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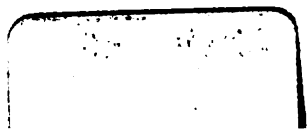
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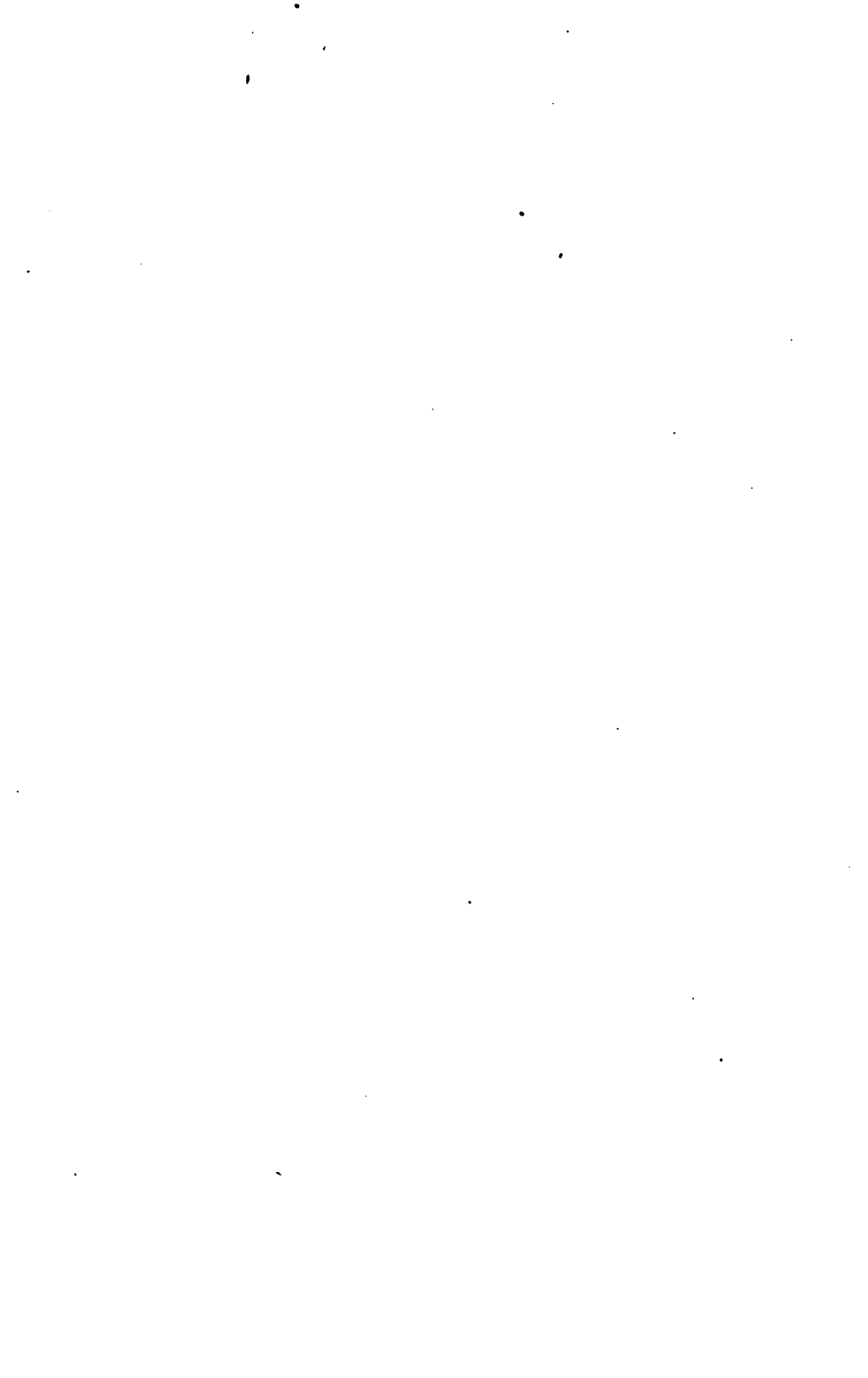
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ART. I.—*A few Remarks on Cholera.* By T. F. ROCHESTER, M. D.

(CONCLUDED.)

In the preceding part of this article reference was made to the mischievous doctrine of George Johnson, M. D., of London, to the effect that vomiting and purging were sanitary efforts on the part of nature, to eliminate the choleraic poison. As a natural sequence of such a notion, the administration of cathartics is advocated—and castor oil is specially selected—from the mildness and efficiency of its action. Dr. Johnson claims priority in this treatment, dating from 1854. The writer has repeatedly seen not only castor oil, but even croton oil, given in 1849, under the direction of the late Dr. Vaché, who had charge of a cholera hospital near Chatham Square, in the city of New York. He was a talented, eccentric man, but not a judicious practitioner, and held similar views to Dr. Johnson. The writer also remembers what was aptly called “the Castor Oil Mania” in London in 1854. It was recommended in a public journal, by some prominent practitioner, (probably Dr. Johnson,) not only as a curative, but as a preventive. Everybody, as the phrase goes, took castor oil. The number of cases of cholera increased correspondingly, and were so directly traceable to the use of the oil, that placards were posted in various parts of the city, warning people of the danger of its employment. Dr. Johnson says, “there is no specific against cholera, and probably never

will be." To this remark, unhappily, we are obliged to assent. Admitting that there is no specific, what are the rational indications for treatment? These would seem to be, *First*, to arrest the serous discharges, and thus prevent collapse. *Second*, to sustain the strength of the patient. *Third*, to encourage the return of the urinary secretion, and thus avoid uræmia. *Fourth*, to guard against cerebral engorgement and secondary fever. It is not within the scope or object of this paper to discuss preventive or hygienic measures, and therefore only insisting upon their extreme importance, we pass at once to the consideration of the *treatment* of cholera, and in doing this, we take the ground that, cholera prevailing, *painless diarrhœa* is its first stage, subject to the exceptions before noted. The evacuations may or may not be serous, and may or may not present the rice water appearance. The disease in this stage is usually easily controlled by simple treatment. It is all important that the recumbent position should be maintained, that the inclination to vomit or to evacuate the bowels should be resisted, that the surface of the body should be kept covered sufficiently to maintain warmth, but not to such an extent as to be oppressive. Very little food should be taken, and that of very simple character, and this should be *dry* rather than fluid. Tea and toast, gruels and dilute animal or vegetable broths should be eschewed. This is indeed properly called "sick diet," but not in the sense generally understood. As to medicine, opium alone, or in combination, is probably the most efficient agent, but opium should not be used in large doses or be very frequently repeated in small. Hence its combination with chalk, or with camphor or capsicum, or some other antacid or stomachic is generally with good reason preferred. Mercury is also very useful, but of course should not be given, if other and more simple drugs will suffice. It may be used with or without opium. It is often wonderfully efficient in a very mild form, and in a very moderate amount, as the writer has repeatedly observed, and notably at the Alms-house on Blackwell's Island in 1849, of which institution he had the medical charge when the cholera broke out among its inmates. One of two blue pills of five grains each, without any other medication, entirely controlled the premonitory diarrhœa, in almost every instance where early attention was called to it; and in a class of patients whose condition and hygienic surroundings were,

like that of most paupers, as bad as possible. By this statement, it is not intended to be understood that blue pill will always arrest choleraic diarrhœa, but that it will often to do. It would be very unwise to advise patients to take it, at their own discretion, for this purpose, but it is doubtful if it would be more productive of harm than the various "cholera drops" that are found in almost every household; for these combinations of laudanum, camphor, capsicum, chloroform, rheubarb, peppermint, etc., are often resorted to from apprehension alone, and the digestion is so much deranged thereby, that diarrhœa, which only existed in the imagination, not unfrequently ensues. It often happens that the premonitory diarrhœa although arrested for a few days, returns, either spontaneously, or through some indiscretion in diet, or from over fatigue. A flannel bandage fastened tightly around the abdomen and worn constantly will often prevent this recurrence. Those who are much exposed to the night air and those who sleep habitually on the ground floor are much more subject to diarrhœal attacks than those who remain indoors, and who occupy the second or third stories. In those cases where a decided proneness to diarrhœa continues, nothing is as effectual as a change of air, to the sea coast, or to a high and dry country region, but a person, ill with diarrhœa, should never leave home and his usual medical attendant until the disease is, for the time, at least, entirely arrested. Many from neglecting this precaution, have been seized and have died en-route with fully developed cholera. And this brings us to the most important part of our subject—the treatment of impending or established cholera collapse, with the rice water evacuations. It is that alarming stage of the disease, over which medicine has in many instances but little control, as all honest practitioners, who have seen much of the disorder, concur in saying; but although true in many instances, happily the statement does not apply to all. Of this, the writer had an opportunity of observing a very good illustration in Algiers in 1850. The natives, like all Mahomedans, are fatalists, and took no measures to stay the progress of the disease. The mortality among them was much greater than among the foreign residents, who sought the aid of the resident French physicians. Serous or rice water evacuations occurring, how are they to be arrested? To this it may

be replied, that almost every drug and appliance, at all likely to accomplish this end had been tried, and that articles and methods highly praised by some practitioners, have entirely failed in the hands of others. This is to be accounted for by the different type of the disease in various places and by essential variation in the disease itself in the same place in its recurrence after an interval of one or more years, and also and not less important, by the difference in the judgment and assiduity of practitioners themselves. If the writer indicates a plan of treatment to be generally followed, he does so in no spirit of egotism, and with all respect to the opinion of those entertaining different views. It is the result of extended personal observation and experience, he has tried and has seen tried very many methods of treatment, and while he candidly admits, that nothing is very reliable or satisfactory, his decided preference is as follows: By all means secure for the patient the largest and best ventilated room in the house, one on the second or third story, and with an open fire-place, if possible; order immediately strong beef essence to be prepared, and send for ice. Place the patient's bed in the middle of the room, and let him be placed between blankets. Insist upon his keeping the surface of the body covered, and by no means allow him to rise either to vomit or to evacuate the bowels; basins and bed-pans can be so arranged as to prevent this necessity. Give at one dose, of calomel, opium and capsicum, each two grains, either in pill or powder. This is best administered immediately after vomiting. If the patient is very thirsty or is inclined to vomit, let him swallow small pieces of ice, but cause him to abstain, for a time at least, from fluids of every description. Dry cups over the epigastrium will materially assist in preventing gastric regurgitation. An enema of from one to two drachms of laudanum in a small amount of starch water, should immediately succeed an alvine dejection. The object of the treatment thus far is to make a quick and decided *opium effect* upon the system, with the hope of thus doing much toward the arrest of the discharges, and also to gain time for other agents to accomplish more permanently the end. The capsicum is given not only as a valuable stimulant and astringent, but also by its local action upon the gastric mucous membrane, to promote the absorption of the opium, and thus prevent the justly dreaded

cumulative effect of repeated doses of the narcotic. The writer has no experience of hypodermic medication in cholera, but hopes that morphine, thus used, will have an approximation at least, to its rapid and happy effect in cholera morbus. The calomel, in the triple combination, is given, not as Dr. Johnson terms it, as a cathartic, nor as an *alterative*, as it is often vaguely and mischievously called, but as a *sedative* to the extreme action of the mucous membrane of the stomach and bowels; that it does possess this property, we have good reason to believe from its indisputable effect in cholera infantum and some other disorders; and it is from belief in this action, that in the further prosecution of the treatment of cholera, we advise that one grain of calomel be laid upon the tongue with a little pounded ice, every half hour, for from six to twelve hours, and then at longer and longer intervals. The opium, calomel and capsicum pills should be repeated every two to four hours, according to the evidences of narcotic effect. If the pupil is contracted, and if the respiration becomes slower or unequal, opium should be withheld. It will be remembered that on post mortem examinations the gall bladder is usually found filled with the biliary secretion. Calomel need not therefore be administered as a cholagogue, but as the rice water ceases to be secreted the duodenal orifice of the common duct is no longer as it were pasted up, and bile is seen in the stools and in the discharges from the stomach. It is rather an evidence of amendment than the cause of it. It was formerly supposed that when greenish stools appeared, the patient was safe; this has proved to be an error. It has been urged that calomel should not be given in the manner advocated, on account of the great liability of salivation. It will salivate but very few; but if it is potential in permanently arresting the "serous diarrhœa," and also in arresting some of the choleraic sequelaë, salivation is of minor importance.

The nutrition of the patient next demands attention; this is a vital point too apt to be overlooked. For this purpose we require food, small in bulk and easily assimilated. Beef essence or concentrated mutton broth should be given frequently, but in very limited amount, as soon as the stomach can possibly retain it, even if a portion is often thrown off. The idea that food is not digested or assimilated in collapse, is certainly to a considerable

extent erroneous. One would naturally also suppose that stimulants (alcoholic) should be freely used, but this is by no means certain. They are sometimes beneficial, oftener useless, and occasionally apparently hurtful. The writer thinks he has employed iced champagne, however, with great advantage; it has often appeared to arrest vomiting, to sustain the patient, and to restore the renal secretion. Its diuretic property is certainly an element in its favor. Soda water with gin, whisky or brandy, is less efficient, but makes the nearest approach to it that is available to the poorer classes. It will be remembered that abstinence from liquids, for a time, has been advised—for how long a time is a question difficult to answer. The urgent thirst, and the waste of fluid demand respectively appeasement and supply; but so often are the vomiting and purging immediately renewed, seemingly from the act of swallowing fluids, and especially water, that one's judgment is often at variance with the kindly feeling that urges temporary relief. In the terrible outbreak of cholera at Suspension Bridge in 1854, the writer suggested to Dr. Hunt and other physicians, who nobly volunteered to go there, that water should be given in unlimited quantities, and that it should also be applied freely to the surface by means of the wet sheet. The effect was to relieve both cramps and thirst in the only two instances in which it was tried, and one of these recovered. It was employed just at the close of Dr. Hunt's service, and he was favorably impressed with its action. The most painful phenomenon of cholera is cramp. This is abated by friction, but it is probable that the process of rubbing exhausts the muscular power of the patient, and also directs the current of blood toward the trunk. If recourse is had to it, it should therefore be made toward the extremities. The late Prof. William E. Horner of Philadelphia, thought that chloroform administered in ten drop doses, every hour, allayed and prevented cramp. Many others entertain the same opinion. Camphor is also supposed to be very efficacious in relieving not only this but other choleraic complications. Its use is highly commended by many physicians. A homœopathist in this city claims to have treated over one hundred cases successfully, (losing only one patient,) with one drop of the saturated tincture, given every five minutes. This is in no respect a homœopathic

dose, but the statement is of no value, and is like all similar ones emanating from what source they may, worthless, from the fact that too much is claimed, and from the necessary conclusion, that the patients thus treated, did not have cholera. The writer is of the opinion that camphor is of but little value, except as a stimulant and antispasmodic, but that it may be advantageously employed in connection with other agents. One great feature in the treatment of cholera, is to give something every few minutes, that will counteract the continual tendency to sinking; possibly this property may exist in camphor, and it is suggested that a drop or two of the saturated solution in chloroform, frequently given, may be worth trying.

To maintain, or to cause to return, when suspended, the urinary secretion, is of the first importance. This is to be encouraged by keeping the lumbar and abdominal regions swathed in sheets wet with warm water, and by the subsequent administration of mild diuretics. Injections of warm water into the urinary bladder are said to stimulate the kidneys into action, and may be useful as affording a depot of water to be absorbed into the system, although ordinarily no such absorption would take place.

We now pass to the fourth indication for treatment, viz: To guard against cerebral engorgement and secondary fever. This is a condition which does not belong to all cases of cholera, but is rather peculiar to certain epidemics of it. In 1832, it was scarcely encountered. It was met with frequently in 1849. There was little of it in 1852, while in 1854 it was very common. It is not a simple excessive reaction. Neither is it the result of the free administration of opium, for it is often met with where no opium has been taken, and it is often absent where opium has been taken very largely and continuously. It is a sequel or complication full of danger, and often snatches away the fairest prospects of recovery. It is not a typhoid state, but one of stupor without delirium, and pathologically, a passive engorgement of the brain and its membranes with serous exudation into the cranial and spinal cavities. This condition, we repeat, is not the result of the use of opium, as has been alleged, but the epidemic predisposition existing; opium may, if recklessly employed, increase it, and certainly should not be administered when there are manifestations of

its incipiency. It is probably best treated by shaving the scalp, by the application of the ice cap, by keeping the head elevated, by the administration of the iodide or bromide of potash, and by a regimen of beef essence. Cups, leeches and blisters to the nuchæ and temples are also useful, but of secondary importance. *Here*, with deep coma, a derivative cathartic, even croton oil may do good, but as a greenish diarrhœa and an irritable stomach often co-exist with the cerebral symptoms, cathartics are of questionable utility.

The late and lamented Dr. I. M. Newman of this city, in a very able paper read before the Buffalo Medical Association October 3d, 1854, said, "Before concluding this article, I wish to say a few words upon the therapeutical effects of cold, by the means of ice or water, applied to the head in cholera, and to urge it upon the profession as a remedy not undeserving trial. Its application will undoubtedly be noticed, as among the remedial measures used in the cases of congestion of the brain which I have just related. From employing it in cases of brain complications only, I gradually extended the sphere of its application, until it embraced cases of every stage, from the first seizure to that of complete collapse, and from the observation of its effects in a large number of cases, I have no hesitation in saying, that it is among the most valuable means we possess of controlling the vomiting of cholera. Its influence in some cases was almost magical, quieting the action of the stomach, and enabling the patient to take and retain medicine and drinks." He concludes as follows: "I have spoken of congestion of the brain as a *stage* of cholera, * * * * * I am now prepared to advance a step farther, and claim, that the first manifestations of the specific cause of cholera, upon the human organism, be that cause what it may, is *upon the brain*, and through it *upon the nervous centers*. * * * * * If this view be correct we can understand how the application of cold may be made to assume a prominent rank among our medicines." Whether Dr. Newman was right or wrong in this idea, it will be seen that he anticipated Dr. John Chapman of ice and hot-water-bag notoriety, in what he terms his theory (Chapman's) of cholera and its treatment.

In bringing this article to a close, the writer asks the indulgence

of the reader. It has necessarily been written at odd moments, and those subject to constant interruptions. It will be observed that he has said nothing about the thousand and one articles that are claimed as more or less specific by persons in and out of the profession. It is because he has used or has seen used many of them, and has found them all more or less failures; and while he does not claim its great success, but rather deploras its frequent inutility, he presents the method of treatment described above, as that in which he has the most faith, and with which he has had a fair share of success.

ART. II.—*Orthopædic Surgery—Report of a case of congenital deformity removed by tenotomy.* BY J. F. MINER, M. D.

Orthopædic surgery is so largely in the hands of a few practitioners, and so little understood and appreciated by the great majority of physicians, who might be eminently capable and successful in this department of practice, that attention cannot be too often directed to results and the manner of obtaining them. It is not infrequent to see cases wholly neglected or absurdly treated by physicians eminently capable in the general practice of medicine and surgery. Deformities may not all be removed, may not be removed perfectly in but few instances, but may almost always be greatly improved, and in every instance properly treated. A great many extravagantly represented cases have been published, and it is quite possible that some mistakes and misapprehensions have been caused by elaborate reports upon the curability and perfect restoration of spinal curvature, or the perfect results in cases of talipes and other tendinous contractions. However this may be, and it is certain we are somewhat exposed to the charge of extravagance and exaggeration, yet there is just ground for considerable pretention, and a truthful and fair representation will entitle the profession to credit and praise for the progress which has been made within the past few years in understanding and managing deformities. Cases treated with ordinary means, that is, with appliances accessible to all, especially merit attention and fair representation; costly appliances or expensive treatment in private hospitals, whatever be the results, and it is possible they are not better, interest

the general practitioner and the majority of sufferers much less. Machines are often manufactured and worn for relief of spinal deviations, club-foot deformities, muscular or tendinous contractions, etc., etc., which are instruments of torture, rather than relief or cure. These instruments are mostly made to fit some theory, applied often by an inexperienced practitioner, and abandoned after imperfect trial, having done less harm from being poorly tested. Some men have no mechanical gift whatever, and should never attempt anything in this department of surgery; it is not possible for them to make the manipulations of surgery with success and satisfaction; they understand its theory and the principles of its practice, they are often safe advisers, but they cannot adapt their means to a desired object. After excluding these, as unsuited for the undertaking, it may be said of the others, that most cases of deformity can be successfully treated by them and generally by the means within their reach, provided they devote enough attention to the subject to become familiar with the principles upon which successful practice is based. Deformity from deficient muscular action or relaxation, is the most incurable form of disease, while that arising from congenital or acquired contraction, excessive or unnatural muscular action is perhaps most susceptible of cure. When muscles do not act, and the will seems to have but imperfect control, the case is unpromising, and little may be expected except from mechanical support; on the other hand, contracted tendons may be lengthened almost at pleasure, and the parts placed in normal position will at length possess almost natural form and motion.

There is a common practice with some good orthopædic surgeons, after division of contracted tendons, to delay dressing for a day or two until the irritation of operation has abated, and then bring the parts into normal position, and thus retain them. A few years since it was an almost universal practice, to make what was called temporary dressing of fractured bones, and not attempt to perfectly adjust the fragments until the first symptoms of inflammation had abated. Upon this same principle a club-foot or a contracted tendon elsewhere, is operated upon—divided, and allowed to remain three or four days, and then placed with great pain, in desired position. Upon this point there are differences of

opinion, but it is believed that no harm can grow out of immediate adjustment in all operations for relief of deformities by division of tendons; that it is not only proper but very desirable to place immediately in natural position not only a fractured bone, but any deformed part it may be attempted to restore. When the surgeon operates for talipes and is three or four days before he makes retentive dressing—before he places the foot in normal position, and attempts to retain it, he must *not* be greatly disappointed if after the *second* edition of his operation, itself more painful than the first, he finds the deformity scarcely improved by his attempts. It is perhaps not quite certain that such delay will insure failure, but it is certainly quite unnecessary. It is not probable but that most fractured bones will unite if undressed and unadjusted for several days, but it is certain that if bones are fractured the processes of repair commence immediately, and placing them in contact and in natural position, removes the causes of inflammation and allows the restoration to commence more early and to progress more rapidly. The analogy between these two cases may not hold in all respects, but there are striking points of resemblance, and the one illustrates important principles of practice in the other.

In some cases of congenital deformity all the muscles and tendons of the parts favor the mal-position, are made to conform to it. One tendon may appear to be mainly in fault, but its division will reveal contractions in others, and oftentimes several tendons will require division before the desired result is obtained. The following remarkable case of congenital deformity will illustrate this point and show important principles to be observed in operations made in similar cases:

M. Busher of Buffalo, aged 3 years, was presented for examination and operation May 26, 1866, with the following condition: Was well developed and healthy, of full natural size, well nourished in every respect, bright and active. The thighs were drawn inwards so closely that the mother had always experienced difficulty in separating them for washing, dressing, etc., etc., and were flexed strongly upon the abdomen by contraction of the sartorius, psoas, iliacus, and adductor muscles. The legs were flexed upon the thigh by contraction of the flexor muscles, and the feet extended by the shortened tendon of the gastrocnemii and solei muscles.

On account of this condition the child had never stood or walked, though the legs still retained their natural size and apparent strength.

The operation practiced for relief of this deformity consisted in dividing the tendons of all the contracted muscles while the child was under the influence of chloroform. From the great number of muscles the undertaking appeared rather formidable to be made at one time, and did prove by sympathetic disturbance that it was, for the little sufferer, a fearful expedient. All the tendons, however, appearing manifestly shortened upon both sides, were at the same time divided, and the legs brought down, first by the extension of weights over pulleys; two days later, from dissatisfaction with the operation of this extension, it was exchanged for a splint, made of sole leather, cut so as to separate the legs and at the same time straighten them perfectly. This leather splint was after the style of the wire splint figured in standard works for treatment of hip-joint disease, was made to fit closely the back of the hips and legs throughout the entire length, and thus they were retained immovably for two weeks, until the wounds of operation were healed, when it was found that the legs remained in their new position remarkably well, and soon that the child could not only stand erect, but walk with the aid of a hand to steady its motions. It has since learned to walk, and though it will never have full natural scope and flexibility of motion, yet will be able to stand erect and walk with great respectability of appearance and usefulness of action.

This child was examined by several very experienced physicians who appear from the account of the parents to have entertained very different and I may say conflicting opinions as to the nature of the malady. It may be interesting as showing how the best and most careful observers sometimes disagree, to state that the family physician, experienced and capable, in general practice, regarded this want of power to use the legs as arising from disease of the spine; another physician, eminent in his department, told the parents it was paralysis, and that the trouble was probably in the head; both assured them that nothing could be done for the child. A third, with different view, prescribed quinine for a long time, and better yet, made attempts to remedy the trouble by

extension. Many had remedies which they thought might "strengthen the child a little," and advised nutritious food, tonics, etc., while quite a number of irregular practitioners prescribed liniments, plasters, salves, washes, etc., etc. All this goes to show how important it is that attention be directed to these cases and the general symptoms and appearances described. It is not very remarkable that some different views should be entertained as to the nature of such a case, by men only accustomed to see and prescribe for ordinary disease, but every surgeon in any degree familiar with such conditions should not make incorrect diagnosis; the instinct almost, should at once tell him that his art is capable of affording relief. It is never safe, however, in these operations to promise too much; they are not in the after dressings perfectly under the control of the physician, and if they were, perfect recovery would hardly be attained. Almost all deformities from contracted muscles, admit of greater or less relief, and the earlier, congenital mal-positions are corrected, the more perfect the result. Sometimes the question is asked, how old should a child be before such operations are made? The question should rather be, how young? for every experienced surgeon understands with what ease the tender yielding tissues of a new born infant may be moulded and changed. I have often thought that division of tendons would rarely be required, if attempts to rectify abnormal positions were made immediately after birth.

Correspondence.

BUFFALO, August 6th, 1866.

To the Editor of the Buffalo Medical and Surgical Journal:

Dear Doctor:—Have the kindness to say, in your forthcoming number, that the case reported and published as proceedings of the Association on page 477, July number, was intended to be the report of a case of resuscitation, by the practice of Marshall Hall's method, prolonged for one hour and a half, during which time involuntary respiration was entirely suspended.

The case as reported is not much unlike the play of Hamlet, with the part of the principal actor omitted.

Yours, truly,

C. C. F. GAY.

Boston, August 10, 1866.

Editor Buffalo Medical and Surgical Journal:

Dear Doctor:—You will perceive by the place from which this comes that I am back in old Boston, probably to remain here. But your journal has found its way to me, though I am away “down east.” It came from Philadelphia.

I am glad that you “remember trying to abuse me out of the idea that I could cure epileptics.” But your “*hope that you did not fail in your efforts was a vain one.*” About the *cure*, however, I have a word to say. I have not used that term, nor do I pretend to do more than others ought to accomplish. From a somewhat extended experience, and in a practice that has brought me in contact with a large number of nervous diseases, I am authorized in saying that not more than one case in ten of epilepsy arises from *organic disease* of the brain, and from most of the nine-tenths from other causes, recoveries may be hoped for; indeed, if I did not think you would give me another *scolding*, I would say *expected*. Why should such not be the fact? One-half of them are caused by *self-abuse*. When this evil habit is abandoned, and proper means used to recuperate the system, (where nature has not been wholly destroyed,) means that are, or should be within the power of every physician, why should not such cases recover? If you can assign any reason, should like to know it. The same may be said in many cases arising from other causes.

Now, my dear sir, I have never been so foolish as to pretend to make a new brain; or, to restore an epileptic to health when the vital principle has become extinct; or, as some of you eminent *surgeons* do, take a man all to pieces, as you would an old watch, clean the parts well, and then put him together and make him as good as new.

If I remember correctly, among others, you had the case of Rev. C. A. Brucker, a Baptist clergyman from Charleston, S. C. That account he wrote and published himself. I never saw it till it was in print. It was a true account. I never said “I cured him.” But he never had a fit after he came under my care. You may ascribe it to anything you please. After he had been free from fits two years, he said to me, “Dr. Cornell, I had but little

expectation of recovery when I came to you. I had been under the care of some of the best physicians in Charleston, and I believe there are none better, and one of them the day I left, said to me, 'Mr. Brucker, you may go to Philadelphia, to Dr. Cornell, or any other doctor, but there is no power on earth that can cure you.'

There it is, and it may pass for what it is worth. Had this been a solitary case, it might have been ascribed to a very fortunate *chance*, a mere coincident. But the case of Wm. F. Page of East Stoughton, Mass., was a similar one. He is still alive, in good health, and has not had a fit since 1848, though he had had them every three or four weeks for seventeen years previously. It is very easy to say, this was but another fortunate coincidence! Very well, all that is desirable is, to have these fortunate coincidences occur often enough; that is, as often as these cases come. But as you are a forbearing man, I will not inflict any more upon you about epilepsy at present.

I did not get a number of the journal in which my name was corrected. But as you suppose everybody knew my name was William M., being so notorious, perhaps it is just as well. I want to write a paper for your journal upon *Chronic Diseases*—their connexion with acute diseases; but I do not know when I shall find the time.

Will you send your journal to me at Boston, Mass.? Did you get the little book of mine called the "*Beacon*," and, if so, did you notice it? I did not see the notice. You know when a man has been well flogged once, and deserves it, he is looking out for another. This book may open the way for it; so, if you have not yet received it, I will send you one.

Very truly yours,

WM. M. CORNELL.

N. B., August 16, 1866.

Editor Buffalo Medical and Surgical Journal:

I have not troubled you in some time, and would not now, were it not about a matter of the utmost importance to the medical profession. It is a discovery of great moment to the Allopathic denomination, made on the Homœopathic theory of practice, and for which they deserve most of the praise. My experiments that

led to the discovery, commenced shortly after reading a communication on the treatment of cholera in one of our daily journals, not long since, wherein it was gravely stated that camphor in saturated solution would give a person the cholera to his "heart's content," (not the place mentioned in connection with the Atlantic cable,) and consequently, and Homœopathically, *similia similibus*, etc., the saturated solution of camphor will cure the cholera. Now, Mr. Editor, taking that theory as a basis, I have been experimenting "some," and have had ample opportunities and subjects, there being *now* "so much cholera in town," but I will only give a brief history of one case at this time, for I am anxious to get the subject before the profession without loss of time, so that the people may have the full benefits of my new "treatment."

Case No. 1.—A German named John Crow, aged 45, a stout, healthy German laborer, had eaten young veal, boiled cabbage, and green corn, also some soured potatoes and cucumber salad; after which he had drunk several quarts of beer during the evening. At one o'clock A. M. I found him in a cold, clammy perspiration, sunken eyes, surrounded with areola, skin shriveled, cramps in stomach and extremities, watery discharges, pulse 140, and feeble, calling for water, (which showed him to be partially delirious.) Now, Mr. Editor, there can be *no doubt* but that the combination of the animal and vegetable substances *produced* the disease. So on the theory that like cure, I immediately made the following prescription:

No. 1. ℞ Kalb Fleish.
Kraut.
Welch Korn.
Kroom Berren.
Kukumner Salat ein viertel pfund. M.

To be digested for half an hour in lager beer—ein gall. Take ad libitum.

But the symptoms were so very urgent, as a *placebo*, the following was administered:

No. 2. Pulv. Ipicac ʒ ss.
" Capsici gr. xx.
" Zingiber ʒ i.
" Ant. et Pat. Tart. gr. x.

Dissolved in a teacupful of warm water. Dose, tablespoonful every ten minutes.

During the time occupied in preparing R̄ No. 1, the patient vomited, filling a good sized tub with the contents of his stomach. The ordinary after treatment, such as opii, tanin, counter-irritation, heat and brandy was prescribed, and recovery followed. But in all similar cases I would recommend the profession to try R̄ No. 1.

A CONVERTED ALLOPATHIST.

Miscellaneous.

Report of the Cholera Conference at Constantinople.

First Group of Questions—the Origin and Genesis of Cholera; the Endemic and Epidemic prevalence of this Disease in India.

I—Whence did the cholera, called Asiatic, originally come? And in what countries does it exist in our day in an endemic form?

The Commission with one voice is able to answer without hesitation that the Asiatic cholera, which at different times has run over the whole world, has its origin in India, where it had its birth, and where it exists permanently as an epidemic.

Adopted unanimously.

II—Out of India, does the Asiatic cholera exist in our day in any part of the world in an endemic form?

The Commission considers as demonstrated that the Asiatic cholera, wherever it appears, is never spontaneously developed and has never been observed as an endemic (care must be taken to distinguish secondary foci, more or less tenacious in their character) in any of the countries which have been enumerated, (Europe, etc.,) and that it has always come from abroad. As for the countries in the neighborhood of India, while admitting it as probable that the cholera does not exist there as an endemic, the Commission does not feel itself authorized to come to any formal conclusion on the subject.

Adopted by all the members of the Commission, except MM. Polak, Sawas and Van Geuns.

III—Is there any reason to fear that the cholera may acclimate itself in our countries?

The Commission, without rejecting the possibility of the fact, regards it as problematic.

Adopted unanimously.

IV—Is there in the Hedjaz an original focus of cholera, permanent or periodic?

The Commission is of opinion that Asiatic cholera does not appear to have had in the Hedjaz its original focus, but it appears to have always been introduced there from abroad up to the present time.

Adopted unanimously, except by Mr. Goodeve.

V—Are there in India certain localities which have the exclusive privilege of generating cholera, or which are more particularly favorable to its development? In other words, is cholera endemic in all parts of India, or only in certain regions which it is possible to circumscribe?

At this time the Commission can only answer that there are in India certain localities, comprised principally in the valley of the Ganges, where cholera is endemic, without being able to point out all of them, or to affirm that they have the exclusive privilege of giving birth to this disease.

Adopted unanimously.

VI—Do we know the causes by the concurrence of which cholera originates spontaneously in India, as well as the circumstances which make it take on an epidemic character?

The Commission feels obliged to limit itself to answering that we know not the special conditions under the influence of which the cholera breaks out in India and reigns there in certain localities as an endemic.

Adopted unanimously.

VII—What are the circumstances which concur in the development and the propagation of epidemics of cholera in India?

The Commission believes itself authorized in answering, that pilgrimages are in India the most powerful of all the causes which tend to develop and propagate cholera epidemics.

Adopted unanimously.

Second Group of Questions—the Transmissibility and Propagation of Cholera.

VIII—Is the transmissibility of cholera proved to-day by facts which do not admit of any other interpretation?

Do not all these facts demonstrate conclusively that cholera is propagated by man, and with a rapidity in proportion to the activity and rapidity of his own movements? The Commission does not hesitate to answer in the affirmative.

Adopted unanimously.

The Commission, with unanimity, concludes that the transmissibility of Asiatic cholera is an incontestable verity, proved by facts which do not admit of any other interpretation.

Adopted unanimously.

IX—Are there conclusive facts which force us to admit that cholera can propagate itself at a distance by certain atmospheric conditions, by winds, or by any other change or modification of the surrounding medium?

The Commission answers that no fact has proved, up to the present time, that cholera can propagate itself at a distance by the atmosphere alone, whatever may be its condition; and that besides it is a law, without exception, that never has an epidemic of cholera extended from one point to another in a shorter time than was necessary for man to carry it.

Adopted unanimously.

X—How is the importation of cholera effected, and what are the agents of its transmission?

It may be said, without more specific statement for the moment, that if all modes of conveyance from countries affected with cholera are not likely to propagate the disease, it is none the less prudent, at present, to consider all such means of conveyance as suspected. A more detailed examination will settle the question.

Adopted unanimously.

XI—Under what conditions does man import the cholera?

Man affected with cholera is himself the principal propagating agent of this disease, and a single cholera patient may cause the development of an epidemic.

Adopted unauimously; and—

XII—The Commission has been led to conclude that certain facts tend to prove that a single individual (with much greater reason many individuals) coming from a contaminated place, and suffering from diarrhæa, is able to cause the development of a

cholera epidemic; or, in other words, that the diarrhœa called premonitory is able to transmit cholera.

Adopted unanimously.

XIII—What is the period of incubation?

In almost all cases the period of incubation, that is to say, the interval between the moment when the individual may have contracted the cholera poison and the commencement of the premonitory diarrhœa, or of confirmed cholera, does not go beyond a few days; all the facts cited of a longer incubation belong to the class where the contamination may have taken place after departure from the infected place.

Adopted unanimously.

XIV—Can the cholera be imported and transmitted by living animals?

There is no known fact which proves that cholera has been imported by living animals; but it is reasonable, nevertheless, to consider them, in certain cases, as belonging to the class of objects called susceptible.

Adopted unanimously, except by MM. Bykow and Lenz.

XV—Can cholera be imported and transmitted by linen, clothing, and in general by articles in common use?

Cholera can be transmitted by articles in common use coming from an infected place, and especially by those which have been used by cholera patients; and it also results from certain facts that the disease may be transported to a distance by these same articles when closely shut up from the outer air.

Adopted unanimously.

XVI—Can cholera be imported and transmitted by merchandise?

The Commission, while admitting with unanimity the absence of proof of the agency of merchandise in the transmission of cholera, admits (by a majority of 16 votes to 6) the possibility of the fact under certain conditions.

The negative votes were those of MM. Bykow, Goodeve, Lenz, Pélikan, Polak and Van Geuns.

In consequence, until more fully informed, the Commission believes that it will be wise to consider as suspected, at least under particular and determined conditions, everything coming (*toute provenance*) from a cholera district.

Adopted unanimously, except by MM. Goodeve, Pélikan and Polak, who declined voting.

XVII—Can the bodies of patients who have died of cholera import and transmit the cholera?

Although it is not proved by conclusive facts that the bodies of patients dying with cholera can transmit the disease, it is prudent to consider them as dangerous.

Adopted unanimously, except by M. Sawas, who declined voting.

On the Influence of Means of Communication.

XVIII—What influence do the various modes of communication, whether by land or sea, have upon the propagation of cholera?

The Commission answers, that maritime communications are by their nature the most dangerous; that it is they which propagate most surely cholera at a distance, and that next to them comes communication by railroad, which in a very short time may carry the disease to a great distance.

Adopted unanimously.

XIX—What is the influence of deserts upon the propagation of cholera?

The Commission, resting upon facts established by experience, concludes that great deserts are a most effectual barrier to the propagation of cholera, and it believes that it is without example for this disease to be imported into Egypt or Syria, across the desert, by caravans from Mecca.

Adopted by all the members of the Commission, except MM. Monlau, Pélikan, Polak and Van Geuns, who declined voting.

The Influence of Crowding.

XX—What is the influence of crowds upon the intensity of epidemics of cholera, as well as upon the propagation of the disease? and under what conditions does it exercise its influence?

All crowding together of human beings, among whom cholera has been introduced, is a favorable condition for the rapid spread of the disease—and, if this crowding exists under bad hygienic conditions, for the violence of the epidemic among them.

That in this case the rapidity of the extension of the disease is in proportion to the degree of crowding, while the violence of the epidemic is, other things being equal, so much the greater according as individuals have been little exposed to the choleraic influ-

ence or not at all; that is to say, in other words, individuals who have already been exposed to the influence of a cholera atmosphere enjoy a sort of relative and temporary immunity which counterbalances the bad effects of crowding.

Finally, in the case of a dense crowd, the more rapid its separation, so much the more rapid is the cessation of the epidemic, at least if new arrivals of unaffected persons do not furnish new aliment for the disease.

Adopted unanimously.

XXI—What is the intensity and what the tenacity of cholera epidemics on shipboard?

The Commission replies that the intensity of cholera on board ships crowded with men is, in general, proportionate to the crowding, and is so much the more violent, other things being equal, if the passengers have not resided in the focus of cholera which they started; that on crowded ships the spread of cholera epidemic is ordinarily rapid; finally, the Commission adds that the danger of importation by ships, and that of giving rise to a grave epidemic, are not entirely subordinate to the intensity, nor even to the existence of choleraic symptoms appearing during the voyage.

Adopted unanimously, except by M. Monlau, who declined voting.

XXII—What influence does the accumulation in lazarettos of individuals coming from a cholera district exercise upon the development of cholera among the people at quarantine and in the neighborhood?

The Commission concludes that the crowding together of people coming from a place where cholera reigns in a lazaretto, has not the effect of producing, among the people at quarantine, a great extension of the disease; but that such a gathering is nevertheless very dangerous for the neighborhood, as it is calculated to favor the propagation of cholera.

Adopted unanimously, except by M. Monlau.

XXIII—What influence do great collections of men, in armies, fairs, pilgrimages, exercise upon the development and propagation of epidemics of cholera?

The Commission concludes that great gatherings of men (armies, fairs, pilgrimages) are one of the most certain means for the prop-

agation of cholera; that they constitute the great epidemic foci which, whether they march after the manner of an army, or whether they are scattered, as at fairs and in pilgrimages, import the disease into the country which they traverse; that these gatherings, after having been exposed, usually in a rapid manner, to the influence of cholera, become much less susceptible to its power, and that it disappears very speedily, unless newly arrived persons take the disease.

Adopted unanimously.

XXIV—What is the influence of dissemination upon the intensity and development of cholera epidemics?

The Commission concludes that the breaking up of a collection of people, at an opportune time, may render less violent an epidemic of cholera and even arrest its extension; but that this scattering, on the other hand, gives rise to great danger of propagating it, if it take place in the midst of a region as yet unaffected.

Adopted unanimously.

XXV—What part belongs to the pilgrimage to Mecca in the cholera epidemics of our day.

The part of the pilgrimage to Mecca, as an agent in propagating cholera as regards the neighboring countries of Europe (the only one with regard to which we have positive information) has been the introduction of this disease into Egypt twice, with an interval of thirty-four years, during the hot season.

Adopted unanimously, except by M. Polak, who declined voting.

The Influence of Hygienic Conditions.

XXVI—What is the influence upon the violence of cholera epidemics exerted by hygienic and other conditions of locality; in other words, what are the assisting causes of cholera?

The Commission recognizes that the hygienic and other conditions which in general predispose a population to contract cholera, and consequently favor the intensity of epidemics, are: misery, with all its consequences; overcrowding, particularly of persons in feeble health; the hot season; want of fresh air; the exhalations from a porous soil impregnated with organic matters, above all with the dejections from cholera patients.

In addition, the Commission think that, as it appears demonstrated by experience that the discharges of cholera patients con-

tain the generative principle of cholera, it is right to admit that drains, privies, and the contaminated waters of towns may become the agents for the propagation of this disease.

The Commission adds, that it seems to result from certain facts that the soil of a locality, once impregnated with cholera detritus, is able to retain for a considerable length of time the property of disengaging the principle of the disease and of thus keeping up an epidemic, or even of regenerating it after it has become extinct.

Adopted unanimously, except by M. Pélikan.

Immunity from Cholera.

XXVII—How is immunity from cholera to be interpreted?

The immunity which certain localities enjoy, that is to say, the resistance, permanent or temporary, general or partial, opposed by these localities to the development of cholera within their limits, is a fact which does not exclude transmissibility, but which indicates that certain local conditions, not yet entirely determined, are an obstacle to the development of the disease.

The same immunity, more or less complete and more or less durable, which the majority of persons in the midst of an infected district enjoy, an immunity which attests the individual resistance to the toxic principle, is a circumstance to which we should attach the highest importance.

In point of view of epidemic development, it is the corrective of transmissibility, and viewed with regard to prophylaxia, it sets in operation proper means to arrest the ravages of the disease.

Adopted unanimously, except by MM. Monlau and Pélikan, who declined voting.

Deductions relative to the Generative Principle of Cholera.

XXVIII—From the facts above established, and which relate to the genesis, the propagation and the transmissibility of cholera, can we draw any precise conclusion with regard to the generative principle of the disease, or at least with regard to the media which serve as its vehicles, or receptacles; with regard to the conditions of its penetration into the organism, the ways by which it passes out, the duration of its morbid activity, in a word, with regard to all its attributes, a knowledge of which is important to guard against it?

In the actual state of science, we can only frame hypotheses as to the generative principle of cholera; we know only that it originates in certain countries of India, and that it dwells there permanently; that this principle is reproduced in man and accompanies him in his journeyings; that it may also be propagated at a distance, from place to place, by successive regenerations, without ever being reproduced spontaneously outside of man.

Adopted unanimously, except by M. Goodeve, who declined voting.

XXIX—What are the vehicles of the generative principle of cholera?

Under the name of vehicles, the Commission intends to speak merely of the agents by means of which the morbid principle penetrates the organism. To this question the facts reply that the air is the principal vehicle of the cholera principle. * * *

The action of the cholera miasm is so much the more sure as it operates in a confined atmosphere and near the focus of emission. * * * * It seems that it is with cholera miasm as it is with the miasm of typhus, which rapidly loses its power in the open air at a short distance from its starting point.

XXX—To what distance from a focus of disease can the principle of cholera be transported by the atmosphere?

The surrounding atmosphere is the principal vehicle of the generative agent of cholera; but the transmission of the disease by the atmosphere, in an immense majority of cases, is limited to a space very near to the focus of emission. As for the facts cited of transportation by the atmosphere to the distance of one or more miles, they are not sufficiently conclusive.

Adopted unanimously, except by M. Goodeve, who declined voting.

XXXI—Independent of the air, what other vehicles are there of the cholera principle?

Water and certain ingesta may also serve as vehicles for the introduction into the organism of the generative principle of cholera.

This granted, it follows, so to speak, necessarily, that the passages by which the toxic agent penetrates into the economy are principally the respiratory passages and very probably also the

digestive canals. As for its penetration by the skin, nothing tends to prove it.

Adopted unanimously.

XXXII—What are the principal receptacles of the cholera principle?

The matter of the cholera dejections being incontestably the principal receptacle of the morbid agent, it follows that everything which is contaminated by the discharges become also a receptacle from which the generative principle of cholera may be disengaged, under the influence of favorable conditions; it follows, also, that the origin of the cholera germ takes place very probably in the digestive canal, to the exclusion, perhaps, of all other parts of the system.

Adopted unanimously.

XXXIII—What is the duration of the morbid activity of the generative principle of cholera?

It results from the study of facts, that in the open air the generative principle of cholera loses rapidly its morbid activity, and that this is the rule; but that under certain particular conditions of confinement, this activity may be preserved for an unlimited period.

Adopted unanimously.

Finally, the Commission adopts the following formula:

Observation shows that the duration of the choleraic diarrhoea, called premonitory—which must not be confounded with all the diarrhoeas which exist during the time of cholera—does not extend beyond a few days.

Facts cited as exceptional do not prove that the cases of diarrhoea prolonged beyond that period belong to cholera, and are susceptible of transmitting the disease, when the individual affected has been withdrawn from all cause of contamination.

Adopted by fourteen votes against four, viz: MM. Gomez, Millingen, Mühlig and Salvatori; M. Monlau declined voting.

Here end the labors of the commission, with regard to the origin, the endemic condition, the transmissibility and the propagation of cholera, and the historic sketch of the march of the epidemic of 1865, made by a sub-committee, of which Dr. Bartolletti was the Secretary, before being presented separately to the conference.

With regard to the different questions placed upon the programme, it is to be said, that by limiting themselves to drawing from facts the consequences which reasonably flow from them, the Commission thinks it has established sure foundations which will enable the conference to pronounce understandingly upon all questions relating to prophylaxis.

Signed by

A. FAUVEL, Sec'y.

The present report, having been discussed and adopted, chapter by chapter, was approved as a whole by all the members of the Commission.

Constantinople, May 21, 1866.

Signed by all the members of the Commission.

The above abstract gives, in a condensed form, the substance of a report which confirms in the strongest manner all that this and other journals in this country and abroad have maintained with regard to the communicability of cholera. It is not strange, therefore, that, as is stated by the French press, the Conference adopted the following propositions, presented by the French delegates, as we learn from the *Medico-Chirurgical Review*:

“To break off all communication—the moment cholera appeared among the pilgrims—between the Arab ports and Egyptian coast, leaving the land route followed by the caravan open for the hadjis for their return to Egypt. In other words, the pilgrims would be obliged to perform quarantine, either in the Hedjaz till the epidemic ceased, or in the desert in the caravan route.”—*Boston Medical and Surgical Journal*.

Mode of distinguishing between Nervous Idiopathic Albuminuria and the Albuminuria of Diseased Kidneys.—The principle upon which M. Corlieu founds the test by which he distinguishes between these two forms is, that when the kidneys are healthy the urine possesses the smell of the odorous substances introduced into the system. He says that if such substances as cubeba, turpentine, etc., be ingested, they will give their characteristic odor to the urine in cases of albuminuria, provided the kidneys be healthy; but if the kidneys be diseased, the odor of these substances can not be detected, even though they have been previously introduced into the system.—*N. Y. Medical Journal*.

Febris Nigra—"Black Death."

A singular and apparently hitherto unknown disease has recently made its appearance in the city of Dublin, the cases so far proving uniformly and rapidly fatal. The first case occurred on the 19th of March, and up to the close of May four others had been reported. The subjects attacked were young persons, and apparently in the most perfect health, and the duration of the disease varied from eleven to seventy-two hours. The essential characters of the disease may be gathered from the following comparisons drawn by Dr. Lyons, in his clinical lectures, between it and those diseases to which it presents the most marked resemblances.—Technically defined, Dr. Lyons regards the disease as the algid stage of an essential zymotic febrile condition, the nature of which is as yet undetermined.

Comparison with Yellow Fever.—In the depression of the circulation and deep livid discoloration present in both diseases will be at once seen a resemblance sufficiently remarkable between the algid form of yellow fever and the Irish "black death." In the clearness of the intellect and the undisturbed state of the faculties will be found another point of resemblance. On the other hand, in the absence of yellow coloration before or after death in the conjunctivæ or other parts in the cases of "black death," and in the presence of hemorrhages from various parts of the mucous surfaces in yellow fever, as well as the striking concomitant of black vomit, must be noticed very essential points of difference.

Comparison with Cholera.—In contrasting the phenomena of the malady in question with certain of those presented in cholera, Dr. Lyons is of the opinion that even still less pathological affinity can be traced than between yellow fever and black death, or febris nigra, which may form no inappropriate designation of the disease. In the *cholera sicca*, to which alone, in his opinion, the Irish black death can be compared, there is, it is true, an absence of vomiting and purging, and so far a similarity; but the dry cholera is attended with muscular cramps and abdominal pains, and the discoloration of the surface is essentially that of minute venous congestion and not that of cutaneous transudation of blood, and after death muscular rigidity is extreme. In cholera, likewise, the voice is often reduced to a whisper, the eye sunk, the nose pinched, the

hands and fingers shrunken, while, with the absence of radial pulse, some of the most remarkable of the cases of "black death" exhibited not only full possession of the faculties, but perfect voice and distinct articulation.

Comparison with Typhus.—On reviewing carefully all the phenomena presented by the cases of black death hitherto observed, Dr. Lyons fails to find any support for the opinion which would regard them as any form of typhus fever. The insidiousness of the invasion with the early depression of the circulating system might be considered to establish a faint resemblance; but in the perfect possession of the faculties and distinctness of speech retained to within a short time of the fatal issue by the patients in some of the most marked cases of the black death, will be found characters which point to an essential difference from the typhus state, in which stupor is a leading and necessary feature. Hence Dr. Lyons dismisses the idea that the malady in question is to be ranked under any form of typhus, or that it has any true pathological affinity to any phase or stage of that morbid state.

Dr. Lyons is disposed to look at the meteorological condition of the atmosphere for an explanation of the occurrence of these remarkable cases, but no satisfactory conclusion is yet arrived at concerning them. The fatal issue was rapid to a degree not often equaled in the most severe epidemics on record, and he is disposed to conclude that the occurrence of these cases of such unusual character and uniform fatality points to the possible visitation of some epidemic of appalling severity and no ordinary character.—*N. Y. Medical Journal.*

Treatment of Acute Pneumonia.

In a clinical lecture, at the Mater Misericordiæ Hospital, Dr. Hughes gave, as his opinion, that no peculiar or specific treatment is applicable to all cases of acute pneumonia, but that the local inflammation in each case subsides concurrently with the fever. He exemplifies his views by two cases in point, in both of which the local mischief was pretty much the same, but the accompanying fever was very different, in the one being of a high grade, with pulse 130, respiration 40, and tongue foul, white furred and thickly

coated. In the other the fever was of a lower grade; pulse 80, small and weak; respiration 30, tongue coated with a white, *blankety* fur, and red at the tip. The first case was treated with tartar emetic, the second with moderate stimulants, local counter-irritation being applied in both cases. The recovery was very rapid in both instances. The medical literature of the day abounds in recommendations from various authorities as to the treatment of pneumonia, each succeeding one warning his readers against the mistakes of his predecessors and urging the adoption of his special plan. Dr. Hughes sees in this difference of opinion a proof that if we are desirous of obtaining a sure guide to the successful treatment of pneumonia, and other kindred states of the system, we must study the type of the accompanying fever and adapt our treatment to it, instead of vainly endeavoring to make one plan of treatment fit all cases. He thinks that if the same plan of treatment had been pursued in these two cases, there are good grounds for believing that the results would not have been so favorable in both.—*N. Y. Medical Journal*.

Local Anæsthesia.

BY WILLIAM R. WHITEHEAD, M. D.

The attempt to substitute local for general anæsthesia in extensive surgical operations, offers the attraction of novelty, and the inviting advantage of avoiding the occasionally fatal accidents resulting from the inhalation of chloroform. The attention recently accorded to the efforts of Richardson, of London, to introduce to the favorable notice of the profession local anæsthesia by means of ether spray, will sanction a review of the relative merits of local anæsthetics.

From the most remote periods attempts have been made to produce local insensibility to the pain of surgical operations. Narcotics were topically employed by the ancients with discouraging results. During the last century compression was greatly extolled; but the constriction of a limb by tight cords to lessen the pain of an amputation was as inefficient as it was inconceivably barbarous. Arnott, in England, rendered temporarily popular a freezing mixture of salt and ice. I have seen this application made by Vel-

peau, for the avulsion of toe-nails; and the pain which it occasioned was intense. The cold produced by the rapid evaporation of ether induced Guérard, about 1854, to cause to be constructed by Mathieu,* an instrument provided with a small syringe, which should project ether in a continuously fine jet upon any part where it was desired to lessen or abolish sensibility. Hardy, of Dublin, in 1853, recommended the evaporation of chloroform as a local anæsthetic.

Follin and Leconte, several years ago (*Bulletins de la Société de Chirurgie*,) instituted a series of experiments to produce local anæsthesia.

By projecting a jet of ether on the skin, they produced insensibility of the part in less than a minute; and froze water in a small glass tube in less than two minutes. Great pain attended the application of the freezing mixture of salt and ice; and they further established that the complete anæsthetic effects which they obtained were in both cases due entirely to the congelation of the tissues. The success of these experiments caused ether sometimes to be used locally for minor operations, when the incisions were few, and involved only the integument. But the application of ether topically has unquestionably been greatly facilitated by the use of spray instruments; and if Richardson did not, a few years ago, meet with encouraging success in his endeavor to produce local anæsthesia by electricity, his adaptation of a nebulizer to the use of ether, though only an improvement on the method of Guérard, is productive of results that may retain this means of local anæsthesia among the recognized remedial agents which are exceptionally useful. In some of the recorded cases of success, as in the ovariectomy case of Spencer Wells, it was found necessary to administer chloroform to complete the operation; and furthermore, the experience of surgeons has not been confirmatory of the high encomiums lavished on ether spray in surgical operations of magnitude. I have recently used it in a plastic operation on a gentleman of this city, who had the choice of ether by inhalation or applied locally; chemically pure ether was used and applied by skillful hands. As the operation was performed by a few rapid incisions, and my object was only to materially diminish the sensibility, congelation of the tissues was not produced.

The impossibility of performing difficult dissections among frozen tissues must necessarily confine within restricted limits the indications for this anæsthetic method; and it will be difficult to cause surgeons to abandon the positive benefits of chloroform for the doubtful advantages of local anæsthesia by ether spray. Since the effect is due entirely to the cold produced, I would prefer rhigolene to ether; but reserve it only for minor operations. There is a great variety of spray-producing instruments, and the perplexity in the choice of a suitable instrument can only result from a failure to make simplicity the requisite quality in the selection. Richardson's or Clark's will answer.

In almost any drug-store can be found a little instrument called the "scent distributor," for many years familiarly known to the public, and used for perfuming apartments. This little instrument is the simplest variety of nebulizer, and consists of two glass tubes arranged at right angles to each other. If the smaller tube should be passed through a cork stopper into a small bottle containing ether, and the other glass tube attached to a rubber-pipe connected with two hollow rubber balls at short distances from each other, one used for compressing air, and the other, which is nearest the bottle, as an air-reservoir, we shall have a representation of Bergson's apparatus modified by Clark.—*Medical Record*.

Case of Forcible Tearing Away of the Uterus of a woman just Delivered.—The following case, related by Dr. Hoffmann, is a melancholy example of the evil resulting from the lack of habitual practice in ordinary midwifery, and the concomitant one of medical practitioners being called in almost exclusively to difficult labors:—A woman, aged thirty-nine, was in her ninth labor, under a midwife who gave a powder, soon after which the child was expelled. She immediately removed the placenta by drawing on the cord. Strong after-pains followed, and the midwife felt a fleshy mass in the vagina. The district surgeon found the patient pale, cold, and almost pulseless, and a dark red fleshy mass projecting from the vulva. As he could not return it, he took it for a growth or fleshy mole, and passed his hand near the mass and through an opening which he took for the os uteri. After twenty

minutes' manipulation, he directed the midwife to take away the mass. Immediately this was done a loop of intestines appeared. The mass torn away was the uterus. The examination of the body showed that the lower part of the vulva, together with the perinæum as far as the anus, was torn off, and no trace of uterus, ovaries, or Fallopian tubes was found.—*Vjhrschr. f. gericklich. Med.* 1865—*Southern Journal Medical Sciences.*

Editorial Department.

Epidemic Disease—Health of Buffalo.

We have already reached the zenith of the hot season, and thus far our country has been free, or almost free from any epidemic disease. In New York, Brooklyn, Cincinnati, New Orleans, and perhaps some other cities, cholera is reported in sporadic form, with as yet no manifest tendency to prevail epidemically; the cases have not been sufficiently numerous to notably increase the usual death rate, and the victims are from the lowest classes. The various theories concerning it, it is needless to say, have not ALL been sustained by experience and observation thus far, and we may perhaps be justified in concluding that the circumstances and facts connected with its outbreak, throw no new light upon its mode of communication or causes, but rather teach us, that much concerning it is still unknown. The questions concerning the value of quarantine, and its ability to prevent its spread in the large cities are being answered; many conclusions will be obtainable from passing events, and some of us must conform our opinions to discovered truths. If cholera prevails to any extent, it is to be hoped that we shall observe it so impartially and closely, as to learn if possible its causes and modes of propagation, together with best means of arrest, prevention and cure.

In Buffalo the disease has not yet made its appearance in a single instance, though the public are expecting it so confidently that every case of diarrhœa, if attended, as it often is, with vomiting, is feared as cholera, to the great disadvantage of the people and to the increased labor of the physician. Diarrhœa and cholera morbus have been much more prevalent for the last few weeks, previous to which, a time of more universal good health was never enjoyed in Buffalo. We are often asked, have you seen any cholera? the manner indicating that they think if we have not, we are a little old fashioned and might have seen hundreds of cases if we had only had our eyes open to see them. An active irregular, has treated "several hundred cases successfully," and "has new ones daily;" his peculiar manner of treating cholera is infallible, (?) "not a single case has as yet proved fatal." Neighborhoods are annoyed and frightened by the frequent announcement of the outbreak of cholera, but from the best sources of information it is certain that not a single true case has yet appeared. It is greatly to be desired that phy-

icians speak this fact positively, and not allow families to think they have been suffering from cholera, when in truth it was nothing more than the ordinary cholera morbus which is always common at this season.

There is an idea which, in most of the discussions of cholera, is not made to appear; the analogy it bears to a common and almost universal disease of the warm season in all countries, cholera morbus, as it is termed. Almost all recent writers go upon the presumption that cholera must have some definite, fixed, exclusive, peculiar and as yet undiscovered cause, which is in operation during its prevalence, and which when carefully studied, may possibly be demonstrated as portable, tangible, controllable and preventable. It is remarkable how nearly in all respects cholera morbus imitates cholera, and how the severer forms of it during prevalence of cholera, are constantly regarded both by physicians and the public as cholera. This disease springs up during the hot season, and is never wholly absent during the summer months—springs up from “common causes,” or certainly arises from no specific, portable, controllable or preventable influence. During the prevalence of cholera, cholera morbus is lost—merged in that disease, indicating that these two diseases are related to each other, and that what is known of the causes of the milder disease, may help to determine also the causes of the more aggravated malady. Now it would appear quite reasonable to conclude that two diseases which resemble each other in every respect so closely, are really dependent upon a common cause, the one disease augmented in severity and rendered fatal by atmospheric influences, which, though not discoverable, are yet present and potent for evil. There are not greater differences in the manifestations and terminations of these two diseases than is observed in the eruptive fevers. Scarlet fever in its mildest form is harmless, and can scarcely be called disease, while in epidemic form it is often fatal as the cholera or plague; still other diseases manifest the same differences in malignancy and fatality between sporadic and epidemic forms. After all this, it must be confessed that cholera has features of its own which distinguish it from other forms of disease of the same general class, and that however much we may philosophize upon its character and relationships, the main questions concerning it remain still unsettled, and we must return to first principles and observe the circumstances and history of its appearance and progress, before determining its causes and modes of communication.

Cholera is reported to have made its appearance in many of the large cities simultaneously, and we have heard no intimation that it can be shown with reasonable degree of probability that it was carried in any way from one place to another—though possibly a full history may show it to have been so. It was developed upon the appearance of the warm season, and as yet we are happy to believe manifests no tendency to spread by contagion or otherwise. In New York it has had victims only with the neglected foreign population, whose habits and hygienic conditions would breed, in warm weather, cholera, plague, or some other fatal scourge by a fixed law of nature—that *mammals* are not made to live in all elements—to breathe water, air, and the most noxious gases conceivable, and continue for any great length of time in healthy condition.

We have from the first endeavored to show that cholera is not contagious, and that those only are greatly exposed to attack who are intemperate and imprudent, whose habits and manner of life induce the disease. If, however, this faith shall be shown unfounded we shall cheerfully abandon it and take refuge in any better established truth. We propose to avoid, and advise others to avoid positive conclusions concerning this disease, hoping still to be able to arrive at more positive knowledge; meanwhile to look upon the most cheerful side of the question and avoid as far as possible all conclusions which if adopted, would produce injury and alarm.

An experienced medical friend, whose observation extends over the whole period since the first outbreak of cholera in this country, and whose judgment and practical ability entitle his opinions to the highest respect, assured us this morning that the first appearance of cholera marked a period of great change in diseases of all forms, that pneumonia was never afterwards so athenic in its type, pleurisy was less acutely inflammatory, and was more often attended by a low form of constitutional fever. That inflammations were not so active in their symptoms and progress, and that the prevailing autumnal and typhoid fevers were of a much lower grade. Without advocating any change of type theory, with the object of shielding the profession from charge of unnecessary and unjustifiable activity in treatment during the *age of depletion*, he still maintains that all disease has been modified by causes which are not understood, and is not since the first appearance of cholera in this country, so active and inflammatory as it was before that time; that this is true of disease in districts where cholera was never prevalent, in the rural and mountainous regions, that everywhere a change was obvious, and that a depressing influence, a tendency to low forms of disease was manifest. This is an opinion which is often expressed by physicians of the highest attainment, whose views are worthy of the most careful consideration. We have stated this argument not to adopt or oppose it, but as a succinct statement of the opinions of some men eminently qualified to judge, hoping at least, it may be instructive to the younger members of the profession whose opportunities to know of the opinions and practices of the medical fathers, is confined to history alone. We confess to a sympathy with these view in some respects, and with a few explanations, while in others believe these physicians like the young sailor, who thought the ship stood still, and that the land was moving. We are willing to compromise and conclude that both the ship and land—the knowledge of disease and manner of treating it—are moving, that both therapeutics and disease have undergone change. Certainly we have new diseases and new forms of the same disease.

Prof. Wm. Warren Greene, of Pittsfield, Mass., on July 18th, removed a bronchocele from the neck of a lady aged 44 years, which is believed to be the largest ever successfully operated upon. A full report will soon be made of the case.

Books Reviewed.

Clinical Notes on Uterine Surgery with special reference to the management of the Sterile condition. By J. Marion Sims, A. B., M. D., etc., etc. New York: Wm. Wood & Co., 61 Walker street, 1866.

Dr. Sims says, "I voluntarily left my own country on account of its political troubles. Our unfortunate civil war continued much longer than any of us, North or South, anticipated. In consequence of this my residence abroad was prolonged far beyond my original intention." It is not very apparent why our political troubles should greatly influence a physician to leave his own country, or remain longer abroad than otherwise agreeable, but during this absence our author has "had time to look over his note books, and to cull such facts as illustrate the method of treating Uterine Diseases at the Woman's Hospital." He says, very modestly, "I wish most sincerely that I could have produced something more worthy of the position so long held by me in that noble charity; for to this I owe all that I know practically of the subjects herein treated."

The following conditions the author regards as essential to conception, and treats the subjects under the following general heads:

- 1—It occurs only during menstrual life.
- 2—Menstruation should be such as to show a healthy state of the uterine cavity.
- 3—The os and cervix uteri should be sufficiently open to permit the free exit of the menstrual flow, and also to admit the ingress of the spermatozoa.
- 4—The cervix should be of proper size, form, shape and density.
- 5—The uterus should be in a normal position; i. e., neither ante-verted, nor retro-verted to any great degree.
- 6—The vagina should be capable of receiving and retaining the spermatic fluid.
- 7—Semen, with living spermatozoa, should be deposited in the vagina at the proper time
- 8—The secretions of the cervix and vagina, should not poison or kill the spermatozoa.

Under the first head our author simply tells us that the text is so self-evident that it might be passed without further notice, and then relates several cases of mistakes as to pregnancy, by both physician and patient—of pregnancy in early and advanced life, and closes with the assurance that some of the best men in the profession make most ludicrous mistakes, and that sensible, educated ladies sometimes believe themselves pregnant and are mistaken, are especially apt to be deceived in this way about the turning period of life.

Under the second head he shows that menstruation should be such as to indicate a healthy condition of the uterine cavity, and speaks of scanty menstruation, profuse menstruation, menorrhagia from granular erosion, from fibrous engorgement of the cervix, fungoid granulations, fibrous tumors and uterine polypi. He gives the proper mode of treatment, and speaks of sponge and sea-tangle tents, glycerine, uterine probes, etc., etc. Upon the use of glycerine in uterine surgery he says: "The effect of glycerine thus used is very remarkable. It has great affinity for water. A bit of cotton saturated with glycerine, and exposed to the air, will

retain moisture for weeks. When applied to the neck of the womb, as above directed, it seems to set up a capillary drainage by osmosis, producing a copious watery discharge, depleting the tissues with which it lies in contact, and giving them a dry, clean and healthy appearance. When such a dressing is applied to a pyogenic surface on the cervix uteri, for a few hours and then removed, the cut or sore will be as clear of pus as if it were just washed and wiped dry."

Section third is a consideration of the normal and abnormal conditions and relations of the uterus and os tincæ. In section fourth is described the various abnormal conditions of the cervix uteri, with some illustrations, and the method of amputating. Section sixth, is devoted to the various versions and their influence upon sterility. Section seventh, to the vaginal imperfections, the nature and properties of semen, spermatozoa, artificial fertilization, period for conception, etc. The last chapter is devoted to the vaginal secretions, vaginitis, leucorrhœa, vaginal injections, etc., etc.

There are a great many points upon which we should be glad to quote our author did space permit. He has given a very full and illustrated account of tumors of the uterus of all forms, and the best means of removing them; also we notice a valuable chapter upon the means of dilating the os uteri. He has made some very sensible remarks upon the use of the uterotome, and though he sometimes uses cutting instruments, he still appears to be quite familiar with the fact that incisions made with the view to enlarge the os uteri, are often quite unsatisfactory—heal over quickly and often only increase, rather than relieve the condition of contraction. We have a word to say upon this operation of enlarging the os uteri by incision, but must defer it and a further consideration of Dr. Sim's book until some future time, merely remarking that every one engaged in the practice of uterine surgery, will be deeply interested in its perusal.

Recent advances in Ophthalmic Science; the Boylston Prize Essay for 1865. By Henry W. Williams, M. D., Ophthalmic Surgeon to the City Hospital, Boston; University Lecturer on Ophthalmic Surgery in Harvard University; member of the American Ophthalmic Society, etc., etc. Boston: Ticknor & Fields, 1866.

This essay embraces a great variety of topics, and exceeds the limits of an essay in so much as to almost constitute a complete treatise upon the Diseases of the Eye, the manner of detecting them, and the best mode of cure. The ophthalmoscope and its revelations, and revolutions, constitutes an important part of the work. A careful perusal will show how nearly all that we now regard as knowledge in ophthalmic science is embodied in the recent advances, made in this department, and indicate the immense advance which the introduction of the ophthalmoscope has made in ophthalmology. This essay by Dr. Williams is a compendium of what is known of many of the diseases and accidents of the eye, and their treatment, and too much cannot be said in its favor. It describes the manner of using the ophthalmoscope, tells what may be known by its aid, and how discovered changes may best be rectified or palliated. Physicians having any interest in the diseases and deformities of the visual organs cannot fail to be deeply interested in the perusal of this little volume.

Of the Mechanical Treatment of Chronic Inflammation of the Joints of the Lower Extremities, with the description of some new Apparatuses for producing Extension and Counter-extension at the Knee and Ankle Joints. By L. A. Sayre, M. D., Surgeon Bellevue Hospital, Professor of Orthopædic Surgery, Bellevue Hospital Medical College, etc., etc. Extracted from the Transactions of the American Medical Association. Philadelphia: For sale at Wm. Wood & Son, and Bailliere Bros., New York. Price \$1.00; 1865.

The object of this monograph is to bring before the profession the utility of mechanical appliances in the treatment of chronic inflammation of joints of the lower extremities, with a description of some apparatuses for extension and counter-extension, invented by the writer. The instruments are ingeniously contrived and are eminently adapted for the treatment of the diseases for which they are recommended. It has repeatedly been demonstrated that the beneficial results of mechanical appliances were greatly deprived of their advantage arising from the necessary confinement of the patient, but with the introduction of splints allowing them out-door exercise, orthopædic surgery has achieved a great success. Dr. Sayre, as an orthopædic surgeon, has been prominently instrumental in bringing before the notice of the profession this new method of treatment of chronic diseases of the joints, and we would especially invite their attention to his improved knee and ankle supporters.

Asiatic Cholera. By F. A. Burrall, M. D. New York: William Wood & Co., 61 Walker street, 1866.

The book of Dr. Burrall contains a great deal of valuable information, and will prove very interesting and instructive. The author considers the methods of propagation as four in number.

1st—Moist excreta on clothes and bedding of infected persons may be carried by the vapor of water and enter the nostrils and mouth and be swallowed.

2d—Dry excreta on infected clothing may be wafted a short distance by the air when the clothing is moved or unfolded.

3d—Nurses and those who attend the sick may introduce the poison into their system by not washing their hands before taking food.

4th—Utensils used by the sick and not properly cleaned may also contain the germ of the disease.

Asiatic Cholera; its Origin and Spread in Asia, Africa and Europe, introduction into America through Canada; Remote and Proximate Causes, Symptoms and Pathology, and the various Modes of Treatment analyzed. By R. Nelson, M. D., Health Commissioner during the first two invasions, 1832, 1834; President of the Medical Board for the District of Montreal. New York: Wm. A. Townsend, publisher, 434 Broome street, 1866.

Seldom has the progress of a malady been watched so eagerly and elicited so much discussion as the scourge which has already appeared in some of our larger cities. Numerous as are the contributions describing the progress, treatment and contagiousness of Asiatic cholera, the profession remains as divided in their opinion as ever.

Dr. Nelson's monograph furnishes us with many interesting facts relating to the spread of cholera in the east, and its propagation on this continent. His connec-

tion with the Medical Board of Health in 1832 and 1834, placed him in a most favorable position for observation, and being a careful observer his conclusions will merit the attention of the profession.

Biographical Sketches of Distinguished Living New York Surgeons. By Samuel W. Francis, A. M., M. D., Fellow of the New York Academy of Medicine. Reprinted from the Philadelphia Medical and Surgical Reporter. New York: Published by John Bradburn, 1866.

Although we are not disposed to wholly approve of the parading of the accomplishments and achievements of active living members of the profession, still the perusal of these sketches will prove interesting to many of the profession. The memoirs are those of worthy and eminent men, and written in an easy and elegant style.

Books and Pamphlets Received.

On Spermatorrhœa; its Causes, Symptomatology, Pathology, Prognosis, Diagnosis, and Treatment. By Roberts Bartholow, A. M., M. D., Professor of Physics and Medical Chemistry in the Medical College of Ohio; Lecturer on Clinical Medicine, and Physician to St. John's Hospital, Cincinnati, Assistant Surgeon U. S. Army, etc., etc. New York: Wm. Wood & Co., 51 Walker street, 1866.

The Medical Register of the City of New York, for the year commencing June 1, 1866; published under the supervision of the "New York Medico-Historical Society." Guido Furman, editor. For sale by Wm. Wood & Co., 51 Walker street.

The Key to General Practical Ventilation found; the ready means, awaiting a proper use, exemplified through this study, and the production of the "Impinged Draught,"—"Wind-Guard." A Chimney-top and Ventilator, in cast iron and wrought metal, as required.

Twenty-first Annual Announcement of the Ohio College of Dental Surgery, College street, Cincinnati, O. Second edition.

The following Journals are regularly received in exchange:—London Lancet—Editors, J. H. Bennett, M. D., T. Wakely, jr., M. R. C. S. E.; Braithwaite's Retrospect of Practical Medicine and Surgery. New York: W. A. Townsend, 434 Broome street; The Ophthalmic Review, edited by J. Z. Lawrence and Thomas Winslow, London; Canada Medical Journal, edited by G. E. Fenwick, M. D. and F. W. Campbell, M. D., L. R. C. P. L.; American Journal of the Medical Sciences, edited by Isaac Hays, M. D.; Boston Medical and Surgical Journal, edited by Samuel L. Abbott, M. D. and James C. White, M. D.; The American Journal of Insanity, edited by the officers of the New York State Lunatic Asylum; The New York Medical Journal; The Cincinnati Lancet and Observer, edited by Edward B. Stevens, M. D. and John A. Murphy, M. D.; The St. Louis Medical and Surgical Journal, edited by M. L. Linton, M. D. and Frank W. White, M. D.; The Medical Record; The Chicago Medical Journal; The Chicago Medical Examiner, edited by N. S. Davis, M. D.; The Medical and Surgical Reporter, edited by S. W. Butler, M. D.; The Cincinnati Journal of Medicine, edited by George C. Blackman, M. D., Theophilus Parvin, M. D. and Roberts Bartholow, M. D.; The

Richmond Medical Journal, edited by E. S. Gaillard, M. D. and W. S. McChesney, M. D.; The Savannah Journal of Medicine, edited by Juria Harris, M. D., J. B. Read, M. D. and J. G. Thomas, M. D.; The Medical Reporter, edited by J. S. B. Alleyne, M. D. and O. F. Potter, M. D.; The Detroit Review of Medicine and Pharmacy, edited by George T. Andrews, M. D., S. T. Duffield, M. D. and E. W. Jenks, M. D.; Atlantic Medical and Surgical Journal, edited by J. G. Westmoreland, M. D.; The Medical and Surgical Monthly, Memphis, Tenn., edited by Frank A. Ramsay, M. D., D. D. Saunders, M. D., E. Mills Willett, M. D. and William H. White, M. D.; Southern Journal of Medical Sciences, edited by E. D. Turner, M. D., D. Warren Brickell, M. D. and C. Beard, M. D., The Pacific Medical and Surgical Journal and Press, edited by Henry Gibbons, M. D.; The Galveston Medical Journal, edited by Greenville Dowell, M. D.; The New Orleans Medical Record, a semi-monthly Journal of the Medical Sciences, edited by Bennett Dowler, M. D. and S. R. Chambers, M. D.; The American Journal of Pharmacy, edited by William Proctor, jr.; Medical News and Library, by Henry C. Lea, Philadelphia; The Druggist's Circular and Chemical Gazette; The Journal of Materia Medica, by Joseph Bates, M. D. and H. A. Tilden; The Dental Cosmos, edited by J. H. McQuillen, D. D. S. and George J. Zeigler, M. D.; The Atlantic Monthly, published by Ticknor, Fields & Co., Boston; Godey's Lady's Book, published by Louis A. Godey, Philadelphia; The Herald of Health; Eclectic Medical and Surgical Journal, Philadelphia; Dental Times, Philadelphia; Eclectic Medical Journal, Cincinnati; American Eclectic Medical Review, New York; Eclectic Medical Journal, Cincinnati, Ohio.

The New Sydenham Society.

The Council of the New Sydenham Society begs to ask the attention of those who have not yet joined it to the special advantages which the current year offers to new members. *With this year it may almost be considered that a new series of works will be commenced.* The "Atlas of Skin Diseases" furnishes the only exception to this statement, and of this the former Fasciculi may be purchased without subscribing for the other works. The "Yearbook" has been wholly altered in plan and will be replaced by a volume of "Biennial Retrospects," the first of which will appear early in 1867. The Council has the pleasure to announce that these "Retrospects" will have the advantage of editorship as follows:

Medicine, Dr. Murchison; Surgery, (general,) Mr. T. Holmes; Ophthalmic Medicine and Surgery, Mr. T. Windsor; Midwifery, Dr. Barnes; Forensic Medicine, Toxicology and Hygiene, Dr. Hilton Fagge; Physiology, Mr. H. Power.

The following are among the Works which are now in preparation:

Griesenger's Manual of Mental Diseases, translated by Dr. Lockhart Robertson.

Bernutz and Goupil on some of the Diseases of Women, edited by Dr. Meadows.

Hebra on Exanthems and diseases of the Skin, translated by Dr. Hilton Fagge.

Vogel on Diseases of the Kidney.

A Biennial Retrospect of Medicine and Surgery, for 1865-66.

A Sixth Fasciculus of the Atlas of Portraits of Skin Diseases.

From the prosperous state of the funds of the Society, the Council confidently hopes it will be enabled to issue at least three of the above works and a Fasciculus of Plates for the current year's subscription.

Arrangements have been made to complete the "Atlas of Skin Diseases" as early as possible, and a Fasciculus will be given regularly each year. This Atlas at present comprises the following portraits, (life-size):

Psoriasis diffusa, from Hebra; Psoriasis vulgaris inveterata, original; Ichthyosis Hystrix, Hebra; Herpes frontalis, original; Molluscum Contagiosum, original; Leucoderma, original; Morbus Addisonii, original; Favus, from Hebra; Favus with Tinea Tonsurans, from Hebra; Alopecia Areata, —; Pityriasis versicolor, original; Lupus Serpig inosus, from Hebra; Lupus vulgaris exulcerans, —; Lupus Scrophulosus. —; Pemphigus, original.

New subscribers will be allowed to obtain complete sets of these portraits (five Fasciculi) for two guineas. Those who may wish for complete sets of the Society's works, including the Atlas, can obtain them for seven guineas. The Society has published during seven years twenty-two printed volumes and five Fasciculi; very few complete sets now remain.

The subscription is one guinea annually, payable in advance, in January of each year.

New members are requested to send their names and remittances to the Society's Agent, Mr. Henry K. Lewis, 136 Gower street, or to the Treasurer, Secretary, or any of the Honorary Local Secretaries. Copies of the last Annual Report, with complete list of the Society's publications, may be had on application to Mr. Lewis.

JAMES PAGET, President.

W. SEDGWICK SAUNDERS, Treasurer.

JONATHAN HUTCHINSON, Secretary.

March, 1866.

RICHARD J. DUNGLISON, Hon. Local Secretary, 1116 Girard St., Philadelphia.

Semi-Annual Meeting of Erie County Medical Society of 1866.

The Society met at the Rooms of the Buffalo Medical Association, Tuesday, June 12th, and was called to order by the President, Geo. Abbott, M. D. There was about the usual number in attendance and the usual business transacted.

The following named gentlemen were elected members:—Drs. David B. Lovejoy, Frank W. Abbott, Wm. C. Phelps, H. S. Taft, Frank King, F. G. Stanley, Andrew Camerling, and George W. Nesbitt of Buffalo, and Charles W. Bourne of —.

Dr. H. Vanguysling was appointed Orator for the next Annual Meeting, and Dr. E. B. Tefft was appointed alternate.

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

BELLEVUE HOSPITAL MEDICAL COLLEGE

CITY OF NEW YORK.

SESSIONS FOR 1866-'67.

The Faculty take pleasure in referring to the cumulative evidence afforded by the success of this College, in behalf of the importance of the union of clinical and didactic teaching. The class in attendance during the Session of 1856-'66 numbered 470, the number of graduates being 172. The new building within the hospital grounds affords ample accommodations.

The Faculty have instituted a Summer Session, beginning on the first of April, 1867, and ending in the following July. This Session will embrace didactic and clinical lectures. Henry D. Noyes, M. D., has been appointed Professor of Ophthalmology in the Summer Faculty; J. Lewis Smith, M. D., Lecturer on Morbid Anatomy, and Foster Swift, M. D., Lecturer on Diseases of the Skin. Professor W. H. Van Buren, M. D., has been appointed to a newly created Professorship of the Diseases of the Genito-Urinary System. Professors Doremus, Elliot, and Flint, Jr., will, in addition to the foregoing, take part in the Summer Session. A further account of this Session, with the fees and regulations, is contained in the annual circular for 1866-'67.

The usual preliminary Autumnal Session will commence on Wednesday Sept. 12, 1866, and continue four weeks. Instruction during this term will, as before, consist of didactic lectures on special subjects, and daily clinical lectures. The lectures in this term are given exclusively by members of the Faculty. The regular Winter Session will commence on Wednesday, October 10, 1866, and end about the first of March, 1867.

FACULTY OF THE COLLEGE:

ISAAC E. TAYLOR, M. D., President.
AUSTIN FLINT, JR., M. D., Secretary.

JAMES R. WOOD, M. D., Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M. D., Professor of Military Surgery, Fractures and Dislocations, and the Principle of Surgery.
LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery.
ALEXANDER B. MONT, M. D., Professor of Surgical Anatomy.
W. H. VAN BUREN, M. D., Professor of Diseases of the Genito-Urinary System.
ISAAC E. TAYLOR, M. D., } Professors of Obstetrics and the Diseases of Women and Children.
GEORGE T. ELLIOT, M. D., }
FORDYCE BAKER, M. D., }
BOJIMIN W. MCCREADY, M. D., Professor of Materia Medica and Therapeutics.
STEPHEN SMITH, M. D., Professor of Descriptive and Comparative Anatomy.
AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine.
E. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M. D., Professor of Physiology and Microscopy.
N. R. MOSELY, M. D., Demonstrator of Anatomy.
J. W. SOUTHACK, JR., M. D., Assistant Demonstrator of Anatomy and Professor to the Chair of Operative Surgery and Surgical Pathology.
A. W. WILKINSON, M. D., Assistant to Chair of Chemistry and Toxicology.
HENRY G. PIFFARD, M. D., Assistant to Chair of Principles and Practice of Medicine.
LUCIEN DAMAINVILLE, M. D., Assistant to Chair of Military Surgery, etc., etc.

Fees for tickets to all the lectures during the Autumnal and the Regular Winter Session*, \$140 00

Tickets for any of the several departments may be taken out separately.

Matriculation Fee	5 00
Demonstrator's Ticket	10 00
Graduation Fee	80 00

Students who have attended two full courses in other accredited schools receive all the tickets for \$70 exclusive of the Matriculation Fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited schools, are required to matriculate only. Graduates of other accredited schools, after three years, dating from the time of graduation to the end of the term, are required to matriculate only; prior to three years they receive a general ticket for \$70.

Payment of Fees is invariably required at the commencement of the Session. There are no exceptions to this rule.

Students arriving in the city are requested to report at once at Bellevue Hospital, situated on the East River, between 26th and 28th streets, and inquire for the Janitor of the College, who will take pains to aid them in securing comfortable accommodations without delay. Entrance to the Hospital is on 26th street.

For the Annual Circular giving further information, address the Secretary of the Faculty, Prof. Austin Flint, Jr., Bellevue Hospital College.

* The fees in this College are raised in common with the Colleges of New York and Brooklyn, Philadelphia and Boston.

BUFFALO
Medical and Surgical Journal.

VOL. VI.

SEPTEMBER, 1866.

No. 2.

Original Communications.

ART. I.—*On the Protoxyde of Azote as an Anæsthetic agent.* By M. Préterre. *Translated from the French.* BY C. C. F. GAY, M. D.

M. Ricord presented to the Society June 30th, 1866, in the name of M. Préterre, dentist, a *brochure* upon the employment of the protoxyde of azote as an anæsthetic agent, with the instrument designed for the inhalation of the gas. Desirous of being assured for ourselves of the value of a discovery that was thought to be destined to great future usefulness, says M. Préterre, we have constructed an apparatus, described below, and we have undertaken a great number of experiments, the success of which have justified our expectations. We have constantly obtained, with the greatest rapidity, complete anæsthesia and of short duration. Quite recently we have extracted six teeth or roots, for a young lady extremely nervous, the operation was performed without pain, so that on waking the patient requested us to commence quickly. As all the observations we could report are similar, we confine ourselves within the limits of the description of that which passes when one submits an individual to the inhalation of the protoxyde of azote, with the aim of practicing an operation.

Anæsthesia is produced after one or two minutes of inspiration. Its duration, in general, is 30 to 50 seconds, which is sufficient time in order to practice a small operation, (ingrowing nail, ex-

tracting tooth, opening an abscess, etc.) In prolonging the inspiration of the gas we have obtained at one time three minutes of anæsthesia, but we have not tried to go beyond this. That which characterizes anæsthesia determined by the protoxyde of azote is the rapidity with which it is produced, and its short duration. We have quite recently put asleep a young man, extracted three molar teeth, and when he had awakened the time consumed was 130 seconds.

We wish not here to enter into the consideration of the mode of action of the protoxyde of azote. We only say it appears to us that the anæsthesia it produces is obtained so quickly that it has not the power to produce asphyxia as chloroform has. It appears to us probable that it produces upon the nervous system a special action, comparable to that of morphine and the other narcotics. We are convinced that the protoxyde of azote is an agent so useful as to be adopted very soon in France for minor surgical operations.

One hesitates often, and with reason, to submit a patient to the action of ether or chloroform for a minor operation, such as ingrowing toe-nails, opening abscess, etc., for one knows that anæsthesia, produced by these substances, has often been followed by death. The protoxyde of azote, on the contrary, presents, when it is employed perfectly pure, no danger. From the time it commenced to be studied, until now, that is to say, a period of six years, thousands of individuals have respired it without inconvenience. We have respired it several times without being at all incommoded; it has been the same with all those persons to whom we have administered it.

In a single case we have seen, after an operation, an individual, prone to passing hallucination, wishing to escape from our hands, but that effect, produced so often, when one takes certain narcotic substances, such as stramonium or apocynum, is promptly dissipated. Protoxyde of azote, therefore, appears to us an anæsthetic agent extremely precious. Without doubt it cannot be substituted completely for ether and chloroform, but every day the practitioner will give preference to it in operations of short duration.

Here follows the description of the apparatus for administering the gas, which the translator omits.

The author passing successively in review the different processes of anæsthesia in use until now, in order to abolish pain, showed that all presented inconveniences more or less serious. Those employed to produce general anæsthesia were dangerous, and those in use for obtaining local anæsthesia inefficacious, while the protoxyde of azote does not produce the same inconveniences, and he lays down as a résumé of his labors the following conclusions:

1st.—Protoxyde of azote adds to the property of producing sleep very rapidly, anæsthesia of short duration.

2d.—When the gas is employed perfectly pure, it may be respired without danger, and never producing accident.

3d.—For all operations of short duration one must give to it preference to all known anæsthetic agents.

ART. II.—*Ovariotomy—Removal of a Multilocular Ovarian Tumor, weighing nineteen and a half pounds, with fatal results.* BY J. F. MINER, M. D.

In estimating the propriety of an operation, as well as in selecting the most safe and desirable manner of making it, reports of unfavorable cases are of no less value than successful ones, and in some respects there are more cogent reasons for publishing unfavorable than successful operations.

Ovariotomy has not yet attained to such an established acknowledgment that its propriety is not questioned; and the only way its merits can be fully tested is by impartial history. It would seem that its achievements were already sufficient to convince the most obstinate of its value, but this is not wholly true until surgeons unanimously come to regard it as desirable under favorable circumstances, and recommend it unconditionally as a procedure offering reasonable chances of success—recommend it with hope und confidence. That it is unattended by great risk and danger, even in the best cases, is not claimed, but that its general results fully establish its benefits, and that it offers the only grounds of hope. The exact ratio of mortality is not yet established, cannot be determined at present; and will doubtless always be found to vary with the widely varying circumstances attending the disease, and the manner and time of its removal.

The following case is interesting in all respects, and is reported in detail, with the view that one faithfully reported case terminating fatally, is more instructive and of greater value in determining unsettled points than one which has recovered:

July 10, 1866, Miss Sexsmith, aged 32, presented herself for operation, and gave the following history: Was in good health until about two years since, when the right side commenced to enlarge, became tender, and at times painful, and these symptoms have gradually increased in severity and importance until the present time. Menstruation has been regular and natural, and the general health pretty good, with the exception of the pain and inconvenience connected with the growth of the abdomen.

Upon examination the abdomen was found distended to its full capacity, the tumor somewhat irregular, laying more to the right side than otherwise, hard, unyielding, and apparently attached so as to admit of very little if any movement of the abdominal walls upon the growth. She had never been tapped, and the diagnosis appeared so satisfactory without exploratory measures of this sort, that this means of determining its character was neglected.—Future developments proved how little value and how liable to deceive such a measure would have proved, the thick contents of the sacs not readily passing through a canula of one-half inch diameter.

The patient fully anesthetized, the following operation was made in presence of and assisted by a large number of professional friends: Incision was made about three inches in extent down upon the tumor; very little fluid was contained in abdominal cavity outside the cysts. The hand was carefully introduced and the tumor found attached throughout its whole anterior surface to the peritoneum, by apparently recent attachments which were readily and easily broken. Trocar and canula was now introduced with the view to lessen the tumor and allow its extirpation through as small an opening as possible, in the abdominal walls. A large ovarian trocar was introduced and through the canula, after considerable time, oozed the thick, yellow, soap-like fluid, which comprised the contents of the two principal sacs opened. By this means the tumor was reduced to a mass weighing about five pounds, and elevated from its bed through an incision not over three inches in

extent; care was taken that neither blood or the contents of the cysts should flow into the abdominal cavity. The pedicle was found small, and was ligated by a single silk cord and the extremities were then passed through the vaginal septum, as proposed in a report of a successful case, published in the ~~July~~ ^{June} number, where the vessels of the cord were tied separately and the ligatures cut closely. It may here be remarked, that this procedure though adopted in a case which did not recover, still appeared to work favorably, and nothing can be urged against it upon the ground of failure, as it could have had no unfavorable influence.

The pedicle was returned after its ligation, and division with the eccraseur into the abdominal cavity, and the wound brought together with silver sutures introduced deeply, so as to inclose the edges of the peritoneum; water dressings, compress and bandage applied, and one-half grain morphine given subcutaneously.

The patient soon roused from the influence of the ether and appeared as well as if no operation had been made.

July 11th.—This morning appears quite cheerful, has had a very good night; vomited the evening after the operation, but not since. Pulse 84, and normal, good relish for food. Urine drawn with catheter. *Evening*; pulse 88, otherwise no change.

July 12th.—Pulse 96 per minute; no pain; some thirst; urinates naturally. Directed to take one-half teaspoonful of tinc. opium every six hours if in pain.

July 13th.—Pulse 96 per minute; urinates freely; has some relish for food and less thirst; some pain in the lower abdomen and tympanitis. Continued opium, food, and general support.

July 14th.—Skin cool; vomits occasionally, and complains of prostration. *Evening*; pulse 120, bowels tender and tympanitic; thirst, but no chill, no nausea since morning; bowels moved freely, and urine passed naturally.

July 15th.—Pulse 108, slept well, no nausea, no chill, urinates naturally, desires some food, complains of pain and soreness in the abdomen; sufficient morphine administered to relieve all pain, requiring about one-half grain every four hours.

July 16th.—Has taken one-half grain morphine every four hours, but still suffered pain in the abdomen; pulse 96; bowels more distended and painful; otherwise unchanged.

July 17th.—Pulse 96 per minute, tongue clean, abdomen distended and tender; no nausea or vomiting.

July 18th.—Pulse 108 per minute and losing in force; abdomen fully distended, painful and tender; low delirium, with the complaint of seeing herself another; urinates naturally; complains of but little pain; continues one-half grain morphine every four hours and general support.

July 19th.—Pulse 108; tongue dry; slept last night for the most time; takes a little food, also morphine gr. ss every three hours, but still appears restless, and is evidently losing strength. *Evening*—Pulse have rapidly increased in frequency, and are now 136 per minute; constant thirst, great restlessness, appearing in every way distressed; abdomen tender, distended and tympanitic.

July 20th.—Appears more comfortable; slept very well, urinates naturally; takes some food and retains it; pulse 120.

July 21st.—Complains greatly of pain in the abdomen, and appears every way much worse.

July 22d.—Bowels move frequently as from attack of diarrhoea; vomits often, retaining nothing upon the stomach; depression very great; pulse weak, and 120 per minute.

July 23d.—Looks better; diarrhoea abated, though stools are still frequent; pulse 120, and more distinct and forcible; mind quite clear, and expresses hopes of recovery.

July 24th.—Exhausted; features sunken, skin cool and moist; pulse rapid, almost indistinct. Died at 2 o'clock P. M., fourteen days after the operation.

No *post mortem* examination could be obtained on account of removal, but slight exploration showed the incision completely healed; the bowels distended by gas, and no fluid in the abdominal cavity. There was no appearance of suppuration—no pus had discharged by the side of the ligature passed out through the vaginal septum.

There can be no doubt that the cause of death was diffused inflammation of the peritoneum. That the attachment to this membrane was instrumental in producing this result is probable, as the tumor over the whole anterior portion was closely connected to the peritoneum, and was separated at the time of operation.

It was remarkable that for the first few days no symptoms of disturbance should show themselves; the patient regarded herself as well, and I am since informed committed many imprudences, sitting up to comb her hair, and in other ways doing very unnecessary and imprudent things, for her own or others' benefit. I am, however, not aware of anything being done or left undone which could certainly influence her recovery, and regard the termination as dependent upon influences over which we could have no control.

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

TUESDAY EVENING, July 3d, 1866.

The Society was called to order by the President at the usual hour. Present—Drs. Gould, Wetmore, Samo, Congar, Boardman, Taft and Camerling.

There being no voluntary communications offered, the President suggested the propriety of taking into consideration the subject of revising, if necessary, and printing the Constitution and By-Laws in a form convenient for the use of the members.

Considerable discussion was had upon the subject, in which most of the members present participated. No definite conclusion having been arrived at as to the best course to pursue in the matter, the President proposed that revising and printing the Constitution and By-Laws be made the special subject for the next meeting.

Report on prevailing diseases being called for the members present were unanimous in the conclusion that the health of the city is unusually good, and that there is no special disease prevailing.

Adjourned.

T. M. JOHNSON, Sec'y.

TUESDAY EVENING, August 7, 1866.

The President and Secretary were present—remained until 8 o'clock, when a quorum not being present, the rooms were closed by the President.

Authentic advices received at Alexandria from Djeddah report that cholera has broken out among the returning pilgrims from Mecca, and that there is great mortality among the Egyptian soldiers.

Miscellaneous.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M. D.,

Professor of Materia Medica in the Miami Medical College of Cincinnati.

The Laryngoscope.—One of the most notable features of our current medical progress is seen in the ingenious and valuable improvements in so many departments of special diagnosis. Many fields of inquiry heretofore necessarily vague and uncertain, and hence unsatisfactory and embarrassing to the practitioner, are now reduced to the definite comfort of exact science. These more positive and exact modes of inquiry are contributing in their various departments very largely to the character and usefulness of our general profession. Take for illustration the advance in ophthalmological science developed with the successful introduction of the ophthalmoscope. Auscultation and percussion have revolutionized the diagnosis of thoracic diseases. Just now we have amongst the recent additions to science the use of the endoscope. All these are rapidly successive steps in the progress of the exact diagnosis of disease, enabling us to grasp the nature of obscure affections and determine their treatment more promptly and satisfactorily than ever heretofore.

As with most all practically useful improvements and inventions, we wonder that so simple an expedient as the laryngoscope should have remained unsuggested heretofore, and we hardly refrain from a feeling of vexation that the early efforts in that direction were so obstinately rejected for a whole century.

The object to be attained is to throw light upon and obtain a view of structures absolutely without the range of any direct line of vision. As Dr. Mackenzie very well states it, "the only principle concerned in the art of laryngoscopy is the optical law, that when rays of light fall on a plane surface, the angle of reflection is equal to the angle of incidence. A small mirror is placed at the back of the throat, at such an inclination that luminous rays falling on it are projected into the cavity of the larynx. At the same time the image of the interior of the larynx (lighted up by the luminous rays) is formed on the mirror and seen by the observer."

To accomplish what seems so ready and feasible to us now, was undertaken in 1743 by a distinguished Frenchman, M. Levret, who used various ingenious instrumental devices for reaching polypoid growths, etc., in the throat and nostrils. He used some form of speculum; and it is quite probable that the dentist's mirror has been used for exploring hidden parts of the cavity of the mouth and throat from time immemorial.

Bozzini appears in 1807 to have been on the right track, and in 1829, Dr. Babbington of London, exhibited a plan of inspecting the larynx by a series of mirrors and reflected light very closely resembling the laryngoscope now in use. Successively various improvements and advances were made toward the solution of the difficulty proposed, until in 1857, Prof. Czermak, of Pesth, developed and perfected the simple mechanical contrivances now employed by many enthusiastic manipulators all over the medical world. Various claims to priority are preferred in this discovery, some of them doubtless with merit, but Czermak fairly receives the credit of perfecting the mechanism and indeed of creating the art of laryngoscopy. Such of our readers as desire to follow up the literature of this discovery may read with interest the little book of Dr. Morell Mackenzie. So much of the *history*, however, of an invention about which considerable has already been said in this journal, we thought due to our readers.

For performing laryngoscopy, ordinarily, there are only required three elements of mechanism, although different operators employ a great variety of extra-contrivance adjuvant; indeed each individual soon learns to adapt himself to special and peculiar devices to meet his own peculiar views and expertness.

1st.—The *Laryngeal Mirror*, ordinarily an oval or circular mirror, of polished metal, or glass backed with amalgam and protected with metal, about eight-tenths of an inch in diameter, but not uniform in size. This mirror is fixed to a handle or shank, at a convenient angle or curve for introduction into the posterior fauces.

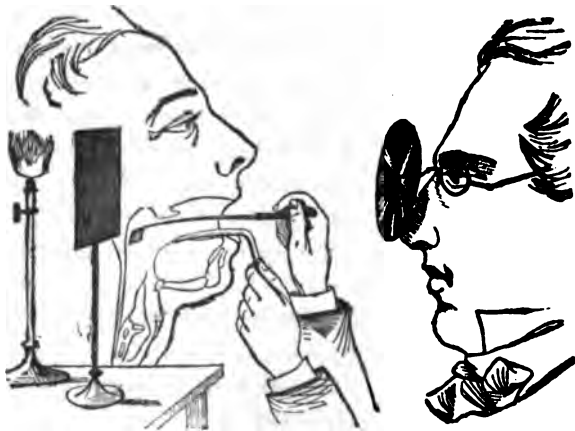
2d.—The *Illuminator*.—Sunlight may be used under favorable circumstances, but usually artificial light will be found more satisfactory and manageable. Ordinary gas light from an argand burner answers a good purpose; a kerosene lamp is employed by

many, and various lamps and lanterns have been contrived by different laryngoscopists. These are unnecessary now to detail, as we only desire to make the principal and general plan of operating readily understood by our readers. It is frequently found of advantage to use apparatus, as lenses or otherwise, for concentrating the light.

Now with whatever means of illumination you resort to, you may arrange to throw the ray of light *direct* upon the plane of the laryngeal mirror, or as is more generally practiced, you have

3d.—*The Reflector*.—Ruete's ophthalmoscopic mirror seems to have afforded the first suggestion as to a convenient reflector for laryngoscopic purposes. Czermak used it first for concentrating luminous rays, and a modification of this mechanism is still retained. Some attach the mirror to a spectacle frame, the mirror having a central perforation, the operator looks directly through it on the laryngeal mirror. Some attach the reflector to a band passing round the head. The first is Semeleder's plan; the frontal band is the device of Kramer.

With these brief explanations the reader is prepared to understand with but little comment the following wood cut illustration of a laryngoscopic examination, which we are courteously permitted to copy from the last edition of Dr. Bennett's Practice of Medicine, published by Messrs. Wood & Co. of New York.



You observe the laryngeal mirror is held in position by the operator using for this purpose his right hand, depressing the tongue

with the common tongue depressor held in his left hand. The gas jet is placed a little to one side and to the rear of the patient's face, the glare being screened from the observer by a mounted shade. In this case the reflector used is a perforated mirror attached to a spectacle frame.

Expertness in the use of the laryngoscope is chiefly the result of practice; nevertheless, the observance of certain precautions will materially assist the operator in the acquisition of dexterity.

Some patients require to be approached by degrees. A partial examination of the faucial region with a few repetitions soon gives to the parts increase of toleration that facilitates the process of a complete laryngoscopic observation.

In cases requiring *operative* procedure, it is well to learn the patient to use the depressor himself, or to acquire the art of holding the tongue in proper bounds with a napkin. In such cases the operator will find the advantage of ambidexterity. He should early learn to introduce the laryngeal mirror with either hand.

Before introducing the mirror, and after the patient is properly seated and the observer has taken his convenient position before his patient, the observer warms the reflecting surface of the mirror a few seconds over the chimney of the lamp, so that the moisture of the expired air will not be condensed upon it; and that he may not make it too hot, he should apply it to the back of his hand to test its temperature.

Considerable tact will be requisite in the introduction of the mirror, as a slight touching of the posterior surface of tongue will cause so much involuntary spasmodic action of the fauces as for the time to prevent any further manipulation. So too to avoid the uvula a little vocal trick is called into service—the vocalization of "ah," "oh," etc.—elevates momentarily the uvula when the operator slips the mirror in situ; carefully avoiding at the same time to tickle the pharynx.

The laryngeal mirror is not to be kept too long in the fauces. The observations are to be made promptly and briefly, and the patient permitted to rest, especially until he has become accustomed to the use of the instrument.

Of course, it will be readily understood that the laryngeal passages are inverted, and the observer must learn to accommodate

himself to this reversed position of the structures in all operative processes. We close the present paper by giving views of the healthy larynx as shown by the laryngoscope. These illustrations are also copies from Bennett.

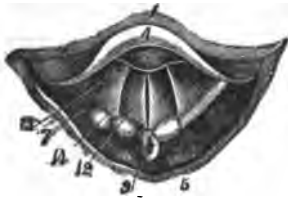


Fig. 2

Fig. 2 gives a view of the healthy larynx, when the vocal cords are closed as in sounding the high notes.

Fig. 3 is a view during ordinary breathing, and Fig. 4 gives a view during deep inspiration, the trachea straight, the glottis

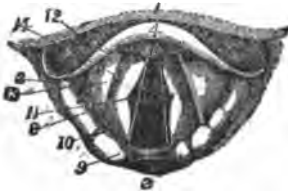


Fig. 3.

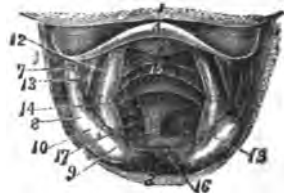


Fig. 4.

widely dilated, and the rings of the trachea and bifurcation of the bronchi are seen through it.

My friend, Dr. Bruhl, has already contributed some interesting papers on these points in former numbers of this journal; nevertheless, in another paper I shall continue this subject and give some illustrations of those structures, as we see them in the more frequent forms of disease.—*Cincinnati Lancet*.

Facts connected with the recent spread of Cholera.

