwithstanding the constant use of brandy and camphor internally, and sinapisms externally ; his pulse was perceptible only for a moment, at long intervals ; surface pale and cool ; eyes closed ; jaetitation ; occasional muttering. Patient required to be constantly watched. Monday, 28th—Had been restless through the night ; found him this morning more quiet, because more stupid ; surface still pale and relaxed ; pulse barely perceptible, and extremely rapid. Ordered wounds to be moistened with chlorine—cold lotions to forehead, which was a little hot ; sinapisms, camphor and carbonat. ammon., wine-whey. Tuesday morning, 29th.—Continued the stimulants ordered yesterday ; pulse now quite perceptible, but ranging between 120 and 130 ; skin warmer ; still drowsy and stupid ; eyes constantly closed ; wounds of scalp suppurating. On examining the left leg, find a dark blue spot, extending up the inside of the leg ; the cuticle is raised by a serous fluid ; on raising the cuticle, the parts beneath present a pale leaden aspect ; destitute of pain ; crepitus on pressure. On loosening the bandage around the ankle, a fœtid gas escaped ; the parts are dark and insensible ; in a word, *gangrene* has attacked the limb, and is rapidly extending up the inside of the leg. We consider the case as hopeless ; death must take place. It is unnecessary to sum up the facts upon which we found our prognosis. The brain ; the whole nervous system ; the condition of the wound ; the rapid and feeble pulse, &c., all justify our assertion. We loosened the dressing around the ankle ; ordered chlorine to the parts ; continued camphor ammon. and wine whey ; patient however refuses to swallow any thing. The *gangrene* continued to extend ; the pulse became more rapid ; the coma increased ; the surface of the body was

bedewed with a cold clammy sweat; the extremities grew cold; the respiration hurried; the sphincters relaxed, and early last night, the 29th April, death closed the scene.

The examination of the body of John Baptiste D. was made about 11 hours after death; the weather was exceedingly warm, both feet were in a gangrenous condition; the gangrene had also extended half way up the legs. There were four lacerated wounds of the scalp over the left ear; one four inches long; the entire scalp was puffy from emphysema, and was highly echymosed. The bloodvessels of the brain were highly congested, there was some serum in the ventricles and the medullary matter of both hemispheres, after a horizontal section, exhibited numerous dark points, the result apparently of engorgement. Anteriorly in both lobes just in front of the pillar of the fornix, the medullary substance was softened and there was evidence of extravasation of blood, the choroid plexus was highly injected. There was no fracture of the cranium. The abdomen was exceedingly tympanitic, and the gas evolved had forced its way through the spermatic canal, and distended the scrotum to an enormous degree. In consequence of the body being in an offensive condition, the examination went no farther. The lungs, especially the posterior part were of a dark color, evidently the result of stasis of the blood from position. They were otherwise sound and crepitant; liver natural color, but surcharged with dark fluid blood; stomach contained a mixture of mucus and bile; other organs more or less engorged. The gangrened portion was so offensive that it was only partially examined; the skin and cellular tissue were of a dark leaden color; the latter was loaded with a dark bloody serum.

CASE. IV.—*Phymosis, Complicated with Chancres and Papular Eruption.*—J. M., Irishman, aged 20 years, of robust constitution, entered Surgical Ward, April 16th, 1845, with syphilitic disease, of two or three weeks standing. The case, on the day of entrance, is thus characterized: prepuce greatly elongated, nearly closing over the meatus externus; penis much swollen, red, tender and extremely hard to the touch; a thin fœtid matter oozing from beneath the prepuce, doubtless the result of negligence and chancres. Prepuce greatly thickened; tough and unelastic. A small hard bubo occupied each groin, insensible to touch. Near the pubis, and on the dorsum penis, was found an abrasion, one inch in diameter, and discharging a thin acrid serum; the surface was raw, and having an irregular mouse-eaten border. From the knees as high up as the mammæ, he is covered with a syphilitic eruption of the papular variety. It commenced in either groin and gradually extended both upward and downward, in some places touching, in others, running into each other. Some are covered with small brownish scabs, which are readily rubbed off, but again appear as before.