August 15th.—The five months that have elapsed since these lectures were delivered have added somewhat to the great cholera record; and though the facts are probably familiar to most of the readers of the Record, it may be well to bring them together and examine their bearings.

The steamship *England*, for New York, left Liverpool on the 28th of March, touching at Queenstown, Ireland, the 29th, having, on leaving the latter port, 1185 steerage passengers, mostly German and Irish, 17 saloon passengers, and a crew of 122. April 1st, a German boy in the steerage was attacked with cholera and

died. On the 3d the vessel experienced very heavy weather, and the hatches were battened down for two nights. When opened, it was found that another case of cholera had occurred, "which proved fatal in four hours; after this the disease spread rapidly." When she put into Halifax, on the 9th, the surgeon, Dr. McCullogh, reported 160 cases and 46 deaths. On the morning of the 11th the sick were removed from the *England* and placed on board the *Pyramus*, now converted into a hospital-ship, and about the same time the healthy passengers of the steerage were placed in encampments under tents. On the evening of the 11th it was found that forty persons had died in the last twelve hours, that there were then 100 sick, and that new cases were occurring every hour. On the 13th it was reported that the deaths were twenty-five a day, three or four of which were in the encampments, the others on board the *Pyramus*. The saloon passengers and the crew remained on board the *England*, but among them there was no sickness. Indeed, there was no cholera among the saloon passengers at any time, but before arriving at Halifax six of the crew had died of it. Many relatives of the sick followed the patients to the *Pyramus*, so that the inmates of this ship were about 400; among these there was a great deal of sickness. Diarrhœa prevailed extensively in the encampment, but there were only a few cases of full cholera.

On the 18th, the *England* "having been thoroughly scraped, scrubbed, and fumigated with chloride of lime and sulphuric acid," the healthy passengers were permitted to return to her, the greatest care being exercised "to prevent any but those in perfect health from being taken on board." The *England* steamed out of the harbor on the afternoon of the 18th of April, having been in port nine days, for New York, with 875 steerage and 16 saloon passengers, and a crew of 116. One saloon passenger had died of apoplexy.

Nearly a month later, that is, the 17th of May, the survivors of those that remained on board the *Pyramus*, forty-two in number, were sent to New York by the steamer *Louisa Moore*. Both these ships arrived in New York harbor without any more sickness. All the deaths among the passengers and crew up to the 18th were 250.

Seventeen men were sent down from Halifax to clean the ship *England* on the 11th. On the 13th one of these men was attacked with cholera and died in about four hours. He had volunteered to assist Dr. Garvie to remove the dead bodies from the *England*. But that this humane act could have had no influence in producing the disease is evident from the fact that the work lasted three hours, and he fell sick immediately after it was completed. He had fallen from the vessel into the water the day before, and was much exhausted before he could be rescued.

A pilot, with one other man in his boat, spoke the *England* when outside the harbor of Halifax, and, learned she was infected with cholera, he refused to go on board, but took a line from the ship and was towed after her, giving directions from his boat. It is said that "the stench from the ship was intolerable." This was on the 9th. The pilot was intoxicated for two days after, and Dr. Jennings found him at 7 P. M. on the 11th in collapse. He drank some gallons of water in which bicarbonate of soda was dissolved, and vomited and purged as much. He passed through the collapse, and died the fourth day after in the typhoid stage. This man had a wife and five children. His wife was his only nurse and she escaped the disease, but the five children all had it, and two of them died. The pilot lived, not in Halifax, but at a place called Portuguese Cove.

Dr. Slayter, Health Officer, boarded the *England* on the 9th, and nobly volunteered to assist the physicians of the ship in taking care of the sick. He fell a victim to his generous impulses. He was attacked on the afternoon of the 16th and died the next morning. Dr. Gossip, Dr. Garvie, and Mr. F. F. Garvie, whom I am proud to recognize as a student of the College of Physicians and Surgeons, with equally noble purpose volunteered for similar duty and escaped the disease; as did the ship's surgeon and his assistant, and Dr. Voegles, a saloon passenger, who, on the breaking out of the disease, offered his services to the ship's surgeon, and continued with the sick till the *England* sailed from Halifax.

The only cases that occurred in Halifax, among persons that had not been in intercourse with the *England*, were in one family living near Freshwater Bridge. Dr. Woodill says that the father admitted that underclothes had been made for the child first attacked

out of material picked up on the shore, "supposed to be from the *England*." Dr. Jennings says: "The child was lying on a mattress which I have heard was made from some of the bedding thrown from the ship *England*." The father would not admit this to Dr. Woodill, but his mode of answering questions relating to it left on this gentleman's mind the impression that there was something important in the matter which he wished to conceal. This family, consisting of father, mother, and two young children, were all sent to the City Hospital. The child first attacked had cholera symptoms on the 22d of April, having had diarrhœa for some days before, and died soon after being removed to the hospital. At that time the other child had diarrhœa, which was not controlled till there were some symptoms of collapse; she recovered. The mother also had diarrhœa, which was controlled. On the 25th, however, it recurred. On the morning of that day she washed some clothes soiled by the child then sick. In the afternoon she drank largely of water intended for washing, and was almost immediately seized with diarrhœa. She died on the 30th. The father had two attacks of diarrhœa while in the hospital, but did not otherwise suffer. No other cases occurred in Halifax or the neighborhood, unless a severe diarrhœa affecting the daughter of the man who was the pilot's companion in the boat should be added to the catalogue. She had washed her father's clothes after he returned from the ship, and fell sick the next day.

One fact not often noticed after cholera is recorded of cases at Halifax. The mother at the hospital, seized on the 25th, was recovering on the morning of the 27th. The blueness disappeared from all parts of the body except the end of the nose. "On the 28th, *gangrene* of the nose set in, and on the 29th sloughing had commenced. She lingered in a very low condition, the pulse gradually failing, until the 30th." Among the patients treated on the *England*, seven, when recovering from cholera, but still debilitated, had inflammation of the feet. "Two of these recovered perfectly; in the other five *gangrene* supervened, in two instances of the feet, in three of the toes only." These patients were still under treatment at the City Hospital on the 6th of June.

This account I have condensed from the official report of Dr. Gossip, who succeeded the lamented Slayter as Health Officer. I

should add one other fact stated by Dr. Gossip, viz: that twelve of the steerage passengers escaped from the encampment, though it was on an island. We learn from other sources that one of these was subsequently attacked with cholera in Portland, Me.

Here we find a ship frightfully crowded, the hatches battened down upon 1184 breathing mortals, for two days, after one case of cholera had occurred among them. "After this the disease spread rapidly!" Did cholera ever fail to spread rapidly under such circumstances! One hundred and sixty cases in four days! In port, her living or rather dying freight is removed, the well separated from the sick, and the vessel is thoroughly "scraped, scrubbed, and fumigated" with *chlorine*. In *nine days* she receives again her healthy passengers, great pains being taken to exclude every grade and shade of diarrhœa. The vessel reaches the port of New York without any more sickness. The passengers are detained on board the vessel, for want of other quarantine accommodations, many days, yet no cholera occurs among them. The vessel was purified, the passengers were purified; there may be a question about their baggage.

Another similar fact deserves a permanent record. The steamship *Helvetia* left Liverpool, bound to New York, April 27, of the present year, having many hundred emigrants on board. Before she had reached Queenstown, Ireland, cholera broke out among her passengers, and again first among emigrants from the continent, and a place where cholera was prevailing. The ship returned to Liverpool, the passengers are removed to hulks in the waters of that city, and are detained twenty-seven days. Meanwhile the vessel is inspected, (purified?) and furnished with a new outfit of bedding and blankets. Seven hundred of her former passengers are re-shipped, and she sails again from Liverpool on the 29th of May, reaches New York June 11, and there is no cholera on board, and none was known to follow her passengers after they were discharged from quarantine.

The term of quarantine at Halifax was dangerously short.— There were cases of cholera in the encampments certainly during several of the seven days the passengers were detained on land. The period of incubation, according to Dr. Baly, may be six days; according to Pettenkofer, twenty-one; then the diarrhœal stage is

often of several days' duration. Our neighbors naturally wished to be rid of their unwelcome visitor as soon as the laws of hospitality would sanction a dismissal, and their experiment proved successful, but I think should not be considered as a precedent. The Liverpool time, twenty-seven days, is much safer.

The *Medical and Surgical Recorder*, June 30th, contains a letter which states that the ship *Agnes* was ready to sail from Antwerp for New York on the 13th of May last, when cholera suddenly broke out on board. The ship was detained till the 31st, when she sailed with her "well passengers," 235 in number. Fifty-six had died, and twenty-five were left in the hospital. On the breaking out of the disease, "the government officials and the marine commissioners took, with praiseworthy activity, all steps and enforced all regulations which were necessary to prevent the spread of the fearful epidemic." The sick were sent to a fort. Whether those not attacked were removed from the ship we are not told. The cholera did re-appear in this ship.

The Halifax pilot took a very dangerous position in relation to the *England*, being towed after the vessel under steam. Whatever may be the nature of the cholera poison, whether the result of decomposing excrements or a miasmatic product, with open ports it could hardly fail to fall into the wake of a moving steamer. He would have been far safer on deck. He doubtless in some way carried the disease into his family, perhaps through his own dejections, perhaps through a poison in his garments. The dates of the illness in the children are not given, further than that two had died and two were ill on the 20th of April. Then, regarding the family at Freshwater Bridge, there is a very strong probability that cholera in them was produced by a poison in the bedding they took from the water, although there is no direct proof that the bedding had belonged to the *England*. It was afloat in the harbor, and nobody knows any reason why any family or any other vessel should throw away bedding, while this vessel had the strongest motive for doing so. If these articles brought cholera with them, was it the dejections or a miasm that was the morbid agent?

The professional mind in this country and in England is inclining very strongly to the idea that the dejections are the real source of danger. In these lectures I have adopted the miasmatic theory,

not because I have thought it could be demonstrated, but because it seemed to me to explain a larger number of acknowledged facts than any other. Most of these facts can undoubtedly be explained on the new German theory, and it may be that the further examination of it may give it the precedence. I have said that the next epidemic will probably enable the profession to decide what measure of confidence is to be given to the views of Profs. Thiersch and Pettenkofer. Already something has been acquired. If the family at Freshwater Bridge were poisoned by anything in the articles of bedding, that poison might as reasonably be charged to the dejections with which they were in all probability soiled, as to a miasm of which they might be the carrier. The discharges of the Halifax pilot may certainly have bred the disease in his family.

The *Medical Record*, June 15th, gives, from a German journal, some facts regarding the occurrence of cholera at Altenburg, Germany, last year. The readers of this journal will remember that that disease was supposed to have been caused by the dejections of a child who had been only, if at all, exposed to cholera, and who "died of debility." The mother and child had traveled nine days and nine nights, the latter followed by diarrhœa the whole time. They had passed by certain places in the vessel where cholera was raging. The mother was attacked with cholera three days after reaching Altenburg. Was it the child or the mother that brought the disease? If the child, as Fettenkofer believes, then a diarrhœa that ends in "debility" can produce the cholera. But the mother and child were probably exposed to the same external dangers.

There was an outbreak of cholera in or near Elizabeth, N. J., on the 19th of June of the present year, which was charged to the account of discharges of a diarrhœal character. No official account of this attack has yet appeared; but it is claimed that a person from one of the quarantined vessels in New York harbor, visited in a filthy lane, had diarrhœa, but not cholera, and that other persons using the same privy were the first to be attacked. Twenty-one, it is said, were stricken with it, of whom nine died. The mayor of Elizabeth caused the locality (Dutch lane) to be purified immediately, and in less than a week the plague was stayed. He writes, June 27th, "The reports in regard to cholera in Elizabeth

have been greatly exaggerated. We have had but a few cases in a low, filthy, and sparsely populated locality, but at this time there are no cases, and there have been none for the last three days." "The affected district," he says, "has been thoroughly cleansed and disinfected, and the disease has entirely disappeared." This unusual result was the fruit of unusual decision on the part of the mayor. The good work was done at his own cost, without waiting for the, perhaps, tardy action of other branches of the government. Whether it is true or not that this disease had the origin here ascribed to it, it is claimed by Pettenkofer that the early diarrhoeal discharges are no less dangerous than the "rice-water" discharges, and equally require disinfecting.

The medical officer of the Privy Council of England has issued his warning against drinking water that is in any degree tainted by house refuse or any other like kinds of filth, and breathing the air which is made foul with effluvia from the same sorts of impurities. He further announces his belief that all matters which cholera patients discharge from the stomach and bowels are infective. "*This is equally the case whether the patient suffers from the disease in its developed and alarming form, or from the slightest diarrhoea which the epidemic influence can produce.*" (Health Report, N. Y. Daily Times, August 11.)

In the same issue of the *Daily Times*, we find the following:— "Patrick Kelly died of cholera at Hunter's Point on the 1st of August. The premises were disinfected under the direction of a sanitary officer. A portion of the clothing used about the patient, after what was regarded as a thorough application of chloride of soda, was washed, and no harm came of it. The heavier bed-clothing was treated in a tub with the same agent and afterwards buried, with strict orders that it was not to be exhumed, except under his direction, when disinfectants should be re-applied. But on the 4th, a Mrs. Dunn was made partially drunk, and persuaded by Mrs. Kelly to dig up the clothes and wash them. This she did that evening and the next (Sunday) morning. She went home drunk at five o'clock, Sunday morning. At eight P. M. of the same day, she was attacked with cholera, and died at six P. M. the next day. She dwelt in a shanty far removed from any cholera, and the attack seems traceable to the clothing. Inspector

Trask, who reports this case, says that chloride of soda has no disinfecting power over cholera poison, and that only coal-tar can be trusted for complete disinfection, and in this opinion Dr. Harris concurs."—*Health Report*.

Statements like these deserve the fullest consideration. As I have already said, we may not reject the practical inferences of the German doctrine; and I am free to confess that, in the light of many facts which the present season has developed, I am half-inclined to adopt, not the refinements of Pettenkofer, but the more simple views of Thiersch. That the discharges are poisonous when first evacuated is disproved by all the considerations adduced to show that cholera is not contagious, as typhus or scarlet fever is. They are dangerous in consequence of some change that occurs in them after they are voided, if dangerous at all. On Thiersch's theory, I cannot account for the well known facts that the first cases in any locality are the most malignant, and that after a certain number of days the disease grows milder and the cases less numerous, till it ceases in that locality; in other words, when there is least of the cholera poison the disease is most virulent, and after twenty days or so, when the cases are most numerous and the sources of the poison most abundant, the disease assumes a less malignant type. But I will not argue this point. The privies in which cholera discharges are deposited appear to be dangerous; the soiled beds, bedding, and garments appear to become dangerous. Let them be treated as the enemies of men, and let theories wait on further observation and study.

One discovery, growing out of theory to be sure, but itself worth more than all theories, has been strikingly confirmed in numerous instances the present year—the power of certain chemicals, called disinfectants, aided by the removal of filth, to stop the progress of cholera in limited localities, as a house or portion of a street, and by inference in all houses and streets. It is difficult, perhaps impossible, to trace relations between individual cases in a large city; but once more we have the fact that cholera did not appear in New York till after infected vessels had arrived in our harbor. If we can trust the newspaper reports, the disease broke out among the troops on Hart's Island, Governor's Island, and on a transport carrying soldiers to Tybee Island, only after

sending to these places, and by this ship, recruits newly arrived in emigrant vessels; but wherever it has appeared within the jurisdiction of the Board of Health, out of public institutions, it has been met with a promptness and vigor not unexpected from such men as constitute that Board and deserving the highest praise. For three and a half months there have been scattered cases, and a few times small groups of cases occurring here; but I believe I announce the literal truth when I say that it has been promptly driven out of every house it has entered. The officers of the Board are ready at all hours, with their disinfectants distributed in wagons, horses harnessed, and medical officers in waiting, to drive to and disinfect any and every house where the disease appears. It has been thus systematically pursued from its very first occurrence to this moment. It has not been finally hunted down, and probably will not be till near winter, because the disease is rapidly increasing in the commercial towns of Europe, and also in the interior districts of Germany from which emigrants are daily arriving. In the month of May it is reported that 40,000 emigrants were landed in New York. Notwithstanding the vigilance of the quarantine officers, some of these will carry cholera with them, either by protracted incubation, or unreported diarrhoea, or in their unpurified baggage, and it will break out anew among us. The present indications are that deaths from cholera on Manhattan Island during the year will not exceed 500, while the deaths from ordinary causes will be as heretofore 22,000 or more. This low mortality is due to the unwearied and successful efforts of the Board of Health to expel it from every new lodgment it makes, to purify the city, and admonish citizens of their personal and domestic obligations. Up to August 17th, I am officially informed, excluding the islands in the East River, the deaths from cholera in New York have been only 247.

The cholera has lately broken out with great violence in the charitable and penal institutions of Blackwell's Island, destroying in the workhouse two in every thirteen of its inmates in nine days. The following letter of Dr. Hamilton, giving an account of its arrest in this institution and its mitigation in the others (from the Health Report in the *Daily Times*.) is worth volumes of argument, and should be re-published in the medical journals at once:

No. 64 MADISON AVENUE,
New York, Friday, Aug. 10, 1866. }

E. Harris, M. D., Corresponding Secretary M. B. H. :

Sir:—The first case of cholera occurred in the workhouse on the 28th of July, the last case on the 6th of August. The epidemic continued, therefore, nine days, during which period, of about 800 inmates, 123 died. I do not mention one case reported on the 8th of August, because, as I understand, the person was admitted only the night before; I do not think the disease was contracted in the workhouse.

You know the building very well. It is admirably constructed for the purposes for which it is designed, and, so far as my observation extends, it is always perfectly clean. Until now, the inmates have been as healthy as this class of people are usually found to be.

The explanation of the rapid propagation and fatality of the disease after it once had gained admission was believed to be mainly confinement and crowding. It was observed that the cholera was for several days exclusively among the women. The women had the smallest apartments, were most crowded in their cells, and, with few exceptions, were employed within the building in close contact with each other during the day. The men were employed mostly in the quarries, out doors.

On Wednesday, when the epidemic was at its height, the 1st of August, I gave my pledge to the Board of Commissioners and to Mr. Schultz, President of the Board of Health, in your presence, that I would drive the cholera from the workhouse in from three to five days. I said this in no spirit of boasting, but in simple reliance on the well known and established laws of hygiene. The Commissioners executed literally and promptly every order which was given by the Committee.

The epidemic began to decline from the day they were fully carried out, and on Monday last the pledge was redeemed. The following is a summary of the sanitary means adopted:

The inmates were distributed as far as the vacant places in the building would permit; the cell-doors were left open at night; the night-buckets were supplied with disinfectants and left outside;

the women's cooking-rooms were converted into hospital wards, and the women were kept out of doors from morning until night; corn-meal and molasses were taken from the diet table; coffee, tea and vegetables were added; at night each inmate was required to take, whisky one ounce, water three ounces, tincture of capsicum fifteen drops. [These people are our city vagrants, and probably are habitually intemperate.] A variety of disinfectants were employed freely and constantly in every vessel and closet which received the excreta; even the excreta from the stomach were disinfected immediately after they were received into a vessel or fell upon the floor; stoves were placed in each hospital ward to insure a draught; all windows were kept open day and night; the clothing taken from cholera patients was sent directly to the boilers; a ward was established for patients with the diarrhoea, and the value of this measure is shown by the fact that of the large number received into this ward only one died. It was difficult, however, to persuade these poor creatures to report themselves at this stage of the disease.

From the workhouse the cholera has spread to every other building on the island, except, I think, to the madhouse, the pavilion attached to the male almshouse, and the fever pavilion. In none, however, has it proved so fatal as in the workhouse.

The same sanitary measures have been adopted, with slight modifications, in each department, but they cannot be applied with so much vigor to the lunatic asylum, the almshouse, or the general hospital. These buildings are all crowded, and the inmates can not be scattered or turned out of doors; consequently, the cholera remains among them, but in a greatly mitigated form. In the penitentiary it remained but two days.

Connected with the almshouse, are two well constructed pavilions, lying side by side, separated by only a few feet and a brick wall ten or twelve feet high. One is occupied by feeble old men, the other by the same class of old women. The only point of difference which I can discover is that at the time of the outbreak of the cholera the male pavilion contained only sixty-two persons, while the female contained ninety-nine. In the first there has not been one case of cholera; in the second thirty-one have died.

Of fourteen house-physicians and surgeons employed in these several buildings, some of whom have been in constant attendance upon the sick, not one has suffered from the epidemic.

Very respectfully yours,

FRANK H. HAMILTON, M. D.

[*N. Y. Medical Record*—Paper by A. Clark, M. D.]

A case of Menstruation by a Child five years of age.

BY A. E. AMES, M. D., MINNEAPOLIS, MINN.

Addie E. Tinsley, daughter of G. W. Tinsley, of Minneapolis, Minn. Her parents are healthy people. From her birth, until she was four and a half years old, she was never sick. At this time she was feverish and somewhat nervous for a few days, and then menstruated as a girl at sixteen years of age. This she continued to do every month until last July, when I was called to see her. Her nervous system was much affected during the period of menstruation; during the remainder of the time she appeared quite well. She had strabismus when sick.

I gave hyd. cum creta and rhei powders, and corrected the secretions and a slight constipation; then gave, two or three times each day, a small quantity of infusion of humulus. For the past year she has been perfectly well, and no signs of menstruation. The organs are normal. She is now six years of age.—*Chicago Med. Journal*.

The Rinderpest Poison.

In the report made by Mr. Crookes, F. R. S. to Her Majesty's Commissioners upon the subject of the application of disinfectants in arresting the spread of the cattle plague, the following conclusions are drawn:—(1.) The disease is eminently infectious. (2.) The infecting matter is neither a gas nor a volatile fluid. (3.) The specific disease-producing particles are organized, and possess vitality. (4.) The virus of cattle plague is most probably a body similar to vaccine lymph, and consists of "germinal matter," having a physiological individuality. (5.) The blood poisoning set

up may legitimately be called fermentation; "it is a decomposition caused by the act of nutrition in the living cell," the result of which is the production of an infinite number of similar bodies. (6.) It is not certain that the multiplication of these cells is the *immediate* cause of the blood-poisoning. (7.) The ordinary notion, that the virus of contagion consists of decomposing organic matter which is in transition from a more complex to a simple chemical constitution is plausible, but does not meet some of the facts. If it were accepted it would fail to account for the rapid and extensive multiplication of the virus-germs. (8.) The germs may be carried to a limited extent through the air, especially through the medium of fogs, but they do not retain their vitality for any length of time in the atmosphere. (9.) There is no evidence to show that the germs can propagate themselves apart from the animal.

Lancet.

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On the existence in the Texture of Animals of a Fluorescent Substance closely resembling Quinine.

BY DR. HENRY BENGE JONES, A. M., F. R. S.

[From the British and Foreign Medico-Chirurgical Review, July, 1866.]

The discoveries of science are truly marvelous. Who, a few years ago, would have been bold enough to imagine that fluorescence, the property of emitting light-like fluor-spar when heated, could belong to animal tissues and their fluids under the influence of electrical light? or who could have conjectured that this property is owing to the presence of a substance similar to quinine, so similar, indeed, as to be strictly entitled to the name given it by its discoverers, of quinoidine? Yet this marvel is shown to be a fact in the most convincing manner by Dr. Benge Jones in the paper before us, which was read at the weekly evening meeting held at the Royal Institute (that prolific mother of great discoveries,) on the 23d of March last, and was at the same time amply illustrated by experiments.

Not merely was proof afforded of the similarity of the two by optical phenomena of fluorescence in the spectrum produced by electric light, but also by a close similarity of chemical properties.

The inquiry leading to the discovery of quinoidine, originated in experiments on the diffusion of quinine through the animal tissues, being a continuation of that relative to chemical circulation by œmotic action which we noticed in our Review for Oct. 1865. From the results of numerous and very carefully conducted experiments, he comes to the conclusion that quinine when used, that is, taken internally, "goes everywhere," even into the crystalline lens, and that everywhere it goes it meets with the natural fluorescent substance like quinine, which most probably is constantly forming and undergoing oxidation. And, referring to its medicinal effects, he adds:

"The incoming quinine causes a temporary excess of quinine in the textures. Probably it causes a stoppage of the fresh formation of quinine from albumen, a temporary arrest of the changes going on, a transfer of action probably to the quinine introduced, so that with large doses deafness and great prostration and almost imperceptible pulse are produced in man, while in guinea-pigs death even is caused by the extreme prostration. In small doses quinine, probably like alcohol, gives an immediate stimulus when the first chemical action takes place; but soon the quinine retards the chemical changes in the nitrogenous substances, just as alcohol, by its secondary action, retards the chemical changes in the hydrocarbons in the different textures."

From the ascertained facts, to-wit: the results arrived at, the author looks forward to two hopeful prospects—one the explanation and cure of ague, the other the treatment of diseases in parts of the body external to the blood-vessels, such as the crystalline lens. We quote his words in explanation:

"1. Assume that a substance like quinine exists in health in the textures, can its rapid destruction and removal through the action of the marsh-miasm give rise to ague? Does quinine cure ague by furnishing a substance which retards the changes which go on in the textures? And in the well known property of arsenic to preserve organic substances, have we also the explanation of its power in curing ague?

"2. If chemical circulation can carry alkaloids even into the non-vascular tissues, is it not reasonable to suppose that medicines pass through the blood and act on the textures?

"And is it not most probable that they take part in every chemical change that occurs outside the blood vessels, as well as in the blood itself? Still further, may we not expect that among the multitude of new substances which synthetical chemistry is now constantly forming, some medicines may be discovered which may not only have power to control the excessive chemical changes of the

textures in fevers and inflammations, but may be able to remove the products of insufficient chemical action, even in those diseases which affect the non-vascular textures, as, for example, in cataract and in gout?"

Iodine in the Treatment of Uterine Leucorrhœa.

The treatment of leucorrhœa is a constant subject of difficulty and vexation to the medical practitioner. Although the use of various astringents will often effect improvement, yet this is seldom lasting, and the recurrence of the symptoms is a continual source of annoyance. We have lately observed a plan which is being pursued by Dr. Murray at the Great Northern Hospital, and which promises to be a very useful addition to our means of treatment in this very troublesome condition. Dr. Murray first ascertains, by means of the speculum, that the discharge proceeds from within the uterus. He then introduces a small, short-haired brush (much like that used for washing phials) by a screw-like motion, so that the thick phlegm-like layer on the uterine wall is swept off with every turn of the brush. When this reaches the fundus he steadily withdraws it, charged as it is with the mucous deposit. Its place is then taken by a gum-elastic catheter with several apertures, through which is injected a lotion consisting of one part of the compound tincture of iodine to two parts of water. The uterine wall is thoroughly washed with this. The muscular contraction which follows this injection is remarkable, the tube being tightly grasped, so that its re-introduction at the time is extremely difficult. Dr. Murray has reason, after an experience of many cases treated by this plan, to feel highly satisfied with its success.

In this connection the use of iodized cotton, suggested by Dr. Robert Greenhalgh, as an application to the cervix uteri in chronic inflammatory enlargements and thickenings, and in subinvolution, with or without congestion or induration of tissue, is of interest. It is prepared as follows: Two ounces of iodide of potassium and one ounce of iodine are dissolved in eight ounces of glycerine, in which solution eight ounces of cotton wool are thoroughly saturated and then carefully dried. It should be applied through a speculum directly to the cervix uteri, using the precaution of

securing it properly by a silk thread, and should be kept in position in the vagina for from twenty-four to forty-eight hours. Dr. Greenhalgh claims for it the following advantages: It is light, clean and portable; produces no irritation; destroys all fœtor; is considerably stronger than the compound tincture of iodine; is more readily absorbed, and can be kept for a longer time in contact with the diseased tissues; and, moreover, it does not soil the linen like many of the suppositories and medicated appliances in use for uterine affections.—*Lancet*, Jan. 6, 1866.

On a certain form of Hemoptysis unassociated with Pulmonary Tuberculosis.

By Dr. Richard Payne Cotton, Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

[That hemoptysis is met with in a very considerable number of non-tubercular cases is well known; its occurrence, however, always suggests the presence of tubercle in the lung. There are many conditions which may give rise to hemoptysis.]

In the present instance I am anxious only to draw attention to a not unfrequent, but, so far as I know, little recognized form of non-tubercular hemoptysis, met with chiefly in the female sex, but sometimes also amongst males, generally in the early period of life.

It may simplify my description of this variety of hemoptysis if I give a brief account of two or three cases in point.

A young lady, aged 18, recently arrived from a residence in one of the West India islands, was supposed to be phthisical. I was requested to see her, and report upon the nature of her disease, about which several very conflicting opinions had already been given. She was anæmic, nervous, and out of health; had a dry cough, but had not become thinner; her catamenia were regular, but scanty; her appetite was capricious; and she had had frequent hemoptysis, which there was every reason to believe did not proceed from either the mouth or fauces. The blood, upon examination, was found to be thin and watery, of a dark color, free from coagulum, unassociated with either bronchial or salivary secretion, and in general appearance much resembling a mixture of *red-currant jelly and water*. I was informed that this was its general

character. Sometimes it had been considerable—as much as half a pint in twenty-four hours; at others, it would not exceed a tea-spoonful or two during the same period; sometimes it would be scarcely enough to tinge a pocket-handkerchief, and often it would disappear for days together. This state of things had existed for nearly two years, causing great anxiety to the patient and her friends, from a belief that it was indicative of pulmonary disease. Careful examination of the chest, however, failed to elicit any evidence that such was the case. Rest, change of air, and tincture of sesqui-chloride of iron, entirely restored this patient to health. It is now more than three years since I was consulted, and I heard a short time back that the young lady was in perfect health.

A case very similar to this came under my notice two years ago in consultation with Mr. Humpage, of Upper Seymour street. A young lady, aged 24, had long been delicate, and was supposed by her family to be consumptive. She had become thinner; had had a dry cough for some length of time; and had spat blood. Upon examination, this was found to present an appearance very similar to that described in the preceding case; it looked, in fact, more like watery red-currant jelly than anything else. As in the other patient, there were no decided signs of tubercular disease; and we came to the conclusion that the patient was not phthisical. Time has justified our diagnosis; Mr. Humpage having lately informed me that the young lady had, for some months, lost the symptom which had caused so much alarm, and was in good health.

Another case, which I shall even more briefly relate, came under my notice about eighteen months back. It was that of a young lady, 12 years of age, of slender and somewhat delicate appearance, but free from every symptom of tubercular affection. Mr. J. N. Winter, of Montpelier road, Brighton, frequently saw this patient, and quite agreed with me as to the nature of her disease. She first alarmed her parents by spitting up, just after going to bed one night, a considerable quantity of blood. This was found upon examination to be watery and dark colored—in fact, of the *thin red-currant jelly character* already described. This symptom has recurred at various intervals with more or less intensity, and the child still remains delicate, but without any indications of tubercular disease. At the time of her attacks her tonsils and

pharynx are somewhat congested, her gums spongy, and her fingers even have sometimes exuded a little water blood, just as one sometimes sees in extreme cases of purpura. It is evident that, in this instance, the blood escapes not only from the mucous membrane of the respiratory passages, but also from that of the throat, tonsils and gums.

Other cases of this form of hemoptysis have fallen under my observation; but I shall not specially refer to them in consequence of not knowing their sequel. At least twelve or thirteen have happened in my own wards in the Hospital for Consumption.— Two only of these were males; the rest were females, generally of delicate and nervous appearance, and under the age of 30. Several had very suspicious symptoms of phthisis; but the physical signs failed to exhibit any evidence of pulmonary tuberculosis, and most of them improved in health under appropriate treatment. In every case the expectoration was of the same general character; and sometimes it was mixed more or less with bronchial mucus, slightly tinged perhaps with blood, and sometimes with salivary secretion; but more frequently it was simply watery blood, resembling, as I have described, a mixture of red-currant jelly with water.

The following are the conclusions at which I have arrived from a consideration of the preceding notes:

1st.—There is a form of true hemoptysis in which the expectoration is of a dark color, and of a more or less watery consistence, bearing a close resemblance to a mixture of red-currant jelly and water.

2d.—That such hemoptysis is of non-tubercular origin, and may proceed from any part of the gastro-pulmonary mucous membrane.

3d.—That it is attributable to a morbid and fluid condition of the blood, allied, at least in appearance, to that which is met with in purpura and scurvy.—*Lancet*, Dec. 2, 1865, p. 6,18—*Braithwaite's Retrospect*.

The Albumen of the Blood in Cholera.

The researches of M. Fernaud Papillon on the chemical and physical constitution of the blood in cholera have been published in the *Journal de l'Anatomie*, (No. 2) and deserve the notice of the profession. His observations on the nature of the albumen re-

moved from the blood of cholera patients during the algide period show that the fluid differs materially from the normal albumen. The albumen was separated from the corpuscles by repeated filtrations. The following are the results of M. Papillon's experiments: (1.) This albumen, placed for four days in water, became neither hydrated nor swollen; it remained just as it was when first added, although ordinary albumen is either dissolved or swells up under the same circumstances. (2.) It does not dissolve in potash or soda, even at an elevated temperature, although ordinary albumen is soluble in these reagents, even at ordinary temperatures. (3.) When treated with hydrochloric acid, it slowly dissolves, and the solution, instead of having the usual deep-violet color, is only faintly tinted. (4.) At the ordinary temperatures, common albumen decomposes rapidly a mixture of nitric and sulphuric acids, nitrous vapors being disengaged. Choleraic albumen does not do so at the ordinary temperature. Ordinary albumen is very rapidly dehydrated by sulphuric acid; the choleraic albumen is affected only after a long exposure. — *Lancet*.

On the Treatment of Diphtheria with Hyposulphite of Soda.

BY J. CLARKSON MAYNARD, ESQ., WISBEACH.

On first visiting a case, if not very far advanced, and in which only a few spots are visible, the throat is dressed twice a-day out with a strong solution of the hyposulphite of soda, viz: ℥ij. of the hyposulphite, glycerine ℥ij., with ℥vj. of water. This generally removes the incipient exudation in forty-eight hours, some times in less. But if the case is an advanced one and the parasite plant is making rapid strides, we wash the throat well out with warm water, by means of one of Maw's flexible syringes. This is alike agreeable and most beneficial to the patient. The affected parts are then dressed with the strong solution, and a gargling of ℥ss. of the hyposulphite to half a pint of water, with ℥ss. of glycerine, is given, to be used every hour.

The effect of the solution upon the exudation is most marked. It appears to solidify and dry up the false membrane, and when the syringe is again used, which is to be frequently done, the force

of water will, if not completely, nearly entirely wash it away. The exudation in this way seldom or ever reforms, and the patient makes comparatively a rapid recovery. In cases of a graver character, and where there is a larger collection than usual of inspissated mucus, we clear out the posterior nares by means of a powerful curved leaden syringe which is introduced into the nostril. In the putrid stage, and when the unpleasant odor from the throat is very offensive, a small quantity of Condry's disinfecting fluid added to the water]with which we syringe the part has proved of great advantage. I may add that from half a gallon to a gallon of warm water ought, certainly in bad cases, to be thrown into the throat three or four times a day. The ext. belladonnæ applied externally has proved very useful where there has been much swelling.

In cases of very young children where it is difficult to dress and get at the throat, we give the hyposulphate internally, from gr. j. to gr. iij. every four hours, and allow them to swallow the gargle, which, by the way, they very frequently do without permission. Dr. Tubbs informs me he is now giving to adults gr. viij. every four hours. Port wine, beef-tea, brandy, and bark are, of course, given in suitable quantities, and in cases where there was much prostration we have occasionally thrown up, with very satisfactory results, an enema of port wine, beef-tea and isinglass.—*Medical Times and Gazette*, Dec. 30, 1865—*Braithwaite's Retrospect*.

Memorandum for the Information of Persons desirous of entering the Medical Corps of the Army.—[Extracts from laws of the United States.] Act of Congress approved July, 1866.

"Sec. 17. *And be it further enacted*, That the Medical Department of the Army shall hereafter consist of one Surgeon General. * * * One Assistant Surgeon General. * * * One Chief Medical Purveyor and four Assistant Medical Purveyors. * * * Sixty Surgeons, with the rank, pay and emoluments of Majors of Cavalry. One hundred and fifty Assistant Surgeons, with the rank, pay and emoluments of First Lieutenants of Cavalry, for the first three years' service, and with the rank, pay and emoluments of Captains of Cavalry after three years' service, * * * and all the original vacancies in the grade of Assistant Surgeons shall be filled by selection by examination."

The number of vacancies now existing in the Medical Corps of the U. S. Army is sixty, forty-six of which are original vacancies created by the Act of Congress approved July 28, 1866, as quoted above.

All candidates for appointments in the Medical Corps, must apply to the Surgeon General, U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the hand writing of the candidate, stating age and birth-place, and be accompanied by testimonials from Professors of the College in which he graduated, or from other physicians of good repute. If the candidate has been in the medical service of the army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials as to qualifications and character from the officers with whom he has served should also be forwarded.

Candidates must be graduates of some regular medical college, proof of which must be submitted to the Board before examination.

Editorial Department.

Medical Education.

Medical Education is the subject everywhere selected on which to base a discourse upon lecture terms in colleges, advantage of public over private instruction, capacity of teachers, preliminary preparation, length of term of study, board of censors for granting diplomas, etc., etc. It is proposed to omit all these topics for the present, and show that a different use can be made of the same text. It is popularly regarded as *education* for a young man to pursue the usual collegiate course and graduate, and that no other plan than this can educate him. To read the old writers among the Greeks, and Cicero, Virgil, Sallust and Cæsar among the Latins, is certainly regarded as essential to education. In the same way medical education seems to be looked upon as dependent upon the lecture course, the eminence of the Professors and the standing and attainment of the private preceptor, and to consist in what a young man learns the few years before he receives his diploma. We hope to correct this view in own minds so far as it is entertained from long habit of thought and feeling, and show how we arrive at the conclusion that education is not the growth of a few years' juvenile pupilage at a literary or medical college, but rather the product of a life of study and observation.

Physicians are constantly writing and talking about the deficiencies in our plans of medical education, of the low standard of attainment and of the easy admission of young men to the toils and honors of our profession. Has it ever occurred to them that the young man of smallest attainment and the young man of the greatest, are separated from each other only by a difference so small that a few months of study can change the scale? Have they ever observed the boy who graduated with the highest college honors a few years later in life, outdone and excelled by the one who had no class rank at all, or even by some aspirant for excellence not at all "to the manor born"—some untutored boy, whose later life was given to study and thought? That early training, early education, affords the possessor advantages cannot be denied; that preliminary qualification is almost essential for great enterprises, or high attainments in scientific or professional life, will be readily conceded, and much of what is said about medical education is not only true, but demands attention and action; so while we make no attack upon others' views, we still have a few words of our own to add.

There is much talk about attainment in students before being admitted to the practice of medicine, but who speaks about our attainments and means of culture when once fairly passed the examining board? The knowledge of a young man when he has conferred upon him the degree of Doctor in Medicine, is only supposed to be the mere rudiments of his profession; it is never anything greater. He has just learned how to learn, and obtains the legal right to use what he knows. If this fact can be impressed upon him, it will be worth more than any other view he can have of himself. In after life we obtain our medical education, and the physician who considers and acts upon the belief that he has completed it at graduation, is a quack all his life, though his diploma screen him from passing by his true name. Young men receive the credentials of some medical college, acknowledged to be only certificates of having studied medicine three years, and attended lectures as prescribed by law, and they pass into the practice of medicine, they are regarded as physicians, and receive the confidence of the community as such, almost regardless of other facts in relation to them. In this, the community betray their inability to judge, their ignorance of the essential grounds upon which confidence is based, and generally accept the fact of graduation as proof of qualification. This is perhaps all right in most instances, in all cases where the credentials have been fairly earned. Years of study, years of thought and reflection, of investigation and comparison, are the only means of perfecting in any degree our knowledge of disease and its best means of relief or cure; and he who graduates in medicine and ever after pursues his profession as a trade, estimating his success by the amount of his professional income, and devoting his energies to various and diverse objects, rather than to the study of his profession, is not a physician, and should no more be allowed to practice his art, than should the ignorant pretender, who, stationed by his side, compounds mixtures of indecribable virtues, or vends indiscernable morsels. It is no use for us to pretend we are physicians because we have received diplomas; calling a man Doctor, does not make him a physician—giving him a diploma, does not prevent him from being a quack.

Partial knowledge—knowledge simply of the proper dose and usual effects of a

few medicinal substances, and of conditions of the system in which they may not generally do much harm, if administered, has long enough insured the possessor the honorable title of Doctor, without fear of contradiction; until so common and so easily obtained distinction comes at last to be almost a disgrace.

The real reason, then, that our standard in medical education is low, must be looked for not altogether in preliminary qualification and easy graduation, though this is powerful in degrading professional rank, but that other influence of which we speak, overshadows all other influences, and is the directing hand which has guided our professional course so nearly upon the level with empiricism and charlatanry. If there cannot be awakened in physicians generally a greater love of knowledge, and a firmer purpose to pursue it from a better estimate of the value of truth; if those who practice physic cannot learn to separate truth from error with discerning hand, and dare to speak it, then our standard must continue low; it must continue low until those who bear it, seek its elevation to the exclusion of everything else—commerce, trade, manufacturing, politics, pleasure, everything, and then the standard of medical education will not remain low, even though graduation is easy and medical colleges bestow their honors almost gratuitously.

It will not be inferred from our remarks that we would underrate the qualifications of the young physician; on the contrary we believe that often times graduation is the point of highest attainment ever reached, and that from it by a gradually descending scale he grows to know more of everything else and less of medicine—bestows attention to his profession sufficient only to imbibe and adopt error, and never scrutinizes his opinions, or considers the grounds upon which they are based; *experience* has great advantages, but it is liable to confirm error, as well as to establish truth.

Ever faithful janitors may guard the entrance to our profession, but beyond the doors are various highways opened up for the traveler; and facts warrant the belief, that within its barred gates, as without, ignorance, cupidity and quackery are found in almost uniform proportions. We have sometimes thought diplomas were screens for ignorance and incapacity, rather than indices of merit and worth, and that if wholly abandoned would leave the public to protect themselves by better discrimination, and physicians to earn their honors by industry and effort. At present they prove nothing, and those best acquainted with their value, accept them only for what they are worth; simply placing a man in the way of being a true physician and little else. We shall be happy to see discovered some plan of remedy for the evils which prevail in the practice of medicine, and if more stringent and impartial examinations will prove the specific, all hail! but if on the contrary it shall appear that our system of making physicians by giving certificates of study, is all a farce and delusion, and that those only are true physicians who devote their attention, thought and effort to obtaining medical knowledge, then also, all hail! for the whole world of medicine requires regeneration. It is not proposed, however, to change the plan of instruction, to find any fault with its general operation, or to indicate any other system or standard; it is only to give utterance to some general and pretty well understood facts, hoping that good may grow out of a frank expression of truths which in themselves are quite familiar to all careful observers.

Books Reviewed.

A Practical Treatise on Urinary and Renal Diseases, including urinary deposits, illustrated by numerous cases and engravings. By WILLIAM ROBERTS, M. D., Fellow of the Royal College of Physicians, London; Physician to the Manchester Royal Infirmary; Lecturer on Medicine in the Manchester School of Medicine. Philadelphia: Henry C. Lea, 1866.

Pathologists, chemists and physiologists, have recently devoted much attention to diseases of the kidneys, composition of urine, microscopical appearances of urinary deposits, functions of the kidneys, and morbid changes observed to take place in their structure, in disease, as well as their minute anatomy and natural function in health. Any correct knowledge of the diseases of these organs is of comparatively recent date, except so far as some functional disturbances may have been observed and their influence observed upon the general system known. The organic diseases of these organs have been little understood until the observations of Bright, Prout, and more recently a host of others, who have directed attention to this class of diseases and shown the nature, causes, morbid changes, and effects upon the system generally of defective or suspended function in these glands.—The author has divided his work into three parts, the first showing the physical and chemical properties of the urine, the various alterations which it undergoes under different circumstances of health and disease, the methods of examining the urine for clinical purposes and the significance of the changes observed; the natural and microscopical appearances of urinary deposits are described and figured, together with the extraneous matters which accidentally find their way into the urine. The second part treats of urinary diseases—diabetes insipidus, diabetes melletus, gravel and calculus, and chylous urine. The organic diseases of the kidney form the third division of the work, and this is the most important and valuable. He says, “the present moment is not favorable for a lucid description of Bright’s disease and its allies. Not only is there a wide difference of opinion as to the clinical grouping of the cases, but the researches of the last three years indicate a necessity for a complete revision of our previous notions regarding the minute anatomy and the functions of the kidneys. The observations of Henle, and of the numerous inquirers who have followed him, have shown that the course and structure of the uriniferous tubes are far less simple than has been hitherto supposed; and the experiments of Oppler, Paris, and especially of Zalesky, challenge the very basis of the current opinion of the functions of the kidneys, and send us back to the older view, that the special ingredients of the urine—urea and uric acid—are actually formed by the kidneys, and not merely separated by them from the blood.”

The author has embodied the views and opinions of the best authors upon urinary diseases with his own experience and practical knowledge of their nature, causes and treatment, and the work as thus comprised is a very valuable addition to the standard English literature upon these subjects.

The Beacon; or a Warning to Young and Old. By William M. Cornell, M. D. L. L. D.

"This book is not written for the medical profession," and consequently it will not be reviewed with that scrutiny it might otherwise receive. It represents self-abuse as oftentimes the cause of epilepsy, consumption, idiocy and insanity, and contains chapters upon hereditary transmission of disease, management of children, causes of nervous diseases, etc. It appears to be a sort of medico-moral treatise, illustrated by cases and enforced by "practical remarks," showing the evils of self-abuse, nowhere omitting the central truth that the author has cured a great many similar cases, and makes it a "speciality" to treat nervous diseases, which are shown to include all or almost all the maladies which prevail among mankind. He says: "All kinds of convulsions, everything connected with neuralgia, St. Vitus' dance, spasms, contractions and expansions of the muscles, consumption, etc., etc., all are the effects of nervous influence; and hence, most of our diseases may properly be said to be nervous." Our readers will see at a glance what limitless number of diseases receive the "special" attention of a physician who has devoted years to the study and treatment of only one class.

The Medical Register of the City of New York, for the year commencing June 1, 1866, published under the supervision of the New York Medico-Historical Society. GUIDO FURMAN, M. D., Editor. Edw'd O. Jenkins, 20 North William street, 1866.

The fourth annual edition of this valuable little work is promptly on our table. Although an immense amount of labor is necessary in compiling and arranging a book of this kind, the author has succeeded in furnishing a complete medical directory of the various Societies, Colleges and Hospitals, together with the residence and location of all the regular physicians both in New York and Brooklyn. To this is added the State Medical Society and most of the County Societies throughout the State.

The author says that "it had been his intention to furnish the name and residence of the officers and members of each and every Medical Society in the State of New York, but owing to neglect of answering circulars addressed to officers and members of every society he was unable to give all."

This book emphatically speaks for itself, for it is rare to find so much information contained in so small a space. It is a work indispensable to the physicians of New York and Brooklyn, and highly useful to the profession throughout the State.

On Spermatorrhœa. Its causes, symptomatology, pathology, prognosis, diagnosis and treatment. By ROBERT BARTHOLOW, A. M., M. D., Professor of Physics and Medical Chemistry in the Medical College of Ohio; Lecturer on Clinical Medicine and Physician to St. John's Hospital, Cincinnati; formerly Assistant Surgeon (Captain) U. S. Army, etc., etc. New York: William Wood & Co., 61 Walker street, 1866.

Owing undoubtedly to the aversion which competent physicians entertain towards so disagreeable and to a certain degree disreputable subject as spermatorrhœa, but few special treatises on its pathology and treatment of a reputable char-

acter have been placed before the profession, and it affords us great pleasure to call attention to such a judiciously conceived and well executed monograph as that of Dr. Bartholow.

The writer justly considers the disease essentially as a deranged functional state of the spinal system, and that the lesions of the prostatic portion of the urethra and seminal ducts as an accidental complication, in opposition to the long established views of Lallemand, who regarded as spermatorrhœa an inflammation of the prostatic portion of the urethra and the seminal ducts, for the treatment of which he introduced the porte-caustic. Dr. Bartholow rejects the practice of cauterization entirely, and would justify its use only in—

1st.—Those cases in which chronic inflammatory changes exist as a complication of spermatorrhœa, and

2d.—Those in which the moral effect of the application is desirable. In the medical treatment the author's efforts are directed to the improvement of the general health by the administration of tonics in combination with the anaphrodisiacs, among which he considers bromide of potassium as the best.

Books and Pamphlets Received.

Manual of Materia Medica and Therapeutics; being an abridgment of the late Dr. Pereira's Elements of Materia Medica, by Frederic John Farre, M. D., Cantab., F. L. S., Fellow of the Royal College of Physicians of London, etc., assisted by Robert Bentley, M. R. C. S., F. L., Honorary Fellow of King's College, London, etc., and by Robert Warington, F. R. S., F. C. S., Chemical Operator to the Society of Apothecaries, and Vice President of the Chemical Society. Edited, with numerous references to the U. S. Pharmacopœia, and many other additions, by HORATIO C. WOOD, JR., M. D., Professor of Botany, University of Pennsylvania, Auxiliary Faculty of Medicine; Member of the American Philosophical Society; Recording Secretary of the Academy of Natural Sciences; Fellow of the College of Physicians of Philadelphia; Corresponding Member of the New York Lyceum of Natural History, etc., etc., with two hundred and thirty-six wood engravings. Philadelphia: Henry C. Lea.

A Manual of the Principles of Surgery, based on Pathology, for Students. By WILLIAM CANNIFF, Licentiate of the Medical Board of Upper Canada; M. D. of the University of New York: M. B. C. S., England; formerly House Surgeon to the Seamen's Hospital, New York; for some time A. A. Surgeon to Her Britannic Majesty's forces; late Professor of General Pathology and the Principles and Practice of Surgery, Univ. Victoria College, C. W.; and for a short time A. A. Surgeon to the U. S. Army. Philadelphia: Lindsay & Blakiston.

A Guide to the Practical Study of Diseases of the Eye; with an outline of their Medical and Operative Treatment. By JAMES DIXON, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields. From the third London edition. Philadelphia: Lindsay & Blakiston.

Asiatic Cholera; a Treatise on its Origin, Pathology, Treatment, and Cure. By E. WHITNEY, M. D., and A. B. WHITNEY, A. M., M. D., late Physician and Surgeon to Diseases of Women in the North-Western Dispensary, Visiting Physician, etc. New York: M. W. Dodd, Publisher, 506 Broadway.

Clinical Lectures by Prof. A. von Graefe, on Amblyopia and Amaurosis, and the Extraction of Cataract. Translated from the German by Hasket Derby, M. D.

- The Hunterian Ligation of Arteries to Relieve and to Prevent Destructive Inflammation; by Henry F. Campbell, M. D., Augusta, Ga.
- Disinfectants; by E. R. Squibb, M. D., Brooklyn, N. Y.
- An Introduction to the Study of the Optical Defects of the Eye, and their Treatment by the Scientific use of Spectacles. By A. M. Rosebrugh, M. B., Toronto.
- Epidemic Cholera; its Pathology and Treatment. By A. B. Palmer, M. D., Professor of Pathology, the Practice of Medicine, and of Hygiene, in the University of Michigan, etc.
- On Excision of the Superior Maxilla; report of a case with remarks on certain Tumors of this Bone. By Wm. R. Whitehead, M. D., (Univ. of Paris.)
- Annual Announcement of the Medical Department of the University of Buffalo, for the Session of 1866-67.
- Transactions of the Indiana State Medical Society, at its Sixteenth Annual Session, held at Indianapolis, May 15th, 16th and 12th, 1866.
- Seventh Annual Announcement of Miami Medical College, Cincinnati, for the Session of 1866-67.
- Transactions of the Vermont Medical Society, for the year 1865.
- Prospectus of the Course of Instruction in the Humbolt Medical College, (Saint Louis, Mo.) Winter Session commencing Sept. 17, 1866.
- College of Physicians and Surgeons, New York. Medical Department of Columbia College. Annual Announcement. Sixtieth Session, 1866-7.
- University of New York—Medical Department—Annual Announcement of Lectures—Session 1866-67.
- Annual Announcement of the Faculty of Medicine of the McGill University, Montreal, for the Thirty-third Session, 1865-66.

Extracts from Report of Deaths in the City of Buffalo, for the month of August, 1866.

Whole number of deaths from disease, 146. In addition to the above, 4 still-born were reported in the city.

SEX.—Males, 89; females, 61. Total, 150.

NATIVITIES.—United States, 108; German States, 17; Ireland, 11; England, 5; France, 1; Canada, 4; unknown, 4.

BY WHOM CERTIFIED.—By regular physicians at public institutions, 21; do. in city at large, 70; by irregular practitioners, 22; by coroner, 18; by undertakers, 19. Total, 150.

CAUSES OF DEATH.—Accident, 4; do. by drowning, 7; apoplexy, cerebral, 3; brain, congestion of, 2; do. softening of, 2; cancer, 1; cholera infantum, 22; cholera morbus, 3; cirrhosis of liver, 2; consumption, 15; convulsions, 5; diarrhoea, 23; disease of the brain, 1; do. of heart, 3; do. of spine, 2; do. of stomach, 1; diphtheria, 1; dropsy, general, 2; do. abdominal, 1; dysentery, 2; epilepsy, 1; fever, typhoid, 7; hæmorrhage from uterus, 1; inflammation of brain and meninges, 7; inflammation of lungs, 4; do. of stomach, 1; do. of womb, 1; intemper-

ance, 1; jaundice, 1; marasmus, 5; measles, 2; murder, 2; obstruction of bowels, 1; old age, 4; paralysis, 1; small pox, 1; syphilis, 2; ulceration of bowels, 1; unknown, 1. Total deaths from disease, 146. Still-born, 3.

Mortality from cholera infantum in August, 1865, was 30; mortality from cholera morbus, 7; mortality from diarrhoea, 84.

The following shows the number of deaths in the city in each month of the present year; the number in 1865, and the average of each month for the five years, 1861 to 1865, inclusive:

	1865.	1866.	5 yrs av.
January,	138	127	132
February,	143	132	122
March,	113	100	132
April,	121	123	126
May,	136	127	127
June,	116	105	119
July,	187	138	164
August,	250	218	224

The number of deaths in the first eight months of the present year is 170 less than in the corresponding period of last year, and 144 less than the average for five years.

SANDFORD EASTMAN, M. D., Health Physician.

RETURN OF PROFESSOR JAMES P. WHITE.—We are invited to announce that Prof. White is on his return voyage, and will be in Buffalo in time to deliver his usual course of lectures upon Obstetrics and the Diseases of Women and Children in the Buffalo Medical College the approaching winter.

We see it stated that since the brief campaign in which Prussia has been so triumphant, Austria has joined the Association for the relief of suffering on the battle-field. It will be remembered that before the war she was the only Christian nation of Europe which held back from joining this truly humane organization.

DUBLIN, July 19, 1866.

TYPHUS AND TYPHOID FEVERS.—At a recent meeting of the Medical Association, Dr. Henry Kennedy brought forward a number of interesting cases, where the symptoms of typhus and typhoid (or enteric) fever were so mixed that it was impossible to say under which disease the patient was laboring. Dr. Kennedy used these cases in support of opinions, long held, and often expressed by him, that typhus and typhoid fevers were only varieties of a disease produced by one common poison; and that the diseases were not specifically different. He also detailed cases supporting the same views, where the typhus and typhoid forms of fever had arisen in different members of the same family at the same time.

Exchange Journals.

The following Journals are regularly received in exchange:

London Lancet—Editors, J. H. Bennett, M. D., T. Wakely, jr., M. R. C. S. E.
Braithwaite's Retrospect of Practical Medicine and Surgery. New York: W. A.
Townsend, 424 Broome Street.

The Ophthalmic Review, edited by J. Z. Lawrence and Thomas Witslow,
London.

American Journal of the Medical Sciences, edited by Isaac Hays, M. D.

Boston Medical and Surgical Journal, edited by Samuel L. Abbott, M. D. and
James C. White, M. D.

The American Journal of Insanity, edited by the officers of the New York
State Lunatic Asylum.

The New York Medical Journal.

The Cincinnati Lancet and Observer, edited by Edward B. Stevens, M. D.
and John A. Murphy, M. D.

The St. Louis Medical and Surgical Journal, edited by M. L. Linton, M. D. and
Frank W. White, M. D.

The Medical Record.

The Chicago Medical Journal.

The Chicago Medical Examiner, edited by N. S. Davis, M. D.

The Medical and Surgical Reporter, edited by S. W. Butler, M. D.

The Cincinnati Journal of Medicine, edited by George C. Blackman, M. D.,
Theophilus Parvin, M. D. and Roberts Bartholow, M. D.

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Eclectic Medical Journal, Cincinnati, Ohio.
Philadelphia University Journal.
Dental Register, Cincinnati.
The Nation.
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Original Communications.

ART. I.—*Verdict against an Apothecary for an alleged mistake in putting up a prescription.* BY J. R. LOTHROP, M. D.

The testimony of the witnesses for the plaintiff made out a case as follows: Mr. Farnell, a practicing lawyer of Lockport, N. Y., feeling somewhat ill, sent for Dr. Clark of the same city. This happened sometime in October, 1865. Dr. Clark prescribed in the case, as he alleged, the fluid extract of uva ursi, but when the prescription was sent to the drug store of Dr. Green, the clerk by mistake put in the fluid extract of veratrum viride instead, which being taken by the patient, caused alarming symptoms, followed by a serious illness of three or four weeks' duration, and such a serious impairment of health, as to lead to a suit for damages in the sum of \$10,000. The case being tried at a term of the Supreme Court, Judge Grover, presiding; the result was, a verdict for the plaintiff for damages to the amount of \$800.

In order to a full understanding of the case it will be necessary to give more of the details; and we cannot do better than to begin with the statement of Dr. Clark, the first witness for the plaintiff.

He stated, in effect, that being called in October, 1865, [he stated the exact date] to attend Mr. Farnell he found him suffering from a pain in the region of the bladder, *a difficulty in urinating*, and a slight swelling of the epididymis of one testicle. After due

reflection upon the case he thought best to make the following

℞ Fl. Ext. Uva Ursi ℥ss.

Syr. simplicis ℥jss.

writing also on the same paper, for several morphine powders of (I think) $\frac{1}{4}$ of a grain each. He then left, (having probably first given directions about the use and dose of the above medicine, as none were written upon the prescription, though I do not remember that he so stated.) About midnight he was summoned to attend Mr. Farnell. Arriving at the house he found another physician, Dr. McCollum, already there, and the patient in a condition which excited in him great alarm. He was pulseless, covered with a profuse cold sweat, breathing with difficulty, unable to speak because the attempt immediately brought on retching, beat in his breast, and withal exhibiting a death-like pallor of face. Without stopping to direct measures for the sick man's relief, or rather leaving that matter to Dr. McCollum, who had very properly given stimulants, he at once seized the bottle containing the medicine, to which the patient by signs called his attention, and with that and the prescription ran as quickly as possible to the drug store. There he ascertained that veratrum viride was used in the prescription put up and sent to Mr. Farnell. He then went quickly to the house of the patient again, knowing the cause of the alarming trouble and prepared to act properly. He found time, however, in his journey to and from the drug store, to taste the medicine and *experience its emetic action on the way*. By a free use of stimulants, both by mouth and rectum, the patient rallied from his alarming prostration, and the doctor left him in the early morning, restored and comfortable.

Sometime in the forenoon of the same day he was again sent for and found his patient suffering from great abdominal pain, tenesmus and frequent discharges of blood and mucus, in fact he found all the symptoms of dysentery. This he treated energetically, by enemata of starch and laudanum, and after a few days there was some improvement. In fine, the dysenteric trouble continued quite severely for several days, and in the whole lasted about three weeks, keeping his patient confined to the house all that time, and nearly all that time in bed. During this dysenteric attack there were not only frequent discharges of bloody mucus, but portions

of mucous membrane, so that, as he stated, complete casts apparently of the mucous membrane of the small intestines were thrown out and seen by him in the vessel. In order to illustrate this, the doctor rolled a piece of paper in the form of a cylinder and exhibited it to the jury. When his patient recovered from his attack of inflammation of the bowels he ceased attendance, and had never since been called to attend him professionally.

It will be observed above that the condition of the patient when Dr. Clark was first called to attend him, is but poorly described. When asked what the urinary trouble was he said he did not know, and could not state it to the jury. The matter is left rather indefinite, as to whether there was much disturbance or not; whether any excitement of pulse or not. The medicine intended to be given, viz: uva ursi, the doctor confessed was merely a placebo. On the prescription produced in court as the original one, no directions as to dose were written, but the dose of the mixture taken was one teaspoonful, which would contain about 10 or 15 drops of the fluid extract of uva ursi. When asked if such a dose would not be inert, the doctor replied that he supposed it would be almost wholly so, but that he never gave his patients strong medicine when he did not know what ailed them. A very honest confession; but it would have been much more to his credit to have confessed that under such circumstances he gave none; though we ought, in justice, to say that his practice in this respect was not so unusual as to be termed singular.

Dr. McCollum's testimony was confirmatory as to the condition of the patient, and his rallying under the use of stimulants. He seemed evidently to suppose the effects would only be temporary, and was not prepared to expect the serious trouble which was alleged to have followed.

The plaintiff himself being called to the stand gave in effect this statement. He had for some time previously been afflicted at times with a urinary trouble which occasionally made him unfit for his ordinary work. (As Dr. Clark could not state with accuracy what it was, of course he could not be more definite.) At the time mentioned, viz: October, 1865, being more than ordinarily troubled, he thought best to begin treatment, meaning to continue it. Accordingly he called in Dr. Clark, who left a prescription.

The medicine prescribed, as he supposed, was obtained from the apothecary's early in the evening, and he took of it one teaspoonful. About three hours after taking it, feeling rather peculiar sensations, nausea among them, he took whisky with sensible relief. Four hours after the first, he took another teaspoonful of this medicine. This was soon followed by most uncomfortable symptoms, among which were severe vomiting and retching and great distress about the precordia. He thought his breath was going, and he lost the power of speech; in fact, felt as if dying. Physicians were summoned, and soon Dr. McCollum arrived, followed not long after by Dr. Clark. He experienced relief from the measures taken by the physicians. Sometime in the forenoon following he began to experience intense, burning pain in the umbilical region, so intense that he could only express it by the term, agony. This was soon followed by discharges of bloody mucus, these also a source of great pain. For three weeks after this he suffered, more or less, most of the time, from pain and dysenteric discharges. He was under the impression that his health had never been fully restored. Before taking the medicine, with the exception of the trouble above stated, which he considered almost nothing, he had been a man of firm health, competent for all the demands of his laborious profession. Since then he had never been well; had occasional pains in the head unfitting him for work, was unable to endure fatigue, was easily exhausted by labor in the courts, especially felt great weakness and trembling in the limbs upon going up stairs. Had been obliged to refuse legal business.

It should be stated that plaintiff had the appearance of a man in sound health, and confessed that he was more fleshy than he had ever been, though he thought he weighed less than usual, i. e. that he was larger but not heavier. He had not, however, brought his notion to test of the scales. He had, moreover, never thought himself sick enough to need the services of a physician, i. e. after getting up from the first illness. We therefore have nothing but the statement of the plaintiff alone as to his condition for nearly a year. In such a case, it is evident that a large allowance must be made for the workings of the imagination. It would hardly be safe to admit that a man can judge correctly of his own case, especially when the departure from health is very slight, and the mind is

prepared to exaggerate symptoms, if not actually to create, because expecting them. In order to show that the particular symptoms which he attributed to the medicine, were real after effects, and not imaginary, several rather robust looking men, who had taken large doses of veratrum viride, were put upon the stand. They stated that since taking the medicine they had not been in as good health as before, and probably had not expected to be. One had been, since, subject to a bad feeling in the head and shortness of breath; one felt weakness of limbs upon going up stairs; and though probably it was not very plain to many, yet they were firmly impressed with the idea that in some way health had suffered.

From the above imperfect statement some notion may be had of the alleged facts of the case as presented by the plaintiff. On the part of the defense the only positive testimony introduced, was that of the clerk who put up the prescription. He stated that he did not make a mistake, but that the prescription was written for veratrum viride, and that therefore the mistake, if one was made, was not his, but that of the physician who wrote it. The original prescription was taken away with the medicine it called for, and no copy made; so that the apothecary had no written evidence of the correctness of his clerk's statement. The original prescription was produced in court and sworn to by Dr. Clark. The defense endeavored to raise some question as to its being the same. They thought that there could be detected upon the prescription marks of alteration, as far as the name of the principal medicinal ingredient was concerned, but they could establish nothing. As far as the positive evidence was concerned, the mistake was that of the apothecary. The question of alteration was one of opinion merely, and it was raised not from mere caprice, but from appearances which made it proper enough.

Admitting then that the clerk made the mistake, about which, I suppose, the jury had not a particle of doubt, the question then arises, was the severe illness which the patient stated followed the taking of the medicine, directly caused by it? The question might be made even broader and include also peril to life. It seems very probable that Dr. Clark thought life endangered. Dr. McCollum was much alarmed at the condition, but when he understood

the cause, as he soon did, his alarm quickly disappeared. The question of peril to life was only important in its relation to damages, as a medical question it ceased to have any point when the patient rallied. He did not die from its effects, therefore it would be profitless to discuss what it might have done. But undoubtedly a jury would be influenced in estimating the injury to health by the idea that the peril to life was great. Therefore the general question of the liability of veratrum viride to destroy life was gone into.

Before going farther it will be well to try to arrive at some idea of the quantity of veratrum viride taken. The mixture contained a half an ounce of Thayer's fluid extract of veratrum viride in two and a half ounces of syrup. The proportion of veratrum viride then was one-sixth. Calling a teaspoonful 70 or at most 80 drops, 12 or 13 drops of the medicine would be contained in it. Two teaspoonfuls were taken at an interval of four hours, consequently two doses of 12 or 13 drops were taken. Would such a quantity, in the first place, destroy or peril life? and secondly, would it be likely to cause an attack of dysentery? Upon these two points the defense introduced the testimony of a number of physicians, the writer among them. Drs. Gould, Babbitt, Foote and Leonard, physicians of Lockport, men of ability and well qualified by reading and experience, to give opinions upon the subject, were also of the number. The medical witnesses all concurred in the opinion that in pretty large doses, veratrum viride could not be considered dangerous to life; and in the second place, that even a cathartic action following its administration was exceptional, so much so, that they should be extremely incredulous of any statements as to such an effect.

As to the possibility of its proving such an irritant to the bowels as to cause an attack of dysentery, difficult as it is for a medical man, when closely pressed, to say what *might or might not* happen, they were unwilling to admit the possibility of such an event. Several of the medical gentlemen had given the medicine in doses nearly as large, more frequently and for a longer time, so that the whole quantity taken would be much greater, without causing dangerous symptoms. I suspect the experience of many physicians has been the same. That, at most, twenty-six drops of veratrum

viride (as medicine is ordinarily taken the probability is that not more than 20 drops in all were taken) taken in two equal doses, four hours apart, should give rise to such an amount of inflammation of the intestines, as to cause dysenteric discharges for several weeks, is so highly improbable, that most medical men would be almost ready to deny its possibility. We may be somewhat skeptical as to the statements made relative to some of the facts, or supposed facts, observed, or thought to have been observed; when we recall the statement made by the physician in attendance that, casts of the mucous membrane were thrown off.—It would hardly coincide with ordinary medical experience, that an inflammation so intense as to destroy whole rings of the mucous membrane of the intestine, should terminate in three weeks in recovery; and it would be still more anomalous that such serious disease should exist unaccompanied by discharges of pus. Moreover, tenesmus and discharges of bloody mucus are ordinarily taken as indications that the inflammation is located in the rectum and colon, not in the small intestine, whence the rings were thought to have come. These evidences of want of accuracy of observation in some respects, go to weaken confidence in the accuracy of observation and statement in most others. A man who could shed his intestinal mucous coat and escape ulceration and long continued trouble, even if he did not die, would certainly be an exception to ordinary humanity. Men, now and then, are accused of having rather thick skins, but if we rely upon these observations, it follows that a very tough mucous membrane may exist also. If the statements brought out by this case are reliable, our medical records will become possessed of something heretofore unprecedented, and Dr. Stillé must gather it in to be cited as authority, should another similar trial take place.

But if we admit that the serious events followed so soon upon the taking of the doses of veratrum viride above named, are they to be considered as consequences? It is not safe in medicine to argue *post hoc*, therefore, *propter hoc*. Can any theory of the case account for the alleged facts related? The theory of the case adopted by the physicians of Lockport, will most certainly and plausibly; it being only necessary to suppose that the condition of the plaintiff was not observed quite as carefully as it should have

been. The theory was this: at the time the medicine was taken by mistake dysentery was prevailing. The pain spoken of as being felt in the lower part of the abdomen, not probably being very accurately referred, and supposed to be in the bladder, was really in the intestines, the sigmoid flexure or rectum for instance. Irritability of the bladder or painful micturition is not a very rare symptom in troubles of the rectum, in fact is observed in dysentery. These were the premonitory symptoms of dysentery. Perhaps a careful observation of the pulse and tongue would have given additional evidence. These appear to have been wanting. But there is evidence that morphine was provided for some purpose; and is a sort of evidence that it was provided for a pain, greater than we are led to believe existed by the statements in evidence. We are left in the dark, as to what use was to be made of the morphine, nothing was said about it. Of course, we can understand that morphine would be resorted to by a physician in conditions of pain, even when not very severe. But the testimony does not give us the idea that the *pain* was a noteworthy symptom.

As the case appears in evidence, it is simply this, a physician is called to treat a chronic urinary trouble, not of much importance, and making so little impression upon him that he prescribes a placebo, taking care, however, to have a medicine of real potency on hand. He orders the inert medicine to be taken once in four hours, and waits like Mr. Micawber for something to turn up. By mistake the so-called sick man gets a dose of a powerful drug, the immediate effects of which alarm all about him, but though not proving as dangerous as they appear, they are followed by a real sickness, lasting three weeks. The resulting sickness is charged upon the medicine, and this last is the point of the case. Now from the well known action of the drug such a result must, by all medical men, be pronounced extremely exceptional. On the other hand, it is not at all improbable that the same sickness would have happened, had no medicine been taken; taking into account the prevalence of dysentery at the time, and the similarity in most respects, excepting always the casts of mucous membrane, to a case of dysentery. Dysentery is not always preceded by serious disturbance, it may occur without very marked premonitory symptoms. Moreover, pain low down in the pelvis and difficulty in

misfortune, are probable, early symptoms. We need not presuppose in all cases great antecedent general disturbances, for it is often absent, but it might have existed in some degree and escaped detection by the physician. Now one point we wish to present is, that there is quite as great a probability that the physician, Dr. Clark, was mistaken as to the condition of his patient and failed to foresee what was coming, as that a medicine should act in a manner, according to most authorities, extremely exceptional. Another point is, that even if no premonitory symptoms existed, therefore, that there was no failure on the part of Dr. Clark of careful observation, the probability is as great that the medicine had nothing to do with causing the dysentery, as that it caused it. It might be expected that a jury would connect the giving of a medicine and events closely following in the relation of cause and effect, but medical men know well enough that fallacies attend this method of reasoning.

Though the case, therefore, makes a legal precedent, it need not necessarily be looked upon and quoted as a medical one, and we might say ought not to be.

Several questions arise as to the actions of *veratrum viride* and the teachings upon the subject, which we will reserve for another article.

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

TUESDAY EVENING, Sept. 4th, 1866.

The meeting was called to order by the President.

Members present: Drs. Gould, Rochester, Jansen, Boardman, Wetmore, Gleason, Camerling, Miner, Little, Trowbridge, Lothrop and Johnson.

The report of the proceedings of the July meeting was read and adopted.

Dr. BOARDMAN reported an operation in which he used Richardson's mode of local anæsthesia. On the 2d of June by means of a spray apparatus, obtained from Mr. Peabody, he applied ether spray for about thirty-five seconds to a small tumor situated in the skin on the left deltoid. The skin was partly blanched. He removed the tumor by an elliptical incision one and a half inches in

length, and closed the wound with two sutures and straps. There was some bleeding from the cut, but not as much as usual. The patient, a nervous female, was engaged in conversation with the head turned away to avoid the fumes of the ether. As he was introducing the last suture she asked why he did not commence the operation. On being told to look, that 'the operation was about completed, she would hardly believe the evidence of her own eyes, declaring that she had felt nothing. Two-thirds of the wound closed by first intention, but she taking a severe cold on the fourth day, the wound inflamed and most of the cicatrix gave way. The patient now states that she has had more or less severe neuralgic pain in the wound ever since. Dr. B. thought the wound would have healed kindly save for the cold. He is not prepared to state whether or not the neuralgic pain was caused by the local anæsthesia. He was much pleased with the effect of the spray, and thinks that in superficial operations it may become very useful, but although more serious operations might be performed without pain, by the repeated application of the spray to the cut, yet he would prefer the use of the general anæsthesia produced by inhalation in the latter cases. He does not think that Richardson ever intended to have the parts frozen, for if this was done, not only would the operation be much more difficult, but the wound would not heal as kindly.

Dr. ROCHESTER reported a case of severe urethral hæmorrhage. A man was riding upon a bare-backed horse, and was violently jolted. He soon perceived blood flowing very freely from the urethra. A practitioner was called in who pronounced it hæmorrhage from injury of the kidney. Ice was applied to the loins and abdomen, and the patient was enjoined not to urinate. Dr. Rochester was called at midnight—found a distended bladder which was blocked up by a clot and had to be evacuated with a catheter. Very profuse hæmorrhage ensued, the blood being arterial in color, and discharged per saltum. The hæmorrhage was readily controlled by pressure upon the perineum. The persulphate of iron in doses of ten drops, was ordered every four hours, and the patient directed to urinate whenever he felt inclined to do so. In three days the man was discharged. The case was mentioned as interesting and instructive in itself, and as affording a curious instance of careless diagnosis, and consequent bad treatment in the outset.

Dr. MINER said he had been invited to call the attention of the Association to specimens of the following pharmaceutical preparations prepared by Howell and Onderdonk, of New York: Elixir calisaya, iron and bismuth; elixir pyrophosphate iron; elixir pyrophosphate iron and soda; elixir valerianate ammonia; elixir valerianate ammonia and quinine; elixir valerianate strychnia, citrate and tannate bismuth, and solution protoxide of iron. He considers them all elegant and agreeable preparations, especially the preparation of bark and iron, and bark, iron and bismuth. Bark alone, as thus prepared, is one of those medicines that amuse sick people until they get well, and is not otherwise very efficacious in the cure of disease. The preparations of iron and bark are good and useful. The simple elixir calisaya, as formerly prepared and quite largely prescribed, is a very fanciful preparation, and of insignificant medicinal value.

Dr. GLEASON observed that the formulæ for the preparations spoken of by Dr. Miner was published by Caswell, Mack & Co., and that he believes that the druggists of Buffalo can put up the various preparations of iron calisaya and bismuth, as well as the druggists of New York and Philadelphia, and at much less expense to consumers.

Dr. Boardman said that in this connection he would like to call the attention of the Association to a pliable machine-spread belladonna plaster, kept ready for use by prescription druggists. He had used it considerably of late as an application to painful swellings, buboes, boils, stitch or pain in the side, scrofulous joints, etc. Would not use it on an abraded surface. Had never observed the constitutional effects from local application and thinks it an excellent application and local anodyne in the above and similar diseases.

Dr. Miner said that twenty years ago it was quite fashionable to employ belladonna externally to relieve pains and inflammations, especially was it common for the purpose of drying up or suppressing the secretion of milk, and preventing mammary abscess; but when it is remembered how these plasters are made, the extract mixed largely with resin, so that but little, if any of the medicine comes in contact with the skin, it is doubtful if great effect is produced; it will not dry up the milk and is not a good narcotic or

anodyne. It will dilate the pupil even when used in small quantity, and is very useful for that one purpose, and of little or no value for anything else. The preparation spoken of by Dr. Boardman is elegant and the best in use.

Dr. Boardman is fully satisfied that it did allay pain in the cases that he mentioned before.

Dr. Rochester was glad that Dr. Miner had introduced the preparations of bark, iron, etc. They are elegant and agreeable, but do not think them quite as reliable or as good as the ferruginous preparations we were accustomed to use formerly, and do not believe it proper to prescribe such preparations put up in New York and Philadelphia, and scattered over the country in the style of patent medicines. Doctors ought to sustain good druggists at home and not prescribe these fancy and more expensive articles.

Dr. Gould thought that the druggists here charge quite high enough for medicines, and had heard it intimated that they allowed in some cases a percentage to physicians. Had never supposed however, that to be the case.

Dr. Gleason said that there was no association among druggists here, and no uniformity in prices.

Dr. Miner said that no respectable druggist would offer a percentage to physicians, and believed that the druggists in Buffalo were generally conducting their business in this respect honorably and honestly. He would regard allowing percentage to physicians as dishonest for both druggist and physician, and had not known either a respectable druggist to offer it, or physician to accept it.

Dr. Rochester said, it is quite common in New York for physicians to get a percentage on their prescriptions. He had never known of but one case here; that was a man who was accustomed to this course in his native country, he being a foreigner and not now in business.

Dr. Rochester moved that a committee of three be appointed to examine the Constitution and By-Laws and ascertain the expense of printing and binding the same in proper form, said committee to report at the next regular meeting. Carried.

The President appointed as such committee Drs. Boardman, Trowbridge and Wetmore.

Report on prevailing diseases being in order, Dr. Boardman reported an unusual amount of diarrhea, and said that although the disease is usually very easily checked it is unusually persistent.

Dr. Rochester had seen more diarrhea and cholera-morbus than ever before and a few cases of dysentery—no cholera.

Adjourned.

T. M. JOHNSON, Sec'y.

ART. III—*Surgical Treatment of Dysmenorrhœa.*

BY J. F. MINER, M. D.

Painful menstruation, menorrhagia and amenorrhœa, the three principal deviations from the normal condition of this secretion, have been regarded with great uniformity of opinion as arising from functional disturbance, and not until quite recently, as in any way dependent upon organic or local change. More recently it is being believed that one of these conditions, dysmenorrhœa, is generally due to closure, obstruction or narrowing of the cervical canal. Dr. Sims in his new work upon Uterine Surgery says, "Menstruation may be attended by a general malaise, but should not, as a rule, be accompanied by any very severe degree of suffering. If there is much pain, either preceding its irruption or during the flow, there will generally be a physical condition to account for it, and this will be of a nature to obstruct mechanically the egress of the fluid from the cavity of the womb. The obstruction may be the result of inflammation and attending turgescence of the cervical mucous membrane, whereby this canal becomes narrowed merely by the tumefaction of its lining coat. But by far the most frequent cause of obstruction is purely anatomical and mechanical."

Monographs and journal reports have inculcated these views, and suggested surgical operation for relief, which has been adopted by many operators in uterine diseases, until it will not be uninteresting to consider somewhat the grounds upon which these opinions are based, and the results of the surgical interference recommended.

If, as is alleged, painful menstruation depends upon obstruction to the egress of the secretion from the cavity of the womb, why is it so common in women who have had the uterine neck dilated

by the passage of a child at full time, and why is not *pain* the chief and important symptom, in cases of complete occlusion of the canal and retention of the menstrual secretion in the cavity of the womb? Can it be believed when the common uterine sound or No. 12 bougie is readily passed through the cervical canal, that the menstrual fluid meets with obstruction sufficient to produce what is termed dysmenorrhœa? Dr. Sims figures the uterus with anteflexion and narrowing of the canal; the cause of anteflexion and obstruction being a fibroid tumor "as large as an almond in the anterior wall," but in his manner of diagnosing fibroid tumors, he passes sounds, bougies, etc., etc., even when these growths are very large and fill not only the cavity of the womb but of the lower portion of the abdomen, the flexible instruments passing readily between the tumor and the thinned walls of the opposite side. It would appear probable that a fibroid tumor in the walls of the uterus, not larger than a filbert, would not obstruct the flow of thin fluid, either by its own pressure or by any flexion it would be likely to produce, but no one will believe that our present means of exploration enables us to determine the presence or absence of such a growth during life. In evidence that dysmenorrhœa is caused by obstruction, it is said that after dilatation, or incision of the neck, the pain generally subsides—that treatment proves the nature of the disease. In irritable conditions of the mucous lining of the urethra, every surgeon is familiar with the influence of allowing a carefully introduced catheter or bougie to remain for a short time each day, has observed relief from the pain of urination, which had been perhaps as severe, as painful menstruation. The relief obtained by incision, quite possibly, does not depend upon the enlargement of the outlet, but from local depletion or other easily understood influences.

It is not safe to settle this question, which has been so long left undetermined, upon insufficient ground, not so much on account of any differences of opinion which have prevailed, and do still prevail, as on account of the practical inferences which follow. If we adopt the view that pain at the menstrual molomen is due to obstruction in the uterine outlet, we at once set ourselves to devising means for its removal. If it appears that the cervical canal is too small, the questions of incision and dilatation at once present

themselves. If flexions are looked upon as such causes, pessaries with uterine stems are brought in requisition, and so it comes at last, that we attack pain at time of menstruation, with cutting instruments, sponge tents, sea tangle, stem pessaries and the whole armament of uterine surgery.

In conditions of the most perfect health the period of ovulation is attended by more or less pain; those least effected experience a feeling of lassitude, fullness and weight in the pelvis; these symptoms are slight in some instances, and in others so severe as to constitute the disease in question. At first there is an unusual discharge of mucus, which soon turns rust colored from admixture of blood, and when this discharge is fully established, upon the second or third day, the pain abates. As the menstrual period comes on, a congestion takes place in the whole generative apparatus; in the fallopian tubes and the uterus, as well as in the ovaries themselves and their contents. One of the graafian follicles is more especially the seat of an unusual vascular excitement, and becomes distended by the fluid which accumulates in its cavity, and finally ruptures. This is as near description of the condition as can be gathered from recent physiologists, and is sufficiently minute for our present purpose. If the above is correct, it would seem to leave little ground for doubt as to the natural causes of pain, and would narrow down the "anatomical and mechanical" obstruction theory, to very infrequent and unusual cases. Painful menstruation is a very common disease, much more common than anatomical change in the os or cervix uteri. The idea that nearly all cases of this nature depend upon obstruction to the egress of the fluid secreted, is only equalled in extravagance by the remedy recommended—*incision of the neck*. While it may be proper in a few rare instances to make this operation, which is probably not very dangerous, yet to claim it as the only efficient and proper remedy for dysmenorrhœa, is a proposition to be investigated before being adopted.

The subjects of this disease are more commonly young females, in which the disease often disappears spontaneously in after years, when the menstrual secretion is fully established. That uterine tumors may be the cause of pain at the monthly period of congestion, is very natural, since no morbid growths could be forming in the womb with-

out causing more or less irritation; but these growths are not often, the cause of pain at the monthly period in young females; they rarely appear until later in life. Fibroid tumors are not very frequent; if present they cannot be detected very early, if at any time, and flexions from such cause cannot be separated from flexions from other causes. It is easy to show by diagrams how a small fibroid tumor, not larger than a filbert, would cause retro or ante flexion, according to its location in the anterior or posterior wall of the womb, but it is more like the paper cities of a newly discovered country, than the actual conditions known to exist. If the presence of such growth, however, has been determined, we are not to conclude that the flexion which its situation outside the normal centre of gravity is supposed to produce, is the cause of pain either during menstruation or between the periods.

Leaving for a time menstrual obstruction, it would be interesting to consider contraction of the uterine neck as a cause of sterility, and incision as the sovereign remedy. These subjects hang together by a sort of affinity of treatment which makes it pertinent to group them, so that what may be said of incision for obstructed menstrual discharge, may also be said of incision of the uterine neck for all purposes in general. The influence of great names has brought this operation rapidly into practice, and it is adopted upon authority, rather than upon experience in its results. It is, however, necessary to test its efficacy, and with this view, its adoption to some extent, may be justifiable. This surgery has been made easy, by the invention of various instruments, the most fashionable and approved being constructed so that they may be first introduced into the womb, then the cutting blade protruded from its sheath, dividing the tissue from within outwards. Dr. Sims differs in this from the author of this practice, Dr. Simpson, and fixes the womb, making his incisions from without inwards. The very fact that these instruments can be introduced is sufficient evidence that fluid can escape, and is also sufficient proof that impregnation can take place, so far as the size of this opening may influence it.

What is the effect of incising the neck of the womb upon either side of the cervical canal? When the incision has healed, is the opening any greater? is the tissue any more yielding? is egress or

ingress any more easy? What effect is produced upon other canals of somewhat similar nature, by incising their walls, and what does experience show to be the effect of incising the uterine neck? These questions are settled already upon the authority of the best men in this department of practice, but unfortunately for the profession and fortunately for the public, they are decided in different ways, though it must be confessed that a wonderful harmony prevails in the opinion that the canal must be in some way enlarged, the diversity of opinion being upon the manner it shall be done. That there are rare instances in which it might be proper to make incision of the uterine neck, will not be denied, but that this operation is required, when sounds, bougies, uterotomes, etc., etc., are easily introduced, is denied; and it is hoped physicians will judge of this for themselves, independent of the opinions of others.

That the operation can be made with safety there can be no doubt, but will it do any good, and is it not likely to do harm when it is made? The well known tendency in cicatrization of wounds to contraction is manifest in these cases more than in most others, and whoever examines the neck of the womb three months after incision, will find induration and contraction greater than before such operation. There is no known method of preventing the union of the incision and the subsequent contraction, and those who practice it, confess inability to prevent this result. Granting then that mechanical obstruction is the real cause of pain, or narrowing of the canal the barrier to conception, is incision to be depended upon as a sovereign remedy? Whoever believes it must test its efficacy, and their victims bear the experiment. I have seen patients a few months after this operation had been performed, never a whit better, always disgusted with what had been done for them, and more earnestly than ever seeking other means of relief. Experience is the sole basis of remark upon the efficacy and propriety of incision of the uterine neck for either of the purposes mentioned; if future observation should change opinion in this respect, and show the propriety of this practice—should demonstrate that in any considerable proportion of cases favorable results follow, nothing can afford greater pleasure than to accord to this operation the credit rightfully belonging to it. It has been proposed and is advocated by the most distinguished observers,

and it seems almost like sacrilege to question the infallibility of such men. If physicians were at liberty to yield their opinions upon such questions to the dicta of others, without being first convinced of the correctness of their views, it would appear better to accept the teaching of great men, and be governed by distinguished names; but since truth is to be the only standard, so evidence and proof is to be the only governing influence. To repeat briefly: objection to this practice is based upon the idea that mechanical obstruction to the egress of the menstrual fluid is not the cause, in most instances of dysmenorrhœa, the natural and philosophical causes being indicated. Incision of the uterine neck for sterility is also opposed in all cases where bougies, sounds and uterotomes are easily passed, because if such instruments can pass, impregnation can take place so far as the size of the uterine canal is concerned. Granting the premises; incision is objected to, because the wound will rapidly cicatrize and contract and obstruction be increased rather than removed. Dilatation for similar purposes, when indicated, is less objectionable and may always be accomplished; though liable to contract like incision, it is still less likely to produce injurious effects; the canal, however, will almost always return in a short time, to its former, or nearly its former conditions.

Miscellaneous.

Our Professors and their Qualifications.

(From the New York Medical Record.)

The very responsible and honorable position occupied by medical teachers would seem to entitle them to a freedom from criticism, but that they cannot claim such an immunity is apparent in the efforts which have been made to remedy the evils connected with their calling. A great number of our professors are men who, by their profound learning, skillful practice, and extensive experience, are justly entitled to our esteem and confidence. But the proportion is much too small compared with those who are totally unqualified for the positions which they occupy. The truth

of this admission is as patent as the existence of such a state of things is mortifying. There is, in fact, not a medical school in the land that would not be benefited by a thorough sifting of its faculty, and too many would be in need of a sieve that would be coarse enough to allow the majority of the members to drop easily through.

It is easy enough, however, to prove that many teachers are not what they should be; but when we look about us for a practical plan for at once ridding the professional corps of these useless and harmful members, it becomes altogether another matter. Here, indeed, is the principal difficulty of the subject, and it does not grow any the less by the aid of any light which discussion can throw upon it.

There is no number to the suggestions which have been offered in reference to insuring a competency on the part of the professors of the schools, but they have all proved to be merely visionary when subjected to the rigid test of practicability. The reason for this is made obvious enough when we examine into the manner in which our teachers are appointed, and the claims which they have upon the different colleges for their positions. Our schools, not being under the patronage of the government, are of necessity strictly private enterprises. A number of gentlemen conclude that a certain locality is a fit one for a college, and all that remains to be done in order to act upon such a conclusion is the obtaining of a charter. This latter is accomplished generally without much trouble. The State, when it has given power to the faculty of granting, under certain expressed conditions, a diploma of doctor of medicine, does not trouble itself with reference to details. As it does not furnish any pecuniary means, the expenses of the institution must be borne by the parties who are interested, and these are most generally the teachers themselves. These are mainly self-appointed, and, of course, contribute their quota of the necessary funds. It is, after all, on their part, a purely business arrangement; a certain amount of capital is invested, and a given return is expected. If the income of the college, from the attendance of its students, is found sufficient to pay a decent percentage on the principal, we have what is usually called "a successful school."

When we consider the danger of having, under such circumstan-

ces, professors who have more money than brains, we have reasons for congratulating ourselves that our good teachers are after all in the majority; that while we have here and there an objectionable member in a faculty, we are not so badly off as we might be. This may be, in part, accounted for in this way:—Each faculty knows that, in order to gain the confidence of his patrons, and the consequent success of the institution, it must have decently qualified men to teach the different branches, and this is acknowledged to be such a necessity that brains must be represented as well as capital. The evil, then, which might otherwise be expected from the system of self-constitution, carry with themselves, to a certain extent, their own antidote.

Beyond the remedy which we here have for incompetency of our teachers, we can hardly hope to go, unless we have a centralized power in our government which shall control all appointments, and settle all questions of qualification. But there is no such centralized power in our government; and even if it did exist, its exercise would by no means be productive of those gratifying results which we see set forth in the monarchies of Europe. Our rulers, contrary to those of other countries, represent in the main the lower classes; and we have, with shame be it said, men in our high offices who are as innocent of the charge of being educated as they are of being respectable. If, then, we were to centralize the power of such officials, we should have even less surety than at present of either good teachers or respectable schools. There is, fortunately for us, no power in government which can compel the appointment of any candidate to a professorial chair in any college, or exact from such aspirant any stated qualifications. It is infinitely better for the cause of medical education that our different colleges should have such matters in their own hands. The educated portion of the community—the real patrons of such institutions—are to be the judges of the fitness of the professors for their respective positions, and they are the ones who must exact from them a compliance with their requirements. It is in this very education of the people that the safety of all our institutions for learning lies, and just in proportion as the standard is raised will our system of teaching be perfect. Arguing upon general principles, if the faculty, as a whole, is a poor one, the college

suffers; and if a very indifferent and unqualified one, the school is ruined. A faculty, for its own protection and perpetuation, must of necessity have good men, and these must be in the majority. We are glad that these bodies appreciate the importance of securing the best obtainable talent, and it is a source of gratification that their efforts have been, in a measure, crowned with success. We are, however, far from being satisfied that it is as well as it should be. There are still too many objectionable members in almost every faculty, who are poor teachers, bad lecturers, and hobbyists, and who, for the good of the respective institutions, must be weeded out. But by exercising our patience, and allowing time to bring about a demand for better men, the desired result will be effected. The current of public opinion is steadily setting in the right direction, and we have good reason to hope that at no very distant date we may be able to claim as able, as distinguished, and as experienced teachers as can anywhere be found.

Physicians' Advertisements.

(From the Boston Medical and Surgical Journal.)

The frequent abuse of the mistaken leniency which allows a physician publicly to announce or recommend himself has become so frequent among us of late as to call for some notice from us, and for stringent action on the part of our State Medical Society. Until recently the announcement of a change of residence, or of a resumption of practice, was the extent of what was considered justifiable by the laws of professional decorum, although even these exceptions have sometimes overstepped the limits of propriety by being kept too long before the public eye; but now we find newspapers of this city every day containing the advertisements of members of our body which can in no way be distinguished from those of some professional quacks. Not satisfied, moreover, with seeking notoriety by special and extra puffs in the columns of the daily journals, disgraceful exhibitions of machinery, and written promises to cure are disgracefully presented to the gaze of the passer-by in office windows, pamphlets containing accounts of wonderfully successful cases are published for public distribution, and self-laudatory circulars are issued for the medical reader.

There is another class of advertisements which is also becoming more frequent, and which, although hitherto considered at least not improper by some of the profession, is so liable to abuse in its present undefined condition, that it has become a matter worthy of grave consideration. We mean the cards of so-called specialists published in a medical journal. It is a custom which has so gradually sprung up in this city as to have become an almost recognized law among us, and we do not in the least intend to reflect upon the gentlemen who have availed themselves of its privileges. It is a custom, however, which is confined to ourselves, and which would be considered entirely unprofessional in any other part of the country. Why, then, is it allowed here? It has been urged in its favor, that it is for the public good that the profession should be made acquainted with the fact of the existence of those who have particularly studied those branches of our science which require for their mastery more time than is at the command of the general practitioner. There can be, of course, no question as to the advantage, the necessity even, of a division of labor in the study and practice of medicine. It is so well recognized in all the sciences, that we do not propose to discuss it at all. It is also desirable that the profession should know who are the most skilled in these special branches, that patients may be entrusted to those who can employ in their behalf this superiority of training. The question is, in what way shall the profession gain this information? It is evident that the mere announcement, by a published card, that Dr. So-and-so gives his specialor exclusive attention to this or that class of diseases in no way indicates his fitness or professional standing. Specialties are multiplying rapidly, and are taken up after so little preparation, in many instances, as a ready road to celebrity and wealth by the young practitioner, that the intimate knowledge of the character, education and experience of the claimant for the public confidence has become essential. It is evident that this can not be obtained from, or imparted by, the advertisement of the interested party, and that if all specialists advertised themselves, the public and general practitioners who are unacquainted with the professional reputation of the individual must, in some cases, find it as difficult to make choice of the person to whom they shall commit themselves or patients as if no

such announcement were made; not to mention the possibility of selecting one whose name would never have reached their ears through the recommendations of their professional brethren. But all specialists do not advertise. There are those who look upon the ordinary announcement upon the covers of a medical journal as a self-recommendation to the public, and who believe that the specialist is no exception to the general rule that each man's success should rest wholly upon his own merits. Evidently those who think differently gain a great advantage at the start over the latter, which would not be the case if one rule regulated the conduct, of all. Whether the custom be indirectly beneficial to the profession or not, there can be no doubt as to the self-interested motive of the advertiser.

Dressing of New Born Infants.

Dr. W. B. Fletcher, of Indianapolis, Ind., communicates to the *Cincinnati Lancet and Observer*, some remarks on the above subject that are worth reproducing. He says:

If there be one custom of time-honored folly which we have continued to this day in the "lying-in chamber," it is that absurd and cruel system of the first dressing. There is no reason for quoting from the most ancient authors to find absurdity upon this point, when our most recent text-books and lecturers give almost the same directions. But even if they did not, how many physicians ever personally attend to this important point, whereby the comfort of the child and mother are all at stake. In most cases, as soon as the child is born and the cord divided, it is tried, and the baby given to an employed nurse, some wise neighbor or friend. The question of "What will she do with it?" may best be solved by watching her. First she huddles it up in an old shawl or other garment. She is careful to cover its head, as though it were a young puppy she would smother, or rid the world of an infant cat. In a few moments some one brings water, soap, and towels, and also a heap of old linen and a trunk full of new. The good woman now turns to the blazing fire or the hot stove, that the baby may not take cold, and while the youngster implores with yells and cries, she bakes its tender skin on one side, while she dabbles its

head, eyes, mouth, and body with a vile solution of frequently very bad soap. After this ceremony has been past, (it matters not whether the child be cleaner than before,) she turns her attention to the cord, upon which she frequently deposits, slyly, some pestiferous saliva. "It's healin'," she says, and now she follows authority. 1st. She cuts or burns a hole in the center of a bit of cloth, through which she draws the cord; 2d. She places a rag upon this; 3. A rag upon that; and 4th. She puts on a "binder." Now it is upon this operation she prides herself if she be a hireling, that is the closeness and compactness with which she can pin the binder round the expanding body of the infant; 5th. She puts on a little garment, called a shirt, which is in fact without body, neck, or sleeves, as far as protection goes; 6th. She puts on the "square," with more pins; 7th. She pins on a "waist" with a long skirt; 8th. Another waist with a longer skirt; 9th. A dress. And now the baby is presentable. The doctor sees it's all right and goes home. He hears not within an hour the stifled screams of compressed lungs, that with every breath are expanding the chest, and the nurse wisely says it appears "colicky," for which it must be drenched with some damned decoction of catnip, sling, brandy, laudnum, water and molasses, etc.

The next visit, the nurse swears its a good child, only a little "colicky," but she can cure that, and away the doctor goes, where he cannot hear the little one cry, and see it dosed for screaming on account of the "cord" having become a half putrid, drying mass, glued and ulcerating to the tender belly.

Dr. Fletcher recommends the following mode of procedure, as an improvement on the above:

"My baby is first quickly washed by oiling the hand and rubbing the parts to which the secretions have adhered, and then with a soft cloth, soft water, and a trace of Castile soap, and frequently with warm water alone, the infant may be cleaned. Then I begin dressing. 1st. A bit of lint or linen, two inches square, is tied closely upon the end of the cord like a cap; 2d. The square, or diaper, of soft and old material, is put on loosely with a diaper-pin; 3d. A fine warm flannel gown, (like a woman's night dress,) with long sleeves, and coming below the feet, is put on, and thus the baby is quickly and comfortably dressed, and placed in its mother's

arms, where the temperature of her own body is food and strength for her new-born babe until the milk is secreted.

Let any physician try this plan, and he will meet with opposition from every old lady in the land. 'Why, doctor, its bowels will burst out when it cries, if you don't pin a binder on!' and a number of similar excuses for not being directed by the physician. But the physician will be rewarded by finding the infants more clean, sleeping more, and eating more than when uncomfortably dressed, and I believe less liable to umbilical hernia and ulceration about the cord. I have known children rescued from apparent suffocation by simply unpinning a close binder."—*Medical and Surgical Reporter*.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M. D.,
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Applications of the Laryngoscope.—In the July number of this journal we attempted to explain the general principle of the *laryngoscope*, and the manner of its mechanical application. Accompanying wood-cuts sufficiently illustrated the whole *modus operandi*, together with outlines of the appearance of the laryngeal opening as seen in health. Without any endeavor to be elaborate, we wish to indicate to our readers who are not as yet familiar with this improvement in laryngeal diagnosis, how it may become an important help. And in the first place we may say that it is so, both in a positive and negative manner; for while the examination by the laryngoscope may reveal well defined local diseases sufficient to account for existing symptoms, and therefore indicate precisely the plan of treatment needed for the individual case, it may also reveal the fact just as positively that no local disease whatever is present, and hence of course forbidding the endless round of swabs, probangs and caustics which have often found their way heretofore into innocent throats in the empirical hope of effecting a cure of something not well understood, but only vaguely surmised.

Modifications of the voice, and cough, are the immediate effects of morbid growths and other lesions of the laryngeal structure.

Minute fibroid bodies, or minute polypi, find their attachment on the vocal cords, or upon the parts so immediately neighboring as to interfere with their normal action—and hence as a general result there is more or less complete loss of voice, and this coming on so gradually that the patient and physician are misled into the belief that it is the legitimate result of catarrhal trouble, not involving change of structure. Sometimes instead of the aphonia, or with it, there is an irritable cough, provoked by the presence of what is simply and truly a foreign body.

In the June number of this journal, Dr. Bruhl, of this city, gives the substance of one of these interesting cases. It is taken from *Berliner Woch. Klinik*, and was operated upon by Dr. Gottstein, of Breslau. In this case there was first dry cough and hoarseness, with complete aphonia after two years, insufferable respiratory difficulty and dyspnoea. Dr. Gottstein found on the laryngoscopic examination a number of small granular bodies or papillomata attached to the posterior wall of the epiglottis, on the ventricular bands and extending downwards to the vocal cords and more or less blocking up the laryngeal cavity. These bodies were removed by proper instrumental interference, and in a very short time the patient was completely restored to her voice and general health. (See *Lancet and Observer*, page 344 *et seq.* of this year.) This case is a very instructive one, and is typical of many others to a greater extent than is generally supposed.

In his Prize Essay for the American Medical Association for 1865, Dr. Ellsberg of New York, has given a large number of cases in illustration of the presence and effects of morbid growths in the air passages. One of these is particularly interesting, especially in view of the remarkable quantity constituting the mass of morbid tissue; and occupying so much of the laryngeal cavity as to hang below the vocal cords and down into the trachea. In this case there was a harrassing hacking cough, and the voice was only a labored whisper. Dr. Ellsberg was compelled, in this case, to *educate* the fauces and epiglottis to laryngoscopic manipulations for a length of time, before operative proceedings could be resorted to. He finally, and by repeated piecemeal, removed a growth which he estimates to be equal to a hen's egg in bulk. The operation was a complete success, but vocalization was only partially restored.

A large number of additional cases are reported in this essay; most of them, perhaps, more practically useful, if not of so striking a character. Quite a number of them are cases in which there is more or less complete aphonia, and a degree of cough. Several of them are produced by the presence of small polypi having their attachment to the vocal cords, or by small fibroid growths, acting essentially in the same manner, so far as they prove laryngeal obstructions; and for the most part the removal of these growths, whatever their character, was uniformly attended with a relief of the attendant symptoms.

This is not properly the place to detail the mode of extirpating morbid growths of this character. Laryngoscopists, however, have devised exceedingly ingenious instruments adapted for these delicate operations—in the form of forceps, probes and scissors. Some of them, indeed, may be conveniently removed with chromic acid, or other escharotics; the apparatus being necessarily delicate, but the principle of surgical therapeutics being precisely as for like procedures in other localities.

But after all, in laryngoscopy, the great advantage of our new means of diagnosis is not particularly to demonstrate the presence of these local conditions of disease or growths; but it is a wonderful advance in our art that we are hereby enabled to arrive at precision in our knowledge of any individual case. Heretofore all pathological conditions of the larynx have been only arrived at by virtue of the rational signs. Sometimes these have indicated a correct plan of therapeutics—quite as frequently our proceeding has been absolutely empirical, and when a cure has been effected we could scarcely be sure whether it occurred from the remedy, or from natural causes. Now we have a case of laryngeal trouble—cough, dyspnoea, aphonia—presented to us, and we proceed to explore the physical condition of the structure with the same expectation of certainty as any other organ, the condition of which we can arrive at a positive knowledge. If we find the distinct results or presence of inflammation, we may use our swab, or inhalation with a comfortable sense of certain propriety. If we discover a polypus or other mischief making growth, we may apply a direct escharotic or resort to proper surgical appliance, aided by the laryngeal mirror; or if finally we discover *no* local disease we

may at once relieve our patient from all annoyance of probings, gargles or caustic, and address ourselves to the proper indications of constitutional treatment.

Laryngoscopy being mainly in its infancy, it is probable that its cultivators may be tempted to an exaggerated view of its importance in some respects. It is, however, more probable that with its maturity as a branch of diagnostic exploration, we shall by and by come to find new applications, and an increased range of pathological indications.—*Cincinnati Lancet and Observer*.

Use and Abuse of Poultices.

The *British Medical Journal* quotes some excellent remarks of Dr. Richardson, from his lectures delivered at the College of Physicians, on the use and abuse of poultices.

The application of moist heat in the form of poultices to suppurating parts, requires, he thinks, remodeling, in order that it may be placed on a true scientific basis. The common recommendation, "you must put on a poultice," is too often an easy way of doing something about which we were not quite sure, and concerning which it were too much trouble to think long. Mischiefs are very often done by a poultice, which might well be avoided.

When a part is disposed to suppurate, the first step in the series of changes is an increased flow of blood through the capillary surface, followed by obstruction, and thereupon by an excess of sensible heat derived from the friction that is set up. Then follows transudation of liquor sanguinis into the connective tissue, and its transformation, under the influence of heat, into what is called purulent fluid. When to the part in this state we apply moist heat, we quicken suppuration, mainly by upholding the temperature; at the same time we secure the transference of water from the moist surface into the inflamed part, by which tension of tissues is produced, and in the end yielding of tissue at the weakest point.