Treatment.—Saline cathartics with antimonials; injections of black wash under prepuce; emollient cataplasm to surround penis; warm hip-bath; low diet. The yellow wash was substituted for the black, as an injection. On the 21st, the 5th day after the constant use of the above means, we found the inflammation and swelling of the prepuce had abated so far as to justify us in slitting up the prepuce, and thus at the same time unbridle the parts, and enable us to inspect and apply our remedies more di-

rectly to the chancres. Accordingly we introduced a grooved director beneath the foreskin, passed it up some distance, and with a sharp pointed bistoury divided the tough dense prepuce to the extent of more than an inch. The hæmorrhage which followed, seemed to relieve the engorged vessels, and favored resolution. By this little operation, the glans penis was more exposed; tension was relieved, and the lotions could be applied directly to the ulcerated surface. It is unnecessary to remark, that in similar cases, the knife is not to be used until inflammation is in a great measure subdued by antiphlogistics and emoll. applications; otherwise, we have sloughing, gangrene, &c.

April 24th, eruption slowly disappearing; buboes resolving; engorgement of penis abating; discharge from beneath prepuce more healthy and less copious. Up to this time we have withheld mercury internally, except once or twice, in purgative doses; well aware that mercurialization must aggravate such a form of syphilis. We are now treating the patient with diaphoretics, emollients to the parts; tepid baths, detergent and soothing washes, hydroid. potass. low diet, &c. The above case is complicated; here we have some of the *primary* associated with the *secondary* forms of the disease. Should we not therefore, combine the remedies usually given for each separate form? Such is our aim in the treatment of this case.

CASE V. *Iliac Abscess.*—J. Mc. ætat 23, native of Pennsylvania, entered Hospital February 28th, 1845. Five years since, was stabbed with a long and broad bladed knife, in the lower part of the back, knife entering to the right of the sacrum just above the sacro-iliac symphysis. From this severe wound, he gradually recovered, without any symptom of paralysis. About 9 months afterwards, his cervical glands enlarged, finally ulcerated, and discharged pus for some time; then healed spontaneously, for he received little or no treatment. Four years posterior to this time, a large swelling appeared in the right iliac region; it enlarged; there was fluctuation; pain; fever; sweats; thirst; debility and loss of appetite, &c. Finally it gave way, (two months since,) and discharged a great quantity of thin unhealthy looking pus. Soon after this, another abscess appeared on the opposite side, occupying the same place, and this, too, like the first, gave way, and both are now, and have been for some time, discharging a thin, illy-digested pus. They show but little disposition to heal. The patient is evidently of a strumous habit of body; is pale; anæmic; lips bloodless; pulse feeble and rapid; tongue clean; appetite; formerly night sweats; slight cough. Chest dull on percussion in upper part; suspect tubercular deposits; perhaps incipient. A probe shows the fistula to be of great depth; it however sheds no light on the condition of the deep-seated parts. For the last 20 days, has been taking solut. iodid. ferri three times daily, and the following mixture injected into the fistulæ; tinct. iod. f̄3i, aquæ f̄3i, M.—to be thrown twice daily, by means of a small, long-mouthed glass syringe into the fistulous tracts. This was intended to change the character of the secreting membrane, to destroy, if possible, the *pyogenic*, or pus-producing sack; to stimulate the parts; to introduce into the system, by every possible, by every available passage, iodine and its preparations. We are happy to add, that since the above views have been enforced, the night

sweats and cough have abated; the discharge has sensibly diminished; the fistulæ have contracted; the face has assumed a more healthy and ruddy hue; the spirits are better; the pulse has lost in frequency, and gained in fulness; excellent appetite—and the patient is in a more satisfactory condition. In addition to the above, we gave him nitric acid as a common drink, much diluted; porter, and a light, but nourishing diet.

We have another case, under our charge, but so analagous to the one just described, that what has been said of the one, might be said of the other—same treatment—results not so satisfactory. We suspect caries in both instances.

One case of Fistula in ano complete; Operation; Rapid recovery; Unnecessary to detail.

In addition to the five cases thus briefly enumerated, we have had some of fractures; but not presenting any thing out of the usual routine of such accidents, and as they are treated in this hospital, according to the well known and established principles of surgery, we shall not enter into details, but simply enumerate them:

CASE I. *Fracture of the lower jaw*, half way between the symphysis and the angle; it was transverse; produced by a blow. The House surgeon applied the usual dressings, and the bone is uniting.

CASE II.—*Fracture of radius*, just above the wrist; dressed with one splint on the anterior part of the fore-arm, and a graduated compress to protect the soft parts, and preserve the interosseous space; doing well—provisional callus is being absorbed, and giving place to the permanent.

CASE III.—*Fracture of clavicle*, about its middle: relieved by Desault's apparatus modified.

Case 4.—*Fracture of the ramus of the maxilla inferior*; caused by a blow with a piece of iron. In consequence of the injury done to the soft parts, and the extensive swelling which followed, we were, at first, unable, or rather prevented by the complaints of the patient, from detecting the fracture. After the reduction of the swelling, however, we readily recognised it, and applied the requisite dressings.

From the great amount of shipping going on at this season, we are in almost daily receipt of all kinds of *contused* and other wounds, produced by falls, and the thousand accidents to which our *aquatic* population is exposed.

Ulcers.—Of these we have enough and to spare. What hospital, indeed, cannot say the same; yet they still remain a reproach to surgery, and a plague to the doctor. All alike turn from them, if not with disgust, at least, with the humiliating consciousness that our art, in the majority of cases, is here impotent.

We have every variety, and some not mentioned in the books.—To enumerate: the *weak*; the *scrofulous*; the *indolent*; the *irritable*; the *inflamed*; the *sloughing*; the *phagedænic*. and sometimes two or three forms combined.

The character of an ulcer is the best index to the constitution of a patient. It may be relied upon with more assurance than the tongue or pulse, in certain cases. This fact should influence our treatment, and guide our therapeutics. With a local, a constitutional treatment should be combined. We treat them with the caustic in one hand, and the lancet in

the other. To-day, we apply the caustic to the hard, painless and insensible edges; to-morrow, we practice scarifications, and order cold-water dressings. For some we prescribe an alterative pill, a good diet, and such a general course as will tonify the system. Adhesive strips and a compressive roller, are not forgotten; they too, are powerful adjuvants in many cases. The course of treatment to which we have but alluded, is succeeding in some old and obstinate cases. These obstinate ulcers are generally located on the pelvic extremities. Where the local affection arises from, or is associated, with a constitutional taint, we administer alteratives; mild preparations of mercury, *ext. conii*, sarsaparilla, tarax., and other remedies believed to modify the state of the general system. We feed some and starve others; and it is pleasing to observe the effect in different cases. To be successful in the treatment of ulcers, it is only necessary to watch attentively the slightest change that may take place in the appearance of the part affected, and adapt our remedies to those changes.—So much for Dr. Hester's service.

We are indebted to Dr. Weiderstrandt for the following case:

Wound of the Fore-arm; Division of the Radial Artery; Ligature; Erysipelas: Cure.

B. H., Frenchman, *ætat* 25, a butcher of low stature, dark complexion, muscular, whilst slaughtering an ox, and when in the act of dividing the great "ham-string," his attention being at the time diverted, inflicted a severe transverse wound upon the fore-arm, equidistant from the wrist and elbow. The integuments and subjacent muscles, with the radial artery, were completely divided. Of course a gush of arterial blood followed this division; the hæmorrhage causing great alarm to the friends who happened to be present; they immediately applied a handkerchief very tightly around the arm just over the seat of the wound, which succeeded for the time in arresting it. In one hour afterwards, he walked to the Hospital, assisted by a friend, and entered Surgical Ward No. 2.