When the suppurating surface is circumscribed, the rapid induction of the process may be attended with little injury; but when the surface is large, and when the exuded fluid is thrown into loose structures where it can burrow readily, the practice cannot be good

to the extent of the mischief. Hence in the treatment of carbuncle and plegmonous erysipelas, it cannot be sound practice in the early stage to apply moist heat. Experience as well as principle warrants this conclusion. In cases of carbuncle especially, Dr. Richardson has of late avoided the application of moist heat in the early stages with good results.

But when in the course of local disease, suppuration is actively established and is naturally circumscribed; when the increased temperature of the part has fallen to or below the natural temperature—then the value of moist heat comes on with full force. Then the tension which is exerted determines the escape of fluid at the weakest point of the surrounding tissue, and when the fluid escapes, or is liberated by the knife, the escape for a long period is aided by the application of moist heat.

The continued application of moist heat for a long time after the escape of purulent fluid is again indifferent practice. It sustains discharge, it sets up unhealthy decomposition of fluids; it produces a thickened, soddened condition of skin, most favorable to the production of sinus; and it retards recovery. When a surface is freely open and suppurating, dry and not moist heat is the remedy. We are in want in these cases of a simple invention; we require something which we can apply as readily as a poultice, which shall keep up the temperature of the part, and at the same time take up moisture, and gently desiccate, without injuring the tissues.—*Canada Medical Journal*.

New Anæsthetic.

Dr. B. F. Gilman, introduced as late Surgeon of the U. S. Army, presented to the Chicago Medical Society several bottles of a new anæsthetic, with a circular describing its properties.

He claimed for it all the advantages of chloroform, ether or nitrous oxyde, without danger of producing nausea, vomiting or headache. The agent was a compound of meconic acid, kinic acid, codeia and thein, dissolved in alcohol and formyl.

The remarks of Dr. Gilman and his circular gave rise to considerable discussion. Objection was expressed to the name of "Narcotina," which he applied to this new agent, as being a term already

given to one of the active principles of opium. Objection was also made to the following phrases in the circular: Narcotina "is an almost instantaneous cure (?) for headache and neuralgie." "*It is free from all danger, and may safely be used by children and adults.*" Doubt was felt how far the following was absolutely correct: "It has been thoroughly tested in hundreds of cases, and is used in the U. S. Army, in hospitals in New York, Philadelphia and Boston." The question was asked to what extent codeia, thein and such agents would be vaporized and enter the lungs, by inhaling their solutions, poured on linen or sponge.

On motion, the subject was referred to a committee, consisting of Drs. Bogue, Bevan, Lyman, of Cook County Hospital, and Holmes, with the request that the committee should make use of this anæsthetic in such patients as they might find convenient, and report at some future meeting regarding its efficacy.

Termination of Motor Nerves in the Muscles.

The views of Dr. Beale relative to the mode of termination of the nerves in the muscular tissue have been pretty generally accepted in this country. Most British microscopists hold with the King's College Professor in believing that the nerves have no decided termination in the muscles, but that their ultimate fibres unite in forming a network of extreme delicacy. Abroad, however, this view has met with some opposition, and especially from MM. Kuhne and Rouget, the latter of whom has just presented a memoir to the Academy of Sciences upon the above subject. M. Rouget states that the nerve-fibre ends in a sort of terminal *plate* or disc; and in answer to Dr. Beale's denial of such a mode of termination he writes: "I shall only reply, that all other observers who have devoted themselves to this subject, MM. Krause, Kuhne, Waldeyer, Englemann, and Letzerich, and still more recently, MM. Conheim and Vulpian, have all admitted the existence of the terminal plate, and its entire independence of any nervous network." Mr. Rouget laid before the members of the Academy some photographs of microscopic preparations of tissue, which he said demonstrated the following conclusions:—(1) The terminal

division of the *axis cylinder* of the motor nerve-fibre constitutes by anastomosis and fusion a terminal expansion of finely granular substance identical with that of the terminal filaments of the corpuscles of Pacini, of the ultimate nervous lamina of electric plates of fishes, etc., and in immediate contact with the contractile substance of the primitive bundle. (2) This nervous expansion is traversed in every direction by minute canals, establishing a connexion between the numerous nuclei of the *plate*, and communicating probably, on the one hand, with the space intermediate between the sarcolemma and the contractile fibrillæ, and on the other hand, with the interstice between the matrix of the nervous tube and the medullary layer—an arrangement which is doubtless related to the special action of certain poisonous substances upon the terminal extremity of the motor nerves of animal life. M. Rouget's paper will be found in the *Comtes Rendus*, June 25th.—*Lancet*.

CONTRIBUTIONS FOR THE MEDICAL VOLUME TO BE PUBLISHED UNDER THE DIRECTION OF THE SANITARY COMMISSION.—Our readers are doubtless aware that a series of volumes is to be published under the direction of the Sanitary Commission; the different volumes to be devoted respectively to a History of the Commission, to Hospitals, to Military Hygiene, to Surgery, and to Medicine. We are requested by the editor of the volume on Medicine to invite any who served as surgeons or physicians during the war, either at the North or South, to contribute articles relating to camp diseases. All articles received will be carefully examined, and if incorporated in the work, due acknowledgment will be made to the authors. Articles relating to any of the diseases which prevailed in the armies of the United States or among the Confederate troops, will be gladly received. As the volume will be largely circulated, it will be a desirable medium for the diffusion of important facts and conclusions, based on the experience of those who held medical positions during the war. Articles should be sent, if possible, by the middle of September, or, at the furthest, by the first of October. They may be directed to the Medical Committee of the Sanitary Commission, No. 21 West 12th street, New York City. Editors of Medical Journals are respectfully requested to insert this notice.—*N. Y. Medical Journal*.

Urachus Pervious after Birth.

Dr. G. J. Townsend relates (*Boston Medical and Surgical Journal*, Sept. 6, 1866,) the following case of this: "I was asked to see a little negro five days old, of mixed parentage, and was told he was passing his water through his belly. On inspection, sure enough, every time the infant cried or made any great exertion, the urine bubbled freely from the umbilicus. The cord had separated normally, and the child was in every other respect vigorous and healthy. There was very evident ulceration of the surface, left by the separation of the cord. The question whether the urethra was pervious was solved at the time of the visit in the affirmative, a fair stream spirting forth *per vias naturales*.

The presence of ulceration at the orifice of the abnormal duct rendered the process of obliterating it very simple. The ulcerated surface was freely canterized, and the edges of the opening were brought into close apposition and kept there by a strip of adhesive plaster, firmly applied in a longitudinal direction. This was still further secured by a compress of cork covered with wash leather, and kept in place by being stitched to a close-fitting swathe.

The presence of ulceration in this case may be thought to have some bearing upon the question as to the manner in which the cord separates, whether by a process of ulceration or absorption. But the ulceration was evidently an accident here, and caused by the acrid fluid passing constantly over a new and delicate surface, and was healed at once by the arrest of the flow. The patient was well in four days, when the swathe was removed.

Cases of this kind are believed to be very rare, the urachus shrivelling up in the human fœtus in the earlier stages of fœtal life."

CITRATE OF SODA IN DIABETES.—M. Guyot-Danecy, basing his practice upon the theory that diabetes arises from imperfect combustion of the glucose of the blood, proposes to employ citrate of soda in order to supply the alkaline carbonate which is necessary to the progressive chemical change of the glucose. He substitutes the citrate for the carbonate, because, he says, it does not affect

the function of digestion. He administers the salt in doses of from four to eight grammes. His analysis, he alleges, demonstrate that sugar disappears from the urine after the administration of the citrate. Citrate of soda may be mixed with food instead of salt, and with it the use of ordinary bread and starchy matters ceases to be objectionable.—*Lancet*.

INSUFFLATION OF MEDICATED POWDERS IN GLEET.—Dr. Mallez has contrived an instrument by which medicated powders can be conveyed to the membranous portion of the urethra, a region where lies the cause of the gleet, and which region ordinary injections cannot reach. The instrument is chiefly composed of a catheter opened at both ends, another which glides into it, and an apparatus for receiving and projecting the powders. M. Ricord presented the instrument to the Academy of Medicine of Paris, and cases are mentioned in which excellent results were obtained by insufflating subnitrate of bismuth. It is plain that, by previous micturition, the powder may remain hours in the passage; and it is thought that the vagina, uterus, or any fistulous tract may perhaps be reached in the same way.—*Lancet*.

NATURE OF THE HEART'S CONTRACTION.—M. Marey has been studying the action of the muscles of the heart in comparison with that of the ordinary muscles, and has communicated the results of his researches to the French Academy. The contraction of the muscular fibres of the heart, like those of the bands of non-striated muscle, are continuous, and not vibratory like those of the ordinary muscles. In order to establish a relation between the phenomena of contraction in the two sorts of muscular tissue, M. Marey says that a ventricular systole, however slow, corresponds to a single muscular contraction, and that thus a systole holds the same relation to a contraction that a muscular vibration (with ordinary muscles) does to the peculiar sound or musical note it produces.—*Lancet*.

Editorial Department.

What nature does in disease, and what the physician can do, embraces the whole practical field of medicine, and cannot be expressed in detail, or outlined even, without including what we know, and what we do not know. Any just appreciation of what nature does, grows out of a clear understanding of the natural history of disease, of its symptoms, causes and termination, uninfluenced by remedies. A clear discrimination between the workings of natural causes and the influences of art, are necessary in arriving at truthful estimates of the value of medicine. There is no end to the amount of published discovery in our profession, and great sagacity is required, to rightly estimate the claims which are made to improvement in every department. Great changes and wonderful discoveries have actually been made within the last few years—the old routine of thought has been broken in upon; authority, another term for the influence of great names, has lost some of its control—physicians follow less dependently the guidance of distinguished leadership, are more at liberty to observe for themselves, and less ready to accept the teachings of others without personal investigation. The effect of this condition of things, is manifest in the advance of scientific research, in the rejection of errors which had been entertained for years, and in a more rational appreciation of the influence of natural causes in recovery from disease or its termination in death.

Disease may be said to be, in general terms, deviations from health in function or structure—accidents which occur in the growth, formation and renewal, of animal life. We are born, grow old and die, death itself as truly as truly in the natural course, as life and growth. Disorders of function, interruption in the smooth working of mortal machinery constitute the major part of the ills of life, while deviations in structure or growth, comprise the more intractable maladies. The forces by which animal life is propelled are sufficiently in excess of the demand required for ordinary locomotion, so that the “up grade” of disease is generally, almost always, for a time at least, overcome, until at length, when time has lessened the moving force, decay and death take the places of life and growth; then diseases cease to disappear, and the normal affinities of life, give place to the precipitations and dissolutions of death. Disease of function manifests natural tendency to recovery, and in general ends in it, when uninfluenced by art; disease of structure has tendency in this direction less strongly marked, and that form of it which has been called malignant appears wholly incorrigible, neither nature or art having any controlling influence. These truths have been ignored to a certain extent, and even now physicians unwillingly admit the dependence they place upon the operation of natural causes. It has been made to appear if possible that results were wholly due to medicine which were really due to nature alone, as though the credit of cure, was greater than the honor of perfect knowledge, of complete familiarity with the workings of nature. The true physician is now more widely and manifestly separated from the empiric, by a full recognition of these facts, than by any differences in the use of remedies. The more a physician

knows of what nature does in disease and what a physician can do, the greater his confidence in it, and the less his dependence upon drugs.

The great tendency of our time, is to attempt too much; every improvement is heralded with the enthusiasm of its discoverer; every new operation or modification of an old one is placed pre-eminently before the medical public; even the trivial detail of unimportant manipulation comes announced as something new, until the ranks of the profession are filled with presumption and pretention scarcely less than the lines of unscrupulous charlatans and mountebanks.—The public have no appreciation at all of what nature does in disease, and half believe that the physician holds the governing control. What medicine can do, has always been written and talked, until the most senseless propositions are easily received as established truths. Failure upon the part of physicians to impress the public with this great fundamental and central truth, has no doubt contributed to the prevalence of error, and a desire with invalids to change their line of practice whenever a more *promising* plan is presented, regardless of every consideration, except, that they are not better, believing that the medicine must be in fault, and not the nature of disease. The united influence of the educated medical mind upon the community is all powerful; and when it is faithfully directed to the impression of an essential truth, it cannot fail of obtaining the desired object. The real truth in medicine is but rarely and imperfectly presented to the public, so that from necessity they are disqualified to judge of its merits. It has never been attempted to educate the masses in matters of disease, and greater ignorance prevails in this direction, with in other respects intelligent individuals, than in any other department of knowledge. Diseases and the influence of remedies, are not made the subjects of popular discussion by intelligent physicians, but the whole field is given over to the ignorant, unscrupulous pretenders, who flood the world with the most monstrous absurdities, for personal gain, and practice upon the credulous and superstitious the vilest impositions.

It will be replied, that the great mass of mankind are uneducated, and consequently incapable of impression in this direction, and that it is unbecoming the dignity of the profession to attempt to give the public its principles of action. Too long this objection has been the controlling argument, until it appears probable that the best and only remaining means of retaining confidence and insuring respect, is by plain and truthful declaration of what nature does in disease, and what the physician can do. It is true that the intelligent in other departments of knowledge, sometimes adopt the most foolish and inconsistent notions in medicine, but this grows out of the truth, that they have never been instructed in what nature or medicine can do, and though wise in some respects, they yet know nothing at all in others. It is painful to observe the ignorance which often prevails with members of the other learned professions, in all the essential truths of medicine; to see the Doctor of Divinity advocating inconsistencies in medicine, greater than idol worship, in theology. Legal minds appear to have digested the force of evidence more perfectly, and to their credit it may be said, they are less liable to adopt palpable error; but it is not improbable but even with the legal profession some false premises are assumed unknowingly. Of these conditions no

complaint can reasonably be made; physicians even "wander upon the dark mountains and perish." Men are not capable of seeing or judging alike, and there is no hope of an approaching day, "when truth shall be seen unmixed with error. While this is true, it is not right, it is not fair, it is not being true to ourselves, the profession, or the world, if the most earnest effort, both private and public, is not made, to prevent the adoption of error, to place the truth fairly by its side, and to give appreciating people opportunity to judge correctly. The popular press is given over wholly to the dominion of quackery; its advertisement sheets and editorial columns are alike filled with copy written by the charlatans and impostors, who throng our cities and large towns, and announce their "distinguished names and great cures." We would not wrest from their unholy hands these powerful weapons, but would rather protect their innocent victims. We would allow the itinerant mountebank to purchase newspaper puffs while his funds last, but would cut off his supplies by infusing into the community a true knowledge of what nature does and what a physician can do.

Books Reviewed.

DA COSTA'S MEDICAL DIAGNOSIS. Second edition.

It is but a few months since the first edition of this work was placed upon our table and noticed in our pages. We have but little to add, to what we said on the former occasion. The sale of a very large edition in the short space of eighteen months shows conclusively that the profession agree with us in our opinions of the work, and that it has been received with great favor. The author says in his preface to his second edition that "the volume has been revised, and about ninety pages and twenty-two wood-cuts added, mainly on subjects which in the former edition were but briefly touched upon. The chief additions will be found in the chapters on Diseases of the Brain, of the Larynx, of the Blood on the Urine, and on Paracites, and in the section on Abdominal Enlargement, though new matter has also been incorporated in other parts of the book." This work as a guide in the discrimination of disease, is without doubt unexcelled in our language, and owes its deserved popularity to its clear and truthful descriptions of disease as well as the discriminations made between different diseases.

A careful analysis of the symptoms of disease is indispensable, in correct diagnosis, and the daily habit of investigation and comparison is necessary to appreciate their import and the relation they hold to each other. The elements of a correct and accurate diagnosis are happily presented in this book, and its careful pursuit will repay the attentive reader. Mental acumen, the power of nice discrimination, the ability to judge correctly are essential for correct diagnosis, not less than faithful descriptions of disease and knowledge of the symptoms by which diseases are manifested. It is perhaps in this respect more than in any other, that mental strength is manifested, and nothing adds so much to the reputation and

standing of a physician as the ability to discriminate correctly the import and relation of the various symptoms of disease. The general plan of this work, and the numerous subjects of which it treats have been already described and are sufficiently understood by all our readers. This volume will be highly prized by all who would understand the nature of disease and accurately discriminate the import of its varying symptoms.

Transactions of the Indiana State Medical Society at its Sixteenth Annual Session, held at Indianapolis, May 15th, 16th and 17th, 1866. Published for the Society.

This volume of the Transactions of the Indiana State Medical Society has several interesting and valuable essays embodied within its pages. The President, Dr. Harding, in his Inaugural Address, directs the attention of the Society to the effects of climate and temperature upon the health and national character of communities, and says that "much that is obscure and imperfectly understood, as yet, of the causation of disease, and especially of an endemic or epidemic character, will be connected and explained by a more familiar acquaintance with laws governing climatic and meteorological phenomena. This broad and comparatively uncultivated domain belongs, legitimately, to the medical profession; and doubtless some patient and philosophic laborer in this important field of inquiry, will yet make discoveries, as to the cause and prevention of disease, that will shed lustre on our profession, and entitle the discoverer to the distinction of being classed with the greatest benefactors of the human family."

Medical Electricity; Nervous Diseases. By ALFRED C. GARRATT, M. D., Fellow of the Massachusetts Medical Society; Member of the American Medical Association, etc., etc.

This is a volume of near 1100 pages, and must contain all that is known of Electricity and Electro-Therapeutics. We have not had time to carefully peruse the book, and must confess personal ignorance of nearly the whole subject. Electricity probably has some influence in disease, but we have never been able to make it available as a remedy, and have consequently no very great confidence in its curative virtues. Without expressing any very positive opinions or claiming much experience we propose to give our readers a quotation from the author's preface, hoping in this way to give a more truthful idea of the work than could be otherwise possible.

"When I first directed my entire professional labors to this difficult department of *special* medical practice, (after having been engaged in the general practice of medicine for nearly twenty years,) to speak mainly in the words of another—I did so with the fullest sense of their importance, in two relations: first, as they related to my own future career and reputation; second, as related to the advancement of the healing art, and the immediate relief of a no small class of otherwise unreached, afflicted, and suffering persons. I was fully aware that my position, my views, and aims might excite misapprehension, because the hitherto

very general association of the empirical uses of electricity, with quackery, throughout the length and breadth of our country, would naturally lead to some erroneous verdict, at least until my true position might be correctly and definitely defined.

But one word further. Our art is *one* art. Each branch is but a part of the whole, and simply, "*e pluribus unum.*" It is too late to be sticklers for creeds or isms, for pathies or systems; only let each be honest and earnest in his professional sphere. The author is desirous that this should no longer be termed a "*System*" of practice, but merely *the electric remedies*, etc., and that we take special pains to eradicate those false notions from the minds of the people.

I wish here to call particular attention to the fact, that almost no allusion is made in this work to the simultaneous employment of medicines with electric treatment. This is *purposely* omitted; but it must not necessarily follow that it is to be omitted in practice, if we wish to gain the greatest possible amount of improvement for the patient in the least possible time. Indeed, it will often be noticed that a skillful use of electric currents will *quicken* the action, and *heighten* the effects of internal medicines. Often, cases will be presented that promise success only in this way.

Again: like many other potent remedies now, as heretofore, employed in the treatment of diseases, electricity is greatly valued for its given effects, in certain cases, by a small portion of the profession who have thoroughly investigated it, among whom are some of the most distinguished names; while another portion of the profession, equally respectable, think but little of it; and others there are who discard it altogether. But when it is shown that the nerves, muscles, and many of the secretions can be more surely and more uniformly called into their natural action by means of electricity than by any other known agent, and that the *degree* and *kind* of that effect is *widely different*, according to the form, quantity, or intensity of the electricity employed, and that again modified as *widely*, according to the *methods* of administering the dose at each *séance*, it is to be expected that the existing differences of opinions as to the healing power, or the manageable and remedial value of electricity, will be more nearly harmonized, and that on an intelligent basis.

It must not be thought certain that the electric current exercises an inworking influence only on or through the nerves and muscles. It is, on the contrary, my intention to aid medical men to become familiar with the idea, that all textures of the living animal body, being saturated, as they are, with the saline solutions of the blood and other secretions of the animal economy, are peculiarly accessible to the chemical and mechanical workings of the static, galvanic, and electro-magnetic currents. However, to my own mind, it is only by the most minute and slowly maturing experience in the analagous workings of these currents in different living tissues, that insight and confidence can be obtained, which are so necessary for the rational application of electric currents for curing diseases. I trust this work will present a phalanx of facts, as well as many original, practical directions for obtaining physiological and therapeutical results, that will be found worthy of a candid attention, and lead on to fresh researches in this inviting department of medical science.

Finally, the author of this work has aimed by directness, thoroughness, and extent of practical research, thus presented by himself or by accredited authorities; by ample plates of apparatus, and of anatomy; by great simplicity in style, and freedom from technicalities as far as possible, (also by *term Explanations*,) to present this whole subject of *Medical Electricity* in so clear and simple a manner as to be readily understood by any one of ordinary intelligence; hoping it may invite into this hitherto neglected, but intensely interesting and profitable study of Electricity, as it relates to human life and health, to the cause and cure of disease, all ranks of the medical profession, as well as help to initiate the younger candidates for its labors and its honors, in years to come, to a still more rational view of diseases and their remedies; to all of whom, or whosoever reads, it may prove an exposition of this subject at once elementary, "practical and substantial."

Possibly our readers can appreciate from the author's own description of his book something of what he has attempted. The work is more obnoxious to criticism than most books upon scientific subjects; but, perhaps, the earnest seeker for truth may find it within the compass of this volume.

Instructions on the Preparation, Administration and Properties of Nitrous Oxide, Protoxide of Nitrogen or Laughing Gas. By GEORGE F. BARKER, D. D. S., Professor of the Principles of Dental Surgery and Therapeutics in the Philadelphia College of Dental Surgery, etc., etc. Philadelphia: Ruben came & Stockton, 1866.

The peculiar exhilarating properties of nitrous oxide have long been known, and its employment as an internal remedy has been repeatedly practiced for some time however with but little success. The monograph under consideration is especially devoted to the discussion of its anæsthetic properties, attention to which has recently been called, the author claiming for it a prominent place in the list of anæsthetics, and ascribing to it properties possessed by no other similar agent with which we are acquainted. He presents the subject in a lucid and practical manner, considering in succession the properties both chemically and physiologically of nitrous oxide, its mode of its administration and the apparatuses employed for the same. An instrument for generating the gas has been invented by the author, by which he is enabled to keep it on hand for any length of time. We would cheerfully recommend to all those of the profession who desire to investigate this subject and those who employ this agent for its anæsthetic properties, this work, which embodies all that is known regarding its preparation and mode of administration.

Books and Pamphlets Received.

Elements of Medical Chemistry. By B. HOWARD RAND, M. D., Professor of Chemistry in Jefferson Medical College. Philadelphia; T. Elwood Zell & Co., 1867.

Therapeutics of Zymotic Diseases. By Edward B. Stevens, M. D., of Cincinnati.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A. B., A. M., M. D., Professor of the Principles of Surgery, Military Surgery and Hygiene, and of Fractures and Dislocations in Bellevue Hospital Medical College; Surgeon to Bellevue Hospital and to the Charity Hospital, New York; Professor of Military Surgery, etc., in the Long Island College Hospital; author of a Treatise on Military Surgery. Third edition, revised and improved. Illustrated with 294 wood cuts. Philadelphia: Henry C. Lea.

A Practical Treatise on the Physical Exploration of the Chest, and the Diagnosis of Diseases affecting the Respiratory Organs. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital; Fellow of the New York Academy of Medicine, etc. Second edition, revised. Philadelphia: Henry C. Lea.

A Hand-Book of Ophthalmic Surgery for the use of Practitioners. By JOHN Z. LAURENCE, F. R. C. S., M. A. (Unv. Lond.,) Surgeon to the Ophthalmic Hospital, Southwark; Editor of the Ophthalmic Review; Member of the Heidelberg Ophthalmological Society, of the Universal Ophthalmological Society, of the Pathological Society of London, of the Harveian Society, of the Society of Practical Medicine of Paris, of the Society of German Naturalists and Physicians, and ROBERT C. MOON, House Surgeon to the Ophthalmic Hospital, Southwark. With numerous illustrations. Philadelphia: Henry C. Lea.

A Practical Treatise on Diseases of the Skin. By J. MOORE NELIGAN, M. D., M. R. I. A., etc. Fifth American from the second revised and enlarged Dublin edition. By T. W. BELCHER, M. A., M. D., Dublin; Fellow, Censor, Examiner in Materia Medica and Medical Jurisprudence, and in Arts, and Honorary Librarian, King and Queen's College of Physicians in Ireland; Honorary Member of the Cork Medical Society; Physician to the Dublin Dispensary for Skin Diseases; and sometime one of the Physicians to the Cork Fever Hospital. Philadelphia: Henry C. Lea.

Transactions of the Twenty-First Annual Meeting of the Ohio Medical Society, held at Ohio White Sulphur Springs, July 19th, 20th and 21st, 1866.

Class in the Medical College.

From present indications, the next class in the University of Buffalo will be larger than ever before; the preliminary term, now nearly completed, gives promise of its being unusually large and intelligent. The increasing popularity of this school is sufficient evidence of the energy and capacity of its professorial staff, which, so far as we are informed, remains unchanged. The importance of ophthalmology, laryngoscopy, orthopædia and other divisions of medicine and surgery demand increased attention—at least some of these subjects could, no doubt, be more fully introduced with great advantage to the classes, even if by so doing, portions of the former curriculum of teaching was somewhat interfered with. These subjects are the attractive topics of professional observation and pursuit at the present time, and to pass them over almost unnoticed, is to forget the living present and study the classical and historical past. This institution is now wealthy in essential strength, and can afford to assume any elevation of standard it chooses. Its teachers understand better than any one else, what it and other similar institutions most need.

Exchange Journals.

The following Journals are regularly received in exchange:

London Lancet—Editors, J. H. Bennett, M. D., T. Wakely, jr., M. R. C. S. E.
Braithwaite's Retrospect of Practical Medicine and Surgery. New York: W. A.
Townsend, 434 Broome street.

The Ophthalmic Review, edited by J. Z. Lawrence and Thomas Winslow.
London.

American Journal of the Medical Sciences, edited by Isaac Hays, M. D.

Boston Medical and Surgical Journal, edited by Samuel L. Abbott, M. D. and
James C. White, M. D.

The American Journal of Insanity, edited by the officers of the New York
State Lunatic Asylum.

The New York Medical Journal.

The Cincinnati Lancet and Observer, edited by Edward B. Stevens, M. D.
and John A. Murphy, M. D.

The St. Louis Medical and Surgical Journal, edited by M. L. Linton, M. D. and
Frank W. White, M. D.

The Medical Record.

The Chicago Medical Journal.

The Chicago Medical Examiner, edited by N. S. Davis, M. D..

The Medical and Surgical Reporter, edited by S. W. Butler, M. D.

The Cincinnati Journal of Medicine, edited by George C. Blackman, M. D..
Theophilus Parvin, M. D. and Roberts Bartholow, M. D.

The Richmond Medical Journal, edited by E. S. Gaillard, M. D. and W. S. Mc-
Chesney, M. D.

The Savannah Journal of Medicine, edited by Juria Harris, M. D., J. B. Read-
M. D. and J. G. Thomas, M. D.

The Medical Reporter, edited by J. S. B. Alleyne, M. D. and O. F. Potter,
M. D.

The Detroit Review of Medicine and Pharmacy, edited by George T. Andrews.
M. D., S. T. Duffield, M. D. and E. W. Jenks, M. D.

Atlanta Medical and Surgical Journal, edited by J. G. Westmoreland, M. D.

The Medical and Surgical Monthly, Memphis, Tenn., edited by Frank A. Ramsay,
M. D., D. D. Saunders, M. D., E. Mills Willett, M. D. and William H. White,
M. D.

Southern Journal of Medical Sciences, edited by E. D. Turner, M. D., D. Warren
Brickell, M. D. and C. Beard, M. D.

The Pacific Medical and Surgical Journal and Press, edited by Henry Gibbons,
M. D.

The Galveston Medical Journal, edited by Greenville Dowell, M. D.

The New Orleans Medical Record, a semi-monthly Journal of the Medical
Sciences, edited by Bennett Dowler, M. D. and S. R. Chambers, M. D.

The American Journal of Pharmacy, edited by William Proctor, jr.

- Medical News and Library, by Henry C. Lea, Philadelphia.
- The Druggist's Circular and Chemical Gazette; The Journal of Materia Medica, by Joseph Bates, M. D. and H. A. Tilden.
- The Dental Cosmos, edited by J. H. McQuillen, D. D. S. and George J. Zeigler, M. D.
- The Atlantic Monthly, published by Ticknor, Fields & Co., Boston.
- Godey's Lady's Book, published by Louis A. Godey, Philadelphia.
- The Herald of Health.
- Eclectic Medical and Surgical Journal, Philadelphia.
- Eclectic Medical Journal, Cincinnati.
- American Eclectic Medical Review, New York.
- Eclectic Medical Journal, Cincinnati, Ohio.
- Philadelphia University Journal.
- Dental Register, Cincinnati.
- The Nation.
- Every Saturday, published by Ticknor, Fields & Co., Boston.
- Educational Monthly.

BUFFALO
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No. 4.

Original Communications.

ART. I.—*Verdict against an Apothecary for an alleged mistake in putting up a Prescription.* BY J. R. LOTHROP, M. D.

(CONCLUDED.)

In a preceding article an account was given of testimony in the case, some of which was certainly of a most extraordinary character. In the present, there will be an attempt to state what is at present known or believed, upon the subject of the action and properties of veratrum viride. At the trial it was stated by the main medical witness for the plaintiff, that all the hellebores contained the alkaloid veratria. The kinds of hellebore were enumerated, viz: the white, green and black. It is needless to state to a well informed medical man, that black hellebore has no botanical affinity with the others, is not classed with the others in any system of *Materia Medica*, and has never been stated to contain the alkaloid veratria. Of course it will be perceived, the bearing of a question on the part of counsel to bring out such a statement, was to make a strong impression upon the minds of the jury, as to the poisonous nature of hellebore by whatever name known, whether white, green, or black. It was established that veratria was a poison, and if all hellebores contained veratria, they were poison also. Unfortunately on the part of the defence the error of this statement was not clearly brought out, so that with the confusion of several kinds of hellebore, and that arising from the names veratrum and veratria,

it would not be strange if the jury were convinced that all hellebores contained veratria and were equally poisonous. As regards veratria, it is true, it is an intestinal irritant, and will produce bloody discharges for a longer or shorter time, and is said by some to cause intestinal inflammation; this is equally, or we may say more true, of the veratrum album from which it is obtained.

It is, then, an important inquiry: does veratrum viride or green hellebore, contain the alkaloid veratria? Dr. Osgood, who wrote an elaborate essay upon the properties and actions of veratrum viride, stated that he obtained by chemical process a white powder which he supposed to be the alkaloid of the plant. Mr. Thos. A. Mitchell also obtained by analysis a white powder which he thought to be the active principle. But neither of them declared, if they suspected, that the white powder found by them resembled in any way veratria. In fact if they did make any chemical experiments to prove its identity with veratria, they did not announce them, and Dr. Osgood only states that the powder was inodorous and acid.

Not long after Mr. Worthington made a complete analysis, and the result of his researches was the finding of "an alkaloid substance identical with veratria." This was the first announcement that the plant contained such an alkaloid. Not long since Mr. Richardson satisfied himself by careful analysis and tests, that an alkaloid identical with veratria existed in the veratrum album. About the same time Prof. Percy of New York, obtained from the plant "a very fine, white, amorphous powder, possessing all the physical properties of veratria." In 1862 Mr. Scattergood of Philadelphia made a very careful comparison of the alkaloids derived from the white and green hellebore, and he also was satisfied that they were identical.

On the other hand, Mr. Charles Bullock of Philadelphia, in two recent numbers of the *Journal of Pharmacy*, Sept. 1865 and March, 1866, after giving the processes employed by him to separate, and the re-actions of the active principle, (or principles, as he found two,) of veratrum viride, makes this statement: "The re-actions of both these principles with sulphuric acid, carefully repeated, and with hydrochloric acid, tend to the belief that neither of them is veratria, properly considered, although this and the department

with other re-agents, show a close connexion between them." In a second communication in March, 1866, after stating that the object of his second investigation was "to obtain information whether the alkaloids obtained from the plant (*veratrum viride*) were *identical* with *veratria*," he goes on to say as one point in the summary of his investigation, "that *veratrum viride* contains two alkaloids—one soluble in ether, and the other insoluble in that menstruum. *Neither of these principles answer in their chemical reactions to veratria.*"

Prof. Percy states, that "sulphuric acid is the only one of all these [re-agents] that can be deemed decisively confirmatory of the presence of *veratria*." With this acid, *veratria* changes from a light yellow to bright blood red, then crimson, which latter color lasts some hours. According to Mr. Bullock the alkaloids of *veratrum viride* when treated with concentrated sulphuric acid give the following re-actions: "dissolving to a reddish yellow color, which changes to ochery red, then to reddish brown, and finally becoming brown." This re-action, if reliable, differs essentially from that of *veratria* with the same re-agent.

It was shown by Trapp of Russia in 1863, that *veratria* in cold hydrochloric acid dissolved to a *colorless* solution; when boiled it assumed a red color, that finally became intense, resembling that of permanganate of potassa. Of this test Mr. Bullock remarks: "this re-action is very sensitive, even with impure *veratria* of commerce—the color remaining with little change in a closed test tube, after the lapse of ten days." He found, however, upon applying this test to the alkaloids of *veratrum viride* that both "dissolved in cold hydrochloric acid to faint *yellow* solutions; boiling deepened this color. After standing twenty-four hours, the solutions assumed a turbid *greenish* color." This re-action again, it will be perceived is very unlike that of *veratria* with the same re-agent.

These re-actions have been detailed to show that the investigations of Mr. Bullock are the most recent, and apparently made with great care; and they seem to be very decisive in their bearing upon the question of the existence of an alkaloid in *veratrum viride* identical with *veratria*. They certainly show a very great dissimilarity in their chemical properties. They are not therefore

identical. We may assume that their therapeutical actions are also different, though this is rather a matter for proof than inference, as substances having like chemical affinities do not always have like actions as medicines.

But apart from inference, the observations of Prof. Percy and others clearly indicate that the therapeutical action of the alkaloids derived from *veratrum viride* is not identical with that of *veratria*, and though the difference in the action of the alkaloids is not so great as that in the actions of the plants from which they are obtained, viz: the *veratrum viride* and *album*; yet it is distinct enough to warrant the belief that they are not the same.

Dr. Stillé in his excellent work says, "the botanical affinities of the plant, and its action upon the animal economy, render it probable that its virtues are owing to *veratria*, the active principle of *veratrum album*." In his first edition he added, "but the experimental proof of this supposition is still wanting." In the second edition this last clause is omitted, though he gives nothing new which seems to have determined him to give over his doubts and admit the proposition, except a statement that Dr. Uhle of Dorpat, analyzed a specimen of *veratria* obtained from the green hellebore sent him from New York, and he found it identical with that obtained from the *veratrum album*.

Dr. Wood in the latest edition of the Dispensatory, after noticing the most recent investigations as to the properties and actions of the *veratrum viride*, says: "A very important inference is that there is a principle in the American hellebore distinct from *veratria*, upon which its remarkable powers over the circulation depend."

To sum up the authorities upon the subject, if we give most weight to the latest investigations, we are warranted in saying that, as far as the chemical properties are concerned, the alkaloids derived from *veratrum viride* and *veratrum album* are entirely distinct, and that *veratrum viride* does not contain *veratria*. It must, however, be conceded that the opposite opinion is supported by the greater number. We must on all questions weigh authorities as well as count them.

When we consider the question in its therapeutical aspect, we are clearly entitled to infer that no identity of action exists, or has

been claimed. The alkaloids from both plants are stated to act similarly, but not exactly alike. But even admitting that the alkaloids from both plants are identical in properties and actions, Prof. Percy states that the alkaloid exists in the *veratrum viride* in very small quantity, so that in a considerable dose the amount would be too small to expect from it any sensible effect.

When we consider the actions of the plants themselves, we find they differ widely in their effects. This of itself leads to the inference that the active principles of the plants are different. If we admit that the alkaloids of each when isolated act pretty much alike, we shall be obliged to assume that in the *whole* plant their action is modified by other principles that account for the difference. In the case of *veratrum viride* it is something distinct from *veratria*, as we get it from *veratrum album*. But in the case of *veratria* from the *veratrum album*, its effects may be taken to be, in the main, those of the whole plant from which it is obtained. We must then, conclude, either that the alkaloid isolated from *veratrum viride* and called *veratria*, is not the same as that obtained from the *veratrum album*; or that if the same, it is in the plant in such small quantity, or so associated with other principles, which are more active, that it loses its power to act at all as *veratria*. In either case it is not to be taken into the account, in estimating the actions of *veratrum viride*; for either it is not *veratria*, or if *veratria*, it loses its distinct action by association with other principles. *Veratria* obtained from the *veratrum album*, is spoken of by Dr. Stillé as causing in animals "a copious discharge of liquid with mucus and even blood from the bowels, with spasmodic retraction of the abdominal walls;" if *veratrum viride* contains the same alkaloid, what is it that robs it of its power, when in the plant, to produce these effects?

This brings us to the question of so much importance in the case above related, viz: whether *veratrum viride* can in any proper sense be called a purgative. It is well known that one of the marked effects of *veratrum album*, when given in full doses, is excessive purging; frequent discharges of mucus and blood taking place. It is undeniably in large doses a violent irritant of the bowels, pretty uniformly causing purgation. In this respect it differs radically from *veratrum viride*, which, according to the expe-

rience of most observers, never, or very rarely acts as a purgative. This difference is so radical as to constitute in itself a sort of proof that the active principle in each is different.

If we examine the testimony of writers upon the subject we find this statement confirmed by the great majority. Dr. Osgood, in his essay in 1835, said, after a pretty free use of it, that according to his experience the *veratrum viride* "has not the slightest laxative effect." Much earlier than this, Dr. John Ware of Boston, gave it in thirty cases, in order to ascertain its effect upon the stomach and alimentary canal. He used the powder in doses as large as ten grains, and "in no instance was it very clear that purging was produced." Dr. Norwood, well known in connection with this plant, stated: "it is not cathartic by any means." Mr. Worthington, in several trials upon himself, found that "in neither trial was there a disposition to catharsis." Dr. John Bell of Brooklyn, in a Report on *Materia Medica*, published in the *North American Medico-Chirurgical Review* for Sept. 1858, gives a summary of the experience of some sixteen practitioners, in various parts of the country, in the use of *veratrum viride*. Some of them used very large doses, and by none is it distinctly stated that purging occurred. Had such an action taken place it would hardly have failed of mention, on account of the serious interference with the continued use of the medicine, which such an effect would have caused. On the other hand many of them stated, as one of the advantages of the medicine, that it did not purge. Thus Dr. Boerstler of Lancaster, Ohio, reports: "I have given it to patients for two months, and never witnessed any cathartic action;" and Dr. Hutchinson states: "In no instance have I found *veratrum [viride]* to purge."

Prof. Percy gives the most positive testimony on this point. He says: "I have carefully watched over one thousand cases for this effect, and I have never seen a case in which I was satisfied that purging was produced by this alone, when given by the mouth."

Dr. Stillé quotes the statements of Drs. Osgood and Norwood, above given, and adds: "To these accounts most of the reporters subscribe." These "reporters" include many of the best men of the profession, among them Prof. McGugin of Iowa, whose reports

are of great interest and value. But he finds that in *one* case, Dr. E. M. Pendleton reports "copious watery evacuations *per anum*," and in two cases Dr. E. Platt reports "profuse watery evacuations from the bowels," and "looseness of the bowels." In spite of all the positive testimony on the other side, the report of these two practitioners in three cases, inclines him to believe that the denial of purgative properties to *veratrum viride*, is not yet to be fully accepted as a settled question.— This is to be inferred from his language; for after stating that in three cases Dr. Rayner found that *veratrum album*, given so as to cause dangerous symptoms, yet did not purge, he says: "It is therefore certain that if an absolute difference exists between the two medicines, it is not to be found in their cathartic operation;" although he admits that "it would appear that this effect is most usual with white hellebore." This certainly so leaves the matter of difference between green and white hellebore as to cathartic action, as to give it very little prominence, and in fact lead the reader to suppose that hardly any exists. From all the testimony which might be adduced on the subject, the matter would be much more fairly stated as follows: All writers agree in ascribing to the white hellebore a most decided action, as an intestinal irritant, hence causing excessive purging, not easily controlled. This action is not without exception, but is the rule, and it is pretty safe to state that a large dose will give rise to catharsis. On the other hand, with *veratrum viride*, the rule is, no intestinal irritation and no catharsis; and so constantly, that it may be fully stated to be almost without exception. This difference, if not positively absolute, is yet sufficiently distinct, to entitle it to more prominence than is given to it by Dr. Stillé.

Comparing authorities, it appears that the great majority of observers are positive in declaring that *veratrum viride* is not a purgative, and we seem warranted in asserting that the weight of authority is on the same side. Undeniably, in some cases, its use has been followed by free movements of the bowels, but this action without doubt, in many instances, follows from its emetic action, and often follows any emetic. The secretions are so increased by emesis, that watery evacuations may take place by the bowels; but this is temporary, and not in any true sense purging. It

seems safe to assert, that no evidence can be found in the experience as to the effects of veratrum viride, as yet announced, which goes to prove that it has any positive operation as an intestinal irritant, and therefore liable to cause excessive purging, with mucus and bloody discharges.

As bearing upon this point, cases in which very large, even in some cases, excessive doses have been used are here detailed.

Dr. Hutchinson of Indiana, gave to a boy three years of age, with croup, in twenty-four hours, one ounce of the tincture of veratrum viride without producing much vomiting or any purging, and "with the happiest results." Dr. Watson states, in the *Nashville Journal*, that he gave one patient 16 drops of the tincture, every two hours, three days in succession, "without the slightest effect."

Dr. Barker, in his service at the Bellevue Hospital, in a case of puerperal fever, made use of the tincture for six successive days, giving on some days as many as 10 drops every hour for several hours. The first day, in 9 hours, 72 drops were taken; on the second, during the twenty-fours, 68 drops; on the third, 82 drops; on the fourth, 91 drops; on the fifth, 78 drops; on the sixth, 62 drops; in all 453 drops in 5½ days—equal to 5 or 6 drachms. At the end of the sixth day the report was, "feels well, improvement marked." These quantities caused some vomiting; nothing like purging; no bad effects.

Dr. Newson of Georgia, mentions three cases in which large doses were taken to procure abortion, in two, half teaspoonful doses of tincture, repeated in an hour; in one, two doses of thirty drops each, (interval not mentioned,) in all cases with no bad effect beyond extreme nausea. Dr. Taliaferro mentions the case of a physician of Atlanta, Ga., who took by mistake an ounce of the tincture at one time; the disturbance only amounted to extreme nausea and vomiting, and some difficulty in breathing. A case occurred in the practice of Dr. Loomis of this city, in which by mistake a teaspoonful of the tincture was taken at one dose. The consequences of this mistake were extreme vomiting, one or two movements of the bowels, but nothing like purging, great prostration, readily rallied from. The patient was afflicted with acute rheumatism, which was cured by the dose. Prof. Percy in his Essay gives, in a note, four cases in which enormous doses were

taken, and in neither, is purging mentioned as a result, only vomiting and great prostration. These effects were but temporary.

These cases are so remarkable that it is worth while to give some of the details, for those who may not have met the account of them.

A farmer put ten pounds of green hellebore in water and boiled to a gallon; of this decoction, by mistake, his wife drank a tumbler full; free vomiting, prostration, and fearful cold sweat followed, but she recovered in forty-eight hours.

In the second, two quarts of syrup were prepared from two pounds of green hellebore, by mistake, instead of valerian. Of this syrup a tumbler full was taken, and as it caused vomiting the dose was repeated. The alarming symptoms above given followed, but in two days the recovery was complete.

A physician, by mistake, took thirty grains of the active principle [the alkaloids and resinous extract combined] of *veratrum viride*. It caused copious vomiting, prostration, loss of pulse at the wrist, but on the third day he was well again.

In the fourth, a man drank from a bottle marked "old rum," nearly a tumbler full of the tincture of *veratrum viride*; vomiting followed, yet genuine rum being freely given, he walked home the same night.

If the question of peril to life were under discussion, these cases would be very important in their bearing upon it, for they show how little real danger there is in excessive doses. But as no case of death resulting from over-doses of *veratrum viride* is on record, it is more in keeping with the purpose we have in hand, "to remark the striking fact that no purgative effect is spoken of in either. This part of the subject will be closed with Dr. Bell's conclusion, after collecting the evidence of various physicians who had made use of the medicine. He says: "The *veratrum viride* differs from the *veratrum album* in one essential particular, viz: in its exerting little or no action on the bowels as an aperient." He thinks it might even be employed as a corrigendum, with drastic purgatives, acting in that respect very much like *hyosciamus*.

It will not escape observation that in all the cases related above, in which excessive doses were given, the tincture or decoction was the form used. Whereas in the case which is related in this paper,

Thayer's fluid extract was the form employed. As the question arose, of the relative strength of the fluid extract and tincture, and the counsel for the plaintiff made much of the greater strength of the extract, it is worth while to examine it somewhat. It was assumed that the tincture being a simple alcoholic solution, and the fluid extract a solution concentrated by evaporation, it is plain enough that, from the method of preparation, the latter is the stronger.

Now Norwood's tincture and that of the Dispensatory, are both meant to be saturated solutions; and it seems perfectly plain that, we cannot gain in strength beyond the capacity of the menstruum for solution. If we attempt concentration, we produce a deposit, as the portion held in solution, when deprived by evaporation of its alcohol, falls to the bottom. Unless the bottle containing the fluid extract is well shaken at the time of dispensing; or sugar is added so that a syrupy liquid is produced by evaporation, capable of suspending the portions which in a thinner liquid would fall to the bottom, it is difficult to understand how the strength can vary much in each.

Dr. Wood in the Dispensatory says, the fluid extract may be only as strong, or it may be stronger; probably taking into account the conditions above named, viz: agitation and density of the menstruum. Practically Dr. Thayer's solution is as liquid as the tincture, and usually lets fall a deposit when allowed to stand undisturbed for a time. It does not seem very reasonable to expect anything beyond saturation of a menstruum, in liquids equally dense. Such being the case we should hardly expect 10 drops of the fluid extract to exceed in strength 10 drops of the tincture. There can be no essential difference.

On the trial, it was stated by the medical witness for the plaintiff, that the pulse is reduced by veratrum viride in a marked degree, and may be brought down as low as twelve beats per minute. He was unable to state whether the plaintiff's pulse was brought down to that number. The pulse could not be felt at the wrist, and he did not listen to the sounds of the heart. Dr. McCollum did; but he was not willing to commit himself to quite so low a rate, though he could not state accurately how often the heart beat per minute. He was of the impression that it was not less than thirty.

Prof. Percy does not state distinctly that he has observed a reduction of the pulse below 30 beats per minute, but, he says, in a case related to him, it was stated that the reduction was as low as 19 per minute. No case can now be brought to mind by me, in which there is any account of a lower rate than 30 per minute, as the effect of *veratrum viride*. A possible reduction to 12 beats per minute may be conceded, but very few practitioners will probably be able to report it from their own observation, from any cause. In chronic diseases of the brain, the pulse is often very slow. Todd and Bowman mention a case under their observation, in which, for months, the pulse was as low as 16 per minute. Fordyce speaks of its being at 26 and 20 per minute.

The counsel for the plaintiff asked: if *veratrum viride* reduces the action of the heart, so that it beats very slowly, may it not, getting slower and slower, by and by stop? It would not be very strange if a jury should get an impression that, when the beating of a man's heart had got as low as 12 per minute, it was pretty near the stopping point. In fact, most medical men would feel rather uneasy counting a pulse of 12 only per minute, especially after having given *veratrum viride*.

It seems to me, that in reviewing the foregoing account, it may be fairly claimed that it has been shown: first, that, although without doubt, *veratrum viride* contains an alkaloid, which has been repeatedly isolated, it does not appear to be established that it is identical with *veratria* either in chemical or therapeutical actions.

Secondly, conceding that its alkaloid is identical with *veratria*, it is not the active principle of the plant, and hence the cause of its peculiar action; but, either, because of its association with other principles which modify its powers, or because it exists in such small quantity, it has no tendency to act in the plant as *veratria* does out of it, or to cause the whole plant to act as *veratria* does when given alone.

Thirdly, there is nothing recorded by writers as to the actions of *veratrum viride*, which tends, in any degree, to support the idea that it acts as an intestinal irritant, or as a purgative; and that it is capable of causing, or likely to cause, as *veratrum album* undoubtedly will, intestinal inflammation, when given in excessive doses.

Hence, lastly, we are unwilling to accept the allegation, even backed up by the verdict of an intelligent jury of Niagara county, that twenty drops of Thayer's fluid extract of this plant, in two doses, was the harmful cause of a two weeks' dysentery and a year's impaired health.

The expert testimony in the case was substantially as regards the actions of the plant, as above given. Perhaps the jury thought the Doctors had combined to tell tough stories, and support each other in statements hardly "on the verge" of truth. If so, their ignorance misplaced the toughness of the stories. It is certainly rather mortifying that the testimony of half a dozen physicians of good repute, should apparently have not the slightest weight; especially upon the actions of a well known drug.

ART. II.—*Interesting Cases in Private Practice.* BY ANDREW J. SCOTT, M. D.

There is much in our daily practice that would not bear rehearsal, because of such frequent occurrence, and sameness in both symptoms and treatment. But with any of us there will occasionally a case make its appearance, worthy of more than a passing notice; a case indeed extraordinary in character, differing widely from those ordinarily falling under our care and observation. It is to exhibit a few of these cases, as I find them recorded in my daily memoranda, that I write, and not with the intention of attempting an elaborate essay on any disease or set of symptoms, or to set forth anything different from what may have been seen or held to by other members of the profession, and with the additional incentive of seeing myself as others see me, hoping I may be enabled thereby to correct errors in my practice.

Another inducement to write is, the fact that while we have a fair supply of reports of cases treated in hospital practice, we find but a meagre display of private cases, or those treated in what is sometimes termed the humbler spheres of the profession. The marked case in private practice may possess an equal and perhaps a greater interest to the general practitioner than one reported from the ward of a hospital, because even physicians are to some extent creatures of circumstance, and the responsibilities of the

private practitioner are probably greater than those assumed in a hospital; as in the latter he is responsible only to himself, his patient, and the dispenser of events, while in the former position in addition to all these he has the weight of public opinion to exercise its influence over his actions, or at least over his mental cogitations, as he sits alone looking over the past; and if there is a power behind the throne that is even greater than the throne itself, that power is public opinion.

Typhoid fever, or as Prof. Wood has properly termed it, enteric fever, made its first appearance here in autumn of 1845, and from the account given by our older physicians, prevailed to an alarming extent, and was very fatal in character. It has prevailed to some extent here at some time during every year since, sometimes sporadically, and at other times affecting many persons in a given district, giving the most positive evidence of its contagiousness, and not apparently influenced by physical causes; prevailing alike on the table lands and the low, mashy districts. This disease presented all the well marked enteric symptoms as portrayed by the distinguished author above mentioned, so much so indeed that the glandular lesion of the intestinal canal was always sought for and readily recognized when found.

During the year 1864, and a part, if not all, of 1865, although we had fully the usual amount of febrile disease, most of which was typhoid in character, the peculiar lesion affecting the glands of the colon, was seldom or never present, and the prevailing fever justly entitled to be called "typho-malarial." This type of fever had prevailed here during that period so generally that we had almost ceased to expect a case of well marked enteric fever.— However, during the last of 1865 or first part of 1866, enteric fever again made its appearance, and was well marked in character, though it did not prevail to a great extent, and usually resulted in recovery under ordinary good treatment. As winter merged into spring, instead of this disease losing its severity with the season's change, and growing more mild, it unfortunately took on a complication both unusual and difficult to manage; a complication different indeed from anything that had fallen under my observation and consisting of cases of well marked enteric fever complicated with severe and in some cases fatal rheumatism.

I had (as I believe in common with most of the profession) embraced the doctrine that rheumatism was owing in a great degree to the presence of certain acids in the blood, thus pervading the whole system, and that this pathological condition was properly combated by alkalies; and that in enteric fever there already existed an alkaline state of the blood indicating the two diseases as diametrically opposed to each other, and incompatible. But whether in accordance with previously received theories or not, or even overthrowing the same, certain it was that these two diseases did affect the same individual at the same time, as indicated by the most positive and well marked symptoms belonging to each. How this could be is a physical phenomenon I shall not attempt at present to explain, simply wishing to present the facts as manifested in the few cases that fell under my immediate observation. My observation extended to five cases, with brief sketches of some cases that were in charge of neighboring physicians. Of these cases none had convalescence fairly established under twenty days, some not earlier than the thirtieth day, one of which proved fatal. The treatment adopted was about the same in all the cases, and may have been proper in all, and consisted principally of anodynes and nourishment with occasional doses of alkalies and arterial sedatives.

As the cases presented a marked sameness and were treated almost identically, the report of a single case is that of all, except that of the fatal case during the last four days of his illness; and this change of treatment unfortunately produced no apparent effect. Referring to my memoranda I find case hastily sketched as follows:

On the evening of April 12th, was called to see M. F., a bright boy of 13 years, and learned that he had first been taken ill on the 10th, when his mother had administered a mild cathartic, as she supposed, but which had proved very active, continuing to disturb his bowels up to the time when I was called; found his pulse 100 per minute and small; face flushed, tongue diminished in volume, dry, coated and red at the point; bowels tender and tympanic, with marked regurgitation in the region of the colon; pain in the head, limbs and back, with a general uneasiness for which he could not give any particular reason. Gave Dover's powder,

gr. vi, every four hours, with fld. ext. veratrum viride, gr. v, half way between each two powders; mustard and warm applications over his bowels, cold to his head and occasional spongings with tepid water.

13. Patient much as when last seen. Added pulv. opii gr. ss to the powders, and continued treatment.

14. Pulse 90; had rested better; had taken more nourishment, and had not had any stool. Continued treatment.

15. Pulse 90; rested some since last seen; bowels quiet and less tympanitic, but complained of severe pain in his right hand, which was red and swollen. Ordered Rochell salts, to be followed, after operation, by powd. opii gr. ii. every five hours, and fl. ext. verat. with iod. potass. gr. x. in solution between the opium powders.

18. Pulse 80; had rested well during the night; tongue cleaning off, somewhat moist, with an improved condition of the bowels, rendering his case to all appearances hopeful, though his hand was still some swollen and slightly painful. Continued treatment, only giving the medicine at longer intervals.

17. Patient as when last seen; bowels had moved once. Continued treatment.

18. Doing well. Diminished the quantity of iod. potass. and continued other medicine.

19. Rested well since last seen; pulse 80; swelling of hand nearly disappeared, with every indication favorable. Gave pulv. opii. gr. ss. every six hours, with iod. potass. gr. v. every six hours.

20. Not so well; pulse 90; tongue very red, with a varnished appearance; bowels tender and tympanitic; had purged several times, discharging yellow ochery stools; right foot and ankle swollen and very painful. Increased the quantity of opium and iod. potass., and also gave turpentine emulsion.

21. Pulse 100; no other change. Continued treatment, and endeavored to control the circulation with veratrum.

22. No change. Continued treatment.

23. Pulse 120; both feet swollen and very painful; all the symptoms aggravated. Increased the quantity of opium, and continued treatment.

24. Pulse 130, subsultus; purging, notwithstanding the heavy portions of opium; feet swollen, very painful still. Continued opium and veratrum.

25. 8 A. M. Saw the patient in consultation with Dr. Robison, of Wooster. No change since yesterday, except, on examination, a distinct bellow's murmur of the heart was apparent, which, with the previous history of the case, but too plainly indicated that the rheumatism had invaded that organ. At the suggestion of Dr. R., (in whom I have much confidence,) we put the patient on sulphite soda, gr. xx. every four hours, with spirits nitre, saturated with acetate potass. between each two portions of the sulphite soda, with sufficient opium to secure rest.

26. Very little change. Continued treatment.

27. Patient failing; both the enteric and rheumatic symptoms aggravated in character. Continued treatment, though it did not promise relief, it being necessary to give large portions of sulph. morphia in order to secure any degree of quiet. Attempted to give stimulants in the afternoon, but they evidently increased the excitement and did harm—it being necessary to withdraw them.

28. Patient failing rapidly, and died at 5 P. M., after an illness of eighteen days.

Tenderness, regurgitation and tympanitis of the bowels or some part of the abdominal viscera were present all the time during his illness, with a constant disposition to purge unless prevented by the use of opium. I am fully satisfied that a post mortem examination (which I regretted could not be obtained) would have exhibited in the intestinal canal all the glandular disease present in uncomplicated cases of enteric fever, sufficient to have jeopardized the life of the patient.

The rheumatic disease, as manifested in the swollen and red-dened joints, was constantly present in some degree after the fifth day of the disease; was only partially modified by the use of alkalis, which appeared quite powerless in the later stage of the case, though the urine was easily rendered strongly alkaline at any time. The immediate cause of death was rheumatism affecting the heart, a condition I had anticipated with fear, as seen in similar cases; had endeavored to prevent and finally to remove, but without success.

Of the use of sulphite of soda, which has been lauded for such cases, I am unable to express an opinion, as this was the only case in which I used it—at a late stage, and what appeared to be doomed a fatal case. Nothing appeared to produce any lasting benefit, except some form of opium, which calmed the troubled frame and allowed the spirit to take its flight with less of suffering. This was the last case of that kind in this vicinity, our community having enjoyed an unusual immunity from all febrile diseases during the summer just past, and only a few cases, and they generally of a mild type, making their appearance at the present time.

LONDONVILLE, OHIO, November, 1866.

ART. III—Abstract of Proceedings of the Buffalo Medical Association.

TUESDAY EVENING, October 2d, 1866.

The meeting was called to order at the usual hour by the President. Members present—Drs. Gould, Samo, Wetmore, Cronyn, J. R. Lothrop, Abbot, Miner and Johnson.

The minutes of the last meeting were read and adopted.

Dr. J. R. **LOTHROP** related a case of alleged mistake by an apothecary in Lockport in putting up a prescription. Dr. Clark, of Lockport, the prescribing physician, states that he prescribed *fld. ext. uva ursi* in doses of about 12 drops, but that the apothecary put up *fld. ext. veratrum viride*, of which the patient took two doses, and was soon after taken with severe retching, difficult breathing, and soon became covered with a profuse cold sweat, and nearly pulseless, and exhibiting a death-like palor of the face. These symptoms were within a few hours followed by a severe attack of dysentery, which continued for several days. The patient sued the apothecary and obtained a verdict of \$800 damages.

Dr. Lothrop has written a full history of the case, which is published in the *Buffalo Medical and Surgical Journal* of October.

Dr. **JOHNSON** related a case of alleged mistake in putting up a prescription by an apothecary in Chautauqua county. Was called in June last into said county to make a post mortem examination upon the body of woman whose death was claimed by the attending physician to have been caused by two doses of *veratrum viride*. The history of the case as ascertained from those most interested,

was as follows:—The patient, a woman about fifty years of age, whose health had been quite infirm for two or three years, had, during the last three or four months of her life been more unwell than usual. Sometime in the month of April last her attending physician had prescribed for her Tilden's fld. ext. valerian to be taken in doses of 15 drops every four hours. The medicine was put up and properly labeled by the apothecary. About the last week in the following month the attending physician again prescribed the valerian, to be given in the same manner as formerly. The same bottle with the label upon it was then sent to the same apothecary, and by mistake filled with Tilden's fld. ext. veratrum viride. The patient not heeding the directions took about 30 drops of the medicine, and was about two hours after taken with considerable pain in the stomach, nausea and vomiting. From four to six hours after taking the first dose she took another, and still larger one—probably about 45 drops. This was within two hours followed by severe pain in the epigastrium, retching, vomiting, weak and rapid pulse, and marked prostration. Within 12 hours after taking the last dose she had two or three bloody stools with considerable tenesmus. Diarrhœa continued a few hours after the subsidence of the dysenteric discharges. The retching and vomiting continued at intervals for about four weeks, when she died. During this time but very little food was long enough retained to nourish the system in the least.

On post mortem examination all the viscera were found in normal condition except that the stomach was much less in size than is usually found in a medium sized female. This condition of the stomach was not, by either of the seven medical men present, attributed to the effects of the veratrum. The case will probably come before the courts, when all the facts it is to be hoped will be brought out.

Considerable informal interchange of sentiment was had upon the properties and effects upon the system of veratrum viride. There seemed to be pretty general agreement upon these points, that the most marked and peculiar influence of veratrum viride is its action upon the pulse. That it is, in other words, an actual sedative, and that vomiting although not invariably an effect following its administration, yet almost always occurs when it has

been given in considerable doses; and that its peculiar sedative influence upon the pulse is more marked after vomiting occurs. That purging sometimes occurs after it has been given, but that it is in no proper sense a purgative. An ordinary emetic, as for instance ipecacuanha, is often followed by considerable purging. Therefore if purging follows the giving of veratrum viride, there is every reason to suppose that its operation in this particular is in no way different from that of ordinary emetics.

There were no especial diseases reported as prevailing. Ad-
 T. M. JOHNSON, Sec'y.

ART. IV—*Case of Poisoning by Strychnia—Case of Extra-Uterine Pregnancy.* BY S. T. CLARK, A. M., M. D.

R. H., aged 30, married, having stimulated to excess for five days, was seized with symptoms of *delirium tremens*. The memory of sufferings he once witnessed in a victim to this malady, together with the maddening effects of the disease, prompted him, at 6½ P. M., May 16th, to go to a neighboring druggist and procure a drachm of strychnia, which being done at 7½ o'clock he entered his own cellar and drawing a glass of ale, added half the strychnia and swallowed the draught.

The very tonic effect of the dose seems to have changed his mind on the subject of suicide, for he immediately sought his wife and reported his condition; ordered mustard and water at once, and desired that I might be sent for. Mrs. H. knowing what had been the history of the case for the past week, discredited him and remonstrated with him for trifling with her fears, and refused to administer the emetic or send for a physician; in the midst of the dispute he fell to the floor in a spasm. A messenger was despatched for me; the mustard and water prepared, which H. swallowed as soon as the spasm passed.

On my arrival, I found he had vomited after taking the mustard and had been convulsed almost constantly since the emesis. He was lying quietly when I entered the room, but the pressure of my fingers on his wrist, provoked the most frightful spasm I ever witnessed. The entire muscular system was thrown into such rapid and violent motion, that the bed on which he lay trembled,

until every article of furniture in the room, and even the floor under us, was shaken. The face was black and swollen, the eyes started from their sockets, the tongue protruding and blackened. In fact, I did not believe he would survive this spasm, which must have continued nearly five minutes, and ended in asphyxia, from which the patient gradually passed into nearly the same condition as that in which I first found him.

On learning the facts in the case, I had sent for chloroform and sulphate of zinc; both articles were now delivered, and without delay I administered zinci sulph. grs. xl, in solution. The act of swallowing was followed by spasm, but its severity was greatly moderated by the inhalation of the chloroform. Having decided to try the full effects of anæsthesia, the use of the chloroform was continued from this time (8 P. M.) until 4 o'clock next morning, with frequent attempts to suspend its use, but as soon as the napkin was removed the spasm re-appeared.

At half past eight the zinc was ejected with some very dark fluid and a small quantity of fresh blood.

At 4 A. M. the patient manifested great uneasiness and moaned occasionally. I withheld the chloroform and found his suffering was from distention of the bladder; he voided a very large quantity of almost colorless urine. The withdrawal of the bed-pan provoked a slight spasm. I now administered a half bottle of salad oil, and as soon as he had taken it he was again convulsed. From this time until 12 M. he was held in a complete state of anæsthesia.

From 11 o'clock until 12 he sweat most profusely, and manifested marked signs of prostration and the chloroform was withheld, no spasms recurred, and with the exception of soreness and weakness he was comfortable. The muscles of the throat and back were partially paralyzed, and the surface of the body had the appearance of having been beaten with rods; as soon as this discoloration passed away the function of the muscles was resumed. His recovery was constant and rapid. The quantity of strychnia swallowed was more than 20 grains.* The amount of chloroform used was 1½ lbs.

* Recovery after taking three or four grains of strychnia is mentioned by Stille. Dr. H. G. Thomas reports recovery after taking five grains, and Dr. S. S. Harris reports two cases after a dose of from six to eight grains. Lemery, while the real

Case of Extra-Uterine Pregnancy.—June 26th, I was called to see Mrs. Dr. H., aged 33, mother of four children; found her pale and cold, pulse almost wanting, and suffering intense spasmodic pain in the region of the uterus, with occasionally a severe pain in the arms and right leg. She was inhaling sulphuric ether with good effect. I ordered morphia and brandy to be taken and mustard applied to the abdomen. In less than an hour perfect reaction was established and I left my patient sleeping.

Saw her next morning, and learned she had been flowing moderately for a week, and prior to that time she had not menstruated for seven weeks. She appeared very comfortable, only complaining of occasional pain in the limbs.

On the 28th saw Mrs. H., early in the morning, was feeling well, save nausea, which she had suffered every morning for the past five days. Ordered her to take five grains of sub nit. bismuth with one of oxalate of cerium, every morning. The flow still continuing, ordered

℞ Acidi gallici,	- - -	℥iv.
Glycerine,	- - -	℥i.
Aqua rosæ,	- - -	℥ii. M.

A teaspoonful to be taken every four hours. A decided periodicity having been noticed in the pain of the limbs and abdomen, gave

℞ Hyoscyami ext.	- - -	℥i.
Quin. valerianatis,	- - -	grs. xxx. M.
Fiat pilulas, No. xxx.		

One pill to be taken morning, noon and night.

July 1st. Had been free from pain since taking the pills; nausea continued; gave creasote one drop to a fluid ℥ of water—*pro re nata*. Patient continued to improve, nausea relieved by th^o creasote, appetite good, rode out on the 7th and 8th.

Monday, 9th, at 6 P. M., was hastily summoned to her bed-side to find her in much the same condition as on the 26th of last

properties of this drug were unknown, asserted that it was not poisonous to man. Recently the general use of nux vomica, especially the active principles of it, establish its poisonous properties, and when recovery takes place after a dose of twenty or thirty grains, the purity of the specimen demands attention. It is greatly liable to adulteration. Chloroform is said to be antidotal administered internally, and many other substances are said to counteract its effects; it is, however, probable that nothing but death would arrest the symptoms after the administration of twenty or thirty grains of the pure alkaloid.—ED.

month, but paler, colder and more nearly pulseless. Had a spasm of most excruciating pain at 3 P. M. while in her chair, followed by the palor, etc., etc.

At 7 o'clock ether and morphia failing to alleviate her suffering, and the prostration increasing, I called Dr. McCollum, who kindly remained with me until two o'clock the next morning, when the patient died.

The afternoon of the 10th, at my request, Drs. Gould and Babbitt, in the presence of several other medical gentlemen, made a *post mortem* examination. Rigor mortis, well marked; unusual bloodless appearance of fingers and lips, unnatural fullness of abdomen. *Sectio cadaver* revealed plentiful adipose deposit; and the peritoneal cavity being opened a large quantity of fluid blood escaped, after which two or more quarts of clotted blood were removed, and under these clots, lying upon the small intestines, was a fœtus of about ten weeks' growth, membranes unruptured.

The pregnancy was *ovario-tubal*; the right ovary was enlarged to twice its normal size, and the fimbriated extremity of the fallopian tube converted into a sac, helped to form the receptacle for the fœtus. The ovary was changed in its structure, having become like a bundle of blood-vessels, and the tube from the sac was imperforate. There appeared to have been a bursting of the ovary, as well as a separation of the tubal sac *from* the ovary, from which the hemorrhage took place. The placenta was external to the ovary, attached to it and the surrounding viscera. The uterus was somewhat enlarged and contained the *decidua*.

A NEW INSTRUMENT FOR SUBCUTANEOUS INJECTIONS.—M. Bouil-
laud lately presented to the Academy of Medicine of Paris an
invention of M. Dancet, consisting of a hollow needle adapted to
a metallic tube, ending in a small cup covered with an india-rubber
membrane. By slight pressure upon the latter the fluid is injected
into the areolar tissue, and a simple mechanism within the cup
allows of the counting of the drops injected. Another and simpler
needle on the same principle may be used for vaccination.

Miscellaneous.

On the Mutual Action of the Elements of Soluble Salts without and within the Animal Economy.

BY M. MELSENS.

The experiments already made by the author, he considers, justify him in formulating the following proposition:

Two soluble salts which are without apparent mutual action, and which may be given separately to animals without producing any disturbance in the body, may, when administered together, act as a poison.

Facts of this kind, proved by experiment, have a great importance, both from physiological and therapeutical points of view.

The two salts more especially experimented with by the author, are chlorate of potash and iodide of potassium. These two salts in solution together crystalize separately under whatever conditions they may be placed. Their mixture in solution in equivalent proportions undergoes no mutual decomposition either at the ordinary temperature, on boiling, or under the pressure of 10 atmospheres at 185° C. It can be proved by means of sulphydric acid that no iodate of potash is formed.

But when the two salts are heated together in the dry state, decomposition takes place at the point of fusion, and iodate of potash is formed.

When a certain quantity of mineral acid is added to a mixed solution of the two salts, iodine is set at liberty, and the solution behaves towards sulphydric acid as though iodic acid had been produced.

When the mixed solutions are submitted to electrolysis, hydrogen is disengaged at the positive pole, and the liquor appears to contain both iodide and iodate.*

We come next to the effects of the before-mentioned salts on animals. † Seven grains of chlorate of potash were given to a bitch

* To avoid the action of chlorine, iodine, and oxygen, the author employed retort coke as the positive electrode. The carbon was previously treated with aqua regia, and then ignited in a current of chlorine. The carbon employed in the above experiment was disaggregated, and in part burnt to carbonic oxide and acid, and at the same time a soluble black carbonaceous matter was obtained, similar to the ulmic product which the author obtained by the action of chlorine on the carbon contained in the lungs in *melanosis*.

weighing eleven kilos, every day for a month; the animal did not at all suffer. Afterwards five grammes of iodide of potassium were given daily for the same period. The animal suffered a little during the first days, but at the end of the month was perfectly well.

If, on the contrary, we administer to a dog daily seven grammes of a mixture of iodide of potassium and chlorate of potash in equivalent proportions, the animal languishes and dies about the twenty-fifth or twenty-eighth day. On commencing the experiment one dog weighed 16.5 kilos; at the moment of its death it weighed only 11.5 kilos. The experiment repeated on several dogs gave similar results. Death often supervened about the fifth day.

Post mortem examinations revealed changes similar to those observed by the author when iodate of potash was administered, especially in the liver and intestines, but it is necessary to make a series of comparative experiments with the iodate, free iodine, and mixtures of the two salts.

The author has shown in previous memoirs that the iodate of potash acts as a poison. This salt, given in doses of one or two grammes daily, will kill a small dog in a few days. A mixture of the two salts can not be so active as the iodate, since both unchanged iodide and chlorate may be found in the urine. The author is therefore brought to the conclusion that the mutual action of the two salts in the economy takes place with the greatest facility. It may be supposed that the acids of the stomach and the electrolytic actions which take place in the organism play an important part in bringing about this decomposition. But beyond all hypothesis it is necessary to admit that changes take place in the animal system which cannot be realized in the laboratory under ordinary conditions, or with the assistance of a high temperature, strong acids, or even the electric current.—*Lond. Chem. News*, August 17, 1866.

M. Rossi writes to the Roman "Correspondenza Scientifica," stating that by the use of the Erythroxyion coca of Peru, men may live in robust health for several days without food. M. Rossi declares that after taking a decoction of the leaves of the plant he felt neither hunger nor thirst for forty-eight hours.

On the Treatment of Fracture of the Radius at the Styloid Process by means of Gordon's Splint.

BY LAWSON TAIT, ESQ.

(From Braithwaite's Retrospect, July, 1866.)

Few fractures have had so many ingenious splints devised for their treatment as that known as Colles' fracture, yet most or all have been given up, and the ordinary palmar and dorsal straight splints generally used, although frequently with unsatisfactory results.

In spite of the utmost care most cases of this fracture turn out unsatisfactorily, and many are the actions of damages that have been raised on its account. The reason of this non-success is, I think, very plain; let any one examine his own wrist, and the following explanation will be clear. Holding the hand straight out in a plane with the forearm, it will be seen that, while the dorsal aspect is almost a straight line, there is considerable concavity at the wrist on the palmar aspect; indeed, that a line drawn from the elbow to the ball of the thumb would be, so to speak, the chord of a segment of a circle. Thus it is that when an arm, with the radius broken as it is in Colles' fracture, is pressed by two straight splints, one on either aspect, extending from the elbow to the fingers, the upper fragment must necessarily be pressed towards the palmar aspect of the limb; while the lower fragment, which is practically the same in this condition as the ball of the thumb, is pressed in the opposite direction—in fact, that the distortion is only increased by the splints, as they press the fragments in the very direction in which they are already displaced. If this be correct, then it is easy to understand the success which has attended the use of Dr. Gordon's splint in the treatment of this fracture, and to believe that it is devised on sound anatomical and mechanical principles—that it really is what all splints ought to be, viz: a dermal skeleton.

This instrument was originally invented and described by Dr. Gordon, of Belfast; the only notice, however, which I am aware that it has subsequently received is in a paper by Mr. Stokes in the *Dublin Medical Journal*. It is composed of two pieces of wood, the one for the palmar aspect of the forearm being about

nine inches long, two and a quarter inches wide at the wrist, and three and a half wide at the elbow; the surface to be in contact with the skin is slightly hollowed out to fit the arm, and along its radial border it has screwed to it a wooden bar or pad, which is rounded off at the distal extremity to fit the concavity of the radius; this latter, of course, necessitates that, to fulfill this condition, separate splints are required for the right and left arms.

The pad, in addition to its being rounded off at the extremity, is rounded all along its inner surface so as to press separately against the radius throughout nearly its whole length, and it is of sufficient height to embrace rather more than half the thickness of the forearm. The other portion of the apparatus consists of a plain piece of three-eighth inch board, two inches and a quarter broad, and two inches longer than its fellow; it is for application to the dorsal aspect of the forearm, and has the surface to be in contact with the skin slightly hollowed, and it likewise has its distal extremity transversely rounded. Its application is effected as follows:—The fracture having been reduced, the limb is retained in position by an assistant, the lower part of the apparatus is then applied, padded with spongiopiline or lint, to the radial portion of the forearm alone, and not to the hand. Then the upper splint is to be applied, likewise padded, in such a manner that the proximal ends of the two parts of the apparatus are maintained at the same level, while the distal end of the upper one projects about two inches beyond the end of the radius. For a more particular description and a drawing, see *Dublin Medical Journal*, for February, 1865. The whole apparatus is firmly secured by two small straps with buckles. In this manner no pressure is exerted on either of the fragments but what is calculated to keep them in their correct position. The arm, during the after progress of the case, is recommended to be kept in the position most agreeable to the patient, which will be found to be that of almost complete pronation. In the employment of this apparatus the wrist will be found to be confined only to a limited extent, while the movements of the fingers and carpo-metacarpal articulations are quite unimpaired; thus entirely doing away with the most objectionable condition of stiff joints, which is such an annoyance both to surgeon and patient for weeks after the common splints have been removed from the forearm.

Treatment of Cholera by Hypodermic Injections of Warm Water.

BY HERMANN BEIGEL, M. D.

M. S., a widow of 44 years, had, since the outbreak of the present epidemic, been very much engaged in nursing cholera patients. On the 26th of August she did not feel quite well; and about one o'clock A. M., on the 27th, she was severely attacked by cholera, vomited very much, was purged severely, and subjected to violent cramps. In that condition she was received on the 27th into the cholera ward of the London Hospital. She was a well made woman, strong and muscular. The eyes lay deep in the orbits, and had a very distinct dark circle. The skin, particularly of the face and hands, was cold, inelastic, and wrinkled; the nails blue. The patient was extremely thirsty, frequently vomiting and purging, and up to twelve A. M., at which hour I first saw her, scarcely a few minutes free from cramps, so that she was constantly screaming with pain. The epigastric region was particularly painful. The case was, in the opinion of the house-surgeon, as well as of the matron, one of the worst which had been admitted into the hospital during the epidemic.

Temperature on admission, 36.3° cent.; pulse 112, very small, scarcely perceptible; respiration 22 in a minute. At two o'clock P. M. the temperature was 35.6 cent.; pulse 96; respiration 24; at six P. M. temperature 35.9° cent.; and at eleven P. M. temperature 36.0° cent., pulse 104, respiration 22. On the following day, at six A. M., the temperature was 53.8° cent., pulse not perceptible, respiration 28; at eleven A. M. temperature 35.5 cent., pulse not perceptible, respiration 30; at four P. M. temperature 34.9° cent., pulse not perceptible, respiration 36.

After examining the patient, I proceeded to inject warm water hypodermically. This operation was performed much more easily than I had imagined. In the calves, thighs, arms, and epigastric region seven ounces of water were injected, and so rapidly absorbed that I did not even find it necessary to put a piece of plaster to the little wounds caused by the syringe. Immediately after the completion of the injection the cramps ceased entirely, and did not return till the death of the patient. According to the report of the matron the thirst was also diminished, and the patient remained

longer without asking for drink than she had done before the injections; the pulse became likewise more perceptible, and was reduced from 112 to 96. At half-past five o'clock P. M. I again injected four ounces and a half of warm water, and, according to the report, the vomiting and purging were not so frequent; but, as shown above, the principal sign—namely, the temperature—not only showed no improvement, but a decrease.

On the 28th, the general appearance of the patient was worse; vomiting and purging became, towards morning, again more frequent; and the skin was very cool, and void of elasticity. I injected five ounces of water, and the absorption still took place rapidly. In the course of the day the expression of the eyes became staring, the collapse increased, and the patient sank at about six P. M.

This case, although it ended fatally, affords some points of very great interest.

1.—It has not been known hitherto that such large quantities of fluid could safely be injected hypodermically.

2.—It is of great importance to know that, even in collapse, and when the stomach steadily refuses to retain its contents or anything that has been introduced into it, the skin is capable of absorbing fluids and bringing them into the current of circulation. Of that fact use may be made in other diseases, and nutrition carried on artificially till the alimentary tract is brought into a better condition.

3.—Experiments have been made to carry out the idea just mentioned by injecting broth and other fluids, as much as a pint at one spot. Such a method is physiologically not justifiable, and, therefore, will scarcely be crowned with success; on the contrary, it causes inflammation of the respective parts and gangrene of the skin, whilst injection of a considerable quantity of fluids at different spots, and of about twenty or thirty minims at a time, may be practiced without causing any considerable pain, and with the certainty of the separate small quantities of fluid immediately being absorbed and carried into the circulation.

4.—In the case described above the injection of seven ounces of water was effected in about an hour and a half; but, to perform that operation in a shorter time, I had an instrument manufactured

by Messrs. Krohne & Sesemann, of Whitechapel Road, which I call an "injector," and by means of which several ounces and even a pint of fluid may be conveniently injected hypodermically, according to the principles I have stated, in a very short time.

5.—Should I have further opportunity of continuing this kind of treatment, the solution which I would choose for injection would be one containing $\frac{1}{2}$ per cent. of phosphate of soda and $\frac{1}{2}$ per cent. of common salt, that being the chemical composition of the rice-water evacuations as analyzed by Kletzinsky.

6.—Hypodermic injections, as I learn from several communications made to me after my short paper in the *Lancet* of 25th August, have been recommended also by different authors on the continent, and particularly by Dr. W. M. Gunning, of Amsterdam; and it really seems that this method, when properly applied, will at all events enable medical men to act more surely, and therefore more energetically, against the disease.—*Lancet*, Sept. 29, 1866.

On the Internal Use of Chloroform in the Treatment of Delirium Tremens.

BY E. M'CLELLAN, M. D., ASSISTANT SURGEON, U. S. ARMY.

In the treatment of delirium tremens, be it presented either in that stage of excitement of the nervous system, dependent upon the excessive stimulation of a late debauch, or in that of cerebral debility, the result of a total absence of the long accustomed stimulant, the same results must be obtained in order to afford that relief which the condition of the patient demands; and in either case is the condition of the nervous system produced by excessive stimulation alone to be considered.

By the constant presence of alcohol, the stomach has lost its tone, and among those in whom this disease occurs but little food is taken at any time, while during a debauch it is almost entirely abstained from.

Inanition is therefore a serious complication.

During a debauch the drunkard for the time becomes a pedestrian, and, in his sleepless walk, traverses distances which, at other times, are far beyond his powers. He exposes himself to all extremes of temperature; this, with his total neglect of all hygi-

enic laws, swells the account of his folly, until finally, by the nervous excitement operating upon his prostrate system, the vital force of the patient is reduced to that point from which, unaided, he can rarely recuperate.

It is conceded by all, that the first indication in the treatment of this disease is to subdue the undue excitement which prevails, and that this must be accomplished, and sleep procured, before further action is practicable. Therefore, a remedy which will most readily procure this result is the one to be exhibited.

Rarely has there been a requirement of disease to meet which such a variety of remedies have been proposed; they range from the sedative effect of solitary confinement to free stimulation; from active antiphlogistic treatment to that of powerful narcotics; and among others of this class is found *chloroform*, exhibited by inhalation or administered internally.

Frequently has this remedy been recommended for internal use in this disease and others of the same family; its claims have been presented with great earnestness by some observers; it has met with many strong advocates; but the mass of the profession look upon it with distrust, forgetting that they daily, and with impunity, use products far more deadly in their character.

It has been clearly demonstrated that chloroform administered internally acts as a "*diffusible narcotic which is as free from danger as any other drug; that in its somniferous properties it is more prompt than opium, and that its effect is of shorter duration, producing less cerebral oppression.*"

Among the cases recorded of its internal use, the following have been selected, and are referred to, as corroborating this opinion:

I. In the *Dublin Medical Press* for 1852, Mr. Butcher reports in full his treatment of a case of delirium tremens, in which, all other remedies failing, it was employed with perfect success.

II. In the *Dublin Quarterly Journal* for May, 1863, Dr. Harvey reports a case of maniacal delirium, in which it was internally used with great success, opium and other narcotics having failed.

III. In the *Dublin Hospital Gazette* for February, 1854, Dr. Gordon reports its employment with advantage in two cases of violent delirium, the result of irritative fever.

IV. In the same Journal, Dr. McDowell reports its successful administration in three cases of delirium tremens.

These cases have been referred to, not only from the fact that they fully demonstrate the internal action of chloroform, but that they are those in which full physiological doses were administered, and also those in which its effects were not impaired by combinations with other substances.

The rapidity with which chloroform acts upon the nerve centers; the character of the sleep produced; its not producing cerebral depression or gastric irritation, its prompt relief of nausea, and arrestion of vomiting, shorten materially the period during which the practitioner must remain inactive before he can meet those complications which exert so powerful an influence upon this disease.

This remedy has been freely used by the writer, and the appended cases, from the record of those treated, show its uniform action.

CASE I.—Private B. was admitted to the Post Hospital, Fort Delaware, September 12th, 1865. This patient had been drinking hard for several days, and was reported as having no sleep during the past forty-eight hours. He was much debilitated, pulse about 100, skin cold and clammy, tongue heavily coated, very restless, suffering from constant nausea, and very considerable tremor. No mental disorder beyond an inability to concentrate his mind upon any subject. Chloroform $\bar{5}j$ was administered, followed by a small quantity of iced water, and was not ejected, the tremor gradually ceased, his pulse became fuller and less frequent. He was undressed and placed in bed, and shortly passed into a profound sleep, which lasted for nearly five hours, at the expiration of which he awoke, exhibiting no symptoms of the attack beyond that of debility. He remained under treatment until the 14th, when he was returned to duty.

CASE II.—Private M., aged 40 years, originally of a strong constitution, but much debilitated by prolonged attacks of intermittent fever, was arrested, September 29th, 1865, at about 8 o'clock, P. M., and confined, after he had been drinking hard for many hours.

He was violently excited, and much force was necessary before

he could be secured; his condition during the night continued the same.

My attention was not called to his case until 8 o'clock A. M., the next day. I found him suffering greatly from prostration, vainly endeavoring to sleep, and pleading for stimulants; muscular tremor was excessive.

Chloroform ʒj was administered, and produced an immediate cessation of his craving for drink.

In twenty minutes, as no permanent relief had been obtained, it was repeated to the extent of half a drachm, and in fifteen minutes the patient was in a sleep which lasted for several hours. When he awoke his mind was clear, and the nervous prostration relieved. He remained under treatment until October 2d, when he was returned to duty.

CASE III.—On the morning of June 10th, 1866, was called to see private D., who was in close confinement, and found that he had been drinking excessively for several days, but that during the past twenty-four hours, had been without any stimulant. The patient was lying upon his blankets, to all appearances perfectly quiet and composed; insomnia being at the first glance the only prominent symptom—the excessive excitement having passed off and the remaining nervousness being to a great degree mastered by the will of the patient. His tongue was heavily coated, the pulse was small and feeble. He had voided no urine during the past ten hours, and had taken no food during the time he had been confined.

On being thrown off his guard, and excited, some muscular tremor, with slight incoherence, came on.

He was placed under the influence of one drachm of chloroform, and was soon in a sound sleep which lasted three hours. On awaking, a full dose of castor oil in porter was administered, and in a few minutes he was again asleep, which lasted for one hour, when he voided about one pint of heavily loaded urine. The sleep continued during the day at short intervals, and under careful treatment and diet he rapidly recovered.

Had this case been allowed to remain, unaided for but a few hours, in all probability it would have terminated in maniacal delirium.

CASE IV.—Private M. H., was admitted to hospital, July 6th, 1866. He had been drinking since early on the morning of the 4th instant; the only symptoms exhibited were insomnia and some nervous excitement. Chloroform \mathfrak{z} i was administered, and was followed by a sleep of two hours, after which he awoke, refreshed and complaining of hunger—ate a full breakfast. The relief afforded was so great that at noon of the same day he was allowed to return to his quarters.

July 7th, 7.30 A. M., he was brought to hospital under guard, with the report that his debauch had been renewed with vigor on the preceding day. He now exhibited the full symptoms of *mania a potu*.

His countenance was anxious; his expression wild; the muscular tremor was fully established; his speech was hurried and irrational. Eyes suffused, tongue heavily coated, pulse about 110, thirst excessive, but vomiting violently after drinking, restless, constantly walking around the ward. Was unable to keep him in bed.

8 o'clock, A. M. Chloroform \mathfrak{z} i was administered in small quantities of simple syrup. The vomiting was arrested, but no other relief obtained.

8.20 A. M. The dose was repeated, and sensibly diminished the rate of his pulse and the violence of the tremor.

8.40 A. M. No disposition to sleep being apparent, the same dose was administered, the tremor gradually ceased, the pulse became more natural, and sound sleep came on, which lasted for over two hours—when he awoke, complaining of severe thirst; still incoherent and affected by the tremor, although a sensible abatement had occurred of all the symptoms. The thirst was relieved by pounded ice, and beef tea in small quantities was administered during the day; he continued drowsy and slept at intervals until five o'clock P. M. At seven P. M., after being awake for about two hours, the restlessness and excitement returned. A drachm of chloroform was again administered, and the patient slept during the entire night.

July 8th. Awoke in the morning much refreshed; his mind clear, but complaining of gastric pain and great thirst; in the absence of his nurse, he drank a large quantity of water, which again brought on excessive vomiting, with every prospect of a

return of the graver symptoms. Chloroform gtt. ix exhibited, quieting effectually the vomiting.

Ten grains of calomel were administered, followed by a full dose of castor oil in porter; this produced three evacuations.—The patient remained quiet and rational, did not sleep much during the day—beef tea being retained by the stomach. At 8 o'clock P. M., chloroform 3ss was administered, and secured for the patient a comfortable night.

July 9th. This morning the patient awoke rational, the cerebral symptoms having entirely disappeared, but suffering greatly from debility. From this point the case presents nothing of especial interest; the patient, however, having a hard struggle in recuperating—nausea and vomiting frequently being present, but always yielding to the influence of chloroform.—*Medical and Surgical Reporter, August, 1866.*

Editorial Department.

Remarkable Exemption of Buffalo from Epidemic Cholera and the usual diseases of the season.

It is quite remarkable that cholera should prevail to so great extent in almost all the larger cities of the country and so few cases of choleraic disease be reported in Buffalo. Three or four cases thus far comprise the whole, and these perhaps hardly come within the present fashionable definition of this disease. The new work on Cholera by John C. Peters, who gives his own opinions in twelve distinct expressions, which are maintained, as he says, by the most scientific and experienced physicians of the times, will exclude most or all of our cases of cholera, though there can be no doubt that the general symptoms of cholera were present.

Article 6th says: No amount of filth, imprudence or diarrhoeal disease without the addition of this peculiar cause, (choleraic poison) will give rise to true Asiatic cholera in temperate climates. 12th. Finally, no case of diarrhoea, cholera morbus or dysentery can be converted into cholera, unless the patient has also been exposed to the peculiar infection of this disease.

The cases in Buffalo, reported as cholera, were not supposed to have had any exposure to the "peculiar infection" of cholera, that is, the most perfectly marked and unquestionable ones were known not to have been exposed to the infection of cholera. One patient we believe was supposed to have contracted the disease in New York, which only completed its course in Buffalo; perhaps

one other also contracted the disease in another city and came here to die.— It was under the care of an irregular physician, and of its character or symptoms we have no knowledge; the daily papers announced death from “typhoid fever, following cholera.” The absurdity of this, reminds us of a good story told by Rev. Dr. H—— of Buffalo, who is not as much given to being deceived in matters of medicine, as most men who have his titles, and we may be pardoned for digressing enough to repeat the Doctor’s experience. One morning during the prevalence of one of the former epidemics of cholera, meeting a newly converted homœopathic parishioner, who was very ardent for the newly discovered wonders of the infinitesimal, and anxious to make a startling announcement, inquires, “have you heard of the wonderful cure Dr. Warner has made?” On being told that he had not, he says, “Dr. Warner has cured a man of cholera after he had been in collapse twelve hours.” Dr. H. replied reverently, that he did not believe any one but God himself could do such a thing. But it has been done, and when all hope of his recovery was given up, was the positive reply. Who was the fortunate object of this miraculous cure? inquires the Doctor. It was er, it was er, Mr. —— on Pearl street. My dear Sir, I attended that man’s funeral myself, two weeks or more since. Ye—, he’s dead, I know, but Dr. Warner cured him of the cholera, and then he died from the effects of the medicine the old school doctors had given him before Dr. Warner was called. The doctor’s wholesome advice to his quite prominent parishioner may be imagined, while we return to the question of what shall, and what shall not, be regarded as cholera. One of the most well marked cases, under the care of as careful and intelligent observation as the country affords, without any exposure to the infection of cholera, and in as healthy a location as is to be found in the city, terminates fatally, and is pronounced “cholera, and nothing else but cholera,” by a most discriminating and experienced physician. The inference is plain, that either this, and other similar cases, cannot properly be called cholera, or the present prevailing code concerning this disease requires modification. That the patient had the usual symptoms of the disease, in severe and fatal form, cannot be doubted; but that it lacked the exposure to infection from choleraic disease is also certain, and therefore according to the present view of all those who believe contagion necessary for true cholera could not come under that name. The question of whether we shall call such disease cholera is a proper one for consideration, and the arguments for and against may very properly be stated. The sudden appearance and disappearance of cholera here and there, following laws thus far, as we believe inscrutable, induces us to withhold assent to all theories of its communication, hoping at length to arrive at conclusions in perfect harmony with facts.

We have enjoyed a season of the most remarkable exemption from all forms of disease, fewer cases of cholera morbus, diarrhoea and dysentery having occurred in Buffalo than for many years past. The announcement of cholera is generally received with distrust, the demand that true cholera be epidemic, being general. If cholera lacks the epidemic character, it does not quite answer public expectation, and perhaps it might be as well to add the morbus to it, and let it pass,

unless it does show disposition to extend itself, whatever other symptoms it presents. Others think differently—that it is better to call such sporadic cases, cholera, that the community may be aware of the presence of the disease and act accordingly.

Vivisections—Letters from Henry Bergh and Dr. Dalton.

On the 27th of September last, Mr. Henry Bergh, President of the Society for the Prevention of Cruelty to Animals, addressed a letter to Dr. Edward Delafield, President of the College of Physicians and Surgeons in New York, asking his opinion “whether the practice of that branch of surgery known as vivisection could not be wholly dispensed with, or so modified, without detriment to science, as to exempt from suffering, by the employment of anaesthetics, the animals operated upon.”

Dr. Delafield referred Mr. Bergh's letter to Dr. Dalton, professor of physiology in the college. On the 22d of September Dr. Dalton replied that the practice of vivisection had been conducted in that college “in conformity with the most humane methods known to the profession,” but added that “suffering is prevented in nearly all instances by the previous use of anaesthetic agents, in the same manner as in surgical operations on the human subject. The cases in which they cannot be used for this purpose are very rare.”

Mr. Bergh rejoined, under date of October 6, acknowledging the receipt of Dr. Delafield's reply, and the inclosure from Dr. Dalton, and remarking: “I cannot overlook the avowal made by Dr. Dalton, that ‘there are cases in which anaesthetics cannot be used, although rare.’” He added a request for a specification of the cases in which anaesthetics could not be used, and the reasons for those exceptions. Dr. Dalton replied to this request as follows:

“ * * * “In answer to your request, I would say that the cases referred to, where anaesthetics cannot be used, are those in which the insensibility produced by anaesthetics would interfere with the performance of the experiment and defeat its objects—as in those of Magendie on the nervous system, in which the object of the experiment was to ascertain the presence or absence of sensibility in particular parts. The special character of these cases will undoubtedly vary in course of time with the progress of medical inquiry.

“Yours, respectfully,

“J. C. DALTON,
“Professor of Physiology.”

Mr. Bergh makes a lengthy reply to this letter charging inhumanity and barbarity, and quoting letters from various surgeons sustaining his position.

Dr. J. C. Dalton's reply to Mr. Bergh shows that the sole and only ultimate object of this practice is the relief of human suffering and the cure of human diseases; that it is not cruel but humane and unobjectionable, being almost always done while the animals are under influence of ether or chloroform. He says:—
“It has always been believed that the fullest instruction in physiology, as well as in the elementary branches, is essential to the due preparation of intelligent and successful physicians. The more complete and efficient this instruction is made, the more competent will be the practitioners who every year are sent out to join

the ranks of the medical profession. This instruction is made as complete as possible by ocular demonstrations of many important facts, but this is always done, as I believe, in a reasonable and proper way."

Books Reviewed.

Hamilton on Fractures and Dislocations.

The first appearance of this work was in the winter of 1859, since which time it has passed to its third edition. At the time of its first publication the English language did not contain another complete treatise upon Fractures and Dislocations, and the profession of this country have shown their appreciation of this work by the most substantial proofs; surgeons will always manifest their interest and confidence in it, especially so whenever deformities after injuries result in legal investigations. The profession, however, can never fully appreciate the value of this book, since it is such a bulwark of defence on both sides, preventing suits for mal-practice and justifying conditions of deformity which surgical skill cannot prevent.

In the preparation of this edition the cases and observations published since the date of the first have been studied, and valuable additions made both in the text and in the illustration of it. The chapter upon gun-shot wounds has been enlarged by the experiences of the late war, and the whole work brought up to the standard of practice at the present day, indeed is itself the standard, and by it must be estimated the results of surgical practice. Epiphyseal separations liable to be confounded with fractures are additionally illustrated by cuts selected from Gray's anatomy, indicating the centers of ossification and development of bone. The author describes these epiphyseal separations as quite distinct accidents, and as often requiring much longer time for repair than fracture of bone; he makes mention of such separation of the acromion process, upper and lower ends of the humerus, upper and lower ends of the femur, and trochanter major. These injuries are described carefully and their occurrence seems probable, but it does not appear that the proof is conclusive. He relates four cases in the femur supposed to be of this nature, and then says: "these four constitute the only examples at the upper end of the thigh, which I find reported, or of which I have any knowledge, and although there may be much reason to suppose that the diagnosis was correct in each instance, I cannot regard any one of them as actually proven; nor can I admit the accident as fully established, or the diagnostic signs as fully made out, until these important points have received the confirmation of at least one dissection." It seems probable that bones might separate more easily at their epiphyseal points than elsewhere, especially in young subjects, or in cases of delayed union, but we cannot now appreciate any circumstances or appearances which would enable the surgeon to determine the exact nature of the accident. If it should be settled that such accidents are common it still seems probable that nothing but dissection could determine its existence—differential diagnosis between it and fracture will certainly be difficult if not impossible.

We are much gratified with the appearance of this edition, and though the former ones were supposed to be perfect, this is certainly an improvement upon the first and second. The distinguished author has earned his reputation, and his work will remain an enduring testimonial to his candor, zeal, intelligence and unhesitating avowal of the truth. He has spoken truthfully for the science and art of surgery, and at the same time for himself and the whole profession.

Flint on the Respiratory Organs.

It is now ten years since the first appearance of this work, which has been out of print for some time. During these ten years, the author has given special attention to the diagnosis of diseases affecting the respiratory organs, and has been constantly teaching at the bed-side and in didactic lectures the physical signs of these diseases. These facts would alone prove sufficient evidence of the value of the book, but the American profession are sufficiently well acquainted with this distinguished teacher and author to make any notice of his work other than the simple announcement of its appearance necessary.

The present edition has undergone considerable change, as compared with the first, though the general plan remains the same. The design of the work, is to present as plainly as consistent with full exposition, the physical signs of the diseases of the chest, which has been accomplished by "adopting a convenient classification, by pointing out distinctly their differential characters, and by the introduction of a few new names, which are in themselves description." Pitch of the resonance observed in percussion, and the pitch of the mucus, the subcrispant and crispant rales as indicative of the presence or absence of disease of the lung are considered much more fully than heretofore, as furnishing valuable diagnostic signs. Attention is also directed to a novel method of auscultatory percussion, which consists in "applying Cammann's stethoscope near to the open mouth of the patient, while percussion is made. In this way the amphoric and the cracked metal intonation may often be obtained in cases in which they are otherwise inappreciable."

The whole art of physical exploration is embraced in this work, together with the rational signs of disease, while the relative value of each is plainly indicated, so that it cannot be said that one set or group of symptoms have been considered to the exclusion of others. In its manner of arrangement and classification it is excellent, and in the accuracy and completeness of its teaching, perfect.

Nelligan on Diseases of the Skin.

In 1852 Dr. J. Moore Nelligan of Dublin, published a small work which he termed in his practice "A Concise Practical Treatise," diseases of the skin at that time having received comparatively little attention. This little work has passed to a second and enlarged Dublin edition and fifth American, thus showing the favor it has received from the profession of both countries. It still remains after being edited by Dr. T. W. Belcher, as originally produced, a concise,

practical treatise upon diseases of the skin. The diseases of the skin are treated under the following general divisions: exanthemata, vesiculae, pustulae, squamae, hypertrophiae, haemorrhagiae, maculae, cancrroides, dermatophytiae and syphilides. Chapters xiii and xiv are devoted to diseases of the appendages of the skin, and to therapeutics of diseases of the skin. It contains also biographical and general index of words and other matters. The work is, we believe, eminently adapted to the wants of the general practitioner, who has little time to consult the more voluminous works, and will prove also valuable to the student who desires condensation and accuracy.

A Hand-Book of Ophthalmic Surgery. By John Z. Laurence, F. R. C. S., M. B. (University London) and Robert C. Moon, House Surgeon to the Ophthalmic Hospital, Southwark. Philadelphia: Henry C. Lea, 1866.

The aim in writing this book, the author says, "is to bring the principles and practice of modern ophthalmic surgery within a small compass, to supply the wants of the busy practitioner, who may have neither time nor opportunity to read the innumerable contributions that ophthalmic surgery and science have received within the last fifteen years.

In describing symptoms, we have limited ourselves to those which are essential for the recognition of disease, in describing operations, etc., to those details which are essential for its treatment. At present, it matters little to the practitioner whether glaucoma depend on a hypersecretion of the fluids of the eye, or on a rheumatic state of the circulation, or on an obscure affection of the ciliary nerves, etc. What he chiefly wants is, how to know glaucoma; and when he knows it, how to treat it."

We have quoted the language of the authors to show the true intention and scope of the work, and we believe that the design has been answered in a remarkable degree. The descriptions of disease are very plain and direct, the directions for using the ophthalmoscope are plain and easily understood. The representations of new instruments and of all the various methods of diagnosis by instrumental examination is complete and instructive. The whole work commends itself to most favorable consideration, and will be found one of the most attractive works upon the eye for the student and general practitioner.

Perhaps it is hoping too much to expect physicians engaged in the general practice of medicine to fully acquaint themselves with diseases of the eye and the various new methods of discovering them, but certain it is, physicians should pay more attention to this department of practice, time for which, might easily and properly enough be diverted from other and less attractive and less useful objects of professional investigation.

Elements of Medical Chemistry. By B. Howard Rand, M. D., Professor of Chemistry in the Jefferson Medical College. Philadelphia: T. Ellwood Zell & Co.

This work is designed chiefly for the use of students of medicine during their attendance upon lectures; but the practitioner will find comprised within its scope about all which he can desire to read, of medical chemistry and physics.

So far as time has permitted examination we have been much pleased with the general arrangement and choice selection of topics, and we believe that no work of this character could be better adapted to the wants of medical students both before graduation and when the duties of active practice require completeness with brevity.

Books and Pamphlets Received.

- A Manual of Medical Jurisprudence.** By Alfred Swaine Taylor, M. D., F. R. S. Sixth American from the eighth and revised London edition, with notes and references to American decisions, by Clement B. Penrose. Philadelphia: Henry C. Lea, 1866.
- The Science and Practice of Medicine.** By William Aitken, M. D., Edinburgh, in two volumes—vol. 1. From the fourth London edition, with additions, by Meredith Clymer, M. D., late Professor of the Institutes and Practice of Medicine in the University of New York; formerly Consulting Physician to the Philadelphia Hospital, etc. Philadelphia: Lindsay & Blakiston, 1866.
- Clinical Observations on Functional Nervous Disorders.** By C. Handfield Jones, M. B. Cantab.; F. R. C. P. Lond.; Physician to St. Mary's Hospital. Philadelphia: Henry C. Lea, 1867.
- An Introduction to Practical Chemistry, including analysis.** By John E. Bowman, F. C. S., late Professor of Practical Chemistry in King's College, London. Edited by Charles L. Bloxam, F. C. S., Professor of Practical Chemistry in King's College, London, etc., etc., with one hundred and seven illustrations. Fourth American, from the fifth revised London edition. Philadelphia: Henry C. Lea, 1866.
- Notes on Epidemics, for the use of the Public.** By Francis Edmund Anstie, M. D., F. R. C. P., Senior Assistant Physician to the Westminster Hospital. First American edition. Philadelphia: J. B. Lippincott & Co., 1866.
- Diagnosis and Prescription Record.** Fourth edition. New York: W. Wood & Co., 61 Walker street, and Schiefelin & Co., 170 William street.
- A Treatise on Vesico-Vaginal Fistula.** By M. Schuppert, M. D., Surgeon of the Orthopædic Institute, New Orleans, La.
- Inguinal Aneurism—Successful Ligation of External Iliac Artery by means of Silver Wire.** By C. H. Mastin, M. D., of Mobile, Ala.
- Neuralgia of the Face—Resection of the second branch of the fifth pair of nerves in the Spheno-Maxillary Fossa at the Foramen Rotundum of the Sphenoid Bone.** By M. Schuppert, M. D., Surgeon of the Orthopædic Institute, New Orleans.
- Transactions of the Medical Society of the State of Pennsylvania, at its Seventeenth Annual Session, held at Wilkesbarre, June, 1866.**
- Berkshire (Mass.) Medical College.** Forty-fourth Annual Catalogue, 1866.
- Prospectus of the Second Annual Course of Instruction in the St. Louis College of Pharmacy—Session of 1866-7.**
- On Provision for the Insane Poor of the State of New York, and the adaptation of the "Asylum and Cottage Plan" to their wants, as illustrated by the history of the Colony of Fitz James, at Clermont, France.** By Charles A. Lee, M. D.
- Remarks on the Bible.** By John O'Reilly, M. D.
- Dr. Charles W. Betzel's Circular of Truss, single and double.** Patented May 9th, 1865, for the term of seventeen years. Sanctioned by Prof. S. D. Gross, in his "System of Surgery." Recommended by Surgeon General Barnes, U. S. A., by whose authority it was practically proved in one of the U. S. General Hospitals of Philadelphia. B. A. Fahnestock's Son & Co., Pittsburgh, Pa.
- Revised List of the Publications of J. B. Lippincott & Co., Philadelphia.**

Exchange Journals.

The following Journals are regularly received in exchange:

London Lancet—Editors, J. H. Bennett, M. D., T. Wakely, jr., M. R. C. S. E. Braithwaite's Retrospect of Practical Medicine and Surgery. New York: W. A. Townsend, 434 Broome street.

The Ophthalmic Review, edited by J. Z. Lawrence and Thomas Winslow, London.

American Journal of the Medical Sciences, edited by Isaac Hays, M. D.

Boston Medical and Surgical Journal, edited by Samuel L. Abbott, M. D. and James C. White, M. D.

The American Journal of Insanity, edited by the officers of the New York State Lunatic Asylum.

The New York Medical Journal.

The Cincinnati Lancet and Observer, edited by Edward B. Stevens, M. D. and John A. Murphy, M. D.

The St. Louis Medical and Surgical Journal, edited by M. L. Linton, M. D. and Frank W. White, M. D.

The Medical Record.

The Chicago Medical Journal.

The Chicago Medical Examiner, edited by N. S. Davis, M. D.

The Medical and Surgical Reporter, edited by S. W. Butler, M. D.

The Cincinnati Journal of Medicine, edited by George C. Blackman, M. D., Theophilus Parvin, M. D. and Roberts Bartholow, M. D.

The Richmond Medical Journal, edited by E. S. Gaillard, M. D. and W. S. Mo-Chesney, M. D.

The Savannah Journal of Medicine, edited by Juria Harris, M. D., J. B. Read, M. D. and J. G. Thomas, M. D.

The Medical Reporter, edited by J. S. B. Alleyne, M. D. and O. F. Potter, M. D.

The Detroit Review of Medicine and Pharmacy, edited by George T. Andrews, M. D., S. T. Duffield, M. D. and E. W. Jenks, M. D.

Atlanta Medical and Surgical Journal, edited by J. G. Westmoreland, M. D.

The Medical and Surgical Monthly, Memphis, Tenn., edited by Frank A. Ramsay, M. D., D. D. Saunders, M. D., E. Mills Willett, M. D. and William H. White, M. D.

Southern Journal of Medical Sciences, edited by E. D. Turner, M. D., D. Warren Brickell, M. D. and C. Beard, M. D.

The Pacific Medical and Surgical Journal and Press, edited by Henry Gibbons, M. D.

The Galveston Medical Journal, edited by Greenville Dowell, M. D.

The New Orleans Medical Record, a semi-monthly Journal of the Medical Sciences, edited by Bennett Dowler, M. D. and S. R. Chambers, M. D.

The American Journal of Pharmacy, edited by William Proctor, jr.

Medical News and Library, by Henry C. Lea, Philadelphia.

The Druggist's Circular and Chemical Gazette; The Journal of Materia Medica, by Joseph Bates, M. D. and H. A. Tilden.

The Dental Cosmos, edited by J. H. McQuillen, D. D. S. and George J. Zeigler, M. D.

The Atlantic Monthly, published by Ticknor, Fields & Co., Boston.

Godey's Lady's Book, published by Louis A. Godey, Philadelphia.

The Herald of Health.

American Eclectic Medical Review, New York.

Eclectic Medical Journal, Cincinnati, Ohio.

Dental Register, Cincinnati.

The Nation.

Every Saturday, published by Ticknor, Fields & Co., Boston.

Educational Monthly.

Transactions of the Ohio State Medical Society, 1866.

The medical papers are reports on Military Surgery by Dr. Gay of Columbus, on Obstetrics by Dr. Reamy of Zanesville, who covers a great amount of ground and presents a very interesting and important report; on Therapeutics of Zymotic Diseases by Edward B. Stevens, editor of the *Cincinnati Lancet and Observer*, who never fails to present something valuable before the State Society. The paper this year is very suggestive and instructive. There are reports upon Incurable Diseases, Public School Instruction, and some reports of surgical cases, all very creditable to the Ohio State Medical Society as well as to their respective authors.

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No. 5.

Original Communications.

ART. I.—*Extracts from a Lecture upon Recent Observation on Medical Subjects in Europe; being Introductory to his course at the Buffalo Medical College.* BY PROF. JAMES P. WHITE.

[The following lecture delivered by Prof. James P. White since his return from Europe, is published in compliance with the wishes of his colleagues and pupils and many of his professional friends. Having during the summer published letters from Prof. W. describing the condition of medical affairs in Spain and Italy, we omit, at his request, everything relating to these countries in the lecture.—ED.]

GENTLEMEN:—Nearly one year since, I bade adieu to my class, many of whom it gives me pleasure to behold again in their places, for the purpose of renovating a system exhausted by unintermitting professional labors, and also for the purpose of visiting the medical schools and hospitals of Europe. This task has, by the blessing of Divine Providence, been accomplished without accident to my companions or myself, or the occurrence of any untoward circumstance to mar the pleasure of the trip. My most sanguine anticipations have been more than realized, and throwing aside the responsibilities of the practitioner, I have lived again the life of a student. During this time it has been my good fortune to visit a large number of the medical colleges and to see and hear lecture a great many medical men, most distinguished for their learning and ability. Throughout this extended journey, including Great Britain and most of the countries in continental Europe, I have been treated with great hospitality, been welcomed with a degree of warmth and cordiality far exceeding my

individual merits, and which was extended by brethren of a profession whose sphere of usefulness knows no political or geographical limits, but recognizes in the trans-Atlantic physician a co-worker in the great cause of ameliorating the condition of suffering humanity. And, gentlemen, much as I have enjoyed this tour in the old world, and much as I hope I have profited also in a professional point of view, by observations made in the various institutions which I have visited, I am delighted still more by your hearty welcome upon my return, and am most happy again to meet you and resume with renewed physical vigor, and to the best of my ability the duties here assigned me. Indeed, I can truly assert that the pleasure which I have derived from foreign travel culminated on each occasion in the hearty welcome extended to me by my friends, pupils and patients upon my return to the home of my boyhood and the theatre of professional labors of more than one-third of a century's duration.

The request has been repeatedly made, that, instead of a more formal or elaborate introductory discourse, this, our first interview, be occupied with a succinct account of the various objects which I have seen with most interest. In compliance with this desire I will hastily advert to some of the things which most attracted my attention, and note in passing some of the changes which have occurred since my previous visit. I may commence by saying that, leaving you the beginning of the present year, after a remarkably dangerous and tempestuous passage across the Atlantic, we were safely landed in Cherbourg toward the last of January. Suffering greatly during this entire voyage, as well as on previous voyages, from sea-sickness, I regret to say that I was unable to turn my experience to any good account, and must confess that, after much inquiry and reflection, I now know of no remedy for that most vexatious affection, except to remain on shore. Perhaps I may add, in view of the department which it is my province to teach, that, the accoucheur who has been the victim of ten days' sea-sickness will be most certain to have a realizing appreciation of the discomforts of "morning sickness," and will thereafter be sure to lend a patient ear to the poor woman who claims his sympathy under such circumstances.

Proceeding to Paris by the way of Caen, I remained at the latter

place a few days to see the various buildings and objects of interest in that venerable city. Fifteen years since I visited Rouen, also, to see M. Pouchet, the celebrated naturalist and physiologist. M. Pouchet, whom I found actively engaged in his favorite investigations, is slight in form, rather below the medium height, high forehead, with a piercing black eye, fine countenance, and about forty-five years old. It is to this physiological observer more than to all others, in my opinion, to whom the profession is indebted for experiments which establish the existence of spontaneous ovulation in all the mammalia. You are all aware, that but a few years since it was the accepted doctrine, that the influence of the male was necessary for the formation of the germ or ovule. That after a fruitful connection the ovary was excited to action, that then, and not till then, an ovule or germ was secreted or formed, which was subsequently transmitted to the uterus where it was matured and prepared for external life. Now this theory, with its kindred ones of menstruation and the formation of the corpora lutea, etc., etc., have been completely overturned by the experiments of MM. Bischoff, Rociborski, and especially by the labors of M. Pouchet of Rouen. M. P. gave me an early edition of his work upon "Spontaneous Ovulation," which, in my judgment, places the priority of his claim beyond all question, although its discovery has been claimed by others.

Leaving the city of Caen, in which William the Conquerer lived, and where his bones are still preserved, we proceeded by rail to the great French metropolis. Paris contains much which claims the attention of the medical observer as well as the lover of art and the votary of pleasure. In the study of anatomy, special, pathological and microscopic; in the perfection of diagnosis, especially in physical explorations; in experimental physiology; in many departments of surgery; in the diagnosis and treatment of the diseases pertaining to the female genital apparatus; in the opportunities afforded for investigating cutaneous diseases; and in many other departments which might be enumerated Paris offers unparalleled advantages. To the obstetrical student this city affords a larger number of labors which are made available as a means of instruction, than any other except Vienna. Here, also, by paying a small fee, the attendance of females in all the

stages of pregnancy may be secured, who are willing to submit to an examination for all the tests or signs of that condition, thus rendering those who choose to profit by these opportunities, expert in detecting the various changes which the neck and orifice of the uterus undergo; the condition of the abdomen and mammæ, and more than all, in recognizing the intra-uterine sounds at an early date. In the great school of medicine, or "*ecole de medicine*," theoretical instruction is given during nearly ten months in the year, by twenty-four professors. The one-half lecture during the winter months and the remaining half during the summer *seicle*, as it is termed. There are ordinarily three lectures, of one hour each, delivered daily; commencing at ten or eleven, or so late as not to interfere with the clinics of the several hospitals, which ordinarily occupy from seven to nine in the morning. The faculty of this great school of medicine are appointed and paid by government, and until quite recently, after thoroughly sifting the qualifications of all applicants by the system of concouring. It may be remarked that the tickets, not only here, but at all the hospitals, also, are gratuitous. The faculty of this school alone can confer the degree of Doctor in Medicine, without which no one can practice his profession in the French Empire, without incurring the severest penalties of the law. In this faculty are always to be found some of the ablest men in France. The more distinguished of these professors ordinarily lecture to crowded rooms, there being not unfrequently from one to two thousand in the amphitheatre; whilst at other times, during the dull delivery of an uninteresting lecture, I have counted them when they did not exceed forty or fifty. It may not be uninteresting also to add, that the accommodations for *sleeping* are very indifferent, as the seats are oak, uncushioned, and without backs; so that those only attend who expect to listen. Trosseau, Moreau, De Paul, Velpeau, Andral, Jobert, and some others, never lecture but with crowded benches. Most of the professors occupy a large, high chair, and deliver their lectures sitting; and the same remark holds true of the clinical teachers in the hospitals. There are, however, some exceptions. M. Orfila always lectures standing, gesticulates very much, and until recently maintained the high reputation as a chemist and teacher, which he had borne for almost half a century. M. Coste,

the great physiologist, is a very animated lecturer and always stands in the delivery of his interesting lectures in the College de France. Trousseau, the author of a very valuable work upon Therapeutics, and who has also made several other contributions to science through the different journals, was appointed to his chair at an earlier age than any other man has ever been, and is even at the present time esteemed the most eloquent medical teacher in Paris. He is tall, with a large head, broad mouth and enunciates so distinctly that it has always seemed to me any one could understand him even though he might know nothing of the French language. During the month of August last, I had a long consultation with this celebrated practitioner and teacher, in the case of a friend and patient suffering from epilepsy, to which and kindred diseases Trousseau has devoted especial attention. He is vigorous and active, and I am happy to add, that although now a little more than sixty-five years old, is still thoroughly a man of progress. He resigned his chair in the faculty of the school of medicine only a few weeks since, under a resolution formed and adopted by his eloquent colleague, Orfila, and himself, when in middle life, predetermining *voluntarily* to retire at that age, without waiting until the public should cease to follow them, adding as he handed in his resignation, that "the labor of practice is already oppressive for more than sexigenarian shoulders; that of teaching is impossible." Would that all were equally conscious of the infirmities incident to advancing years. Malgaigne was an instance which may sometimes be met with of a man who writes and speaks well, without making a judicious practitioner in the same department in which he eloquently discourses. He was one of the surgeons to Hospital St. Louis, it is true, but in the two or three visits which I made in his ward, when at his zenith, I found scarcely a dozen following him, although he had a fine field for displaying practical talent, did he possess it.

It is not necessary for the student to attend any of the lectures in the *ecole de medicine* in order to entitle him to an examination before its faculty. This is especially fortunate, for the chairs being held for life, some of them are now, and probably always will be, occupied by superannuated old men who are utterly unfit for their positions, and yet unwilling to relinquish its emoluments. To

obviate this defect, private courses are given by enterprising, ambitious men upon all the specialties, thus enabling the student to supply, for a small sum, any imperfections which there may be in the instructions at the college. Thus we find such men as Chailly, and Cazeau, and De Paul, and Campbell, and Pagot and others, all of whom are distinguished authors of obstetrical works, lecturing for many years for a nominal compensation to private classes, as the best means of keeping themselves posted, and actively alive to everything new in the profession, and ready whenever a vacancy may occur in any of the chairs, to enter the list of concourants. The means of theoretical teaching are rendered greatly more perfect in consequence of the extensive museum attached to the *ecole de medicine* and the *muse dupuytren* which is in the vicinity of the school of medicine. But it is not theoretical teaching which has made Paris so celebrated as a school of medicine. To the great proportion of those pursuing their studies here, especially that respectable and numerous class of medical men who have already taken their degrees in some other country, the clinical, bed-side, or hospital teachings and observations are much the most attractive. The large hospitals of Paris afford ample material for illustrating every variety of disease. Permit me to read the following extracts from a letter written fifteen years since when I was upon the spot, and carefully collected the statistics it contains:

“The number of hospitals and hospices in Paris is very large, receiving annually nearly 80,000 patients. The number of indigent who every year receive gratuitous prescriptions and other assistance without becoming the inmates of any of these charitable institutions is also large. These institutions are divided into two classes. First, special hospitals, appropriated to the reception and treatment of particular classes of diseases; as for example, cutaneous affections, diseases of children, insanity, etc. Secondly, general hospitals, to which are sent all surgical and medical cases for which there is not a special hospital provided. Again, the large wards of the latter are so classified that not only are separate apartments assigned to the different sexes, but each “salle” or ward is in many instances destined for the reception of some specialty, as diseases of the lungs, heart, etc., as the physician or surgeon having charge of it may be considered most expert in the

diagnosis and treatment of that disease with which the patient is afflicted. This distribution is easily effected through the agency of the "*Bureau Central*," which has a general supervision over all the hospitals, and to which most of the applications for admission are made. This central office or bureau is composed most judiciously of physicians and surgeons who serve in rotation, and who are competent to indicate the particular hospital or ward for the patient, according to the nature of the malady.

The professional charge of the wards in these several hospitals is committed to the ablest men in Paris, and, as already intimated, the appointment is made with reference to the specialty in which the aspirant is believed to excel, or the patients are subsequently so distributed as to accomplish the same object. Two important ends are thus secured; the sick are certain to receive that treatment which will soonest relieve the particular disease under which they may be suffering, the practitioner becoming more and more familiar with his specialty: and those who resort there for instruction, and who will subsequently be called to treat the same malady under less favorable circumstances, find the ablest teachers occupying the chairs in the several departments."

To give some idea of the size of some of the general hospitals, we may state that, Hotel Dieu, La Charity, and the new hospital of Lobericiere, contain each 800 beds, annually affording a home of longer or shorter duration to some 22,000 patients, being so many different specimens of disease. Some of the special hospitals are still larger. Thus the Military Hospital of Val de Grace contains 2,000 beds, whilst Salpatriere appropriated to females affected with diseases considered incurable, or those who are infirm; and to epileptic and lunatic females, furnishes beds for the enormous number of 4,438. Each hospital has its peculiar attractions. If the student desire to pursue surgery or medicine in a general way, he will very likely attend the clinics of Hotel Dieu or La Charity. The former is rendered immortal by such men as Dupuytren, Bichat, and Laennec, and Boux and Jobert, Rostau and Louis. Here I followed Jobert through a series of operations made according to his *new method* for the cure of that most loathsome of all the accidents which can befall the parturient female, vesicæ and recto vaginal fistulæ. This eminent man, a great favorite with all

the *elevés*, the most brilliant surgeon of the day in Paris, a thoroughly progressive man, was compelled to abandon his post in consequence of mental imbecility supposed to proceed from softening of the brain. Honored by the profession, decorated and made Surgeon-in-Chief to the Emperor, he has fallen a victim to *over work*—the uninterrupted strain upon the nervous system attending the vigorous pursuit of our profession. Although by no means an old man, he recently closed his brilliant and promising career in an asylum for lunatics. Roux, who had performed more capital operations than any living surgeon, was actively engaged in Hotel Dieu on my former visit to this institution. He died some years since, though by special favor he was permitted to continue his connection with the hospital until he was nearly eighty years old. Here also was Louis, the first man to give the world a well digested analysis of any considerable number of cases of carefully noted records of typhoid and typhus fevers.

At La Charity you may still follow Velpeau, who in celebrity is second to no living man, and who attained this great elevation by his own unaided energies, commencing late in life, having been bred a blacksmith. This great surgeon is proud of his origin, and of the fact that he is "self-made." An anecdote illustrative of this point is related of an English snob, who was following Velpeau in his hospital service at a distance, and bestowing but indifferent attention to his instructions, and who remarked to a comrade in a voice loud enough to be overheard by the subject of it, "it's no matter about attending to *him*; he is but the son of a blacksmith." Whereupon Velpeau, piqued at the manner of the cockney's allusion to his origin, retorted, "had you been born a blacksmith you would have remained one still." In October last (1866) I followed this venerable celebrity around his old wards in La Charity. He must now be nearly eighty years old, diagnosing as accurately as ever, applying a bandage as neatly, with his memory perfect, remembering me after an absence of fifteen years, and asking after mutual American acquaintances. Notwithstanding all his learning and long experience, I have seen him make some mistakes, indeed they should be called *blunders*, which would make either of you very uncomfortable if committed in a country town in the "far west," during the first year of your practice. By way of

illustration and to show you that everything human may partake of error, I will mention that fifteen years ago I saw him baffled in diagnosing a large aneurismal tumor upon the calf of the leg; and on the same morning saw him run a trochar into, and finally pass a scalpel completely through a scrotum, filled with fungoid growth, in the belief that it was hydrocele; which operation was pronounced by a wag, "a remarkable specimen of dry tapping." When I wished to see every shade and variety of change in color and thickness, which can be found in the human tegumentary system, I had but to follow Cazeau or Gebert at St. Louis.

Hospital du Midi, the great receptacle for males affected with venereal disease, and for many years presided over by MM. Ricord and Vidal de Casses, ordinarily attracts the attention of all students. It may not be generally known that M. Ricord, at one time lived in this country, and was very poor when he first went to Paris to prosecute his medical studies; although now he is said to be in the receipt of the largest income from his practice of any physician of that city. He is now about sixty-five years old, still vigorous in appearance, of remarkably good judgment, always lectured well, and I never attended his clinic that I did not find the room crowded to suffocation. The Lourcine is designed for the reception and treatment of females with the same disease, where I often saw Culerier apply the white hot iron to the uterine neck and orifice, where the affection proved intractable. The venerable Civiale lectured at Hospital Necker, and operated for lithotomy, showing the application of the various apparatus which he had invented for crushing and boring the stone.

Finally, at La Clinique, Maternity, and one of the wards of Hotel Dieu, are to be found at almost any hour, females in the various stages of labor, and where it is not thought offensive to "modesty or common decency" to instruct the young accoucheur in his duties at the bed-side of the patient, or to demonstrate the mechanism of this most important process. Nothing interested me as much on my first visit to Paris as the service and lectures of M. Paul Dubois, at La Clinique; and two or three times each week I followed him with profound attention. To him is conceded the front rank as an obstetrician in France, and probably since the death of Niegè, of Heidlebergh, he may be considered the first

living operator and practitioner in his department. Notwithstanding his immense private practice, and although entirely independent in his pecuniary condition, he continued his connection with the hospitals, thus adding several hours of severe labor daily to his other arduous duties. In addition to all this, he made frequent contributions in the way of papers or essays upon subjects connected with his chair, at the weekly meetings of the Academy of Medicine, and still found time to respond to the demands which his large domestic circle and general society made upon him. As the services at the hospitals are rendered for a mere nominal compensation, and could scarcely add to the reputation which he had already acquired, it may be safely concluded that by continuing these voluntary labors he, with many of the names already mentioned, were prompted mainly by a love of science. By keeping alive their zeal for scientific pursuits in the midst of their other avocations as they advance in years, what praiseworthy instances do they afford of industrious perseverance in true scientific investigations, and from the most laudable motives! How worthy of imitation! These are truly men of progress; how unlike many routinists which we behold around us who are pursuing the practice as a mere trade!

Before quitting Paris I want to say that, whilst its schools are among the best in the world in many respects for the accomplished practitioner, they are not entirely safe for the young man who is not well established in orthodox principles. Anatomy may be well learned, but the French are not in my opinion as judicious practitioners as the more intelligent of our own countrymen. Therapeutics are lost sight of in the overweening anxiety to make a correct diagnosis; and if I can trust my own convictions I would rather a son or young friend of mine should lay the foundation or ground-work of his profession where all the branches are plainly, systematically and thoroughly taught, as in this University, and then have seen a few years' experience before going to Paris, than that he should commence and terminate his studies in the great "ecole de medicine" with all its attractive array of names. Let him first learn to think for himself, to distinguish between fact and theory, to winnow the wheat from the chaff, and thus he is prepared to profit by the mass of material there supplied.

But we will now cross the channel and look in upon the London schools and hospitals for a short time. Here we find the hospitals much smaller, the visits of the several surgeons and physicians much less punctually made, the hospitals without classification into specialties as a general rule, each small hospital becoming the receptacle of every species of disease. Here also clinical lectures are given much less frequently, and almost every hospital has a medical school with a regularly organized faculty attached. Each faculty sells its tickets both for the lectures and the hospitals at rates much higher than in America. Although there are, as you perceive, a multiplicity of medical schools, the pupils must all go before the same board for graduation, and this board is entirely disconnected with the business of teaching. Prominent among the institutions which interested me I might mention King's College Hospital. Here I found Ferguson, who, as an expert operator, is not surpassed by any one in the British dominions.— Here also has been the place of labor of Bowman, the accomplished surgeon and oculist, whose annual income is now estimated at 12,000 or 14,000 pounds sterling. Here, too, is the great Hunterian Museum and its long-time curator, Mr. Queckett, who was perhaps the most expert microscopist in London, and who has written an able work upon the use of the microscope. This museum is the richest in the world in wet preparations and leaves little to be desired. At Bartholomews I often met Mr. Lawrence, Mr. Stanly, and Mr. Paget; and here also I found Mr. West, author of a work upon children, and whom I consider among the most learned men and able teachers, and from whom as much may be expected as from any obstetrician in that great city.— Mr. West has been succeeded in St. Bartholomews by Robert Greenhalgh, one of the most active of all the active and progressive men in that department at the present time in London. His wards in St. Bartholomews were always filled with cases of interest to the uterine pathologist, and his instructions at the bed-side are as original and practical as those of any man whom I had the pleasure of meeting during this extensive tour, and his generous hospitality unsurpassed in its princely munificence.

Barnes is at St. Thomas Hospital, whilst Dr. Ramsbotham lectured formerly at St. Georges and Robert Lee had what may more

properly be called a lying-in hospital. The intrepid Baker Brown has a private woman's hospital at Notting Hill, where he makes his brilliant operations. The student who wishes to make uterine pathology a specialty will be sure to look up Dr. Henry Bennett, author of a treatise upon "Ulceration of the Neck of the Uterus," etc., etc., in whom they will find a most agreeable and accomplished gentleman. It is well known that in consequence of his introduction of the speculum vagina into more frequent use, and the treatment which he instituted through that instrument with success, he excited the jealousy of the old drones in the profession, and a most bitter persecution on the part of those anti-progress doctors. But, gentlemen, I am happy to say that truth has prevailed in this contest, and Dr. Bennett has long been in the full enjoyment of a very large practice. These virulent attacks have served only to bring him more rapidly and prominently forward, and his opponents have been compelled to resort to this condemned instrument and mode of practice or lose their patients. The older surgeons, Sir B. Brodie and Mr. Lawrence, were still actively engaged in professional pursuits upon my first visit to London. Sir B. declined operative surgery, but was daily consulted by a large number of patients attracted from all parts of the globe by his wide-spread reputation. Mr. Lawrence, notwithstanding his then ample fortune, and immense private practice continued to discharge his duties in St. Bartholomew's Hospital until within the last few months. He had, a few years since, one of the most beautiful places in England, Eeling Park, five miles from the centre of the most fashionable part of London. It contained sixty acres, all of which was in the highest state of cultivation, being laid out into parks and gardens and tastefully ornamented with arbors, walks, arches, fountains and statuary. I was credibly informed that the annual cost of maintaining in their present condition the green-houses and grounds alone exceeded three thousand pounds sterling, (£15,000.) It should also be added of Mr. Lawrence that he was the embodiment of English hospitality, and was especially attentive to members of the profession who visited London. I have met at his table at the same time medical men from France, Belgium, Hanover and Prussia, which is but a fair illustration of his generous hospitality.

In relation to the practice of the profession in London, it is divided, as you are doubtless aware, into the surgeon, the physician, and general practitioner. The two first are much the most honorable, but they are attended with great expense in the acquisition and then, without sufficient money to set up a carriage and support a good degree of style, it is exceedingly difficult to obtain business.

Here permit me to ask your attention for one moment to the changes in the relative condition of the profession which have occurred during the last fifteen years in Paris and London. In 1851 the great men of Paris, the men of genius, to many of whom reference has already been made, and a long list of others might be added, were in their glory. Surgery, pathology, uterine pathology, physiology, and every other department was pushed forward by active men, who, each in his sphere, was a *genius* as well as a worker. During this short period these men, Jobert, Roux, Dubois, Cazeau, Chailly, Morreu, Louis, Hugier, etc., etc., have passed from the scene, and for the most part have been succeeded by men of moderate or at most respectable ability, and who without effort to advance the science, are content to post up to the point at which their predecessors left it. It is emphatically the period of *inactivity* in Paris, and as is ever the case, those who are not progressive are lodged like drift wood upon the shore, whilst the current of progress hurries rapidly onward. In London, fifteen years ago, there were a few active men in the department of surgery, physiology and ophthalmology, but in the department in which I felt most interest the profession was non-progressive. Henry Bennett, the pioneer in the doctrine of direct examination and direct application to diseased surfaces, had, it is true, commenced his career in London. He was, however, treated with ridicule by the men in authority, and his views met with few admirers, and still fewer followers. He has lived to see his own complete triumph, and to see those who were loudest in their denunciations compelled to resort to the metroscope or lose their patients. Fearlessly pursuing his investigations he soon placed himself in the front rank in the British metropolis, and had the proud satisfaction within a dozen years to have a long list of able imitators and followers. At this time the speculum is probably used more frequently in London than Paris, and a long list of uterine pathologists have

entered the ranks with great energy and success. There is no better illustration of the manner in which London surgeons have distanced the Parisian than is afforded by the comparative frequency of ovariectomy in the former as compared with the latter city. In Paris it is seldom resorted to, and regarded as of doubtful expediency. Whilst Baker Brown, and Spencer Wells and Tyler Smith seldom allow a week to pass without making this operation, which by them and a large number of co-laborers is regarded as *established*, and its propriety no more to be questioned than that for strangulated hernia or hydrocele. More than this, the last operation which I witnessed through the politeness of Spencer Wells, was the seventeenth of a "new series," of which only one had resulted fatally. And Baker Brown had made in my presence the thirty-fourth of a "new series," losing only three of the number. This unparalleled success may not prove to be the rule, but it abundantly demonstrates the propriety, nay the necessity of resorting to it in all cases of ovarian cysts, which sooner or later invariably result in death. Those who have done me the honor to listen to my lectures will recollect that, for many years I have advocated the feasibility of this operation, and pronounced it as proper as amputation of the thigh; and advanced statistics to show that its fatality was less than in those amputations, the propriety of which no one pretended to question.

Not many days before leaving Paris a friend called upon me for advice in relation to a case of ovarian tumor, which by Velpeau, Nelaton and other eminent French surgeons had been pronounced irremediably fatal. I did not for one moment hesitate to differ with these distinguished men, insisting they were behind the intelligence in this matter, advised the sending for Marion Sims, and by no means to abandon the case as hopeless. An operation was immediately decided upon, which was to be made by Dr. Sims the Wednesday after my departure for America. Now this individual operation may not succeed, but in London or New York it would be deemed inexcusable supineness to allow the poor woman to die without an effort for her rescue. The same, or much the same remarks, would hold true in all the departments in which recent advance has been made. Brown, and Wells, and Barnes, and Tyler Smith, and Greenhalgh, and West, and Meadows, and Old-

ham, with Bennett and Tilt, make an amount of talent rarely devoted to the advancement of one department at the same time, and they are advancing with giant strides, whilst Paris remains nearly stationary.

But we must pass on, and will ask your attention for a short time to the University of Dublin. It is very richly endowed, having a beautiful arrangement of buildings, immense library and faculties of great ability in all its departments. Here, too, is the best lying-in hospital in the British dominions. Here such men as Churchill, and Collins, and Johnson, and Shackelford, and Mc Clintock, demonstrate the process of parturition upon the living subject in the belief that the cause of science and humanity are alike promoted by it. The large, general hospital, St. Steephens, has an array of talent in its staff seldom exceeded. I have seen Sir Philip Crampton, Mr. Cusic and Mr. Colles, aiding each other in the removal of the upper jaw, cutting for stone, and in other operations; whilst in the medical department Stokes, Graves and Flemming, were all concerting for the welfare of the same patient. I may add that in intelligence, in high-minded, generous, fraternal coöperation, in the zeal with which scientific investigations are pursued, in the absence of that opprobrium of the profession, jealousy; and in liberal hospitality, the Medical men of Dublin are not surpassed by any similar body of men in any country. The younger members of the profession are, however, very poor in Ireland; and it often requires a very long, hard struggle, to obtain business sufficient to afford a subsistence.

Passing by Glasgow, as containing nothing worthy of note in this brief sketch, let us proceed at once to the ancient and renowned Scotch metropolis, Edinburgh. This venerable city was more celebrated for its medical school fifty years ago than any in the British dominions, and scarcely second to any in the world. This institution is at this time in a flourishing condition, with an able faculty, and well deserves the attention of the medical traveler. Mr. Syme, Sir Geo. Ballingal and Mr. Millar, have each a world-wide reputation as surgeons, and Dr. Bennett is a most indefatigable and successful teacher of microscopic anatomy. Here also is to be found Dr. Christison, scarcely inferior to the great French authority, Orfila, upon poisons, or in anything indeed pertaining

to chemistry. But in my own department will be found Prof. Simpson, (now Sir James,) ready to describe more new theories and show more novel instruments for the treatment of affections of the female genital organs than any one whom it was ever my good fortune to meet. He adds to great originality and genius, a ready and discriminating judgment. He is scarcely of medium height, strongly built, with a physical development capable of enduring great fatigue, and is able to accomplish more in the twenty-four hours than any man of whose habits I have any knowledge. He has an immense private practice, performs daily his service at the hospital, delivers his lecture at the college with great punctuality, is a regular attendant at the meetings of the societies, and seldom without a paper of interest to read; publishes more original articles or monographs than any other obstetrician, and yet finds time for carrying forward physiological investigations, making experiments upon inferior animals, and still more strange amidst these multifarious occupations, has time to write dissertations upon subjects connected with ancient literature. Again, he has been collecting facts and writing a work upon ancient medical seals, a subject entirely foreign to his medical pursuits, and which in point of merit, it is said would do credit to a professed antiquarian. Notwithstanding all this, if I may judge by my own experience, I would pronounce him the most attentive to strangers in the same department of medicine, and the most hospitable man in Europe.

Leaving Edinburgh we will cross over to Holland. Visiting the old Universities of Haarlem and Utrecht I found but the shadow of their former greatness left. Richly endowed, with ample apparatus, extensive museums and the prestige of long established reputation; situated in small towns, without the means of clinical instruction; they are dwindling into insignificance in consequence of the superior hospital privileges afforded at Amsterdam. At the latter place also there are two lying-in hospitals, and in Holland as in most countries of Europe, at the present day, attendance at these institutions is required before they will admit the student to an examination for his degree.

Proceeding up the Rhine, visiting the large and well regulated hospital at Cologne, I next halted at the University of Bonn. This modern school is an especial favorite with the Prussian gov-

ernment, being liberally endowed by it, and is deservedly popular. Saw Prof. Kilian upon my first visit to this University, with whom I visited his maternity and the extensive gardens attached, and his extensive museum of obstetric curiosities. I should not omit to mention that Prof. Kilian has made the cesarean section twelve times, and in just one-half he has saved both patients. He was kind enough to send to my hotel for examination the wife of a shoe-maker, with deformed pelvis, who, in addition to the pelvic deformity, showed the eschars of four divisions of the abdominal parieties. Two of the children thus extracted survived, and she was now pregnant for the fifth time.

From Bohn, after viewing the beautiful scenery of the Rhine, I directed my course to the University of Giessen, rendered celebrated in modern times by Liebeg, who was actively engaged in teaching. He is a middle aged, unpretending man, and would seem to owe his success rather to persevering industry than to his genius. Liebeg has since been transferred—is no longer to be found at Giessen. Called upon Prof. Retgen, who showed me his extensive cabinet of obstetric instruments, his maternity, and what was of much more interest, his collection of deformed pelves, which are said to be the most extensive in existence. He has every description of deformity, several of the oblique deformity, known as that of Neiglè, and which is very rare. Prof. R. is of opinion that this deformity often supervenes in after life. He has one specimen which is anchilosed at the sacro-iliac junction upon the side deformed, and hence he argues that it is impossible that it could have been congenital.

Berlin, with its university and hospitals, is the next point of interest which claims attention. The lying-in establishment is under the celebrated accoucheur, Prof. Busch. The building is sufficiently extensive to accommodate more than one thousand women each year. They are all delivered upon a frame in the form of a bed when extended, in which the centre of the foot can be removed. It is covered with leather, stuffed with curled hair, and there are places on either side for the support of the feet of the female who is placed upon her back. The female, I need scarcely add, is so placed that all the students may witness the attending phenomena and the manner in which the accoucheur dis-

charges his duties. Every Tuesday and Friday the pupils are practiced in the toucher and in auscultating the intro-uterine sounds. Langenbeck has succeeded Dieffenbach as clinical teacher of surgery, and is perhaps at this time scarcely inferior in learning or in any of the qualities necessary to make a great surgeon, to his illustrious predecessor. Nothing which he was polite enough to show interested me more than the cases of resection of bones, of which there were several there present, and all of which seemed doing well.

During my stay in Berlin I often met a short, heavy looking man, with his eyes so prominent as to seem almost a deformity, whom you would set down for the dullest man in the city. This was Muhler, the great physiologist. The moment he commences conversation his countenance lights up with intelligence undergoing a complete change. Passed much time with Dr. Caryl Meyer, who may be styled the Simpson of Berlin. At his private hospital I saw many curious instruments of his own invention for the treatment of prolapsus, retroversion, etc., some of which will be shown you during the ensuing course. Found the accoucheurs of Berlin still using the clumsy obstetric forceps of Siebold, which have been discarded in France and this country long since. The museum of the University of Berlin is very rich in rare specimens in human, comparative and morbid anatomy. Among other objects my attention was called to the skulls of two brothers, who lived to adult age, with tolerable physical development, which were scarcely larger than the foetal or infantile size, although firmly ossified. I was informed that when living, they were exceedingly stupid, being but little above the brute creation in intelligence. There are in the Berlin museum also many interesting specimens of headless monsters, hermaphrodites with remarkable developments, and several specimens of double uteri and vaginæ. Upon the whole, judging from what I saw of the medical men and schools of Berlin I am impressed with the belief that they will scarcely suffer by comparison with those of any other city of Europe.

On the way to Vienna, Prague may be visited, which contains the oldest University in Germany. It was founded by the Emperor Charles the IV, in 1348. The fame of the teachers of this

University, and the privileges granted to scholars soon attracted hither students from all parts of Europe, until the number is said not to have been less than 40,000. The religious difficulties, known as the "Hussite rebellion," in connection with an abridgment of the privileges of the foreign students drove from it in one week the enormous number of 25,000. These men dispersed themselves over Europe, and became the founders of the Universities of Liepzig, Hiedleberg and Crawcow. The literary department of this ancient school still maintains a high reputation, with one of the richest libraries on the continent. The medical department, though respectable, is yearly losing ground in consequence of the superior privileges afforded in Vienna for clinical instruction. Kivish died before my visit to Prague.

Continuing the narrative, we come next to the Austrian metropolis. In Vienna the medical student will find the medical faculty thoroughly educated, a University well organized, with all its appointments judiciously made, with one of the richest museuma in the world, and the most extensive hospital which I have ever visited. Some idea of the industry of the German student may be gained by knowing that in addition to his knowledge of the modern languages he is able to speak and write the Latin with facility. Indeed, until recently, the lectures have been delivered and examinations for degrees carried on entirely in Latin. It is also certain that in every department of medicine they are thoroughly posted and actively engaged in new investigations. In pathology they are second only to the Parisians, and in chemistry, animal and vegetable, the Germans have placed themselves in advance of all the European schools by their recent researches and discoveries. In clinical teaching the hospitals of Vienna afford a most extensive field which is fully improved. Much more attention is paid to the *treatment* of the various diseases submitted to the observation of the pupil, though it can scarcely be possible to exceed the French in description of symptoms and accuracy of diagnosis. The General Hospital is an immense establishment, having no less than 111 wards or *salles*, and capable of accommodating at one time more than 4,000 patients. These several wards are arranged around many squares or parks, in the centre of each of which there is a fountain constantly playing, having beautiful walks also with

ample shade for the convalescents. Each court has its specialty, in one is to be found Prof. Rosas, with abundant subjects for illustrating the state of ophthalmic science in Vienna. In another Prof. Sigmund presides over the wards for the reception of syphilitic diseases, in the treatment of which he is second only in reputation to M. Ricord. In another (all being entirely separated by means of heavy gates) are the wards of Dr. Chiari, which possess peculiar interest for the obstetric practitioner. Into these rooms are received all females who are ill with any post partum disease. There is a separate room for those who may be attacked with puerperal fever, which is not connected with any other rooms, and the utmost precautions are taken to prevent its extension by contagion. In the wards of Dr. Chiari are to be found every conceivable affection which can afflict the woman after child birth. Most of all will the young practitioner be attracted by the immense number of labors in the lying-in wards under the care of Profs. Klein and Beraun. Here are to be found ordinarily several women in labor in the *salle de accouchments* at any hour of the day. There being seldom less than fifteen or twenty, and sometimes as many as forty labors in the twenty-four hours. The number of females annually accouched here amounts to 6,000 or 8,000. The institution is in good repute among the people, it being considered a favor by those in comfortable circumstances to gain admission. Here the student may witness all the different kinds of labor, natural and artificial, which he will be likely to encounter in after life. Here, then, as in all of the Universities of Europe, the student is taught his duties to the parturient as well as to his surgical and general patient, *at the bed-side*, it not being there thought less important that he should understand these duties when two lives are jeopardized than one, and that one often at best left mutilated by the operation. Nor is it expected that he will be gifted with superhuman knowledge for practice in this department only. Indeed I am daily more and more convinced of the importance of clinical instruction in obstetrics, which is now nowhere properly afforded in this country, and cannot but believe that the day is not distant when truth and the cause of humanity and sound education will dispel the clouds which have been raised by a sinister and prejudiced appeal to the passions of the multitude.

In Vienna is to be found the most extensive collection of preparations in wax to be met with in Europe, except that of the Grand Duke of Tuscany at Florence. And here I may for the benefit of those who may wish to purchase illustrations, remark; that after careful investigation in Germany and Italy, I am convinced that they are better made, at less cost, in Paris, than in any other part of Europe.

But, gentlemen, time will not allow me to follow farther the route pursued, and I must draw these remarks to a close, simply assuring you that it shall be my effort to lay before you, in due time, during our future intercourse, whatever observations I have been able to make bearing upon the department which it is my duty to bring to your consideration.

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

TUESDAY EVENING, NOV. 6th, 1866.

The Association was called to order at the usual hour, Dr. H. M. Congar in the Chair. Present—Drs. Miner, Congar, Smith, Garvin, Cronyn, Gleason, Gay, J. R. Lothrop, Rochester, Ring and Johnson. The minutes of the last meeting were read and adopted.

Dr. Thomas R. Lothrop was, by vote of the Association, admitted to membership.

Dr. Augustus Mackey was, by vote of the Association, invited to be present at its meetings until he becomes eligible to membership.

DR. ROCHESTER reported the following case: A lady who had been in delicate health for several months previous, and had during the two months immediately preceding her last illness been suffering from constipation and hemorrhoids, ate quite heartily of oysters on Sunday evening, and was early Monday morning taken with vomiting and purging, which continued until Tuesday morning, when I first saw her. She had then had twenty evacuations of the bowels. Saw her again on Tuesday at half past one P. M., and again at three P. M. In this interval she had five choleraic or rice-water evacuations of the bowels and severe vom-

iting. Wednesday evening she passed into collapse. She took two bottles of champagne during Wednesday night, which seemed to control the vomiting. Urinary secretion was entirely suspended during her illness. Passed a catheter several times without obtaining any urine. She died on Thursday. The immediate cause of death was the extreme exhaustion produced by the disease.

The same evening a servant girl in the house was taken with a severe diarrhoea which was very persistent. On Sunday evening following a boy was brought from a canal-boat to the Sisters of Charity Hospital with severe choleraic purging and vomiting.

DR. MINER said that it seemed remarkable that cholera should prevail to so great an extent in most of the larger cities of the country and so few cases be reported in Buffalo. This case, occurring in the locality it did, is indeed singular. If eating oysters or any other impropriety in eating was the cause, it will show the close connection between cholera and cholera morbus. Have seen a case within the month on South Division street of a child fourteen months old who was taken in the night with cholera morbus. In the morning was pale and prostrated, and at night went into collapse and died.

Saw also another case of a child who had frequent watery stools through the day and was weak and prostrated through the night, and the next morning after taking its usual food laid back upon its pillow and died.

These cases are such as we have seen every year since cholera prevailed. I think that when there is no cholera prevailing physicians call such cases cholera morbus. When cholera is prevailing well-informed physicians probably call many cases cholera that are cholera morbus.

That the patient mentioned by Dr. Rochester had the usual symptoms of cholera in severe and fatal form cannot be doubted, but since it was an isolated case and lacked the exposure to infection from choleraic disease, we cannot in accordance with the prevailing code concerning this disease willingly adopt the idea of Asiatic cholera in Buffalo.

DR. ROCHESTER said that it was as clear a case of cholera as he ever saw. It may have been the first and only case. I called it a case of sporadic cholera. I have often seen cases of sporadic cholera, and seen them prove fatal.

DR. GAY reported the case of a lady residing on Vine street who had all the usual symptoms of cholera, viz: rice-water evacuations, vomiting, complete suppression of urinary secretions, etc. Gave in this case by hypodermic injection two grains of the sulphate of morphine within an hour, which controlled the vomiting and in great degree mitigated all the symptoms of the disease. Had also another case of a lady residing on Chippewa street, about forty years of age, taken suddenly with cholera and suffered severely, but this case like the first mentioned terminated favorably.

DR. MINER said that the cases reported by Drs. Rochester and Gay were interesting, and are valuable as evidence in regard to the communicability of cholera.

DR. GARVIN said that in July last he was called about two o'clock in the morning to see a lady about forty years of age, who was suffering from severe cramps, rice-water evacuations and vomiting. Gave injections of starch-water and tinct. opii, followed with hyd. cum creta and opiates. Voided no urine for twelve hours; did not use a catheter. Patient convalesced favorably.

Scarlatina, rubeola and pneumonia were the diseases mentioned as prevailing.

Adjourned.

T. M. JOHNSON, Sec'y.

Miscellaneous.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M. D.,

Professor of Materia Medica in the Miami Medical College of Cincinnati.

Rhinocopy.—Former papers have served to explain some general idea of the plan of procedure, and the leading advantages to be obtained in the diagnosis of diseases of the larynx by *laryngoscopy*. I have desired to give such clear but brief description of the operation, together with wood cut illustrations, that the reader of this journal may for himself enter upon the use of the laryngeal mirror without special instruction. Hereafter we propose to give a series of cases illustrative of practical diagnosis and thera-

peutics; and connected with these papers, my friend, Dr. Bruhl, has in course of preparation additional contributions bearing upon the same topics. Before commencing these, however, it is our plan at present to explain and illustrate what is meant by *Rhinoscopy*.

Hitherto the inspection of the posterior nares has been for practitioners quite as much a *terra incognita* as the internal space of the larynx. We now propose to study the condition of that region by the same plan of mechanism as is pursued for *laryngoscopic* examinations, that is to say, the principle is precisely the same, the details being but slightly modified.

In rhinoscopy, as in laryngoscopy, a laryngeal mirror is employed, but for our present purpose, a *small mirror* will almost always be found more readily adapted: a slightly different angle of attachment between the mirror and handle will be necessary, but this will naturally occur to the manipulator.

The illumination is made in the same manner; the strong direct solar rays being satisfactory, or a good arg and lamp reflected from a Czermak mirror, or a strong cone of light through a Tobold condenser. There will be found, however, a necessity for a more brilliant illumination in rhinoscopy than in laryngoscopy.

An additional contrivance is necessary in this operation, a fenestrated hook with which to hold up, out of the range of vision, the pendant uvula; a little trick also which to some extent serves to expand the opening to the posterior nares and thus still further admit light, and of course facilitate inspection.

Many cases will require the use of a tongue depressor, and it at once becomes manifest that the operator between directing his light, controlling the uvula and velum, holding his mirror, and depressing the tongue, will have employment for all his hands. To obviate this difficulty in part, the patient may be instructed in the use of the depressor, or as is suggested in a contrivance of Voltolini, a shield attachment may be made to the handle of a mirror so adjustable that it serves at once for tongue depressor and rhinoscopic mirror.

With these explanations the reader will be ready to understand the following wood cut, illustrating the mode of procedure, which we copy from *Bennett—Wm. Wood & Co.'s* last edition:

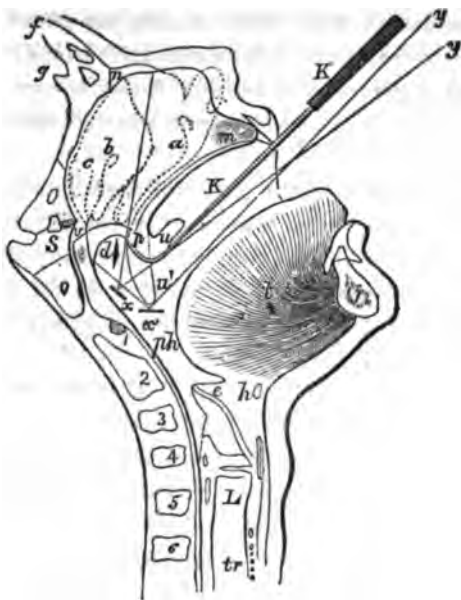


Fig. 1

A general view is afforded of all the parts directly or indirectly concerned in this inspection. A section of the cervical vertebrae, the epiglottis and larynx, the naso-pharyngeal structures and cavity, and the rhinoscopic mirror in position.

It will be observed that the uvula is held up by the hook, at the same time that two positions, at z and z, of the mirror are indicated.

To conduct this inspection satisfactorily, requires more patient cultivation of tact than for laryngoscopy, but the tact is similar, and obtained by a study of like arts, such as the laryngoscopic operator learns to render available.



Fig.

Fig. 2 gives a view of the posterior nares as seen in the rhinoscopic mirror; there is seen the posterior orifices of the nasal fossa, the turbinated bones, and on the extreme border of either side the orifices of the eustachian tubes. This illustration is taken from the original views given by Czermak.

A few words in brief memoranda of the applications of this part of our diagnostic art will suffice for our present purpose, and indicate sufficiently its importance to the practitioner.

In the cut above, (Fig. 2,) it is observed how easily the orifices of the eustachian tubes are brought into range of inspection; the usual plan for reaching these orifices especially pursued for purpose of catheterization in aural surgery, is by means of a catheter, introduced along the floor of the nasal cavity, a manœuvre which requires quite as much dexterity as any part of the art of rhinoscopy, and it is very clear that a careful rhinoscopic observation will not only facilitate this delicate operation when necessary to be performed, but will enable the operator to introduce a catheter with less danger of violence to the structures.

General symptoms will serve to indicate for us states of ulceration, catarrhal inflammation, and other pathological changes, but the inspection hereby afforded, detects the exact character of these conditions and their exact locality; thus indicating both the kind and location of treatment demanded.

The more common morbid conditions discovered by the rhinoscope, are these catarrhal inflammations, ulcerations and destruction of parts, and morbid growths.

Czermak gives two cases of deafness in which the rhinoscope revealed redness and œdema of the naso-pharyngeal surface, especially involving the tissues about the orifices of the eustachian tubes. Other operators have discovered matters actually plugging up the orifice, and thus producing deafness.

In Semeleder's* interesting little volume, quite a number of cases of mucus and polypoid growths are given, having for their attachment various points of the turbinated bones, and other portions of the posterior nasal opening. Indeed, we may have like morbid growths upon this entire surface as upon the laryngeal surface; fortunately for the most part, when detected, the naso-pharyngeal growths will be the more easily removed, either by suitable caustics or by the polypus forceps and scissors.

Semeleder, Voltolini and Czermak, relate very many cases of ulceration, ozœna, morbid growths, etc., revealed by this mode of

* Rhinoscopy and Laryngoscopy; by Dr. F. Semeleder: Wm. Wood & Co., New York, 1866.

examination. The treatment will, of course, not be particularly different from that demanded for like diseased conditions in other localities, but the treatment is pursued with definiteness and precision. Many of the ulcers discovered by these operators, evidently from their history, had a syphilitic origin and yielded to the proper constitutional remedies.

For the local medication of these surfaces, and the application of remedies, much the same instruments are employed, as in operations and applications to the laryngeal surface. Hereafter we may contribute something more in detail of cases, further illustrating this field of operation.—*Cincinnati Lancet and Observer*.

THE HEAD QUARTERS OF DRUNKENNESS.—Liverpool has been pronounced the most drunken town in England. And it is true. Its extreme drunkenness arrests the attention of the judges, its pauperism weighs heavily upon the rate-payers; its rate, fifty-six per thousand, appalling. The drunken cases dealt summarily with by the magistrates are set down at the annual rate of one in thirty-three of the population. The habitual drunkards, in their periodic appearances before the bench, form an endless chain of besotted creatures. According to the recently published judicial statistics there are 3,100 habitual drunkards in Liverpool, and they are about equally divided as to sexes.—[*Liverpool Albion*].

METALLIC SPECTACLES.—M. Foucault recently communicated to the French Academy of Sciences the fact that the sun may be viewed through a lens covered with silver leaf. The sun's disc, shorn of its beams, can thus be clearly seen. Subsequently, M. Melscius made a useful application of Foucault's discovery. Having been injured while making an experiment in the laboratory, his eyes were painfully affected by light. In this condition he had recourse to spectacles with black glasses, such as are used by engine-drivers; over these he put green glasses, which answered pretty well; but on further experiment, he found the best method was to use pale-blue goggles, covered with silver or gold film, and these he recommends to all persons troubled with weak eyes.

Condy's Fluid and Carbolic Acid.

All London is now smelling of carbolic acid. Placards recommending disinfectants are affixed to every wall, and in the parish in which we live men are going round the houses of the poor with instructions to put a dose of carbolic acid into every sink and closet, and to put half an ounce of Condy's red fluid into every water receptacle that is made of wood. These measures are taken in the belief that something dangerous lurks in dirty drains which carbolic acid can destroy, and something in suspicious drinking water which Condy's fluid can destroy, leaving the water fit for use. So far as regards cholera, the dangerous matter may be of three kinds: either living matter of some low sort, as held by Dr. Beale, and rendered most highly probable by the Cattle Plague Reports; or an alkaloid, as held by Dr. Richardson; or, lastly, matter in a state of change, according to Liebig's theory, which last hypothesis is not inconsistent with the first.

Condy's fluid is a solution of some permanganate; for our present purpose let us say permanganate of potass. One equivalent of this salt — 158 is calculated to lose one-fourth of its weight of oxygen in presence of oxidisable matter, and in so doing loses the pink transparency of its solution, and forms a brown precipitate. The quantity of oxidisable matter may either be estimated by giving the quantity of oxygen in the decolorised permanganate simply, or on Dr. Letheby's method, by multiplying the amount of oxygen by 8. But we cannot at present go into the process, which will be found well described in the papers above referred to. We want rather to come to one or two practical points of present application.

Let us suppose a water of a bad, or at least a suspicious marshy smell; the addition of one or more drops of "Condy," or of one of the finer solutions of permanganate, will speedily remove that smell and taste, and make the water fresher and nicer. The quicker the decolorisation, the greater the need of it.

If water so treated, with a slight pink color remaining, be passed through a filter, it comes out perfectly clear and colorless; but without filtering may be used for cooking or making tea and coffee after the brown sediment has settled. Most assuredly any one thirsty enough to drink raw London water just now had better use the permanganate and filter too.

It seems generally agreed that the gases of decomposition are very quickly neutralised by this means, and that organic matter actually decomposing very quickly decolorises the liquid also. But this is not the case with stable organic matter. Water colored with Condyl so as not to be drinkable with pleasure, yet may contain animalcules in the most lively state. Nay, the amœba, paramœcium, colpods, and other disgusting broods are not in the least affected by water too reddened to be drinkable. The same with regard to minute plants. Give quantity enough and time enough, and all will be destroyed—first, the stinking gases; next, the decaying organic matter which evolves them; then the microscopic animalcules which feed on it, and which, if not destroyed by the Condyl, would die of starvation; and the plants last.

Time and quantity also are required for the destruction of such a substance as the bitter extract which is diffused into water from quassia; this may be got rid of in twelve hours. The resistance of strychnia is much greater; still a very weak solution may be deprived of all bitter taste by excess of permanganate in twenty-four hours. Matters having organic form and firmness, as starch, etc., if not decomposing, are very slowly acted on.

Animalcules of the kinds indicated may also live in water just containing carbolic acid enough to be smelt and tasted.

The conclusions we would draw from the above remarks are that when we employ the carbolic acid for the disinfection of drains, sinks, etc., it ought to be employed in a state of pretty high concentration and large quantity, so as, above all things, to purify the aperture out of which the dangerous emanations would come. Likewise in the use of Condyl's fluid for purifying water-butts, enough should be used, but we should take care also that the butts themselves are cleansed, and pitched or charred inside, for it is a waste of force to use the permanganate to do what might be done by a handful of lighted shavings and a brimstone match.

We may add that at least one traveler of our acquaintance used the permanganate daily for some time with no ill effects whatever. [Med. Times and Gazette, Aug. 11, 1866.]

Quackery in the Profession.

There are many mean practices resorted to by the genus quack to obtain practice, at the expense of the honest, straight-forward, unassuming, modest, professional gentleman. There are a hundred little sneakish tricks, which are never exposed, because practiced in the dark, and which some professional men may be guilty of, and yet retain a certain status of respectability in the profession, particularly if they be successful in their sordid aims.

But of all mean practices, of all gross insults to professional decency and honor, the practice of puffing in newspapers, of allowing one's name to be inserted in the local columns of a paper, by a friendly "penny-a-liner"—in connection with some "interesting case," or "great operation," or "successful operation," or "shocking accident," is about the meanest. It is a direct violation of the code of ethics.

This practice, we are sorry to say, is but too common, and not only winked at by many men who assume professional respectability, but by some, courted.

Witness the following item which appeared a few days ago in the columns of a daily paper in a neighboring city:

"SUCCESSFUL SURGICAL OPERATION.—Dr. ———, of this city, assisted by Dr. ———, and Dr. ———, successfully removed an ovarian tumor from the abdomen of a lady in this city yesterday afternoon, which weighed fully forty pounds. The operation was witnessed by a number of eminent medical gentlemen. We learn that the patient is doing finely this morning, and that the highest hopes are entertained of her ultimate recovery."

Charity obliges us to suppress the name of the individual in whose favor this "puff" appears, which bears intrinsic evidence of his having furnished the data upon which it is based, if not of having penned it himself. We quote this only as an instance of many, with a strong appeal to the profession to frown down this contemptible tendency to quackery in the profession.

People who are interested in any particular case of medical or surgical disease among their friends, will know and hear all about it without the case being paraded in a paper. What, then, is the object of such items? To "puff" the Doctor. There is a very simple remedy to stop such practices. Let respectable medical societies, by resolution, request the newspapers of their respective

districts or cities to omit mentioning the name of any member in connection with any operation, case of disease, accident, etc. We venture to say that editors of newspapers will gladly comply with the request, and neither the public nor the profession will thereby be a loser. But it will force those addicted to the practice in the profession, either to stop it, or to put themselves outside the pale of professional respectability, where they really belong.—*Medical and Surgical Reporter.*

The International Medical Congress.

We have received the programme adopted by the committee appointed to organize the plan of procedure for the proposed International Medical Congress, to be holden at Paris, in 1867, in connection with the Exhibition, and to which we called the attention of our readers in the issue of the Journal for August. For the information of those who desire to take part in the proceedings, we translate such portions as give the prominent points.

The Congress will be opened on the 16th of August, 1867, under the auspices of the Minister of Public Instruction, and will continue in session two weeks.

It shall be composed of national members or founders, and associate foreign members. The national members will be required to pay each twenty francs, but the associate members are relieved from all pecuniary contribution.

The members of the Congress, national and associate, shall alone take part in the discussions, and the committee have proposed as subjects of discussion the following:

I. The anatomy and pathological physiology of tubercle; tuberculization in different countries, and its influence on the general mortality.

II. The common accidents which lead to a fatal result after surgical operations.

III. Is it possible to propose to the different governments any effective measures for restraining the propagation of venereal diseases?

IV. The influence of alimentation employed in different countries on the production of certain diseases.

V. The influence of climates, races, and different conditions of life in different countries upon menstruation.

VI. The acclimatization of European races in hot countries.

VII. On the entozoa and entophytes which can be developed in man.

Members wishing to make any communication upon the questions of the programme, or to propose any other subject, must send their essays to the General Secretary, at least three weeks before the time of meeting. The committee will decide upon the fitness of the communications, and the order in which they shall be received. Each question will occupy but a single sitting, and a maximum of twenty minutes only will be allowed for reading each essay.

Accompanying this programme is a commentary on the questions proposed, indicating the points that are especially desired to be brought out in the discussion, and given with the view of securing precision, with the necessary brevity, in the essays. We have no space for it at present, but will endeavor in our subsequent issues to present some of the more important parts of the same.—*N. Y. Medical Journal.*

Ether Spray in Strangulated Hernia.

Dr. John Barclay reports in the *British Medical Journal*, a case of strangulated hernia, in which reduction was accomplished after the use of ether spray. The pain induced by the most gentle handling of the hernial tumor was so intense, that Dr. B. had to desist from taxis. Having brought with him Richardson's ether spray apparatus, thinking it might be useful in lieu of ice—it was determined to invert the patient, apply the ether spray short of freezing the skin, then to attempt the reduction, and, if failure was the result, to operate by the knife.

The head and shoulders then being supported on the floor by some pillows, and the buttocks raised as much as possible against an inclined plane, extemporized by an inverted bed-room chair, the ether spray was directed in the usual way on the swelling, for about forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and on applying the fingers of the

left hand on the swelling for about two seconds, accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction of all. The man made a first rate recovery.—*Surgical Reporter.*

A "Diploma."

The following document, *litteratim et punctuatim*, was found in the pocket of a "doctor" who recently died in one of our public institutions. It is a good specimen of the method of manufacturing some of the "doctors" who go abroad and practice on "American" diplomas." Such manufactories exist under one name or another in most of our large cities:

"NEW ORLEANS.

"Dr. WILLIAM H. RATHBONE.

"This diploma I do give from my right hand and do solemnly swear that Dr. _____ has served three years and one month in our dissecting rooms we the undersigned do solemnly swear that _____ is truly a brother of doing good—we know that he can reduce pragnacy or anything belonging to midwifery we have also tryed his Skill with old chronic diseases—very much to our Satisfaction as he has Been Successful in every case where the medicine has Been used according to his directions—as for medicine he is a self educated man he understands the human sistem thourily and is prpaed to give explanations to lecture apen the Subject—his remrcable and powerful Skill has Been tested here with us—we feel willing to recomment him above all others thus far graduates from our desecting Rooms—we think there is something in his powers aforeseen that we cannot account for the following is a true discription as we are able to give of him his compection is hard to get at his hair is of a dark chestnut color his beard of redish cast his eyes of brilliant colors the hair on his chest are black he has a mark on the upper lip and two of his nuckles on his right hand are knocked off his hith five feet seven in and half and weight about a hundred and fifty three pounds and if the above marks are not found on him and a true discription of him—we can not allow him this diaploma But if this discription will answer we allow him to be a faithful Brother to his profession and may god bless him in doing good in this great and glorius heres is our well wishes now and forever.

Prof WILLIAM H RATHBONE

HENRY RODWELL M D

EDWARD WILLARD M. D."

Editorial Department.

Medicines Received.

We have to acknowledge the reception of a box of medicines from Reed, Carnrick & Andrus, comprising the following preparations:—Elixir cinchona, iron and strychnia; elixir bark and protoxide of iron; elixir calisaya, iron and bismuth; elixir bark and pyrophosphate of iron; elixir pyrophosphate of iron and soda; elixir valerianate of ammonia; elixir valerianate of ammonia and quinine; elixir valerianate of strychnia; effervescing magnesian aperient; citrate of bismuth; tannate of bismuth; solution gutta percha. We have not tested their curative virtues, but they are elegant and palatable preparations, and contain the properties of the several drugs scientifically combined, in proportions suitable for physician's prescriptions. These remedies are becoming quite fashionable, and the demand for them by the public is so positive that it is not always easy for the physician to make choice of the former modes of administering similar medicines. If they are less efficient, they are so much more agreeable that their employment is becoming extensive.

Reed, Carnrick & Andrus, and Howell & Onderdonk have fully supplied the market in Buffalo, and most of our druggists can furnish their preparations. We do not propose to advise physicians to discontinue the former modes of preparing and prescribing remedies; it is probable that all these medicines can be used in less expensive forms, and prove as efficacious in the cure of disease; at the same time it cannot be doubted that the above preparations possess some advantages over administering these drugs in their more crude forms. It appears with some of them, that elegance and palatableness are their chief virtues, but most which have been tested show that they are efficient and valuable in the cure of disease, as valuable as the same drug in other and less agreeable forms. The effort to make our remedies less unpleasant, has been crowned with success, and physicians are under many obligations to the manufacturing chemists for furnishing remedies in agreeable and efficient forms.

Dr. Gunning S. Bedford's Works in Foreign Countries.

The two works by this distinguished American author have been received with great favor by the profession both of his own and foreign countries. The one on *Diseases of Women and Children* is now in its eighth edition, and receives many notices from foreign journals similar to the following, which must be very gratifying to an American author:

“Dr. Bedford's book is worthy of its author, a credit to his country, and a valuable mine of instruction to the profession at large. We are quite sure that it will be a welcome addition to professional libraries in Great Britain as well as America.”—*Brit. and For. Med. Chir. Review.*

"We were actually fascinated into reading this entire volume, and have done so most attentively; nor have we ever read a book with more pleasure and profit. There is not a disease connected with infancy or the female system which is not most ably discussed in this excellent work."—*Dublin Quarterly Journal of Medical Science*.

"A careful perusal of Dr. Bedford's book has led us to believe that its value will continue to be acknowledged, and the author recognised as a most able and acute practitioner of medicine. The work is of the most practical character; everything is made to tend towards the relief and treatment of disease, and remarkable skill is shown in quickly arriving at an accurate diagnosis. To get at once to the point is the pervading characteristic of the author's teachings. We cordially recommend it to all practitioners and students of medicine." *London Lancet*.

"It is to be regretted that we have not more such books in Great Britain."—*London Medical Times and Gazette*.

"The style of the author is very graphic. The book not only proves Dr. Bedford to be a sound physician and an excellent clinical teacher, but it also affords evidence of an extensive acquaintance on his part with the literature of his subject on this side of the Atlantic."—*London British Medical Journal*.

Similar notices of the work on Obstetrics also appear in foreign journals. The terms of approval are full and hearty.

"It was with considerable interest that we opened the imposing volume which Dr. Bedford has given to the world. It has cost its author many an hour of thought and toil, which would otherwise, perhaps, have constituted the leisure of a busy life. The fact particularly has struck us much in reading this book—the author seems to think no point too trivial to notice. With great good sense he instructs his readers in matters which are too often discussed in a few words. We have read the work with great pleasure, and as a practical guide is a truly excellent one—perhaps, in this respect, it is unsurpassed."—*Glasgow Med. Journal*.

"The work of Dr. Bedford is, as its title implies, a complete Systematic and Practical Treatise upon Obstetrics, brought up to the existing state of the science, and embracing the anatomy, physiology, signs and diseases of pregnancy, parturition, and child-bed. All these subjects, with the physiological disquisitions arising out of some of them, are discussed. Assuredly, so comprehensive a course was never, perhaps, before given. The volume is evidently the result of much labor and research, and contains a vast deal of information, and that of a recent kind, upon nearly all the subjects connected directly or indirectly with midwifery." *London British and Foreign Medico-Chirurgical Review*.

American authors may not reasonably expect anything more than they deserve from foreign reviewers. Dr. Bedford may consider himself "well used," for they have all fully recommended both of the works he has recently given to the world.

LATE.—The Journal will reach its readers next year, owing to unavoidable causes of delay in proof-reading, copy, etc., etc. Accordingly we wish all our friends a "Happy New Year." In future we hope to appear earlier, and be equally entertaining and instructive.

Physician's Pocket Record.

Published from the office of the *Medical and Surgical Reporter*, a new and improved "Physician's Pocket Record," comprising the following features:—A perpetual calendar; a list of new remedies, their application, doses, etc.; poisons, and their antidotes; treatment of persons asphyxiated; medicinal weights and measures; table for calculating the period of utero-gestation; table for calculating the probable duration of life; classified list of the chief articles of the *materia medica*, their doses, and market value; table of signs; a visiting list, day-book of accounts and daily memoranda, combined.

An Appendix, containing:—An index of patients; obstetric, vaccine, and other engagements, etc.; fee table, city and country; list of medical periodicals, with their subscription price.

It will be seen that this Pocket Record comprises some new features that cannot fail to make it the most useful and popular work of the kind in use. It is neatly, compactly, and substantially got up, of a size more suitable to the side pocket than any now before the profession.

This Pocket Record is intended to meet the wants of both city and country practitioners, and to be an indispensable companion. It is not bulky, although it contains so much material. Price, \$1.50.

Address, office of the "Medical and Surgical Reporter," Philadelphia, Pa.

COMPRESSED AIR CURE.—The proposed plan of curing disease by breathing compressed air, at present gaining some attention by the empirics and public, we shall publish in our next number an extract from a lecture by Prof. Charles A. Lee, containing some interesting facts and observations concerning it. We have some opinions of our own, but reserve expressing them for some future occasion.

TO BE PUBLISHED IN JANUARY—*The Micro-Chemistry of Poisons*, including their Physiological, Pathological and Legal Relations, adapted to the use of the Medical Jurist, Physician and General Chemist. By Theod. G. Wormley, M. D., Professor of Chemistry and Toxicology in Starling Medical College, and of Natural Sciences in Capital University of Columbus, Ohio. 8vo., 650 pages, with 78 illustrations upon steel and wood cuts; handsomely bound in cloth. Price, \$10.

BAILLIÈRE BROTHERS, 520 Broadway, N. Y.

Books Reviewed.

A *Manual of the Principles of Surgery*, based upon Pathology, for Students. By WM. CANNIFF, M. D., M. R. C. S., etc., etc. Philadelphia: Lindsay & Blakiston, 1866.

The author of this book excels in making familiar explanations of diseased processes, and has embodied the essentials of pathological surgery within the compass of his work. The student is hereby furnished with a condensed philosophy.

both of disease and its modes, and means of cure; the physician is also supplied with the rationale of disease and treatment. Nutrition, development, growth, assimilation, decay and repair, and other similar topics first receive attention. Then inflammation and the diseases arising out of inflammation, congestion, stagnation, changes in the blood, serum, lymph, etc., etc. All the various topics connected with inflammation and its different modes of termination and the various means of cure, are fully and familiarly discussed, pathology, therapeutics, etc., receiving attention. In this volume of about four hundred pages is included a wide range of topics, and special diseases and accidents are treated with philosophical reasoning, such as cannot fail to attract and instruct. The illustrations are appropriate, and add to the value of the work; they are from Paget's Surgical Pathology. The author acknowledges the labors of others, and with becoming modesty speaks of those authors to whom he feels most indebted.

The work is given to the profession in the best style of the well known publishers and forms an attractive as well as instructive addition to the physician's library.

A Manual of Materia Medica and Therapeutics; being an abridgment of the late Dr. Pereira's elements of materia medica. By FREDERIC JOHN FARRE, M. D., Cantab, F. L. S., etc., assisted by Robert Bentley, M. R. C. S., F. L. S., Robert Warrington, F. R. S., F. C. S., and Horatio C. Wood, jr., M. D.

This work contains a succinct account of every article of the materia medica, and is very well arranged in every respect. The illustrations, which are two hundred and thirty-six in number, add very materially to the value of the work. We thus obtain not only a full account of drugs, but also a representation of the plant from which many articles of the materia medica are obtained. This work is designed for both practitioners and medical students, and will be found eminently suited to their wants. The sources from which medicines are obtained, physical characters, medicinal properties, modes of preparation, therapeutical indications, and dose, is all embodied in this book, and thus it will be seen how invaluable it is to both physicians and students. Our standard works upon Therapeutics still quote the opinions of those who have called attention to some article of medicine, and are often too enthusiastic in their opinions of its curative virtues. Physicians soon learn that nine-tenths of the articles used as medicines really add nothing to our means of curing disease, though this fact shows nothing further in this connection. They are to be known that we may understand how little many of them are worth, and are of course to be considered in works upon therapeutics. It is not, however, necessary to reiterate the opinions of authors forever and ever, many of whom were over-zealous in bringing to the attention of the profession new articles for the materia medica.

We should be glad to receive a work on Therapeutics, written upon the observation, and giving the opinions only of some man, who would give each article its just deserts. As at present constituted medical students start in practice, believing that medicine will do all that it is said to do, and find out slowly and after many disappointments that there is more promised than done.

Pereira's *Materia Medica* is, as every one knows, as much to be depended upon as any work upon the subject, and this condensation of it abridges, but does not lessen its value. It is bound in the most substantial manner, and is a very valuable addition to a physician's library.

A Guide to the Practical Study of Diseases of the Eye; with outline of their Medical and Operative Treatment. By JAMES DIXON, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital. From the third London edition. Philadelphia: Lindsay & Blakiston, 1866.

The recent rapid discoveries and improvements in ophthalmic science are so remarkable, that every physician at all interested in the progress of this department of his profession, eagerly peruses every new work offered the profession, expecting that progress and improvement has been the occasion of its appearance. Ophthalmology has been enriched by more discovery both in pathology and therapeutics within the last few years than any other branch of medicine or surgery, and so great changes have thus been made that the older authors are practically obsolete. The work before us is designed by the author to afford a guide to the study of diseases of the eye. He says: "In attempting this, I have chiefly described outward appearances, such as lie open to the view of the observer, and have said but little of those subjective symptoms which vary according to the peculiar susceptibility of individual patients."

We have taken great pleasure in careful perusal of this book, which, both in style and matter, is unsurpassed in any language. It does not claim to cover the whole field, but in plain and condensed form gives the essentials of ophthalmology as understood and practiced at the present time by the most distinguished and experienced observers. It embraces quite a wide range of topics, and furnishes a very valuable practical guide in the medical and surgical treatment of diseases of the eye.

Asiatic Cholera; a Treatise on its Origin, Pathology, Treatment and Cure. By E. WHITNEY, M. D., and N. B. WHITNEY, M. D. New York: M. W. Dodd. 1866.

This work on Cholera makes its appearance in an attractive and permanent style, and contains sections upon origin and development, progress and fatality, causes and propagation, pathology, phenomena or symptoms, modes of treatment, unsuccessful, physiological condition of the blood—non-aeriation or non-oxidation, maxims of rational practice, statistics, prophylaxis, remedies, etc., etc. The authors have collected from various reliable sources a great amount of statistical knowledge and incorporated into their work the opinions of many of the most reliable physicians, whose opportunities for observation are unsurpassed.

A great many monographs have been published upon cholera in view of its appearance in this country. Some have passed into the permanence of book form. The one before us possesses merits which entitle it to this distinction, and we are most happy to place it in our library as a valuable treatise upon Asiatic Cholera.

An Introduction to the Study of the Optical Defects of the Eye, and their treatment by the scientific use of Spectacles. By A. M. ROSEBRUGH, M. D., Toronto.

This pamphlet is a lecture introductory to a course on the diseases of the eye, which the author proposes to publish in pamphlet form, hoping they may be useful not only to his class, but to medical students generally. This lecture was read before the Canadian Institute, February 3d, 1866. It contains the philosophy of vision, its frequent deviations and the modes of treatment by the use of glasses, and constitutes an attractive and instructive lecture.

The Brain and Cranial Nerves, shewing their origin, arrangement, principal division and distribution. By THOS. S. BULMER, under-graduate in medicine, Toronto University, late student of McGill University.

The above is the title of a large and comprehensive chart, which is designed to show more clearly to the student, and useful also to the practitioner, the origin and distribution of these several nerves. Although the matter contained in the chart is to be found in all text-books on the subject, yet by arranging them in this manner, it simplifies much this difficult part of anatomy. It is an idea deserving of recommendation, and we think all, especially students, cannot do better than by purchasing one of these charts.

Books and Pamphlets Received.

A Treatise on the Principles and Practice of Medicine; designed for the use of Practitioners and Students of Medicine- By Austin Flint, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital; Fellow of the New York Academy of Medicine, etc. Second edition, revised and enlarged. Philadelphia: Henry C. Lea, 1867.

A Treatise on the Principles and Practice of Medicine and Pathology, Diseases of Women and Children, and Medical Surgery. By W. Paine, M. D., Professor of the Principles and Practice of Medicine and Pathology in the Philadelphia University of Medicine and Surgery, etc., etc., and Editor of the University Journal of Medicine and Surgery. Philadelphia: University Pub. Society.

Practical Therapeutics, considered chiefly with reference to Articles of the Materia Medica. By Edward John Waring, F. R. C. S., E. L. S., Surgeon in Her Majesty's Indian Army. From the second London edition. Philadelphia: Lindsay & Blakiston, 1866,

A Handy-Book of Ophthalmic Surgery for the use of Practitioners. By John Z. Laurence, F. R. C. S., M. B. (Univ. London,) Surgeon to the Ophthalmic Hospital, Southwark, etc., etc., and Robert C. Moon, House-Surgeon to the Ophthalmic Hospital, Southwark, with numerous illustrations. London: Robert Hardwicke, 1866.

A Manual of Auscultation and Percussion. By M. Barth and M. Henri Roger. Translated from the sixth French edition. Philadelphia: Lindsay & Blakiston.

The Common Nature of Epidemics and their relations to Climate and Civilization. Also remarks on Contagion and Quarantine, from writings and official reports. By Southwood Smith, M. D., Physician to the London Fever Hospital, etc., etc. Edited by T. Baker, Esq., of the Inner Temple, Barrister at Law, etc., etc. Philadelphia: J. B. Lippincott & Co., 1866.

Lessons upon the Diagnosis and Treatment of Surgical Diseases, delivered in the month of August, 1865, by Professor Velpeau, Member de l'Institut et de l'Académie Impériale de Médecine. Translated by W. C. B. Fifield, M. D. Boston: James Campbell, 1866.

Infantile Paralysis, and its Attendant Deformities. By Charles Fayette Taylor, M. D., Resident Surgeon New York Orthopædic Dispensary, etc., etc. Philadelphia: J. B. Lippincott & Co., 1867.

Message and Documents, War Department, 1865-66. Part 3 and 4. Containing Report upon the prevailing diseases of the United States. By Dr. J. H. Baxter.

Insanity in its Medico-Legal Relations. Opinion relative to the Testamentary Capacity of the late James C. Johnston, of Chowan County, North Carolina. By Wm. A. Hammond, M. D.

Address of D. Humphreys Storer, M. D., President of the American Medical Association.

Annual Report of the Surgeon General, United States Army, 1866.

A Classified Priced Catalogue of Medical Books, Surgical Instruments, Apparatus, etc., etc., January, 1867. Published at the office of the Medical and Surgical Reporter, Philadelphia.

Henry C. Lea's New Medical Catalogue.

A NOVEL INFANT'S NURSERY.—An old stable with 100 infants in the horse-troughs and hay-cribs is rather a novelty, but it is seen in the locality of Union street, Borough-road, London. The work has been undertaken by the Rev. George Addington, who has secured an old stable to form a nursery, and has fitted it up for taking care of the young children of women who are obliged to go out to char or work away from home.—[Med. Press and Circular, October 31, 1866.]

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Original Communications.

ART. I.—*Extract from a Lecture on the Physiological and Remedial Effects of Increased Pressure of the Atmosphere.* BY CHARLES A. LEE, M. D., *Professor of Hygiene, etc.*

Having considered somewhat in detail some of the meteorological conditions which affect the inhabitants of our globe, let us consider, briefly, the physiological and curative effects of increased pressure of atmospheric air upon the human body. Assuming that the surface of the body of an adult, of medium size, is about fifteen square feet, or 2160 inches, when the barometer stands at thirty-one inches, the pressure upon each square inch of surface will exceed fifteen pounds, and on the whole surface, 33,684 pounds; but when the barometer stands at twenty-eight inches, this will be reduced to about fourteen pounds on each square inch, and to thirty, 622 pounds on the entire surface, making a difference of about 3082 pounds. This pressure is not perceptible, inasmuch as action and re-action are equal; the pressure of the air in any one direction must be exactly counterbalanced by an equal pressure in the opposite direction, and all injurious effects are prevented by the elasticity of the solids, liquids and gases, that enter into the composition of the body. The influence of increased pressure of the atmosphere upon the body, was first noticed in experiments

made with the diving-bell; which, as formerly constructed, condensed the air in proportion to the depth of water to which it descended; thus subjecting the persons within to the pressure, perhaps, of several atmospheres. The physiological effects of such pressure were carefully noted, from time to time, especially the pain in the ears, which was often very severe; and it was also noticed that the respiration and pulse were both reduced in frequency. It was also observed that persons laboring under a considerable degree of deafness, were able to hear, while in the diving-bell, much better than in the open air.

Particular attention, however, was not directed to the subject till the year 1841, when an article was published at Berlin, in the "*Archives for Mineralogy, Geology and Mining*," giving a very interesting account of the effects of highly condensed air upon the human body, as observed in an apparatus used in mining. It appears, that, in order to keep out the influx of water from a mining-shaft, a cylinder of sheet-iron seventy feet long and three and one-half feet in diameter, was passed down through the land, till it reached the bed of coal. At the upper end of the cylinder was a box, with two valves large enough for a man to pass in and out, without allowing air to escape, and the air was forced into the cylinder by air pumps, worked by a steam engine. In this case similar phenomena were observed, as had already been noticed in those who had descended into water in the diving-bell. On first entering, before the balance between the internal and external pressure was restored, there was severe pain in the ears, which gradually ceased, as soon as an equilibrium was established. There was, however, a great difference in this respect in different persons. In some individuals the pain was very slight, in others very severe. Some only experienced it when they came out into a thinner, or less dense atmosphere. The effect was not uniform, even upon the same persons, being modified very essentially by the state of the general health at the time, and other conditions not easily ascertained. Although able to talk and sing with greater ease than ordinary, under a pressure of three atmospheres, yet when the degree of condensation reached that point, the workmen were unable to whistle. This has been explained in the following manner: In whistling, we force a stream of air through a small aper-

ture of the lips; the fluid thus passing this small aperture, becomes condensed, and produces the sound; but under a pressure of three atmospheres, the air is already so condensed that the ordinary effort which the muscles of the cheeks and lips, and the respiratory organs make in whistling, is not sufficient to compress the air any further, and consequently there is an inability of producing any sound. Another phenomena observed was, that all sounds appeared to be nasal.

It does not appear that any decided effects were produced upon respiration by exposure of the lungs to this greatly increased pressure, except a slightly reduced number of respirations in a minute; although it is stated that in ascending the shaft, yet filled with condensed air, the workmen did not lose their breath, nor become short of breath to the same degree as when making a similar ascent in common atmospheric air. This may, perhaps, be satisfactorily explained, from the fact, that as the same volume of condensed air contains a greater amount of oxygen than the same volume of uncondensed air, the lungs will consequently require, in proportion to the condensation, a smaller volume of air to effect the due oxygenation and decarbonization of the blood, and, of course, do not require to be expanded as much as when breathing uncompressed air; consequently the action of the respiratory muscles need not be as energetic. How much may be owing to this, and how much to the direct effects of pressure on the circulation cannot be definitely ascertained. No such violent effects, however, are stated to have occurred, as have been witnessed in some experiments made with the diving-bell, where, in descending to great depths, (causing a pressure, probably, much exceeding that of three atmospheres, the highest degree mentioned as occurring in the cylinder,) blood flowed from the lungs, nostrils and ears, and the tympanum of the ear was ruptured.

Another circumstance, worthy of note in this case, as well as that of the diving-bell, is, that the workmen gradually became accustomed to the pressure, so that after awhile they suffered comparatively but little inconvenience. In accordance with this fact M. Triger ("*Annales de Hygiene*," 1845) states that in some mining operations, in which he was concerned, he subjected individuals to a pressure of about three atmospheres, and although they suffered

pain and inconvenience at first, they soon became accustomed to this degree of condensation. The same fact was observed also, as has been often witnessed in the diving-bell, namely: that deaf persons could hear very distinctly in the condensed air, and in some instances could hear much better than some who were not deaf.

If we compare these effects with those we have described as produced by greatly diminished pressure, as in ascending very lofty mountains, or to a height of many thousand feet in balloons, namely: vertigo and dizziness, hæmorrhages from the nose and mouth, breathlessness, hurried pulse, and quickened respiration, etc., we shall find that the dangers and inconveniences experienced from compressed air, to the extent of three atmospheres, are far less in degree than diminished pressure to the same amount. It is, however, to be recollected that in ascending very lofty mountains, much of the danger and inconvenience is to be attributed to the conjoined influence of muscular action and a rarified atmosphere, and not to the latter alone; inasmuch as balloonists, in ascending to even much greater heights, do not often suffer in an equal degree; and, sometimes, as in the case of Messrs. Green and Rush, who, in 1838, went up to a height of 29,000 feet, or five miles, the suffering, except from cold, was comparatively slight. It is very possible, however, that the benumbing effects of cold, which was very considerable, may have prevented the consciousness of other kinds of suffering. Still the Abbe Ferra, who lived in Italy, states that none but invalids are incommoded in ascending Mt. *Ætna*. Here, however, the height is inconsiderable, compared with that of the *Himalayas*; in the ascent of which, all travelers who have reached the top, describe the physical effects as very strongly marked. The general statement will doubtless hold true, that the influence of the atmosphere in producing morbid sensations or conditions of body, through its changes of weight, unless they are very great, is limited in extent, and usually slight, where the individual exposed to them is in a good state of health; the changes being usually gradual, giving time for the organs to adapt themselves to the range of barometrical variation; and that it is only when they are sudden and extreme, that any injurious consequences are apt to follow. A sudden alteration of balance between the external and internal parts of the body would necessarily affect

the vascular system, and derange the circulation, which, to a certain extent, is regulated by mechanical principles. Common observations with the air-pump and cupping-glasses show how readily these vascular textures and the contained fluids yield to such a change of balance, and it is not therefore strange that we should find hæmorrhages of various kinds, especially in persons predisposed to them, from a sudden fluctuation in the weight of the atmosphere. Indeed meteorological statistics compared with accurate meteorological observations lend great support to the belief that hæmorrhages, apoplexy and paralysis are more liable to occur during a low state of the barometer than at the opposite degree. It has been noticed that highly sensitive and nervous persons experience a change in their sensations and feelings upon a sudden alteration in the weight of the atmosphere, which, perhaps, may be a compound effect of the changes in the circulation, in which the sensorium, the lungs, and the muscular system all participate.

But to return to the subject of *compressed air* and its effects on the body. Soon after the publication in the "*French Annals of Hygiene*," (1844) of the effects above described as observed in mining operations, the attention of the medical profession was drawn more particularly to it as a remedial agent in different diseases. Among others, M. Pravaz, a distinguished French physician, made many experiments and observations in regard to the effects of atmospheric condensation, and published two elaborate Essays* as early as 1841, upon the subject, which have been translated into English, and published in London some two or three years ago. In the first of these Essays he describes the good effects from its use, associated with gymnastics, in the treatment of rickets, strumous and spasmodic affections and catarrhal deafness. He speaks, also, of its salutary operation in weakness of the lungs, by its nursing their vitality, increasing the richness of the blood, etc. This writer, as well as M. Merat,† has directed attention to another mode of applying compressed air, namely: by inhalation; which, it is stated, has proved very beneficial in diseases of the organs of voice from relaxation of tissue and want of tone in the parts, attended with more or less congestion, and

* *Memoire sur l'emploi du bain d' air comprimé se.*

† "*Diet, univ. de Mat. Med. et de Therap. Gen.*" (Supplement.)

accumulation of mucus; the period of inspiration recommended being from one to three hours daily.

In consequence, probably, of the publication of the works above mentioned, several establishments were afterwards opened for the treatment of disease by this method, especially in Germany, as at Berlin, Leipsic and Stuttgart, and during the last ten years at numerous other places in that country. During the same period the German medical periodicals have been much occupied with this subject; particularly "Schmidt's Jahr Bücher," in which many able articles have appeared relating to it, setting forth its advantages as well as disadvantages, and the dangers which may attend it. In the same journal for 1863, is an advertisement by a mechanic, offering to furnish a complete apparatus for compressing air, worked by a hand-pump, for the price of two hundred dollars and upwards. Many of these, I am informed, have been sold and distributed throughout the kingdom, and are probably now in use. The treatment by this method in Europe has always been in the hands of the regular faculty, and recognized as a legitimate and scientific mode of practice. In 1862, when in Lyons, in France, I found an extensive establishment of this kind, which enjoyed a wide-spread reputation. In Paris it is believed there are several.

The history of the treatment of disease by compressed air in this country, so far as I am at present informed, is the following: Some six or seven years ago an uneducated layman got up an establishment for this purpose at Ashawa, C. W., where it was carried on for four or five years, with varying success; when about two years since it was removed to Toronto. Here it came under the charge of a Mr. Ware, also a layman, and many persons were attracted thither for treatment for a year or two; several from this city; some of whom represent to me that they were considerably benefited, and some that they were entirely cured. A few months since, from some cause the establishment was broken up, and another soon after was opened by a company as a joint-stock operation, in Rochester, N. Y. While in Toronto, as I am incredibly informed, it was patronized by some of the medical fraternity of the college at that place, and other regular members of the profession, who sent not only patients thither for treatment, but also in some cases members of their own families. Since the establish-

ment has been in operation at Rochester quite a large number of persons have undergone the treatment; some from the large cities of the union, and several from Buffalo, there having been through the last summer some fifty or sixty, who were trying the treatment at the same time. So far, I believe, it has been entirely in charge of practitioners of the homœopathic school; and at no time, or in any place in the United States has the treatment by compressed air, so far as I know, been in charge of regularly educated members of the medical profession.

A wealthy citizen of Buffalo, subject to severe attacks of spasmodic asthma, having experienced decided temporary relief at the establishment at Rochester, is now erecting a more extensive and complete one in this city, probably the most perfect as well as extensive ever established in any country, partly for the benefit of the treatment in his own case, and partly as a pecuniary investment. This is to contain, in addition to the compressed air bath, the usual conveniences for hydropathic treatment; with sulphur baths, from a native sulphur spring in the vicinity; the Turkish hot-air bath, etc. It is to be hoped it may be placed under the management of an able, scientific practitioner.

This *compressed air-bath* will, when completed, consist essentially of an air-tight room, or rooms, made hermetically tight by a continuous lining of sheet-iron; each room being sufficiently large as to accommodate eight or ten persons at the same time, with a door for entrance, composed mainly of thick plate glass, and the pressure so controlled by valves as to be easily regulated to any degree of density required. The air is to be forced by a steam engine through a reservoir of pure water, which is being constantly renewed, so that all impurities contained in the atmosphere will be effectually got rid of; and thus it will enter the air-chamber thro' a tube connected therewith, perfectly pure; whence it is to pass off through a regulating or safety-valve, constructed like those connected with ordinary steam engines, by a weight and gauge, self-regulated to any degree of density and pressure which may be thought best. The amount of fresh air which will pass through the bath will vary from fifty to one hundred cubic feet per minute, of any required density, varying from one and a half to three atmospheres or more; requiring half an hour to raise the pressure

to the point required, and the same period to remove it; the patient remaining in the air-chamber two hours for the "tonic bath" of 70° F., and a shorter period for the "sweating bath" of 100° and upwards.

The establishment at Rochester, it may be remarked, is constructed after a similar fashion, and as the patient comes out of the bath one or two pails of tepid or cold water are dashed over him, and he is then briskly rubbed all over with a rough bath-towel, which leaves the skin in a soft, pliable condition, and with agreeable sensations.

Physiological Effects.—For such knowledge as I have of these, I am indebted to several intelligent persons who have undergone the treatment both at Toronto and Rochester; and of course such knowledge must be, to a very considerable degree, imperfect, lacking that accuracy and definiteness of statement so necessary in scientific matters. All, however, who have made careful observations, testify that the pulse becomes slower and fuller, and the respiration also slower; while there is a general feeling of strength, comfort and well-being, while they remained in a bath of from 20 to 25 pounds to the square inch, or that of one and a half to two atmospheres; provided the temperature was not much above that of 70° F. The effects, however, vary somewhat in different individuals. When the temperature is raised to 90° and above, (and it should have been mentioned, that by means of coils of steam-pipe the temperature of the rooms can be raised to any required point, though I have met with no one who has entered the bath heated above 114° F.) it is agreed on all hands, that it proves powerfully sudorific; the water pouring in streams from all parts of the body, and from the head and face so copiously as to require the constant use of a towel, which in a few minutes becomes so saturated as to require to be wrung out. The secretions, generally, particularly those of the skin, liver and kidneys, are increased, in a marked degree, both by the tonic and the sweating-bath; although by the latter, those of the skin in a vastly increased proportionate degree. The blood is powerfully drawn by it to the peripheral parts of the body, the veins become full and swollen; a ringing, painful sensation is experienced in the ears, which gradually becomes lessened as the pressure is increased, and usually

returning again while the pressure is being removed, although the urine is generally copious, it is higher colored than natural, while the appetite and digestion usually undergo a marked improvement. The effects of the "tonic" and "sweating-bath" vary, however, very much, and also in different individuals. Some represent the muscular strength to have increased from the first, whether either bath was employed; while others state that the bath of 90° was followed by a sense of weakness and exhaustion, which it took a considerable time to recover from. Some, however, who have employed the Turkish bath (air at a high temperature, with shampooing,) state that they experienced none of that languor and muscular weakness from the compressed hot-air bath, which usually attends the operation of the former, or even that of the warm vapor, or hot-water bath. This has been attributed to the continued current of pure fresh air, containing double the quantity, or more, of oxygen, passing every moment through the air-chamber. The statements of Prof. Parke's, in his excellent work on "Military Hygiene," (1865,) in regard to the effects of compressed air-baths, vary somewhat from the above; inasmuch, as he says, that evaporation from the lungs and the surface, is less than ordinary; a result entirely different from what we should, reasoning, *a priori*, expect.

Curative Effects.—Of these, also, I have but a very limited amount of knowledge, knowing the physiological effects, we might be expected, perhaps, to predicate to some extent, at least, what its curative influence must be in particular forms of disease; but we know too little in regard to the former to justify us in arousing any very satisfactory or well-founded conclusions in regard to the latter. That it is a powerful agent for good or evil, according to the judgment and skill with which it is managed, there can be no question. There is too much reason to fear, however, that as it has thus far, for the most part, in this country been in the hands of the uneducated and empirics, unacquainted both with physiology and pathology, it has been the means of accomplishing more evil than good. Indeed, from the statements of those who have had the best opportunities of observation, and have daily witnessed or experienced its effects, for weeks together, it has been so varied

in its action, under apparently similar conditions, that it is very difficult to classify the results, even in the most general manner.

According to a private circular, issued from the Rochester Institution, this treatment has been very successful in both acute and chronic rheumatism; in different forms of dyspepsia; in congestions and torpid conditions of the liver and spleen; in nervous affections generally, particularly in neuralgias and hypochondriasis and nervous prostration, with symptoms of threatened insanity; in amenorrhœa and retention of the menses: in asthma and chronic bronchitis; and in constipation and incipient diseases of the lungs, etc. Some of the cases of cures reported, especially of chronic rheumatism, attended with contraction of the limbs and deformity, are so remarkable, as to border almost on the miraculous. Reasoning from its known physiological effects, we should be inclined to think it might be used to advantage in relieving internal inflammations and congestions, such as engorgements of the liver and spleen; also spasmodic asthma, and other affections, characterized by undue determinations of blood to particular organs. To what degree the effects would be *permanent*, remains for future observations to settle; and on this much of its real therapeutic value must depend. It is evident that under a pressure of two atmospheres the blood must, in a given period of time, be brought in contact with a double amount of oxygen, and that this must exert an important influence upon the functions of sanguinification, nutrition, calorification, secretion, etc. An equal proportion, too, of carbonic acid gas would escape from the lungs, and thus every organ and tissue of the body experience a more profoundly stimulating and vitalizing influence. It can scarcely be doubted, moreover, that under such an amount of pressure the capillary circulation generally would be more active and perfect, and that such a bath would accomplish, in a good degree, what is the ordinary effect of exercise, without the existence or fatigue attending it.

It is now nearly forty years since M. Junall, an able Parisian practitioner, devised an apparatus by which, as he assures us, the atmospheric pressure on the body may be increased from 26,000 pounds, which he states to be its ordinary amount, to one hundred thousand pounds. This he calls a *pneumatic bath*. We have not the means at hand which would enable us to describe his appara-

tus; but he employed it, he says, with advantage in diseases of the chest and larynx, in anorexia, scrofula, marasmus, certain forms of deafness, and diseases of the skin, arising from debility of this organ.

The profession has long been in the habit of employing M. Junad's boat in cases of shrinking, or dwindling of the extremities, for the purpose of increasing the nutrition of the affected limb, and with the best results. While *atmospheric pressure* seems to have its advocates in this region, in the treatment of diseases; the opposite, or "*pneumatic occlusion*," as it is called, is coming in fashion among the Parisians. The distinguished French Surgeon, M. Guorin, lately read a paper before the "Academy of Sciences" in Paris, upon the use of an apparatus for *keeping the skin free from the contact of air*. His plan includes, 1st, an exhausting air pump; 2d, vulcanized caoutchous "mufflers" (*manchous*) of suitable form for the parts to be acted upon. The opening of the envelope has a diameter about two centimetres less than the diameter of the surface it is to surround, so that by means of moderate elastic pressure all communication with the external air can be cut off. Each *muffler* is furnished with one or more india-rubber tubes connecting the confined spaces with the receiver of the air pump. 3d, a number of envelopes made of some permeable material of varying thickness, which are to be placed between the impermeable muffler and the tegumentary surface, and are intended to facilitate the removal of vaporite, by air pump. If the hand, for example, is to be acted upon, it is first enveloped in cotton-wool, then placed in the india-rubber muffler, which is closed by an elastic band around the wrist. The tube is then connected with exhaustive receiver, so that when the tap is turned a vacuum is formed, and the enveloping membrane "glues" itself over the surface, and maps out like a second skin, the form at the fingers, and the marks upon their surfaces.

The idea of M. Guorin has evidently been borrowed from M. Junad, who invented the *pneumatic boot*, to which reference has been made, and which is so highly recommended by Brown-Séguard, and others. That M. Guerin's apparatus would be very effectual causing the blood to be forced into the minute capillaries of the part subjected to the treatment, thus favoring nutrition, there can be

no doubt whatever, and we think it may therefore prove efficacious especially in cases of muscular atrophy in any part of the body. It seems rather remarkable, however, that exactly opposite processes of treatment, viz: *increased and diminished pressure*, should accomplish the same therapeutical effects. But when we consider that both tend to draw the blood powerfully to the peripheral surfaces, and thus relieve internal congestions, the mode of cure is sufficiently evident. M. Guorin's *apparatus* would seem to be only a more general and efficient method of carrying out the principle of *dry-cupping*. This apparatus has been employed by Dr. Brown-Séguard, in the "Royal Paralytic and Epileptic Hospital" of London, as well as in his private practice, with the most marked success in similar cases, and Dr. Dewey of New York, states, (*New York Journal of Medicine*) that he has frequently employed it in paralysis, especially hemiplegia, in connection with electricity, with the most decided benefit. In this apparatus, as is generally well known, the air is exhausted around the affected limb by a small pump attached to the upper portion of the boot, and thus the blood is forcibly driven into the limb by atmospheric pressure, resulting in its rapid nutrition and consequent increase of size. Brown-Séguard states that the result is a marked increase of muscular irritability, as well as increase of the nutritive processes. Reasoning from analogy, is it not a legitimate conclusion that what takes place in a portion of the body from atmospheric pressure, may also occur in the whole body, under similar conditions?

These suggestions and remarks, gentlemen, are offered rather for the purpose of stimulating enquiry, than from any positive value, which I am disposed to attach to them. The subject I believe is worthy of investigation by the scientific members of our profession. The practice by means of general compressed air-baths has been too long in the hands of empirics and irregular practitioners. Scientific and legitimate medicine professes to appropriate all positive means of cure—all remedial agents calculated to relieve human suffering or cure disease. Let us not disdain to gather knowledge, no matter from what source it may come. It little becomes us, as members of a learned and liberal profession, to refuse to enquire into the merits of any particular method of treatment because it has been employed by illiterate men. This particular remedy of

compressed air, however, as we have seen, was first introduced to the knowledge of the world by men distinguished in science, and known for their zeal and medical knowledge. In this country, at least, it has been allowed to fall into the hands of laymen and empirics. It is time an effort should be made to rescue it from such hands; to study its real value; to investigate more completely its effects; and thus place it among the recognized resources of our art.

ART. II—*Notes on a case of Aphasia, with some suggestions towards a new hypothesis in regard to the production of that form of Paralysis.* BY JOSEPH G. RICHARDSON, M. D., *Union Springs, Cayuga county, N. Y.*

Mrs. S. L., aged 51, a lady of nervous temperament and active habits who had been married for thirty-two years, and was the mother of four children, found herself one morning in April, 1859, upon awaking, unable to speak at first, but after some minutes articulated the words "can't talk," and from that moment gradually recovered her speech until in a week the inability had disappeared. In three days more, however, another and similar attack occurred, accompanied by partial hemiplegia of the right side, causing her to drag her foot when she attempted to walk, which she began to do after five or six weeks; during the time she was confined to her bed she was able to move both upper and lower extremity to some extent, but complained much of numbness affecting them; the muscular paralysis gradually decreased for a space of three years, as did also her inability to articulate words, but she never recovered the power of reading, writing or counting; there seemed to be no true paralysis of the organs of speech, for she told her friends that the reason she could not talk better was that she could not think of the words; when asked a question she would sometimes reply "yes," and sometimes "no," entirely irrespective of the facts of the case, and often would enunciate one answer after the other repeatedly. Upon one occasion when it became important to have her signature to a deed, it was obtained by placing before her a slip of paper upon which the words composing her name were written, when she copied them without

difficulty, and it is very remarkable that this signature was no mere servile imitation, but her veritable autograph, with all the peculiarities of her own hand-writing, indicating that what she herself declared to be was in truth her sole imperfection, viz: that she could not remember the words.

In February, 1863, she had another attack similar to the second above mentioned, which confined her to her bed for about a month, during which time she complained much of numbness and suffered severe headache, but was able to move her arm and leg to some extent, and for nearly six months from this time she had, on an average, about every three weeks a slight attack of numbness, (affecting always the right side) accompanied by severe headache, which lasted from twelve to forty-eight hours and passed off under mild treatment.

On the 27th of June, 1865, after a long period of immunity from these seizures, she began to complain of the customary symptoms which at first did not appear to be more severe than usual, but gradually passed on into stupor and profound coma; after remaining in this state for several days she began to rally and regained partial consciousness, but with her right arm and leg completely paralyzed; her condition improved slightly for about three weeks, but at the end of that time strength commenced to fail, and on the 6th of September death took place. At the autopsy made the morning after her decease we found on removing the calvarium a marked depression in the substance of the brain, which presented the appearance of having been excavated over a surface of about an inch in diameter immediately above the termination of the fissure of Sylvius, and partly involving the island of Reil; it was evidently the result of the absorption of an apoplectic clot whose place was filled in part by a very loose cellular tissue containing some serous fluid in its folds. The anterior margin of this indentation was about $2\frac{1}{4}$ inches from the anterior corner of the Centrum ovale majus, on the same side, measured upon the surface of the convolutions, and the distance of its superior margin from the edge of the great longitudinal fissure on the same side was about $2\frac{1}{4}$ inches. Further incisions into the substance of the brain exhibited no evidence of softening, although many of the arteries at the base were calcified, especially those composing the circle of

Willis. In the left thalamus optici, however, there was a recent clot about the size of a small pea, which had undoubtedly been the cause of her last fatal attack.

-Examined under the microscope with a power of 325 diam. I found the tissue filling the place of the old clot to be composed of fibrillæ, sometimes interlacing and sometimes parallel formed into bands from .005 to .01 of a millimetre in diameter, and entangling some compound granules and a few crystals of hematoidine. The surrounding structure was nearly healthy, only a few compound granules being observed scattered through the normal tissue. The clot in the thalamus optici and the portions of circumjacent, brain presented the usual microscopical appearances.

The theory of that distinguished French academician, M. Broca, who locates the group of mental faculties which Aphasia involves in the third frontal convolution of the left side, and that of Dr. Dax who circumscribes the localization still more closely, both maintain that the nerve centre presiding over these functions is single, and has its seat in the left hemisphere of the cerebrum, without any corresponding organ in the right side of the brain, but these suppositions although partly endorsed by even such high authorities as the late lamented M. Trosseau, have been recently contested by Prof. Austin Flint of Bellevue Hospital, New York, and are, I believe, still regarded by a majority of the profession as *sub judice*, being so contrary to the analogy which holds almost without exception in other portions of the human frame.

Mr. James Paget in that inexhaustible mine of thoughtful research and deduction, his work on Surgical Pathology, suggests that every idea which we receive is recognized by its producing some infinitely small, but positive alteration in a portion of the brain substance, and that the faculty of remembering depends upon this molecular change being perpetuated through all the permutations of degeneration and repair in the cerebral tissue, where it has occurred so that the mind can at any time again discover it; the mental vision recognizing this cicatrix, as it were, upon the tablet of memory, just as the outward eye might recollect a scar upon the visage of a friend. If this be so, were it not more in accordance with the well known idiosyncracies of nature to conclude that a double organ, one part in the third frontal convolution

of each hemisphere, exists for the reception of impressions, which in health supply objective phenomena to the powers lost in a true aphasia: and to suppose that these faculties need two separate and distinct impressions, like those of a Stereoscope picture which must be combined into a single image by an effort of the mind for their full perfection; in other words that as the sense of sight requires binocular vision in order to appreciate the qualities of relief and rotundity, so the faculty of memory requires the compound of a double impression to recognize the attributes of mutual dependence and relation in the constituent of numbers and words.