Dr. Weiderstrandt repaired to the assistance of the man, whom he found much exhausted from fatigue and loss of blood; the arm and hand were very painful, and the latter greatly swollen from an arrest of circulation produced by the handkerchief. This was promptly removed, whereupon another gush of arterial blood escaped from the wound, and syncope being imminent, he was made to assume the horizontal position. Temporary compression was made to staunch the blood, and as soon as he rallied, measures were adopted to ligature the artery. For this purpose, a tourniquet was applied upon the arm, above the wound, with its pad resting over the course of the divided artery. This speedily arrested the flow of blood, when Dr. W. made a careful examination of the wound. In consequence of the limited extent of the external wound, and the unequal contraction of the divided muscles, great difficulty was experienced in finding the ends of the divided radial artery, as it had retracted deeply among the soft parts. In order to overcome this difficulty, it was found necessary to enlarge the external wound; accordingly Dr. W. freely and carefully divided the opposing structures, and soon had the satisfaction of discovering the cardiac end of the divided artery; this being seized with a pair of forceps, was ligatured, and the hæmorrhage ceased. As the hæmorrhage from the distal end was trifling, it was not deemed necessary to ligature it. The hæmorrhage now having ceased, in a great measure,

the wound was drawn together and confined by four interrupted sutures, aided by adhesive strips, a compress and bandage. After the application of the dressings, no sign of hæmorrhage appeared, and the wound seemed to be in a good condition until the 2nd March, when he discovered some swelling and redness in the arm above the wound, and a red streak, taking the course of the vessels, and extending up the arm. It was hot to the touch, and painful, and was evidently of an erysipelatous character. The pulse in the radial artery, just above the wrist, could be distinctly felt—making about 90 pulsations per minute. He had some heat of skin and other febrile symptoms. Since the reception of the wound, he has taken some laxative medicine—been confined to a low diet, and kept at rest.

Dr. Weiderstrandt, this morning, March 29th, passed the nitrate of silver around the arm, above the erysipelatous flush, with a view to arrest its extension. This practice has been recently found quite successful in arresting the spread of erysipelatous inflammation in the Medical Ward, where the disease is prevailing very extensively at this time, April 5th. The nitrate of silver checked the progress of the disease towards the body; this was, however, aided by frictions with mercurial ointment, rest, &c. The ligature was removed yesterday; all swelling and redness about the wound have disappeared, and it is healing kindly and rapidly.

MORTALITY IN THE CITY OF NEW-ORLEANS.

List of Deaths and Diseases in the City of New-Orleans during the month of March, 1845, viz:

Congestive Fever, 1; Typhoid Fever, 10; Fracture of Cranium, 1; Extravasation in Brain, 1; Compression of Brain, 1; Congestion of Brain, 3; Apoplexy, 5; Meningitis, 3; Croup, 4; Bronchitis, 6; Whooping Cough, 4; Congestion of Lungs, 1; Pneumonia, 5; Phthisis Pulmonalis, 29; Pleurisy, 1; Hydrothorax, 1; Carditis, 1; Endo-Carditis, 1; Hypertrophy of Heart, 1; Aphæ, 1; Gastro-Enteritis, 9; Enteritis, 3; Diarrhæa, 5; Cholera infantum, 1; Colitis, 3; Dysentery, 7; Perforation of Intestines, 1; Ascites, 3; Disease of Liver, 3; Icterus, 1; Inflammation of Kidnies, 1; Vermes, 1; Metro-Peritonitis, 1; Parturition, 1; Amenorrhœa, 1; Stricture of Urethra, 1; Tetanus, 2; Trismus Nascentium, 2; Convulsion, 7; Epilepsy, 1; Delirium Tremens, 5; Scarlatina, 10; Erysipelas, 3; Variola, 1; Gout, 1; Rheumatism, 1; Dentition, 4; Debility, 1; Anasarca, 1; Marasmus, 4; Intemperance, 5; Syphilis, 1; Inanition, 1; Gunshot wound, 1; Burn, 1; Ulcer, 2; Gangrene, 1; Accident, 1; Drowned, 6; Poison, 1; Still Born, 16; Old Age, 1; Unknown, 25; Total, 227.

This is from the first, to the last of March, inclusive.

REMARKS.—We find that it always occasions some delay to procure the Sexton's Reports on the first of the month, when our Journal is published. Thus on the present occasion we could not give the mortality from April, without waiting two or three days. We shall therefore in future endeavor to furnish reports up to the 15th of the month preceding publication.—ED'RS.