On this hypothesis it is evident that were either of these twin centres overpowered by the pressure of a coagulum that single lesion must necessarily destroy the integrity of the faculties lost in such cases as mine above detailed; and the circumstance that most of the autopsies reported have shown effusion into the convolution just referred to may be accounted for by the well known fact that the left side of the body is weaker and more susceptible to disease of almost any kind than is its fellow.

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

TUESDAY EVENING, December 4, 1866.

Dr. Gleason in the Chair. Present—Drs. Samo, Gay, Smith, Gleason, Miner, Little, Mackey, Cronyn, Wyckoff and Johnson. The minutes of the last meeting were read and adopted.

DR. GAY'S treatment of gall stones by oleum olive. The Doctor made a few remarks upon the importance of these cases, and reported the case of a lady 40 years of age, who had been treated by several physicians of high repute, without relief. Gave her at bedtime oleum olive ℥viii. Repeated the dose early in the morning, and soon after gave an ordinary dose of oleum ricini. Evacuation of the bowels soon followed, when several small gall stones were evacuated.

Second case. A man from Ohio, suffering very severely from the third attack. Gave morphine by hypodermic injection to allay the pain. Gave at bedtime oleum olive ℥viii, and repeated the dose at three o'clock in the morning, followed by podophyllin as a cathartic. Two or three evacuations of the bowels followed, when

39 or 40 small gall stones, saturated with oil, were passed, several of which were presented to the Association for examination.

Dr. G. regards the above the best method of treatment for this troublesome disease.

DR. MINER said, that to say that the substances presented by Dr. Gay are true biliary calculi, is more than their appearance would warrant; they are soft and pliable, and not hard like gall stones. Dr. Gay suggests that the oil is almost as much a specific in this disease, as sulphur is for scabies or mercury for syphilis. It is a lubricant, slightly cathartic, and probably nothing more. Such concretions as these before us often form in the intestinal canal and pass off without the aid of medicine, that they should pass off with the oil is not remarkable. It is not clear to me that they were removed any more by sweet oil than they would have been by any other oil, neither is it probable to my mind that they are true biliary calculi, but if it should even be shown that they are of such nature, I am still unwilling to attribute to the oil any special influence in their removal.

DR. GAY: I do not consider the oil cathartic. In the cases mentioned I gave a cathartic after giving the oil. In the second case reported the patient was suffering severely from the third attack, and had all the symptoms of the disease. After taking the oil he passed sixty or seventy of these gall stones. They looked unlike feces. They were saturated with oil and softened; the pain with the other symptoms was relieved by the treatment. I believe that this will become *the* treatment for gall stones. Have for a long time given olive oil as a laxative for children, but found that a half pint was not laxative in the cases above mentioned. I report these cases for the purpose of calling out remarks from others.

DR. MINER: The Doctor speaks as confirmatory of what he has said before, that the pain and other symptoms subsided after the passage of the "gall stones." I have always considered the diagnosis of such cases very doubtful, until the concretions which had passed the biliary duct were found, and if pain subsided after the evacuation of the bowels it would indicate colic, rather than passage of biliary calculi.

DR. GAY did not make use of the oil on the authority or recommendation of any one. Would ask Dr. Miner if he had any doubts about the specimens presented being true gall stones?

DR. MINER: I have doubts about their being true gall stones; they appear to be composed of cholesterine and fecal matter, and were probably formed into this shape in the intestinal canal. Closer investigation should be made before they are pronounced true biliary calculi.

DR. MINER presented a scirrhous tumor that he had removed from the breast of a woman sixty years of age, and remarked that it looks and feels and has all the characteristics of a cancer. The only remarkable feature about it is, that there is in its centre a distinct bone. This substance has been carefully examined and is undoubtedly true bone. It is remarkable that we should have growth of bone in such locality. The tumor had become so painful and burdensome that removal became necessary. It was external to, and did not involve the mammary gland, but had crowded out the adjacent tissues, and had formed for itself a sort of cyst as is common in such tumors. I believe that it is malignant, and that the bone was developed from the fibrous structure of the tumor.

DR. CROWN remarked that these concretions presented by Dr. Gay are not astonishing, and to all appearance are such as are frequently found in the alimentary canal, and probably composed of cholesterine and fecal matter—quite largely of the latter. The tumor presented by Dr. Miner is unusual, perhaps, yet not very strange. Ovarian tumors have been found to contain hairs and other substances that would seem quite as much out of place. This is probably a malignant growth, and the metamorphoses that was the cause of the tumor was sufficient to produce the bone. The subject of tumors is an interesting one, because of their great variety, cause and termination; many that are at first benign become malignant, others presenting in a single tumor three or four distinct characters.

DR. MINER said that the question of change from benign to malignant disease, was still an open one; pathologists had not yet been able to agree upon this point. It appeared to him as more reasonable to suppose, that the malignant elements of tumors were

not discoverable in their early and formative stages, than that they should degenerate into malignant growths after having possessed only the benign elements for a considerable period.

The point of interest and wonder in this case is, that a malignant growth, with tendency to destroy and convert all adjoining tissue into destructive elements like itself, should yet have departed from its usual course, and allowed the formation of any new structure, and especially that of bone.

Miscellaneous business being in order Dr. Miner moved that the Treasurer pay to the Secretary the money necessary to pay the balance on the stove and fixtures. Carried.

Considerable informal discussion was had upon the propriety of appointing a member at each meeting to designate a subject for discussion at the next regular meeting, and prepare himself to lead off in the discussion. All agreed that this course will add much interest to the meetings.

On motion of Dr. Cronyn, Dr. Miner was elected to initiate the course at the next regular meeting.

Adjourned.

THOS. M. JOHNSON, Sec'y.

Miscellaneous.

On the Treatment of Pulmonary Consumption by Hygiene, Climate and Medicine.

BY J. HENRY BENNETT, M. D.

In my younger days this fatal and cruel error was carried to an insane extent by many medical practitioners, as it still is in most parts of the continent, and especially in Germany. The windows were often hermetically shut, and paper pasted over the chinks. The doors were made double, and one always shut before the other was opened. The healthy friends of a patient considered it a penance and a trial to have to remain in the polluted atmosphere "necessary" for the miserable sufferer, and often paid for their devotion by the loss of their own lives. On the other hand, the wretched patients suffered from constant suffocation as well as from a steady aggravation of the symptoms of the disease. This

suffocation, the mere result of want of pure air, was called dyspnoea, and treated by opiates and sedatives instead of by opening the windows.

All my consumptive patients, whatever the stage of the disease, live night and day in a pure atmosphere, obtained by allowing a current of air to pass constantly through the room, either by a more or less open window and open fireplace, or by a door opening on a well-ventilated staircase if the weather does not admit of the window being even slightly open. Rational, reasonable ventilation is not encompassed, however, without trouble and discrimination for human beings any more than for plants, although it is to be accomplished. Since I have been an invalid I have devoted much time and study to horticulture, and have had former convictions as to the necessity of efficient ventilation thereby confirmed. Plants under glass, too crowded and not well ventilated, soon sicken, wither, and die. To well ventilate them, enough and not too much, require constant trouble, attention, and good sense on the part of the gardener; in a word, exercise of both judgment and discrimination.

Consumptive patients bear ventilating perfectly well, as well as healthy people, day and night. They neither get pleurisy nor pneumonia, nor are their coughs aggravated by breathing pure, cool, atmospheric air night and day; whereas all these evils pursue those who are shut up, as are the numerous continental patients whom I see in consultation with their own doctors every winter at Mentone. Moreover, suffocation, medically called dyspnoea, is all but unknown, even in the latter stages of the disease, to those who are allowed plenty of fresh, cool air. It soon comes on, however, if the window is shut and the room becomes close. These persons, accustomed to free ventilation, *will* have more air; indeed, I often stand aghast at the amount of ventilation such patients, previously freed by me from groundless fears, insist on having. All who have damaged lung-tissue, unless accustomed by long habit to a close atmosphere, feel more or less oppression in a confined atmosphere, owing to the diminished field of their respiration. A concert room, a theater, a close chamber at night, bring on dyspnoea all but immediately. This I have learnt from personal experience, and thus most fully can I sympathize with my patients.

I fully admit, however, that free ventilation without dangerous draughts is difficult to attain, and that it is much more easily and safely accomplished in a southern than in a northern climate.

Before I leave this subject I would draw attention to the physiological fact that the lungs are made to breathe cold as well as warm air—indeed, air of any temperature from zero to 100° Fahr., just as the face is made to bear exposure to the external atmosphere. How could the lungs be protected?—if they required protection, which they do not. Domestic animals that live out in the open air winter and summer are freer from colds than those that live in warm stables; and men who are much exposed, and constantly breathe air at low temperature, are less liable to colds and influenza than those who live constantly in warm rooms. All who have horses are aware that to keep a stable warm is the surest way for the inmates to suffer from constant colds.

I may mention two facts that aptly illustrate the evils of defective ventilation. Some years ago I was riding in the Highlands of Scotland with a local proprietor, when we came upon a village of well-built stone houses with slate roofs, which strongly contrasted with the miserable shanties or hovels generally met with. On my complimenting him on his rebuilt village, he told me that he had acted for the best in erecting these good weather-proof houses for his tenants, but that, singular to relate, they had proved more unhealthy than the miserable dwellings which their occupants previously inhabited. Fever and other diseases had proved rife among the latter. On examination, I found that the windows were fastened, and never opened; and I have no doubt that their comparative unhealthiness was in reality owing to their being quite weather-tight, and consequently unventilated. In the miserable hovels they previously inhabited, if the rain of heaven come in, so did pure air.

The other fact is narrated by Prof. Hind in a recent interesting work on Labrador. Consumption appears to be all but unknown to the natives living wild in the fastnesses of this desolate region, in tents made of spruce branches imperfectly lined with skins, and more or less open on all sides to the external air; although they are exposed to famine and every species of hardship. But when these same natives come down to the St. Lawrence to take a part

in the fisheries, occupy well-built houses, and, being well paid, live in comparative luxury, most of them in the course of a year or two become consumptive and die miserably. I am fully impressed with the idea that the development of the disease under these circumstances is the result of their living in close houses in a vitiated atmosphere, as it no doubt is in our own towns.

Attention to the functions of the skin is, I consider, next in importance to attention to food and air—that is, to digestion and to respiratory nutrition. The skin has very important eliminatory functions to perform. It is by excretion through its pores that the economy partly throws off the effete or used-up carbonaceous and nitrogenous elements of the system. This is illustrated by the strong odor of the cutaneous secretion when not washed off. Moreover, the skin and the lungs seem partly to replace each other in this work of excretory purification. In warm, summer weather, the skin and liver act freely, and the lungs and kidneys are comparatively at rest. In the cold, damp weather of winter, the pores of the skin are closed, and it rests, the lungs and kidneys taking up the excretory process. Thence probably the feverish colds of damp, cold weather. The blood is poisoned with the elements that the closed pores of the skin should have eliminated, which occasions the fever; whilst the lungs often succumb to the increased duties they have to perform, and inflammatory affections supervené. Whatever the explanation, the fact is certain, and it is now well established that the best mode of preserving the respiratory organs from winter colds is to keep the pores of the skin open by the use of cold or tepid water, combined with friction; or, in other words, to keep the cutaneous excretions up to their normal standard.

Acting in accordance with this view, I make all my consumptive patients, whatever their condition, if they have the strength, use a sponge-bath at a temperature of from 64° to 68° daily, and with the greatest possible benefit. I neither have to contend with hemorrhage or chills, nor with aggravation of the cough, but quite the contrary. The cold sponge-bath produces in nearly every instance a feeling of indescribable comfort, and lowers the pulse. The contact of the cold water may accelerate the expectoration of the muco-pus collected during the night in the bronchial tubes,

but that never alarms when it is explained that such a result is naturally to be expected. I myself derived the greatest possible comfort and benefit from cold sponging in summer in the open air on the banks of a Scotch loch, the waters of which were at 60°; and that when I was very ill, pulse 100, and skin hot and feverish. This gave me a confidence I have never lost, and of which I have never had reason to repent.

The question of exercise is an important one, and one that requires discussion and elucidation. I would say at once that, from personal experience and observation, I believe it is a great mistake for consumptive patients to take much active exercise. Every winter I see some such patients walk themselves to death. They have been told by their medical attendants at home to take exercise, and they do so, thinking that what gave them an appetite and did them good when well will do so now when they are ill; but they merely walk themselves into their graves. The disease from which they are suffering is one of debility. The strength of former days has gone out of the youth and of the man, altho' perhaps he knows it not. Or the strength he has is fictitious, unreal strength, the result of a febrile condition, of a state of morbid nervous excitement. So he walks up hill and down dale, loses his appetite, can not eat, becomes "bilious," is dosed for liver, and the disease progresses rapidly. Every winter, toward January or February, some invalids consult me who have up to that time taken their case in their own hands, and have thus walked from breakfast to dinner, with the healthy, in order to gain strength. But they have lost it indeed—have become paler and thinner; and when I see them, I find that they have lost ground, that the disease has gained upon them since they arrived in the autumn, and that they are decidedly worse—all from over-exercise.

The sound rule for a consumptive patient is to take passive exercise, not active; to ride in an open carriage; to be rowed in a boat; to sit and lie hours in the open air; to live with windows open, but never to incur great muscular exertion. The amount of vital power in such cases is small. If it is too freely expended in exercise, there is not enough left for normal digestion; food is imperfectly assimilated, nutrition is defective, and the disease progresses.

A singular, but explicable fact is, that during the existence of active disease, when tubercles are forming and softening, very often no lassitude is felt on exertion. But when the disease is arrested, and a curative process has been set up, extreme debility and lassitude may be experienced and complained of, lasting for months, or even years. I felt this lassitude for five years. The explanation is simple. As I have already stated, in active disease there may be a false, feverish strength, like that of the delirious patient whom it takes half a dozen men to hold. In the curative stage, the false strength is gone; the real condition of the patient comes to light, as it does with the delirious patient when the delirium is gone, and he can scarcely lift his hand from the bed.

The social and mental hygienic condition favorable to the treatment of consumption may be summed up in a few words. Rest, repose, the absence of the ordinary duties, cares, harass, and worries of life. To obtain these is difficult in the social medium in which the disease has appeared. Therefore, the duties and obligations of life should be surrendered for a time, if possible; modified, diminished, if not. Those, however, have the best chance of arresting the progress of disease who can escape from the social medium in which it appeared. To do this it is always necessary to make great sacrifices—sacrifices which many can not make. But those who can must remember that the struggle is one, not merely for a higher or lower stage of health, but for life itself.

Medicinal Treatment of Phthisis.—I have now reached the most difficult part of my subject, one that skill affords great room for difference of opinion, even if the premises contained in the previous papers are admitted. It would be vain to endeavor to reconcile the conflicting views which reign in the profession respecting the therapeutics of phthisis, so I shall confine myself to a statement of the conclusions at which I have arrived from my own personal experience.

As that experience has increased, I have gradually arrived at the conviction that there is no medicinal panacea for pulmonary tuberculosis, any more than for any other form of tuberculosis. There is no one remedy, in my opinion—no one drug that can act as an antidote to this morbid diathesis; neither cod-liver oil, nor iodine, nor iron, nor the preparations of phosphorus, nor any other

pharmaceutical agent. Those who believe that there is such an antidote appear to me to ignore the very nature of the disease not to be aware that it is merely the local evidence or symptoms of exhausted vitality, of general vital decay, a mode of death manifesting itself as to the result of worn-out organic power.

Such a condition is not to be remedied by physic, but mainly by physiology, with physic as an adjuvant, a handmaiden. It is only by removing all the causes that are depressing life, contrary to the healthy development of the functions of life, and by placing the sufferer in the most favorable hygienic conditions for the development of his organization, that we can hope to arrest or cure such a disease. Here, again, horticulture has been of use to me. If a plant is failing because it is of a bad stock, or because it is placed in conditions of air, moisture, sun, shade, or soil, unfavorable to its habits and nature, it is not by adding this manure or that to the soil in which it grows that it can be restored to health. All such efforts are vain. Its nature and habits must be studied, and then the conditions favorable to its healthy development in every respect must be adopted. Once this is done, a favorable change must take place, provided its vitality be not already too depressed, or provided disease has not advanced too far to admit of recovery. At the same time, well chosen manures, the addition of a necessary element deficient in the soil, will materially help the horticulturist.

So it is with physic in phtthisis. Although no mere drug can give new life to a decaying organization, can arrest and cure a disease in itself a mere symptom of such decay, an enlightened use of medicinal agencies may do much to aid improved hygienic conditions, in rousing and restoring vitality, and in arresting the progress of disease. There are many stumbling blocks in the path of consumptive invalids, many conditions of disordered functional activity, which render the most hygienic treatment nugatory, and which physic has the power to modify and remove. Such are disordered conditions of stomach, liver, and intestines; morbid states of innervation, cerebral and spinal; uterine, vesical, rectal complications, functional or local, all of which are more or less under the influence of medicine.

To meet these and other complications we have numerous and valuable medicinal agents at our call; mineral acids, alkalies, vegetable bitters, sedatives, narcotics, alteratives, astringents, all of which in turn do good service in the hands of the experienced physician. There are few stages or conditions of the disease in which such a practitioner does not find an important indication, something to do medicinally, by which nature and hygiene may be assisted in their operations. I am a firm believer in physic, and seldom or ever leave my consumptive patients entirely to nature. I firmly believe that I can help them by the application of rational therapeutics, and try to do so. When myself a consumptive invalid, for many years I was always doing something in the way of medicinal treatment; and have the decided conviction, right or wrong, that I increased my chance of recovering by thus meeting the varying phases of my own case.

Having laid down on a broad basis the principles which should, in my opinion, regulate the treatment of phthisis, I have a few words to say on some of the therapeutical agents which stand highest in the professional mind, preëminent among which is cod-liver oil.

Prof. Bennett, of Edinburgh, first introduced this agent to the profession in Great Britain, in a work written, *ex professio*, on the subject in 1842. He had found it extensively given in Germany; and in this work communicated to his countrymen the experience of his German friends, as also his own. A few years later, Dr. C. J. B. Williams, our most eminent and enlightened thoracic pathologist, gave cod-liver oil the sanction of his great experience. From that time its influence in favorably modifying nutrition, and in arresting tuberculosis in the lungs, has been universally acknowledged; so that now it has become the great remedy for consumption, and that most deservedly. Some of our American brethren state that, since its general use in phthisis, the mortality from the disease has sensibly diminished, and, as a result, that the general death-rate is lower.

The question naturally presents itself, if cod-liver oil undoubtedly exercises a beneficial and even curative influence on pulmonary tuberculosis, why and how does it produce this effect? Chemical analysis of fish-oil does not give a clue, for the amount of

iodine and bromine discovered is so infinitesimal that we can hardly admit that theirs is the potent influence; especially when we find that, administered alone in these or even in larger doses, the therapeutical effect is not produced. To discover the clue we must fall back upon physiology.

It is now generally admitted by physiologists that fatty substances, if not absolutely essential to digestion and nutrition, exercises a most beneficial influence over these processes; indeed, nature appears to have placed facts within the reach of man all over the world, and to have implanted instinctive craving for them in mankind. In northern climates, the natives consume largely fish oils alone or with their food; in temperate climates butter and meat fats take their place; while in sub-tropical regions, vegetable oils, such as olive oil, form an important element of the food; even in the tropics there is the palm oil, and gee, or butter, to satisfy the absolute want of fatty substances. From physiological requirements to those of the morbid condition of nutrition which constitute tuberculosis there is only a step, which observation has made. It has been long remarked that in these morbid conditions of the human economy a larger amount of fatty nutritive elements than is necessary for food becomes a means of restoring nutrition to a more healthy state, and thus that these become positively therapeutical agencies.

If this view of the action of cod-liver oil is the correct one—if in giving it we are merely ministering, in an exaggerated degree for therapeutical purposes, to a natural health requirement, any fatty substance would have the same result. Within certain limits I believe that such is the case; cream, fat meat, vegetable oils, bacon, butter, etc., all answer the physiological condition; and I invariably give them, if possible, when the patient's stomach can not bear the fish oil. But I also believe with the rest of the profession, that the fish oil is the best, is the easiest digested and assimilated, and is the fat to which the stomach gets the soonest reconciled, and which it can take the longest. I myself took an ounce and a half a day for five years without intermission, at last with pleasure, and always with benefit to the digestive processes. A medical friend of mine, well known to the profession, who has, like myself, saved his life by the combined influence of hygiene,

climate, and physic, could never take cod-liver oil; "but then," says he, "I took fabulous quantities of butter with my meals."

It is a known and admitted fact that the greater number of those who now recover from phthisis are persons who have taken cod liver oil. This fact certainly redounds to the credit of the remedy, but it must be remembered that those only can take it in whom the digestive organs are in a sound condition naturally, or in whom they have been restored to a sound condition by proper medical treatment. Women in whom uterine disease sympathetically produces nausea and sickness—those who are suffering from chronic dyspepsia, or from chronic liver or kidney disease—generally speaking, can not take the fish oil; it nauseates them, makes them sick, and destroys their appetite, as often as do all fatty substances. Thus, the recovery of those who can, and do, take cod-liver oil may be not so much because they take it as that their digestive system is sound, and that they can take and digest fat and plenty of good nourishing food besides. On the other hand, those who can not take the oil, and die, may die not so much because they do not take the oil remedy, as that their digestive system is bad, and can not be restored to a healthy state, so as to admit of the food-cure.

The undoubted improvement of the majority of the consumptive patients who can take cod-liver oil or other fats, in health, in strength, and in condition, has received additional and most valuable explanation and confirmation from some recent interesting physiological experiments. These experiments have been made during the last year by Dr. E. Smith, the Rev. Prof. Haughton, Dr. Frankland, and Professors Fick and Wislicenn, of Zurich, with a view to arrive at a clearer notion than we had before respecting the strength or power shown or spent by animated beings. They have been carried on under the influence of modern views respecting the correlation of physical forces, and the doctrine of the conservation of force, and of the equivalency of heat and mechanical force. The generally-received physiological idea of nutrition is, that nitrogenous or albuminous food, by the process of assimilation, is transformed into muscle and force; whereas carbonaceous, fatty, amylaceous food is burnt, and generates animal heat. The experimentalists whom I have quoted appear to have satisfactorily

established that the production of the muscular power spent by animals and man is not so much to be attributed to the assimilation of nitrogenous food as to the slow combustion of carbonaceous food. According to this theory the formation of animal heat by the combustion of carbon is attended with the development of "force," of which the muscles may possibly be only the instruments, not the producers.

This view may be familiarly explained by the steam engine; the latter, in burning coal, does not only produce heat, but power—the power that drags the train along. In a more obscure but equally evident manner the slow combustion of food in the processes of nutrition is attended with the development, not only of heat, but of power—force. If the above views are correct, it would follow, singular as the statement appears, that more power or strength is to be got out of fat than out of meat or muscular tissue; and this really appears to be the case. Tyrolese chamois hunters find that they can endure greater fatigue on beef fat than on the same weight of lean meat, and, accordingly, when about to absent themselves for several days in the mountains, they take beef fat with them instead of meat. (See *Intellectual Observer*, July, 1866.)

Thus is explained the craving of mankind for fatty food, and for carbonaceous food generally. Thus is illustrated the generally acknowledged physiological principle that man is omnivorous, and is also explained the strength of the rice eating Hindoo and of the potato eating Irishman. A rational dietary is evidently the one in which nitrogenous and carbonaceous food are mingled in due proportion.

Lastly, we may safely conclude that fats are not "bilious"—bile producers, as popularly believed; but that the inability to digest them is merely an evidence of defective, or of weak and easily disturbed, digestive powers. The great majority of those whose digestive system is in good order digest fats with the greatest ease, and that in large quantities. The dislike so often shown to fat by persons in good health is often merely a result of education—of mothers most foolishly and erroneously picking out the fat from their children's food in early life "as unwholesome and bilious."

Iodine has a great reputation in the treatment of other forms of tuberculosis, and especially scrofula, which may be said to be almost the same disease. I presume this reputation is a deserved one; but as iodine is always administered conjointly with a generous dietary, and with hygienic treatment generally, it is very difficult to form an estimate as to its real value. In pulmonary phthisis it certainly does not appear to me to exercise much influence; and as it is apt to disorder the stomach and to interfere with the appetite, I now seldom give it internally. I constantly, however, use it externally, over the diseased regions of the lungs, as a counter-irritant, and to promote absorption of adhesions.

Once it is admitted that the treatment of phthisis ought to be sthenic—invigorating, not antiphlogistic or debilitating—iron and its preparations naturally present themselves to the mind. I have often administered them, and I believe with benefit, in the stage of convalescence; of retrogression, when tubercle is no longer deposited, but in process of absorption or cretation; and when the period of debility and lassitude supervenes. I have also given them during the acute stage, but I think without beneficial result. Indeed, at that stage they appear to me, like iodine, often to disorder the stomach, and to interfere with the appetite and digestion. When I observe this under any modification, I at once stop the remedy, firmly believing that food is of more value than physic if the choice is between the two. It is a remarkable fact, that no physician writing on chalybeate or iron waters recommend them for active phthisis; indeed, the opinion that they are dangerous appears to prevail.

Preparations of phosphorus, and especially the hypophosphites of soda and lime, were introduced by Dr. Churchill some ten or twelve years ago as a positive remedy for pulmonary phthisis. This is still Dr. Churchill's belief; and I, who have known him from early life, am convinced that he is sincere—that he really believes that he has found an antidote, a remedy for pulmonary consumption. The subject has of course much occupied my thoughts, and during the last seven years I have administered the drug to a large proportion of those whom I have attended.

Were I only to quote the successful cases that I have had under my care, the cases in which the tubercular disease has been arrest-

ed and even cured, I could furnish Dr. Churchill with many instances of cure, myself included, which have apparently taken place under the influence of the hypophosphites, as they were long or constantly administered. But, on the other hand, I have quite as many, perhaps more, cases of death to narrate in patients whose condition admitted of recovery from the extent of the disease, and who perseveringly took the hypophosphites from the beginning to the end.

Were the preparations of phosphorus given really an antidote to the disease, and the cause of the recovery in the first class of cases, they ought to have cured many of the latter, for they were all placed under the same hygienic and social conditions. The scrutiny and comparison of these cases of success and non-success, however, have left in my mind the conviction that the different results obtained are to be explained by considerations of general pathology, by the type of the disease, the constitution of the patient, the conditions under which it was generated, and that the patients were not taking a remedy that had the power to control antecedents and conditions unfavorable to recovery. It is worthy also of remark, that I have always administered either Dr. Churchill's own preparations, or salts furnished by his own manufacturer, so that there is a certainty as to the genuineness of the drugs used.

Although not admitting that phosphorus and its preparations are an antidote to pulmonary phthisis, for I have seen too many cases of failure to be able to admit it, I believe that they constitute a valuable medicine in asthenic disease, and especially in tuberculosis. Their administration, also, is quite rational physiologically, and I may say also agriculturally. Phosphate of lime is one of the principal elements of our economy. It forms the bones, and is found in our tissues, and especially in the brain and nervous tissues. It is sound physiology and pathology to give freely to the animal system in food, or as physic, the elements of which the system is composed. If it is right to do so in health, it is equally so in disease. In tuberculosis, observation shows that it is right to increase the usual amount of fat given in the system, and my observation seems to show me that it is equally right to increase the amount of phosphates. Phosphorus is only contained in limited amount in our food, although it exists in so large a pro-

portion in our system. Its administration in a disease of debility may, in my opinion, be compared to manuring an exhausted field. If corn is grown several years in succession in the same soil, the crop at last fails for want of phosphate of lime, which is necessary to form the grain. Add bone dust, or phosphate of lime, and the corn comes up vigorously, and the grain forms healthily and well. It is in this sense that I give the preparations of phosphorus, and that I myself took them for five years.

The above views must have gained greater credence and weight with the profession than is generally admitted, for I seldom am consulted by a new patient at Mentone, each successive winter, without finding that he or she has been taking phosphorus in some shape or other, and that when their prescriptions are signed by the heads of the profession. Indeed, although I do not think Dr. Churchill is warranted in claiming for phosphorus the position which he gives it as a "remedy," for pulmonary consumption, I consider that the thanks of the profession are due to him for directing our attention to a valuable therapeutic agent in this dread disease.

In a sthenic, or strengthening treatment, such as I describe, in the curable stage of the disease, opiates can have but little place. What availeth it to allay irritation, to quiet the cough, and procure sleep, if thereby the appetite for food is destroyed, as is usually the case the day after an opiate night draught? Is it not better that the patient should have a moderate amount of distress and discomfort and eat, if eating is life and fasting death? In the latter stages of disease, when all hope of recovery is gone, and it is merely a question of soothing the last stage of life, then opiates become an inestimable blessing in judicious hands. There are, however, other sedatives—prussic acid, hyoscyamus, belladonna, conium—from which much ease may be obtained in the earlier stage of the disease, when there is still hope of recovery.

As to expectorants, I can not say that I have much faith or reliance in them. If muco-pus is abundantly secreted, it is better away, and nature expels it by the natural and then easy process of coughing. When secretion diminishes, as it does as the disease diminishes, and the patient coughs spasmodically to get rid of a sticky, tenacious secretion, which causes tickling and irritation, I

do not see what good is done by loosening it, as the term is, by squills, etc., even if they have the power to do so, which I doubt. The real remedy is an effort of strong will on the part of the patient to repress coughing until the natural action of the bronchial villi has pushed the muco-pus into the larynx, whence it can easily be expelled. My attention was first drawn by Professor Bennett to the fact that the dry, irritating cough for which expectorants are generally ordered is often merely the result of positive improvement, and is best left alone.

The local inflammations of pulmonary tissues around softening tubercles, the local pleurisies which are the result of tubercular deposits reaching the surface of the lung, are no doubt benefitted by counter-irritation—painting the chest with caustic iodine, by croton oil liniments, by small blisters, etc.; but I question whether much good is done by issues. Indeed, I think the pain and annoyance often counterbalance all the good done, and that the remedy is out of all measure with the benefit obtainable by its employment. The inflammation can only be radically cured by the natural subsidence of the causes of internal irritation, which the counter-irritation of the issue does not in the least control.

A volume might be written on the treatment of phthisis according to these views; but I propose limiting myself to the above brief general exposition, leaving my readers to fill it up themselves. I have now only to devote a page or two to the consideration of the "results of treatment," and I shall have accomplished my self-imposed task. — *Cincinnati Journal of Medicine*.

Extract from the Report of the Superintendent of the Buffalo General Hospital.

BUFFALO GENERAL HOSPITAL, }
December 31st, 1866. }

To the Board of Trustees:

GENTLEMEN:—I have the honor to submit the following report:

Total number of Patients treated since the opening of the Hospital,	
July 15, 1858.....	2,894
Number as per last annual report.....	2,498
Admitted during the year.....	396
Males, 329; Females, 67.	
In Hospital January 1st, 1866.....	60

Number of patients under treatment during the year:		
County Patients.....		145
Paying do		96
Discharged Soldiers.....		101
Sailors		49
Emigrants.....		18
Free.....		47
Number of Medical cases, 321; number of Surgical cases, 135.		— 456
Number of Patients discharged well.....		276
“ “ “ relieved.....		89
“ “ “ not relieved.....		27
“ “ “ dead.....		33
		<hr/> 424
Number of Patients remaining December 31st, 1866.....		32
Males, 24; Females, 8.		<hr/> <hr/> 32
Proportion of deaths to number of Patients treated, 7.26 per cent.		
Average number of day's Patients remaining in Hospital.....		35

The Hospital has been conducted on the same plan as the previous year, and it has been the endeavor of its managers to keep the standard high in all respects. Although the number treated was somewhat smaller than during the last year, the results have been equally satisfactory.

High prices were maintained until near the close of the year, and are still in some departments. There is every prospect, however, of a speedy decline in prices, and no doubt the expense of maintaining patients the present year will be materially less than last.

In purchasing for the Hospital I have labored under the disadvantage of lack of ready money—some bills running many months before they are paid. I trust the present year will see the Hospital so far relieved from embarrassment as to enable your buyer to take advantage of low prices in making purchases. By so doing the cost of maintaining the institution would be reduced, and we be enabled to keep private patients at a lower rate, which would have the effect of adding largely to their number.

The expenditures were less in nearly every department than during the previous year, the large exception being the item of buildings and grounds caused by the new sewer, and the paving of High street. But for this, the expenditures would not have been so heavy as the previous year's by nearly eight thousand dollars.

The buildings are in good repair, the Hospital well furnished, and I hope to see our number of patients increased during the year.

The thanks of the Board are due to the Water Company for the

free use of their hydrants, and could a valuation be put upon the privilege the amount would be placed in the list of donations.

Early in the year the Buffalo Branch of the Christian Commission placed in the hands of the Trustees twenty-five hundred dollars to be used for the care of discharged soldiers. Of this fund about five hundred dollars remain.

In presenting this report of the third year of my engagement, I would return my sincere thanks to the retiring Board of Trustees for the courtesy and kindness which, personally and officially, I have always received at their hands. To the members of the Medical and Surgical staff, and their representatives, Drs. Shurley and Petit, the resident physicians of the past year, very much is due for the present efficiency of the Hospital.

Respectfully submitted,

WM. C. BAGLEY, SUPERINTENDENT.

Editorial Department.

Practice of "Specialties" in Medicine.

Though much has been written and said in our Society meetings and in the medical journals throughout the country, upon the subject of specialties, still the points in controversy remain as unsettled as ever—the real grounds of objection or favor are yet quite frequently misunderstood. At the last annual meeting of the Erie County Medical Society, a proposition was introduced with the view of obtaining the sense of the Society upon the question of admitting *specialists* to membership, and some physicians appeared to hold, that such practice is objectionable to such a degree, as to constitute in itself controlling objection. The question was waived, and no action taken upon it.

That a physician may devote his attention exclusively to any of the various departments of medical practice, and yet hold honorable membership in the profession is settled beyond all controversy, and no objection can be urged against any one who thus faithfully devotes his attention to the cure of special disease; it is not only unobjectionable, but praiseworthy and commendable.

The real objection which may with great reason be urged against the majority of "specialists," so calling themselves, consists in the unfounded claims they make to special qualification, experience and success, and the offensive, unprofessional, undignified and disgusting manner in which they parade their pretensions before

the public. The country is filled with young, inexperienced, often uneducated and ignorant itinerant practitioners, some of whom have diplomas from respectable schools, but many, possessing only bogus titles, and all alike, practicing the customs of quacks. From this army of opposition and imposition, this heterogeneous mass of incapacity and dishonesty, it is very difficult, if not impossible, to select any true, loyal, high-minded, worthy members of an honorable profession. The custom of newspaper advertising is often looked upon as one of the most objectionable features of this system of special imposition, but it is only a small item, necessary to make up the sum total of a complete imposter. Upon every occasion and in all places, the whole thought and being is enveloped by, and absorbed in, the controlling aim and purpose to deceive, and an honest desire to know the truth and practice accordingly, a firm purpose to render a just equivalent, and to speak truly, never intrudes itself into the aims and purposes of those who fill the columns of the daily papers with these offensive and absurd advertisements. It is not the advertising, which renders them so objectionable, but it is the little they know, and the amount they pretend; it is what they say, and think, and do; it is what they are.

If a physician has been led by education, inclination or accident, to choose any department of medicine, and has made it his special study, directing his attention and observation to a complete knowledge of it, he may rightfully devote himself to his specialty, but it is preposterous for a young man to commence his professional life, with the startling announcement to the public, that he "pays exclusive and special attention to _____ and is thus enabled to effect the most wonderful results," when in truth, the general practitioner of a few years' experience, knows much more of the diseases belonging to his "specialty" even, to say nothing of the general principles of medicine, and is vastly better qualified to manage diseases not only of that class, but of all other classes. The practice of specialties in this country, has thus far proved only a cunning dodge to obtain undeserved distinction; and in all countries and everywhere, is beset by temptations which make it "easier for a camel to go through the eye of a needle" than for one of these, to maintain a just balance, rendering to Cæsar the things which are Cæsar's. If a physician practices only in diseases of the heart and lungs, it is remarkable how everybody who applies to him—all who come under his observation, come also into his department. Or, if the diseases of women receive special attention, what an astonishing number of females are found with uterine disturbances. If renal affections, or any other class of diseases are the objects of exclusive attention, the exclusive always means inclusive of everything exclusive. The true specialists are those only who have shown in patient study and by long practice an eminent fitness for special diseases or important trusts, and to these men alone can be safely and prudently entrusted the management of many of the more dangerous and difficult cases of disease, and their advice should be obtained upon the ground of special qualification; they are the true specialists, and there are no others.

It is often said that the profession are opposed to specialists, but this is not true; physicians everywhere respect and fellowship those who have advanced the science or practice of medicine or surgery in any of its departments. Let any man show

an earnest, consistent devotion to medical knowledge, and he is respected by physicians the world over, and if he excels in any respect, his excellence is acknowledged. We have learned to be slow, in our acknowledgments of merit, that we may be correct; but we have always been ready, too ready, to listen to new modes of reasoning and new plans of practice, to every proposition of improvement. A great many have *suffered* from the *indifference* and *opposition* of the profession, suffered from adherence to the truth, from disbelief in prevalent opinions, from desire to practice according to the "dictates of their own consciences," from misrepresentation, jealousy and envy, have indeed become perfect through suffering, and now announce the wonderful results of the simplest operation, or the marvellous efficiency of some newly discovered compound; and humbly seek admission to respectable medical society, with the privilege of advertising (?) "Have large families and could not expect to obtain a livelihood with so many established physicians without *advertising*—no other way to get their names before the public." It is not much moment what is said or done with this matter of what we shall practice, admitted or not admitted to fellowship. holding professional credentials or not holding them, it is about the same thing in the end. The greatest concern with us, should be, that we are not quacks ourselves, and there is no danger of high-minded, intelligent physicians practicing otherwise than upon the strictest principles of professional courtesy. The others are of no importance one way or the other, they serve only as contrasts by which the real men of the profession may be better known, more admired and respected. I have sometimes wondered that the notice of respectable physicians could be gained by the unimportant pretenders who prate and rattle upon the surface with such pretentious roar, but never approach or disturb the still waters of professional worth. They neither add or subtract from human knowledge, and may safely be left to live their brief period, to be succeeded by other anomalies; for though they may increase and multiply, they never propagate their own species, there is an incessant and unending change.

HOSPITAL ELECTION.—The annual election of the Buffalo General Hospital was held yesterday afternoon, the following Trustees being elected: Charles E. Clarke, Henry Martin, R. D. Sherman, S. G. Cornell, S. G. Austin, Geo. S. Wardwell, Jason Parker, Thos. F. Rochester, O. G. Steele. The annual meeting of the Association was held immediately after the closing of the polls, when the annual reports of the Treasurer and Superintendent were read.

ANNUAL MEETING OF THE STATE MEDICAL SOCIETY.—The Sixtieth Annual Meeting of the Medical Society of the State of New York, will be held in the city of Albany, February 5th, 6th and 7th, 1867. A full and interesting meeting is confidently expected.

WM. H. BAILEY,
Secretary.

THE NATIONAL PUBLISHING COMPANY will publish a work by Hon. Alexander H. Stephens, entitled "A History of the Late War 'between the States—tracing its origin, causes and results." This work will appear at an early date.

Books Reviewed.

Medical Jurisprudence. By ALFRED SWAIN TAYLOR, with Notes and References to American Decisions, by Clement Penrose. Philadelphia: Henry C. Lea, 1866.

The appearance of a new American edition of this work is not an occasion to speak at all of its merits or defects, since the intelligent portion of the profession—all that portion, at least, who read the Buffalo Medical and Surgical Journal—are sufficiently familiar with the established facts of its standard volume. It is, however, an occasion to speak of this, and similar works, and to urge the profession to a higher appreciation of their practical importance. Whoever carefully notices medical testimony as it is given, not unfrequently in the courts of justice, will see the necessity of increased attention in the profession to legal medicine. All the different branches of medical science, anatomy, physiology, chemistry, surgery, botany and physics lend their aid to the requirements and proper administration of law, and a familiarity with their correct and truthful application, increases the usefulness of the physician, and at the same time reflects upon them deserved credit.

This edition of Taylor's Medical Jurisprudence has been improved in many respects; new additions have been made in the articles on noxious animal food, trichiniasis, sexual malformation, insanity as affecting civil responsibility, suicidal mania and suicide, and life insurance. Into the present edition Dr. Penrose has also introduced numerous references to American practice and decisions, thus greatly increasing the value of the work, at least, to the profession of this country. Some physicians are inclined to look upon medico-legal practice as an unimportant and unnecessary addition to their professional duties; but there are few but will often find themselves in situations from the accidental occurrence of cases, where it is utterly impossible to shift the responsibility. Neglect of reasonable qualification is liable to bring public censure, will certainly meet with exposure of deficiencies, and often lead to punishment of the innocent or acquittal of the guilty.

This work, as now presented to the profession, appears to lack nothing in completeness; is full and wide in its range of defects, and worthy the high rank it holds as a standard work.

Provision for the Insane Poor of the State of New York. By CHARLES A. LEE, M. D.

This is a very able paper upon the subject of proper care of the insane and the advantages of the "Asylum and Cottage plan" over other and more expensive arrangements, such as are now generally adopted in the United States. This plan consists in opening a home, and placing it under the care of a "married couple of well-tried, faithful, skillful attendants, with a family circle of convalescents of both sexes." A great many other plans are described and their merits discussed. Prof. Lee has given great attention to the subject, and for years both at home and in foreign countries has been observing and comparing the advantages of all systems, so that his present opinions are entitled to, and will command the highest respect.

Report to the War Department upon the Prevailing Diseases of the United States, by J. H. BAXTER, M. D., Surgeon and Brevet Colonel U. S. Volunteers, and Chief Medical Officer Provost Marshal General's Bureau.

This report is worthy of special attention; it is based upon data probably more comprehensive and full than any other Government has as yet furnished. We have exhibited in tabular form a complete view of the physical condition of the nation; and when these accumulated facts shall have been fully digested, they will, it is thought, throw much light upon the causes of many of the more common diseases of mankind. These tables are 158 in number, and show facts by very extensive statistical proof; all the facts which could be gained from examination of the enlisted and drafted men, during the late war, have been carefully and appropriately embodied in this form, and thus made available for future use. We have no space to even indicate in the briefest manner the nature and extent of this report. It constitutes a large volume, and furnishes an amount of statistical information beyond all estimate in value and importance. It is at present published only in the Public Documents of the War Department, but it is to be hoped that whatever portions of it can be made available for medical knowledge, will be furnished the profession in more available form. Dr. Baxter, with the true instincts of an educated physician, has not forgotten to contribute what came within his reach for the increase of medical knowledge, and what to others would have appeared only as the dry and uninteresting statistics of the recruiting business, under his masterly supervision, show upon a grand scale the most important facts connected with the physical history of mankind. The War Department, the medical profession, and the public, are under the greatest obligations to him since the labor of this report is immense, and its value is in proportion to the work of preparing it.

Transactions of the Medical Society of the State of Pennsylvania, at its Seventeenth Annual Session.

This volume comprises the report of the proceedings; reports of county medical societies; report of standing committees; catalogue; constitution, by-laws, etc., etc. The County Society reports are valuable as a history of disease in the State, and many of them are very well written and instructive papers. One communication was received, being a report made to the Alleghany County Medical Society by Dr. A. J. Davis, of East Liberty, in regard to an abnormal pregnancy of *forty-nine* years duration. This case is remarkable, and will appear in full in the present or next number of our journal.

On Excision of the Superior Maxilla—Report of a case, with remarks on certain tumors of this bone. By WM. R. WHITEHEAD, M. D., (Univ. of Paris) formerly of the New York Medical College.

A well written report of a judiciously planned, skillfully executed operation for removal of tumor on the superior maxilla. The tumor before its removal and the girl after its removal are represented, showing most remarkable results; the features are perfect, and not the least appearance of deformity is visible. Remarks upon tumors in this vicinity are instructive, and the whole report reflects much credit upon the author.

Aitkins' Science and Practice of Medicine.

We have received the first volume of this work, which, when completed, will comprise the most comprehensive range of topics of any recent treatise upon the practice of medicine. Volume two is nearly ready, and will contain a copious index to both volumes.

The title to this work indicates somewhat its character; the science of medicine, evidently proposes a fuller consideration of the pathology of disease and the philosophy of cure than is usually attempted in our text-books on the practice of medicine. Within the last few months the department of practical medicine has been advanced by the publication of standard works which may safely be followed in the treatment of disease. Until within this short period it could not be said that any such standard work existed; we have heretofore believed that, whoever followed faithfully the teachings even of the best authors in practical medicine, would do a great deal more harm than good. The introduction to the profession of these works will constitute a new era in medical practice.

This comprehensive work by Aitkins has excellencies which at present we have not space to suitably notice, and when the 2d volume reaches us, another opportunity will be presented to speak of its merits more in detail. It may be sufficient for the present to say, that this work will constitute in itself a library of practical medicine, and should find a place in the office of every practicing physician.

Jones on Nervous Disorders.

This volume contains a special notice of the nervous disorders usually mentioned by authors, with full description of the causes, symptoms, differential diagnosis, and treatment. The author writes in original style, and has views and opinions, which we have no doubt are peculiarly his own. He has had great opportunity to observe and treat these various affections at St. Mary's Hospital, and his opinions are worthy of great respect. He appears to entertain a profound belief in the almost supreme efficacy of drugs, and his illustrative cases show that the author believes in the controlling influence of medicine. In some respects the work seems of former date, with the older notions of disease and medicine, while in others it is fully up to the most recent pathological and therapeutical views. This book is valuable as a practical guide, and consists largely of illustrative cases, the study of which are exceedingly instructive.

Clinical Lectures by Prof. A. Von Græfe, on Amblyopia and Amaurosis and Extraction of Cataract. Translated from the German by Hasket Derby, M. D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, etc., etc.

The translator has conferred a real favor upon the profession by introducing the author to the American medical public. A. Von Græfe is unexcelled in his department, and has enriched the science of ophthalmology by as much valuable discovery as any man in this department. The American profession will take deep interest in careful perusal of this translation. Its suggestions would be copied in full if space could admit of such notice. The translation was made for the Boston Medical and Surgical Journal, and the pamphlet is published from the same office, David Clapp & Son, 334 Washington street, Boston, Mass.

Bowman's Practical Chemistry. Philadelphia: Henry C. Lea, 1866.

The application of practical chemistry to practical medicine is becoming every year more and more apparent, and a text-book adapted to the wants of the physician and student upon practical chemistry will be received with favor. This is a text-book of practical chemistry, with over one hundred illustrations, and eminently suited to the purposes for which it is designed. We have not space to speak of its merits in detail, but with what opportunity has been afforded for examination we believe it possesses unusual attractions, which will be better appreciated by those who are allowed to make a more thorough examination. It contains a great variety of chemical facts and experiments; is beautifully illustrated; has copious index, and full glossary of medical terms. It could not be better, or contain more in its present size.

Transactions of the Vermont Medical Society.

This volume contains proceedings of the Society; address of the President, O. F. Fassit, M. D.; statistics of diphtheria in Vermont, by L. Richmond, M. D.; criminal abortion, by Wm. McCollum, M. D.; cerebro spinal meningitis, by B. F. Ketchum, M. D.; morbus coxarius, by Benjamin Fairchild, M. D.; statistical tables, by C. P. Frost, M. D., and some other reports upon local matters. We congratulate the profession in Vermont upon the appearance and value of this volume, which is highly creditable to it. The treatment of morbus coxarius by Dr. Fairchild is so remarkable that we shall hereafter give it a fuller notice.

Notes on Epidemics, for the Public, by FRANCIS EDMUND ANSTIE, M. D., F. R. C. P. Philadelphia: J. B. Lippencott & Co., 1866.

This is a scientific, beautifully published, little volume, designed for the public; and could not have been better adapted to its object. While it is within the comprehension of the intelligent, and will instruct them in everything of which it treats, it is also suitable to the profession, and much of interest and importance will be found within its few pages. The causes of disease, its prevention and cure, are discussed with eminent ability, and the little volume contains more sense and sound reasoning than many larger works.

A Treatise on Vesico-Vaginal Fistula. By M. SCHUPPERT, M. D., Surgeon of the Orthopedic Institute, New Orleans, La.

This is a pamphlet received some time since, which has received no full notice for want of space to do it justice. It is a monograph upon this subject, containing Definition, Causes, After Treatment, Cases, History of the Operation. The operation is beautifully illustrated in its various stages, and many useful suggestions made. The paper is worthy attentive perusal and nothing short of this can satisfy any one having interest in this operation.

Physician's Pocket Record.

We have received from the office of the Philadelphia Medical and Surgical Reporter, the most admirably planned, beautifully bound Pocket Record which has yet made its appearance. The table of contents was published in our last journal, so that all who desire can see at a glance how much may be comprised in a pocket

record. The price is \$1.50, which appears to us as vastly below the publishing cost, but we presume deficiencies, if any, will be made up by increased subscription to the Reporter, a weekly journal of great merit. Those wishing to obtain copies may address, Medical and Surgical Reporter, Philadelphia. Pa.

Books and Pamphlets Received.

The Renewal of Life—Lectures, chiefly Clinical. By Thomas King Chambers, M. D., Honorary Physician to H. R. H. the Prince of Wales. Second American from the fourth London edition. Philadelphia: Lindsay & Blakiston.
For sale by Theodore Butler, 159 Main street. Price \$5.

The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations. By William Acton, M. R. C. S. Second American from the fourth London edition. Philadelphia: Lindsay & Blakiston.
For sale by Theodore Butler, 159 Main street. Price \$3.

An Index of Diseases and their Treatment. By Thomas Hawkes Tanner, M. D., F. L. S., Member of the Royal College of Physicians, etc. Philadelphia: Lindsay & Blakiston.
For sale by Theodore Butler, 159 Main street. Price \$3.

Transactions of the American Medical Association, vol. 17. 1866. Notice of its contents and merits will appear in our next issue.

Case of Luxation of Femur into Ischiatic Notch, of nine months' standing, reduced by manipulation. By Lewis A. Sayre, M. D., Surgeon of Bellevue Hospital, etc., etc.

Treatment of Fracture of the Lower Jaw by Interdental Splints. By Thomas Brian Gunning, New York.

On the Inhalation of Atomized Fluids. By H. Beigel, M. D., L. E. C. P.

Seventeenth Annual Report of the Trustees of the Wisconsin Institution for the Education of the Blind, October, 1866.

Annual Announcement of Lectures in the Atlanta Medical College, for the session of 1867, with a Catalogue of Matriculates in 1865-6.

Commencement Exercises in the Buffalo Medical College.

The commencement exercises of the Medical College will be held at St. James' Hall, on Tuesday evening, February 26th. The address to the graduates will be given by Prof. James P. White. Members of the medical profession are cordially invited to be present. Particulars of the exercises will appear in our next journal.

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Original Communications.

ART. I.—*History of Diphtheria in the town of Hamburg and vicinity, Erie county, N. Y., with some reflections relative to its character, treatment, etc. Read before the Erie County Medical Society, January 8, 1867, by the retiring President, GEORGE ABBOTT, M. D.*

[PUBLISHED BY VOTE OF THE SOCIETY.]

In an address like the present, we have thought it not advisable to attempt to show the when, where, and how diphtheria came first to attract the attention of observing physicians, or the success attending the varieties of treatment adopted for its relief, as that and much more is equally within the reach of every member of the Society. Nor is it advisable we should attempt a rhetorical display, for before me are many who could eclipse by far any production I might have the honor to present. We hope, however, to interest you by a brief recital of facts and incidents connected with this disease, arising in my own practice and immediate observation. In medicine facts are everything, theory nothing, only so far as theory is deduced from fact, and is in strict accordance therewith. We will describe the symptoms, etc., of only some of the typical cases, denominating them as case 1st, 2d, and so on, and for the sake of brevity will refer the others to these.

In the month of September, 1859, upon the heights of those beautiful hills, lying some twelve or fifteen miles to the south-east of this city, called "chestnut ridge," and some five miles east of

the village of White's Corners, [Hamburgh] two young ladies, the Misses Lockwood, suddenly sickened and died with what was called putrid sore throat. Several others in the neighborhood sickened in a similar manner, but recovered. I am told by one of the attending physicians that these cases were in all respects identical with what we have since called diphtheria.

On the northern slope of this same ridge, near its foot, some three or more miles from Lockwood's, and about the same distance from White's Corners, is the Littlefield neighborhood, in which, the last of this same month, a sore throat endemic broke out, attacking first on the 17th September Ella C., aged 6 years; the 22d, Pruda C. an adult; the 23d, Melissa, and the 24th, Mary C., sisters, aged 14 and 17; the 26th, Almon C., an adult; the 15th November John S., aged 14, and the 23d, his sister, some 8 years old.

Each of these cases were characterized by deep red, swollen tonsils and throat, with enlarged lymphatic glands, voice more or less affected; ash colored and ulcerated spots on tonsils, from which membrane was removed; in one case a piece described in my minutes as of the thickness of a case-knife blade, $1\frac{1}{4}$ inches long by $\frac{3}{8}$ wide, which came near suffocating the patient at the time of expulsion. As a sequelæ in two cases, there was some difficulty of vision, and in a third, for some months the swallowing of liquids would be followed with their frequent return through the nose. These cases occurred within the area of $\frac{1}{2}$ or $\frac{3}{4}$ mile, and having attended them all, I know them to have been veritable diphtheria.

It is said in the spring following a fatal case occurred near Boston Corners, in the family of Orrin Lockwood; with that exception, our entire section of country enjoyed a complete immunity from this terrible scourge until the spring of 1861, when it re-appeared in the Littlefield neighborhood, slightly at White's Corners, and $2\frac{1}{2}$ miles below in the Grossman neighborhood.

Case 1st.—March 2d, 1861, was called to see Helen L., aged $2\frac{1}{2}$ years; had been slightly sick a day or two, is very palid and feeble, some pain through sides of neck, head and chest, enlargement of the lymphatic glands under the ears, at the angle of the jaws; neck moderately stiffened, slight soreness of throat, and tonsils swollen, which, with the fauces are redder than natural. On the

inner posterior surface of each tonsil is a patch of whitish ash colored membrane the size of a dime; breath fetid, no appetite, and is losing flesh and strength daily.* She had just returned with her parents from Dunkirk, where diphtheria was prevailing. The treatment consisted constitutionally, of quinine, iron and stimulants. Topically, swabbing the throat frequently with an astringent wash made of alum, borax and honey, and cauterizing the throat twice daily with a strong solution of nitrate of silver, also salt pork bound on the throat externally; diet, milk and soups.

Our little patient becoming especially worse at the end of the third or fourth day, we rejected the solution of nitrate of silver, substituting a very careful but thorough touching of the membranous spots with solid caustics. Improvement soon commenced, and she was discharged convalescent the 16th day. Three weeks after, she was taken with partial strabismus, severe neuralgic pains through her back and limbs, and considerable paralysis of the lower extremities, all of which soon yielded to a liberal use of quinine and stimulants. No other case occurred in this family or neighborhood until the following September.

The 24th of March Drs. Smith and Nott met the disease in the family of Frederick Graham. Amelia G., aged 4, was puny but playful the 22d and 23d, was taken severely ill the 24th, and died the evening of the 28th. Her brother Lewis, aged ten months, sickened the 30th, and died on the sixth day. Julia, aged 8, and Matilda, aged 6½, complained slightly the 30th, and were taken severely ill the first of April. Matilda died on the 12th, Julia, after three weeks' very dangerous illness, recovered. The father and mother were taken sick about the 11th or 12th April, convalesced in about ten days. The morning of the 28th a sister, Emma, aged 2 years, was taken to her uncle Harmon Graham's, more than a mile and a half north, on "Cooper ridge." She was taken the first of April and died the 14th. Harmon's son, aged 2 years, was taken the 10th, was dangerously sick fourteen or fifteen days and recovered. Harmon and his wife were also taken soon after, and convalesced about the tenth day.

* The expectoration of a slimy, tenacious saliva and epistaxis, though not mentioned in this case, are frequent attendants. The latter, especially, mark severe cases. A darkish, black or black-mottled appearance of the membrane is often seen in the severer cases and augurs badly.

On the 14th Theodore, aged 20, Caroline aged 16, and Hannah, aged 13, brother and sisters of Frederick and Harmon, were taken; the first two convalesced about the eighth day. Hannah was more dangerously sick, and did not convalesce under twenty days or more. There were fifteen members in the two families, thirteen of whom were sick as above stated, four dying. The exempted ones were two grandmothers, aged about 55.

I was called to this family on the 15th, and found the living and one dead, [Emma] at Harmon's house; nine then sick, similar to case 1st, four very dangerously. From that time they were treated with full doses of quinia, carbonate or tr. muriate of iron and chlorate of potash; topically, gargles of alum, sulphate of zinc, chlorate of potash and tr. mur. iron, with a thorough but very careful application of the solid caustic to the affected points, with the exception of Hannah, whose opposition to local treatment was so great that it was neither thorough nor persisted in. Her case assumed many of the severer symptoms soon to be described in case 3d. Her nervous system was much debilitated and presbyopia followed as a sequela. Harmon, Theodore and Harmon's son were quite afflicted with debility and derangement of the nervous system as sequela, but recovered promptly under the use of quinia.

On the 16th and 17th I took charge of the families of John Spittler, Jacob Zimmerman, Jacob Dryer and others, near neighbors of F. Graham, in all eight children, each attacked similar to case 1st; adopted the same described treatment, and all promptly recovered. It is a noticeable fact, that no communication was had between the house of H. Graham and his neighbors, and no other cases occurred in that neighborhood.

Case 2d.—April 13th, visited Mrs. Dingey, aged about 50, recently from a vicinity in Canada where diphtheria prevailed. Was taken like case 1st, except less enlargement of the tonsils and lymphatic glands in the neck. There was marked languor and debility of the nervous system, requiring the prompt administration of quinine and stimulants. Whenever the strength of the system was permitted to flag, a thin, delicate, gause-like membrane would spread from the throat over the roof of the mouth. The mucous surfaces underneath this membrane have a slight redness. To these shadows, if I may so term this delicate membrane, solid

caustic was inapplicable; astringent washes would easily accomplish their removal. Within three days, four others in the same house were taken like case 1st. Under similar treatment they recovered in ten days.

By the first of May the epidemic had entirely disappeared, and with the exception of one or two slight cases we enjoyed an entire immunity from this disease until the following September, when it again appeared in the Littlefield neighborhood, at White's Corners and at North Boston.

On the 4th of September Dwight L., aged 6, and on the 19th his mother, were taken similar to case 1st. Both readily submitted to prompt and thorough topical treatment with solid caustics.—Dwight took moderate doses of quinia and tr. mur. iron, and convalesced in some two weeks. The nervous debility of the mother was much like that of case 2d, and required full doses of quinia, iron and stimulants to bring her up,

Case 3d.—Alice L., aged 8, sister of Dwight's, was taken on the 7th of September. For the first five days her case did not appear as grave as his; indeed it was a mild form of case 1st, but she persistently and successfully resisted all applications to the tonsils and pharynx, not even gargling. She took two full doses of quinia, tr. mur. iron and chlorate of potash, still the disease steadily progressed, covering the tonsils and filling the throat and nostrils with membrane. By the 9th day the tumefaction of the sides of the neck was immense and extended nearly together in front, and across the back. The capillary circulation failing rapidly, purple specks and spots appeared and disappeared over the limbs and body.—Pulse irregular, at one hour perhaps 95, and another 120; very restless and wandering at times; breath exceedingly fetid and loathsome, respiration irregular and difficult on account of the filling up of the throat by the swollen tonsils and membrane, and death came to her relief the eleventh day. In this case the constitutional treatment was thorough, while the topical was a complete nullity.

Mrs. Sophia A., aged 37, naturally robust, lives three-fourths of a mile west, visited Alice the 17th. On the 19th taken like case 1st. Treatment: swab and gargle with preparations of alum, tr. mur. iron, and sulph. zinc. For nine days canterized tonsils and pharynx,

once daily. On account of a strong prejudice against it took only small doses of quinia for six or seven days, and she remained thin and pale and debilitated for several weeks. A free exhibition of quinia would have restored her usual health promptly.—The 28th October her daughter, aged 13, and the 12th November a second daughter, aged 16 months, sickened with the same form; mildly. Treatment: caustics and gargles only. Convalesced in five days.

October 1st, Roena C., aged 10, taken like case 1st, save it was ushered in with an unusual amount of high fever, chills and headache; was seriously ill. In less than twenty minutes after thoroughly cauterizing the spots, the apparently high fever passed off, and she remained cool and pale. Repeated the cauterization for six days, once or twice daily, as the case required. Afterwards less frequently; gave free doses of quinia, and she convalesced the sixteenth day.

November 14th, Mrs. L. B. Littlefield, relative of D. S. L., living eighty rods west. Her husband had visited the sick, but she had not. Is a slender, nervous woman, taken as case 1st, modified with less tonsillar and glandular enlargement, which is a common fact in adult cases. Treatment: cauterized twice daily, quinine and stimulants. Like case 2d, if the quinia was omitted the symptoms returned. Convalesced in eleven or twelve days. The 26th, Miss Lucinda L., an adult, taken and treated like case 2d, convalesced in twelve days.

Case 4th.—The 29th, Julia R. L., daughter of Mrs. L. B. L. aged 5, attacked with cutaneous diphtheria. First appeared on the right cheek, as small, inflamed, blistered spots, which, when broken, discharged a yellowish, irritating water, the abraded or blistered surface covered with a whitish membrane. The whole cheek and skin red, swollen and inflamed. The glands of the neck enlarged, and all the common symptoms of diphtheria present, save internal membrane. Treatment, 30 drops of tr. mur. iron, daily, and an occasional dose of quinia. Topically we applied the solid nitrate of silver to the membranous spots, the effect of which would be to immediately dry it up, and abate the swelling and inflammation of the base. Occasionally it would re-inflame under the crust and crack open, requiring a repetition of the treat-

ment. We experimented somewhat on some of the spots by using dry and moist tannin, alum and other astringents, but found nothing that would compare with the solid caustic in power to control the swelling and inflammation and spread of the blisters. She convalesced in two weeks.

December 15th, Mrs. Nancy L., aged 69, was attacked similar to case 1st, considerably modified. She had been tapped by Dr. G. N. Burwell of this city, for ascites, forty-six times within twelve years. Has had a sore throat several times of late, and to-day has also headache, feverishness and membrane on the tonsils. Used caustics; gave quinia liberally, and she soon convalesced. Two children in the family, to whom I administered tr. mur. iron, and an occasional dose of quinia, as a prophylactic, escaped any attack.

Case 5th.—December 10th, Mrs. John K., aged 30, living a mile east, was taken suddenly and severely, as follows: high fever, acute pain throughout the system, throat very red, deglutition difficult, quite a nasal twang to the voice, and most of the symptoms belonging to case 1st. The right pillar and anterior of the palate resembles a great, well-filled leach, behind this, is a large strip of membrane running up and into the posterior nares. Treatment: caustics, twice daily; gargles, tr. mur. iron, and full doses of quinia. Convalesced in ten days. The 17th, her husband, who acted as her nurse, was similarly taken; took a thorough sweat, applied counter-irritants to the throat externally, gargled with iron, etc.; took a few doses of quinia, and he convalesced soon. A son, 3 years old, to whom we gave 25 drops tr. mur. iron, daily, and kept from the sick room, though with his mother the first 24 hours of her sickness, did not contract the disease.

The 17th of December Mrs. James A., a woman of frail constitution, was taken similar to case 2d, only more severely. Her son, a lad of 12, had frequently visited his sick aunt and cousins, Mrs. E. A. and daughters, living across the road; and two weeks ago had a bad sore throat, which they treated topically and was soon well. Her case is only remarkable for being complicated the tenth day with the appearance of the menses, which caused a grave re-accession of the symptoms, demanding an unusual amount of quinia and stimulants. Convalesced about the eighteenth day.

While cauterizing the patches I accidentally touched some healthy parts, and at the next visit found them covered with dense membrane. I have observed like results in other and similar instances.

The 30th and 31st, Abram C. and wife, aged 24 and 19, were taken like case 5th; reside one mile north. Mrs. C. was very sick, pulse ranging from 130 to 145 for ten days. She had a young child, which was permitted to nurse her some, but did not contract the disease. Perhaps we should mention with these, the cases of Mrs. T. C. A. and family, a sister of L. B. L.'s, though living some six miles distant, and the family of a sister-in-law, Mrs. L. H., three miles distant. No cases occurred in their neighborhoods outside of their families.

North Boston is a thickly settled school district in the valley of the Eighteen Mile Creek, near the termination of the east and west Boston hills, four miles above White's Corners, and has been rendered illustrious in the annals of medicine, by the occurrence of a remarkable epidemic of typhoid fever, some years since described and reported in the *Buffalo Medical Journal*, by Prof. Austin Flint.

The present epidemic was confined exclusively to the valley, a mile or so up and down the creek. I date its commencement with the sickness and death of Mary Fix, a German girl of ten summers, who, with several others, had her ears pierced about the 26th of September. In her case alone an erysipelatous inflammation followed, extending rapidly from the left ear upon the side of the neck and front of the chest. I found her on the 29th with a highly fevered cheek, very white lines about the nose and mouth, furred tongue, pulse 140; though she rose from her bed and had a bright eye. On the parts described was an apparently blistered surface, averaging six or seven inches long, by two or three wide, covered with a dense white membrane, upon a wide spreading, angry, inflamed base. They assured me it was wholly the effect of disease. We diagnosed a traumatic erysipelas of malignant type, and prognosed speedy death, unless our efforts were rigorously carried out and remarkably successful. Suffice it to say, another physician, summoned previous to, but coming after me, prognosed favorable results, and no danger. My treatment was suspended, and she died in thirty hours. I surmised that this might be what Bretonneau called "Cutaneous Diphtheria," but never having found

any description of that form of the disease, nor seen anything of like character before, I was unwilling to declare such a diagnosis. Experience and experiments have since confirmed me in the belief that it was a case of genuine cutaneous diphtheria.

The day following Mary's death, her mother sickened with mild diphtheria; convalesced in six days. The 15th October her sister 18 months old, was taken like case 1st. Adopted the topical and tonic treatment, and she convalesced in ten or twelve days.

I was told that Mary L., aged 13, and Miss Calista S., aged 21, visited Mary F. before and after death, both sickened within three days with diphtheria, and died in about a week.

The 11th October I was called to assist Dr. Davis, an excellent physician of the town of Boston, in the care of Miss Cynthia L., aged 16, sister and nurse of Mary F. She sickened the 8th, similar to case 5th, complicated after the fifth day, with cutaneous diphtheria. The Doctor had adopted what is usually called a vigorous topical treatment, to wit: cauterizing the throat with a solution of nitrate argenti, about 30 grains to the oz., and constitutionally, had exhibited *tr. mur. iron*, chlorate of potash, Dover's powder, etc.; still the disease was gaining ground rapidly. We amended by substituting the solid for the dissolved caustic, and adding quinine and stimulants. The solid caustic was applied thoroughly to the cutaneous difficulty, leaving, however, daily for experiment, a point of the blister not larger than a pin's head untouched. From this untouched point the inflammation and blister would spread rapidly, while the remainder dried immediately up and healed kindly. She convalesced the fourteenth day.

By the Doctor's courtesy I visited Miss S., mentioned previously. The attack was similar to case 1st, and progressed to a rapid fatality. Also visited two of F. Neste's daughters, in one of whom the right meatus auditorius externus was lined with membrane; both convalesced. The mother and the girls were often in to see Mary Fix. On the 18th and 19th I took charge of three other young daughters of Mr. Nestes, attacked like case 1st, complicated in one patient, with a very severe cutaneous diphtheria, contracted in a small wound in the palm of the hand. It was successfully controlled with solid caustic, my usual treatment. All convalesced about the twelfth day.

The 15th, Mrs. C. and eldest girl attacked mildly, and recovered with little treatment. The 16th, L. W., aged 3, and the 19th, Miss Eunice C., aged 18, very severely. These were similar to case 1st. Same treatment, and recovered in twelve or fifteen days. Mr. Fix's residence was a hotel, post office, grocery, and place of general resort for all the neighborhood. The above cases were his immediate neighbors. About the same time it broke out among his more distant neighbors, and within a short time was terribly prevalent throughout the whole district. It continued to rage for over three months, attacking 56 of its 100 children, bearing 13 of them to the grave. Most of the nurses in attendance on the sick had mild attacks, though only one adult, Miss S., died.

The 15th of September it appeared at White's Corners, in the person of Emegene F., aged 5. Her attending physician, despairing of her life, the 28d, I was solicited to take charge of her case. Found her pale and bloodless as a corpse; pulse 120, very irregular and intermittent; much paralysis of the palate, nearly destroying her speech, and seriously impeding her respiration and deglutition. The mouth and nose were lined with membrane, and all the symptoms were present which are met in a slightly modified form of case 3d. We injected the nose and fauces with strong astringents, tr. mur. iron, smarting her throat severely. We gave her but little, chlorate of potash promoting diarrhoea, it was suspended. Quinine was taken and borne in large doses. To see the steady and progressive regulation of the pulse, as the system came under the influence of that powerful tonic was wonderful. Still more instructive and interesting was it to notice the quick return of its irregularity and intermission whenever the dose was diminished. By astringent injections we endeavored to keep the membrane well condensed, and it soon began to be dislodged. Her slow convalescence was attended with an extension of the paralytic symptoms to the entire system, from which she in time recovered. We attribute her salvation to the judicious administration of that inestimable tonic, quinia. The remainder of the treatment was too trifling to be aught but mild auxiliaries.

The 17th, Flora and Mary L., aged 8 and 6, similar to case 1st. Treatment: caustics, quinia and iron gargles. Convalesced in eight or ten days. October 10th, George B., aged 8. Treatment:

quinia, tr. mur. iron, and chlorate of potash. The topical treatment was very hesitating and inefficient—almost a nullity. The disease progressed similar to case 3d, and he died the eighth day. Also, same day, three young children of Mr. C.'s. November 14th, Josephine S., aged 12, and George L., aged 8. These last similar to case 1st. Cauterized as each required. Administered gargles and quinia, and convalescence followed promptly. There were a few other cases in the village, and I am told a couple of deaths. The last of October it is said to have made its appearance in a German family at Big-tree Corners, four miles north of White's Corners.

Case 6th.—At this time, Mary C., aged 16, a near neighbor, was lying very ill with typhoid fever of fourteen days. Dr. G. F. Pratt, one of the oldest and most eminent physicians of Western New York, saw her in consultation the 1st of November, pronounced it an uncomplicated case of typhoid fever, with an excellent prospect of recovery. At 5 o'clock next morning the attendants notice some hesitancy in her swallowing. At 11 A. M., for the first, a thin, whitish membrane was found all over the mouth. At 12.30, it was thick and dense, and easily removed with astringent washes. At 3 P. M. was seen by Dr. Pratt, (his second consultation,) and he called it pure diphtheritic membrane. She sank rapidly in spite of the most strenuous efforts, and died at 11 P. M., just eighteen hours after the first intimation of a diphtherial complication.

The 3d of December it again appeared on the creek, three-fourths of a mile above Graham's.

Case 7th.—December 11th, 11 P. M. was hastily called to see Adam F., aged 7. Has complained of sore throat for eight days and breathed croupy for three nights. Since 4 P. M. has grown "hoarse and hard to breathe;" breath fetid, sides of neck moderately swollen, tonsils enlarged and covered with membrane; also is a strip of the same one-half inch wide in the posterior fauces, extending upwards and downwards beyond vision; voice a whisper; cough croupy; pulse 122. Treatment: cauterized the tonsils and pharynx; swab the throat every three hours with alum, vinegar and honey; gargle with alum and iron water alternately; quinia and chlorate of potash full doses, croton oil and turpentine externally to the neck.

December 12th, 9th day. Rested and breathed better last night than any night previous. Has raised many pieces of membrane; one shown me was one-third by three-fourths of an inch long and thick as a case-knife blade; tonsils and fauces much cleaner and breath sweeter, but voice suppressed; added to the treatment inhalation of steam of salt and vinegar.

December 13th.—Breathes with the utmost difficulty, reaching about and seizing the bedding for help; is extremely blue. An effort to swab the larynx with a strong solution of nitrate of silver relieves the breathing considerably. 7 P. M.; has rested well through the day; had one paroxysm of strangling severely, which was relieved by expectoration of membrane; cough looser and voice more audible than before swabbing the larynx.

Dec. 14th, 3 A. M., 11th day.—Sweats profusely, labors hard at each inspiration and expiration; circulation is very feeble; cannot live long thus. 6 A. M. The brave little fellow, unassisted, stood between his father's knees, perfectly motionless, while I opened the trachea. He breathed easily, was immediately comfortable, and remained so throughout the day. The trachea was found lined with membrane full one-half line in thickness. 7 P. M. Has frequently expectorated portions of membrane, requiring prompt assistance to prevent strangulation. As I was cleaning the orifice a cough was excited, which expelled several pieces, one of which caught in the passage; he strangled, and before its removal could be effected, was dead. It proved to be near the half size of a chestnut. His sister, aged 18, who nursed him for three days, was taken severely, and his mother and some of the children, mildly, the 15th; similar to case 1st. Treated them with caustics, gargles and quinia; all convalesced in from four to nine days.

During the sickness Mrs. F. called at a neighbor's, and some five days after they commenced to sicken, one after the other, until seven had been attacked, all similar to case 1st. Same treatment and favorable termination.

For two or three years following, frequent sporadic cases occurred in different parts of the town, almost wholly confined to the changeable portion of the year. A history of its development and spread in some families would be especially interesting, but time

will not permit. As an epidemic it may be said to have disappeared with the winters of 1561, '62 and '63.

We attempted to tabulate some 200 cases, but time has not allowed the completion of only the first 160. These show that September has furnished me 13, October 29, November 14, December 30, January 4, February 1, March 3, April 23, and June 2 cases.

It is especially noticeable that the most changeable months of the year are the most prolific of this disease. Damp weather, accompanied or followed with bleak, raw air, eminently assists its sporadic development and easy propagation.

The cases already presented, (and we have many others equally as pointed,) certainly warrant us in believing it contagious; not to the extent or degree of variola or rubeola, but more like that of scarlatina, with which indeed it is so often connected, that I have frequently called them twin-sisters. They impart to each other a degree of malignancy sometimes truly dreadful.

I might cite many instances where scarlatinous diphtheria, or diphtheria with a rash, desquamation and albuminuria, has developed ordinary diphtheria, and vice versa, but will mention only one. Hiram W., near Springville, had a small daughter, who arose apparently well; before she had swallowed anything commenced vomiting violently; soon broke out all over with a scarlatinous rash; glands of neck swelled rapidly, throat filled with membrane of the ulcerated or sloughy character, and when I first saw her, at 3 P. M., was unconscious and moribund. Died at 7 P. M., twelve hours from apparent health. Four days after a second daughter was similarly taken, living only sixteen hours. A son and elder daughter were taken same day, and the mother the day after, with genuine or uncomplicated diphtheria.

The disease being contagious, it must have a period of incubation. In 59 cases we have been able to approximate closely the day of exposure. In them we find the extremes to be 2 and 14 days; the mean, $5\frac{3}{4}$. Of those under 20, the mean is $4\frac{1}{4}$; over 20, $7\frac{1}{4}$ days. In one instance a daughter sickened 34 days after the mother's convalescence, and I have denominated it a sporadic case. I am confident this period may be lengthened and the attack kept at bay, or often aborted by the use of tr. mur. iron and quinia, with proper protection against the changes of the weather.

Of those attacked 2 years old and under, 8 were males and 9 females; from 3 to 10, 25 males and 50 females; from 11 to 20, 9 males and 25 females; over 20, 11 males and 28 females. Total, 53 males and 110 females. The male cases ending in recovery, had an average continuance of $7\frac{1}{2}$ days, ending in death 6 days, while the female cases recovering averaged 10, and those dying $9\frac{1}{2}$ days. Of the fatal cases, 5 males and 4 females, 3 were like case 8d, received constitutional but no topical treatment. In three others the topical treatment, to wit: swabbing, gargling, etc., to be attended to by the nurses, was extremely inefficient, and the morale of the patient thereby so reduced that I could make but slight topical applications, and that too only occasionally, and would have abandoned them but for the urgent solicitation of some of their friends. Of the remaining three, one—case 7—died by accident. A second, when first seen, had been croupy for several days, and the mouth was filled one-third full with the swollen tonsils and membrane. Forty hours from my first visit he was in articulo mortis. I was entreated to try the experiment of opening the trachea, and did so. The little fellow was immediately restored to consciousness, and lived in comparative comfort for twelve or fifteen hours. The third contracted the disease from his sister, who died twelve hours from her attack, with scarlatina or scarlatinous diphtheria. The treatment exercised a marked mitigation of symptoms, though he died the fifth day.

Case 6th, is introduced and described as essential in showing the manner in which this disease will sometimes engraft itself upon others; but being of no value in the table of diphtheritic mortality, it is not placed among them.

Above the age of three, the liability of females as compared with males to contract the disease, is as two to one. Females being so much more exposed to the contagion in their attendance on the sick, will probably account for their greater ratio of attack. The chances of recovery are slightly in favor of the males.—Eleven are reported to have a second attack—two within three weeks and one four years after. Eleven are also reported as requiring medical assistance for paralytic symptoms, varying from moderate nervous debility to almost idiotic imbecility.

I never saw a case presenting the persistent symptoms of diph-

theria, but membrane would be found upon a thorough examination; therefore we have recognized none as diphtheria, without the presence of membrane and an affection of the glandular system. The membrane is of a porous texture and absorbs the effusion of the part where located, and being within, still measurably independent of the animal economy, it speedily undergoes putrefaction, and causes an intense fetidity of the breath, and rapid poisoning of the blood. I have met with it from the thickness of the thinnest gauze, like that now shown you, from the buccal mucous membrane of Miss L. L., in 1861, to that of "chunks," large and thick as the half of my thumb, like this, expelled from the throat of Miss E. F. in 1861. The alcohol in which it is preserved has condensed it to less than one-eighth its original size. Caustics and astringents operate upon it in like manner, and so harden it that it can usually be easily removed, or by its condensation putrefaction is checked or prevented, and the breath loses its fetidity.

There are other reasons why this membrane should be removed. If allowed to remain it soon attaches itself to the mucous tissue, first by points, finally throughout its under surface, and then any breaking or starting of it up or off, may be attended with a constant oozing and escaping of blood in the discharges from the nose and mouth, or again through the abraded surface underneath the membrane a constant absorption of the poison generated in it takes place. Thus we see that the presence of membrane is a prolific source of blood poisoning, constantly making its entrance through the respiratory and capillary systems. Shall we wonder at the enormous enlargement of the lymphatic glands, or the sometimes sudden failure of the nervous powers?

I am well aware that a strong prejudice exists with many in the profession against topical treatment. My experience forces me to believe it is the Herculean club by which we can meet and most effectually despoil this hydra-headed monster. Allow me to suggest, as a query, whether this prejudice may not be based upon returns made by insufficient experience or inefficient practitioners, who, using once or twice daily, a solution of nitrate of silver, or perhaps other moderate remedies, with no benefit, as in the case of Helen L., Miss S. L. and Miss C. S., or using the solid caustic, thrust it into the throat and poke it about, like a blind man in the

dark, as I have heard patients tell of Doctor's doing, thus injuring sound tissue, and finding the disease accelerated rather than retarded, reports topical treatment a failure, and yet inadvertently acknowledge its ability by exhibiting washes, chlorate of potash, and divers other gargles.

We have seen that the presence of membrane is a source of rapid blood poisoning. Therefore why not condense or remove it? One objects, you will irritate the parts; another, that it will return again; a third, that to the patient it is an unpleasant and usually an unwelcome procedure, and if not attended with a prompt recovery, is likely to bring discredit upon the practitioner.

To the first I answer: often the operation affords relief, but should the practitioner roughly use his probang, loaded with improperly prepared, or irritative medication, he would be more likely to do injury than good. Hence much depends upon the knowledge and skill of the physician. Again, I admit it will often return and repeat its return, usually, however, to a less and less extent. Perhaps it will increase in spite of your endeavors, but you will have the proud satisfaction of finding you have materially sweetened the breath and sensibly retarded the progress of the disease.

The third is hardly worthy of a reply, but I must confess I fear it is the most potent reason that influences objections. The want of "back-bone" to enable one, in the face of opposition, to stand up and do the thing which science dictates; a fearfulness of responsibility, a desire to screen one's self behind the whims and prejudices of the disordered intellect of the patient, and the natural but ignorant sympathy of the friends, leads him to pander to their notions and endeavor to secure by professional craft, what his knowledge, skill and integrity does not warrant him in possessing, to wit: the good will and confidence of his patron. We had designed making an analysis of treatment, illustrated by cases, for the purpose of showing the comparative benefit of the topical or non-topical course, but time will not permit. We will glance slightly at the remedies in use and close.*

* Observing that removal of the exudation, and the application of remedies to the subjacent surface, neither shortened the duration nor sensibly modified the progress of the complaint, but that the false membrane rarely failed to be renewed in a few hours, I very soon discontinued this rough local medication to the tender and

The previous history being that of our early experience, the solid caustic figures largely. In the hands of a careful and thorough practitioner we believe it an invaluable remedy, but unfortunately upon internal surfaces, it requires an amount of skill possessed by but few. Upon external or cutaneous diphtheria, we have shown in the cases of Miss S. L., J. R. L., and F. N., that it possesses a safe, positive and controlling influence. We might cite many others, I will however only relate my own. In the midst of an active epidemic I received a slight pin-scratch in the palm of my hand, ordinarily of no consequence. The second or third day it began to inflame and blister, the redness extending up the wrist and arm. Membrane formed within the blister, and the whole became quite painful; milder means on a two days' trial doing no good, I thrust into and about the blister the solid caustic. After two or three applications it healed kindly.

With children and timid persons its use is attended with so much difficulty that I early sought and experimented to find some less objectionable remedy. Ordinary astringent washes, alum, tannin, and the like, do well in the removal of deposits like that in case 2d or 6th, save when the mucous membrane had become abraded or ulcerated. In the so-called solution persul. iron, which is a powerful astringent of such slight escharotic properties as to require but little skill in its use, was found an excellent substitute. But the great amount of acid entering into its composition rendered it often quite irritative, consequently objectionable. I therefore applied to Dr. E. R. Squibb of Brooklyn, probably the most eminent and reliable chemist in the United States, to produce for me a preparation of iron, containing, if possible, more tonic and

already enfeebled mucous membrane. The propriety of this course became evident at the very first *post mortem* examination I had the opportunity of witnessing, and has been confirmed by all my subsequent experience. (*Greenhow on Diphtheria*, page 155.)

Nitrate of silver may also be employed in the solid form, but this we should not advise, particularly in the case of children. Nitrate of silver in this form has the disadvantage of creating a more decided eschar than the solution, stimulating the diphtheritic exudation and thus hindering the perception of the progress of the disease. (*Slade on Diphtheria*, page 142.)

The unconditional and absolute recommendation of nitrate of silver as a local application, and the equal confidence in quinine as a constitutional remedy, appears remarkable; especially so at this late period in the history of this disease, when physicians throughout the country, are trusting to milder measures, and generally observe diphtheria progress favorably without much interference.—Ed.

astrigent, and less acid properties than the mis-termed solution persul. ferri. In reply he said, "I have long looked for some physician who would test in practice the minus acid preparations of iron," and sent me an unofficial article, which he proposed to call "Liquor Sub Sulphate Ferri Minus," a beautiful preparation of greater astringency, equal tonicity and far less acidity than the persulphate, and devoid of escharotic properties. Whenever used it has given me the best of satisfaction. I believe it safe in use and worthy of trial whenever astringency and tonicity are required.

The amount of iron may be varied, as the case demands, and the preparation reduced with water to any consistency required. The best swab is a wisp or pledget of cotton wool, in a steel probang, or a piece of old, long, soft, raveled cotton or linen, tied on a stick. Eschew sponges and sponge probangs; they are altogether too harsh. Under this course, topical treatment is stripped of nine-tenths of its bug-bear severity, and the patient no longer bears to it his former repugnance. Though many cases may and do recover under the use of topical remedies alone, the nervous system is so often and rapidly effected that in all severe cases we must resort to its prompt support, with tonics, stimulants and concentrated nourishment. Of all the host of tonics, iron unexcepted, I have found nothing equal to the sulphate of quinine for the relief of the nervous derangement or paralytic symptoms. I will cite, in illustration, but three of many cases; first, that of Emegene F., already related; second, T. G., naturally a robust, energetic man, two months after an attack like case 1st, applied for relief. Has for some time past been forced to take at every third to tenth or fifteenth respiration, a long, deep, involuntary breath; is not yet able to work. Took from 15 to 20 grains quinia daily, and in less than ten days was not only permanently relieved, but could endure more work than any of his brothers. J. H., aged 4, general paralysis following an attack like case 1st. Can neither walk, stand, hold up his head, or hardly sit down; looks and acts idiotic.—Administered quinia. With each dose could see a visible improvement. On the third day getting out of the remedy, the symptoms commenced returning; re-administered and continued the quinia for one week, and he was well.

My experience does not warrant me in recommending chlorate of potash, either as a gargle, for iron is better, or as a constitutional remedy, for it will promote a diarrhœa. I have never been satisfied with its therapeutic action in this disease. Tr. mur. iron, when well borne upon the stomach, has given me great satisfaction, especially as a prophylactic. I have frequently known it and quinia to apparently abort an impending attack. As an external application to the neck, croton oil and turpentine, salt pork, or a cloth dipped in brine and bound around it for the purpose of moderate counter-irritation is excellent; it should be well protected from all changes of air.

Without wishing to enter into the discussion of the humeral pathology, I will say: If we admit any force to the theory and experiments of Prof. Palli of Milan, ably seconded by those of Dr. De Ricei of Dublin, that zymotic diseases are developed by a species of blood fermentation, and that this fermentative process may be safely checked by the administration of the sulphites and hyposulphites of soda and magnesia, which are reputed to be perfectly harmless, even in immense doses, I would recommend their trial in this disease.

Gentlemen, for the many honors you have conferred upon me, since my connection with this Society, and for the patient attention you have given on this occasion, I can but express to you my sincere and heartfelt thanks.



ART. II.—*Nasal Polypus*. BY CHARLES B. S. DAVIS, M. D.,
Meridan, Conn.

Of the various affections to which the nose is liable, none are more distressing than nasal polypus. Polypus may originate in any of the mucous canals, and are found in the uterus, antrum, rectum, larynx, and meatus auditorius. They occur at all periods of life, but are most frequent about middle age. Mr. Pott has taken pains to show that there is one kind of polypus originally *benign*; another originally *malignant*. [1] Mr. John Bell contends that a polypus is never mild, and never malignant; but that time and the natural growth of the tumor, and the pressure it occasions within the soft and bony cells of the nostrils and jaws, must bring

every polypus to one invariable form, in its last and fatal stage. Every polypus, according to Mr. Bell, in its early stage, is a small, movable tumor, attended with a sneezing and watering of the eyes; swelling in moist weather, descending with the breath, but easily repressed with the point of the finger. Yet this little tumor continues to grow, the bones become absorbed, the membranes ulcerate, the teeth fall from the sockets, and, through the empty socket, a foul and fetid matter issues from the antrum. Mr. Bell observes "that if horrid symptoms could establish the fact of malignity, there is not to be found in all nosology a more malignant disease than this." [2] I shall proceed to consider three varieties of polypi of the nose.

I.—*The common gelatinous polypus.* This is a tumor of the consistence of jelly, pear-shaped; some being fleshy and of a pale color, while others are of a yellowish tint, and are attached by a narrow neck to the mucous membrane, where it covers the upper part of the nostrils, sometimes where it lies upon the inferior spongy bone, but are rarely if ever attached to the septum. They sometimes grow so far back in the posterior nares, as to pass but slightly into the nose, but project backwards into the pharynx, to some part of which they may be adherent. One nostril is rarely affected alone. They apparently consist of organized lymph, and enlarge until the cavity is filled, and then remain stationary, though sometimes if permitted to remain it continually increases in size, blocks up the nostrils, displaces the septum, and obstructs the other nostril, and causes sometimes deformity of the cheek, and even death by pressure on the brain. The patient has a constant feeling of stuffing and cold in the head, dullness or total loss of smell and taste, and sometimes deafness. It is generally observed that the patient is worse in a warm room, and in damp weather, than at other times.

2.—*The hydrated polypus.* This is a rare species, and is described by Druitt as consisting of a number of thin vesicles filled with a watery fluid, and attached by a peduncle. The vesicles burst upon the slightest pressure, and their re-production may be prevented by touching the peduncle frequently with a hair-pencil dipped in butter of antimony. [3]

3.—*The malignant, carcinomatous or fungoid polypus.* The subjects of this form of the disease, manifest so distinctly cachectic diathesis, that it is easily diagnosed. It is generally accompanied from the commencement with pain in the nose and forehead and general headache. It is not affected by change of weather or other circumstance that influences the mild form of the disease. It has a peculiarly firm consistence, is of a red color, some pain is felt on pressure, and bleeding is easily produced. This polypus may go on slowly increasing for years, until it ends in a cancerous or fungus disease, and sometimes produces a frightful destruction of all the neighboring parts. Long before this, however, the skin over it assumes the liver color of the polypus itself. This form of polypus never becomes mild. Colles is of the opinion that it should not be meddled with, and cites a case where the patient died in twenty-four hours after an attempt had been made to extract it. [4] But in the opinion of Richter, neither the malignant nature of a polypus, its adhesions, immoveableness, ulceration, nor disposition to hemorrhage, are any apology for leaving the disease to itself. Ferguson mentions a case where the tumor had been of several years' growth, and projected prominently on the face on each side of the nose. In each nostril a large mass could be seen, and a probe could be passed with ease below and on both the outer sides; but as doubts were entertained regarding the attachments in the middle and above, it was not considered advisable to resort to any operation. Some weeks after the patient died, and the post-mortem examination showed, that the tumor extended from the ethmoid bone to the condyles of the occipital, and was also attached to both sides of the septum. Two large pendulous bodies hung down into the pharynx. The turbinated bones were absorbed, but the mucous membrane which contained them was entire. There was no attachment to the outer walls of the nasal cavity. There was a large abscess in the left anterior lobe of the brain, with an opening leading from it to the nose. [5] Cooper mentions the case of a boy in St. Bartholomew's Hospital. The tumor before death had expanded the upper part of the nose to an enormous size, while below, the nostril was immensely enlarged. The distance between the eyes was extraordinary, being more than four inches. The left eye was affected with amaurosis, brought on

by the pressure of the swelling; the right retained to the last the faculty of seeing. The tumor nearly covered the mouth, so that food could only be introduced with a spoon, and an examination of the state of the palate was impossible. On examination of the head after death, a good deal of the tumor was found to be of a cartilaginous consistence, and what was most remarkable, a portion of it, which was as large as an orange, extended within the cranium, where it had annihilated the anterior lobe of the left hemisphere of the brain. Yet, notwithstanding this effect, the boy was not comatose, nor insensible, till a few hours before his death. All the surrounding bones had been more or less absorbed, and the place from which the excrescence first grew, could not be determined. [6]

TREATMENT.—Says M. Pott, “The polypus is a disease which, of all others, is said to be most difficult totally and perfectly to eradicate, and most liable to re-production.” There are four modes of extirpating a nasal polypus, viz: extracting it with forceps; tying it with a ligature; cutting it out; and destroying it with caustic.

1.—*Extracting it with forceps.* This method is mentioned in the works that Sprengel ascribes to Thessalus and Dracon, the son of Hippocrates. Brunus recommends that we should remove the fleshy excrescences by means of a hook, and G. de Salicet had already advised the forceps. We are indebted to Dionis for the first circumstantial details upon the subject of employing them methodically. Since adopted by almost all practitioners, they have been modified by Sharpe, who sometimes employed such as were curved; by B. Bell, who pierced or made an aperture through their branches, and by Richtel, who for large sized polypi invented a kind whose branches could be adjusted separately. The straight forceps are the best whenever the situation of the tumor allows of their application. The patient should be seated opposite to a window, and made to expire strongly; then the forceps a little opened should be introduced to the highest point, and the polypus should be grasped as near its attachment as possible; the forceps should then be twisted round and round slowly, drawing them steadily downwards, but not too strongly, until the resistance gives way and the polypus comes out. Sometimes it is necessary to

introduce the forceps several times and remove the substance piecemeal. When the tumor extends beyond the posterior opening of the nasal fossa, it is rarely practicable to extract it entire through the nose. It is under such circumstances that curved hooks became indispensable for seizing it through the pharynx. The tearing out of polypi is rarely followed by serious accidents. Hemorrhage generally succeeds the operation, but not to any serious extent, and is easily controlled. The patient should be informed that the polypus is very likely to grow again. This may be owing to some of the roots having been left behind; from some constitutional causes, from some local morbid affection of the Schneiderian membrane, or of the bones situated beneath the root of the polypus.

2.—*The use of the ligature.* The ligature goes back to the remotest antiquity, but we have to come down to the 16th and 17th centuries before we find it clearly described. Fallopius applied it by means of a brass wire, a noose of which he directed around the polypus by means of a silver canula. Glandorp, who paid particular attention to it, applied the ligature by means of a kind of needle shaped like a hook, and having an eye near its point, which was furnished with a silk thread. Levret proposed to conduct a silver wire by means of a sound upon the root of the tumor, to make its two extremities afterwards pass through a double canula, in order to twist them by turning it on its axis, after having fastened them to the rings which it has on its free extremity. Different methods of applying the ligature have been introduced; those of Brasdor, Desault, Dubois, Rigand and Hatin, are the most noted. The wire should be of the purest silver and very flexible, that it may not readily break. The noose is to be applied in the following manner:—The polypus should be drawn down as far as possible, by means of the forceps, the noose is then to be carried over the forceps and polypus into the nostril, and pushed up as far as possible; as soon as the noose has been introduced as deeply as possible, the loose end of the wire is to be drawn out of the lower aperture of the canula, and rolled around the ring on that side of the instrument; this must be tightened from day to day, until the separation is effected. The ligature seldom accomplishes an entire destruction of the disease, as it is generally impracticable to introduce the noose to a sufficient depth to include the root.

3.—*Excision.* The use of cutting instruments has always been reprobated in the treatment of polypus, because they usually occasion a profuse hemorrhage, and can hardly ever be passed, without mischief, to a sufficient depth into the nose to divide the root of the tumor. Yet there are instances in which they can be used with advantage. Hippocrates appears to have used cutting instruments in the treatment of polypus, and Celsus mentions a species of cutting-plate, (*spatha*) by which it was practiced. Paul cut out the polypus by means of his *spathapolypica*, one of the extremities of which had attached to it a chisel, and tore out the rest by a *polypoxista*. Scacchi operated with the simple bistoury. Hutten, with a syringotome; Nessi, with a curved and blunt pointed bistoury. J. Fabricus warmly extols a kind of forceps in the shape of a double cutting spoon, which M. A. Severin accuses him of having borrowed from Nicollini, without acknowledging it; an instrument which Glandorp, V. Horne and Solingen has successively modified, and which Dionis, Percy and B. Bell have considered should not be entirely rejected from practice. [7]

4.—*Caustics.* The cautery which was formerly extensively used for the cure of nasal polypi, is now almost entirely rejected. Hippocrates was in favor of the hot iron; Philoxenes, according to Galen, preferred arsenic, acetate and sulphate of copper; while Antipater and Masa also made use of vermilion of Sinape. These different articles were applied by means of tents or rolls of lint, pieces of sheet-lead, metallic tubes, etc., in order to touch its prominent part and destroy it by degrees. Afterwards they substituted for these, injections of lime-water, solutions of alum or vitriol, astrigent or styptic decoctions, finally the whole array of desiccative medicaments. A German empiric by the name of Jensch, acquired considerable notoriety in the cure of obstinate polypi, by the use of sulphuric acid, butter of antimony and nitrate of silver. M. Wagner, in 1827, published some remarkable cases treated by this remedy. In employing the actual cautery, says Richter, the object is not to effect, by its direct agency, a gradual destruction of the polypus, but to excite such an inflammation and suppuration of the whole of it, as shall lead to this event. In Newton's edition of Syme's Surgery, the local application of proper caustics and tonic astringents, is recommended as of more import-

ance than the mere removal of the developed polypus; and for the purposes of cauterization the sulphate and chloride of zinc are recommended.

In the words of Mr. Pott, "I cannot leave this subject without cautioning the young practitioner to be exceedingly careful in examining and inquiring into all the circumstances previous to his undertaking a cure, lest he should find, too late, that he has gone too far to recede. For want of such caution, I have seen hemorrhages which have been frightful, and inflammations which have proved fatal. I have seen a case wherein an untoward looking polypus, and which ought not to have been meddled with, has been so attached to a distempered septum nasi, that it has come away with it. I have seen the same thing happen with regard to almost the whole of the ossa palatij; and I have more than once known a polypus thickening of the membrane covering the ossa spongiosa, and septum nasi, which, in all probability, would have remained quiet a great length of time, so irritated by rough treatment and unsuccessful attempts, as to render the remainder of the patient's life truly miserable to himself and offensive to others." [8]

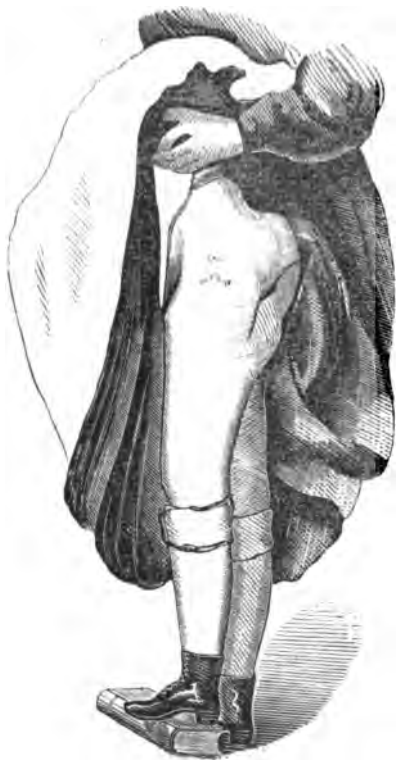
1. Chirurgical Works, vol. iii, p. 209.
2. Principles of Surgery, vol. iii, p. 90.
3. Principles and Practice of Modern Surgery, p. 383.
4. Lectures on the Theory and Practice of Surgery, p. 108.
5. Practical Surgery, p. 491.
6. Surgical Dictionary, Art. Polypus.
7. Velpeau's Operative Surgery, vol. iii, p. 406.
8. Chirurgical Works, vol. iii, p. 223.

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Exsection of Hip-Joint—Exsection of Fibula.*
By J. F. MINER, M. D.

GENTLEMEN:—The first patient which I introduce to you, is the little girl, Mary Frederick, which some of you will remember. About one year since you were present when excision of the head of the femur was made. She was then emaciated to the last extreme, and had been wholly confined to her bed for many months. Her appearance was that of so extreme prostration and debility that the operation was attempted with much misgiving. A longitudinal incision was made about three inches in length, passing directly over the point of the great trochanter; the periosteum was

carefully separated from the bone to below the diseased portion, and the head, neck, and trochanters removed. The hemorrhage was exceedingly small, and no ligatures applied. The cavity of the acetabulum was found healthy, but the head of the femur destroyed by the ulcerative processes, which had been actively progressing for two years. The specimen I have preserved with great care, and present it to you; it is a representative one, exceedingly valuable and instructive.

The object this morning is simply to exhibit the diseased bone, and the results which were obtained by the operation, and not to explain its manner or to give other arguments for its justification. Left to themselves, such cases nearly always prove fatal by the slow processes of exhaustion and hectic irritation; to obtain, then, any such result as the one you now observe, is a real triumph of operative surgery. The little girl is restored to health and com-



fort, to all appearance completely relieved of the disease which seemed certain, if left to itself, to destroy life. The leg is shortened, by removal of the head and trochanters, about two and a half inches, but with the accommodation of the pelvis, common in such cases, this constitutes hardly a perceptible deformity; as you observe she walks nicely without cane or crutch, and with but slight limping. I promised you, at the time of operation, that you should have a report of the result, either verbally or through the pages of the *Buffalo Medical and Surgical Journal*. With the view of better fulfilling my promise, I have obtained a photograph of the present appearance, and will not only show you the result,

but will report and represent it for others. I am convinced that many, somewhat similar cases, should be allowed the chances which such an operation offers, and that too frequently they are allowed to progress to a fatal termination, when well directed effort would result in recovery.

You would like to know how the upper end of the bone forms connection with the acetabulum, so that locomotion is attainable. The provisions of nature are truly remarkable, but in few instances is it more manifest and wonderful than in cases like this. The end of the bone heals over and becomes round and smooth; to this rounded end is attached an artificial ligamentum teres, which is joined strongly to the acetabulum or to the rim of the cavity. This ligament is unlike in most respects the natural ligament which unites the head of the femur to the cavity of the acetabulum, but it is dense and strong, and though admitting of great freedom of motion, it still supplies the place of a more perfect connection, and restores, with but little deformity, the natural functions and uses of the joint. The muscular and fibrous structures around the joint also take on new functions and aid in sustaining the bone in its proper position.

Excision of the lower end of the Fibula.—The case which is presented for operation requires a little description and explanation. You will observe that this young man looks pale, emaciated, and very sick. About one year since he became suddenly sick with chills, loss of appetite, strength and flesh, suffering from redness, swelling, and great pain in the lower part of this leg. He was treated for some time for rheumatism by the family attendant, until, at length, pus formed, and was discharged in profuse quantities from various openings. Caries of the bone commences with swelling, redness, fever, and great pain; and at first, if you fail to detect its true nature, you may hope to be excused, but experience and observation will enable you to discover its nature quite early, while any mistake as to its character in the later stages, is wholly unpardonable. The probe passes down upon dead bone over the lower portion of the fibula, and there is no doubt it is extensively diseased. The pain is unbearable, and something must be immediately attempted for its radical relief.

Exsection of the fibula is attended by serious objections; but, however this may be, it seems the only means of affording relief. This bone is said to have been removed in its whole length, and a useful leg still left. It is a matter of some question which is best, amputation or exsection, but it is proper to try the results of the former; the latter can be adopted when no choice remains.

We have now removed the lower half of the fibula, which separates from the periostium easily, and is removed without great disturbance of the parts about the ankle joint; nature seems to have commenced, in its way, the same operation, and we have only assisted, facilitating the result. The condition of our patient can hardly be made worse; if it change very much, it must improve. The pain, irritation and purulent drain, have so exhausted the vital forces that much less confidence is felt in the utility of this operation than if made before this condition of debility had reached this extreme point; however, his age, natural vigor, and strong hope are favorable, and, I trust, we may be able to present him at some future time, another illustration of the value and superiority of well selected conservatism in operative surgery.

Correspondence.

FORT EDWARD, January 28th, 1867.

To the Editor of the Buffalo and Medical Surgical Journal:

DEAR SIR:—I communicate the following cases of purpura-hæmorrhagica and hæmatemesis, successfully treated with large and repeated doses of turpentine, “the commercial spts.” I am aware that turpentine has been employed by some as a hæmæstetic, but do not know that it has been particularly mentioned for its specific value in such cases. Some time since I received a hasty summons to visit, in consultation, a patient in an adjoining town. Upon arriving on the premises, I found the house filled with anxious spectators; the patient, an Irishman, aged 40 years, reported in a dying condition. The priests were about to administer the holy wafer. The attending physicians had abandoned the case as hopeless, and were not satisfied as to the nature of the disease.

After clearing the room of these dangerous, though well meaning sympathizers, I found patient in following condition: countenance pale and anxious; recognized me, but could not speak; pulse 140, feeble and irregular; a bloody mucus was oozing from the mouth, also blood from the nose, ears and eyelids; the entire mucous membrane of mouth was streaked with blood; gums soft and bleeding. Upon close observation, I could detect several rose-colored spots or petechiæ upon forehead and face. On turning down the bed-clothes, the body and legs presented a variegated appearance, petechiæ, interspersed with vibices-ecchymosis. Many of the spots were black and purple, often coalescing, and resembling skin burned with powder. I did not hesitate to pronounce this a pure case of the *purpura-hæmorrhagicæ* of Willan.

The patient had occasional vomiting of blood, accompanied with hiccough. As life seemed fast passing away, I lost no time in executing the following plan of treatment: I administered two ounces turpentine, with same quantity of castor oil. I repeated the dose in one-half hour, alternating with a little old wine. At the expiration of one hour, the vomiting and hiccough had ceased; the pulse began to revive. I now left him, with orders to continue the oil, and turpentine, in one ounce doses each, for three consecutive hours, or until the bowels should have moved freely, giving a Dover's powder at night, and occasionally a little wine or sling.

I visited this patient at six o'clock following morning, twelve hours from the first attack. His bowels had been freely evacuated; his countenance wore a more intelligent appearance or expression; there was no more hemorrhage, except a slight quantity from expectoration and cough, and accompanied with some darting pains through the chest; he expressed himself as feeling much more comfortable; the rose spots on the body and limbs began to fade. Upon my third visit, the patient was so far improved that I left him to complete treatment with tinct. iron, gentian and bark, with Dover's powders to control all local irritation. He recovered rapidly, and in one week was able to resume business.

I have had, more recently, an opportunity to further prove the efficacy of large doses of turpentine in a case of hæmatemesis, (*vomitus-cruentus*), or excessive hemorrhage of the stomach. The patient, aged 35 years, of a strumous diathesis, was seized with

vomiting blood on stepping from his carriage to house. I saw him during the second attack of vomiting, which occurred at intervals of about five minutes. The blood first rejected had a dark and somewhat grumous appearance.

The quantity already thrown off seemed enormous and frightful. The patient was a man of industrious and strictly sober habits; had no warning or premonitions, except slight oppression at the stomach; had no pain, nor were there any indications of a gastritis; his pulse ran low and feeble; countenance pale. Viewing the case as an accidental circumstance, arising from the rupture of blood-vessels, or some mechanical obstruction of the liver, spleen, or other viscera, I immediately gave him from two to three ounces turpentine, with castor oil. He retained this some five minutes, when it came up, already filling a large pail, half full, besides that lost before reaching the house. I repeated the dose, and this he kept down ten or fifteen minutes, and when rejected, looked black and coagulated. I again repeated the dose for the third time, and this he did not throw off under half an hour. The quantity was much less, black, and resembled portions of liver and coffee grounds; appeared more comfortable and inclined to sleep. I ordered a full portion of oil, with one-half ounce turpentine, to be given in a little wine. From this time the vomiting entirely ceased. In about six hours the bowels had moved freely, the contents of which proved mostly coagulated blood. He remained feeble for a few days, but in a short time recovered, under a generous tonic treatment—iron, and the vegetable tonics, gentian and bark. I have found turpentine to be highly beneficial in all hemorrhages when administered in full and oft-repeated doses. Experience will yet prove this to be one of the most valuable remedial agents we now possess.

Most respectfully,

J. F. NORTON, M. D.

To the Editor of the Buffalo Medical and Surgical Journal:

DEAR SIR:—Inasmuch as the removal of obstructions from the nasal passages of children by the usual mode, as described in our books, is many times attended with perplexing difficulty and chagrin to the surgeon, and intense anxiety to friends, I am induced

to offer a few suggestions as to a mode of practice quite different, which I have pursued for over twenty-five years, obviating many objections to the usual plan. Therefore, if you think proper, please publish in your Journal, the following simple mode, which in no instance, of all the varied forms of substances that I have found in the nasal passages, has it required over five minutes, to give the desired relief. It entirely obviates the use of chloroform, as the efforts and struggles of the patient rather facilitate the operation than otherwise.

The instrument consists of six or eight inches of fine wire, bent in the form of a hair-pin; indeed I have several times used a common hair-pin with very good results; yet a finer unannealed wire, is better. The doubled end of the wire should be larger or smaller, to correspond to the size of the nostril of the patient. The patient, (usually a small child) seated in a male assistant's lap, with his extremities secured, the surgeon can with a good degree of confidence thrust the bent end of the wire into the nostril above the obstruction, and withdraw it, or partially withdraw it, and in most instances the patient is immediately relieved. If not by the first effort, try again, as the plan is sure to succeed; at least it always has in my hands.

By the usual operation, before the age of chloroform, while in my pupilage, I saw this trifling accident several times by respectable surgeons converted into a protracted and tedious operation, which in all probability might have been done in a few moments with the bent wire. The safety in the use of the instrument without chloroform, and the despatch attending it, renders it in the opinion of the writer the best possible mode for this purpose.

I have several times before the introduction of chloroform into practice, used the same instrument to remove foreign bodies from the internal ear, with good results. Yet I now usually administer chloroform and use forceps as a better mode.

I am of the opinion, the same principle applied to obstructions of the œsophagus might give satisfactory results. The wire should be larger and longer, and the double at the end should be made to correspond to the size of the orifice. I can see no good reason why this plan might not be resorted to in the absence of other instruments, with a reasonable prospect of success,

This last is only a suggestion, not the result of experiment.

If the above suggestions induce a trial, especially on the nasal organs, the writer will in some degree have accomplished his object; as it is in his opinion, quite likely to be followed by adoption.

Yours, truly,

M. H. SHAW,

Buffalo, N. Y.

Miscellaneous.

Drug Powdering.

Substances which are used as medicines require in powdering more honesty, knowledge, care and attention, and a better and more cleanly apparatus than they generally get at the hands of the ordinary drug millers; and physicians, pharmacutists and druggists should know this, and be much more careful than they are in the character and quality of their powdered drugs. To the ordinary drug mill all that comes is so much grist to be ground. Good and bad all go through alike, and pay the same profit. The tons of liquorice root for the tobacco manufacturer, and the dose of ergot upon which a human life often depends, are treated in the same way. The lot of hard, poor lumps of opium, picked out from the softer, richer portions, because they lose less in powdering, is powdered either alone or with any diluting substance that may be sent with it, and is considered to involve no responsibility to the miller, and really affects his interest only favorably in consequence of being easier to powder, and making a handsomer, more lively powder. But this handsome powder when put into the market a little under price, attracts the buyers, and leaves him who obtains a fair average quality for his powdered opium by sending the entire case, rich and poor, together, to be powdered, an unsuccessful salesman, though offering at a smaller profit. The kind of competition shown by this example is particularly fostered by drug mills which quietly grind all that is presented, because when a drug is powdered, the landmarks of condition and quality are all swept away, leaving very little except the bare statements of the salesman. His reliability, or want of it, must be accepted in all its

broad uncertainty. There is now, and always must be, an open recognized market for all classes and qualities of drugs and medicines, and the inferior and bad will be bought, sold and used, as long as they yield better profits at lower prices. But the success which attends the market for low grades of medicines must—except for the drug mill—always depend upon cupidity or ignorance, since no one would buy a bad medicine rather than good, if both yielded the same profit, and if he knew the good from the bad; and since, in the crude state of drugs, there are few buyers or dealers who do not know the difference in appearance between the good and bad. Just here, however, the drug mill comes in, and while performing the indispensable duty of converting crude material into a condition for use, so changes the appearance that distinctions in quality may be entirely obliterated or even reversed, and the lower qualities may be made to appear and sell the best. Cupidity and ignorance are dangerous to all mercantile interests, but particularly so when, as in the case of medicines, they must be encountered unseen. The practical application of all this is, that he who buys powdered drugs with the right motive, should be sure of the salesman, since he can in no way be sure of anything else. There appear to be few positions in life where a man's word is of so much importance, and where it can be of so great a pecuniary value and so little intrinsic worth. Dealers in medicines fall into orders and classes by natural laws, just as everything in the great scheme of nature does. All in a short time acquire a commercial standing, and are rated accordingly upon the mercantile agency books, and in the channels of trade. But there is beside this a moral standing not so quickly or so easily acquired, though even more easily damaged and lost, and for which there is no mercantile agency. These different standings have no necessary relations, and in their highest degree, perhaps never coincide, and therefore buying powdered drugs on commercial standing alone, is, as a general thing, worse than buying at random. The moral status of the drug trade, including drug powdering, is not lower than that of other trades in general, and is even perhaps above that of a majority of them. But in it the importance of a high moral standing is infinitely greater than in any other trade, because its results are vital. It is an odious task to go about like a scavenger, raking out the moral

filth from the channels of trade and setting it in heaps which may appeal to the senses of the passers by; yet this must be done, and since the authority of law cannot be obtained either to prevent or remove the accumulations, those who do not like it at their doors must remove it themselves. There are those in all parts of the country who keep their paths clean, and there is integrity and industry enough to seek them out, and knowledge and discrimination enough to find them—and they are often found. But pecuniary interests, want of knowledge, and thoughtless inattention still so obstruct the way and increase the difficulties of the search, that the great mass of physicians are very badly served, and the bills of mortality swallow up the results unrecognized, as they do many other sugar-coated pills of error and effrontery.

The desire for pecuniary profit, and the importance of this subject, induce the undersigned, after many years' experience in a small way, to extend his business as a drug powderer, promising those who choose to employ his mills, that there shall be no mixing or adulteration practiced in them, nor in the material sent to them, and that the drugs shall be managed with due knowledge and respect for their character as medicines. This, however, can not be done at the low prices charged by other mills, because the profits must remain as good as theirs, whilst a more expensive apparatus, more labor, care and attention, and a smaller business, involve greater cost.

E. R. SQUIBB.

Brooklyn, Nov. 20, 1866.

Editorial Department.

Commencement Exercises of the Buffalo Medical College.

NAMES OF THE GRADUATING CLASS, ETC., ETC.

The Commencement exercises of the Medical Department of the University of Buffalo were held in St. James Hall, February 26th, and were attended by a large and highly appreciative audience. The charge to the graduates by Prof. James P. White, was marked by the practical discernment and sagacious insight of the distinguished speaker. His address was full of suggestion and advice, making it not only highly interesting to the large, popular audience, but valuable and instructive to the young men just assuming the duties of professional life.

Dr. White also gave an interesting historical account of the Buffalo Medical College, and of what it has accomplished, showing the steps by which it has gained its present permanent and elevated position, among similar institutions. We hope to be able to publish the Address entire in our next number, which will make further comment unnecessary.

Milton G. Potter, A. B., M. D., gave the Valedictory Address, which, for appropriateness and elegance of composition, could not be surpassed. It was delivered with ease and grace—was what may truthfully be called “eloquent and impressive.”

The examinations for the Degree of Doctor in Medicine were made publicly before the Curators and Faculty, at the college edifice during the day, and were sustained by the class with unusual ability. In point of thorough qualification this class have never been equaled in this institution, and there was an evident pride in the Faculty, in being able to present before the Curators so large a number of well qualified young men, for their approval as graduates.

The following gentlemen received the Degree of Doctor in Medicine:

Edwin T. M. Hurlbut, Ridgeway, N. Y.
 George Monroe Proctor, Shaversville, Ohio.
 Edward C. W. O'Brien, Buffalo, N. Y.
 John Osborne Palmer, Victor, N. Y.
 James Knowlton Bentley, Butternuts, N. Y.
 Albert Carrier Bunn, Morris, N. Y.
 Hiram Parsons Carey, Kiantone, N. Y.
 Edwin Harrison Farrington, Holland, N. Y.
 Duncan Alexander Campbell, St. Catharines, C. W.
 John Nichols, Buffalo, N. Y.
 Lucius Baker Parmele, A. B., Alden, N. Y.
 John Botsford Sabin, Allen Centre, N. Y.
 Charles F. A. Nichell, Buffalo, N. Y.
 Daniel Lester Shull, Dansville, N. Y.
 John Snowdon Weber, Brandt, N. Y.
 Frederick Charles Stevens, Fredonia, N. Y.
 Samuel Smith Nesblitt, Rayson, Ill.
 Charles Brother Schuyler, A. M., Buffalo, N. Y.
 Walter Alexander Roe, St. Thomas, C. W.
 John Henry Wheeldon, Cowlesville, N. Y.
 William Nelson Martin, Cowlesville, N. Y.
 Israel Pattison, Welland, C. W.
 Collins Chidcy Cook, Bellevue, Ohio.
 Ganson Webster Croff, Bethany Centre, N. Y.
 Erasmus Darwin Hills, Schyler's Lake, N. Y.
 Hiram Peak Merville, East Java, N. Y.
 Francis Burwell McCormick, Pelee Island, C. W.
 Henry Olin Mackros, Clymer, N. Y.
 Ezra Pennell, Darien, N. Y.

Samuel Robert Q. Cochrane, Waterport, N. Y.
 Mahlon Bainbridge Folwell, A. M., Buffalo, N. Y.
 Milton Grosvenor Potter, A. B., Attica, N. Y.
 Henry Reid Hopkins, Buffalo, N. Y.
 Charles Stewart Sheldon, A. M., Madison, Wis.
 Alonzo Pettit A. M., Buffalo, N. Y.
 James Addison Lounsbury, Bethany Mills, N. Y.
 Arthur Benson Aikin, Moravia, N. Y.
 Henry Harrison Fish, Mecklenburg, N. Y.
 Orlando Beebee Sherwood, Cayutaville, N. Y.
 Byron H. Daggett, Girard, Pa.

The following gentlemen were appointed Curators of the Medical Department, viz:—Dr. J. W. Craig, Churchville, N. Y.; Dr. Wm. H. Fish, Mecklenburg-Schuyler Co., N. Y.; Dr. C. W. Saunders, Belfast, Alleghany Co., N. Y.

Books Reviewed.

Flint's Practice of Medicine.

We did not expect to be called upon so soon to repeat our expressions of approval of this work; a few months only and we receive a second edition. We observe by preface to second edition, "that notwithstanding the brief period allowed for a revision, additions have been made which, it is believed, will enhance the practical utility of the volume. The portion treating of Pyæmia has been re-written; three affections, omitted in the first edition, have been introduced, viz: Pertussis, General Cerebral Paralysis, and Polyuria; Epidemic Cholera has been considered at greater length; the thermometric phenomena of disease have received fuller consideration, and, in connection with many affections, there has been added new matter, much of which relates to special therapeutics." During the brief period which has elapsed since the publication of this work the profession have generally become more or less familiar with its teachings, and have shown their appreciation of its value. There was a long period of repose in authorship upon practical medicine; a time of so great change and expectation, that physicians stood, as it were, motionless, not venturing to go forward, lest they go wrong, not quite daring to stand still, because everything was moving, unwilling to turn backwards since revolutions were believed to never go that way. This was the "middle age" between, active aggressive warfare on disease, on the one hand, and prudent, rational care of mankind, when sick, on the other. The idea that disease is self-limited, and can often terminate favorably from inherent tendencies in this direction, provided its victims receive no greater privations and abuses than most well people are made to suffer, is still so new, that many physicians even, have not yet obtained a distinct understanding of it, and as a consequence remain in ignorance of facts, which it were much better to know. All diseases require to be understood, not so much that they may be treated with medicines, as that

they may not be interfered with, by unnecessary annoyances; all sick people require care, and there is scarcely a condition of disease but some of its symptoms may be modified and its pains lessened by enlightened and judicious medication. It is to be hoped that the extreme of activity in medical practice which formerly prevailed will not be succeeded by another equally great extreme in the opposite direction.

Dr. Flint, who has been known in this country for many years, both as an author and teacher, who has discovered truth, and pointed it out clearly and distinctly to others, investigated the symptoms and natural history of disease and recorded its language and facts, and devoted a life of incessant study and thought to the doubtful or obscure in his profession, has at length, in his ripe scholarship, given this work to the profession as a crowning gift. If we have spoken highly of its value to the profession and world; if we have said, all considered, it is the very best work upon medical practice in any language; if we have spoken of its excellencies in detail, and given points of special value, we have yet failed to express in any degree our present estimate of its value as a guide in the practice of medicine. It does not contain too much or too little; it is not positive where doubt should be expressed, or hesitate where truth is known. It is philosophical and speculative where philosophy and speculation are all that can at present be obtained, but nothing is admitted to the elevation of established truth, without the most thorough investigation. It is truly remarkable with what even hand, this work has been written, and how it all shows the most careful thought and untiring study.

It will be asked, has this work in your estimation no faults? Yes, it probably has some faults, but what we might regard as its imperfections, and expect to see corrected in the next edition, many will regard otherwise, and hope to have remain unchanged. All cannot see at the same distance; the light is focused either in front of, or behind the retina. Our range of vision is not the standard measure, and it would be presumption for us to say, that our author sometimes tolerated measures of treatment which he could not recommend, since many others would think, he should recommend, what we are sorry to see even tolerated; so we conclude, that, though it may yet be susceptible of improvement, it still constitutes the very best which human knowledge can at present produce. "When knowledge is increased," the work will doubtless be again revised and enlarged; mean while we shall accept it as the rule of practice.

Practical Therapeutics. By EDWARD JOHN WARING, F. R. C. S., F. L. S. Philadelphia: Lindsay & Blakiston, 1867,

The author says, "since the publication of the first edition of this work, the treatment of inflammatory and febrile affections has been in a transition state, diffusible stimulants having, in a great measure, re-placed blood-letting and other antiphlogistic remedies formerly in vogue. Although I have been unable fully to recognize the great asserted superiority of the new mode of treatment, to the total exclusion of other measures, which centuries of experience have proved to exercise valuable remedial powers, yet my own more extended experience, as well as

the recorded cases of others, has conclusively shown that the old mode of treatment was capable of great improvement, and that we may have recourse, with manifest advantage, to stimulants at an earlier period, and in larger quantities than was formerly regarded either advisable or safe. A similar remark applies, with equal force, to the employment of quinine in the treatment of paroxysmal fevers, in which depletion and calomel are, in a great measure, replaced by the preparations of cinchona. These remarks are necessary to explain the modifications which some of the articles, as they appeared in the first edition, have undergone. It has been my earnest endeavor to hold the balance evenly—a work of no small difficulty, under the circumstances."

The above quotation gives our readers a better insight into the design and scope of this work than any other description, and we have given it in length, because so much is to be understood by the very little which is said.

This edition contains all the preparations of the new British Pharmacopœia, together with notices of the principal new remedies which have been introduced into practice.

The design and scope of this work is thoroughly practical, and in fullness of therapeutical discussion is unsurpassed. It contains what is known of the therapeutical uses of all medicines, their sources, chemical and medicinal properties—doses, etc., etc. It is a very encouraging omen to receive works of this description; it shows that time corrects abuses and rectifies errors, that we are making progress in rational medicine.

Surgical Clinic of La Charité—Lessons upon the Diagnosis and Treatment of Surgical Diseases, delivered in the month of August, 1865, by Prof. VÉLPEAU. Membre de l' Institute et de l' Académie Impériale de Médecine. Collected and edited by A. REGNARD, Inteme des Hôpitaux. Reviewed by the Professor. Translated by W. C. B. Field, M. D. Boston; James Campbell, 18 Tremont street; 1866.

The name of VÉLPEAU alone, recommends this book to the profession, and speaks more for it, than could any notice of ours.

The principal points treated of in this neat little work, are—1; Generalities. 2; Fractures. 3; Affections of the Joints. 4; Inflammation and Abscesses. 5; Affections of the Sympathic system. 6; Burns and Contusions. 7; Affections of the Genito-urinary Organs. 8; Affections of the Anal Regions. 9; Affection of the Eyes. 10; Statistics of Operations. By the above synopsis, its value and usefulness will be readily seen and appreciated.

"It contains matter, which is useful for the medical Jurist, and the practitioner haunted by the fear of prosecution for mal-practice."

"To the student just embarking in his profession, this little monitor will tell what is done for Surgery, by the mighty force called nature, and how she is best aided by art."

Infantile Paralysis and its Attendant Deformities. By CHARLES FAYETTE TAYLOR, M. D. Philadelphia; J. B. Lippincott, & Co., 1867.

The author of this work appears to regard the various deformities so often arising in childhood, as paralysis, and this theory of the disease is carried over into the philosophy of a proposed cure. The more common deformities are represented by wood cut illustrations, and the various appliances are also represented, showing the chief means for rectifying deformities. The book is worthy of careful perusal, since it contains many useful suggestions, though it is not certain that all its conclusions and deductions are fully sustained by adequate evidence. Dr. Taylor has given great attention to the topics treated in this work, and his opinions are to be received with confidence. His modes of treatment are highly philosophical, and we have no doubt successful.

A treatise on the Principles and Practice of Medicine and Pathology, Diseases of Women and Children, and Medical Surgery. By W. PAYNE, M. D. Philadelphia.

Showing the character of this volume, we make the following quotation from the introductory. "New School physicians have discovered, and are using remedies which will enable them to cure a large per cent of cancer, hydrophobia, epilepsy, tetanus, scrofula, consumption, etc., all of which are regarded as incurable, under other systems of medicine, and justly styled by them the *aprobrium medicorum*. Besides the New School cure all diseases, both acute and chronic, in a much less time, and with far more certainty than any other system." Further comments upon the character of this work are unnecessary; perhaps it is better for that denomination of physicians, than to have no guide at all.

The common nature of Epidemics, and their relation to Climate and Civilization. Also remarks on contagion and quarantine. From writings and official reports. By SOUTHWOOD SMITH, M. D., physician to London Fever Hospital, Consulting physician to the Hospital for Disease of the Skin, "the Father of Sanitary Reform," Member of the General Board of Health, 1848, 1854, &c., &c. Edited by T. Baker, Esq., of the Inner Temple, Barrister at Law, &c., &c. Philadelphia; J. P. Lippincott & Co., 1866.

The important subjects of Epidemics—Quarantine and Contagion—are treated in a masterly and scientific manner, and cannot fail to interest, as well as instruct all.

1. Taking the ground that epidemic diseases are universally and inseparably connected with an epidemic atmosphere, he claims that quarantine can exercise no more control over "this atmosphere" than over the electricity and temperature of the common air, and the direction of the wind.

2. Epidemics. Without accepting any of the numerous theories concerning epidemics, he considers them connected with the atmosphere, and that favoring causes, such as crowding, filth, &c., start and spread these diseases.

3. Contagion. Under this head, he gives many interesting statistics, with regard to the spread and extent of Contagious diseases both in this country and elsewhere.

THE ATLANTIC MONTHLY.—The Atlantic Monthly enters on its nineteenth volume with an array of distinguished names and sterling articles that promise well for the coming year. The January number contains the first instalment of Dr. Holmes's story, "The Guardian Angel," in which will be found the same old charm that so fascinated the readers of the *Autocrat*, the *Professor*, and *Elsie Venner*; a humorous story in verse, by James Russell Lowell; a graphic sketch of Henry Ward Beecher's church, with some pertinent reflections upon modern church-going, by James Parton; a legend in verse, told as only Whittier can tell it; a poem entitled "Terminus," (on Growing Old,) by R. W. Emerson; a spirited and faithful translation of the contest between Achilles and Agamemnon, from the First Book of the Iliad, by W. C. Bryant. Mr. Higginson contributes a Plea for culture; Mr. Trowbridge furnishes another of his attractive stories under the title, The Man who stole a Meeting House; Bayard Taylor tells a characteristic story of The Strange Friend; Mr. Shanly gives a humorous sketch of Capillary Freaks; E. C. Stedman offers a poem on Pan in Wall Street; and Walter Mitchell describes the Kingdom of Infancy. The story of Katharine Morne, by the author of "Herman," is continued. Topics of current political interest are thoroughly treated—the Causes for which a President can be Impeached are lucidly set forth, and Frederick Douglass makes a powerful Appeal to Congress for Impartial Suffrage. The number closes with notices of several popular new publications.

THE NATION—A Weekly Journal containing Literary, Artistic, and Scientific Intelligence, Criticisms of Books, Pictures, and Music, Foreign Correspondence, and Deliberate Comments on the Political and Social Topics of the Day.

It is published every Thursday in New York, in quarto form, of twenty pages, and of very attractive typography. It is now in the second year of its existence, and has already earned for itself higher encomiums than were ever before bestowed on any American journal.

Published by E. L. Godkin & Co., 130 Nassau street, New York.

TERMS—\$5 per annum, \$3 for six months, in advance.

EVERY SATURDAY.—A journal of choice reading, selected from foreign current literature. Published by Ticknor & Fields, 124 Tremont street, Boston. It is of rare merit, and containing as it does the cream of foreign literature, cannot fail to be one of the most readable magazines.

GODEY'S LADY'S BOOK.—This popular and attractive magazine is placed regularly upon our table. A physician can, perhaps, do very well without some of the current popular literature of the day, but no well regulated family should be without the various magazines of this character, especially Godey's Lady's Book.

Several valuable books have been received, but the due acknowledgment has been unavoidably crowded out; they will be duly noticed in our next number. .

BUFFALO
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Original Communications.

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

TUESDAY EVENING, February 5th, 1867.

The Association was called to order at the usual hour by the President.

Members present—Drs. Gould, White, Congar, Camerling, J. R. Lothrop, Strong, Smith, Miner, Trowbridge, Jansen, Wyckoff, Little, Wetmore, Cronyn, Samo, Gleason and Johnson.

Reading the minutes of the last meeting was dispensed with. Under the head of voluntary communications Dr. Augustus Jansen read the following paper, entitled

A Case of Constipation, complicated with a subsequent discharge of living maggots.

October 18th, was called to see Mrs. B. W., a poor German woman, aged 40, married, and the mother of six living children. Had not menstruated for the last seven months, yet no signs of pregnancy. She complained of great pain in the womb, and had very severe abdominal singultus, was very restless and excited. I thought it was hysteria, and gave her one-fourth grain of morphia every three hours. She took four such doses, and on the 19th she felt a great deal better, complaining only of giddiness and nausea.

Oct. 20th. Said her bowels were costive. I ordered an ounce and a half of castor oil on some hot coffee. She vomited some of it, and it did not move her bowels.

Oct. 21st. Same abdominal spasms, womb felt hard and painful, not unlike a contracted uterus after parturition. Prescribed mass. pill galbani co. gr. x, every two or three hours; took ten doses of it with apparent great relief for the hysterical symptoms.

Oct. 22d. Not having had any stool, I gave her three compound cathartic pills in the morning, and same dose in the evening.

Oct. 23d. No operation. Ordered an enema of two ounces castor oil in a quart of soap-suds, to be repeated three times a day if necessary.

Oct. 24th. Calomel, grs. xv, rhubarb grs. xx, pulv. opi. grs. iij, made into 12 powders; one every two hours; took the whole without effect.

Oct. 25th. Enema of castor oil and soap-suds as often as they came away, unless the bowels should move.

Oct. 26th. Gave her myself an enema with salt water, and it coming away without any cathartic show, I ordered the following: podyphyllum gr. xii, ext. hyosecyami gr. vi, div. into twelve pills, one every three hours. Took the whole without avail.

Oct. 27th, 28th and 29th. Countenance and pulse remaining good, I only ordered the same injections, which brought nothing away.

Oct. 30th. \mathcal{R} Olei. tiglii crotonis, gtt. xxv, cons. rose gs., make into ten pills, one every four hours, and about a drachm more by inunction over abdomen.

Nov. 1st and 2d. Has taken all the pills, but it did not start the bowels. Continued the injections. Pulse 85.

Nov. 3d. Swelling and redness over neck and face.

Nov. 4th. Croton oil vesication over face. Discontinued internal medications by mouth, but continued injections, and introduced a rectum tube and had her head lowered and hips elevated in order to have the injection reach as far up as possible.

Nov. 7th. Great pain and restlessness, and gave her half a grain of morphia; complains of swelling and scalding in the pudenda.

Nov. 8th. Saw her with Dr. J. R. Lothrop. We could feel distinctly the impacted colon and cæcum. We concluded to try elaterium gr. l , divided in eight doses. She first took $\frac{1}{8}$, secondly $\frac{1}{4}$, thirdly $\frac{3}{8}$, and last $\frac{1}{2}$. With the exception of some nausea she felt no effects of it.

Nov. 9th. A slight show of menstruation set in and she feels comparatively easy.

Nov. 10th. I made her an infusion of half an ounce of socot. aloes in ten ounces of water, simmer down to eight ounces, gave one-fourth of it in a pint of water as an enema. This caused her great tormina, but came off as it went. The infusion of aloes was all used by injections; but it only aggravated her sufferings.

Nov. 11th. Thinking that the elaterium might have been inert, I bought another sample, of which I gave one eighth of a grain to a middle sized dog, and it worked him rather severely. The patient took one grain of it in two doses.

Nov. 12th. Elaterium had made her vomit some, and she feels a little better. Put her in a warm bath, and after that applied fomentations to her bowels, and prescribed calomel gr. viij, opii gr. ss. She took six of these powders without any effect whatever.

Nov. 13th. At the suggestion of Dr. Lothrop I got a vesic felis-bovini, the contents of which I diluted with a quart of tepid water, and injected it as high up as possible. This partially relieved the poor woman, and I thought the trouble would soon be over, but the case here assumed quite another aspect, and the battle was to be fought over again. The alvine dejection that followed the ox gall injection was partially liquid, with some very hard lumps, together with an astonishing quantity of living maggots, about half an inch long. - I could hardly believe my own eyes, and I felt vividly the corruptibility of our flesh, and how truly the holy man Job, had said, "Putridini dixi pater meas es et soror mea ver-
mibus!"

Nov. 14th. She complained of pain in her bowels, and pointed out to me with her hand the whole track of the ascending, transverse and descending colon, which I found distended, but not quite so hard as before. I ordered another enema of ox gall, diluted with water. This was in the morning, and I did not see her in the evening.

Nov. 15th. Was about the same, but I heard to my disappointment that she had not taken the injection, and ordered it again, besides, gave her eight grains of calomel with half grain of opium. This again brought away a small quantity of hard faecal matter, literally crawling with worms.

Nov. 16th. Found her with an erythematous eruption over her face, and she had passed early in the morning a very compact lump of white stercoraceous substance, equally swarming with maggots. I gave her another enema with ox gall, and as there was not the slightest sign of mercurialization I ventured another eight grain dose of submurias. hydr. She felt cheerful, but objects strongly to the ox gall injection, as it gives her, she says, "*more tormina and uneasiness than all the other stuff together.*"

Nov. 17th. Nothing had passed her bowels. I found her sitting up in bed and crying; the maggots dropping or skipping out of her nostrils. I carefully examined her mouth, pharynx and nostrils, but I found these parts perfectly healthy. Evidently the maggots must have come from her stomach. She now was not only willing, but very anxious to have the ox gall injections repeated. She took four of them during that day, and towards evening she took infus. senna fol. ℥i, magn. sulph. ℥iij, steeped in ten ounces of water; took the whole; no avail.

Nov. 18th, 6 P. M. ℞ Sp. terebinth. ℥iiss, with vit. ov. ij. I prepared it myself; put some coffee with it. She drank it all at once from my own hands. In leaving her I told her that, if she had any stools, to keep at least the first one until I saw her. The following morning being called out of town I did not see her until 5 o'clock P. M. The oil of turpentine had produced the intended effect, both as a cathartic and as an anthelmintic, for it brought off a living, crawling mass of maggots, not unlike a nest of caterpillars recently hatched out. Here are the specimens. The poor sufferer had the same night two more stools, vomited three times, and slept soundly thereafter.

Nov. 20. Painful micturition, caused no doubt by the turpentine, but she was cheerful.

Nov. 21st. Ravenous appetite. Worms skipping out of her nose.

Nov. 22d. Bowels had not moved since 19th; give her an injection with two ounces turpentine in some milk and water.

Nov. 23d. Complaining of dizziness and pain in her head. Prescribed hyd. sub mur. and jalap āā 20 grains, as nothing could induce her to take turpentine again.

Nov. 24th. The medicine had not operated, and I ordered three drops of croton oil to be taken in a soft, stewed prune, every three hours. She took eighteen drops of it without effect.

Nov. 25th. Worms continually dropping out of her nose. I gave her *volens volens* three ounces of turpentine, in an enema. This produced nothing but a little nausea.

Nov. 26th. Did not see her.

Nov. 27th. More and more worms. Prescribed tart. emet. gr. ij, syrapi scillæ ʒij , vini ipecac ʒij , aqua camph. ʒi , a table spoonful every ten or fifteen minutes. Took every drop of it, and vomited three times an abundance of maggots.

Nov. 28th. Ravenous appetite—gave nothing.

Nov. 29th. No stool yet. Prescribed elaterium gr. ss. and four hours after the same. It did not affect her any more than if she had taken so much sugar.

Nov. 30th. Worms crawling out of her mouth and nose, the patient crying bitterly. She had about half a teaspoonful of them before her on the bed. I really was mortified myself and felt for the woman's sufferings, and the more so as she so implicitly and solely trusted in me. After considering the case over in all its bearings, I resolved to make an experiment. I remembered that, when a child, they often made me take a nostrum called Harlem oil, to kill worms, and as that article resembled to my recollection, so much Petroleum, I made up my mind to try the latter. I got some crude Petroleum and gave her at once half an ounce of it. Three hours afterwards she took the same quantity, and after the third dose she had a free and very copious evacuation, in which were myriads of maggots, apparently all lifeless. Her bowels moved every day by taking a drachm of the oil every morning, without any more maggots. Her stools, however, were of clay color.

Dec. 10th. Gave up taking the oil, and I prescribed infus. calumba with tinct. ferri mur. as a tonic. On the 16th the motion

of the bowels stopped again, and being again a week without a motion of her bowels, I advised her to take the oil again in teaspoonful doses. She did so, but it did not help her. I gave her then and there a drachm of calomel with a drachm of jalap in three doses, four hours apart, and waited in vain three days for its operation.

On the 21st I was sent for in haste and found her in hysterical convulsions, and unable to pass her water, and the same erysipelatous swelling over neck and face. Drew off thirteen ounces of highly colored and offensive urine, and gave her at once three ounces of Petroleum, to be repeated every three hours. After the second dose she had a free passage of her bowels, *natural color*, and on the 1st of January was up and about. On the 16th of January she came to my office, and with the exception of suppressed menstruation was doing well. She asked me if I could possibly account for the presence of so many worms. I told her that she might have eaten some tainted meat, and thus have the maggots developed from some larva or fly-blows, as they are commonly called. She said that, although living on very poor diet, and got sometimes cold victuals from public houses, she was very particular in cleanliness, and could not be made to believe that this was the case with her. Now if this was not the cause of this appalling quantity of maggots, what was it? Were they spontaneously engendered in and by the constipated bowels, or were they the cause thereof? There was no biliary secretion in the stools, and whether this had anything to do with it I am not able to say, but thinking that there was no bile secreted, I gave the repeated doses of calomel, and the freer as she never experienced the least inconvenience from it; but whether the calomel had the intended effect or whether the secretion of bile was solely due to the action of the Petroleum, I cannot determine. One thing is certain, Petroleum is a very powerful and safe cathartic, as it proved to be in this case, and also in the case of Mrs. B. living in the same house, who took half a teaspoonful for costiveness, which was removed thereby without any tormina whatever. In extraordinary cases I would not hesitate a moment to give it again. Given in injections it may also prove to be a mild and very efficacious vermifuge.

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DR. LOTHROP said that he saw the case with Dr. Jansen when the constipation had existed about twenty-five days. Upon examination the impacted colon could be traced from the head of the cœcum, where there was a large and hard mass, along the ascending and transverse colon to the point where it began to descend. No accumulation could be detected in the descending colon. The obstruction appeared to be at the termination of the transverse colon. But in order that it might be ascertained, whether or not a malposition of the uterus existed, which would act as a mechanical obstruction, an examination was made. The uterus was found normal as to size and position, and freely moveable. As the condition of the woman was good, it seemed to him proper to make a further trial of active cathartics.

One point of interest in the case related by Dr. Jansen was the eruption upon the face, caused by the absorption of croton oil. Before seeing the patient he was inclined to believe that it might have been caused by the contact of the oil with the skin of the face, being conveyed thither by the fingers, as some of it had been applied externally upon the abdomen. But upon examination he was convinced it could not have been caused in that way; as traces of the eruption were found not only over the whole face, but even behind the ears and in the hair. It had the appearance, familiar enough, of the drying up of pustules, such as follows the application of croton oil. It appeared very plain that it was caused by absorption of the oil. The case was not wholly without parallel. Pereira mentions a case where its use was followed by the characteristic pustules upon the face.

The second point of interest was the development of such numbers of living maggots in the human body. In some of its features the case was, as far as he knew, without parallel. He had, however, read the account of a case in which large numbers of maggots escaped from the nasal cavity and mouth. In that case a man was attacked with great pain in the head, followed by swelling of the face, and much general febrile disturbance. In a short time, maggots in great numbers were discharged from the nose and mouth. Means being taken to destroy them, the trouble was soon over. The origin of the worms in such a situation was thus accounted for. The man stated that a few days before, he had

handled the intestines of a cow, which he remembered were fly-blown at the time. The ova must then have been inhaled and lodged in the nasal cavity, where they became developed and were afterwards discharged. In the case of Dr. Jansen the worms were discharged by the rectum as well as by the mouth and nose. The ova then must have been swallowed and undergone development somewhere in the intestinal tract, i. e. they must have been introduced from without, as he supposed no one of the medical gentlemen present was ready to believe in *generatio equivoca*. Strange as it might seem, it was possible for the ova to escape destruction and become developed. Whether constipation was due to this or not, certainly, by preventing the escape of the ova from the body it would give opportunity for the completion of the process. Had the bowels been free the ova might have been discharged from the body.

In regard to the fact that the worms were actually maggots, he thought that an examination would satisfy any one. It was certain that they did not resemble any parasite known to inhabit the human body.

Under the head of dissertations upon designated subjects, Dr. MINEER read the following upon

Surgical Remedies—Vesicants, Rubefacients, Setons, Issues, etc., etc.

Upon your earnest and unanimous invitation, I have reluctantly consented to read a paper, designed as the re-inauguration of a plan in our proceedings, which, if heartily seconded by all the members of the Association, cannot fail to increase the value of our transactions, both to ourselves and others. Happy indeed should I have been, had this task fallen to other and more capable hands, but as you would accept no apology, nor listen to excuse, I have selected a topic as familiar and practical as possible, and ask your indulgence if I express opinions or sentiments which some of you, and the profession generally, are not ready to accept. You will not be asked to change your opinions to suit any new theories or your practices to conform to new modes of reasoning; it is designed only to call your attention to some points of practical importance, believing that errors may thus be avoided and improvements made. This paper has not been written to gain the compliment of your unanimous approval; you are at liberty to

differ from the author in your views and to express your opinions. If he should hereafter return such favor, please set it to a just account, and never carry it over to the distant, dearly bought, unhappy and untruthful reconing of personal disagreement. He has sometimes hesitated to speak plainly, fearing to be misunderstood, and presumes others have suffered the same embarrassments.

Vesicants, rubefaciants, setons, issues, etc., etc., have been, and still are, employed to a very great extent with the view of producing a derivative or revulsive influence—of inducing an irritation or discharge in one organ which is healthy, for the relief of another which is diseased. Irritant medicines are used chiefly to relieve congestion or inflammation, to modify the undue fullness of the vessels and to relieve pain, the objects for which such remedies are used, are said to be four-fold; to substitute a mild inflammation for an intractable one, to stimulate the absorbents, to act as derivative, and to stimulate the whole system. Inflammation consisting essentially of unusual afflux of blood and stagnation in the over-distended vessels, it is generally intended to modify this tendency in the blood current, and set up a counter current in another direction, for the relief of the first.

The question, in what manner an artificial congestion or inflammation, modifies one which is of a diseased nature, has never been answered with any reasonable satisfaction. Undoubtedly the blood accumulates in the part newly inflamed or irritated, but this fact does not prove a relief or modification of the original diseased action. Recently it is attempted to explain it through the laws of the nervous system. Nervous action is said "to never be equally intense in two distant places at the same time," and that "through these nervous relations, all stimuli, whether by a direct, or indirect action, excite contraction of the blood vessels, and thus produce resolution of engorgements." Formerly, much more than at the present time, irritants, "permanent irritants," as they are called, were held in estimation as remedial means; they were used to evacuate from the system the "precant humors" supposed to circulate in the blood and constitute the essence of disease. When views changed as the nature of disease—when its pathology came to be more carefully studied and thoroughly understood, and when bleeding, antimony, mercury and other remedies of the same class

were discarded, or used much less frequently, it was to have been expected that these irritant measures would also have disappeared from the list of common remedies, but this expectation has been disappointed, and blisters, setons and issues still appear as too frequent modes of torture for the invalid.

In support of this doctrine and plan of treatment, it has been shown how much health depends upon the elimination of various deleterious, because effete substances from the blood, through the excretory organs; but it has never been shown that bile, urea, or any other deleterious substance, any such excretion or purification of the blood, can be produced through artificial exutories; nothing but the common products of inflammation can be thus obtained. At the present time the application of these remedies is confined chiefly to the relief of pain, and the modification of inflammatory action, and with a view to these objects their employment is not infrequent. That confidence is placed in these measures by well informed practitioners, and experience quoted as abundantly sustaining belief in their efficiency, is undoubted. Hunter speculated upon their modes of action and was evidently dissatisfied with his best explanations. Authors, have almost without exception, favored the employment of these substances as powerful and valuable therapeutical agents, and if able to explain their action or not, have at least recognized their value as remedial means. It is common for authors to speak of the dangers of suspending these suppurating sores, from fear of cerebral disorders. They say: "No sooner is the revulsive and depletory action of the remedy suspended, than congestion of the brain begins to take place, and unless active measures are taken to avert it, apoplexy is pretty certain to result." Every one is sufficiently familiar with the prevailing doctrines concerning these irritant remedies, and their consideration may be omitted. Common forms of inflammatory disease have been watched and practical lessons drawn from their phenomena. Rheumatic or gouty inflammations which involve the ligamentous tissues of joints, generally limiting itself to the tissue which it invades, is still very apt to extend to the pericardium, and sometimes to the membranes of the brain; so also mumps—inflammation of the parotid, may involve the testes and mammae.—The idea is prevalent that there is a translation of the disease

from one part to another, an actual endosmosis, and hence the application of vesicants or rubefacients to the primary seat of the affection, from which disease has taken its departure. Without turning aside to consider the phenomena of such diseases at too great length, it will be sufficient to say, that, strange enough, the same theapeutical measures, (counter-irritants) are applied both for the removal of such primary disease, and also to bring it back to its original seat after it has vacated it, both as a cause and cure. The actual phenomena of these diseases are perhaps explainable, but the treatment by vesication or counter-irritation is probably not greatly in harmony with any very correct pathological view.

Blistering is a favorite remedy with many practitioners, and is resorted to for various purposes. Not long since all internal inflammations were treated by external vesication, perhaps solely from its supposed derivative or substitutive effect. Puerperal inflammation once combated with venesection, mercurialization and extensive external vesication, is now more successfully treated with anodynes, and simple fomentations. Inflammation of the lungs and pleura formerly treated by the whole armament of depletion, is now in the best manner controlled by rest, position, and anodynes, the blistering, bleeding and starvation wholly omitted. Inflammation of the eye, in its various forms, formerly submitted to leeching, blistering, cauterizing, low diet, etc., is not often at the present time subjected to the action of such remedies, but terminates more safely under milder measures. The diseases most eminently requiring, as supposed, the action of these remedies, are now known to recover as rapidly and certainly without them, and thus we are furnished with presumptive evidence, at least, that they are nearly, perhaps wholly incapable of good, better, if we could also add of harm, but we are obliged to confess that if unproductive of good, they are yet potent for evil.

We all rely largely upon our own experience in these matters, though experience establishes error more frequently than truth, as the whole history of medicine will show. The experience of physicians from the creation of the world until the present time, appears to favor a general belief in the efficacy of this class of remedies, though there is no doubt but the recent revolutions of practice, have turned out in some measure the constant use of them.

It is remarkable how distinctly we can see whatever we attentively look for and confidently expect to see, and especially so, if those we most respect think they can see the same thing. For the first ten years of my professional life, I could see the great efficacy of blisters, could see the value of setons and the danger of apoplexy when suppurating sores were allowed to heal; could see everything that any one could in this direction. For the last ten years, I am frank to confess, I have been unable to see it; have not seen apoplexy follow the removal of a seton, and am also certain that I never saw it, reasonably traceable to it as the cause; have not seen cerebral congestion after removal of suppurating sores, even of years' standing, but on the contrary observe increase of flesh and strength after amputation for suppurating disease of joints or other structures, and look upon it as proof of returning health. Every few days brings to notice cases of spinal curvature, scrofulous inflammation of joints, or other similar disease, under treatment by blisters, moxa, seton or issue, all of which appears to me now as only adding to the unfortunate victim another and worse curse. They irritate and distress, cause loss of appetite, sleep, and rest, depress the strength and spirits, and are the relics of a vague and exploded theory, which should be buried with the "peccant humors" of antiquity. Strange as it may appear, blisters are still fashionable appliances for the relief of all pains, from undetermined causes; the abdomen, in women, who, after confinement, complain of tenderness, especially if associated with febrile action, is very often found covered with a large blister—blistering is still, with many physicians, a standard remedy in puerperal inflammation. Inflammations of the lungs and pleura, even in children, are often subjected to this unnatural, unnecessary and unscientific treatment; and I may add, that looking over the list of diseases, in which this system is even now strongly recommended in our recent standard works, I find few, if any, in the whole range of known diseases but are thought by some good authority, to be benefited in some of its stages, by this system of practice. Driven from the unnecessary and indiscriminate use of the lancet, from the extravagant employment of depressing arterial sedatives, and some of the more objectionable "heroic remedies" the remaining irritant adjuvants, in the same system, have

been retained, and their application scarcely lessened in frequency, excepting by a few who nearly discard them altogether. That there is a popular belief in the curative virtues of the irritant remedies is certain, and it is not uncommon to hear this fact referred to, as apology for their application, "My patient would think I was doing nothing, if I did not apply the blister." On the other hand there can be no doubt but this system of practice, in connection with the unnecessary and useless administration of unpalatable drugs, has had a tendency to drive people from confidence in the practice of the regular profession, to the adoption of some inert, inoperative, unscientific and absurd system, which is less unpleasant in its measures of treatment. We look in all directions but the right one for explanation of the readiness with which the public adopt extravagant, untruthful, useless and inconsistent systems of medical practice: possibly it has not "erred without a cause,"—has adopted them as justifiable measures of self-defense.

Blisters may be applied many times without great pain, possibly even with benefit, for it is not certain, they, and the other remedies of the same class, are never useful; certainly during their action other pains are forgotten—the mind is diverted from the pain of the diseased part, by the more active irritation in the healthy organ. If we had no other and better means of allaying or causing pain to be forgotten, this plea would have some force, but no such circumstances have ever appeared in its favor. The expedient of producing greater pain, for the purpose of diverting attention to a lesser one, perhaps of longer standing, has little to recommend it to favor, nothing since the discovery of the present known agents for its relief. If the author had invented such an accusation, alleging that this class of remedies, is useful, if at all, or mainly so, by diverting attention to another and greater pain than that of disease, he would have been called skeptic, and unbelieving, without faith in the value of medicines generally, and ready to deny or underrate their curative virtues; but this explanation is given by those who advocate their employment, and are most decided in their favor—it is the compliment of a friend and not the sarcasm of an enemy. But it will be said, blisters are useful in diverting the current of blood to other and distant parts, or by its stimulant action, causing contraction in the vessels and

consequent relief of congestion and incipient inflammation.— Experiment shows that the quantity of blood in the vessels is not easily diminished, that they contain about the same volume even when large vessels are opened and hemorrhage is considerable; that if the amount is diminished at all, it is only temporarily, since the vessels contain at all times, except in cholera and some other similar disease, about the same quantity, even if the quality is impoverished. That the mind has some influence upon the circulation is not doubted, but that the value of counter-irritation can be established upon any mental control which can be brought to bear upon the circulation, is improbable.

It is not proposed to wholly discard this class of remedies, or to intimate that they are *never* useful; it is rather to call attention to the impropriety of their common and indiscriminate employment. It cannot be doubted that these measures, as remedial means, are gradually disappearing from the list of remedies, and probably the more rapid this change the better, both for the profession and public. That they have any influence for good, at all to be compared with the pain, irritation, distress and discomfort they produce, is no way certain, and when they are almost wholly discarded, physicians will have lost but little from their available means of curing disease. It has been intimated that authors generally favor the employment of these remedies, but it will not be inferred that the opinions expressed as to their abuses, and misuses, are unsustained by the most distinguished observers.

M. Louis says, "Blisters ought to be banished from the treatment of the typhoid affection. If they exercised any influence upon the duration of the disease, in the patients who have recovered, it was by *prolonging* it a little." Again, "I have not only rejected vesication from the treatment of pneumonitis; I have also ceased to employ it in pleurisy and pericarditis. How can we believe that the effect of a blister is to check the inflammation, when this blister is one inflammation superadded to another? in thoracic inflammations their usefulness is neither strictly demonstrated, *nor even probable.*"

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

There are many theories and speculations concerning these subjects which have not even been mentioned, as it was no part of the purpose to weary you with arguments for or against their use. It will be said that experience sustains the opinion that this class of remedies is powerful and important, and few physicians but will revert back to a case where some of these measures were adopted with unmistakable advantage. We must all guard ourselves lest we adopt opinions upon insufficient grounds. Practical medicine has been retarded more manifestly by this one error, than by any other; and it is a reflection upon the mental acumen of men, if they habitually allow themselves to be convinced without adequate evidence. On the other hand, a readiness to concede what is shown with reasonable certainty to be true, is highly commendable, and I would be the last to underrate the curative virtues of valuable remedies, and the very first, to rid the profession and public, of undue confidence in the properties and uses of all remedies, which are retained from respect to long usage, and the opinions of others, as liable as ourselves to be deceived.

DR. CONGAR said, that while he disliked to differ with Dr. Miner in regard to counter-irritation, or any other medical subject, still he must be allowed to dissent from some of the positions taken in this Essay; he could not endorse all that had been stated of the inefficiency of blisters, etc., for the relief and cure of disease; for, after abating the effects of their misapplication in time, place and condition, by the ignorant, the inexperienced, the careless and the hasty, there remained a very large and predominant amount of good from their use in the hands of the profession, if he could judge from an experience of over twenty-five years. Early in his professional life the principle of their employment had been ineffably impressed upon the memory; and by always limiting their application to an open state of the bowels, and to the commencement of the return of the secretional functions, as evidenced by a perspirable skin in pleurisy, peritonitis, etc., etc., blisters, etc., especially when aided by opium and its preparations, had invariably fulfilled legitimate expectations of relief and cure.

This, he continued, brought to mind a case at the Hospital of the Sisters of Charity some seventeen months ago, which so happily illustrated the principles of application, and the advantages of

the appropriate use of blisters, that he was constrained to give a succinct statement of it. It was that of a servant girl, nineteen years of age, in whom the menses had appeared at irregular periods, since suppression some two years previously; the bowels were habitually constipated, except an occasional interruption from profuse diarrhœa; the tongue was red and dry; the abdomen was enlarged to about the size produced by the fifth month of pregnancy; when the lower extremities were drawn up, beneath the integuments, hardness and tenderness were everywhere found; at one time this abdominal hardness had the exact feel of an enlarged uterus of five or six months' pregnancy; and at another, this feel could not be discerned, but in its place, smaller hardnesses, or tumors; and then again, the hardness would be uniform over the abdomen; these, as he learned from his predecessor at the hospital, had been the patient's symptoms since her entrance some weeks before. The bowels had at this time become somewhat more regular in their movements, and the menses were flowing; during the following two weeks no alteration in the course pursued by the retiring physician was made; the pulse ran from ninety-six to one hundred and twenty; the tongue was dark, dry and rough in the centre, and its sides covered with a yellowish brown fur, the teeth showed a collection of sordes, the breath was offensive, and the skin dry. Now, the necessities of the case demanded a change of the treatment; the bowels had not been open for some three days; he commenced by giving castor oil to open the bowels freely, following it by ten grains of Dover's powder, and when from its effect the skin began to perspire, he ordered a blister to cover the whole abdomen, dress with poultices, followed by simple cerate till healed; and also tinct. cinch comp. ζ i, at meals, with plain diet. This was repeated about every fifth day for six weeks: the improvement was very marked immediately after every blister; if the interval was prolonged after the healing of one before the application of another blister, from the time of healing until another vesication, *the patient did not gain*; but while their repetition was made, as fast as the abdominal surface would allow, the decrease of the tenderness and hardness was steady and rapid, the pulse lessened in frequency, the dry, rough, and dark tongue, slowly became moist, smooth, and lighter in color, the offensive.

ness of the breath, and the sordes on the teeth ceased to be noticed, until at the end of two months the menses returned healthfully, and the patient was in health.

The cure of this case was evidently brought about by the continuous repetition of blisters, applied as he always used them in the conditions named above. These conditions he believed were, in order to be remedial, required by all counter-irritants; consequently, it would be simply impossible for him to concur entirely with the able author of this (in most respects) excellent essay, with which the Society had been favored.

DR. STRONG said, it seems to me, Mr. President, to have been very properly said by the gentleman who preceded me, that the paper which introduces the discussion of the evening, by Dr. Miner, is quite too sweeping and indiscriminating in the positions it takes. And here a word as to the designation of the discussion, viz: "*Surgical Remedies.*" I came in expecting, from the Secretary's note, a discussion upon remedies in surgery. But the paper of the evening seems, if I rightly apprehend it, devoted to impairing our confidence in the whole system of counter-irritation and derivation by blisters, setons, issues, moxas, etc., etc., in the treatment of all forms and phases of disease. I fail to see the propriety of calling these *surgical remedies*, in any fair acceptance of the term. It seems to me a misnomer. And I was misled by it into supposing that our discussion was to be on the merits of our resources in surgical practice. But thus much only as apology for lack of preparation for the discussion.

The assault is made upon blisters, etc., in the treatment of disease. For although the text of the paper contends only for their being *almost* wholly useless, or worse than that, I think the inference is not very wide of the mark, that the author *wholly* discards them. Now I am very far from contending or believing that they have not often been, or are not liable to be used injudiciously and unnecessarily—especially when prescribed for infants and very young children. In such cases, if used at all, they (I mean now blisters) should be used with the utmost caution. But to argue from their abuse or their indiscreet use, that they are *never* of service, and should be wholly ignored, it strikes me is a strange *non sequitur*.

I would like to be told what medicine we have, or what resource we have of any potency either in medicine or surgery that is not obnoxious to the same objection. Of course this mode of argument is hardly worthy a place among men of sense and discrimination. If I understand the purport of the paper, it deduces from the fact that authorities differ as to the *rationale* of their effect, one claiming that it is through the nervous system, another thro' their effect in determination of blood, or upon the capillary circulation, others in still other ways—that hence they are unworthy to be held to or retained.

Now I have long since ceased to spend much time or breath upon the *modus operandi* of medication, whether external or internal. But what can be said in this regard against blisters, etc., etc., that cannot be alleged with equal truth against every medicine or means to which we resort? Is it fair to claim that because we do not fully understand their mode of operation, we should shut our eyes to their palpably beneficial effect in modifying and abating morbid processes? The truth is, and it may as well be admitted, that the *modus operandi* of medicaments, external or internal, has ever been, is yet, and perhaps may ever remain, almost wholly a *terra incognita*. But this style of logic is too rudimentary to waste words upon.

Again, the paper says, in substance, that the pain they cause is as bad as, or worse than, the pain, to relieve which they are prescribed. This objection is weak, because, 1st. They are rarely, if ever, prescribed with primary intention of relieving pain. They relieve pain only when, and to the extent that they reduce and obviate inflammation. Moreover, it has always appeared to me that the alleged pain from a blister is wildly exaggerated. It is very rarely, under my observation, that pain is complained of from a blister, except sometimes at the moment of drawing, or elevation of cuticle. But even if it were, is the pain of a surgical operation for the removal of a non-painful disease a valid objection to its being resorted to? Where will this kind of argument lead us? But this style of objection, too, seems concededly frivolous; and the true appeal is taken, that, viz: to results of experience and observation. And here, if I understand the paper, the Doctor takes the bull squarely by the horns, and denies that the results of

observation and experience do or can sustain the practice. The paper before us cavils at the results of observation as unreliable, and as likely to lead us astray as to guide us aright. Candor compels the admission that they many times have been so. Subsidence of disease often proving coincident with, rather than standing in the relation of effect to cause, to the means and measures resorted to. But after all abatements and concessions from imperfect observations, I still must contend that carefully made, sufficiently multiplied, bed-side observations and comparisons, are our main, if not only reliance, in deciding upon the merits of remedial resources. Now the effect of the epispastic, the moxa, etc., may not be quite so palpable as amputation at the hip-joint, but I think nearly all of the best *medical* observers of the profession regard their beneficial effect about as demonstrable; I mean as demonstrable to any but a purely *surgical* mind. They [surgeons, pure and simple,] seem to constitute a class *sui generis*. Living and moving in the sphere of the palpable, the tangible, the mechanical—anything that is not removable by the *knife*, is not amenable to treatment. If it cannot be cut out, or cut off, it is consigned to the limbo of incurability.

One of the ablest surgeons of my acquaintance, in former years, had got his *materia medica* simplified to calomel and opium, and I am not sure if by this time even these have not been thrown overboard. It seems to be the surgeon's idiosyncrasy. Now I shall ever stand before the tribunal of this Association for the freest and most unfettered expression of opinion and judgment. Standing each "*on his own leather*," and given the privilege of combating what we regard as heterodox, crude, or baneful, there is nothing whereof to complain.

But I submit, Mr. President, that it is hardly the fair thing for one like the essayist of the evening, who almost wholly affects surgery, and devotes himself so zealously to his favorite branch, especially as he chances to be the Editor of the local *Medical Journal* of this part of the State, and who, as such, may, in a manner be regarded as the exponent of the views of the profession, as to our resources in the treatment of diseases; I submit, I repeat, if it is quite fair or commendable for one in his position to so boldly and frequently attack and attempt to bring into disrepute some of our resources

so universally accepted as valuable and in many cases indispensable, as the essayist has done this evening, and as many of us think he is rather prone to do in his editorial capacity.

Of course, upon those of us who, from long and careful observation, have settled the question of their comparative value beyond the reach of carping, these inculcations will fall harmless. But how different with the inexperienced in practice, with whom the *Medical Journal*, and especially its editorial department, is apt to be regarded as supreme authority, or as a court of ultimate appeal?

Will the Doctor regard it as too personal if I say that in my judgment the tendency of such teachings from one in his position, is little, if anything, short of *pernicious*, upon many of the profession, and as such is to be deprecated? The truth is, I fear my friend must be regarded as well nigh heretical, certainly skeptical, in matters distinctively medical. Or, in other words, that the surgeon's *idiosyncrasy* is getting to be alarmingly developed in his case! And with the utmost deference to his intention and motive, will he allow me in all kindness to give expression to what is very often said, that he is apt to make quite too free with—to cut quite too deep and indiscriminate into, our cherished resources for the treatment of disease?

A word as to the question of the benefits of local, superficial, suppurative discharges, spontaneous or artificial, in the treatment of certain chronic maladies, whether cerebral, thoracic or spinal. If they have not in many cases proved of eminent service in either wholly arresting, or greatly postponing fatal diseases, and if the suspension or abatement of such discharges has not frequently precipitated a fatal result, the records of medicine must be regarded as irredeemably stupid in tracing the relation of cause and effect. If these effects and results have not been well established—proven beyond the possibility of cavil, it would seem entirely pertinent to question if *anything* is settled and certain in the therapeutics of medicine. If *this* is a matter of doubt, we may as well wipe out all testimony from observations and begin anew.

DR. TROWBRIDGE said, I think that Dr. Miner has been too sweeping in his assertions in regard to counter-irritants. It is true that our best medical men cannot always explain the action of

remedies; although they may be fully satisfied, both from reason and experience, that their remedies produce the desired effect. Recollect many cases that occurred while I was in practice in which counter-irritants were of undoubted value. In 1849 saw a lady of this city who was taken with cholera, and suffered severely from that disease. After the subsidence of the cholera a persistent diarrhoea supervened. On recommendation of Dr. Pratt, with whom I saw the patient, a blister large enough to cover the whole abdomen was applied. As soon as the blister filled, the diarrhoea was cured. Blisters have been carelessly and indiscriminately used, but when carefully and properly used they are beneficial.

DR. CRONYN observed, that he was a little disappointed in finding a difference in the title and matter of the paper read; that he came prepared to hear of some new method of tying an artery, treating an aneurism, or healing an old ulcer; instead of which the learned author had made an onslaught on time-honored medical remedies. It seemed to him that the paper involved the question so thoroughly discussed in England a few years ago, in which there were two extreme parties, to one of whom the author too evidently belongs, the one as will be remembered insisting that there was a decided change of type in disease, and consequently a change in its treatment, the antiphlogistic management of former days giving place to an opposite course in modern times, the other asserting with equal force that there was clearly a change in the therapeutical management of disease, that it was owing to a more comprehensive physiology and a better appreciation of pathological changes and undoubted advancement in diagnosis. To the former class he would connect the author, as a dose of opium to relieve pain, and stimulants to sustain failing strength, completes his *armamentaria medicorum*, ignoring the value recently attached to the use of blisters in rheumatic arthretis; also in the treatment of gonorrhoea, the actual cautery, in painful and long standing sinovetis of knee-joint, especially, etc., etc. The fact was, as gentlemen exclusively directed their attention to the specialty of surgery, they became skeptics in the value of medical appliances, whose action was not as palpable as that of the knife in an amputation, and while the paper had unquestionable merit in itself, it would be wiser and more useful for the editor of the *Buffalo*

Journal to advocate the safer middle course between the two extremes referred to, so that his younger readers would have the advantage of learning how to discriminate between those rules, that sound pathology taught, and those changes that may occur in certain cycles of time in disease, and requiring at each time a difference in management, therapeutically and otherwise.

DR. LOTHROP thought the discussion had wandered away from the question, viz: the merits of counter-irritation. He would like to say a few words in support of the view presented by Dr. Miner, if he could. If Dr. M. meant to declare that in no case was counter-irritation of benefit, he should be obliged to differ from him, for he thought that it was often attended with most decided benefit. But if he meant only to say that it was sometimes needlessly employed, and that in many cases most unnecessary suffering, if not positive injury, was inflicted upon patients by its use, he could give him a most hearty assent.

The argument from experience was one which would cut both ways. For nothing was better shown than that remedies which were once deemed essential in acute diseases, and proved so seemingly by experience, are now by experience found to be unnecessary, if not absolutely injurious. But he was not yet prepared to allow that in this matter of counter irritation the experience of the profession from the earliest times, had been wholly fallacious. He believed that it was in proper cases productive of great benefit. He would, however, say that if the good effect of blisters were mainly due, as stated by Dr. Cronyn, to the absorption of cantharidin, it would answer the purpose quite as well, if given by the mouth. It appeared to him that the paper would have been more appropriately named, if styled the effects of counter-irritation.

DR. MINER remarked, that he did not desire in any way to defend the paper—preferred to leave the objections to it unanswered. All that had been said, had been fully anticipated—was according to the current of opinion with physicians, and on that account, mainly, he had selected it as a topic for remark, hoping to attract more careful attention to the subject.

In regard to the title of the paper, he said: it had been handed to the Secretary, in full, and that the remedies had been called "surgical," in respect to the universal usage of authors.

Dr. CRONYN remarked, that the specimens presented at the last meeting of the Association, by Dr. Gay, and supposed by that gentleman to be gall-stones, proved on examination to be composed of oleum olivæ, saponified and mixed with a small amount of fecal matter, shaped to resemble gall-stone in size and appearance, by the action of the intestine. Dr. C., as a result of his examination, felt himself warranted in denying the specific action of olive oil in favoring the discharge of gall-stones. It seemed to him rather to be true, that olive oil, given copiously, coincidentally with pain in the neighborhood of the gall ducts—by changes in consistence and form, produced by the chemical and mechanical action of the intestine—would be discharged in such a shape as to be easily mistaken, upon a hasty inspection, for gall-stones.

Adjourned.

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

Correspondence.

To the Editor of the Buffalo Medical and Surgical Journal:

My Dear Doctor:—I much regret the evident misunderstanding which occasioned my not receiving a copy of the proof-sheets of my address in the Feb'y number, as many errors appearing therein would have been corrected. The following are some of the most important mistakes:

Page 245, 21st line, for she took two, read, she took full.

“ 250, 22d and 23d lines, should be read in the same sentence.

“ 257, 3d line, for invaluable, read, a valuable.

“ 258, between the 10th and 11th lines, read,

The following is a favorite prescription:

℞ Liq. sub. sulph. ferri minus ℥ss.

Mel. despumatum,

Cremor lacti ℞, ℥ss. M.

Swab or smear the throat, or inject the nostrils with the above every two or four hours, or oftener, as the condition of the case requires.

In the opening of our address, we distinctly eschewed the design of giving an epitome of the literature, or a summary of medical opinion respecting this disease, and proposed to relate

only facts and experience of our own. We first met with and commenced the treatment of this disease in 1857, before there was any American medical literature upon this subject, and groping in the dark, were obliged to meet the indications for treatment upon general principles alone. After faithfully trying solutions of nitrate of silver of divers strength, we discarded them as unsafe, and adopted the solid caustic, as indicated in the text, which, conjoined with quinia and stimulants, done us most excellent service. We soon learned to use the caustic in only those cases where there was a dense membrane lying either upon plain surfaces or over ulcerated, sloughy spots, and then simply upon the membrane—never upon the adjacent tissue. The effect would be an immediate *coagulation, condensation* or *hardening* of the false membrane; and we soon entertained the belief that it was that property, and but slightly, if any, its *caustic*, which rendered it beneficial. Although we had not used the article in a single case in over four years, we thought only to speak duly of a remedy which, conjoined with others, had contributed so largely in carrying us successfully through with many a hard case of this disease. The text indicated that its use was attended with many difficulties, and some danger if carelessly or unskillfully applied, and that in consequence we sought other remedies, and finally upon page 258, advanced and recommended a new and unoffinical article, liq. sub. sulph. ferri minus, devoid of those escharotic properties which irritate the “already tender and enfeebled mucous membrane,” stating that it was safe in use, and had given us the best of satisfaction.

Our intention was to convey the impression that though we would have the membrane *condensed*, it should be done by *unirritative* medication, and will add, when in that condition, its removal can often be effected with comfort to the patient, or little trouble or irritation; if not, let it work off of itself.

Experience has impressed my mind with the belief that this disease is peculiarly liable to affect or derange the nervous system, and I repeat, quinine has seemed to oppose a more formidable barrier to such demonstrations, than any other article we have used. We might give additional cases in support of the reason for the “faith that is in us,” but think it may be better to quote other experience and opinions, to show that we are not alone in

considering quinine of utility in this disease. In the translated lectures of M. Trosseau, upon diphtheria, in speaking of general or constitutional treatment, he says: "The pharmaceutical agents which I make use of are preparations of quinia and iron. When I wish to obtain a more prompt action, I substitute for the powder of cinchona the sulphate of quinia."—[Am. Med. Monthly, 1861, page 316.] Dr. A. Jacobi of New York, of whom the same journal, remarks, "his experience in this disease is probably equal to that of any man's in America," in an article upon diphtheria, says: "Of the greatest value is that powerful febrifuge, quinia. We have never seen any bad effects, but have always found a great and rapid remission of the fever."—[Am. Med. Times, Aug. 18, 1861.] Dr. S. P. Bryan in the Louisville Medical News for October, 1860, in reporting upon the treatment of diphtheria, says: "In severe cases his main dependence is placed upon quinine." "This," he says, "appeared to control the fever and arrest the progress of the disease in all instances, except the single fatal case before referred to, in from two to five days." Also, "It appears to me that quinine exerted a curative influence not inferior to that which it exerts in ordinary malarious fevers; the pulse, which before was small, feeble, and rapid, numbering in some instances from 120 to 140 beats per minute, speedily becomes under its benign influence, fuller, stronger and slower, just as we often see in congestive fever."

But as it is unnecessary to prolong this point, I will merely add, if since that late day, such a change has come over the views of general practitioners as to make it "appear remarkable" that our experience did not coincide with theirs; is it not remarkable that it had not been previously pointed out in the columns of your valuable Journal?

If our experience had been only with the disease of the benign character seen by us within the last two or three years, we might be easily seduced into the same opinion of yourself, that "diphtheria progresses favorably without much interference." But, Doctor, if you will visit with us the Grassman family, where four out of thirteen died, North Boston, where fourteen out of fifty-six died, the Gould families where two children and two adults out of eight died, Springville where I was told in January, 1863, that

seventeen out of twenty-five had died, or many other places in the south towns of Erie county, I think you would no longer believe, it was a disease which "generally progressed favorably without much interference;" at any rate, that such was not the fact with us, in the years from 1857 to 1863, the time embraced within our tables, and constituting the body of our experience.*

We did, and do still, in an "unconditional and absolute" manner recommend topical treatment as the means par excellence to conquer this disease. But, to be understood, need we ask the definition of *topical treatment*, or insinuate that it embraces not only *nitrate of silver*, but everything applied to the local demonstrations of the disease, from the mildest salt and water gargle, to the roughest action of powerful escharotics? To us, it "appears remarkable" that one of the astute perceptions of our honored friend, should have so confounded the one with the other. When Doctors disagree, who shall decide?

I have to thank you for your criticism of that, my first public production, as it has proved of much value to me.

I am, in great kindness and with high regard,

Your obedient servant,

GEORGE ABBOTT, M. D.

White's Corners, March 8, 1867.

GANGRENE IN DIABETES.—M. Verneuil, the eminent Paris surgeon, brought this subject a short time ago before the Surgical Society, and mentioned that he had met, in private and hospital practice, within the last six months, no less than half a dozen such cases. All the patients died.—*London Lancet*.

* We publish the above communication from Dr. Abbott with much pleasure, and only regret that it cannot appear in nearer connection with the original paper. Such fatality hardly shows the value of remedies, but rather otherwise. Quinine is safe and proper in all asthenic disease, but is not controlling. No objection can be urged to mild astringents and tonics, topically or otherwise, but they probably do not cure diphtheria. Diphtheria, like scarlet fever, and all other diseases of the same type, may terminate favorably under all plans of treatment, or without any interference; stimulation and support are undoubtedly proper and desirable. This disease has been known under various names for more than five hundred years, and often appeared in fearfully fatal epidemics. In this country it was known and accurately described by Dr. Douglas of Boston, in 1736, and by Dr. Bard of New York, in 1789. It was called *diphtherite* by Dr. Bretonneau in 1821. It can hardly be said that we had no American literature upon this subject in 1857, though it might not have been available to the profession very generally. This is suggested in defense of American authors.—Ed.

Miscellaneous.

Results of Modern Treatment of Pulmonary Consumption.

BY J. HENRY BENNETT, M. D.

Acute Phthisis—General Phthisis—Chronic Phthisis—Phthisis among the Rich—Phthisis with Complications—Scrofulous Phthisis—Localized Phthisis—Phthisis of the Aged—Gouty Phthisis—Phthisis among the Poor.

Having now briefly analysed the nature of pulmonary tuberculosis, and described its treatment by hygiene, climate, and medicine, I am desirous, in conclusion, to say a few words on the results obtainable, in accordance with my experience, by the employment of these means.

As I have already stated, by combining the various agencies which I have described, and which constitute what I have termed the modern treatment of phthisis, many patients may be and are saved; but many still die, and must ever die. The question I now purpose investigating, as far as possible, is: who are those who may live, and who are those whom all the resources of our art are unable to rescue from death? The answer to this question can only be approximated by referring to the laws of general pathology, by analysing the type of the disease, the circumstances under which it was generated, its stage of development when discovered and first treated, and its complications.

All diseases are greatly modified in their symptoms and progress, as also in the results of the treatment to which they are subjected, by the form or type which they assume from their first development, and none more so than pulmonary consumption. This disease may be acute or chronic.

In the acute type phthisis may run through all its stages in a few weeks or a few months. I have known patients seized with a series of febrile symptoms, having all the appearance of typhoid fever, and die in four or five weeks. On a post-mortem examination the lungs have been found full of miliary tubercles. No treatment has or can have any influence whatever on the termination of such a case; the patient is destined to die from the first day. In other equally fatal cases of acute phthisis, although the disease does not assume the form of a continued fever, and occupies several months, instead of several weeks, in passing through its successive stages, there is no lull whatever, no interval of arrest. The lung-tissue is progressively invaded by tubercular exudation, which rapidly softens, so that both lungs soon become a mass of advanced disease, and the patient dies without the disease having experienced any remission. What can medical science, climate, or hygiene do in such cases? Most surely is such a disease a mere mode of dying. Indeed, it is a question whether the most active and judicious treatment much retards the fatal issue.

Acute phthisis is much more frequently seen in youth than in middle or advanced age. The disease participates in the vigor and energy of the vital functions in early life. I consider it to be the evidence of a profound and final decay of vital power—so profound that there is no effort whatever made by the economy to contend with the evil that attacks it. The cause of acute phthisis must be sought for in the exaggeration of all the causes, hereditary and social, that produce the disease, and perhaps in their concentration in the same individual. Thus I have repeatedly witnessed it in persons who, with the hereditary predisposition or taint, have been exposed to extremely unfavorable hygienic conditions—town life, bad and scanty food, contaminated atmosphere, and great sorrows and cases.

Next in gravity to acute phthisis is the type of the disease in which the tubercular formation takes place, not in isolated patches, but all over both lungs simultaneously, at the apex, in the centre, and at the base. If the patient dies from other disease in the early stage of this form of phthisis, the lung is found studded with crude tubercles in its entire extent. When they soften simultaneously as they often do, the secondary bronchitis is generally severe, and the constitutional symptoms are very marked.

There are many degrees of intensity in this type of the disease; but the more the case recedes from tubercular development localized at the apex, the favorable type for treatment, the more serious is the prognosis.

When phthisis assumes the chronic type, as is generally the case, most fortunately, an unfavorable form for treatment is that in which disease shows itself in the midst of very favorable hygienic and social conditions. If a poor sempstress, half starved, made to work eighteen hours out of the twenty-four, in a polluted atmosphere, living in a state of constant mental depression, becomes consumptive, common sense tells us that the disease may have manifested itself from the action of removable causes. If she can be placed under more satisfactory hygienic and social influences, she may therefore, and often does, recover. But if, on the contrary, the disease appears in one who has been bred and nurtured in the lap of luxury—who has known no hardship, no privation, no sorrow—of course the prognosis is more unfavorable.

It must be more difficult to arrest the progress of disease in such cases, for probably the cause is some strong hereditary predisposition, some defect originating with the progenitors, or some defective condition of individual innate vitality. It is in such cases, more especially, that everything should be done that is humanly feasible to arrest the disease, that no agency should be left untried that can possibly rouse the vitality of the patient. It is in such cases that he or she should be at once removed from the social medium in which the malady has been generated, in the hope of counteracting some unknown, unrecognized, and yet powerful home antagonistic influence. A change of climate is of

inestimable value with these patients; indeed, it may be the only chance of arrest or recovery. Everything that is done, likewise, should be done from the very first; no time should be lost, for the foe is a most formidable one from the onset of the attack.

A class of cases still more inamenable to curative treatment is that in which there are serious complications present. Phthisis not unfrequently comes on in persons advancing in age, between thirty and sixty, who have led a hard life, who have taken large quantities of stimulants, and have exhausted perhaps an originally good constitution by excesses of various kinds. With them the stomach is generally out of order, the liver is often diseased, and sometimes the kidneys. What can treatment do in such cases? The disease may be considered a general break-up of the constitution, and the most judicious and persevering treatment seldom does more than retard the fatal termination.

Again, phthisis may attack at puberty those who during childhood have suffered from scrofula. This is a grievous and serious complication, but by no means so unpromising as those just described. Tuberculosis, or tubercular exudation, affects different organs at different periods of life. In infancy and early childhood it more especially attacks the meninges and the mesentery. In childhood and until puberty it attacks, in preference, the glandular structures of the neck, the extremities of the long bones, and the spongy tissue of the bones in general, giving rise to the diseases of the articulations and bones which characterize scrofula. In early life, during my Paris career, I had charge for two years of a scrofulous ward of eighty young females, from fifteen to twenty years of age, in the hospital of St. Louis. They had nearly all glandular swellings, with or without scrofulous disease of the bones, ankles, knees, elbows, and a sad assemblage these poor girls were.

On several occasions I carefully examined the lungs of all my young patients, for I was publishing the clinical lectures of my master, the celebrated Dr. Lugol, and was much interested in everything connected with the pathology of scrofula. He wished to establish the connection between scrofula and pulmonary consumption, and I found the evidence of localized tubercular deposits in the lungs of many of these scrofulous girls. The tubercular lung deposits were met with more especially amongst the elder ones, and that often although the patient presented little or no evidence of their presence. Dr. Lugol told me that he had long found this to be the case with his young scrofulous patients. When death, through accidental disease, afforded an opportunity for post-mortem investigation, the development of tubercles in the lungs of scrofulous youths was much more frequently observed in those who were arriving or had arrived at puberty than those who were younger. Such tubercular exudations often remain crude and dormant for years, but when they assume a more rapid development and soften, the previous existence of scrofulous disease stamps the case as

serious, although not necessarily as fatal. In these patients phthisis seems to appear, in its progressive form, as a species of climax to the antecedent tubercular or scrofulous affection. The crude tubercles which co-exist with scrofulous disease in the young, in the latent form, are no doubt often present without giving rise to any symptom, and they may be subsequently absorbed and the patient may recover without their presence having been even suspected.

The more favorable type of phthisis, that in which rational treatment is the most likely to arrest the progress of the disease, and even to effect a cure, is that which may be termed accidental phthisis, in a chronic form, localized to the upper region of the lungs. In this type of the malady there is no very decided hereditary taint, the patient is not born of very aged or very sickly parents, and does not present very serious complications in other organs, the evidence of a thorough and irremediable break up of constitution. Again, the disease generally manifests itself under the influence of overwork, sedentary town life, or harass, care, and anxiety. Sometimes in the most apparently luxurious and easy-going life some of these influences may be at work, so that appearances must not always be trusted. The habits and general life of persons moving in the highest circles, and having within their grasp every comfort, may be unhygienic. Moreover, they may be a prey, like humbler mortals, to cruel cares, none the less felt for not being recognized. Their nights may be sleepless, their days without joy; disappointed affections, social ties, or ambition may deprave digestion, and pave the way to the inroads of disease. In all such cases we may reasonably hope that the old saying, "*Sublatâ causâ, attolitur effectus,*" may be verified. If we can remove *all* the causes that are depressing vitality, and the disease is in an early stage of its development, we may hope firstly to arrest its progress, and secondly to effect a cure, and that at any period of life short of extreme old age.

Pulmonary phthisis in extreme old age—not so rare an affection as is generally supposed—appears to me an all but incurable form of the disease, a mere mode of dying. I saw a number of cases of this form of consumption in the year 1840, when in medical charge of the infirmary of the Salpêtrière Hospital, Paris. This infirmary is fed by a population of 3,500 old infirm women, between 65 and 100, all living within the walls of this magnificent institution. The disease assumes the form of chronic bronchitis, but is characterized, besides the stethoscopic and percussion symptoms, by a most unearthly degree of emaciation. In no other disease have I seen patients live in such ghastly state of emaciation. They become at last like living mummies—nothing, literally, but skin, bone, and "concealed" organs.

There is a form of phthisis, of which I have seen a good many examples, although it is not generally prescribed. It may be termed gouty phthisis, and the prognosis, I consider, is rather

favorable than otherwise, especially in its early stage. Consumption and gout are considered by many physicians to be antagonistic, but experience has proved to me that such is not the case; and the discrepancy between the theoretical and the practical view admits, I think of easy explanation.

Gout develops itself, primarily, in persons of healthy, robust constitution, who live generously. Their digestive system being good enables them to take and assimilate a considerable amount of nitrogenous food, and of stimulants, which appear to be the cause of gout developing itself. These people—the primarily gouty—do not become consumptive for their vitality is high and antagonistic to a disease of debility.

But when such robust gouty people who have themselves developed gout in their organization by a luxurious existence, marry late in life, as they often do, and have children, they do not generate children healthy and robust like themselves. Their children are often delicate, without being positively unhealthy; they have weak digestions, and suffer all their life from what may be termed gouty dyspepsia. If their organization is not much tried they get through life very well, and may reach old age, even when suffering more or less from the low forms of gout. If, on the contrary, they are much tried, body or mind—if they are placed for a continuance under unfavorable hygienic conditions, they fall below par, are liable to suffer from inflammatory affections of the aërial passages, which become chronic from lowness of general tone, and the deposit of pulmonary tubercle may follow. As I have stated, I do not think this form of phthisis an unfavorable one for treatment, for the constitution received from the parents is often originally a good one, merely weak and tainted with the low type of gout. There is often great latent vitality to work upon. My own case is one of this kind.

An all-important element in estimating the probable result of treatment—in forming a prognosis, in a word—is the extent of lung diseased when the patient is fairly brought under rational treatment. I often familiarly compare the lung attacked with tuberculosis to a large house on fire. The fire may begin in the servants' rooms or garrets—that is, at the top of the lung, the most frequent original seat of tubercular deposit. If it can be put out before it has extended to the story below, but little inconvenience is afterwards experienced by the owner of the house. He can live very comfortably in it under ordinary circumstances, only feeling that there is "less room" than formerly on extra occasions, such as visits from friends. If the story below, or the two stories below, are destroyed before the fire is put out, he feels more or less inconvenience in his "daily" life, but still he can get on. But when all the house is destroyed except one room, or the cellars, it becomes quite impossible for him to live in it by any amount of contrivance. Moreover, it is all but impossible to save even that one room when the fire has reached this point.

So it is with the lungs, which are not renewed, restored, when once destroyed; for we do not renew our organs as lobsters are said to renew their lost claws. Once a portion of the lung is destroyed, it is destroyed for ever, and its functions must be carried on by the healthy remainder. The only limit to curability, therefore, in my opinion, is the fact of there remaining a sufficient portion of healthy lung to carry on the functions of hæmatisation once the progress of the disease is arrested. The amount of healthy lung-tissue compatible with life evidently varies in different individuals according to their vitality. One lives long on a bit of healthy lung no larger than a small apple; another dies with even less than that in a state of disease.

The first and all-important point, therefore, is to arrest the progress of the disease, as it also is to arrest the fire in the house. Unless that can be done, in the one and the other case, the entire tenement will be destroyed, more or less rapidly. The living in the damaged tenement afterwards is a matter of adaptation; and it is wonderful what either nature or man can and will do to adapt themselves to altered circumstances. We must also bear in mind that the more the fire or the disease has progressed, when it is first discovered, the more difficult it always is to arrest it.

When, by the combined influence of hygiene, climate and medicine, the progress of phthisis has been arrested, crude tubercles have been absorbed or reduced to their mineral constituents, and cavities have been entirely, or all but entirely, cicatrized, it must not be supposed that the patient is well and safe. The recovery generally, always indeed, takes place through improved nutrition, and often the convalescent consumptive patient is fat and rosy, and looks healthy and well. But these looks are deceptive, the result of a life passed under the most hygienic circumstances possible, in unnatural quiet and repose. At the bottom there is still the tubercular cachexia, which reveals itself by a want of power, by lassitude, and even prostration, if the habits of invalidism are abandoned, and the sufferer once more quits the shores of the stream of life for the rapid current.

Consumptive convalescents should consider themselves invalids for years, and it is only by doing so that they can hope really to regain a firm footing in life. They may aptly compare themselves to a railway truck, "warranted to carry six tons," which after having been smashed, and then mended, painted and varnished, looks as good as new, but is not so. It may carry two or three, or even four tons safely, but no longer the original six, under penalty of a final catastrophe.

Those who cannot, or will not, thus consider themselves invalids, despite the outer appearance of health, relapse, and then all but invariably die miserably, for nothing saves them. I have now seen many such instances. One or two winters passed in the south, and rational treatment, arrest the disease, and bring, with the improvement, delusive confidence. The patient either cannot or

will not listen to advice, and goes out again to fight "the battle of life," but only to relapse, and to return to the south in a hopeless condition.

What proves that even in those in whom the progress of pulmonary tuberculosis is arrested, tubercular cachexia, or defective vital power, long remains, is the frequency with which cachectic disease of another type subsequently attacks other organs. Thus last winter (1865-6) I lost at Mentone four patients from Bright's disease, all cases of arrested consumption. In one case consumption had been arrested for ten years, in another six, in a third two, in a fourth one. They all four died with all but complete lung quiescence; serious infiltration gradually rising until it reached the lungs, and then extinguishing life.

A year or two ago, some of the Parisian friends and companions of my younger days, now men of mature experience, and occupying the most prominent positions in the Parisian medical world, gave me a dinner as I passed through Paris on my way south. After we had dined, my case was talked over, and one after the other gave the results of his experience of the treatment of phthisis. All believed in its curability; all could quote cases of arrest and cure in their practice; but one and all stated that many of these cases of arrested consumption had subsequently died of some other form of cachectic disease, and principally from albuminuria, like my four patients of last winter.

Thus, perseverance and energy are long required, not only during the course of treatment, but for years after, if a thorough recovery is to be made, or even if a prolongation of enjoyable life is to be secured. This is really one of the most trying features of the disease, even when successfully treated. If we succeed in escaping death, we must accept invalidism for a long period, perhaps for the remainder of our lives. I would remark, however, that this applies more to the middle-aged who recover from phthisis than to the young. The latter have such an amount of organic activity about them, the characteristic of early life, that if they recover completely they may, with care, and by leading a hygienic life, regain a firm hold on life.

To secure this result I often advise my young made convalescent patients to abandon, if possible, sedentary pursuits, and to turn their thoughts to out-door occupations. Our Australian and South African colonies offer valuable fields for such persons. Life in the bush, among cattle and trees, in a dry climate like those I mention, is certainly more favorable to the prolongation of life in a tubercular convalescent patient than a city counting-house. Had I myself been a younger man, I should have adopted this course. As it is, I have come as near to it as possible by becoming an "amateur horticulturist."

Foolish people have scarcely a chance of recovery—they must perish. They generally do everything that is wrong and pernicious to please their own passing whims and fancies, and often look

upon the friendly physician, who tries to rescue them from death, as one to be deceived and deluded. I repeat it, such unfortunate people have scarcely a chance of recovery. They have neither the sense to follow the right course when it is pointed out to them, or to grasp the hand of fellowship and sympathy when it is held out; nor will they sacrifice pleasure, money, or ambition to the pursuit of life. Indeed, I consider a weak, vacillating, peevish tone of mind, or an inordinate appreciation of, and clinging to, the enjoyments and possessions of life, to be as unfavorable an element of prognosis as any of those already discussed. Such mental conditions all but certainly preclude recovery, however favorable the case may otherwise be.

When I reflect on the convictions that have gradually gained ground in my mind respecting the treatment of phthisis—convictions embodied in this series of papers—I am often saddened by the thought, how are the poor to struggle successfully with such a disease? If rest from weary labors, if protection from atmospheric vicissitudes, if ample, nay, a luxurious dietary, if expensive medicines, such as cod-liver oil, if change of climate, to escape winter cold and wet, are necessary, how can those who live by their daily labor—and even many above them in social rank—hope to escape from the grasp of this fell disease? Is not the battle itself for them a hopeless one?

To these questions I would answer, that, although the struggle for life cannot, most assuredly, be made with the same chance of success by the poor as by those whose position enables them to do all that is calculated to arrest disease, yet their case is by no means a hopeless one. The means of treatment that I have recommended—hygiene, climate, medicine—may be attended to at home, in our own country, in the midst of the duties and occupations of life, although in a minor degree. I have met with cases of arrested and cured phthisis in persons who have never left England, and who have never given up their social pursuits; and so have other physicians. Some of the most satisfactory and conclusive cases given in Professor Bennett's valuable work "On Pulmonary Consumption," are cases of this description.

To attain this end, however, should be neglected. Unhygienic, unhealthy occupation should be given up; all the rules of hygiene to which I have alluded should be scrupulously followed; out-door occupations substituted for in-door during the summer months, if possible; and, more especially, town should be abandoned for the country as a residence, whenever feasible.

Cities exercise a mysterious attraction over the lower as well as the higher classes of mankind. It must be the feverish excitement of city life, the hope of greater social advancement; for the greater portion of the lower classes in cities live as hard or harder lives than they would if similarly engaged in the country. No doubt the vitiated air breathed in cities, in the close crowded workshops, and in the closer and still more crowded sleeping-

rooms, gradually weakens the constitutional powers, and forms the principal predisposing cause of phthisis. The poor should return to their native villages, if by any means feasible, even if there they have to accept a lowlier position than that which they have attained. The younger members of the family, when attacked with phthisis, should be sent to board or work with country relatives. The country air would do them more good than all the physic they can get from hospitals and dispensaries in town, and give them a better chance of recovery. Indeed, it has often struck me that the funds of our city charitable institutions would be best employed by boarding their consumptive patients in farm-houses and agricultural villages, than in maintaining them in the wards of a city hospital. Or the hospital itself might be placed on some heathy, pine-covered moor, like the Convalescent Hospital at Walton-on-Thames; and out-patients only seen in town.

It must be well understood that I am now speaking only of *curative* treatment. If all hope of recovery has been abandoned, if the lungs are all but destroyed, and the disease can not be arrested—if an asylum to die in is all that is required—then it is of but little avail to drive the poor patient into the country, away from home ties and home assistance. Then, when the last scene is at hand, any asylum will do to die in—the small home, with dear friends around, the city hospital, the workhouse infirmary.

The recent researches regarding nutrition, to which I have elsewhere alluded, are consolatory as regards the poor. As long as we believed that, in the scheme of nutrition, meat meant muscle and strength, fats and cereals heat only, the poor at home seemed to have but a slight chance of recovery in asthenic diseases, diseases of debility. With meat nearly a shilling a pound, how can they obtain ten shillings' worth each week? and if it is indispensable, how are they to get well without? But if, as is now stated—and, I believe, with truth—meat is principally a muscle-repairer, and the force created is in reality chiefly obtained out of the carbonaceous food, fats, and amylaceous substances, the chance of the poor is infinitely greater when "force" has to be regained. Oatmeal, or any cereal, with milk and oil or fat, in that case, do as well as butcher's meat, and a few shillings a week will go as far as ten.

I have certainly, throughout my professional career, remarked, as already observed, that the meat-fed children, and great meat-eaters, are not stronger than other people. With children, indeed, I believe it is the reverse. The children whom I have attended, who have lived on meat, eating it three times a day—certainly not by my advice—have not proved as strong nor as healthy as those who have lived on a more mixed dietary. Compare these town-fed children, who eat from ten to twenty shillings' worth of meat every week, with the Irish or Scotch peasant children, fed all but entirely on potatoes and milk, or oatmeal and milk. These researches also explain the disastrous effects which have, in many

instances, resulted from the very nitrogenous or animalized dietary recently vaunted as a remedy for obesity.

Of course, I am well aware that the advice I now give can only be partially followed, that there ever will be persons affected with phthisis in all classes of society, by whom it must be accepted as the decree of Providence, and who must struggle with it *in situ*. But even in such cases, in the earlier stages of the disease, a curative treatment may be attempted by all, even those whose means are small, or who depend on their daily labor for their bread. In more advanced disease, likewise, a lull may be taken advantage of to make the attempt. Pulmonary consumption does not usually progress steadily, uninterruptedly; its very nature is, on the contrary, to advance *per saltum*—by jerks, as it were. When not treated, it generally remains stationary for a time; then progresses, then again remains stationary, to again progress. We may take advantages of these lulls, which represent Nature's own unaided efforts to limit and control the morbid action, in order to further hygienic treatment.

Following out this train of argument, I advise the young clerk, if able, as soon as a lull takes place, or is obtained by treatment, to give up sedentary pursuits, and turn farmer at home, in Australia, New Zealand, or the Cape. I advise the young artisan to abandon the town, and to follow his calling in the country. I advise the maid-servant or sempstress to leave the city, and to find service or work in some country place. Nearly all have country friends, who will help them in their efforts.

There was a time when, like my neighbors, in such cases, among the poor, I prescribed tonics, cod-liver oil, and a generous dietary, and thought my duty performed. Now I have learned better; I have learned to place little confidence in the curative value of mere medicinal treatment, pursued for a time, then abandoned. If the patients, whatever their class of life, remain exposed to the influences under which the disease is generated, their fate is generally sealed, whatever the treatment. Now, therefore, I try in such cases to encourage them to make family and social sacrifices which a more radical treatment of their disease entails. Family and social ties are as strong with the poor as with the rich; and the tendency is even stronger with them than with the better educated, to demand from the physician a remedy which is to cure their complaint without any change or sacrifice on their part. As I have repeatedly said in the course of this essay, no such remedy exists for pulmonary consumption, nor is it probable that it will ever be discovered.

The various cures for pulmonary consumption that are constantly brought forward, are founded on entire ignorance of the laws of general pathology. Those who are acquainted with these laws know well how utterly impossible it is for any one of the remedies proposed—for the inhalation of any medicinal substance, or of any amount of compressed air, or for any degree of forced inspi-

ration—to cure a disease such as I have described, one of defective lowered vitality.

Nothing but an appeal to the laws that regulate the preservation and development of life can have that result. An intelligent application of those laws, as demonstrated by physiology, with the assistance of climate and rational therapeutics, may, however, be made most unquestionably the means of saving very many lives.

As I have stated in my work on Climate ("Winter in the South of Europe," 3d edition,) I am now surrounded, both at home and abroad, by a little tribe of friends and patients whose lives have been saved, like my own, by the steady application of these principles.—*London Lancet.*

Editorial Department.

Cruelty to Animals.

There has been recently, an active effort in Buffalo, to stimulate movement to prevent cruelty to animals, and clergymen in some of the churches have preached discourses upon the inhumanity of cruelly treating the brute creation. We have no very positive data, but we believe this movement is in secret sympathy with the New York Society, whose President, Mr. Bergh, has figured so largely in communications to the Medical Colleges, protesting against vivisections in teaching physiology, also appearing before the public in descriptions of physiological experiments, and the general methods of teaching by experiments upon living animals. It is quite astonishing what torrents of sympathy are poured out in behalf of a few cats, dogs and rabbits, which are experimented upon by physiologists with the view of more clearly impressing upon young men who are about to assume the reasonable duties of the medical profession, some of the more central truths of the philosophy of life. It would hardly appear probable that any reasonable being who expects to render an account of himself at the judgment, would now join Mr. Bergh in his crusade upon medical teaching, and especially would this be true, if he has read the reply of Professor John C. Dalton both to Mr. Bergh, and before the New York Academy of Medicine, which is so complete and conclusive as to leave nothing more to be said. After refuting most completely the objections urged against vivisection; that it is cruel, that it is liable to uncertainty, that it has not led to valuable result, Dr. Dalton proceeds to enumerate some of the discoveries to which it has led; first, to the discovery of the circulation of the blood; second, to many important facts concerning respiration; third, to transfusion of the blood; fourth, to artificial respiration; fifth, to much of what is known of digestion—that the stomach secretes the gastric juice, and does it only during digestion, and when the stomach is excited, and that it has the power of dissolving the food—is a true digestive secretion; sixth, a great many facts concerning the functions of the nervous system; seventh, the modern operation for aneurism; eighth, improvements in the surgical operation of excision and extirpation, by discovery of the office and functions of the periosteum in the regeneration of bone; ninth, in the treatment of bites by venomous serpents, and much of what we know of the anatomy of the fangs, poison-glands and accessory parts in the rattlesnake—the mode of production and discharge of the poison, its composition and properties, its action on various species and classes of animals, and the value of different remedies and antidotes; tenth, a knowledge of the origin and prevention of parasitic disease.

Whoever reads Dr. Dalton's paper, will never more speak of vivisections by physiologists, being cruel, uncertain or deceptive, and, above all, fruitless of valuable results.

We have nothing to say upon the legitimate question of preventing cruelty to animals; the abuse or unnecessary torture of any animal is repulsive to all the feelings of humanity; the poor, debased, drunken, sordid, soulless scoundrel, who shames the world by acts of cruelty to animals, should be abated from the sight of men, and nothing can be more unqualified than our condemnation of brutes who are guilty of such crimes. When this just sense of decency for the care and protection of the animal creation, is perverted into a foolish, incoherent crusade against gentlemen of the highest culture, with the purest motive, and the most unselfish effort for human good, then, it is, that we protest against their action, and begin to look upon them as bigoted, superstitious, self-righteous usurpers, who would fain make the world believe that goodness and kindness and humanity will die with them.

This whole subject is very likely to be presented to the public in all its various bearings and in full detail; there is an evident pressure from outside, or our ministers to Christian churches would not have felt called upon to preach gospel sermons upon the subject of cruelty to animals. In Buffalo we do not think that animals are treated badly to any great extent, at least; the dogs are treated as well as many of the women, and the cats, rabbits and other domestic animals, including rats and mice, are general favorites with a large portion of the inhabitants. The horses are not abused by their owners, that we have ever observed in a single instance, and the cows of Buffalo are not confined in ill-ventilated stables or forced to give milk in greater quantity, or of purer quality, than consistent with their general good keeping. We have recently heard of some children who were put in beer-casks instead of pantaloons, and were not fed on the choicest food, which comes nearest to being within the scope of the text, of anything we have ever known. If the morality and christianity of Western New York, has arrived to so great a degree of perfection, that its Reverend advocates can legitimately espouse the cause of the brute creation by direct appeal, or more properly, if decency and common humanity have so completely died out of the hearts of the church congregations, as to make it necessary to preach against "cruelty to animals," in their Sabbath or other gatherings, then we would respectfully suggest, that future efforts for christianizing be abandoned, and our refined circles of church-going citizens be invited instead, to attend horse-races and gladiatorial contests in modern amphitheatres, as more productive of kindness and humanity than the exercises which have thus far proved of so little avail.

This sympathy for animals, at least the New York exhibition of it, as understood by an outsider, is a hypocritical, nonsensical frustration about nothing, and in Buffalo we believe it is only an echo of the same confusion.

Books Reviewed.

The Renewal of Life—Lectures, chiefly Clinical, by THOMAS KING CHAMBERS, M. D., Honorary Physician to H. R. H. the Prince of Wales, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, Consulting Physician to the St. Luke's Hospital. Second American from the fourth London edition. Philadelphia: Lindsay & Blakiston, 1866.

The early appearance of the second American edition of this work clearly demonstrates the estimation in which it is held by the profession; and it is with pleasure that we repeat our expressions of approbation of a work, so full of practical suggestions, clinical observations and philosophical reasonings. No new additions to this issue have been made, owing to an illness of the author, but the same has been thoroughly revised and re-arranged. In design and scope this work is unsurpassed, treating the subjects under consideration in a masterly and scientific style, and according to the present elevated standard of medical opinion, pointing

out the errors of the past. The author rightfully considers physiology as the foundation of all medicine, and in his "*L'ŕvoir*" presses upon the students the importance of considering this branch as the "key-stone and binding link of all their knowledge, and the firm foundation which they are to crown with their future practice." "It is an error," he says, "deadly to the usefulness of our profession, to say or to do anything toward fostering an idea that the organic laws of health and disease are different; it is still worse to paint them in opposition. On the modern principles of dividing labor we have separate lectures on anatomy, physiology, pathology, and the practice of medicine; but both instructors and pupils should never lose sight of these as branches of one study, as being in truth all limbs of the same tree; and those who follow them, one after the other should still pursue the same end—a knowledge of man's nature with a view to the culture of his physical well-being."

To the student just entering upon his profession, and to the practitioner of years' standing, this work of Dr. Chambers will prove highly instructive and afford a satisfactory explanation of many perplexing questions daily presenting themselves in the pursuit of their labors.

On the Functions and Disorders of the Reproductive Organs, in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations. By WILLIAM ACTON, M. R. C. S., late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospitals, Paris; Fellow of the Royal Med. and Chir. Society, etc., etc. Second American, from the fourth London edition. Philadelphia: Lindsay & Blakiston, 1867.

Mr. Acton, in discussing the functions and disorders of the reproductive organs has treated this subject in the calmest and most philosophic spirit, his language being as choice and delicate as the nature of his theme would allow without becoming ambiguous. The author has for many years directed his especial attention to the study of the generative organs, and has furnished this work as the result of a life's close observation. All circumstances appertaining to the organs in question have been closely investigated and carefully recorded. Too long have men of science allowed themselves to ignore this subject, owing either to a perverted sense of delicacy or to a repugnance of approaching a subject of this nature, thus exposing in a great measure the unfortunate and misguided victims of passion to the nefarious tricks of advertising scoundrels. Mr. Acton has conferred a great favor upon the profession in so manfully attacking long-established abuses, and we would welcome him as a pioneer in a field of medical literature, thus far almost totally neglected.

We would especially invite the attention to the chapters considering the management of childhood and youth, to guard against the acquisition of that loathsome habit, masturbation. Not alone will physicians derive many valuable hints, aiding them in the treatment of disease at that period of life, but also parents and instructors will become better adapted to the management of their offspring and to the charges intrusted to their care.

Books and Pamphlets Received.

Contributions to the Pathology, Diagnosis, and Treatment of Angular Curvature of the Spine. By Benjamin Lee, M. D. Philadelphia: J. B. Lippincott & Co., 1867.

Injuries of the Spine, with an Analysis of nearly four hundred cases. By John Ashhurst, jr., A. M., M. D., Fellow of the College of Physicians of Philadelphia, etc., etc. Philadelphia: J. B. Lippincott & Co. London: Trübner & Co., 1867.

Diphtheria; a Prize Essay. By E. S. Gaillard, M. D., Richmond, Va.
Reduction of Inverted Uteri, by a new method. By Thos. Addis Emmet, M. D., Surgeon in charge of the New York State Woman's Hospital.

- Two cases of Oesophagotomy for the removal of foreign bodies, with a history of the operation. By David W. Cheever, M. D., Assistant Professor of Anatomy in Harvard University, etc., etc.
- A Series of Articles on Clerical Health, relating to subjects of importance to Pastors and People, written at various leisure moments, some of which were published in 1857. By William M. Cornell, M. D.
- The Physical Geography of the North Pacific Ocean, the peculiarities of its circulation, and their relation to the Climate of the Pacific Coast of the United States. By William Henry Doughty, M. D., Augusta, Ga.
- Accidental and Congenital Atresia of the Vagina, with a mode of operating for successfully establishing the Canal. By Thomas Addis Emmet, M. D., Surgeon in charge of the New York State Woman's Hospital.
- Bulletin of the New York Academy of Medicine. Vivisection; what it is, and what it has accomplished. By John C. Dalton, M. D., Professor of Physiology in the College of Physicians and Surgeons, New York.
- Annual Report of the Health Officer of the city of Toledo, for the year 1866.
- The Indigestions; or Diseases of the Digestive Organs Functionally Treated. By Thomas King Chambers, Honorary Physician to H. R. H. the Prince of Wales, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, etc., etc. Philadelphia: Henry C. Lea, 1867.
For sale by Theodore Butler, 159 Main street.
- Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids. By J. M. Da Costa, M. D., Physician to the Pennsylvania Hospital; Fellow of the College of Physicians; President of the Pathological Society of Philadelphia, etc., etc. Philadelphia: J. B. Lippincott & Co., 1867.
For sale by Breed, Lent & Co.
- Forty-fifth Annual Announcement and Catalogue of the Berkshire (Mass.) Medical College.

Erie County Medical Society.

The regular Annual Meeting of Erie County Medical Society was held on the 8th day of January, 1867, at the rooms of the Buffalo Medical Association in this city. The usual business of these meetings was transacted, and the following officers elected for the ensuing year:

President, Dr. J. R. Lothrop; Vice President, Dr. John Boardman; Secretary, Dr. Thomas M. Johnson; Treasurer, Dr. Wm. Ring; Librarian, Dr. James B. Samo. Primary Board—Drs. H. S. Taft, W. C. Phelps and Frank Abbott. Censors—Drs. S. W. Wetmore, S. F. Mixer, Thomas Lothrop, P. H. Strong, John Hauenstein.

Dr. George Abbott, of White's Corners, informed the meeting that by a recent apportionment Erie county is entitled to five members in the Assembly, and that therefore this Society is entitled to another delegate to the State Medical Society. An election was held when Dr. George Abbott was elected such delegate.

The following gentlemen were admitted members of the Society:—Dr. M. E. Shaw of Buffalo, Dr. Lapp of Clarence.