MONTHLY REPORTS of the N. O. Charity Hospital, for the months of March and April, 1845.

MARCH.

MAIN BUILDING.

Admitted.	Males	305
"	Females	52-357
Discharged	Males	306
"	Females	55-361
Died	Males	38
"	Females	7-45
Remaining on the 1st April, 371.		

LUNATIC ASYLUM.

Admitted	Males	18
"	Females	2-20
Discharged	Males	14
"	Females	4-18
Died	Males	3
"	Females	2-5
Remaining 1st April, 80.		

APRIL.

MAIN BUILDING.

Admitted	Males	323
"	Females	59-382
Discharged	Males	292
"	Females	40-332
Died	Males	23
"	Females	11-34
Remaining on the 1st May, 349.		

LUNATIC ASYLUM.

Admitted	Males	28
"	Females	6-34
Discharged	Males	17
"	Females	4-21
Died	Males	6
"	Females	0-6
Remaining on the 1st May, 87.		

NOTE.—It must be remarked that all the patients admitted into the Lunatic Asylum are not insane. It is customary to place here cases of *delirium tremens*, and any other cases of delirium that are refractory, and disturb the inmates of Medical and Surgical wards. The Lunatic Asylum is in immediate proximity to the main building, and the rooms are perfectly neat and comfortable.

UNITED STATES MARINE HOSPITAL.

Patients admitted into the United States Marine Hospital at New-Orleans, from the 1st April, 1844, to the 31st March, 1845. Dr. C. A. Luzenberg, Visiting Physician and Surgeon; Dr. J. W. Mueller, Resident Physician and Surgeon.

DISEASES.	Admtd.	Disch'd	Died.	Rem'g	DISEASES.	Admtd.	Disch'd	Died.	Rem'g
Abscessus	11	8		3	" Enteritis	12	9	3	
Amaurosis	5	4		1	" Hepatitis	1		1	
Ambustio	1	1			Hæmorrhoids	13	12		1
Anasarca	4	4			Hemiplegia	3	3		
" and Ascites	9	6	3		Hepatitis	4	4		
Anthrax	3	2		1	Hernia Inguinal.	4	3		1
Arthritis	24	23	1		" Scroti	3	3		
Asthma	9	9			Herpes	2	2		
Bronchitis	12	12			Hydrocele	1	1		
Cancer Labii	1	1			Hyperæmia Cerebri	4	3		1
" Stomachi	1		1		Icterus	2	2		
Caries	1	1			Incontinentia Urinæ	1			1
Carditis	5	3	2		Induratio Testis	5	4		1
Cataracta (operat. 3)	4	1		3	Irritatio Gastrica	33	33		
Catarrhus	17	17			Ischias	7	6		1
Colica	3	3			Laryngitis	1	1		
" Pictonum	5	5			Luxatio Carpi	3	3		
Colitis	4	2	2		" Humeri	4	3		1
Concuss. & Compress.					Morbus Venereus	198	181		17
Cerebri	4	3	1		Neuralgia	1			1
Constipatio	2	2			Ophthalmia	14	14		
Contusio	52	47		5	Orchitis	8	8		
Cynanche tonsil.	2	2			Otitis	2	2		
" tracheal.	4	3		1	Ozæna	1	1		
Cystitis	1	1			Paralysis	6	5		1
Delirium tremens	18	16	2		Paronychia	3	1		2
Diarrhœa	31	31			Pleuritis	1	1		
Dysentæria	13	10		3	Phrenica	1	1		
Enteritis	12	5	7		Pneumonia	16	15		1
Erysipelas	4	4			Phthisis Pulmonalis	26	10	10	6
Exostosis	11	9		2	Psora	6	6		
Febris intermittens	101	101			Rachitis	2	1		1
Inflammat. pura	15	14		1	Rheumatismus	90	86		4
" Gastricæ	26	26			Rubeola	1	1		
" Biliosa	6	6			Sarcocele	2	2		
" Congestiva	2	1	1		Scrofula	8	8		
" Nervosa	3	2	1		Scorbutus	2	2		
" Putrida	5	3	2		Siriasis	1	1		
" Flava	47	45	2		Strictura Urethræ	16	15		1
" " Sequelæ	4	4			Tænia	1	1		
Fistula in Ano	2	2			Tetanus	1	1		
Fractura Brachii	5	5			Tonsillitis	3	3		
" Claviculæ	1	1			Tumor	9	8		1
" Cruris (amput. 1)	10	7		3	Ulcus	70	68		2
" Femoris	7	7			Venæ Varicosæ (operat.)	2	2		
" Spinæ Dorsalis	2		2		Vulnus	29	28		1
Gastritis	28	28							
Gastro-Duodenitis	3	1	2						