Dr. George Abbott read an elaborate paper upon Diphtheria, for which he received a vote of thanks from the Society, and a request of a copy for publication.

THOS. M. JOHNSON, Sec'y.

Medical Convention.

At the meeting of the American Medical Association held in the city of Baltimore, May 3d, 1866, the following resolution was adopted with much unanimity, and the undersigned appointed a committee to aid in carrying it into practical effect:

“Resolved, That this Association earnestly requests the medical colleges of the

country to hold a convention for the purpose of thoroughly revising the present system of medical college instruction, and that a committee be appointed to aid in carrying the resolution into effect."

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each regular medical college in the United States to send representatives to a convention to be held in the city of Cincinnati, Ohio, on Friday preceding the next annual meeting of the American Medical Association, namely: on the 3d of May, 1867. We would also respectfully suggest that all delegates to such convention be prepared to consider fully and act upon the following subjects:

First.—The adoption of a more uniform and just rate of lecture fees by all the colleges in this country.

Second.—The propriety of increasing the length of the annual lecture term and the number of professorships.

Third.—The adoption of measures for securing more thorough attention on the part of students, to the more elementary branches of medical science, and a more progressive order of medical studies.

Fourth.—The practicability of requiring three annual courses of lectures, instead of two, as a condition of graduation, and of making hospital clinical instruction a necessary part of the third course.

Fifth.—The practicability of establishing and exacting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these and such other topics as the convention might deem proper, would result in the adoption of measures of great importance to the interests, honor, and usefulness of our profession, we again cordially and earnestly invite your coöperation.

N. S. DAVIS, S. D. GROSS,
 WORTHINGTON HOOKER, M. WRIGHT,
 GEORGE C. SEATTUCK, *Committee.*

The medical colleges will, no doubt, be generally represented in this meeting, and as is suggested, an interchange of sentiment may be productive of good. It will be readily apparent that these subjects are not easily settled, and that what might be well, for one college, would not answer at all for another. The subjects are certainly, vital ones, and it is to be hoped that all medical colleges may be fully represented.

American Medical Association.

Office of Permanent Secretary,
 WM. B. ATKINSON, M. D.,
 215 Spruce street, Philadelphia.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock A. M.

The following Committees are expected to report:—

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.

On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities, etc., Dr. Wilson Jewell, Pa., Chairman.

On the use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N. Y., Chairman.

On Prize Essays, Dr. F. Donaldson, Md., Chairman.

On Medical Education, Dr. S. D. Gross, Pa., Chairman.

On Medical Literature, Dr. A. C. Post, Chairman.

On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.

On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., Chairman.

- On Insanity, Dr. Isaac Ray, R. I., Chairman.
 On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.
 On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.
 On Compulsory Vaccination, Dr. A. N. Bell, N. Y., Chairman.
 On Leakage of Gas-Pipes, Dr. J. C. Draper, N. Y., Chairman.
 On Alcohol and its Relations to Man, Dr. R. W. Dunbar, Md., Chairman.
 On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.
 On Local Anesthesia, Dr. E. Krackowitz, N. Y., Chairman.
 On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.
 On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, N. Y., Chairman.
 On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.
 On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.
 On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.
 On the Climatology and Epidemics of Maine, Dr. J. C. Weston.
 Of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garrett; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. M. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. — Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harris; Missouri, Dr. George Engelman; Alabama, Dr. R. Miller; Texas, Dr. Greenville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abm. Sager; Ohio, Dr. J. W. Russell.
- Secretaries of all medical organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON.

Biographical Dictionary of Deceased American Physicians.

WASHINGTON, March 2, 1867.

To American Physicians:—Your attention is respectfully invited to the subjoined inquiries, which are sent to you in furtherance of a plan of collecting material for the publication of a Biographical Dictionary of Deceased American Physicians. The work is already in a state of considerable forwardness, and is designed to contain a biographical sketch of every deceased practitioner of regular medicine, from the earliest settlement of our country to the present time.

Hundreds of physicians have died in different parts of the United States, after devoting a long and useful life to their profession, of whose existence and labors there is no record. This should not be so. The want of a work furnishing an outline of the lives of American physicians has long been felt; and that the project meets the approbation of the profession and of the relatives of deceased medical men, has already been evinced by valuable contributions from different parts of the country.

The success of the undertaking must obviously depend, in a great measure, upon the coöperation of the medical profession, and such relatives and acquaintances of deceased physicians as may have it in their power to communicate the essential information.

The undersigned confidently solicits your aid in furnishing such facts as your knowledge may afford, and answering the following inquiries:

- 1—Name in full, including first, middle, and last.
- 2—Place of birth, mentioning town, county, and State.
- 3—Day, month, and year of birth.
- 4—Full name of father; his occupation and residence.
- 5—Maiden name of mother, and her father's name in full.
- 6—Full names of ancestors, near and remote, in regular order.
- 7—Family matters of interest worthy of record.
- 8—Teachers, schools and colleges, other than professional, giving dates as far as possible.

- 9—Medical education, naming teachers, college, with dates of commencing study, and of graduation. Subject of Thesis.
- 10—Date of commencing practice, and where.
- 11—Place or places of subsequent residence, with dates.
- 12—Particulars in regard to practice.
- 13—Publications, professional and other; their exact titles, in full, with dates and places of publication.
- 14—Offices held, professional and other, with dates of tenure. Professorships in colleges. Membership in societies. Honorary degrees.
- 15—Health, habits, religious character, church membership.
- 16—Date of commencement of last illness, with particulars in regard to same.
- 17—Date and place of death, and age.
- 18—Place of interment, and monumental inscription.
- 19—Full name(s) of wife(ves); her (their) fathers' and mothers' name(s); date(s) of marriage; children, giving the name of each.
- 20—Any particulars not coming within the above—property accumulated, personal appearance, copy of or reference to any biographical sketch, or obituary notice, in professional or secular prints. Engraving and autograph desired, and, if obtainable, any specimens of writing, published or unpublished. If there be any likenesses, mention the artist and possessor. Omit nothing which will give interest to a biographical sketch.
- 21—Name of informant, and sources of information.

JOSEPH M. TONER, M. D.

No. 350 Pennsylvania Avenue, Washington, D. C.

PROF. J. P. WHITE'S ADDRESS.—The Address to the graduating class in the Buffalo Medical College by Prof. James P. White, will appear in our next number. We regret that it cannot be published in the present issue, since many of our readers, and especially the young men to whom it was directed, are expecting the pleasure of its perusal.

THE SUBJECT OF CRIMINAL ABORTION DISCUSSED IN A RELIGIOUS NEWSPAPER. The *Northwestern Christian Advocate* devotes one entire page to a full discussion of the evils of abortion, in its issue of March 13th. It is an indication of honesty, and earnestness which we had not expected to see. This is the first instance, to our knowledge, of the subject being freely and fearlessly discussed in a public paper, and in this instance nothing has been omitted or covered; it is truly creditable to both the head and heart of the author. It will be again noticed when we have more space to devote to the subject, as we have one or two items to suggest.

DEATH FROM CHLOROFORM, IN TORONTO, C. W.—We have received an account of a coroner's inquest upon the body of one John Gould, who died suddenly from inhalation of chloroform in the Toronto General Hospital, where he had been admitted for operation. It does not appear from the evidence that the administration was in any way in fault. The medical students appear to have been greatly excited and to have kicked in a window when it became evident that the patient was in danger. But small quantity of chloroform was given, and symptoms of danger were manifest very early after commencing inhalation. The jury returned a verdict, "that no blame can be attached to [any of the officers of the hospital, but that the demonstrations by the] students, and the crowded theatre, must have had a great influence upon the mind of the patient."

Exchange Journals.

- The following Journals are regularly received in exchange:
- London Lancet—Editors, J. H. Bennett, M. D., T. Wakely, jr., M. R. C. S. E.
Braithwaite's Retrospect of Practical Medicine and Surgery. New York: W. A. Townsend, 434 Broome street.
- The Ophthalmic Review, edited by J. Z. Lawrence and Thomas Winalow, London.
- American Journal of the Medical Sciences, edited by Isaac Hays, M. D.
- Boston Medical and Surgical Journal, edited by Samuel L. Abbott, M. D. and James C. White, M. D.
- The American Journal of Insanity, edited by the officers of the New York State Lunatic Asylum.
- The New York Medical Journal.
- The Cincinnati Lancet and Observer, edited by Edward B. Stevens, M. D. and John A. Murphy, M. D.
- The St. Louis Medical and Surgical Journal, edited by M. L. Linton, M. D. and Frank W. White, M. D.
- The Medical Record.
- The Chicago Medical Journal.
- The Chicago Medical Examiner, edited by N. S. Davis, M. D.
- The Medical and Surgical Reporter, edited by S. W. Butler, M. D.
- The Cincinnati Journal of Medicine, edited by George C. Blackman, M. D., Theophilus Parvin, M. D. and Roberts Bartholow, M. D.
- The Richmond Medical Journal, edited by E. S. Gaillard, M. D. and W. S. McClesney, M. D.
- The Savannah Journal of Medicine, edited by Juria Harris, M. D., J. B. Read, M. D. and J. G. Thomas, M. D.
- The Medical Reporter, edited by J. S. B. Alleyne, M. D. and O. F. Potter, M. D.
- The Detroit Review of Medicine and Pharmacy, edited by George T. Andrews, M. D., S. T. Duffield, M. D. and E. W. Jenks, M. D.
- Atlanta Medical and Surgical Journal, edited by J. G. Westmoreland, M. D.
- The Medical and Surgical Monthly, Memphis, Tenn., edited by Frank A. Ramsay, M. D., D. D. Saunders, M. D., E. Mills Willett, M. D. and William H. White, M. D.
- Southern Journal of Medical Sciences, edited by E. D. Turner, M. D., D. Warren Brickell, M. D. and C. Beard, M. D.
- The Pacific Medical and Surgical Journal and Press, edited by Henry Gibbons, M. D.
- The Galveston Medical Journal, edited by Greenville Dowell, M. D.
- The New Orleans Medical Record, a semi-monthly Journal of the Medical Sciences, edited by Bennett Dowler, M. D. and S. R. Chambers, M. D.
- The American Journal of Pharmacy, edited by William Proctor, jr. Medical News and Library, by Henry C. Lea, Philadelphia.
- The Druggist's Circular and Chemical Gazette; The Journal of Materia Medica, by Joseph Bates, M. D. and H. A. Tilden.
- The Dental Cosmos, edited by J. H. McQuillen, D. D. S. and George J. Zeigler, M. D.
- The Atlantic Monthly, published by Ticknor, Fields & Co., Boston.
- Godey's Lady's Book, published by Louis A. Godey, Philadelphia.
- The Herald of Health.
- American Eclectic Medical Review, New York.
- Eclectic Medical Journal, Cincinnati, Ohio.
- Dental Register, Cincinnati.
- The Nation.
- Every Saturday, published by Ticknor, Fields & Co., Boston.
- Educational Monthly.

BUFFALO
Medical and Surgical Journal.

VOL. VI.

APRIL, 1867.

No. 9.

Original Communications.

ART. I.—*Charge to the Graduating Class, delivered at the recent Commencement in the Medical Department of the University of Buffalo.* BY PROF. JAMES P. WHITE.

GENTLEMEN:—Your educational curriculum is fulfilled. Your pupilage and your direct connection with the University terminates with the conferring of these degrees; and you now stand certified of fitness for duties of a more active and responsible character. Our daily meetings are at an end, and it but remains for us to say, farewell. You are now about to embark on the untried ocean of life. As the sails are unfurled to the breeze, it is customary and proper for some one familiar with the voyage, as well as may be, to delineate the waters which are to be traversed, point out the stars which are to guide the young mariner safely on the passage, and mark some of the rocks and quicksands upon which shipwreck is most imminent. By the partiality of my colleagues I am commissioned to address you upon this occasion. Would that it had fallen to abler hands; for this last counsel should possess the value of moral and religious excellence; and like the closing notes of a musical strain, this last impression should leave a pleasing echo on the ear. As the ancients threw their letters into the funeral pile that their departed friends might, even in the land of spirits, read them, so throw we as our last offering these hasty words of warning and exhortation after you, for your consideration when tossed to and fro by the waves of this new life upon which you are just embarking.

In the fulfillment of this duty nothing startling will be attempted, nothing original undertaken; content if able to point out some of the well-known dangers which beset the beaten path of life, and furnish a few plain rules by which to regulate your conduct towards your professional brethren, your patients, and society.

The first question claiming attention from the neophyte, where shall our lot be cast? is of undoubted importance. The *first* location should be the only one. No greater error can be committed by the young practitioner, than by supposing it easy to change to a better, if not satisfied with that first adopted, and thus select a small town with the expectation of subsequently removing to a larger. The physician's capital consists almost wholly of reputation, of the good opinion of those who believe they have been relieved by his ministrations. It is, therefore, local in character, and cannot be transferred. He who changes his place of residence late in life, no matter how high his position may have been in the community where he has already labored fully; having lost by age the aptitude for acquiring and the patience to wait for business, is doomed to disappointment. This first step, therefore, as its results are life-long in duration, should not be inconsiderately taken.

In Russia and some parts of Germany, government restricts the number of medical men. In Bavaria, particularly, there is a limitation to the number of practitioners, and no person is allowed to commence practice until it is ascertained that there is a vacancy for him. The inspector of each district, having a list of all the doctors under his jurisdiction, upon the death of any one of them, fills his place from among the young candidates for service. In this selection he is said to be governed often more by political influences than the merits of the applicants, taking those only whose opinions are agreeable to government. In this way, you perceive, an excess of medical practitioners is effectually prevented; but producing as the inevitable result of this system, a class of mechanical students, utterly destitute of moral and intellectual attainments, and who after their appointment sink into contented mediocrity.

Great as are the evils which sometimes attend competition in this country, I confess I should be very sorry indeed to see any

other restraint laid upon the increase of medical men, than the wholesome check of increased requirements, and more thorough education. No, confiding in your own determination to be useful, and to ensure success by your real merits, go to that place where such climate, society, social and religious institutions as you think will most contribute to your own happiness, are to be found; where, when business is obtained it will be worth possessing; where the seed sown in youth when it ripens shall bear fruit worth the gathering in maturity, and where old age can find its solace, and thank Heaven that its lot is "cast in pleasant places." Select, I say, such a location, and then set vigorously at work preparing for the responsibilities attending the discharge of professional duties, never doubting that success will attend your efforts.

This resolution formed, and the young physician, having established himself in the place where he is to remain, should immediately commence to study the various peculiarities of climate, natural influences, tendencies of the prevailing occupations and habits of life of the inhabitants of the place of his adoption. Bear in mind that in proportion as it is perceived that all the circumstances of life, both moral and physical, may be employed for the preservation of health, medical science approaches the problem of giving laws to life. In your subsequent intercourse with your patients you will thus be enabled to lead them to form just views on important questions of hygiene. Lose no opportunity of urging them, and the authorities having charge of the sanitary condition of the place, not to disregard established natural laws, but to look to prevention as well as cure. Few physicians, unless their attention has been especially directed to the subject, can have any idea of the amount of ignorance which exists, even amongst the educated classes, on these subjects. Persons may be found in this and almost every other community, who have the pecuniary ability to choose, who nevertheless live for years, sometimes their whole lives, in houses where imperfect drainage, the absence of proper ventilation, or exposure to miasmatic influences, keep up a constant succession of invalids in their family, spending yearly large sums in medical attendance, and constantly wondering why they are so sickly.

Still further:—Philanthropy and your own health, and the health of your family; for it is not less essential to the physician than to every other member of community, that the healthfulness of the locality in which he resides should be improved to the greatest possible degree; philanthropy and self-interest concur, I say, in inducing you to ascertain and make known the causes of any endemic or epidemic diseases which prevail in your neighborhood. Nor will this enlightened study and advocacy of the cause of humanity in which the poor have so large an interest be without its reward. It is the best way of bringing yourselves usefully before the public, and that too in the legitimate sphere of professional duty. Humanity in the widest signification of the term, is the object which is assigned to the medical profession; its inalienable qualification is to be cautious, indulgent, and in all the relations of life to be helpful to others in advice and action. In the labyrinth of disease you must search for and hold fast to the clue of its origin, connexions and course; this is the thread of Ariadne which will certainly conduct you to the goal of success. The more intricate the case at first appears, the more earnestly must you labor to separate the essential from the non-essential, and to discover the real cause of any prevailing disease. These laudable efforts will be highly appreciated in every community. Nay, more, they will serve to make you thoroughly versed in the *science* of medicine, which is the only sure foundation upon which a medical reputation can be built. It is true, a happy concurrence of circumstances, or family influence may raise a man destitute of solid attainments to an elevation above his merits; but his position is ever insecure, and a few years will find him sunk in forgotten insignificance.

Do not allow yourselves to become political partisans. Never run the hazard of having your duties to patients, who have entrusted their lives to your care, interfered with by political engagements. Your studies, habits, and occupations unfit you for the discharge of the duties devolving upon the recipient of office; and it were better you should never become a candidate for any position in the gift of a party. You cannot, by partisan aid, permanently advance your professional interests. You should, indeed, have well formed and correct opinions upon all the public meas-

ures of the day, and in casting your vote it will be well for you, keeping aloof from party trammels, to give it such direction as to lessen political acerbity, and exert a conservative influence. Do not, however, for one moment, suppose that I desire to see you converted into such neutral mixtures that you will hesitate in the recognition and discharge of your whole duty when the liberties of the country are imperilled. No, in addition to the fearless expression of patriotic opinions, you should be found at your post in the camp and in the hospital. Nobly were these self-sacrificing labors performed by the surgeons of America throughout the fearful struggle from which the country is just emerging. Many established practitioners exchanged the comforts of home, liberal incomes, and honorable positions in society, for the less remunerative service of the government and the privations of the camp.

From a very extensive intercourse with the members of the profession on the border between the two contending sections, in the execution of commissions which brought me into intimate relations with them all the way from Fortress Monroe on the east to Memphis in the west, I am proud to say I found them, as a class, thoroughly loyal. Associated on another occasion with my friend and colleague, Prof. Rochester, in an inspection of the hospitals of the west and south, authorized by the Surgeon-General and the Sanitary Commission, I venture to affirm that he will also bear testimony to the zeal and patriotism everywhere manifested by our medical brethren. Of the heroic examples of surgeons on the field; of their personal exposures to danger; of their voluntarily submitting often to be taken prisoners, rather than forsake the men under their charge; of their sufferings from disease, unattended by medical brethren; of their unintermitting labors; of such like incidents a volume might be written. Brighter examples are not recorded on the fairest pages of history. In our own circle, witness the vacant seats often heretofore occupied on this anniversary, by the magnanimous and patriotic Wilcox; the conscientious and scholarly Washburn; the accomplished and heroic surgeon Irwin; and the youthful and zealous Butler. These men deserve the commendation of their countrymen. Their examples are worthy your imitation!

As a substitute for political excitement and occupation, permit me to urge you to prosecute hereafter your professional reading. Think not that your education is now complete. You have but made that amount of progress in the various departments of medical science; you have but gained that degree of intellectual strength which will enable you to pursue your investigations unaided by instruction. You can now grope your own way into the light, though yet tottering and uncertain in your step. Should you flatter yourselves that hereafter study is unnecessary, you will strand upon the bar which lies at the entrance of the harbor, before the voyage is fairly commenced. Conceit cannot long endure as the substitute for solid attainment. It is a well known law in capillary attraction, that fluids stand highest in the smallest tubes; so the ignorant, empty-headed, narrow-minded physician, too wise to learn, will often be found assuming the most lofty bearing. And as certainly as these same liquids lose their elevation when deprived of artificial support, so those men of small caliber and large pretensions will find their level, when brought into intimate relations with other members of the profession without their adventitious prop.

Not only must you continue to study, but in order that you make true progress it is of great importance that you prosecute these studies aright. It is a fact not sufficiently understood and acted upon, that education is of two kinds. There is, first, the education of the mind—that training and culture of the mental faculties—of the judgment—the reasoning powers—the taste and appreciation of those subjects which shall afterwards be presented, and which fits the mind for the purposes to which it is destined. Secondly, there is that special education of the mind thus disciplined and fitted for that particular employment in which it is henceforth to be engaged. The former of these departments of education is by far the most important, and it is precisely that in which our present system of medical education—teaching by demonstrative lectures—is most deficient. It is because undue importance is attached to this second department in education—the acquirement of the special knowledge required for actual use, that classical studies have been unduly depreciated in the education of medical men. It is true they are not in reality medical studies;

but they discipline and enrich the mind, and prepare it for the study of the sciences; and they have a counteracting influence to the purely material atmosphere with which the absorption in physical science envelopes the mind of the medical student.

It is the *mind*, then, I repeat—the *mind* which should be the first object of attention—not the mere acquisition of knowledge, but the cultivation of that instrument by which knowledge is acquired, and by which alone that knowledge can be made available. The human mind, says an eminent author, may fitly be called “that great and universal machine, by which we operate upon all things.” In improving, then, this universal engine, we are conferring a service on mankind something the same in kind with the improvement of the steam engine; but in degree and extent of usefulness beyond all comparison greater. If this be important with regard to mind in general, how much more so with regard to those minds which are to be exercised upon a profession like medicine?

Time was when those practicing the healing art possessed *all* the learning, hording it as a legacy peculiarly their own. The Gospel of Luke, the physician, is said to be written in purer Greek than any of the other Gospels; and among the moderns, medicine can claim some of the brightest stars in literature and poetry. Away then, with this modern under-estimate of the value of classical and literary attainments to the medical student! Not that you should attempt everything, and so fail in all. For it is on the contrary true, that this is an age of ambitious acquirement, and some professional men seem to be ashamed unless they have the character of universal knowledge. He who falls into the error of studying everything will be certain to know nothing well. Disregard the clamor of the age in which we live, also in favor of general education. Avoid the yellow covered literature, the trashy periodicals, the flashy, popular lectures, with which we are at the present day assailed by the ceaseless competition of those who vend cheap knowledge under these various and tempting forms. Strive rather for that calm and unpretending acquirement and secure precise study, without which the effort to become good physicians and surgeons must prove vain and fruitless.

A most useful practice in the accomplishment of this end consists in carefully recording such cases daily as possess interest, with such comments as are at the time suggested. Perhaps no exercise combines mental discipline to a greater degree, at the same time that it serves to keep the mental faculties actively engaged with the subjects peculiarly belonging to the practitioner. Indeed, it may with truth be said, that the most instructive history to the physician is the history of disease, where every circumstance pertaining to its origin, progress and termination as it transpires, has been carefully noted by himself. In this way only can you come to the knowledge of yourselves and your own views of disease. Know ourselves? do I hear you enquire? Do you not remember that at the entrance of the Delphic Apollo, the most famous oracle of ancient Greece, which for a long time enjoyed the reputation of infallibility, there were inscribed in golden letters, "Know thyself?" plainly intimating to its votaries the source of true Pythian inspiration.

Many, doubtless, will excuse themselves from making this historic record of cases for want of time. It is unquestionably true, that the active duties of professional life leave but little time for medical writing, and it requires considerable self-sacrifice to sit down to the desk after the labors of the day are over. But if time be economized, scarcely will a day be so completely occupied as not to leave space for the fulfillment of this duty. Many bright examples might be cited in support of this assertion. Two only will be mentioned.

Prof. (Sir James) Simpson, of Edinburgh, and Marshall Hall, of London, the most original and useful contributors within the last quarter of a century, to the two most important practical departments, Obstetrics and Practic of Medicine, have personally assured me, that the entire manuscript for their monographs was written whilst in their carriages going from patient to patient. Those whose position and extensive opportunities for observation enable them to make the most valuable contributions to medical science are precisely the men who are under the strongest temptations to neglect the effort. Disinclination, or neglect of its possessors to put in written form the result of their valuable observations, has lost them to the profession and mankind, and the fruits of years

of arduous labor and careful observation has been buried with them in the tomb.

In order to render this record or history useful to yourselves or others, truthfulness is an indispensable qualification. Otherwise this chronicle becomes by its incorrectness a slander of long continuance, and like the poison tree in which most of the constituent parts resemble the innocent plants which surround it, whilst it bears concealed in its flower that which stamps it as the fatal upas. Again there should be minutely and distinctly enumerated all those attendant circumstances which accompany the progress of disease and modify its character, else they lose all their individuality, interest, and value. Half the truth is often a lie, and no where is this more frequently the case than in medical narrations. Unintentional errors of this kind are often committed by men of sanguine temperament, with a darling theory to sustain. In the advocacy of some new plan of treatment which they have adopted, they collect together a number of cases loosely recorded, and which, though not really, seem to them similar in character, and which they promulgate in order to prove the efficacy of their peculiar plan. Our medical journals abound in cases of this description. The first essentials, then, we repeat, are correctness, accuracy, and fullness of detail. When conducted in accordance with these rules this practice will be found the best remedy for a bad memory; it will sharpen the intellect, teach the writer the art of questioning disease, and lead him to correct conclusions. Having recorded a series of symptoms, he is naturally led to inquire whence each arises; his attention is attracted to anything unusual, and he learns to question nature and to deduce order from her variability, and truth from the multitude of conflicting appearances. With one other suggestion we will dismiss this important subject. Let every one adopt, in recording their experience, the system known as the numerical method; it is essential to the attainment of the ends proposed.

Again, those of you who have been most industrious and who have brought to the labor minds well prepared by previous discipline for the task, have found the period of study too brief for acquiring more than the rudiments of a medical education. It is true you have quitted yourselves like men in the ordeal to which

you have been subjected. You are now ready to undertake the investigation of numerous topics necessarily omitted during your pupilage for want of time. The school has made the beginning, and you are now prepared for independent effort. Not only must you study the past and present, but keep pace with the progress which is constantly making in the various departments of medical science. Else will you be left far behind in the race; and, like drift-wood, which, forsaking the current upon which it was floated rapidly forward, seeks the stagnant pool at the river-side, and not only becomes stationary itself, but entangles other passing timbers until by its accumulation it chokes the stream and greatly retards the progress of all who may navigate its waters. Medicine is ever extending. Journeys into new parts of the world enlarge the *materia medica*. Chemistry is constantly supplying the laboratory not only with new substances, but new combinations of old are daily formed, enlarging the boundaries of the *pharmacopœia*. The microscope, though but yesterday made subservient to the interests of medical science, now daily brings to light new facts which directly concern the physiologist and pathologist, and this instrument should now be found upon the table of every practitioner who hopes to discharge his whole duty to his patients. Indeed, gentlemen, in London, which at this moment is taking the lead in the race of true progress in medical science, I found during a recent visit that to resort to the microscope in diagnosis, was as much a matter of course as to the watch in numbering the frequency of the pulse. I am aware that there are not wanting those in every neighborhood, who ridicule its use as an auxiliary in diagnosis; who never lose an opportunity of hinting to the people that those who love the *science* of medicine are not *practical* men, though they may be very learned. Too indolent to keep pace with improvement themselves, they depreciate all progress, and abuse its advocates. They are the fossilized, faded monuments of the obsolete doctrines and theories which prevailed when they "were educated." Would that they had been *educated*—that their minds had received that discipline already described, which makes scientific investigations attractive, and would have enabled them to appreciate the value of the real improvements which have been made in the practice of medicine within the last quarter of a cen-

tury since they left school, or as they claim, "*finished* their education." Many of the theories of that day are long since exploded, and with all intelligent men of the present, have become historic. Such men become mere routinists, and may be found in every community. They might appropriately be called bleeding and blistering machines. They go from house to house, leaving with every successive patient the same unvarying dose of calomel and jalap—exercising as little intellectual effort at a rational analysis of the symptoms presented as a planting machine, which at each revolution of its clumsy wheel, deposits a uniform quantity of seed. More than this; to conceal their own ignorance and indolence, they sagely shake their heads and warn community to beware of all men of progress, who reduce the art of prescribing to a rational process—and by the aid of scientific rules, after a careful investigation of each malady, govern their therapeutical recommendations by the light of modern pathology. With envious finger do those sluggards point to all such as innovators, introducers of foreign notions, and as destitute of true practical wisdom. They importune the very mouths which they have made sore and disfigured by unnecessary visitations from their mercurial deity, to join in their anathemas against all advocates of rational reform and improvement.

Is it a matter of surprise that to escape these thoughtless mechanical routinists, intelligent men so often seek refuge in quackery? Here may be found the true "*pabulum vitæ*" of the various "isms" of the day, science itself being often held responsible for the stupidity of those who wear its livery. Would you avoid imitating their example and not dishonor the profession of your choice? If so, cherish the habits of the student, and mark the progress constantly making in the various departments of medical science.

But whilst you avoid Scylla fall not into Charybdis. Do not adopt every untried novelty with which the medical press is daily teeming. Nor jeopardize the lives of your patients by implicit obedience to foreign authority. The visionary, and he alone, thinks the distant country as beautiful as it appears when enveloped in blue ether; submit all new suggestions to a careful examination; place them in the crucible of observation, and if truth be

elicited, add it to the stock already at disposal. It is far better to make solid, though humble additions, than to obtain an evanescent notoriety as the propounder of new doctrines. Unless guarded against nothing is more likely to occur with young men of sanguine temperament than the adoption of theories or riding of hobbies. This is fatal to success. The practitioner, tainted with this mental obliquity, approaching the bed-side with a foregone conclusion to confirm and sustain, is no more likely to judge correctly of the indications presented, than he who regards an object only by light transmitted through stained media can determine its peculiar shade or hue.

Sometimes a system of magnifying the merits of plans of treatment claimed to be peculiar, is carried so far and urged upon popular favor with so little scruple, as to deserve to be branded as empiricism. Thus, when a man for the sake of gaining practice takes up the fashionable folly of the day, or adopts some peculiar plan of treatment, not because convinced of its utility, but for the sake of producing a sensation in the public mind, and making himself notorious. Such men might have been seen abusing a good cause, by going about the streets with a stethoscope projecting from the pocket when auscultation was first received into general favor.

Again, the publication of works in a popular form, or articles in the secular journals recommending some plan of treatment which can only be employed by the author himself, is deserving of still greater reprehension. It is certainly a fair and legitimate line of conduct for a young man to write and publish with a view to introducing himself to notice; but let him seek to obtain this by means of what is really true and valuable, worked out by study and experience, not by some novel and specious doctrines which can merely serve to catch the suffrages of the unthinking. There are many degrees of this kind of quackery, but all of them are utterly unworthy of an ingenuous, honest mind, derogatory to the character of a man of learning and observation, and tend to lower the practice of medicine as a science.

Against the open advocacy of charlatanry, when the medical practitioner outraging conscience, and judgment, and integrity, avowedly attempts to live upon the credulity of the public, a line

of conduct so obviously unprincipled, that he who practices it at once loses the confidence of his colleagues, and is virtually expelled from the ranks of the profession; against the adoption of such a course it is unnecessary to caution you.

Believing it a waste of your time, I shall pass unnoticed the quackery practiced by non-medical persons, merely as a speculation or trade, selling panaceas, and the various ephemeral "opathies" which follow each other in rapid succession. There is a class of minds in every community who must ever be dealing in the marvellous, and would scarcely credit our disinterestedness should we raise the voice of warning. Better not confirm them in their heresy by provoking them to fortify themselves with fictitious arguments to support their false positions. All contentions with quacks and their partisans should, in my judgment, be scrupulously avoided, as at best but a fruitless waste of time, and often giving notoriety and importance to doctrines which otherwise would attract little attention.

Permit me in the next place to say a few words relative to your deportment towards your professional brethren. Let it be remembered that medical men may always claim for themselves and families the gratuitous attendance of their brethren, whatever be their several pecuniary conditions. Where expense in traveling is incurred, that of course should be defrayed by the party benefited. This is a well established rule in medical ethics, and requires only to be mentioned that it be adopted. Let all your intercourse with your professional brethren be distinguished by candor and liberality, and the total absence of professional trick. In consultations ever bear in mind that personal animosities, if they exist, must be dismissed, and nothing should be had in view but the welfare of the patient. Many advantages may arise from consultations among practitioners, where men of candor, who have mutual confidence in each other's honor, unite for a common purpose. A remedy may occur to one which did not to another, and a physician may want resolution, or sufficient confidence in his own opinion, to prescribe a powerful but precarious remedy, on which, however, the life of his patient may depend; in this, and analagous cases, a concurring opinion may serve to establish his own. But where mutual confidence is wanting, where opinions are regarded, not

according to their intrinsic merit, but according to the person from whom they proceed; or where there is reason to believe that sentiments delivered with openness are to be whispered abroad and misrepresented to the public, without regard to the obligations of honor and secrecy, in such cases consultations of physicians tend rather to the detriment than the advantage of the sick, and their ordinary conclusion is a compromise, adopting some very harmless but insignificant prescription. There are also duties in consultation, not only in reference to the patient, but in reference to those composing it amongst themselves. What can be more cruel than for a senior practitioner to treat his younger brother with slight and superciliousness? instead of encouraging him in his arduous duties. What more mean than to withhold from him his just meed of praise, or by insinuation as to his course to lower him in his patient's estimation and lessen his confidence in him for the future! There is one great principle in medical ethics which should never be deviated from, in consultations among physicians; that of doing as much good as possible to the patient with as little injury as possible to those previously in attendance. Differences of opinion should never escape the precincts of the consulting room. That reputation can alone be solid or lasting which is based on the adjudication of the only legitimate tribunal—the voice of the profession—and whose favorable verdict is far more to be coveted than all other earthly possessions.

Of all the causes which tend to lower the medical profession in public esteem, the suspicious jealousy of medical men, their want of self-respect and a right understanding amongst themselves, amounting often to declared hostility, is the most effective. The quarrels of physicians, when they end in appeals to the public, injure not only the contending parties, but throw discredit upon the whole profession, and expose the faculty to ridicule and contempt. When you come to practice be most careful, therefore, to shun the habit of depreciating other practitioners. The reflection which invariably flits through the mind of the hearer, is, that your remarks are dictated by envy or jealousy, and thus you not only degrade yourself but the profession. He who indulges in this pernicious habit can have no fine perceptions of the principle of justice.

As a means of preventing these lamentable differences among doctors every opportunity for meeting for scientific and social intercourse should be embraced. No antidote is more effectual in curing unfounded prejudice towards those who possess any real merit than frequent interviews for social intercourse or interchange of sentiment upon topics of mutual interest. It is nevertheless true, that the only infallible remedy for the hydra-headed evil of medical jealousy, consists in the elevation of view and purity of purpose of the individuals themselves. Indeed your motives will challenge suspicion if detraction of a fellow practitioner be indulged whilst engaged in the discharge of professional duties, for malice should be wholly unknown to the physician who only desires to render assistance to his patients. The wounds inflicted by laymen to our reputation are simple, and easily healed—incised wounds; on the contrary those inflicted by medical brethren upon each other are lacerated wounds—they close slowly and leave awkward, unseemly scars behind. Shun, therefore, a gossiping doctor, and take the same pains to arrest the circulation of the false reports against medical men which he may have originated as you would the circulation of spurious coin. Against unjust censure from the community to which the medical man is peculiarly exposed the best remedy is patience, knowing that merit always outlives calumny, striving meanwhile by cultivating the highest motives, to live above the influence of these attacks. Much may be done to lessen the groundless censure of the community by gradually enlightening the public mind on medical subjects; teach men correctly to estimate what may and what may not be expected of medicine; increase the sense of the impropriety of positive and rash judgment on matters at once so delicate and so difficult of decision. None but those who are in the profession, or who may have been admitted into the most secret confidence of a medical man can tell the anxieties which attend him. In every step he takes his character is pledged; and so delicate is the nature of a good name, so easily is it tarnished that one rash act may forever demolish it, whilst it cannot be much enhanced in brilliancy by a judicious one. Who can tell the prudence and foresight which must belong to every successful physician? Who can estimate the anxieties which disturb his peace? Let the profession be united

then in sustaining each other as far as truth and justice will permit, and let every member as he beholds the esculapian serpent coiled around his staff as the symbol of rejuvenescence, be reminded also how often the physician has to deal with the coldness and poisonous fangs of mankind, and be incited to professional unity.

Whilst claiming your sympathies for the whole medical profession and your hearty coöperation in promoting harmony among its members, permit me to bespeak a kindly interest for your *Alma Mater*. No matter in what direction duty or inclination may lead you in the prosecution of your professional labors, doubt not that your course and its results will be objects of intense solicitude to all for whom I this night address you. Every laurel which you may win will be a source of pride to those who have aided you in the preparation for the conflict, and all your successes will be claimed as reflecting honor upon the college whose maternity I trust it will ever be your boast to claim. Indulge me just here with one word of history.—A little more than twenty years have elapsed since Dr. Austin Flint and the speaker, aided by a few friends, procured, through the influence of Hon. N. K. Hall, then in the State Senate, the charter for the University of Buffalo. Notwithstanding the apprehensions of the friends of the enterprise, and the ridicule of its enemies, we proceeded immediately to organize the medical department and appoint its faculty. A building was rented and fitted up for temporary use, and the work of teaching entered upon with energy and zeal. Our success more than equalled the expectations of the most sanguine, and within a short period, unaided by the bounty of the State, which had been generously extended to all the other medical colleges, by the liberality of our citizens we were enabled to erect a substantial structure for our permanent accommodation. Thus began the first permanently successful effort to establish, in this great commercial city, an educational institution above the grade of the common school. We were able at once to transfer most of the members composing the faculty of the medical college of Geneva to Buffalo. Profs. C. B. Coventry, of Utica; Charles A. Lee, of New York, and James Webster, of Rochester, were thus transferred. Frank H. Hamilton, then and since distinguished as a writer and teacher in

surgery, also at the time a member of the Geneva faculty, immediately embarked in the new enterprise, having already come to Buffalo to reside. It immediately assumed a position among the first schools of the country, and its chairs have ever been filled by men of learning and ability. Dr. Flint, my co-laborer in the initiation of this undertaking, has achieved a world-wide reputation as a writer and teacher in his department, and has, in my opinion, within the last year, published the best work on the "Practice of Medicine," to be found in the English language. In physiology, we claim to have been the first in this country to introduce experimental teaching. In this institution were brought forward besides the present popular incumbent of the chair, the two ablest American writers and teachers in that department now living. With the present faculty you are thoroughly acquainted, having listened to their instructions during the last session, and I do not doubt fully appreciate their merits, and it cannot therefore be necessary for me to dwell upon their claims to your consideration.

On the part of this institution be assured that it has ever been the deliberate determination of the faculty of this University to maintain a position second to none in the country. In many things essential to an elevated standard of medical education the founders of this college claim to have led the way in reform and improvement. It has ever been also the desire of those to whom the interests of this institution have been confided to send forth such Alumni only as would do honor to that profession to which its credentials might form the passport. As an evidence of the thoroughness of the course of instruction in this institution, the faculty are gratified in being able to assert that, among all the candidates who presented themselves during the war for examination before the medical boards of the different States; or the more exacting United States Army Board; or the still more severe scrutiny of the medical staff for the Navy, they have yet to learn the first rejection of one holding its degree of Doctor in Medicine. We prefer to be judged by the quality rather than the amount of fruit annually furnished, relying upon the ultimate and permanent attainment of success in this way, rather than temporarily enjoy the ephemeral reputation of cheap lectures and indiscriminate graduations. With pride can we point to a long list of honorable

names as the representatives of these principles, and with the Roman matron exclaim, "these are our jewels." Convinced that by increasing the facilities for a more thorough and efficient course of instruction, as well as by making a high standard of attainment requisite to the reception of its honors the true interests of the student and the school are alike consulted, our course now as heretofore shall be onward and upward. Undismayed by opposition which may temporarily threaten but cannot seriously embarrass, never turning aside to solicit patronage or redress our wrongs, our business shall continue to consist in raising higher and still higher the claims of its several departments to the consideration of the profession. Actuated by such motives, influenced by such resolves, with the present efficient and able organization, by industriously persevering in the course already so successfully pursued, shall we not bear aloft the reputation of this institution, and place it on an elevated and permanent basis? Yes, gentlemen, our star is already in the ascendant—our success already assured.

But time fails me. I had hoped to be able to say a few words in relation to your duty to the sick poor; to beg you to discriminate between true and false benevolence; to add some words of encouragement in the discharge of your arduous and responsible duties, and of warning against yielding to despair at the loss of patients, and to touch upon some other kindred topics, but I forbear.

In conclusion, gentlemen, at the same time that I urge upon you faithfully to pursue the study and the practice of the several departments of your profession, I could wish it were in my power also to set before you the ease with which its practice is pursued and the liberality of its rewards. On the contrary I am constrained to admit that the whole business of a medical man is of such a nature as to excite the commiseration of persons employed in other pursuits less imperative and capricious in their demands. The Sabbath is seldom to him a day of rest, night does not always secure cessation from labor, nor the storm find him sheltered. The pangs of disease and the agonies of death recognize no distinction of days or seasons, no claims of society or kindred; and they who require our services look upon us as soldiers on duty, subject to their calls at all times and under all circumstances; and

they expect us to render a cheerful compliance to their demands, no matter how untimely or unreasonable. Nor as business may increase with advancing years and reputation, can you hope to lessen your labors by having a part of your duties discharged by substitute. Yet, for all these sacrifices of self, neglect of family, and his own comforts, pleasures and interests, is the pecuniary compensation of the physician most beggarly. Sometimes a life of great labor and privation, affording scarcely sufficient revenue to provide for his family, and respectably educate his children.

Fortunately, gentlemen, our reward does not consist entirely in the pecuniary compensation—it is not merely a mercenary trade which we pursue. Be induced to take Him for your exemplar, “who went about doing good,” and make your chief happiness to consist in the consciousness that your aim and purpose are the amelioration of human suffering. And though I cannot promise you pecuniary riches or luxurious ease, I have no hesitation in saying that a far richer reward awaits you, in an approving consciousness of duties deliberately assumed and honestly discharged; in the gratitude of those whose lives you have saved, or whose sufferings you have alleviated; or who regard you as the happy instrument in the hands of an overruling Providence of preserving the lives of offspring more precious than their own; and if pursued with right motives and a religious trust as your last and greatest reward, a fadeless inheritance.

ART. II—*A Second Verdict against an Apothecary for a mistake in putting up Veratrum Viride, instead of Valerian, thereby, as alleged, causing death.* BY J. R. LOTHROP, M. D.

This case, brought into court for the arbitrament of a jury, a second time, that ill-starred remedy, veratrum viride. In the case about to be considered the main facts were these. A woman, near 60 years of age, residing at Silver Creek, took two doses of Tilden's fluid extract of veratrum viride, each dose being somewhere from 25 to 40 drops, at about six hours interval. Vomiting followed the taking of the medicine, and continued more or less for twenty-seven days after, when it was ended by death.

The mistake occurred in this wise. A phial which had been previously often filled with fluid extract of valerian—a remedy habit-

ually taken by the woman—was brought to the shop of Mr. Haven to be again filled with valerian. Mr. Haven took down from the usual place on the shelf, as he supposed, the bottle which contained the medicine asked for, and filled the phial from it. He did not carefully read the label of the bottle from which he poured the medicine, but looking at it hastily, and observing that the first letter was “v,” and taking for granted that all the shelf bottles were properly placed, a doubt of his giving the right medicine never entered his mind. The fact was, however, that there had been a wrong placing of the shelf bottles, so that, that containing *veratrum viride* was in the place of that containing valerian, and hence the mistake.

The first dose, (25 to 40 drops) was taken near midnight, and shortly after caused vomiting, followed by quiet for some time, but not marked prostration or distress. The second dose varying not essentially from the first in quantity, was given early in the morning, and was immediately followed by vomiting and distress, and many of the described symptoms consequent upon a large dose of *veratrum viride*. Up to the time of taking the second dose, there was no suspicion of a mistake in the medicine, the effects following, however, soon made it evident. From the time of the second dose till death took place, there was more or less vomiting, and of course inability to retain food in the stomach; and, as alleged, death by exhaustion. Such were the facts presented by the prosecution, though not in full, admitted by the defence.

A post-mortem examination of the body was made, at which were present Drs. Ward, Horton and Cheesman of Silver Creek, Dr. Harrison of Sinclairville, Dr. Strong of Westfield, Dr. Rogers of Dunkirk, and Dr. Johnson of Buffalo. The autopsy revealed traces of former pericarditis, but no detected structural change in the heart itself, or its valves. Upon this point there was no disagreement. The stomach was contracted, *all* admitted. As to thickening of its coats there was not an entire agreement—some thinking it thickened and others not. Upon the point of traces of inflammation there was a difference of opinion, but it seems to have been given out as the united statement, (whether rightly or not,) that the appearances of the stomach were sufficiently indica-

tive of gastritis—in other words, that there were softening and discoloration of the mucous membrane, and in all the coats evident congestion. I say it was given out as the opinion of all, but in justice I must add, that several of the gentlemen said that neither at the time, nor afterwards, did they have or express such an opinion. On the contrary, the stomach appeared to them abnormal only in size. All agreed that the intestines were normal, and the kidneys likewise, though they were not taken out, only lifted and briefly examined. The brain was not examined. The liver was normal, as were also the organs of the pelvis. Thus as far as the autopsy was concerned nothing appeared as a reasonable cause for death, aside from the gastric abnormalities, and as to those there was a difference of opinion. I should say that Dr. Rogers was inclined to think the pericardiac læsion serious.

Now, in fairness, I think it must be said that those medical gentlemen who did, in sincerity, believe they saw in the stomach the læsions of gastritis, had some warrant for supposing that all thought so. For in the first place those who differed did not positively state their dissent at the time, and in the second place the autopsy was not very thoroughly made, that is, it was stopped short of a complete examination, as if a definite cause of death had been found, and further search was useless. In fact these gentlemen went so far as to say, that they expressed a desire to have the autopsy continued to the point of satisfaction to all, either positively or negatively, and that all declared themselves satisfied, viz: as to the cause of death being found in the lesions of the stomach.

But, on the other hand, this is denied; several gentlemen leaving, entirely unsatisfied as to the finding of a cause for death, and thinking the whole indefinite and vague. Now, why was it? In the first place the examination was made at night, with defective light, and in a hurry, so that some of the gentlemen might be in time for the midnight train. In the second place, they were summoned to be present at a case of poisoning, and were therefore less prepared to look for læsions in any other organ than the stomach; and prepared even to find them absent, inasmuch as poisons do not always leave traces. They took for granted the fact stated, that it was a death by poisoning, and therefore were not at the time aware of

the importance of searching for any other cause of death. Thus it happened that they did not openly dissent from, though they did not expressly assent to, the opinions entertained by others, viz: that gastritis had left traces sufficient to make it chargeable with the death.

This seems to account most naturally for the evident lack of careful investigation. The death was from poison, and it might or might not have left traces of local action. Those who went there expecting to meet with it would be more likely to find it. But to the others the apparent fact of death by poisoning was the most important one. Some of them undoubtedly felt as one of them said upon the stand, that they were playing the part of "second fiddle," though that was not a proper feeling if it hindered a thorough examination. It is probable that all did not anticipate that the case might come into court, and therefore did not fully realize the importance of a careful observation. And here it may be said, without prejudice and in all candor, that it never should have been brought to trial, for there was really nothing in the case, as the testimony will show, although the sympathy of the jury led them to award \$300 damages. It may be further said, it never could have been brought into court had not the relatives been encouraged by medical opinions, if not advice. As it was, though the verdict was against the apothecary, no great end of justice or equity was promoted, and it led to an unpleasant agitation in the locality where it occurred, a conflict of professional opinion never very edifying to the public, some extraordinary swearing on the stand, and withal a sore disappointment to rather high-raised hopes of great damages.

But I will now detail the case as it appeared in court. The trial was had at Mayville, at the Special Term of the Supreme Court. Judge Marvin presiding.

The case as presented by the testimony of the relatives—a son, a son-in-law, and two daughters of the deceased—was substantially this. A woman of near 60 years of age, in good health, able to be about and work, having no ailment to attract attention, except occasional palpitation, for which she had been advised to take valerian—in other words of previous good health—took by mistake a medicine which caused constant vomiting for a month, when she

died from its effects, as they believed. No suspicion was created by their testimony that they had ever been anxious about her health or thought her an invalid. They had, however, sought the advice of Dr. Ward of Silver Creek, at various times before the taking of the wrong medicine; had not a great while before sought the advice, in consultation, of Dr. Rogers of Dunkirk, and soon after that of Dr. Harrison of Sinclairville. Yet they were able to say on the stand they had had no anxiety about their mother's health. As before said, they substantially testified that their mother then and previously in good health, took a poison which in the end wrought her death.

Dr. Ward, her attending physician, by his testimony did not materially alter this aspect of the case. He had seen her some times in a professional and sometimes in a friendly way, at various times before the mistake, but had not thought her seriously ill, in fact he did not appear to feel any anxiety about her, thinking her trouble a functional, nervous disturbance. I do not remember that he said anything that would give the impression that he agreed with Drs. Harrison and Rogers in their more serious view of the case. In regard to the effects of the medicine, he gave a decided opinion that the vomiting, consequent exhaustion and finally death were to be attributed to it. In other words *veratrum viride* acted as a gastric irritant, causing inflammation of the stomach and the other consequences. He thought the stomach showed traces of gastritis.

Dr. Harrison, in the main, agreed with Dr. Ward as to the effects of the medicine and cause of death. He thought she would not have died if she had not taken the medicine. He thought the stomach showed traces of gastritis. Upon these points it is not necessary to state his testimony in detail. But upon one point Dr. Harrison's testimony was very important, and a model of candor and clearness, viz: upon the point of health previous to the taking of the medicine. He did not like Dr. Ward give the idea that the deceased was merely affected with functional disturbances, but he confessed that he thought her ailments serious, and might very properly be a source of anxiety to her children. He had known her in former years as a woman of sound health, and when called to her in consultation with Dr. Ward, was struck with

the change which had taken place in her appearance. She had, to him, the look of serious illness. He found upon examination a quick and irregular pulse, and an œdematous state of the lower limbs. Examination by auscultation appeared to him to reveal the presence of organic disease of the heart. Under such circumstances death was probable at any time. The autopsy did not confirm his expectations as to structural change in the heart.

Dr. Rogers had also, from his examination when called in consultation, formed the opinion that organic disease of the heart existed, and that death might occur at any time. To him, also, the autopsy was a disappointment as to structural læsion of the heart, yet upon reflection he was not satisfied it did not exist, but escaped observation in the hurry of a night post-mortem examination. As to the condition of the stomach, he did not think there were traces of disease sufficient to account for death. As to the cause of death, he said he thought the pericardiac lesion and its disturbing influence upon the heart was the chief agent in bringing it about. He did not undertake to say that the veratrum viride might not have accelerated death, but he denied its having the principal or even a large share in the fatal result.

Dr. Strong was present at the autopsy, and was clearly of the opinion that the stomach exhibited decided traces of gastritis; he saw softening, and at points destruction of its mucous coats, and he said "it was the most congested stomach I ever saw." He thought the medicine caused death. When asked if he had ever heard of a death caused by veratrum viride, he said he believed Dr. Beck spoke of its having been fatal. A reply wanting in fairness, for the remark of Dr. Beck warrants no assertion that veratrum viride has caused death. Dr. Beck merely says, "*It is said* that dangerous and fatal effects have followed its use." A statement very far from a positive assertion that it had in any case proved fatal.

I have given above with an endeavor at accuracy of purport, such parts of the testimony of the medical witnesses called by the prosecution as seems to me most material. That of the attending and two consulting physicians is of the most interest. It will not escape notice that the case presented by the testimony of the consulting physicians was very different from that testified to by the

attending physician. It is difficult to reconcile the latter with the former on any theory of fairness or intelligent observation. In regard to the case presented by the relatives, it is sufficient to say that it is only entitled to be thought candid, either from great confidence in the opinion of the attending, or from little confidence in the opinions of the consulting physicians.

On the part of the defense Drs. Johnson, Horton, Cheeseman and the writer were called to testify. One part of the examination of each related to the general question of the action of *veratrum viride*, which being well known, and having been fully discussed in a former number of the *Journal*, (case of Farnell vs. Greene, tried at Lockport,) need not now be gone into. It is conceded that as yet there is no fatal case directly chargeable upon *veratrum viride*. The point in this case was its properties as an *irritant*; and all the medical witnesses for the prosecution had each something to say about its "irritation." The medical witnesses for the defense denied to it any special power to act by irritation, in such a degree as to cause gastritis, and thus remotely cause death. It is enough to pass this point over with the above notice, at present, and further on give the question more extended examination. As to the question, therefore, whether *veratrum viride* could by its properties give rise to gastritis, all the gentlemen connected with the defense denied it. As to the fact of there being traces of gastritis in the stomach, the three of them present at the autopsy thought they did not exist.

Dr. Johnson removed and laid the stomach open, and upon careful examination of it, saw nothing abnormal about it, but its size. It was smaller than the average. As to the heart, he did not find clear evidence of structural change in its substance, but did observe traces of a former pericarditis. Drs. Horton and Cheeseman agreed with Dr. Johnson mainly as to the condition of the heart and stomach. Dr. Cheeseman had seen the deceased during her life, say a week or two before her death. He was attending one of the daughters of deceased, and being frequently in the house, saw her during her illness. He never found her vomiting; but he noticed delirium.

The theory of the prosecution was, that the *veratrum viride* acting as an irritant caused inflammation of the stomach, which by

keeping up prolonged vomiting and consequent rejection of all food, ended in death. The death, therefore, was primarily chargeable upon the medicine.

The theory of the defense was, that any such action of *veratrum viride*, especially in the small quantity taken, was so unlike what is known of it, that it was more probable that some other cause acted coincidentally and was the principal one. It might be sympathetic with cardiac disturbance or disease, or some obscure, undetected affection of the brain or kidneys, (Bright's disease.) Moreover, the deceased was in feeble health, the victim of some organic disease, as evidenced by dropsy of limbs, cardiac disturbance and failing strength.

It is possible, though I am not aware, that this view was presented, that *veratrum viride*, whose *modus operandi* is through the nervous system, might operate in some unexplained way by its powerful and depressing impression upon the nervous system to keep up vomiting and thus destroy life. But this would be inconsistent with the theory that it caused vomiting by its local influence in creating a lesion of the stomach; unless we answer that prolonged vomiting of itself would bring about those changes which were testified to by several physicians. But though it is difficult to say what is possible; from what is known, it is altogether probable that the influence of *veratrum viride* is temporary, and therefore not likely to continue. And as this theory would exclude local irritation, we should be compelled to assume that the vomiting was kept up by habit, as it were, the prime impression on the nervous system having worn off. These considerations seem to reduce the prosecution to the necessity of assuming as a cause of vomiting and hence death, a local irritant action.

Now we may ask, could the patient have died of acute gastritis? In the first place admitting that there were traces of gastritis, there were none of inflammation of the duodenum, or of the tongue, pharynx, or œsophagus. These should have been found, or were probable, if the lesion of the stomach was due to an irritant action. Contraction and congestion are both results of gastritis, but the first may happen from mere want of distention by food, in prolonged vomiting, and the second is very common in cardiac lesions. Moreover, gastritis from any such cause is rapid usually, running its

course in *days*, not *weeks*. It did not appear in evidence, but it was observed by some of the physicians at the autopsy that the body was not much wasted—a fact inconsistent with gastritis and persistent vomiting for twenty-seven days. And lastly, vomiting itself, persistent vomiting is not, alone absolutely indicative of affection of the stomach. Affection of the brain, as for instance chronic meningitis, with no symptoms referable to the brain, may be attended with persistent vomiting. The same is true, in a measure, of the later stages of Bright's disease.

On the other hand, on the side of the defense, there are many circumstances to show that such a disturbance as vomiting was altogether probable. These have been mentioned. There were symptoms present which pointed pretty directly to that chronic affection of the kidneys known as Bright's disease, and there is fair ground for the assumption that it needed but a careful testing of the urine during life, to have been in possession of this indubitable evidence of such affection. The defense, moreover, by the testimony of competent observers denied the fact, that the autopsy revealed traces of gastritis. It is only necessary to account for the declared fact that vomiting began with the giving of the medicine and persisted, thereby seeming clearly connected with it as a cause. The only reply to this that can be made, admitting the fact, is that it was coincident. Now, lame as this may appear to a non-professional man, to a medical man stranger coincidences are not uncommon. Assume, and it can be seen what ground there is for the assumption, that the deceased had a disease in which vomiting was an event sooner or later to be expected, and there is nothing improbable in its setting in at, or about the time, the unfortunate mistake was committed.

It has been said above that the case ought never to have come to trial, and probably would not had not the family been encouraged by medical opinions, if not advice. This is recalled to attention, for the purpose chiefly of making the statement more full; but also, expressly to disclaim any reflections upon the motives of the medical men connected as witnesses with the prosecution. They acted, we believe, from the best motives; thinking it highly important to public safety, as well as to spare medicine itself from reproach, that mistakes of such serious nature should be followed

by some penalties. We may believe that, by an indirect influence upon public confidence, they felt such things were injurious to the profession itself.

Still, it appears that, whatever they might have hoped from the example, there was not enough of the case to have got any aid from them. The connection between the taking of the medicine and the death does not appear to have been clear enough to put them in the relation of cause and effect. At any rate it appears to be not warranted by experience hitherto, with the remedy. Whatever may be thought of this by others, medical men should be careful of any such deduction, and without medical testimony such a case would come to nought.

Several reasons occur why such cases should get no encouragement from medical men. In the first place, they are sure to get a verdict from a jury, even with slight medical support, not only beyond, but sometimes in opposition to what is just. As they generally are brought for damages, the amount obtained is always larger than it should be, sometimes excessive. Juries will mostly believe, that a powerful medicine is the cause of any bad effects which may follow the giving of it, if a medical man can be found to say that they were *possible*. Therefore we repeat, they should be careful of giving a positive opinion where there is doubt. A mere possibility should not be a basis of opinion; even quite strong probabilities should not be allowed too much weight.

Secondly, they lead to conflict opinion before juries, and hence diminish the value of medical testimony. On many subjects there is room for difference. It is easy to see how Doctors may differ, and from no mere love of contradiction. But in any cases involving error of judgment or mistakes, all doubt should help the defense, and positive opinions should be expressed only when they are founded upon certainty or such a weight of probability as almost to amount to it. The case above related affected an apothecary, not a physician; but success in such a case, renders suits against physicians themselves, for mistakes, much more likely to be brought. Trials which result in a very just punishment to quacks even, for most ignorant mal-practice, in the end injure the profession, by stimulating all those who think they have been badly treated, or who really have experienced results, confessedly

bad, but the best possible under the circumstances, to the hope of getting a pecuniary satisfaction. But if fair meaning men become connected with a case in which, even, there is much better ground for positive opinion than there was in this, they should strive to avoid becoming *ex parte*, and by hasty inferences, unfair or extravagant replies, seek to gain advantage for the side on which they appear.

In the legal view of the case, there was less of it than in the medical even. By law, a person having suffered by gross negligence, can recover for the personal injury and pain even, brought upon him by it. But in case of death by negligence, the heirs of the deceased can recover only for the pecuniary loss brought upon them by the death; as for instance, loss of service, or actual expense in consequence. Sympathy for the pain inflicted upon deceased, or for the affliction caused to the heirs, is to be ruled out of the question. In the case above, all they were entitled to recover, was their actual money damage, first for the loss of services of an aged and feeble mother, and secondly the expenses of sickness and burial, supposing the connection between the mistake and the death indubitable. It can be seen what motive may have influenced the relatives to make out a case of fair health, before the mistake happened. We should not expect such considerations would have any influence with the family physician.

The point in this case was slightly unlike that in the Lockport case. In that, *veratrum viride* was accused of acting as a violent intestinal irritant, no evidence being brought forward to prove that it affected the stomach in any unusual way. In this case, on the other hand, *veratrum viride* was charged with acting as a violent gastric irritant, but neither in life exhibiting, or after death leaving, signs of any intestinal irritation. In the one case, it expended by selection its force upon the intestinal mucous membrane, in the other upon the gastric. In both, the question of its action as an irritant was brought forward. It again brings up the question whether it is to be classed as an irritant poison. It is clear that it is not known to have caused death. It has been given in large doses without very permanent bad effects. This would hardly have happened if it was an active irritant. Writers speak of its being acrid, some say very acrid, but this is not enough to place it in the class of

irritant poisons. A corrosive poison might act alone on the stomach, an irritant would not be likely to. Up to this time, there is not much support in medical opinion or experience, for the idea that *veratrum viride* is to be ranked among irritant poisons.

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

TUESDAY EVENING, March 5, 1867.

The meeting was called to order by the President at the usual hour. Present—Drs. Gould, Jansen, Little, Brown, Wyckoff, Miner, Wetmore, Kamerling, Abbott, Rochester, Gay, Samo, Trowbridge, Greene, Strong, Congar, Cronyn and Johnson.

On motion of Dr. Miner the reading of the minutes of the last meeting was dispensed with.

DR. MINER stated that Dr. J. R. Lothrop, who was expected to read an essay this evening, was too ill to attend the meeting.

Drs. Charles S. Sheldon, C. A. Nichell and Charles P. Schuyler, were, by vote of the Association, invited to attend its meetings until the next meeting of the Erie County Medical Society.

There being no other business before the meeting, reports on prevailing diseases were called for. Influenza, capillary pneumonia and bronchitis were reported as prevailing.

DR. ROCHESTER remarked that he had never seen influenza prevail with so much of an epidemic character as at present, and said that the disease is not confined to children and young persons, but many old people are suffering from it. Has seen many cases complicated with pneumonia. Would call attention to the fact that influenza is said to be often followed by epidemic cholera.

Dr. R. also stated that whooping cough, of a severe type, is prevailing at Black Rock, with an unusual number of fatal cases.

DR. MINER had seen two children with all the symptoms of severe bronchitis with dyspnoea and periodic attacks of asthmatic or croupy breathing. Was not fully satisfied of the nature of the disease, but regarded it as extensive, not very acute bronchitis; they were very sick, and their parents thought they would die. Perhaps influenza is a better name, and more completely represents the peculiar appearances of the disease. Had not hitherto considered influenza a disease of much importance, but in the cases

mentioned the patients were really quite sick. Had not seen many of similar nature.

DR. ROCHESTER remarked that he had seen cases in which the dyspnœa was as severe as in croup. Influenza sometimes seems to affect the air passages principally. Many times it seems to affect the whole system, producing great depression. The rapid and marked prostration seems a part of the malady. It prevails with all classes and among the old and young. It is not exclusively a disease of the air passages. Have found that in these cases stimulus is required. Quinine, carbonate of ammonia, and sometimes alcoholic stimulus is necessary. This treatment is better than that by pulv. doveri and the ordinary or less active plan. Stimulating treatment is often necessary from the outset.

DR. WYCKOFF had seen many cases of the disease, in most of which there had been great dyspnœa and prostration. Many cases are complicated with bronchitis, followed sometimes by consolidation of some portion of the lung. Had also seen many cases where diarrhœa also prevailed in conjunction with the disease. Had found carbonate of ammonia, the preparations of bark, etc., necessary in a majority of cases.

DR. STRONG reported a case of death from tinct. opii. Was called at eight o'clock in the morning to see a child seven days old, to whom its parents had administered one drop of tinct. opii six hours before, and repeated the dose an hour and a half later. Found it almost lifeless. It had reviving and sinking spells and lived twenty-eight hours after taking the first dose. This seems a very small dose to be attended with fatal results. It will be remembered that I reported a case at a former meeting in which a child a year old, took with impunity nearly a drachm of the tincture.

DR. GOULD saw a case in which a child two weeks old took six drops and died. Once gave to a woman a six gr. pill of opium every hour for twelve successive hours with no ill effects.

DR. ROCHESTER would inquire of Dr. Strong if he considered two drops of tinct. opii a small dose for a child six or seven days old, and if he would give such a dose?

DR. STRONG replied that he would not give such a dose. Would not give tinct. opii to so young a child.

DR. MINER remarked that tinct. opii, becomes much stronger by long standing; that in many instances, even when the bottle containing it appears well corked, it at length becomes concentrated to fluid opium; this should be remembered when families use this medicine. The tincture as furnished by druggists undoubtedly varies greatly in strength.

Dr. C. C. Wyckoff was elected to read an essay at the next regular meeting.

Adjourned.

T. M. JOHNSON, Sec'y.

Miscellaneous.

Description of an Improved Extension Apparatus for the Treatment of Fracture of the Thigh.

INTRODUCED BY GURDON BUCK, M. D.,

Surgeon to the New York Hospital, St. Luke's Hospital, etc., etc.

Articles Composing the Apparatus.—Two bands of adhesive plaster spread on Canton flannel or thick twilled cotton; each band being two inches and a half wide and two feet long. At the end of one of the bands, a piece of elastic rubber webbing, two inches wide and ten long, is attached. At one end of the other band, a buckle of corresponding width, is fastened.

A thin block of wood three inches and a half wide transversely, and three inches vertically.

The perineal portion consists of rubber tubing of one inch calibre, having inside of it a tube of muslin stuffed with bran, and left an inch longer than the rubber tube at both ends. At each end of the muslin tube, a metallic ring is first fastened, and then shoved within the rubber tube, to the end of which it is also fastened. This arrangement preserves the rubber tube from being over-stretched.

Two straps fastened to the rings at the ends of the perineal portion, serve to lengthen it and allow it to be made fast to the head of the bedstead.

A belt that passes around the opposite side of the body, and maintain the bearing of the perineal band in a line with the axis of

the body and limb. The perineal portion should be wound with a narrow strip of Canton flannel or other soft material, and this should be changed as often as soiled.

Four guttered coaptation splints, covered with flannel, are intended to surround the fracture and be secured in place by three elastic bands, each having a buckle at one end.

An upright supporting a pulley wheel, to be fastened to the floor by three screws, opposite the foot of the bed.

Mode of Application.—The bands of adhesive plaster are first to be applied, one on either side of the limb from a point above the ankle upwards as high as the seat of fracture. The limb is then to be bandaged in the usual manner, beginning at the toes and covering the plasters, but leaving their lower ends free. The band of elastic webbing is next passed round the sole of the foot and fastened to the buckle on the other side of the foot. The block of wood should then be interposed between the loop of webbing and the foot. A cord fastened to the block thus adjusted is passed over the pulley, and has a weight suspended from it. This arrangement combines elasticity with the extending force, keeps the bands stretched out smooth, and prevents pressure upon the ankles. The amount of weight required must be proportioned to the resistance to be overcome, and the toleration of the patient. Sometimes five or six pounds only can be borne at the outset, and an increased weight subsequently.

After a fracture has taken place the sooner the limb is put up and subjected to treatment the better. Spasmodic twitchings of the muscles are controlled, and the patient made comfortable from the outset. To permit the application of lotions to the seat of injury during the first few days, the bandage should not be carried above the knee, and the ends of the plaster should be rolled up and kept in reserve. At the end of six or eight days the plasters may be extended up on the thigh, and the bandage continued over them. The coaptation splints are now to be applied around the thigh and secured by the three elastic bands. To complete the apparatus the perineal band should be adjusted and its ends fastened to the head of the bedstead, so as to be in a line with the axis of the body and limb. The limb should be raised on a hair cushion sufficiently to keep the heel from pressure.

In the employment of this method of treatment, experience has shown that in a large majority of cases the use of the perineal band may be dispensed with, the weight of the body being sufficient to resist the extending force. This resistance may be further increased by raising the foot of the bedstead five or six inches above the floor.

Advantages of the Method.—The advantages claimed for this method over others heretofore in use, are its great simplicity of arrangement, facility of management, and especially the comfort it affords the patient during a long confinement in bed. The efficiency with which uninterrupted extension of the limb can safely be kept up, secures, it is believed, better results than have been obtained by any other method. The sitting posture may be allowed without disturbing the action of the apparatus; an indulgence for which patients are always very grateful, and one which greatly alleviates the irksomeness of their condition. The materials required for employing this treatment are obtainable under almost any circumstances, the only indispensable article being adhesive plaster. If this is of the ordinary description, it is better to use it of double thickness. All the other articles requisite may be improvised. The elastic band may be dispensed with, and a round stick properly placed across the foot of the bedstead may serve instead of a pulley.

Editorial Department.

Criminal Abortion and the Public Press.

In our March number we mentioned, as an item to be noticed, that the *Northern Christian Advocate*, in an editorial article, covering more than an entire page of the sheet, had presented its readers in full, all the facts and consequences of criminal abortion. This is the first public discussion of the subject we have ever known, though the professional journals have for a long time been frequently occupied with the evil effects and crimes of preventing conception, and destroying the human embryo.* This newspaper expose of it, has so much truth, and with all, is so fear-

* Since the above article was written, we have received *The Congregationalist*, containing an article from Rev. John Todd, D. D., upon this subject. He says: "I appeal to New England women—the daughters of an ancestry who never were spotted with the blood of innocents, who never stifled the natural longings of a mother's heart and never quenched life immortal for the sake of ease or fashion and ask them if it is so, that they are so degenerated that they cannot meet the holiest position and

less and outspoken, that we make the following extract, showing how it is regarded, what frightful ravages it has made, and how long one of the most revolting crimes in heathenism is practiced in modern churches, until now without protest, in religious papers:

"We expect to show that a species of infanticide is fearfully prevalent in American society—that the practice is murder—that it is a prolific and almost exclusive source of American female diseases—that it eclipses in iniquity, and is promotive of nearly all other social crimes, and that, therefore, the prevalent toleration and excuses for the practice are outrages against decency, humanity, and high Heaven.

The evil in question, though its widest prevalence has been attained with the past decade, already has a literature of which we name but fragments. And here we anticipate the suggestion that the discussion should be still left exclusively to medical men and publications. Unfortunately for all, such has been the case for ten years. All honor to the noble profession which has so faithfully uttered its warning, but, alas! the needed alarm, while it reaches but a tithe of the people, is also powerless to create that correct Christian sentiment which will throttle the monster, abuse and socially outlaw, the unnatural sinner against God.

The crime in question is *feticide*, or the killing of unborn children. When necessary, it is simple 'abortion;' when unavoidable under certain circumstances, miscarriage, and when unnecessary, "Criminal Abortion"—Murder, as we will presently prove, and until then, assume.

Criminal abortion was, and is, equally wide-spread, and has not, as with us, originated during later years. Heathendom inherits barbarism; we have relapsed into it. Juvenal, born about A. D. 38, was by no means a prude, but the brutishness of Roman women stung him into protest. Near the close of his sixth, longest and most denunciatory satire, contrasting the poor and the rich, he says:

'Yet these, when circumstances so require, are ready to encounter the perils of childbirth, and endure all the irksome toils of nursing. But rarely does a gilded bed contain a woman lying-in; so potent are the arts and drugs of her that can ensure barrenness, and for bribes kill men while yet unborn.'

In Japan these 'drugs' are sold by priestly venders, and modern Egypt, like America, is cursed with gangs of quick abortionists and 'irregular practitioners' whose scoundrel 'arts kill men for bribes' and richly deserve the halter. Would to God the curse were confined to the Eastern continent. On this, heathen populations from Hudson's Bay to Peru, including several Indian tribes, practice *feticide*. Alas! this species of murder is not restricted to the uncivilized, the unchristianized, or to those not enrolled within Christian churches. We have examined the subject somewhat closely for years and have been cruelly shocked by statistics and discoveries made, yet even, we are assured that only the observant, constant medical prac-

—
 duties ever imposed on woman? We can show that France, with all her atheism, that Paris, with all her license, is not so guilty in this respect, as is staid New England, at the present hour." He has treated the subject in his unsurpassed style, and his article cannot but impress the thousand murderers of New England churches and fashionable circles, with a sense of guilt and shame, with an idea that the curtain of secrecy has been lifted, and that the eye not of God only, but of the world, which they much more dread and fear, is upon them.

tioner can realize how widely and deeply this perversion of nature has demoralized, and is more widely and deeply demoralizing society.

The Protestant Church is to-day blackly stained by this crime of child-murder—and our Christianized society deserves the stinging satire of Juvenal. Let both be rebuked by Minitius Felix who, with others, wrote to show that Christ's followers are not like idolatrous heathen. Here is an extract addressed to the countrymen of Juvenal :

'Some of you will not give them (the children) liberty to be born, but by cruel potions procure abortion, and smother the hopeful beginnings of what would come to be a man.'

Miscarriages are frequent, and certain uninstructed or embruted feminine circles have their centers where the means employed and successes attained are topics of exchangeable information. For instance, we could prove that in one little village of one thousand inhabitants, prominent women have been guilty of what we will presently show to be *murder*. And, sadder still, half of these are members of Christ's Church."

The above are quotations from the paper, not placed in their connections, but grouped, for the purpose of showing how truthfully, fearlessly and earnestly this subject has been presented.

There are some other subjects in near relation to this, which we should be glad to have treated as faithfully and earnestly by the same author. The newspapers have, for years, been the organs for innumerable quacks; not an issue, but contained the vilest, most barefaced, unscrupulous and infamous advertisements, which charlatans and mountebanks could invent. Christian newspapers even, have been the medium of communicating the most villainous of these productions, and we have sometimes turned in disgust and loathing from the perusal of the most popular of these sheets, with the conviction that they would be the means of destroying more lives, and ruining more souls, than they could be in any way instrumental in saving.

How comes it, that in every household is understood how to "avoid or destroy the legitimate fruits of matrimony?" It has been "attained with the last decade," because the public press has furnished the literature. The public papers have not hesitated to allow paying advertisers to furnish their own copy, and in gratuity given an editorial endorsement, or, if not quite that, have published local item advertisement, in such manner as to make the unsuspecting believe it was endorsed. This crime, so bitterly complained of by the *Northwestern Christian Advocate*, is the legitimate fruit of the *medical* column in our newspapers, both secular and religious; and we do not hesitate to charge back upon the religious and secular press participation in the crime, not only of child-murder, but of a great deal of manslaughter in the first degree. They have been familiarizing the women and children of this country, with the means not only of preventing offspring and destroying it while yet unborn, but have been carrying into families and communities untold evils, not only in worthless and injurious nostrums, but also in sensational advertisements, designed to operate upon the fears and excited imaginations of the

young and inexperienced, causing them to believe that they were rapidly becoming the victims of incurable maladies, unless rescued by immediate application to the subscriber, who could send certain remedies, of never failing efficacy. Even the same paper containing the excellent article referred to, has a long advertisement, stealing the livery of the "Methodist Book Concern" in which to serve the devil.

Its commencement is so characteristic that we copy for the benefit of our readers, and to show the *Christian Advocate* how it appears outside its columns:

"To the readers and patrons of the *Northwestern Christian Advocate*:—I have been a reader and patron of the *Advocate* for several years, and am not unknown to the many readers of this long-established and widely circulated journal—not as a literary or scientific correspondent, but as a "regular" contributor to its advertising columns and the exchequer of the Methodist Book Concern. In this general way I have been introduced to its thousands of readers, many of whom have become my personal correspondents and friends. To all these I am well known as a citizen of Cincinnati, and as a medical specialist, who, for the last eighteen years, has been engaged in treating diseases of the Nose, Throat and Lungs by the inhalation of cool medicated air. Many hundreds of its readers have consulted me by letter and in person for professional advice."

After a long account of all sorts of diseases cured by his "cool medicated air" and of a book of one hundred pages which he proposes furnishing to all the subscribers of the *Northwestern Christian Advocate*, "without charge if they wish it," he says, "The book cost me twenty-five cents a number. Those who desire and can pay for it, should send me that amount, as a simple act of justice," etc., etc., and closes his very long and absurd advertisement with the following:

"Dr. Reid, editor of the *Western Christian Advocate*, in noticing this book, through the columns of that journal, February 22, 1866, uses the following language: 'An honored friend and venerated minister has presented us with a copy of this work, with the respects of the author, and an earnest request on his own part that we shall recommend Dr. Wolfe and his remedies. Our brother assures us that the life of his own son has been saved by the treatment, and refers us to other well known friends likewise benefited.'"

Newspapers and those who edit and own them, are not without sin, and though this paper is remarkably free from objectionable notices, still it is perhaps accidental, and not from principle. The appearance of the article upon criminal abortion is very creditable to it, and we respect its editor for his outspoken and fearless denunciation of a great evil and sin. We have taken some pains to show some other abuses which he can help correct, and have no doubt but in due season he will do his part manfully. The time is coming—but we fear it is yet a great way off—when popular reading will be free from these abuses, and when imposters and quacks will not get ministers and editors to endorse and recommend them. We have sometimes wondered why Christian people, as a body, were more ready to believe in the marvellous, the inconsistent, and the inexplicable in medical matters, than others who were not more discriminating in many respects. We have never known anything in the teachings of Christianity which would naturally lead to unthinking

belief in the inconsistencies of charlatans or the vagaries of quacks; which would make men more blind or more easily deluded, but we have often believed that they are so, and failed of satisfactory explanation. It is a reflection upon the intellectual acuteness of men, to be guilty of adopting error and adhering to it, when within reach of adequate and positive knowledge, especially if they manifest no desire, or even willingness to be acquainted with the grounds of a rational faith; and it is impossible for the educated and intelligent, to respect those within reach of the truth, who "bow down and worship wooden gods." When I inquire of my spiritual adviser, why is it that church-going people so frequently, in medical matters, "wander upon the dark mountains and perish," why worship, when the true God is known? he replies, "the worst of the delusion I believe is over; the heathen are to be forgiven because they do not know God." I accept the explanation, and believe when ministers and editors of Christian papers, desire to know the truth, and are not ready to promulgate error and absurdity, then the crimes and sins of which we complain, will be less frequent; or, if not, if the truth is plainly and fearlessly proclaimed, the poor, deluded victims cannot come up in the judgment and lay these sins to their charge.

Prof. Horatio R. Storer's Lectures.

It will be observed by notice in advertisement sheet, that Dr. H. R. Storer will give lectures upon the *Surgical Diseases of Women*, at his rooms in Hotel Pelham, Boston, in June next. Dr. Storer was with Dr. Simpson of Edinburgh, as his assistant in practice, during 1854-55, and selected by him, as one of the editors of his Obstetric works, and has bestowed much time and study upon the diseases of women. With ample opportunities for observation, both at home and in other countries, there can be no doubt but his lectures will embody all the recent advances made in this important department of practice. Prof. Storer is well and widely known both as a distinguished writer and teacher, and we have no doubt that many members of the profession who desire perfect knowledge in this department will gladly avail themselves of the opportunity which is now afforded them of obtaining it.

Books Reviewed.

Contributions to the Pathology, Diagnosis, and Treatment of Angular Curvatures of the Spine. By BENJAMIN LEE, M. D. Philadelphia: J. B. Lippincott & Co., 1867.

Angular curvatures of the spine have recently received increased attention, and the former theories and measures of treatment have been subjected to careful revision. The author of this work speaks in the first place of *gastralgia*, as the initial symptom of caries of the spine, considering it at some length, and then passes to a consideration of certain errors in regard to the pathology and treatment of ulcerative inflammation of the spine, commonly called "Pott's Disease." This chapter

has especial attractions, and cannot fail to interest all who bestow any attention upon the subject. In its careful perusal we find so much to approve, so many things which should be known to practitioners, that we really believe the book should be distributed universally to the profession, in the same manner that benevolent societies distribute tracts.

There is a great deal of injury done to the victims of this disease by ill-timed measures of treatment, and it is quite time some standard author furnished not only a reasonable guide, but a positive protest against prevalent practices. Our author has treated the subject of counter-irritation so charmingly, that we shall be forgiven, if we make a few selections from his work; we only regret that space will not permit to quote him entire; we are very glad to find such views entertained by so distinguished an author. He says: "During the past two years—in which I have been devoting myself more especially to the study of diseases of the spine and spinal cord—I have seen the integuments of the back seamed and scored and furrowed by the scars of the seton, the issue, the morax and the cautery, and by the remarkable regularity with which these appearances have been accompanied by serious, generally irremediable deformity. The question gradually forced itself upon me: Is this treatment, painful in its application and exhausting in its operation, sustained by the test of experience or founded on the basis of reason? The number of unfortunates whom I saw, who bore unmistakable traces of having fully tested the benefits of this mode, and in whom the disease was still unchecked, or checked only because the deformity had reached its natural limit before the patient had succumbed to its deadly power, gave a sadly eloquent negative to the first clause of the question."

The causes of the disease are then discussed, whether it be dependant upon a tubercular diathesis, as is maintained by a certain class of practitioners, or whether it be the result of a traumatic cause. The author admits that *morbus cazarius* may arise in children whose constitutions have been vitiated by the sins of their ancestors, but his conviction is, that the disease is generally of the nature of a simple inflammation, often the result of external violence. In answer why counter-irritation is not allowable and advisable in the treatment of caries of the vertebrae, he remarks: "first, because a strict regard for the ethics of our art and an honest self-respect will not permit us to make use of any remedies, however harmless, upon mere theory, if experience has proved them to be inert. Still less may we suffer the beauty of a theory to lead us to the adoption of means which, after a fair trial, have failed to establish their efficacy, if their employment is necessarily attended by excruciating pain, nervous irritation and general exhaustion. The evidence of its utility, should be ample and overwhelming, which could lead us to initiate a mode of treatment which is in itself a disease, and which, were any of us suffering from it, would often be sufficient to incapacitate us from the discharge of our ordinary duties.

But, secondly, this treatment has not even the apology of a plausible and well-reasoned theory to bolster it up. Our standard writers, prominent among whom stands Pereira, are forced to acknowledge that all attempts to place counter-

irritation upon a rational foundation have entirely failed. While I can understand how an agent which stimulates the capillary circulation of the entire lower extremities may exert a derivative influence from distant parts, it does tax my powers of comprehension to appreciate how a small, circumscribed focus of suppuration, which possesses no controlling influence over the circulation can have any other effect, than simply to increase general nervous irritability.

Thirdly, and especially, this treatment is neither advisable nor admissible, because it consumes precious time, and prevents the employment of a means which is infinitely superior. The most that any man can claim for the result of his counter-irritation in any given case, is to fall back upon the miserable, conscience-salving subterfuge, 'If it had not been used, the patient might have been worse.'"

Injuries of the Spine, with an Analysis of nearly four hundred cases. By JOHN ASHURST, JR., A. M., M. D., Fellow of the College of Physicians of Philadelphia, Surgeon to the Episcopal Hospital of Philadelphia, etc., etc. Philadelphia: J. B. Lippincott & Co., 1867.

The respective merits and demerits of treatment of injuries of the spine, by extension and counter-extension, resection and general treatment, are ably discussed by the author, who upon the analysis of 368 well authenticated cases arrives at the following general conclusions:

1—Injuries of the spine are not nearly so fatal as is generally supposed, and they have been, not unfrequently, completely recovered from.

2—By watching carefully the symptoms and knowing the lesions which they indicate, the patient's progress towards health or death can be pretty accurately foreseen in most cases.

3—Whenever there is reason to believe that one or more vertebrae have been displaced, extension should be employed; temporary, if that be sufficient; if not, continuous.

4—In no case do resection or trephining offer a reasonable prospect of the patient's condition, but on the contrary there is reason to fear that they would increase the chances of a fatal termination.

5—Those cases of spinal injury which are not adapted for the employment of extension, should be treated in accordance with ordinary, rational and physiological principles.

6—No new mode of treatment is entitled to adoption in a class of injuries so serious as this, unless it can be shown by clinical experience that it is at any rate *not less successful* than the modes commended to us alike by reason and long experience."

Medical Register of the District of Columbia, 1867, embracing notices of the Medical, Benevolent and Public Institutions of Washington. By J. M. TONEB, M. D.

This little volume is designed by the author to give information of every organization, department or institution possessing any interest to the medical profession, or in any way related to medical affairs. It embodies much useful and interesting matter, not only to physicians of the District, but to the profession at large. Of especial interest will be found Senator Cowan's table, showing the physical characteristics of the U. S. Senators of the present session, which will be more fully noticed in our next issue. We trust that the author will receive from physicians that support which his enterprise merits.

Books and Pamphlets Received.

- Obstetrics—The Science and the Art.** By Charles D. Meigs, M. D. Lately Professor of Midwifery and Diseases of Women and Children, in the Jefferson Medical College at Philadelphia, and one of the physicians to the Lying-in-Department of the Pennsylvania Hospital; Member of the Society of Swedish Physicians at Stockholm, Corresponding Member of the Hunterian Society of London; Member of the American Philosophical Society; of the Natural Sciences of Philadelphia; of the American Medical Association, etc., etc. Fifth edition, revised. With one hundred and thirty illustrations. Philadelphia; Henry C. Lea, 1867. Breed, Lent & Co., Buffalo.
- Researches upon "Spurious Vaccination," or the Abnormal Phenomena, accompanying and following Vaccination in the Confederate Army, during the recent American Civil War, 1861—1865.** By Joseph Jones, M. D. Professor of Physiology and Pathology in the Medical Department of the University of Nashville, Tenn. From the Nashville Journal of Medicine and Surgery.
- The American Conflict: A History of the Great Rebellion in the United States of America, 1861—1865; its Causes, Incidents and Results.** Intended to exhibit especially its Moral and Political phases, with the Drift and Progress of American Opinion, respecting Human Slavery, from 1776 to the close of the War for the Union. By Horace Greeley. Illustrated by portraits on steel, of Generals, Statesmen and other eminent men; views of places of historical interest; maps; diagram of battle fields, naval actions, etc; from official sources. Vols. 1 and 2. For sale by agents. Lewis A. Filbert, 133 Elm street, Buffalo, N. Y. Price \$10
- An inquiry into the Origin of Modern Anæsthesia.** By the Hon. Truman Smith, Member of the U. S. House of Representatives for the 26th, 27th, 28th, 29th and 30th Congress, and of the U. S. Senate for the 31st, 32d and 33d Congress. Hartford, Brown & Gross, 1867. Received from William Wood & Co., 61 Walker street, New York, through Breed, Lent & Co., Buffalo.
- Practical Dissections.** By Richard M. Hodges, M. D. Formerly Demonstrator of Anatomy in the Medical Department of the Harvard University. Second edition, thoroughly revised. Philadelphia, Henry C. Lea, 1867. Theo. Butler, 159 Main street.
- The Half-Yearly Abstract of the Medical Sciences—being an analytical and critical digest of the principle of British and Continental Medical Works, published in the preceding six months.** Vol. XLIV; July–December, 1866. Philadelphia: Henry C. Lea, 1867.
- Digitalin—Its Chemical, Physiological and Therapeutic Action. An Essay to which was awarded a prize by the American Medical Association, May, 1866.** By Samuel R. Percy, M. D. Professor of Materia Medica, New York Medical College, etc. Extracted from the Transactions of the American Medical Association.

An Inquiry into the Physiological and Medicinal Properties of the Veratrum Veride; together with some Physiological and Chemical Observations upon the Alkaloid Veratria, obtained from this and other species. Prize Essay, to which the American Medical Association awarded the gold medal for 1863. By Samuel R. Percy, Professor of Materia Medica and Therapeutics in the New York Medical College. Reprinted from the Transactions of the American Medical Association.

What Effect has Meat or Milk from Diseased Animals upon the Public Health? Prize Essay of the Alumni Association of the Medical Department of Columbia College, 1866. By Samuel R. Percy, M. D., Professor of Materia Medica in the New York Medical College.

On the Decrease of the Rate of Increase of Population now obtaining in Europe and America. By Horatio Robinson Storer, of Boston. Professor of Obstetrics and the Diseases of Women, in Berkshire Medical College.

Homœopathy in the University of Michigan.

It appears that the recent action of the Michigan Legislature is such, that the University at Ann Harbor cannot receive their usual appropriation from the State until a Chair of Homœopathy has been appointed. A Chair of Homœopathy in a college teaching rational medicine (?) We should like to know what principles and what practice could be agreed upon as homœopathic. We have recently been examining journals devoted to this subject; and of all the imbecile and senseless statements ever placed in type, they furnish those which stand at the head. Homœopathy taught in the same school with rational medicine (?) or, indeed, anywhere. If a man is incapable of being or doing anything else, he can take up Homœopathy without any instruction. It seems to us, that when he has been in any measure instructed, he cannot longer believe in the vagaries of such a delusion. We never had any great respect for a State Medical College, for we knew it must be subjected to influences, fatal to the cultivation of science, still this institution has prospered much beyond any reasonable expectation. Its medical staff has shown itself worthy and capable, has been of men distinguished as teachers and practitioners. This last act of folly on the part of the State Legislature, is sufficient; not anything more is required; the whole history of this institution is now in all probability written.

American Medical Association.

The Eighteenth Annual Meeting of this Association will be held at Cincinnati, Ohio, Tuesday, May 7th, 1867, at 11 A. M. Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary, Dr. W. B. Atkinson, Philadelphia. Pa.

Article upon "Cruelty to Animals" Reviewed.

It appears that our Clerical and other friends, thought rather poorly of our article upon the subject of *cruelty to animals*, "that it was unfriendly and false," and it was to be regretted that a "medical man standing so high as Dr. Miner should write or be responsible for such an article." We are very much obliged for the complimentary manner in which we are abused, and no complaint is going to be made about it.

Mr. Fillmore, we believe, speaks of a letter received from Mr. Bergh previous to the movements in Buffalo. The first announcement of a public meeting here, stated that it would be addressed by an agent of the New York Society. We submit if these two facts did not justify our saying that we thought the movement was "in secret sympathy with the New York Society." This sympathy is denied, and our statements characterized as false. We acknowledge the error, and pray to be forgiven for inserting the word *secret*; when that is omitted, the truth of it is evident.

To the charge of being unfriendly, we propose to plead guilty, for we have an inward conviction of unkindness, which had grown out of no unkindness to the ladies and gentlemen of Buffalo, who had interested themselves in this movement. We should dislike to be outdone in politeness, and will here assure the Officers and members of the Society of our hearty approval of, and general interest in, the legitimate objects of their association, which if conducted with judgment and care, may be the means of effecting great good. They are ladies and gentleman of culture and scientific attainment, and any interest may be safely entrusted to their keeping; even *vivisection* for the purposes of scientific advancement. We were confessing to some unkindness, but were diverted a little, to return the compliments received, and only desire briefly to intimate some of the reasons for our opposition. Mr. Bergh, President of the N. Y. Society, had rendered himself most unspeakably disagreeable to us, by his offensive letters, by his exaggerated and untruthful public descriptions of physiological experiments, by his offensive interference in the provisions of the State act, to prevent cruelty to animals, and by his whole course in administering the affairs of that Society. We believed that Buffalo had gained some inspirations from this, in many respects ignorant, and otherwise than in these efforts, idle reformer, and that if the affairs of the Buffalo Society were to fall into similar keeping, it would prove a similar nuisance. Some of the remarks in the public meetings, as published in the daily papers upon the subject of *vivisection*, appear related to Mr. Bergh's offensive and untruthful representations; but all sympathy has been denied, and we have no doubt the affairs of the Society here, will be conducted in such manner as to meet general approval; still we think it better not to deny many of the statements made in our article. We regret want of space, to place before our readers the whole facts and history of this movement; we are in possession of documents which would instruct many of those who are engaged in it, and show them why the movement has been ridiculed and opposed. An enterprise which commends itself to the liberal and humane, has been made odious and disgusting by a presumptuous willingness in those who conducted it, to undertake reforms, in matters of which they were profoundly ignorant.

THE FIRST APPEARANCE OF MAN ON OUR PLANET.—“Although perhaps more interesting in an ethnological point of view, we cannot altogether exclude from our notice the phenomena attending the first appearance of Man on our planet. The discoveries of the last few years have satisfactorily shown that the opinions formerly entertained of a great break existing between the period when the now extinct races of Mammalia dwelt in our land, and the first creation of man, are no longer tenable. Here also we have been obliged to give up the theory of great breaks between successive formations. As we find a gradual passage from one geological formation to another evidenced by the *gradual* dying out of the pre-existing forms of animal life, and the *gradual* introduction of newer, and generally higher forms, (although we do not yet understand the law of such progressive changes,) so, when we come to the most recent, or Quaternary, periods in geological chronology, we find evidence of Man's existence on the earth before the final disappearance of those varied forms of mammalian life which have hitherto been generally looked upon as belonging to the final period of the geological cycle. Thus Man of the present day is connected by an almost unbroken series of links with the recently discovered Foraminifera of the Laurentian gneiss.”—*Anniversary Address of the President (Sir R. I. Marchison) of the Geological Society of London, 1866.*

TO CONTRIBUTORS.—Interesting communications have been received which will appear in our next number. Correspondents and contributors will be patient with us; our pages have recently been provided for a long time in advance of publication.

☞ We have received the first numbers of the *American Naturalist*, a journal devoted to the interest of Natural Science, to which we desire to call the especial notice of those of our readers who are interested in the advances so rapidly being made in this department.

OVARIOTOMY—USE OF THE ACTUAL CAUTERY FOR THE DIVISION OF THE PEDICLE.—The remarkable success which has recently crowned this operation, where the pedicle and the adhesions have been divided by the actual cautery, seems to place the operation of ovariectomy beyond all cavil. The instrument employed by Mr. Baker Brown for this purpose is, as we understand, a wedge-shaped piece of iron, with which the division is accomplished by a sawing motion.

CLITORIDECTOMY.—Mr. Baker Brown and Mr. Philip Harper, in deference to the opinion of the medical press on the subject of clitoridectomy, have determined not to perform the operation in the London Surgical Home, pending professional inquiry into its validity as a scientific and justifiable operation. What now will be the chance of recovery for the poor epileptic female with a clitoris?—*Medical Record.*

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Original Communications.

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

TUESDAY EVENING, April 2d, 1867.

The Association was called to order by the President. Members present—Drs. Gould, Strong, White, Miner, Trowbridge, Lockwood, J. R. Lothrop, Shaw, Smith, Rochester, Gay, Jansen, Burger, F. W. Abbott, Brown and Johnson.

The minutes of the last meeting were read and approved.

By vote of the meeting the regular order of business was suspended, and the Treasurer's Report read.

On motion of Dr. White, the report was accepted and referred to the auditing board.

On motion of Dr. Samo, Dr. B. H. Dagget was invited to attend the meetings of the Association until the next meeting of Erie County Medical Society.

Dr. F. W. Abbott was elected to membership.

By vote of the Association the Treasurer was allowed to make a special report at some future meeting.

Disertations on designated subjects being in order, Dr. J. R. Lothrop read the following paper:

This paper will be devoted to an examination of some of the actions of mercury. I ought to say in the outset, that in this I do not aim to present anything of my own originating, aiming only to express as well as I may the opinions of others. These

opinions will probably not be accepted by all, for they, in some measure, call in question beliefs long entertained and taught, and almost thought to be beyond question. It is always an ungracious task to combat what has been taken for granted, being supposed to rest upon well-founded facts, and to undertake to show that the facts are no facts. It is always unpleasant to attempt to unsettle beliefs, for many obvious reasons, but especially that it exposes to a charge of skepticism, in itself confessedly a state of mind not to be applauded or encouraged. But a glance at the history of medical and scientific inquiry will convince any one of this; facts have been taken for granted upon insufficient evidence, or being believed to be true, have so far controlled the mind as to have with it the force of truth itself, and thereby to make it incapable of detecting the error which underlies. In other words, error once taken for truth, has a most retarding influence upon all inquiry—for what is believed to be true dominates the mind as forcibly as what is absolutely true. I would not be understood to undervalue the only stable foundation in medicine, for the facts which we accept, viz: experience rightly interpreted. I only wish to keep before the mind the liability that exists to misinterpret experience, of which there is so much in medical inquiry, instructive to the earnest inquirer.

We all know how a preconceived idea warps inquiry—for under the leading of what we are prepared or wish to find true, even observation and experience, our only safe guides, mislead us; inclining us to feel, see, hear and believe not the actual, but the supposed—not the real error, but the seeming truth. I must allow, however, that when we trust ourselves to talk much about the “fallacies of experience,” we are exposing ourselves to the hazard of unsettling beliefs which are well founded, and drifting into a wide sea of skepticism. There is no more just source of pride to scientific medicine, than the teaching of its accumulated experience. But at the same time, all will acknowledge that a reliance upon authority, in as far as it inclines the mind to rest, and represses independent thought, is to be deprecated.

With this extended introduction, which ought perhaps to be called a sort of begging of the question, I will enter upon the subject to be considered.

Mercury was known to the ancients and by them employed. Its use, however, was external only, in diseases of the skin and in parasitic affections. The older physicians used it, but with a salutary dread of the unpleasant results which followed its free employment. For the fact that it caused tremblings, paleness, wasting, and ulcers of the mouth, seems to have been known to Aristotle, and the Arabians in addition seemed to have been acquainted with its property of causing salivation. Europeans much later learned the use of it from the Moors of Spain and the Saracens during the Crusades, but then only externally or by fumigation. Later its powers in syphilis made it more generally known. Syphilis was attended with skin affections, and the fact probably led to a knowledge of its virtues as a special curative agent in this disease. This special curative action of mercury does not appear to me to be one of the fallacies of experience, but is entitled to have the sway of an actual fact. This I do not propose to question.

The internal use of mercury had its introduction if not its origin chiefly from Paracelsus and his followers, but still mainly confined to syphilis. Gradually its use was extended to other diseases. For we find it proposed and employed in inflammatory diseases, fevers, scrofula and induration, though there was not an agreement as to its benefits in all. By some it was extravagantly praised. Thus Belloste writing in 1695, speaks of it as "one of nature's miracles and a most rare gift of Providence." By others it was styled the Sampson of the *Materia Medica*. In modern times it has become a somewhat shorn Sampson.

Richter declared that the gradual extension of its use rested "far more upon a direct experience of its virtues than upon the scientific and often plausible theories invented to explain its operation, and which led to gross errors in practice." If this statement could be fully accepted and we could believe that its use had always been, or now always is, founded upon "direct experience of its virtues," the various uses of the remedy could not be called in question, and we should have less frequent occasion in witnessing its abuse, to regret that the earlier and simpler belief of its powers has not been maintained to the present. It is somewhat strange that upon the point of its absorption, a fact now so unquestioned,

there should have been any difference of opinion. For upon this fact depend nearly all the actions which have been ascribed to it; at least all those actions which have been considered its special and most important ones. Yet Dr. Physick, in his time, wrote an essay to prove that it was not absorbed, but acted sympathetically. An instance of the misleading of theory, full of wholesome instruction.

Of a kindred nature was the theory that its salivary action must be carried to a great extent in order that its full benefits should be obtained. Boerhave caused his patients to spit three or four pounds in twenty-four hours, and Turner declared two or three quarts "a good and sufficient discharge;" and these undoubtedly were to them the lessons of experience. To this test also of experience could be referred that custom formerly so prevalent of subjecting all cases of fever to a salivation greater or less as essential, and an indication of recovery. The cases in which this action could not be induced were observed to be mostly fatal. The explanation, however, of this observed action, is now well enough known to be very different, and both the indication and practice to be without value.

Pereira classes mercury among spanæmics or medicines that promote secretion and exhalation generally, soften and loosen textures, check phlegmonous inflammation, lessen inflammatory effusions, and promote their re-absorption. As he expresses it more formally, "in my opinion mercury is an alterative and a liqueficient spanæmic." A good many of the above actions can be covered by the term alterative, and probably the definition is extensive enough to pretty well include modern ideas upon its action. We are well aware that the term alterative is made to cover a wide therapeutical ground, and one would have a long list, if he should write down the particular diseases in which the alterative action of mercury is sought for.

Whether mercury has all the properties above attributed to it, or not, I shall not now undertake to inquire. That some of the secretions are increased, in the face of the many cases in which an increased flow of saliva is perceptible to eyes even disposed to see what they look for, cannot be denied. As to its influence over secretion, it may also be safely said that its purgative action is in

some way connected with this influence, either as cause or effect. It increases the secretion of the pancreas without doubt. It is probably true that it increases the secretion of the follicles of the intestines, and it may be, thus acts as a purgative; though most of its purgative influence is believed to depend upon its special action upon the liver, promoting a greater flow of bile, and thereby aiding or causing catharsis. Whether this belief is well founded is to some a matter of doubt, but of its purgative action, and through this, highly beneficial action, there can be no question. Whether it is specially beneficial as a purgative, or better than many, or any other purgative, depends very much on the belief of the practitioner who uses it. But while one may express a doubt whether its special benefits as a purgative, rest upon a secure foundation of observation, there can be no doubt that in many cases its purgative action is followed by most marked relief in certain cases.

In what has been said above, no definite distinction has been kept in view between secretion and excretion. The latter as well as the former we know, has many important and essential offices in the healthy working of the organs and functions of the body. Both, it may be admitted, are influenced if not specially, yet influenced by the action of mercury. Which effect is the most important it is not my purpose now to undertake to set forth. This is only alluded to in connection with the reputed action of mercury to cause absorption of fluids from the cavities. By whichever process, secretion or excretion, it is mostly effected, there have been few to doubt that the action is a real one and well established by facts.

It has been attributed to increased activity of the absorbents. On the other hand Headland thinks that mercury favors absorption and counteracts effusion, by its impoverishing effects upon the blood, thereby both weakening the force of the heart and diminishing the pressure on the blood-vessels. This is mainly an effect upon nutrition. But at present the fact is more important than the theory, and in view of all experience upon the subject, it may be questioned whether the fact exists. At least whether mercury as we would now a-days give it, is a helpful agent in the process. Of course effusions have various causes, as for instance mechanical, which unfit them to be acted upon by mercury, but the favorable

cases do not exhibit always its expected benefits. The action of mercury in excess, as inhaling vapors habitually, causes wastings and disappearance of effusions, but the same is true of cholera, and what is a sufficient explanation of the latter, would not satisfy the accepted theory of action of the former. But as this opens too broad a field of inquiry, for the present time, I will limit myself to the examination of two, according to generally accepted doctrines, most prominent actions of mercury, viz: its cholagogue and its antiplastic properties.

The power of mercury to increase the secretion of bile has been thought to be too certain, to be questioned. The practice of a large number of physicians is based upon that supposed fact. Torpor of the liver, in certain conditions of illness, either as cause or consequence, or as a concomitant, has been assumed to exist, as a *definite functional derangement*, almost capable of demonstration. This taken for granted, a mercurial in larger or smaller doses has been deemed necessary, stimulating the faulty organ to its proper duty. The practice is based upon belief of the fact. It is not merely a belief that mercury increases all secretion, the bile among others, but that it acts in a special manner on the liver. Thus we find Dr. Wilson Philip writing: "Mercury has a special operation on the liver—a power not merely of exciting its functions, but of correcting the various derangements of that function, in a way which it does not possess with respect to any other organ, and which no other medicine possesses with respect to the liver." Perhaps there would be many who would not think that there were any facts to warrant so broad a statement; but yet, I think, it must be conceded that the number would be large to whom this special action of mercury in some dose would have the sway of an actual fact. As to the *method* by which this action is produced the agreement would be less general. Various theories of action have been proposed.

Some assume that it makes the bile more liquid, and thus promotes its flow; others that it directly stimulates the secreting cells of the liver; and still others that it liquifies the secretion of the bile duct, and thus favors the discharge. The second, viz: direct action on the liver itself, is the most commonly accepted method. But as before said, the belief accepted, upon what proofs

does it rest? I suppose in the first place, most would say, experience proves it. Jaundice and enlargement of the liver, have more rapidly disappeared when it has been used, besides the discharges themselves have been evidence of this action. Bile has appeared abundantly in the faecal evacuations after its use. This has been indicated by a change of color, in some cases a green, in others a dark color, being the indication of its presence. This is more especially convincing if just before, the stools were clayey, or, as commonly stated, free from bile. But this matter of color is less convincing, if the green color is due, as Dr. Thudicum and others assert, to an actual change in mercury itself, that is, becoming a sub-sulphide; or if the dark color is in all cases derived from the colon, as Dr. Inman believes. The latter from observation feels warranted in saying that the intestinal contents are never dark brown, or even deep yellow, but whitish, prior to their passage through the ileo-cæcal valve. In the colon, they get their brown faecal hue. Clayey stools are not then a proof that the secretion of bile is arrested, but that the colon is functionally disturbed; and moreover, in deep jaundice, when no bile flows into the intestine, the stools are often dark. If dark stools succeed clayey, after a dose of mercurial, so they do after other purgatives, and even without purgatives; and if they prove anything, prove as well that mercury like other purgatives acts upon the colon, as that it acts upon the liver. Dr. Thudicum however, though he admits that cholochrome, or the coloring matter of bile, appears in healthy faeces, still denies that mercury increases the amount of bile, rather that it diminishes it. This opinion he puts forth based upon the experiments of Mosler, Scott, Nasse, Kölliker and Müller, who found that by calomel the bile was diminished. It is true that the experiments were made upon dogs, and the doses purgative. But inasmuch as other drugs have not acted differently on dogs and men, it may be inferred mercury would not; and though the doses were purgative, the faith in the cholagogue action of mercury, has not been limited to small doses, but has been equally great in all doses; so that if large doses are found to fail, small would be as likely to. It may be said that mercury may not increase the secretion of bile in a healthy, but it will do so in a diseased state of the liver. This argument will not apply to other organs. Diseased

kidneys are not acted upon by medicines which are inoperative in health. Some such idea has been held, for Chapman says that free use of mercury may derange the liver—meaning I suppose a healthy one—and *produce* icterose affections, and Cheyne says that mercurials produce jaundice. Thus the agent which cures jaundice and enlargement of the liver, may cause them; not upon any homœopathic theory, but upon the theory of over-stimulation. Due allowance must be made, when mercury fails in jaundice, for the cases which arise from obstruction of the ducts and not from any fault in the secreting power of the liver, and thus not expect of it what it cannot reasonably be expected to accomplish.