RECAPITULATION.

Cases, 1163—Discharged, 1052—Died, 43—Remaining, 68.

REPORT of the United States Marine Hospital at Mobile, for the year ending 31st March, 1845.

DISEASES.	No.	Disch'd	Died.	Rem'g	DISEASES.	No.	Disch'd	Died.	Rem'g
Ascites	6	5	1		Febris Biliosa	35	33	2	
Asthma	2	1	1		" Flava	16	9	7	
Anæmia	2	2			" Congestiva	5	4	1	
Ambustio	4	4			" Typhoidia	3	2	1	
Anthrax	2	2			Gonorrhœa	3	3		
Abscessus Parotidæ	1	1			Hernia Inguinalis	1	1		
" Hepatica	1		1		" Humoralis	2	1		1
" Brachii	2	2			Hepatitis	2	2		
" Cerebri	1		1		Icterus	2	2		
" Testis	2	2			Luxatio Humeri	7	7		
" Pulmonalis	2		2		Mania a Potu	2	1		1
Caries Digni	2	1		1	Morbus Venereus	55	51		4
Carcinoma Gastrica	1		1		Rubcola	1	1		
" Glossæ	1		1		Rheumatismus Acutus	60	60		
" Chilblani	2	2			" Chronicus	5	4	1	
Conjunctivitis	5	4		1	Pleuritis	1			1
Contusio	39	37		2	Paronichia	1			1
Colica Pictonum	4	3	1		Palebitis	1	1		
" Biliosa	23	21	2		Pericarditis Acutus	2	2		
Dysenteria	30	27	1	2	Pneumonia	13	10	2	1
Diarrhœa	10	10			" Typhoides	7	4	2	1
Debilitas	4	3	1		Phthisis Pulmonalis	6	3	3	
Epilepsia Traumatic.	1	1			Stricture Urethræ	2	1		1
Fractura Femoris	2	1		1	Subluxatio	2	2		
" Cruris	4	2		2	Ulcus	30	25		5
" Claviculæ	11	11			Vulnus	13	11		2
" Brachii	1	1							
" Cranii	1		1		Recapitulation	613	551	34	28
Fistula in Ano	1	1			Cases Disch. Died Rem.				
Febris Intermittens	169	167	1	1	613 351 34 28				

ABSTRACT OF A METEOROLOGICAL JOURNAL FOR 1845.

By D. T. LILLIE, AT THE CITY OF NEW-ORLEANS

Lat. 29 57' Lon. 90° 7' west of Greenwich.

1845. Months.	Thermometer.			Barometer.			RAINY DAYS.	PREVAILING WINDS.	force of winds RATIO 1 TO 10	QUANT. OF RAIN.	
	MAX. 0 tenths.	MIN. 0 tenths.	RANGE. 0 tenths.	MAX. 0 hund.	MIN. 0 hund.	RANGE. 0 hund.				INCHES.	THOUSANDS
March.	80.5	42.0	38.5	30.50	29.94	0.56	10	SS.W.	2.4	4	671
April.	88.0	52.5	36.0	30.32	30.00	0.32	6	S.	2.4	1	413

REMARKS.—The Thermometer used for these observations is a self registering one, not attached to the Barometer, and is placed in a fair exposure. Hours of Observation, 8 A. M., 2 P. M. and 8 P. M.

The Barometer is located at an elevation of 19 feet above the level of the ocean, and is suspended clear of the wall of the building. The Rain Gauge is graduated to the thousandth part of an inch, and the receiver is elevated 40 feet from the ground.