After what has been said upon this branch of the subject, I think the action of mercury to increase the secretion of bile may be called in question. In reply to the statement that very decided relief does follow mercury, in disorders of the liver, either without or with general disorder, I might say that it could as well be got by any other purgative as active; and therefore at less cost. But the belief that mercury acts upon the liver is not confined to large doses. Small doses, frequently repeated, are believed to have the same action. This of course is founded upon experience and facts, as to jaundice, enlargements, and color of stools; like those which bear upon large, which have been noticed.

The second question in relation to mercury is, does it possess such antiplastic power as to give it a control over inflammation; i. e. to limit or remove its products? If we read most works on practice, and works which treat of inflammation of special organs, we shall find mercury about the first remedy proposed. In inflammation of the brain it has been deemed essential; likewise in acute inflammation of the lungs, heart, bowels, and by many, of the liver in some stages. In inflammation of serous membranes it is used to prevent adhesion, or effusion; in mucous membranes to prevent or soften exudations. Upon what theoretical grounds has this been accepted? I will pass over the various hypotheses of its action and state what is observed. When mercury has been for a long time taken internally, or when men or animals have been much exposed to its influence, certain conditions are observed to arise, which seem to depend upon some change in the blood. The tissues become soft, new formations disappear, healed wounds open. There is paleness,

wasting and œdema; all, signs of impoverished blood. In other words, the blood is supposed to have lost a portion of its solid constituents, so that the amount is less than normal. It has therefore an unwonted fluidity and tends to escape; bleeding being common and sometimes excessive. These changes indicate a diminution of the material which is in excess in inflammation, and which furnishes the exudations observed as a result of it. It seems then pretty clear that, if mercury has the power to diminish the amount of the solid matter of the blood, *when they are normal*, it will equally diminish them when the amount is in excess, and thus prevent the admitted physical change produced by inflammation as a result of this excess of fibrin, viz: exudation upon membranes, or into the tissues of the solid organs. On the other hand, it equally by this very aplastic power, aids in the removal of those products of inflammation when once they are formed. For if by continued use it impairs the coagulability of the blood, and causes wasting of the solids of the *normal body*, it certainly seems highly probable that the *feebly* organized exudations of inflammation will give way before it. This argument is equally applicable to indurations and adventitious growths, such as tumors; being less highly organized than the normal structures, they must yield to a power that can act upon the higher formations. Such theoretical reasoning is more plausible than sound. For on the other hand it has been asserted, and it is without doubt true, that mercury has itself given rise to *plastic formations*. Equally plausible explanations on theoretical grounds can be given to account for it. Plastic formations are caused by fibrinous exudation, but for this last, it is not necessary that there should be an absolute excess of fibrin in the blood; proportionate excess is equally productive. This proportionate excess occurs when from any circumstance the number of red globules is diminished. The paleness observed in those who have taken mercury for any time, has certainly a very close resemblance to the pallor of anæmia, and hence seems to warrant the inference that in them there is a diminution of the number of red globules of the blood, and a relative increase of fibrin. The buffy coat which is so much relied upon as proof of the inflammatory state of the blood, appears equally in the blood of anæmics, and of mercurial anæmics. Hence, as in absolute excess of fibrin,

there is ample reason to look for plastic formations. If we pursue the theoretical statement to its legitimate conclusion, there are equally good theoretical reasons for believing that mercury may *remove* fibrinous exudations; and *cause* them. Moreover some slight inference in the same direction, may be drawn from the fact that mercury is a cause of a disturbance of the system, if not inflammatory, at least of a febrile character, which is ordinarily supposed to add inflammatory elements to the blood. Thus, in whatever way we approach the subject *theoretically*, we find that the aplastic action of mercury is hard to establish by any rational explanation. If, however, we cannot tell the *how*, I presume there are enough who will not disbelieve the fact—or I should say the assumed fact—for nothing is a fact till it is indubitable.

But wherever *theory* may lead us, and whatever difficulties it may throw over the matter, *experience* is confidently appealed to. In the settlement of a therapeutic question, we can very seldom arrive at a certainty, i. e. we can not demonstrate it as we can a geometrical problem. The beliefs of careful and candid observers must then be allowed to influence the question, for those beliefs have the best foundation *possible* in the case, viz: experience. Dr. Latham probably expresses the convictions entertained by a great many physicians, accounted men of correct judgment, when he says, speaking of the treatment of acute affections of the brain, lungs, pleura, peritoneum, etc., "mercury does not supercede blood-letting; but aids its antiphlogistic powers, and yet spares its amount." The meaning of which is, that mercury aids bleeding or may serve as a substitute for it, in cases where it would not be deemed advisable. We might say that experience has convinced men that mercury is in its action more *destructive* than *constructive*, and when its destructive action is sought, it is in cases where a morbid product is to be got rid of.

In most instances, the argument from experience has been drawn from results not perceptible to the eye. In most cases men have not seen the process of removal. Acute diseases which end often in effusions, adhesions, contractions, and indurations, interfering with the proper movements and functions of organs, have, when treated by mercury, less frequently terminated with such results. Therefore it was maintained that the exudation

at the bottom of such results, was prevented, or removed by the aplastic power of mercury. But in the single instance of iritis, the course of things was plain to the eye. In that disease the disappearance of plastic material poured into and upon the delicate structure of the iris could be watched, and the accelerating influence of mercury on the process, was supposed to be clearly visible. Men saw in this more even than the *hastening of removal*; they saw also the *limiting* power of mercury. The deposit was made less by it. Hence it was essential, and without it the worst results would follow. Therefore no man dared leave mercury out of the treatment of iritis; and because the exudation was retarded or removed, and the worst results prevented, no question was raised as to the action. But Dr. Williams had the courage to treat a number of cases without mercury, and found that the results were about the same as to the amount of exudation, time of disappearance, and permanent effect upon the iris.

These cases are important, inasmuch as they call in question experience, and show how much it has been looking for results, rather than waiting for them. In other words, seeing what it was supposed would happen, rather than what actually did take place. And yet experience must not be thought valueless, with all its fallacies, for after all it is the best ground we have. If experience cannot settle these questions they will remain unsettled. How much it has to do, may be inferred from the fact that it has been thought to have established the truth of much that is now known to be error. The homœopathist appeals as confidently to experience as any one. He says, you may show the homœopathic theory to be groundless, and the infinitesimal theory absurd, but in practice the system is a success, i. e. experience shows it. Experience rightly interpreted shows no such thing. How, rightly to read experience is indeed a great matter, requiring the finest powers of mind, and an immense number of instances. But with all its difficulties it is the best means we have, and we must give the beliefs of the best minds, drawn from experience, the greatest weight in the decision of many questions.

I have in this paper meant to be understood, to entertain doubt about the cholagogue action of mercury as a special action. I

have meant also to express my almost total unbelief in its possession of aplastic powers, and my equal unbelief in its *usefulness*, from any such property, if it has it, in inflammation. I acknowledge its advantages as a purgative. I admit its power over secretion, especially the salivary. It acts powerfully, apparently on the glandular system. It cures syphilis, I am fully persuaded. I know of no theory of its actions which will explain them. I would not deride experience, only protest against hasty conclusions and wrong interpretations of it. No more harm can come from skepticism, than from such extravagant statements of its power as this, by an English physician, Dr. Martin, editor of Dr. Johnson's work on tropical climates. Speaking of its action in diseases of the liver, he says: "It is in fact by this very double action of purging and increasing the secretion at the same time, that calomel relieves the loaded and inactive vessels of the diseased gland, not to speak of the other acknowledged physiological influences of the mineral, such as its increase of all the secretions and excretions of the body; its influence on the capillary circulation; its febrifuge effect; the peculiar specific power attributed to it by physicians and surgeons as an antagonist to inflammations, whether general or local; its stimulant power over the absorbent functions; its power of unloading at the same time that it gives a new impulse to the vascular system; its *peculiar* power in removing viscid and tenacious intestinal secretions; its antiphlogistic, solvent, and alterative effects on the blood;—these are the actions and uses ascribed to mercury by the ablest British practitioners and authors, and they are such as to place this remedy second only in importance to blood-letting. I think the ablest American would hardly go as far as the ablest British practitioners are thus said to go. French and German practitioners are rather inclined to skepticism on the subject, and think the English and American physicians given over to extreme confidence. Yet Trousseau rebukes their incredulity, and says, there must be good ground for the confidence felt in the antiphlogistic power of mercury, and laments the prejudice of his countrymen against this "heroic remedy." That I run counter to the belief of many in what I have said, I am fully aware.

But as to the value of mercury in many important acute inflammations, there is a difference among the best authors. To instance a

few: In pericarditis, when acute, Graves says, and Stokes agrees, our best efforts will be unavailing, "unless they be succeeded by a speedy mercurialization of the system." But Dr. Markham says, "The actual influence which the remedy possesses over the disease has yet to be shown." Dr. Flint says that, experience has prepared him to take a decided position in opposition to the importance of this measure. Fuller has seen pericarditis come on during salivation, and therefore is not a believer in its power to cure. The real value of mercury in endo-carditis has yet to be shown, though many think it safer to use than to withhold it. Dr. Walshe considers mercurialization in acute pleurisy not inferior to bleeding, but many good physicians cannot see the need or advantage of either. While Gooch, Velpeau, Churchill, and others think mercury necessary in peritonitis, Dr. Meigs rejects it, trusting to bleeding; and Canstatt thinks mercury as useless as bleeding. I think we could find practitioners here who would agree with the last. In pneumonia while English physicians generally, think mercury essential, Grisolle says he would not venture to employ it; and Flint has never had reason to be dissatisfied with its disuse. I might continue citations from other sources, but as I have already occupied too much time and tried your patience, I will bring the paper to a close with the remark, that I am as anxious as any one to learn what experience does really teach, and to follow the leading of truth, ascertained truth, let it lead where it will.

At the conclusion of the reading of the paper, Dr. Gay moved that the thanks of the Association be tendered to Dr. Lothrop for his able and interesting paper. The vote was unanimous in the affirmative.

DR. ROCHESTER remarked that he had listened with interest to the paper just read, and did not arise to make any point or enter into an extended discussion of the subject, but must differ with Dr. L. in regard to one or two points. I think we should not be guided in regard to the action of mercury upon the human system by its action upon the systems of lower animals. Their organizations are so different and varied that the results are unreliable and may lead us astray. I cannot agree with the statement that the fecal matter in the small intestines is not changed in color by the use of mercury. I have seen fecal matter in the small intestine

that was not of a light color. I have found the same matter in the gall bladder and in the small intestine. Dr. Williams is an enthusiast and his statements in regard to the treatment of iritis are not altogether reliable. Have myself tried to treat iritis without mercury, but have never succeeded as well as with it. Thorough examination and criticism is just and proper, but we must not go too far. Am much pleased with the paper and the fair manner in which the subject has been treated.

DR. STRONG said he was much interested in the paper which Dr. Lothrop had read before us. It seemed to be a very candid and philosophical resume of the historical state of mercury. Not to dwell upon the theories of its mode of operation on the specific organs and functions on which its powers are exerted, the history of the therapeutical use of mercury to my mind furnishes an eminent illustration of the evil consequences of *hobby-riding*. I suppose there will be but little dissent to this proposition, as it bears upon the old time heresies when nothing valuable was recognized in its effects in alleviating disease unless and until a free salivation was induced. Salivation being the measure and test of its value and the object aimed at. I suppose nearly all will admit now that the hobby-riding in this direction, to this extent, was rather a reckless feat. But as in everything else human, so in medicine—one extreme follows another. In this case, however, with the modification (as frequently happens,) that the extreme not only follows, but is distinctly begotten by the other. A medicine of such marked and peculiar potency could not be too freely and on too slight occasions used without producing undesirable if not pernicious results. These results would naturally excite prejudice, and prejudice naturally impairs vision, and with impaired mental vision we fail to see not only no good in its excessive and indiscreet use, but gradually come to distrust it and then to discard it altogether. These results have been reached by some authors and many practitioners. So that from being prescribed oftener perhaps than any one article of the *materia medica*, it has become not uncommon to read and to hear of its powers to control and obviate disease as being questionable or wholly ignored. *In medias res* seems to be especially appropriate in reference to the powers of mercury.

Instead of salivation furnishing any test of its virtues and to be desired, intelligent observations make it almost certain that all of its good qualities and its efficacy in treating disease may be secured without the least necessity of causing salivation. As to the testimony of authors in regard to it as quoted by Dr. L., I suppose few American practitioners are in the habit of deferring very much to the French in questions pertaining to our practical reasons in the treatment of disease. Unsurpassed, perhaps unequaled in physiological and pathological research, they seem to fail in the practical talent for combating disease by medication. As to another esteemed authority referred to as against the use of this article, I have sometimes feared that notwithstanding his general freedom from prejudice, or anything uncandid, (and in this respect I regard him generally as a model,) he has allowed his horror or disgust at the shocking abuse of mercurial preparations in certain cases to carry him to the other extreme of ignoring its positive merits in the alleviation and control of certain forms and phases of morbid processes. Now I think that some distinction needs to be made in the discussion of the merits of mercury. In a few diseases it may be said to be essential to their successful treatment. In a larger number while it may not be absolutely essential to final recovery; that is to say, patients may recover without it, yet mercury in some form is by far the most eligible remedy known to us. Or in other words, by a judicious use of mercury, at the right moment, the recovery may be materially accelerated, and thus organic and functional lesions may be avoided. I suppose that good practice consists not alone in conducting our patient successfully through their sickness, but taking them by the shortest route, and the medicine or means that do just that, is the most eligible. I believe it to be entirely demonstrable that mercury has been and can be made to control certain affections whose ultimate limit without it would be a matter of months instead of weeks. Still other cases that without it would last week after week, that by its use may be cured in as many days. And it seems to me that no amount of ingenuity of argument deduced from its excessive to common or indiscreet use, ought for a moment to prejudice us against it.

DR. JANSEN remarked that he agreed with Dr. Rochester in

regard to the treatment of iritis. Have treated a great many cases of syphilitic iritis and always with mercury. Have seen three cases treated without it with total loss of sight in every case.

DR. WHITE remarked that he did not arise to take part in the discussion or to dissent from the conclusions arrived at but to correct an error that *may* be sent abroad by what has been said in regard to the practice of the profession in Buffalo. The battle against the too liberal and indiscriminate use of mercury was fought and won twenty years ago. With all my experience at home and abroad, I make the broad assertion that there is less calomel given in Buffalo than in any of the other cities. Twenty years ago we carried the matter too far and gave too little. In our attempts at reform we must not go too far.

DR. GAY remarked that he did not feel like permitting the discussion to close without giving expression to his appreciation of the value of the paper read by Dr. Lothrop. Under the first heading the doctor has introduced the American theory of the action of mercury without, as I understand, advocating the theory itself. The remarks of Dr. Rochester upon this branch of the subject are timely and weighty, and although I could add further proof of the fallacy of the theory, I will not occupy the time necessary.

Would say a word in reference to the other topic touched upon in the paper and in the discussion, viz: the use of mercury as an aplastic. For convenience medicine might be divided into two periods of twenty years each, more or less—the mercurial and the anti-mercurial periods. Dr. White has passed through the former and is far advanced in the latter period, and has given his testimony to the great change wrought in the administration of mercury during this period of time. We may justly infer from his remarks that the day is past for the administration of mercury for its aplastic properties. I had long labored under the conviction that the action of mercury upon a serous membrane when given largely to children, and no person will doubt that during the mercurial period mercury was given to children to excess, because of the difficulty of causing pyalism, and also the action of mercury upon serous membranes when given to adults to the point of salivation was deleterious, and would impart to those serous structures a lesion which would be felt in after life. If it be not a popular

error, it is at least a popular belief that sometimes acute and chronic arthritis are in some way chargeable to mercurialization. Should there be any measure of truth in this popular belief that mercury has been an agent of destruction or injury to membranous coverings of the joints, who is able to estimate the amount of structural change produced directly by the same agency in the membranous covering of the heart, or indirectly the heart itself? Again should there be any measure of truth in such popular belief, then be assured that the injuries inflicted in childhood and manifested in adult life are but the ingathering of the harvest springing up from seed sown during the mercurial period.

Election of officers being the next order of business, an election was held with the following result:

For President, SANDFORD EASTMAN, M. D.

“ Vice President, J. R. LOTHROP, M. D.

“ Secretary, T. M. JOHNSON, M. D.

“ Treasurer, T. T. LOCKWOOD, M. D.

“ Librarian, J. B. SAMO, M. D.

By vote of the Association the President and Secretary were directed to give the proper credentials to four delegates to represent this Association at the next meeting of the American Medical Association.

Adjourned.

T. M. JOHNSON, *Secretary*.

ART II—*Case of Pyæmia after Amputation*. BY E. R. BARNES, M. D.

J. L., aged 56, desired amputation of left leg, for removal of deformity called talipes equineus.

History.—The deformity was observed at the age of two years; the patient having previously suffered from convulsions. The general health of the patient through life had been good. He had been accustomed to the free use of malt liquors. As the patient advanced in years the difficulty of walking continually increased. The weight of the body being thrown upon the extremities of the metatarsal bones, the subjacent parts became tender, and finally the seat of ulcerations which rendered locomotion very painful.

Appearance of Limb.—The foot was extended in nearly a straight

line with the leg, and much shortened. The flexor muscles of the left forearm were also contracted, producing partial closure of the hand. The left arm and leg were atrophied in a degree corresponding to the diminished use of the muscles.

Tuesday, January 22d, 1867.—The patient having been prepared as usual, Dr. Miner removed the leg at the junction of the middle and lower third, by the flap operation. The limb was placed on a pillow and the dressings were kept moist with tepid water. Contractions of the flexor muscles of the thigh ensued within a half hour, more severe than usual. A teaspoonful of McMunn's Elixir Opii was ordered, to be repeated every four hours if indicated.

Jan'y 23d.—The contractions had so much increased as, at brief intervals, to forcibly and completely flex the leg on the thigh and the thigh on the trunk, requiring unremitting attention to prevent injury to the stump. A double inclined plane was therefore firmly secured to the bed, and thickly padded with folds of flannel of sufficient width to embrace the sides of the limb. A roller bandage, passed under the splint and over the thigh and leg, controlled the movements and seemed to give much relief to the minds of both patient and friends. Injected hypodermically, one-half grain of muriate of morphia.

Jan'y 24th.—The hypodermic injection only temporarily checked the frequency and force of the contractions. On removing dressings, found the swelling moderate, and observed a slight dusky hue along the inner edge of anterior flap, and extending up the inner border of the tibia about four inches. Considerable febrile reaction; pulse 110; countenance anxious; tongue natural. Continued anodyne.

Jan'y 25th.—Pulse 120; expression anxious; face bathed in perspiration; contractions frequent and severe, with forcible opening and closing of jaws. As the left extremity could not yield, the movement appeared on the right side. Dusky hue, well marked, with some redness.

Heretofore the patient had been kept fully under influence of anodyne, and had taken a tablespoonful of whisky at intervals. Having been accustomed to the use of beer this was substituted, and the anodyne was discontinued, except one dose at night. Slight, thin, dark discharge from stump.

Jan'y 26th.—General appearance better; pulse 100; discharge more free, but thin and discolored. Erysipelas had distinctly appeared in anterior flap, and region previously discolored.

Jan'y 27th.—Improving in general; erysipelas spreading. Ordered enema, which caused moderate evacuation. Used warm water dressings; removed two sutures.

Jan'y 28th.—Bowels moved freely. Erysipelas had extended up to knee, covering leg anteriorly, with much swelling and tension. Posteriorly, leg quite natural. Took out all sutures; removed splint; endeavored to maintain partial extension by suspending limb.

Jan'y 29th.—Erysipelas had not extended. Discharge abundant, and in color and consistence better, but not laudable. Odor offensive, requiring all dressings to be removed, twice a day.—Placed limb upon a pillow, flexed, but at second visit found he had soon cast this off. Renewed suspension.

Jan'y 30th.—The flexor muscles of the thigh having maintained powerful traction on the leg, causing it to bear firmly upon the sling used for suspension, had produced some congestion of flaps. Further efforts to maintain extension were abandoned. The leg was allowed to assume a position of complete flexion on the thigh. A pillow was placed under the limb, securely fastened to both thigh and leg, and supported so as to protect the stump from injury. In this position the limb subsequently remained.

Jan'y 31st.—Pulse 85; skin and tongue natural; appetite good; erysipelas had ceased to extend; warm water dressings discontinued; used simple cerate on dressings, next to skin; narrow slough on edge of anterior flap; discharge free, but dark and offensive.

Feb'y 1st.—Copious purulent discharge, slightly greenish.

Feb'y 2d.—Removed some sloughs of cellular tissue; erysipelas much diminished; general condition good; pulse 75.

Feb'y 7th.—Removed ligatures; discharge laudable; erysipelas nearly or quite disappeared; general condition good. Patient complained of pain along inner border of tibia, most acute near its extremity, which he had felt for many days.

Feb'y 15th.—To date, the case had apparently progressed favorably. The erysipelatous inflammation disappeared, leaving however a point near the extremity of the tibia excessively painful to the

touch. Skin over this point was bluish, thin, and sank into a circular depression three-fourths of an inch in diameter. Pressure on this point caused a thin discharge from edge of flaps. Flaps entirely united except two small openings. A probe passed through these reached the sawn end of tibia, which was rough. The only discharge which remained, came through these openings from the spot indicated. In all other respects stump seemed perfectly healthy. A small abscess of the cellular tissue appeared behind the left tuber ischii, which quickly healed on removing pressure. Patient had complained for three or four days of having caught cold, which caused a slight cough and some hoarseness at times.

On the night of the 14th February he was attacked with pain in the right side, aggravated by a full inspiration, very acute on coughing. Patient's condition was much changed at date. Temper irritable; expression somewhat anxious; pulse 100, and weaker; tongue coated; appetite diminished; sputa tenacious, and raised with difficulty; no dullness observed on percussion; crepitant rales. Patient had voluntarily applied mustard to chest, from which, he said, was some alleviation of pain. As bowels had not moved for two days, ordered an enema. Gave a mild expectorant and diaphoretic.

February 15. Pulse 105; sputa streaked with blood; urine high colored; complained now of pain in right lumbar region; sat up several hours; in moving, said right leg was getting weak; when reclining, said it was the seat of slight, dull pain; enema did not act; moved bowels by ol. ricini; taking stimulants and nourishing food.

Feb. 17. No change.

Feb. 18. The right lower extremity exhibited a diminished temperature and a languid circulation; the skin presented a mottled appearance; had pain throughout limb; desired it supported under knee by pillow; no morbid appearance about stump or left lower extremity; ordered warm applications to whole of right limb.

Feb. 19. During twenty-four hours the right lower extremity had immensely swollen; skin tense; tissues hard; color dark and purplish; temperature unchanged; painful; thigh very painful to the touch; patient said he felt now no pain in chest or abdomen;

pulse rapid and very weak; countenance very anxious, shrunken and bathed in perspiration. An incision deep into the thigh was followed by dark, sluggish blood. Stump diminished in size and much whiter than before; cicatrix blueish; no morbid appearance about left limb; applied fomentations to right limb and ordered stimulants every half hour.

Feb. 20. No vitality remained in right leg; patient died at six P. M.

The cause of death in this case was, apparently, that vitiated condition of the blood denominated pyaemia, which first manifested itself in the access of pneumonia in the right lung, with the decided constitutional change then noted, and which caused phlebitis, subsequently developed throughout the right lower extremity. The leg had, anteriorly, been the seat of erysipelas, which on subsiding left a point near the extremity of the tibia, the seat of a low form of inflammation. This existed at the time of the occurrence of pyaemia. During the progress of this case I was several times assisted by the counsel of Dr. Miner.

On dissecting the bones of the foot, it was seen that the phalanges were at right angles to the metatarsal bones; the plantar ligaments were much shortened, drawing downwards the os-calcis; the head of the astragalus presented a large, well-rounded articular surface; the body of the astragalus was tilted inwards, leaving a space between its outer margin and that of the os-calcis of more than half an inch. In this space had grown up, from the astragalus and from the os-calcis each, a new osseous growth, terminating in a facet, that of the astragalus looking backward, that of the os-calcis looking forward. These moved upon each other as do the articulating facets of the spinal vertabræ. The surface of the astragalus, intended for articulation with the tibia and fibula, was eroded; while the bones of the leg had formed a new articulating surface, extending back half an inch on to the os-calcis. Into this new joint extended from behind, two wedge-shaped bones, one symmetrical, the other irregular.

The motions of the foot were two in number, and very limited. That of flexion and extension, was between the surfaces of the tibia and fibula, and astragalus and os-calcis. The lateral motion was produced by the play of the astragalus, through its head and facet upon the scaphoid and os-calcis.

Correspondence.

Correction by the *Northwestern Christian Advocate*.

66 Washington St., Chicago, April 23, 1867.

J. F. Miner, M. D. :

Dear Sir:—I have received your March and April numbers, and have been much gratified by your kind notice of our article on "Criminal Abortion." We will continue the war in some shape. In your April number you speak of the *Northern Christian Advocate*. Our *Advocate* family is large and our paper is called the *Northwestern*. The *Northern* is published at Auburn, N. Y., and your misprint will mislead most of your readers.

We, as editors, fully agree with you in your denunciation of a species of advertisements. These we cannot control, as they are in the hands of our *publishers*. We wish we could entirely expurgate them.

With kindest regards,

I am, yours truly,

A. EDWARDS.

PERKSKILL, March 25, 1867.

Dr. Miner—My Dear Sir:

I send you the inclosed Table, relating to Senators of United States, prepared by my friend, J. M. Toner, M. D. You will probably think it worth publishing, together with his comments in the accompanying *Medical Register*. I think the facts worthy of preservation in a durable form.

In haste, very truly,

Yours, etc.,

C. A. LEE.

Senators of the 1st Session, 39th Congress.

The following table showing the physical characteristics of the members of the U. S. Senate, was prepared in July, 1866, by Frank Cowan, Esq., with great care, from inquiry and actual measurements made by himself. The table, with an able introductory article, on the subject of the figures and the Etymologies of the names of the Senators alphabetically arranged, was published in *Sutton's Reporter*, Washington, January 14, 1867:

Table of the Physical Characteristics of the Members of the Senate.
Prepared 1st—10th July, 1866.

NAMES.	HEIGHT		WEIGHT	CHEST	HEAD	BIRTH
	Feet	Inches	Lbs.	Inches.	Inches.	
Anthony.....	5	11 $\frac{1}{8}$	192	41	22	1 April, 1815
Brown.....	5	7 $\frac{1}{4}$	119	33 $\frac{1}{2}$	22 $\frac{1}{4}$	28 May, 1826
Buckalew.....	5	9 $\frac{5}{8}$	129	34	22 $\frac{3}{8}$	28 Dec., 1821
Chandler.....	6	1 $\frac{3}{8}$	208	41 $\frac{1}{2}$	22 $\frac{3}{4}$	10 Dec., 1813
Clark.....	6	3 $\frac{3}{4}$	154	35 $\frac{1}{4}$	23	24 Oct., 1809
Conness.....	5	6 $\frac{5}{8}$	166	39	23	6 Oct., 1822
Cowan.....	6	3 $\frac{1}{4}$	186	40	22	19 Sept., 1815
Cragin.....	5	9 $\frac{3}{8}$	177	39 $\frac{1}{4}$	23 $\frac{1}{2}$	3 Feb., 1821
Creswell.....	5	8 $\frac{3}{8}$	201	41 $\frac{1}{2}$	23 $\frac{1}{4}$	18 Nov., 1828
Davis.....	5	5 $\frac{3}{8}$	127 $\frac{1}{2}$	36	23	10 Sept., 1801
Dixon.....	5	10 $\frac{1}{2}$	175	40	23 $\frac{1}{2}$	5 Aug., 1814
Doolittle.....	5	10 $\frac{1}{2}$	200	41	23 $\frac{1}{2}$	3 Jan., 1815
Edmunds.....	6	7 $\frac{5}{8}$	143	35 $\frac{1}{2}$	22 $\frac{3}{4}$	1 Feb., 1828
Fessenden.....	5	10	130	33 $\frac{1}{2}$	22 $\frac{1}{2}$	16 Oct., 1806
Foster.....	5	11 $\frac{1}{2}$	140	35	23	22 Nov., 1806
Grimes.....	5	11 $\frac{3}{8}$	161	37 $\frac{3}{4}$	24	20 Oct., 1816
Guthrie.....	6	2	220 $\frac{1}{2}$	42 $\frac{1}{2}$	22 $\frac{3}{4}$	5 Dec., 1792
Harris.....	6	1	219	42 $\frac{1}{2}$	23	31 May, 1802
Henderson.....	6	1	132 $\frac{1}{2}$	35 $\frac{1}{2}$	22 $\frac{3}{8}$	16 Nov., 1826
Hendricks.....	5	9 $\frac{3}{8}$	175	39 $\frac{3}{4}$	23 $\frac{1}{2}$	7 Sept., 1819
Howard.....	5	9 $\frac{1}{2}$	206	42 $\frac{3}{4}$	23 $\frac{1}{2}$	10 July, 1805
Howe.....	6	7 $\frac{7}{8}$	163 $\frac{1}{2}$	38	23 $\frac{3}{4}$	24 Feb., 1816
Johnson.....	5	6 $\frac{7}{8}$	170 $\frac{1}{2}$	38 $\frac{1}{2}$	23 $\frac{1}{2}$	21 May, 1796
Kirkwood.....	5	10 $\frac{3}{4}$	172	37 $\frac{1}{2}$	22 $\frac{1}{2}$	20 Dec., 1813
Lane, of Indiana.....	5	11 $\frac{1}{2}$	142	34	21	24 Feb., 1811
Lane, of Kansas.....	5	11	140	38 $\frac{1}{2}$	23	22 June, 1814
McDougall.....	5	6 $\frac{3}{8}$	134	37	23	9 Nov., 1817
Morgan.....	6	1 $\frac{3}{8}$	202 $\frac{1}{2}$	42	23	8 Feb., 1811
Morrill.....	5	8 $\frac{7}{8}$	152	36 $\frac{1}{8}$	22 $\frac{3}{4}$	3 May, 1813
Nesmith.....	5	9 $\frac{5}{8}$	200	41 $\frac{1}{2}$	24	23 July, 1820
Norton.....	5	7 $\frac{5}{8}$	148	36	22	12 April, 1829
Nye.....	5	9 $\frac{1}{2}$	191 $\frac{1}{2}$	42	23 $\frac{1}{4}$	10 June, 1815
Poland.....	5	9 $\frac{7}{8}$	163	38 $\frac{1}{4}$	23 $\frac{3}{4}$	1 Nov., 1815
Pomeroy.....	5	9	232	44	24	3 Jan., 1816
Ramsey.....	5	10 $\frac{3}{4}$	211 $\frac{1}{2}$	41	23	8 Sept., 1815
Riddle.....	5	9 $\frac{1}{2}$	117	32 $\frac{3}{4}$	23	26 Nov., 1817
Saulsbury.....	5	11 $\frac{3}{4}$	183	38 $\frac{1}{2}$	23	2 June, 1820
Sherman.....	6	2 $\frac{1}{4}$	157	35	23	10 May, 1823
Sprague.....	5	8 $\frac{5}{8}$	145	34	22 $\frac{1}{4}$	12 Sept., 1830
Stewart.....	6	1 $\frac{3}{8}$	187	40	23	9 Aug., 1827
Sumner.....	6	3 $\frac{1}{8}$	204 $\frac{1}{2}$	39 $\frac{3}{4}$	23	6 Jan., 1811
Trumbull.....	5	10 $\frac{1}{2}$	150	35 $\frac{3}{4}$	22	12 Oct., 1813
Van Winkle.....	5	7 $\frac{3}{4}$	234	43	24	7 Sept., 1808
Wade.....	5	8 $\frac{3}{4}$	185	41 $\frac{1}{2}$	23	27 Oct., 1800
Willey.....	6	1	162 $\frac{1}{2}$	38	22 $\frac{1}{2}$	18 Oct., 1811
Williams.....	6	1	178	40 $\frac{1}{2}$	22 $\frac{3}{4}$	26 March, 1823
Wilson.....	5	10	180 $\frac{1}{2}$	40 $\frac{1}{4}$	22 $\frac{3}{4}$	16 Feb., 1812
Wright.....						1791
Yates.....	5	9 $\frac{1}{2}$	153	36	23	18 Jan., 1817
Averages.....	5	10 $\frac{1}{2}$	171 $\frac{1}{4}$	38 $\frac{1}{2}$	22 $\frac{3}{8}$	51 11 14

NOTE.—The above measurements of height were taken with boots on—measurements of chest over vest but under the coat.

It appears from this physical survey of the personnel of the U. S. Senate that the tallest member "is Mr. Cowan, the shortest, Mr. Davis, while fourteen of the forty, are six feet in height; the heaviest, Mr. Van Winkle, the lightest, Mr. Riddle, while twelve weigh two hundred or more. The Senator with the largest chest, Mr. Pomeroy; the smallest, Mr. Riddle; while nineteen have chests measuring in circumference forty inches or more; the possessors of the largest heads are Messrs. Grimes, Nesmith, Pomeroy and Van Winkle, the smallest, Mr. Lane, of Indiana, while thirty have heads measuring in circumference twenty-three inches or more; the oldest, Mr. Wright, the youngest, Mr. Sprague, and thirty-one have lived for more than half a century."

The foregoing table shows that in all the points observed our Senators exceed the average of mankind in all parts of the world as well as the average of our own country. As legislative bodies in their selection bear a certain relationship to the masses of the people so do their averages bear a relationship one to the other, but whether or not these averages are proportionate has not yet been ascertained. That is whether or not the higher and more select the body the more striking the relationship between it and the people from which it is selected. The investigation started by Mr. F. Cowan is novel, and as yet has not been carried far enough nor contrasted with similar legislative bodies in other countries to make the deductions which more extensive investigations in this direction will enable us to do. Is it true that because the average of physical development of our Senators is greater than the average of their countrymen, that, therefore they have greater mental and moral power?

That lineage and race stamp mental and moral characteristics and capacities as well as physical peculiarities upon individuals is a well recognized fact in the science of ethnology.

The lineage or nationalities deduced from the etymology of the names of the Senators differs slightly from those given by themselves, but the variation is so trifling as not to impair the law.

	English	Scotch	Welsh	German	Dutch	French	Irish
Deduced from Etymology of names.	29	8	4	3	2	2	1
Ancestry as given by the Senators.*	23	8	3½	¾	¾	2	4¾

* Six not given.

The preponderance of Senators of English descent is very great. When the proportion of nationalities represented in our whole population is known the significance of these figures will be increased.

From the interesting and carefully prepared table of Mr. Frank Cowan it appears that the average "age of the Senators was on the 1st of July, 1866, 51 years, 11 months and 14 days."

The mean life-time or average duration of life in America as inferred from elaborate examinations of records of population and mortality in Massachusetts, and of other States from data worked up by Mr. E. B. Elliott, M. A., delegate from the American Statistical Association to the late International Statistical Congress at Berlin, Prussia, 1863, is about forty years; this does not differ essentially from the average in England and Wales, and in France, but is somewhat higher than in Prussia and certain other European countries.

The mean age of a generation in America considered as *stationary*, as derived from the same records that is between 32 and 33 years, and the mean future life-time of such generation is also between 32 and 33 years.

The mean age, and also the mean future life-time of a generation of people in England are each nearly the same—that is, between 32 and 33 years.

During the working period of life, say from the age of 15 to 45, and also in early infancy, the rate of mortality appears to be somewhat greater in the United States than in England. During the remaining period—that is, childhood and advance years—it is less here. The rate of mortality among infants on the continent appears in general to exceed the American rates.

The average age of soldiers in the volunteer forces of the United States during the late civil war was from 23 to 26 years. That army, as would probably prove the case with all volunteer armies, having been supplied and recruited mainly from the young.

Mr. Elliott has shown that the mortality of soldiers at specified ages of life in the army diminishes rapidly with advanced age, and in accordance with a very simple law—that is, that the differences of the numbers at different ages of life diminish very nearly by a geometrical progression.

The average ages of the soldiers in the British army (not recruits) serving at home in 1860, was 23 years. The average age of European troops in India for ten years, 1847 to 1857, was 23½ years.

The average age of soldiers, officers and men serving in the Prussian army in 1861, was 23½ years.

The average height of Senators of the Thirty-ninth Congress, according to the measurements of Mr. Cowan, is about 70½ inches, (or five feet ten and a half inches;) which is about two and a half inches (or 3½ per cent.) in excess of the average height of mankind.

The average height of men in general is probably about sixty-eight inches. The height of recruits to the late volunteer forces of the United States, according to Mr. Elliott's data, was from sixty-seven to sixty-eight inches. That of recruits to the regular army of the United States, for a series of years prior to the late war, appears to have been nearer sixty-nine (68.8) inches.

From the report of the Provost Marshal General of the United States, we find that in the examination of 237,391, the average height barefooted was found to be nearly sixty-seven and a half inches.

While in forty-seven nationalities collected in the same report, the average of 343,764 examined, the average height was found to be sixty-six and three-quarter inches, nearly.

That of recruits to the British army in the years 1860 and 1861, was sixty-six and one-half inches. That of British soldiers, (not recruits, but in general older and consequently somewhat taller than recruits,) in 1846, was sixty-eight and one-half inches. That of French conscripts for a long series of years, sixty-five and one-fifth (65.2) United States inches. That of French soldiers sixty-five and three-fourths (65.75) United States inches. From that it appears that the French soldier is somewhat shorter than either the English or American; the two latter being nearly of the same height.

The mean variation of the height of the American volunteers from the average height was about two inches; being the same in excess as in defect.

The average measurement about the chest of the Senators is $38\frac{1}{2}$ inches, which exceeds somewhat that of men generally. The circumference of the chest (taken under the coat and vest) of United States volunteers of the late army of the Potomac, was about 35 inches. The mean variation of the measurements from the average circumference of these soldiers was one and two-thirds inches; and the same in excess as in defect.

The three States presenting the tallest average men, according to the Provost Marshal's report, Minnesota, sixty-seven inches and ninety-one hundredths; Kansas, sixty-seven and thirty-five hundredths; Kentucky, sixty-seven and thirty-four hundredths. The shortest, the District of Columbia, sixty-six inches; West Virginia, sixty-five inches and twenty-eight hundredths; and New Hampshire, sixty-five inches and twelve hundredths.

The average chest measurements as given in the Provost Marshal General's Report, thirty-five inches and sixty-one hundredths on respiration, and thirty-three and eleven hundredths of an inch on expiration. The same measurements collected from forty-seven nationalities found in the same report is found to be—on respiration, 35.59; on expiration, 33.12.

The three States giving the largest average chest measurements on inspiration were Kentucky, thirty-six inches and thirty-seven hundredths; Maine, thirty-six inches and five hundredths; and Illinois, thirty-six inches and nineteen hundredths. The smallest, Rhode Island, (33.00) inches; New Hampshire, (34.32) inches; and Massachusetts, (34.34) inches.

The weight of the Senators was about $171\frac{1}{2}$ pounds avoirdupois; that of soldiers in army of Potomac having been about $147\frac{1}{2}$ pounds, which probably differs but little from, although, perhaps, somewhat less than the average weight of Americans generally.

The weight of recruits, already mentioned, to the British army in 1860 and 1861, was nearly one hundred and thirty pounds, ($129\frac{1}{2}$) which is somewhat less than that of the American soldiers, but their ages were also less, consequently some such difference might be expected.

The average circumference of the heads of the Senators, taken a little lower than the hat is usually worn, is about twenty-two and five-sixths (22.83) inches; that of the U. S. volunteers above men-

tioned having been about twenty-two and one-fifth (22.2) inches. The measurements of the U. S. soldiers were taken about the frontal eminence, and the greatest projection of the occiput—largest measurement—the process not differing essentially from that adopted with the Senators. The excess of the measurement in case of Senators was about two-thirds of an inch.

To the Editor of the Buffalo Medical and Surgical Journal:

That the inhalation of oxygen gas is destined to become an important healing agent, may be inferred from the success which has already attended it. In sickness a preponderance of oxygen is necessary to decompose the carbonized matter in the blood, and to excite new action in the diseased parts. Over fifty years ago Dr. Beddoes began to treat diseases of the lungs by the employment of various gases to be inhaled from a bladder; and of twenty-two cases of asthenia treated by him by the inhalation of oxygen, ten were cured and nine relieved. M. Demarquay, who has devoted much attention to the use of oxygen inhalation in medicine, says, in speaking of its therapeutic indications, that, in the early stage of phthisis, where there is no fever, and no fear of exciting local action, when the patient is becoming emaciated, and emaciation is increased by persistent dyspepsia, oxygen may have a salutary influence in modifying the state of the constitution and sustaining the organism. In senile gangrene, as long as the circulation continues in the artery of the foot, oxygen is, according to the observations of MM. Langier, Demarquay and Maurice Reynaud, the only remedy which in advanced cases affords a chance of recovery. The inhalation of oxygen is beneficial not only in pulmonary and bronchial affections, but also after typhus, typhoid and other low types of fevers, wherein an impoverished condition of the blood exists, lacking in the vitalizing principles of oxygenation. Oxygen renders incontestable service in essential anæmia. It is especially indicated in that form of chlorosis of young girls which is characterized by obstinate anorexia; in the anæmia of convalescents, and in the anæmia, often severe, of newly-delivered females. The inhalation of oxygen is also successful in anæmia arising from hemorrhage or from fatigue, and is also a very ener-

getic remedy in the debility produced by prolonged suppuration; it stimulates the appetite, sustains the powers of the patient, and enables him to attain to recovery. In diabetes, under the influence of oxygen inhalation, the quantity of sugar contained in the urine is remarkably diminished. (*Gaz. Med. de Paris*, 14 April, 1866.)

The primary action of oxygen inhalation is prompt, while its secondary or more remote effects are permanent and highly salutary. The invigoration is continuous and persistent without subsequent depression, as is the case with most other stimulants. I have used with great success protoxide of nitrogen, with the addition of two-thirds of pure oxygen gas, the natural affinity of nitrogen and oxygen favoring such a combination. This can be medicated, since owing to its rapid absorption by the blood, remedies are made to permeate the system much sooner and more effectively than when applied through the medium of the stomach and lacteals. The gas should be generated at a nearly uniform heat between 400° and 410°. The gas should be *strained* through at least four or five carefully perforated glass vessels holding from one-half to two gallons each, so that every portion may come in contact with the washing fluid. The gas, for preservation, should be confined in properly constructed metallic vessels over water.

During the past year I have administered this combination to over fifty persons with remarkable success. The Rev. S. I. D. came to my office from an adjoining city, suffering from phthisis. Upon examination I found tubercles upon his left lung extending as low as the third rib. It was with difficulty that he could walk the short distance from his lodgings to my office. The inhalation of oxygen gas arrested the deposit of tubercles. In nine weeks he had gained six pounds in weight and was able to walk three or four miles every day. He has now resumed his duties as pastor, and considers himself a well man. G. S. P. had suffered for fifteen years with catarrh; he was partially deaf, was unable to smell, and his eyes were very weak. He has now been inhaling oxygen six weeks. His deafness is entirely relieved; he has regained his sense of smell, and I have no doubt but that he will be entirely cured. In scrofula its effects are magical. I have also given it for asthma, bronchitis, rheumatism, neuralgia, paralysis,

dyspepsia, nervous debility and mercurial diseases with the greatest success.

CHAS. H. S. DAVIS.

Meriden, Conn.

MERIDEN, Conn., 4th mo., 30, 1867.

Dr. J. F. Miner:

Dear Sir:—My attention was first attracted to the inhalation of oxygen by reading Birch's work "On the Therapeutic Action of Oxygen with cases proving its singular efficacy in various Intractable Diseases;" London, 1837. Davy's "Chemical and Philosophical Researches," 1793, and a small work "On the Inhalation of Gases and Medicated Vapors, by W. Abbotts Smith, M. D., M. R. C. P."

I know that ignorant pretenders have made a specialty of the inhalation of oxygen and other gases, but I am confident from the experience that I have had with it that there is great remedial virtue in it. I notice that Dr. Sprague, in the *Boston Medical and Surgical Journal* for May 17, 1866, and Dr. McLain in the *New Orleans Medical and Surgical Journal* for March, 1867, have recommended the use of nitrous oxide in the treatment of disease.

I never put this foremost as a cure-all, but in old chronic cases where I have tried everything else, I then try the effects of oxygen, and always with benefit. I have now under treatment a lady who has suffered for the past six years with catarrh, having lost entirely her sense of smell. I have given her about two gallons of oxygen every day for about three weeks, and she has now partially recovered her sense of smell and has very little discharge from the nose.

I should be pleased to write an article on the subject for publication, giving my own experience. I should be pleased to inform any regular practitioner the whole *modus operandi* of the manufacture of the gas, and other information in regard to its inhalation.

Yours, respectfully,

CHAS. H. S. DAVIS, M. D.

OBITUARY.

DIED—August 15, 1866, in Chicago, PHILIP S. DORLAND, M. D., of East Hamburg, Erie county, N. Y.

Our departed brother was worthy of something more than just the passing notice, "died." He left his field of usefulness in early manhood, being but twenty-nine years old at his death, yet he had won for himself a reputation for professional skill, for christian kindness and sympathy, for strict integrity, and for faithfulness in the discharge of every duty that many of the older members of the fraternity might well envy. His success was achieved by his own unaided efforts. He was emphatically a worker. He ever felt that he was engaged in a very serious and very responsible business, and upon his death-bed in looking over his past career in the light of eternity, he declared that in every case of sickness entrusted to his care, he believed he had done his whole duty to the best of his ability, and he expressed joy at the prospect of being translated through the goodness of his Heavenly Father from this scene of labor and responsibility to those realms of blessedness that he felt he was going to inhabit. Faithful and true in life, he was cheerful and happy in death. May his short but successful career be the means of stimulating the young men of our profession to increased diligence and honesty, the only sure road to permanent success.

The immediate cause of his death was hemorrhage from the lungs. The great exposure inevitably connected with an extensive country practice in this latitude had produced a severe bronchitis from which he had suffered much for two or three years previous to his death; occasional spitting of blood accompanying it. He was on his way to Minnesota for the benefit of his health, and had reached Chicago in good spirits and full of hope, but was there prostrated by a very severe attack of hæmorrhage, from which he was unable to rally. He had the benefit of the skill and unremitting attention of that excellent physician and christian gentleman, Prof. Davis, of Chicago. He survived the attack but a few days, passing away at peace with all the world. His remains were brought to East Hamburg for interment, where an immense concourse of people testified their love of the man and

appreciation of his worth by their sadness, their expressions and their tears. Peace to his ashes.

East Hamburgh, May 11, 1867.

DIED—At Warren, Pa., February 11th, 1867, GAILBRAITH A. IRVINE, M. D., aged 57 years.

Dr. G. A. Irvine was born in Sunbury, Pa., July 1, 1811, and was from one of the most ancient and respectable families in the State; Gen. Irvine of the Revolution, being his grandfather. He early chose that profession which was the first command of our Savior to his disciples, "heal the sick," graduated at the University of Pennsylvania, and was appointed Physician and Surgeon to the Philadelphia Alms House. His health failing in that position, he removed to this county in 1838, which became his residence until his death.

Dr. Irvine was one of the Curators of the Buffalo Medical College, and by his devotion to his profession, of which he was an honor and ornament, won for himself an extensive acquaintance throughout the State. He was generous to the poor, a firm believer in the doctrines of the Bible, kind and affectionate as a father and husband, and has left a lovely and amiable family who mourn his loss, and refuse to be comforted, because "he is not." We hope it may be said to him, "I was sick and ye visited me."

T. F. PARKER, M. D.

Warren, May 14, 1867.

Miscellaneous.

Extract from an Address read before the Indiana State Medical Society, by the President,

DR. B. S. WOODWORTH, OF FORT WAYNE.

Let me describe a very few things which I consider charlatanic in the regular Physician, and the Physician above mediocrity too:

1st. There is the so-called author, who edits, as he calls it, a reprint of some English standard work—by writing a few unimportant notes and appending them to the book, and then having his

name on the title page. Not to call any names, Philadelphia can boast of more physicians who have this cheap notoriety than any other city that I am acquainted with, though New York and some other cities contain some of the same sort. This I call gabbling to little purpose, or charlatantry; and certainly, although it may be rather harmless, it is not to be commended. There ought to be an international copyright law, to prevent these literary piracies. If it were not for being invidious or personal, I would like to name some of the worst specimens of this sort, but they will readily occur to you all.

Another charlatanic practice is puffing one's self, or having one's self puffed in the secular newspapers for the performance of some surgical operation, or for the performance of some wonderful cure. I very much fear that many of us have been tempted to connive at this practice, if not to do the very act. I recollect that I read not very long since, a long newspaper article of a really very good physician, that abounded in the most fulsome flattery and egotistical bombast, which described a wonderful cure performed by himself, after the patient had been given up by divers other physicians. We all know that the practice is reprehensible, and contrary to good manners and the code.

Another practice in our larger towns where the physicians prescribe, which ought to be condemned, is, the agreement between physicians and apothecaries that the physicians shall have a certain per cent. of all prescriptions which he may send to their shops, thereby tempting the physicians to write as many prescriptions of cheap, worthless drugs as he can without incurring suspicion of the collusion. I have known of many such cases, and I have myself often had such offers. No honorable physician should engage in any such dicker.

The practices of the real, downright quacks, I shall not undertake to describe. We are all too familiar with them. We know that their sole object is to live and get rich by imposing upon the public. They are all in the same stratum, whether in the form of a little pill peddler of infinitesimal sugar pretenses; "the mystical, scientific, radicalism of the drawing-room;" the rejuvenated Thompsonian fire eaters, now yeleft eclectic; or "the common sense, scientific radicalism of the barn-yard;" that system which

Charles Lamb said was not new nor wonderful, but as old as the deluge, and like it, killed more than it cured, *i. e.* hydropathy; or the traveling mountebanks, abortionists, et al. They are all enemies of legitimate medicine, and ergo, of mankind.

And now the question is, how shall we combat them, or rather their systems and practices, for it will never do to have anything to do with them personally. That they can be combatted successfully, I verily believe; and that in the good time coming quacks of all sorts will be scarce, I doubt not.

Next to the education of the people universally in medical knowledge, a thing which will not probably be accomplished before the millenium, the most important means to put down quackery, as I before said, is to elevate the standard of our own education (and indeed I know of no other means to do it,) thereby producing the results which I shall shortly mention. This proposition is a truism, as we all admit.

But the profession are not all agreed as to the best ways to arrive at this consummation so devoutly to be wished for. The American Medical Association has been discussing the subject ever since the formation of the society, without accomplishing a great deal, and our State society, has agitated the subject annually, without any very important results, though if we had the zeal of our learned friend, the late chairman of the Committee on Medical Education, who is certainly entitled to great credit for his perseverance under discouraging circumstances and difficulties, something more might perhaps have been accomplished.

But my chief design on this occasion is to mention what I conceive would be the effect of elevating the standard of medical education. One effect would be to lessen the number of physicians which, as everybody knows, is now, and for a long time has been superabundant, in fact, Legion. "Plato," says Burton, "made it a great sign of an intemperate and corrupt commonwealth when lawyers and physicians did abound;" and the Romans distasted them so much that they were often banished out of their city; as Pliny and Celsus relate, for 600 years not admitted. There is a far greater number than can get a decent living by the profession exclusively, and so they either drag out a miserable existence in poverty, or else unite with their drug-peddling (for it is nothing

else) some other menial occupation. I know one who is a preacher (who will for this, probably, never be in any danger of having that "theological moxa" applied, with which Dr. Calvin killed our brother Servetus, as Holmes said,) "a justice of the peace, a tavern keeper, postmaster, hotel proprietor, attorney at law, physician, school teacher, &c., a Methodist minister, who can chew as much tobacco and drink as much whisky as any other man. And I am acquainted with several who have a nearly equal versatility of talent.

We all readily see that these things not only lower the profession in the estimation of the public, but that they also totally unfit a man to practice our profession successfully; for no man can be a skillful and successful practitioner of medicine who does not devote his undivided time and attention to this business, and no physician has any moral right to engage in any other business or occupation while he pretends to practice medicine.

Another effect of elevating the standard of Medical Education will be to make something more out of physicians than mere drug-prescribers; and by this I do not mean that they will ignore medicines altogether, by no means; but that they will use them in proper quantities, and at the proper times, and thus only. And here let me say, that whether we believe in all that the "Autocrat of the Breakfast table" has said, and float into his "currents or not," we can, I think, most of us heartily subscribe to one of his sayings in his late romance of *Elsie Venner*, where he says about the old doctor, "Some very silly people thought the old doctor did not believe in medicine because he gave less than certain poor, half-taught creatures in the smaller neighboring towns, who took advantage of the people's sickness to disgust and distaste with all manner of ill-smelling, and ill-tasting, and ill-behaving drugs—to tell the truth, he hated to give anything noxious or loathsome to those who were uncomfortable enough already, unless he was very sure it would do good—in which case, he never played with drugs, but gave good, honest, efficient doses. Sometimes he lost a family of the most boorish sort, because they did not think they got their money's worth out of him, unless they had something more than a taste of everything he carried in his saddle-bags." While I cannot subscribe to all the doctrines of Sir John Forbes,

and while I think the mutual admiration Professors of the American Athens to be somewhat ultra, I yet think that they have done incalculable good to legitimate medicine, by unmasking that absurd delusion, Homeopathy, as well as other quackeries. And if I mistake not, already a majority of the most enlightened physicians are with Professor Hughes Bennett, as opposed to the more heroic party.

Editorial Department.

Resolutions of the Convention of Medical Teachers.

The space occupied by report of the proceedings of the American Medical Association, and of the Convention of Teachers of Medical Colleges, prevents extended remark upon the action of either of these bodies, though every member of the profession will feel a deep interest in both.

The subjects presented for the consideration of the Convention of Teachers, have been for many years under consideration, but no definite and positive results have ever been attained. One of the first objects proposed in the organization of the American Medical Association was, "that a uniform and elevated standard of requirements for the degree of M. D., should be adopted by all the Medical Schools in the United States;" and it was resolved that young men, before being received as students of medicine, should have acquired a suitable preliminary education. This general question has been under consideration for a long period; but from inherent difficulties and differences, from local and other interests, no definite and harmonious action has resulted. It cannot be expected that so great changes can be proposed without differences of opinion, in many respects—while in some of the changes proposed, all will agree. That medical students should have acquired preliminary education before being matriculated in a medical college, should attend three terms of Lectures, and pursue the study of medicine four years, are changes which can hardly be opposed by those who have the good of the profession in view. That the terms of Medical Lectures have been too short, and that too much has been expected of students during these terms, is also quite obvious. Six and sometimes seven lectures daily, of an hour each, have proved more than most students could listen to with advantage; and there can be no doubt that four lectures thoroughly digested would be more instructive than six, which it would generally be too tiresome to attend. Extension of Lecture term, then, will be a kindness and an advantage to medical students. Upon the point of what shall be taught before graduation, and what left to be attained after, great differences may be expected to prevail. That department of medicine which receives the attention of a teacher, is apt to rise in his estimation, to the highest rank, and be the most important in character, and first to be obtained. That the field has grown wider,

and much more is now to be taught than was formerly necessary or possible, cannot be doubted; and no one but will see a propriety and an advantage in suitable provision for full instruction in all the general divisions of medical knowledge. The propositions presented to the American Medical Association and adopted quite unanimously by the Convention of Medical Colleges, merit the approval of the profession; and it cannot be doubted that medical schools will conform in letter and spirit as fully and as early as possible. Public sentiment in medicine is as powerful as elsewhere, and will favor those who cheerfully accept its reasonable demands. It was proposed to introduce a Professorship of Medical Ethics; evident, in the view of the author, that physicians were deficient in the common civilities and courtesies of life. If the first proposition is adopted, and students are required to be preliminarily educated, the "medical ethics" will hardly require to be specially taught. I have scarcely known cultivated physicians misuse each other; it comes of ignorance, uncultivated and uneducated barbarity. Medical Ethics requires attention, but cannot be reduced to arbitrary rules and regulations. Regard for the feelings and interests of others in the same profession, is a natural element in the composition of an educated gentleman; and if a physician has any appreciable amount of the better qualities of humanity, his ethics will be unobjectionable.

Other propositions were offered, but rejected, after discussion, and the result of the deliberation of Medical Teachers is exceedingly creditable to the various delegates and the institutions which they represented. Young men who have commenced the study of medicine, and those who propose to commence, may at first look upon the anticipated changes, as imposing upon them increased labors and expenses, but a little reflection will show that it is for the better in many ways, and will, in the end, compensate for the additional outlay.

Books Reviewed.

The Indigestions; or Diseases of the Digestive Organs Functionally Treated. By THOMAS KING CHAMBERS. Philadelphia: Henry C. Lea.

This volume is upon the symptoms, causes and cure of indigestion, and contains cases related in detail illustrating almost every form of disease in any way connected with indigestion. The author gives us not only his cases, upon which his opinions are based, but also the "distilled essence" of his observation, in his own opinions. When an author withholds his own opinions and only expresses the views of others, he can hardly be supposed to have added anything to the sum of knowledge; happily the author of this work has not fallen into such error, but canvasses the whole ground within the scope of his subject with great accuracy and ability. He says truly: "It is by aid of the digestive viscera alone that consumption can be curable. Medicines addressed to other parts may be indirectly useful sometimes, but they commonly impede the recovery; whereas aid judiciously given in this quarter is always beneficial and often successful."

Quotation is quite unsatisfactory; the whole volume will be read with deep interest by every physician; it treats upon subjects which constantly demand attention from the practitioner, and thus may be called of the greatest practical value.

Index of Diseases and their Treatment. By THOMAS HAWKES TANNER. Philadelphia: Lindsay & Blakiston.

As its name indicates this book is an index of diseases. The names of diseases, causes, symptoms and a list of all the remedies ever recommended for cure, are stated in the fewest possible words. Those physicians and students who desire to know but the simplest facts concerning disease and the list of medicines ever proposed as cure, will find exactly what they want in this work. We do not mean that those who are anxious to know as little as possible should make this book a standard, for what there is of it, is unexceptionable. It is valuable as a dictionary, and is to be consulted in the same way and with the same view.

Transactions of the Medical Society of the State of Pennsylvania at the Seventeenth Annual Session, held at Wilkesbarre, June, 1866. Fourth Series, part II. Published by the Society.

These transactions contain a number of interesting reports from County Societies relating to the causes which modify the health; the mortality and prevalent diseases; they embody much of practical value to all physicians, but more especially to those of the State. The address delivered by the President, Dr. Wm. Anderson, upon the duties of physicians, is very suggestive, and many would greatly profit by its perusal. To our view the present proceedings may be numbered among the best ever published by the Society, and it is with great satisfaction that we notice such an active participation of the members in the great work of "Medical Union."

Reduction of Inverted Uteri by a new method. By THOMAS A. EMMET, M. D., Surgeon in charge of the New York Woman's Hospital, 1866.

Two cases are reported in this monograph by the author, in which he effected the reduction of inverted uteri, by grasping the circumference of the mass as near the seat of inversion as possible, and by upward pressure, the extremities of the fingers acting as a wedge laterally, roll out first that portion last inverted. These manipulations in addition are facilitated in a great measure by the action of the other hand over the abdomen. This method of reduction merits the careful consideration of the profession in all similar cases, in which the uterus is almost entirely contracted to its natural size.

Two Cases of Œsophagotomy for the removal of foreign bodies; with a history of the operation. By DAVID W. CHEEVER, M. D. Boston: David Clapp & Son, 1867.

This pamphlet contains a very interesting and instructive account of two operations for Œsophagotomy at the Boston City Hospital. The author states that, after a diligent search, he finds a record of only *fifteen* authentic cases, and also

shows that as in strangulated hernia, urinary extravasation, or croup, so in œsophagotomy, there is danger in delay. That the risks of operation depend on skill in its performance, and not on its sequences. We believe that more attention should be devoted to this operation, and Dr. Cheever certainly deserves credit in having performed and published the first cases of the kind in this country.

Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as affected by the use of Atomized Fluids. By J. M. DA COSTA, M. D. Philadelphia: J. B. Lippincott & Co., 1867.

The substance of this monograph appeared some time since in the numbers of the *New York Medical Journal*. Attracting considerable attention it has been issued in the present neat and beautiful manner. The readers of this *Journal* will readily perceive its value by the following index of the chapters, viz:

1. The history of inhalations and the apparatus employed. 2. The mode of administering inhalations. 3. The penetrability of atomized fluids into the air passages. 4. Doses of medicine for inhalation. 5. Therapeutic considerations.

We have not space for an extended review, and as Dr. Da Costa's works are so favorably known, it will not be necessary. We trust this book will find its way to every physician's library.

Treatment of Fractures of the Lower Jaw by Interdental Splints. By THOMAS BRAIN GUNNING, 1866.

All surgeons have undoubtedly felt more or less the inconvenience arising from the use of the bandage in cases of fracture of the lower jaw, either by their interfering with the circulation, thus preventing union, by their leaving teeth loosened by the injury unsupported, or by their painful restriction of the motions of the jaw, cheeks and lips. The introduction of interdental splints is designed to overcome all these difficulties, and the author's invention seems eminently adapted to this object.

Books and Pamphlets Received.

The Science and Practice of Medicine, by William Aitken, M. D., Edinburgh. Professor of Pathology in the Army Medical School, etc., etc., in two volumes, vol.

2. From the fourth London edition, with additions, by Meredith Clymer, M. D., late Professor of the Institutes and Practice of Medicine in the University of New York, etc. Philadelphia: Lindsay & Blakiston, 1866. For sale by Theodore Butler, Buffalo.

On the Action of Medicines in the System, by Frederick William Headland, M. D., B. A., F. L. S., Fellow of the Royal College of Physicians, etc., etc. Fifth American from the fourth London edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, 1867. For sale by Theodore Butler, Buffalo.

Guide for using Medical Batteries; (being a compendium from his larger work on Medical Electricity and Nervous Diseases,) showing the most approved Apparatus, Methods and Rules for the Medical employment of Electricity in the treatment of Nervous Diseases. By Alfred C. Garratt, M. D., Fellow of the Massachusetts Medical Society, etc. Philadelphia: Lindsay & Blakiston, 1867. For sale by Theodore Butler, Buffalo.

Watson Abridged; a Synopsis of the Lectures on the Principles and Practice of Physic, delivered at King's College, London, by Thomas Watson, M. D., Fellow of the Royal College of Physicians, etc. Abridged from the last English edition, with a concise but complete account of the properties, uses, preparations, doses, etc., by J. J. Meylor, A. M., M. D. Philadelphia: Published by the Author. For sale by Theodore Butler, Buffalo.

Why Not? A Book for every Woman. The Prize Essay to which the American Medical Association awarded the Gold Medal for 1865. By Horatio Robinson Storer, M. D., Surgeon to the Franciscan Hospital for Women, etc. Boston: Lee & Shepard, 1867.

Medical Register of the District of Columbia, 1867. Embracing Notices of the Medical, Benevolent and Public Institutions of Washington, by J. M. Toner, M. D.

Code of Medical Ethics adopted by the American Medical Association, revised to date. New York: William Wood & Company, 1867.

A Theory of Inflammation; its Cause, Course, and Rationale of Treatment. By Nelson M. North, M. D., Surgeon Metropolitan Police, etc. New York: Wm. Wood & Company, 1867.

Report to the International Sanitary Conference, of a commission from that body, on the Origin, Endemicity, Transmissibility and Propagation of Asiatic Cholera. Translated by Samuel L. Abbott, M. D., Physician of the Massachusetts General Hospital, etc.

Advice to Students—An Address delivered at the opening of the Medical Lectures of Harvard University, Nov. 7, 1866, by Prof. C. E. Brown-Séquard, M. D.

Twenty-fourth Annual Report of the Managers of the New York State Lunatic Asylum, for the year 1866.

ALBANY MEDICAL COLLEGE.—Our advertisement sheet contains announcement of the Lecture Term in the Albany Medical College. It will be noticed that S. Oakley Vanderpoel, M. D., has been appointed Professor of General Pathology and Clinical Medicine; James E. Pomfret, M. D., Professor of Physiology; John V. Lansing, M. D., Professor of Materia Medica. These recent additions to the faculty will, no doubt, increase the advantages of the school. Its prosperous condition may be seen in the number of yearly graduates; the last term furnished fifty-three.

To the American Medical Association.

The Convention of Teachers of the Medical Colleges, convened by your Committee in the City of Cincinnati, May 3d, 1867, adopted the following resolution:

Resolved, "That a copy of the Resolutions adopted by this Convention, certified by its officers, be transmitted to the American Medical Association, at its next Session."

In obedience, therefore, to this action, we, the President and Secretary of said Convention, beg leave herewith to transmit the following:

Resolved—1st. That every student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificate, or by a direct examination by a Committee of the Faculty, that he possesses a thorough knowledge of the common English branches of Education, including the first series of Mathematics, elements of Natural Sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented on the result of the examination thus required, be regularly filed as a part of the records of each Medical College.

2d. That every medical student be required to study four full years, including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3d. That the minimum duration of a regular annual lecture term, or course of Medical College instruction, shall be six calendar months.

4th. That every Medical College shall embrace in its curriculum the following branches, to be taught by not less than nine Professors, namely: Descriptive Anatomy, including Dissections; Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy and Public Hygiene; Surgical Anatomy and Operation of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine, Practice of Surgery, Obstetrics, and Diseases of Women and Children; Clinical Medicine and Clinical Surgery. And that these several branches shall be divided into three groups or series, corresponding with the three courses of Medical College instruction required.

The first, or FRESHMAN SERIES, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry, Materia Medica and Therapeutics. To these the attention of the student shall be mainly restricted during his first course of Medical College Instruction, and in these he shall submit to a thorough examination, by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second, or JUNIOR SERIES, shall embrace Organic Chemistry and Toxicology; General Pathology, Morbid Anatomy and Public Hygiene; Surgical Anatomy Operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of Medical College Instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

The third, or SENIOR SERIES, shall embrace Practical Medicine; Practical Surgery, Obstetrics, and Diseases peculiar to women and children, with Clinical Medicine and Clinical Surgery in Hospital. These shall occupy the attention of the student during his third course of College instruction, and at its close he shall be eligible to a general examination for the Degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual College term; each student attending the lectures on such branches as belong to his period of progress in study, in the same

manner as the Sophomore, Junior and Senior Classes, each pursue their respective studies simultaneously throughout the Collegiate Year, in all our Literary Colleges.

5th. That every Medical College should immediately adopt some effectual method of ascertaining the actual attendance of students, upon its lectures and other exercises, and at the close of each session, of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given, and such certificate only should be received by other Colleges as evidence of such attendance.

6th. That a Committee of Five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the Committee be authorized to call another Convention whenever deemed advisable."

Respectfully Forwarded,

A. STILLÉ, M. D., PRESIDENT.

GUSTAV C. E. WEBER, M. D., SECRETARY.

Monthly Report of Deaths in the City of Buffalo,

For the Month of April, 1867.

Whole number of deaths from disease, 125.

In addition to the above, 2 still-born were reported in the city.

Sex.—Males 78, Females 49. Causes of death.—Accident, by drowning, 1, Apoplexy, Cerebral 2, Bronchitis 3, Cancer 2, Cancer of the mouth 1, Cancer of the Stomach 1, Cancer of the Womb 1, Cholera Infantum 1, Cholera Morbus 1, Consumption 23, Convulsions 10, Croup 2, Debility 6, Disease of the Heart 3, Disease of the Lungs 1, Disease of the Stomach 1, Diphtheria 2, Dropsy, General 2, Dropsy of the Brain 1, Erysipelas 3, Fever, Puerperal 2, Fever, Typhoid 4, Fever, Typhus 1, Fracture of Skull 1, Gangrene of Lung 1, Hæmorrhage 1, Hæmorrhage from Lungs 2, Inflammation of Brain and Meninges 4, Inflammation of the Lungs 14, Inflammation of Lungs, Typhoid 4, Inflammation of Lungs and Pleura 1, Inflammation of Womb 1, Influenza 1, Infanticide 1, Kidneys, Bright's disease of, 1, Meningitis, Cere-Spin. 1, Measles 1, Old Age 8, Paralysis 3, Premature Birth 2, Rheumatism 1, Suffocation 1, Unknown 2. Total deaths from Diseases, 125. Still-Born, 2.

The following shows the number of deaths in the city in each month of the present year; the number in 1866, and the average of each month for five years, 1862 to 1866, inclusive:

	1867.	1866.	5 y's average.
January, - - - -	95	127	127
February, - - - -	130	132	125
March, - - - -	155	100	120
April, - - - -	127	123	128

The number of deaths in the first four months of the present year is 25 more than in the corresponding period of last year, and 7 more than the average for five years.

SANDFORD EASTMAN, Health Physician.

BUFFALO
Medical and Surgical Journal.

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JUNE, 1867.

No. 11.

Original Communications.

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

TUESDAY EVENING, May 7th, 1867.

The meeting was called to order by the President. Members present—Drs. Gould, Eastman, Little, Lothrop, Wetmore, Samo, Camerling, Gay, Nichell, Daggett, Sheldon, Schuyler, Strong and Johnson.

The minutes of the last meeting were read and approved.

DR. STRONG moved that the regular order of business be suspended that the Association may hear the valedictory address of Dr. Gould, the retiring President. Carried.

DR. GOULD then read the following valedictory address:

GENTLEMEN:—It is an established custom for the retiring President to address a few parting words to the members of the Association, a custom perhaps more honored in the breach than observance. But, as the precedent is established, I must follow in the footsteps of those who have gone before, and give you my parting benediction.

The occasion does not seem to me to require a dissertation upon any special subject, but more appropriately a review of the condition and doings of the Association during the past year. This, with some allusions and comparisons of ancient sanitary customs with those of our own day, and a glance at our losses, during the

past ten years, will comprise the main points upon which I propose to occupy a few moments of your time.

Our worthy and efficient Treasurer reports the Association free from debt, and a small balance in his hands. As he makes a full statement of the finances, I do not deem it necessary to dwell upon the subject. Yet there is one point in this connection that I would urge upon the attention of the members, and that is, the prompt payment of the yearly dues. I can recognize no valid reason why members should allow themselves to be one, two, or three years in arrears for dues.

I regret to notice the fact, that during the past year, our meetings have not been as well attended as they should have been. Whether this is to be ascribed to indifference, forgetfulness, or circumstances beyond control, it may not become me to say. On a former occasion I took the liberty of calling attention to this matter, and suggested as a remedy, more frequent meetings. Often during the past year we have had a bare quorum present, and more than once our meeting went by default. With a membership of forty or more, this should not be, and for the credit of the profession in as large a city as this, an Association like ours, should not be as it has been. The oldest and most experienced members may derive pleasure and profit from mutual interchange of thought, and the advancement of new ideas, and certainly the young and inexperienced members can always learn therefrom something new and useful. Negligent, as I have been in years past, I can say with truth, that I never attended a meeting of this Association that I did not learn something, that sooner or later, was of practical benefit—the history of a case, the discovery of some new remedy, or improvement in the treatment of some disease by some of the more experienced of my professional brethren, always proved to me both profitable and instructive. For this reason alone, would I urge upon all, a more strict attendance in the future, and a more general custom of reporting cases. If a case is successfully treated by old and established remedies, let us know it, for it is good news. If a new and improved treatment is tried, give us the result, for that too will be good news, whether it proves successful or not. Let every one report something, and thereby help to increase the interest of our

meetings. Too many think they cannot report cases that will interest the members of the Association, and also fear that their views may be criticised, or their treatment condemned by older members. To those let me say, do not fear that, for if wrong, a fair and honest discussion of the subject, will in the end benefit more than it will injure, even if not approved. Then, again, let the young men remember that the older and now most active members, will necessarily soon pass away; must in due course of time vacate the stage, and their places be filled by those younger in years and in practice. Therefore, let me say, hide not your talent, but come boldly up to the mark, and let your light shine. Be not only attendants, but participants in the good work.

The revival during the winter of the old plan of having a dissertation read on some special subject, by a member elected at a previous meeting, is well calculated to elicit debate, and if continued in a proper manner and spirit, will greatly add to the usefulness and interest of the meetings of the Association.

On assuming the duties of the chair, I took the liberty of speaking upon matters pertaining to the general sanitary condition of our city in view of the impending danger of a visitation of Asiatic cholera. Providentially, we were spared, only perhaps for a season. Fortunately for us, the past year has been one of unusual freedom from any serious epidemic disease. However, all I then said on the subject will apply with equal force at the present time. I do not believe that the Board of Health, as at present organized, will prove much superior to that of the past. As long as commissioners are selected, on account merely of political expediency, we may reasonably expect them to understand political "*tactics*" much better than mortuary statistics.

It has been said, and probably with truth in some respects, that if the people of ancient times could re-visit the earth, they would be greatly surprised. No doubt they would, in some things. But in regard to sanitary improvements, I verily believe the laugh would be against us. For instance, Rome two thousand years ago, had her eight hundred public baths, hot, cold and vapor, and what was better still, the people, rich and poor, used them freely. With us, the lake and canals afford the only bathing accommodation for the poor, and if they go there, they subject themselves

very properly to arrest and punishment. No people of modern times have equaled the Romans in the magnificence of the works which they constructed for the purpose of bringing supplies of water to their provincial towns, as well as to Rome itself. Such a quantity of water was introduced into the city, that whole rivers seemed to flow through the streets and down the sewers, so that every house had its pipes and cisterns, sufficient to furnish a copious and abundant supply. Their aqueducts are incontestible monuments of the greatness of their designs, and valleys, mountains and extensive plains, offered no impediment which they did not surmount by skill, and the exercise of an indomitable will.

It is said that Agrippa alone erected one hundred and thirty reservoirs, and opened one hundred and five fountains in connection with them. The daily supply of water amounted to eight hundred thousand tons. The quality was extremely salubrious and the quantity abundant. The arrangements for an equal distribution were on a scale of convenience as well as magnificence. Every quarter of the city, however poor, was equally well supplied. From the sight of that magnificent fountain of Paul V, at Rome, bring one of her citizens and place him beside our fountain in the Court House Park, and tell him that he has traveled down the long vista, from the dark ages of antiquity, to the year of our Lord 1867, the age of great improvements, and that the monument before him was one of the evidences of progress, and on which side, think you, would the laugh be?

The Romans, regardless of labor or expense, built their aqueducts over valleys, supported by thousands of arches, and tunneled through solid rock for miles, by which means each inhabitant was supplied with ten times the amount of pure water that we are supplied with.

Our water works consist of a reservoir made of clay; an engine house, and a short subterranean canal or tunnel under the pier to the edge of the river, from which for about four months in the year we are supplied with water enriched with the aroma, if not the more solid contents of our sewers; all of which could be easily avoided by a few yards of tunneling, which would give us the pure water of lake Erie the whole year, as any one can see by observing what a short distance the water in the river is affected beyond

the pier. The city and private citizens pay enormously for the privilege of swallowing the nauseous dose one-third of the year.

In our sister city of Chicago, the people became disgusted with the water taken from the edge of the lake, which, like our Niagara, contained too many rich things finely flavored from the city sewerage, and have lately penetrated under the lake two miles, and her citizens are now supplied with pure, clean water, "sweet as the stream that gushes from the mountain side."

An abundant supply of pure water was a special characteristic of the ancients, and such an abuse of the laws of health, as we are obliged to submit to in this respect, would not have been tolerated for a moment, when the remedy was so easy of accomplishment. In the laying out of all our great cities, this great natural want and sanitary requirement, is not thought of, and in every case is left for after consideration.

In the great city of London, the water is turned on only for a fraction of an hour in a day, and has to be received in cisterns, or barrels, consequently pure water is never at the Londoner's command. These receptacles, though filled every day, are seldom emptied, save on rare occasions, so that the water sent in weeks, months or years ago, though diluted by daily accessions, is never exhausted, and they go on drinking a mixture which has been imbibing impurities from a foul atmosphere, it is impossible to say how long, and the result upon the health of the community needs only to be suggested. On Sunday the water is not turned on at all, the consequence being, that on that day some half a million of the poor, who need it most, do not get any.

A writer in the *Times* of January last, says: "In many houses the water for the Sunday uses has to be begged from neighbors. Sometimes for part of Sunday and Monday, a whole court has to borrow for their scant necessities from a 'public' at the corner. Thus the day of all others, when the homes of the poor are crowded, the means of cleanliness and comfort are even less than on working days." Their own papers are our authority for what has been stated.

It is true that there has been discoveries and improvements in mechanism, and in the arts and sciences. And yet much that we boast of in that respect, are only re-discoveries of what had been

lost during the dark ages, and were quite as well understood by the ancients three thousand years ago. In most that relates to sanitary laws, and the science of preserving health, we have been retrograding for ages. The great minds of the present day have been perverted, and turned into other channels. Inventions and accumulation are the order of the day, and this great question of human power, health and happiness, together with the laws which govern that power, is ignored, or almost entirely neglected. If any doubt my word, let them use their eyes. Let them visit our markets, tenement houses, etc., and there observe how half the people live, and on what they feed. But I must leave this subject, as I am trespassing too much on your time and good nature.

Thanks to a kind Providence, our ranks during the year, remain unbroken by death. This cannot always be. A few years and many familiar faces will be missed. My thoughts dwell sadly upon this, whenever I take a retrospective glance at the changes time has brought about since the organization of this Association.

Within the past ten years we have lost bright jewels and rough diamonds not a few. Permit me to mention in this connection the names of those who were then members, but who will meet with us no more. They rest where the midnight bell will no more arouse them from peaceful slumber. Beneath the waving branches of the cypress and the willow, they "sleep the sleep that knows no waking." Nobler, truer, trustier hearts, never beat in human breast. They rest from their labor, but their good works will live long after the hand that pens this tribute to their memory shall have mouldered away, and joined its kindred dust.

"We'll not forget them, we who stay
To toil a little longer here;
Their names, their faith, their worth shall lie
On memory's page, all bright and clear."

The record inscribed on memory's tablet, embrace the following names:

Bissell,	Trowbridge,
Burwell,	Treat,
Lewis,	Wilcox,
Newman,	Lockwood,
Sprague,	Howell,
Butler.	

A loss in ten short years of nearly one-fourth of our members by death alone. Here we have a practical and positive illustration of the fact, that death seeks not alone the aged and infirm, for some of the number fell before arriving at middle age; while others had little more than reached the stage of manhood; others, however, had reached that stage when "the eye is dim and manly vigor abated." Thus we are taught that we are frail mortals, and know not what a day or an hour may bring forth. With the seeds of disease implanted in our nature, the food we eat, the water we drink, and the air we breathe, are all impregnated with death. All the promises of life are but dust. "They fade as the flower, and are as fleeting as the summer cloud."

During the same period we have lost by removal to other localities nineteen members, which would leave us twenty-nine out of fifty-eight, just half our membership ten years ago. To me there is a shade of sadness mingled with this retrospect of a single decade, for among those lost to us by death and removal were some whose warm personal friendship will cease to be remembered only with life itself. Taking a prospective view, what changes may we not reasonably expect in the same period to come? How many now present will meet in this room ten years from this evening? When that anniversary arrives, should I be spared, I hope to hear the retiring President, or some surviving member, make a similar statement of the change which time has wrought with the members of the Association.

Gentlemen, for your patience and attention to these rambling thoughts, and the kindness and consideration shown me on all occasions, especially while occupying the chair, and acting as your presiding officer, permit me to return you my sincere thanks.

At the conclusion of the address, Dr. Eastman moved that the thanks of the Association be tendered to Dr. Gould for his able and interesting address, and that a copy be requested for publication in the Journal. The vote was unanimous in the affirmative.

On motion of Dr. Gould, Drs. Strong and Gay, were appointed a committee to conduct the President to the chair.

Dr. Eastman, on taking the chair, thanked the Association for the honor conferred upon him in electing him President of the Association, and said that it was not until within a few hours that

he had concluded to accept the position, and was not therefore prepared to make any extended remarks at this time, but hoped to be able to address them at a future meeting.

By vote of the Association Dr. Diehl was invited to attend the meetings until the next regular meeting of the Erie County Medical Society.

Reports of officers and committees being in order, the Secretary read a special report from the Treasurer, which was, by vote, referred to the auditing board.

Dr. Gay was elected to read an essay at the next meeting of the Association.

Adjourned.

T. M. JOHNSON, Sec'y.

ART. II.—*Lake Erie Medical Society—A case of Hydrocele treated with Ammonio Ferric Alum.* BY H. M. ROGERS, M. D., Dunkirk.

It will be remembered by those members of the Society who were present at the meeting in Dunkirk in May last, that I reported a case of hydrocele, successfully treated with a remedy comparatively new to the profession, and which had never before been applied in that disease. I refer to the ammonio ferric alum.—Permit me to call your attention to another and a successful case treated with the same remedy.

In the present instance the tumor was one of unusual dimensions, and I think will be regarded as unique in some of its features. The following is its history:

The patient, J. R., is a German, 45 years of age, healthy, and of good constitution. About nine years since, while a soldier in the revolution of 1848, he received a kick from a comrade upon the scrotum, which resulted in inflammation, followed by hydrocele. This hydrocele continued for many years, small in size, and with but little inconvenience or pain, and but little was done in form of treatment. In the year 1864, while working in a brick-yard, he had the misfortune to be much injured in the back and about the perineum and scrotum, by the fall of a pile of bricks. This accident was followed by an increase in the size of the tumor, and the patient came under the professional care of the late Dr. C. K. Irwin, of Dunkirk. Dr. I. in 1865 drew off the contents, amounting to three quarts of bloody serum; since which time

nothing has been done in the way of treatment until he came under my charge in February of the present year. On presenting himself at my office I found the dimensions of the scrotum to be, from perineum to the pubic arch 15 inches, and the circumference 17 inches, and upon drawing off the contents the amount removed was forty-eight ounces.

It will be remembered that in my previous paper I remarked, that where the tumor was very large it was my custom to make a preliminary operation by drawing off the contents and permitting the case to remain without other treatment than the suspensory bandage, until the secretion again reached a point where it would be safe to use the trocar. The object, as mentioned, is to permit the distended, morbid, and patulous, tunica vaginilis testis, to resume in a measure its healthy tone, which is conducive to the operation. In the present case the sac filled rapidly, and at the end of three weeks and a half I was again warranted in introducing the trocar and canula, and the quantity of serum removed was something over three ounces. I then introduced a solution of ammonio ferric alum, twelve grains to the ounce of water, and permitted it to remain several minutes. Unlike the case previously reported, this injection was followed by some pain and the usual general symptoms, but very much less in intensity than usually follow the exhibition of the ordinary remedies. The patient was in a condition after a few days to resume his accustomed labors. At the present time, now nearly eight weeks since the operation, there is no appearance of effusion, and with the exception of some thickening of the scrotum consequent upon contraction of its walls, the scrotum and testes appear perfectly normal.

A very singular and perhaps unheard of feature in the case is, that all external appearances of a penis have, within the past three years entirely disappeared, having retracted and the integuments usually covering the parts have been appropriated by the walls of the scrotal sac. His present appearance is as one having been born without that organ. The aperture through which urination takes place can only be discovered by the closest inspection, and the presence of a glans penis and the vestage of a corpus cavernosum can only be found by careful manipulation,

For the benefit of those present who are not acquainted with the particulars of the other case referred to I would say, that it was one of many years' standing, and which had been treated in the usual manner, by injections of tinc. iodine of various degrees of strength, and of Port wine, and by the removal of a portion of the scrotum and tunica vaginalis testis, but without success. It yielded with one application of the ammonio ferric alum, and the cure was painless, immediate and permanent. These two cases have been well marked, and I may say unusual ones, and the success positive; yet, it will require very many other trials to establish its real value. It is to be hoped that if opportunity offers, this remedy may be repeatedly tested and the results reported.

Miscellaneous.

Eighteenth Annual Meeting of the American Medical Association.

The Eighteenth Annual Meeting of the American Medical Association commenced on the 7th of May, at Hopkins's Music Hall, Cincinnati, and was called to order at 11 o'clock, by the President, Dr. Henry F. Askew.

After prayer by Rev. Dr. Storrs, Dr. John A. Murphy, Chairman of the Committee of Arrangements, bade the Association welcome in a brief and appropriate speech.

President's Address.—Dr. Askew delivered his annual address. Its tone was deprecatory, rather than laudatory, of the progress of the Association, as manifested in the circulation of the annual reports, which contained valuable knowledge and able papers on subjects interesting to the profession. The membership was three thousand; but the attendance only a tenth of that number. From a thousand to eleven hundred copies of the annual report formerly printed, the number has fallen to six hundred, and these include the copies sent gratis to medical and other journals. Renewed efforts should be made to increase the demand for the reports.

The address next discussed the restrictions of membership, and invited attention to the subject. Specialists, and their efforts to

obtain notoriety by advertising, were noticed. The diploma may once have been necessary to vouch for the doctor, but now it is only regarded as a certificate that he has completed his studies, and is qualified to take charge of the life of his patients. The danger in special practice is, that in the disturbance of a part the whole must be affected, and hence the necessity that the patient should have the attention of the general, as well as the special practitioner.

The influence of the Association is to check empiricism and to disseminate the best knowledge among the profession, but not until the schools consent that pupils study and master the elementary branches can the profession attain to perfection. The thoroughness of the European schools was commended.

The subject of opium-eating was noticed next. The speaker stated that its use was almost as extensive and its effect as alarming as that of alcohol. Calls on the apothecary for it were constant. Children were sent for it to the drug store and received it in quantities incredible to those not acquainted with the traffic. The honor, interest and respectability of the profession would be benefited by action to prevent the abuse of opium.

The address touched on other subjects interesting to the Association, and a copy was requested for publication.

Report upon the Naval Medical Staff Rank.—This report was read by Dr. Pinkney, who holds the rank of Commodore in the navy, and appreciates most fully the wrongs of the medical profession in the United States Navy. The following passage will serve to illustrate its character:

“Our service is overgrown with usages which sprung up in the earlier and ruder ages of naval life, and still cling to it with a power and tenacity which almost defy modern enlightenment, progress, and even law. It is probable that the National authorities, who organized the existing rank of medical officers, intended to confer a more substantial fact than the usages of ship-board life have permitted. Among the usages of the service, is that which limits an officer's rights and comforts to the apartments in which he messes, even though his rank actually entitles him to higher privileges and greater comforts than belong to those of an inferior rank, who make up the majority of the inmates of that apartment.

The steerage is the most humble of those apartments, and is the dwelling-place of the very young, or those of no responsibility. The ward-room gathers in it most of the commissioned, and some warrant officers, and was originally occupied by none of higher rank than Lieutenant. All its usages and government are still conformed to the scale of that grade.

“Now, make a medical officer in name an Admiral, and leave him to be ward-room officer, and the title becomes ridiculous. It is sunk below the usages and restrictions originally designed for those of junior years and of inferior rank.

“There is only one mess which is superior to these restrictions, and that is the mess or messes of the commanding officers and their associates, who may range in rank from a Lieutenant Commander to an Admiral. Sometimes there are one, sometimes two of these messes. This is very properly left to the will of the Commander-in-chief, who may choose that he and his Captains may have one or the separate establishments. The Assistant-Surgeon enters the service with the rank of Master. That this title may not be misunderstood, it may be necessary to explain that it is the lowest rank in the ward-room, for the incumbent is, in modern times, generally a graduate of the Naval Academy, awaiting his promotion to Lieutenancy. Like the Master, the Assistant-Surgeon at once becomes a member of the ward-room mess, and unless the number of partitioned-off sleeping-berths contained in the ward-room are occupied by his seniors, he may have the good fortune to occupy one of those that are dimly lighted by an air-port, six inches in diameter. This space is so restricted, and the separation from the common apartment is so slight, that words in an ordinary voice in another become common property.”

After further presenting the discriminations against medical men, in regard to ship-board accommodations, Commodore Pinkney said:

“The general law is that no officer shares in prize money unless his name be borne upon the books of the vessel making the captures; but the Admiral or Commander-in-chief has a percentage on all prizes made. The Fleet-Surgeon, as a member of the Commander-in-chief's staff must be with him in the flag-ship, and,

as a rule, at the post of the greatest risk, responsibility and hazard, consequently he is not likely to have his name borne upon the books of the subordinate vessels making captures, and yet no share of prize money is allowed him."

The report suggests the following as the remedy for these evils:

"1.—After they have reached the rank of Commander, or are filling the position of Fleet-Surgeon, let them be by right, as they often have been by courtesy, members of the cabin mess. If the mess of the Commander-in-chief be too exalted a social position for the members of your profession who are filling the important position of Fleet-Surgeon, then let them be members by right of the mess of the Commander of the ship and the Fleet-Captain.

"2.—An equitable arrangement of prize money, most important in principle, your Committee hope to see effected. It will, however, require future legislation."

In European countries, the Doctor said, more liberal regulations prevail with regard to naval surgeons than in democratic America.

"The late Admiral Foote, so justly distinguished for his large-minded liberality, advocated the highest rank for naval medical officers. An Admiral, among the most distinguished in the service, has authorized to be officially said that he thought the Fleet-Surgeon should in our service, as in the French, be a member of the Commander-in-chief's staff and family. We regard it as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment."

Commodore Pinkney offered in conclusion a resolution that a committee of five be appointed by the Chair to present the subject to the President of the United States and to the Secretary of the Navy. Carried unanimously.

On motion, it was resolved to memorialize Congress to enact a law giving a proper share of prize money to medical naval officers.

The Secretary announced several papers, which were referred to sections, and will come up in regular order hereafter.

The report of the Committee on Publication was read.

The Association refused to abolish the payment of money for prize essays, and substitute a certificate and a hundred printed copies of the essays to the essayist.

On motion it was resolved that the delegates from the different States should meet on the 8th, and agree among themselves upon their candidates on the new committee, and report the same to the Secretary.

The Association then adjourned to meet at the same place at 9 o'clock Wednesday morning.

SECOND DAY.

The American Medical Association met at Hopkins's Hall at 9 o'clock, and resumed its business.

Minutes of the first session were read and approved.

Report of Delegates to the Foreign Medical Association.—The report of the Committee on the above was read by Dr. C. C. Cox. Report referred to the Committee on Publication.

The Chair appointed the following delegates to the Foreign Medical Association for the present year:—B. Fordyce Barker, New York; John E. Tyler, Massachusetts; Thomas C. Brinsmade, Troy, N. Y.

Reports of Committees.—The report of Dr. Walker, who presented Dr. Ray's report on Insanity, was made the special order for Thursday, at 10 o'clock A. M.

The Chair announced the Committee on Medical Rank in the United States Navy as follows:—N. S. Davis, Illinois; J. M. Toner, District of Columbia; S. D. Gross, Pennsylvania; J. J. Cockerill, Maryland. H. F. Askew, Delaware.

Dr. Gross read his report on Medical Education. The report is lengthy, and is an embodiment of the action of the Medical College Convention, already published in our last *Journal*.

Dr. Davis read a summary of the proceedings of the Convention of Medical Teachers, for the information of the Association. He stated that the discussions were most thoroughly conducted, and were characterized by the best of feelings. He read at length the report of the Business Committee.

The report was, on motion, referred to the Committee on Publication.

The Committee on Prize Essays reported the reception of eight essays, and the selection of two. That selected for the First Prize was "On the Cause of Intermittent and Remittent Fevers"—the

motto of which was, "*Fortis est veritas.*" The Second Prize was assigned to an essay "On the Treatment of certain Abnormities of the Uterus," the motto being "Empiricism in medicine and surgery is fast giving way to the rationalism of true diagnosis."

The envelopes enclosing the names of the successful competitors were then opened, and the following announcements made:—First Prize—To J. R. Black, M. D., of Newark, Ohio. Second Prize—To Montrose A. Pallen, M. D., of St. Louis, Mo.

Report referred to Committee on Publication.

Dr. Sayre, of New York, offered the following:

"*Resolved*, That this Association most cordially approve of the whole action of the Convention of Delegates from the Medical Colleges, assembled in Cincinnati, May 3d, 1867, and urge its practical adoption by all the medical colleges in our country."

After a brief debate, in which Drs. Post, Davis and Lee participated, the motion was carried.

It may be stated here that the report of the Treasurer, read yesterday, showed the Association to be in debt \$196, and that from year to year this condition is the same.

Dr. Stillé presented the report of the action of the Convention of Medical Teachers held at the Medical College, which was received.

Dr. Atkinson called up the resolution abolishing the payment of prizes in future.

Dr. Davis objected to the passage of the resolution, which virtually repudiated the payment of future prizes. As the treasury would soon again be full, he would call the attention of the Association to the fourth section of the by-laws. He considered that the transactions called for more original papers at the expense of bulk. The matter should be better, even if the volume be smaller.

Dr. Bibbins, of New York, called attention to a parliamentary point. He favored a more careful consideration of the subject.

Dr. Bronson, of Massachusetts, was opposed to prospective action.

Dr. Atkinson called attention to the fact that the Committee were last year obliged to hold themselves personally responsible for the debt. He said that the present funds of the treasury were even now insufficient to print the matter already in their possession,

Dr. Bronson thought that the fault lay with the different sections, who did not exercise the requisite discrimination.

Dr. Bibbins called the attention of the Chair to the fact that the resolution was in conflict with the by-laws.

Dr. Toner considered that assessments would meet all the necessities of the case. He offered the following:

“Resolved, That all members yearly pay five dollars, and that the names of those failing to pay, at the end of three years, be designated in the catalogue by a star or cross.”

Dr. Sayre moved as an amendment, that the proposed action of the Association be published in the various medical journals.

After a spirited debate, in which several delegates joined, a motion of Dr. Davis to lay the original motion on the table prevailed.

Dr. Robbins offered the following:

“Resolved, That hereafter the Committee of Arrangements be directed to have the ordinances governing the Sections printed on slips and distributed at the several places where the Sections meet.”
Carried.

The following papers were read and disposed of:—Observations on Diseases of the Throat, as seen in the Military Service, from 1861 to 1865. By Prof. M. K. Taylor, M. D. Referred to Section on Practical Medicine.

A Novel Case of Lithotomy. By D. E. Whinney, of Iowa. Referred to Section on Surgery.

Ligature of the Subclavian Artery. By Willard Parker, M. D., of New York. Referred to Section on Surgery.

The Secretary read a communication offering amendments to the Constitution, which was laid over for one year, as provided for by the Constitution.

A paper was read by Dr. B. Howard, of New York—before the Surgical Section of the Academy—entitled “Ligation, with depletion, of Varicose Veins of the Leg, with a case.”

Dr. Cox presented advance proof-sheets of “Provisional Nomenclature of Disease,” which was published in London. Referred to Section on Practical Medicine. Also another “On Compulsory Vaccination,” by Dr. A. N. Bell, of Brooklyn, N. Y., was presented by deputy, and, on motion, referred to Committee on Hygiene,

Dr. Hammar, of Missouri, offered certain resolutions bearing upon certain irregularities in the profession, which was referred to Committee on Medical Education.

Dr. Gilbert, of New York, exhibited an instrument for the protection of the periosteum in excisions, etc. Referred to Section on Surgery.

Dr. Post read the report of the Committee on Medical Literature, in which he gave certain bibliographical items.

Medical Statistics in the Army.—Dr. Benjamin Howard, of New York, offered the following preamble and resolutions:

“*Whereas*, There has been issued, and still remains in force, an official order from the Surgeon-General of the United States Army, prohibiting the communication of any medical or surgical information by any medical officer of the United States Army, to any person whatsoever, without special permission from the Medical Bureau at Washington—thus appropriating, as far as the official power of the Surgeon-General can compass it, all the valuable experience and statistics of all medical men who have served in the various departments of the United States Army, to the exclusive use of the Medical Bureau. And,

“*Whereas*, Under such arbitrary control, an official report has already been made tending to create incorrect impressions on scientific questions of great practical importance to the profession and to society. And,

“*Whereas*, It is important to the reputation of all medical men who served during the war, that they have the opportunity of correcting such erroneous impressions by an examination of the original records. Therefore, be it

“*Resolved*, That it is the opinion of this Association that the monopoly now exercised by the Medical Bureau over the medical and surgical records of the war, is contrary to the genius and catholic spirit of our profession, and obstructive to the highest interests of science and humanity.

“*Resolved*, That the Secretary of War, or other proper authorities, be requested to direct that the original records of the Medical and Surgical History of the War be rendered accessible on certain regular days of each month for purposes of scientific investigation to all medical men who have served as such in the Army of the United States.”

Dr. Howard spoke at length in support of the resolution. He dwelt upon the jealousy of departments against interference on the part of outsiders. He did not aim at any one in particular as a target; he spoke for the benefit of his profession.

Dr. Woodward asked for the reading of the preamble and resolution. He then objected to the ventilation of private grievances on the part of any member. The Surgeon-General of the Army, a most efficient officer, was striving to do his duty to the profession; he did not wish those who had contributed nothing to interrupt the business of his bureau for searches. Besides that, the records of the office were now being consulted for the adjustment of pension claims—indiscriminate disturbance of these records was out of the question. He therefore moved that the resolution be laid upon the table, which was carried by a very decided vote.

After the reading of the Report on Medical Literature, Dr. Sayre protested against certain portions as being too highly laudatory of the Board of Health of New York, and as containing matter foreign to the scope of such a report. He also made some remarks upon cholera and quarantine, and claimed that there were few if any cases of that disease to combat, and that these same had been introduced by breakages of the quarantine.

Dr. Davis supported the spirit of the Committee's report, and moved that it take the usual course of reference to the Committee on Publication, which was adopted.

Dr. Hibberd offered the following:

Resolved, That the habit of using unofficial preparations of medicine by physicians, except where there is no officinal preparation that will answer the purpose as well, is unscientific and imprudent, tending to demoralize the therapist and encourage irregular pharmacutists and nostrum makers, and should be abandoned.

Resolved, That the profession should not patronize druggists who are engaged in the manufacture of nostrums."

On motion, tabled. The Association then adjourned.

THIRD DAY.

The Association met again on the 9th, the hall being full, though not as crowded as on the 8th. President Askew called the meeting to order.

Dr. D. H. Storer arose to a question of privilege, namely, the honor of the Association. It was in debt, and its first duty was to take measures to relieve its executive officers from their embarrassments. He moved that every member be assessed a tax of two dollars to raise the necessary funds.

On motion, he was requested to prepare a subscription paper, and lay it upon the table for voluntary contributions.

Female Physicians.—Dr. Atlee, of Philadelphia, offered the following:

“*Whereas*, The subject of female education is exciting attention, and regularly educated female physicians have established themselves as practitioners of medicine; and

“*Whereas*, Female Medical Colleges, embracing all branches taught in other colleges, and all the conditions for graduation exist in the United States for the separate education of females; and

“*Whereas*, it is important that the standard of education and the observance of the code of medical ethics should be fostered and maintained by this Association, therefore

“*Resolved*, That the American Medical Association recognizes well-educated female physicians by the same laws that govern its own members.”

Dr. Bowditch arose to a point of order, and reminded the President that the Association had postponed the order of the day for five minutes to allow Dr. Storer's question of privilege. He claimed that the five minutes had expired, and he moved to lay the resolutions on the table, which motion prevailed without a negative vote.

Report on Insanity.—Dr. C. A. Walker, of Boston, read the report of Dr. I. Ray, of Providence, R. I., on Insanity. It was an able and interesting paper.

Dr. Chipley, of Lexington, Ky., offered some remarks in vindication of the Superintendents of Insane Asylums, with reference to their connection with this Association. He referred to the fact that there were five such Superintendents present, who were a larger proportion of their class than the representatives of any other class of the medical profession present.

The report of Dr. Ray was referred to the Committee of Publication.

Nominations and Place of Meeting.—The Committee on Nomination of Officers and Place of Meeting, reported as follows:

Place of Meeting—New Orleans.

President—Samuel D. Gross, of Pennsylvania.

Vice Presidents—A. C. Post, of New York; John H. Atlee, of Pennsylvania; D. W. Yandell, of Kentucky, and H. R. Storer, of Massachusetts.

Permanent Secretary—William B. Atkinson, of Pennsylvania.

Assistant Secretary—J. G. Richardsou, of New Orleans.

Treasurer—Casper Wistar, of Pennsylvania.

On motion of Dr. Davis, of Illinois, that portion of the report naming the place of meeting and officers resident there was laid on the table. The rest of the report was then adopted.

Dr. Davis remarked that the crisis had arrived, which he had long anticipated, when the matter of eating and drinking, and entertaining the Association had come to involve such an expense that no invitation had been extended in advance, by resident members of the profession, for the Association to meet in any city, and the Committee had reported New Orleans without an invitation from any one there. While there was no city in which he would like better to meet on personal accounts, and as a manifestation of re-union with the South, he felt that it would not be right to impose a meeting of the Association on that city. It was embarrassed in every relation of life, like all other places in that direction. It was impoverished, and though they would no doubt receive us with cordial and open hands, it would be wrong to tax them in that way. They could not view with the liberality and extravagance of Cincinnati; or, if they did, it would be at a sacrifice we should not admit of. He would give them another year to recover, and an opportunity to invite us. He therefore offered the following:

Resolved, That the next annual meeting of the American Medical Association shall be held in the city of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the city of Washington, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever."

Dr. Yandell, of Kentucky, arose, and was urged to take the stand, where he said:

"I have listened with pleasure, and derived some new light from the remarks of the gentleman from Chicago. I arise to explain the motives of the Committee in naming New Orleans, and in doing which I think I shall violate no confidence. When the place of meeting was called for, Dr. Horatio R. Storer, of Massachusetts, proposed New Orleans. The motion was seconded

by Dr. Alonzo Palmer, of Michigan. As one of the few representatives from the South, I chanced to be in the Committee, and was asked my opinion in reference to New Orleans. I confess to you, gentlemen, that I never listened to a proposition in all my life which excited such emotions in my breast as this motion, coming from Massachusetts, and seconded by Michigan, to take this great body of brothers across the crimsoned waste of war and hold out the hand of fellowship to their brethren in the South. [Cheers.] I confess to you, that when Dr. Storer, of New England, and Dr. Palmer, of the mighty West, moved that we thus extend the hand of brotherhood to the medical profession in the South, I could not restrain my emotions from bringing tears of joy to my eyes.

“The first question was, whether it would be acceptable to New Orleans. I felt that I had some right to speak for the profession in New Orleans. My excellent father and myself had taught many of them as students of medicine. I had served with them, and was personally acquainted with most of those who had been in the Southern army. I knew they felt as I feel, that when peace came in 1865, we had been united again; in fact, that we had never been divided; that though politicians separated us by geographical lines, still the great republic of letters was one; that

“No pent-up Utica contracts our powers,
But the whole boundless continent is ours!”

“In the great republic of science all geographical lines should be obliterated. We of the South, and you of the North, the East, and the West, have a common heritage. The ashes of the illustrious Drake lie in your beautiful cemetery here. Have we of the South no claim to or interest in his name and his fame? Have you of the North no interest in the long list of great and good men who adorn the profession in the South? No interest in those whose labors have added glory not only to medicine but to the nation?

“Hence I said I believed every man in the South, in the land of flowers, of the mocking bird, and of beautiful women, waited but to have your hands extended to them to give you a welcome. [Cheers.] I said to the Committee that New Orleans was poor, that the whole South was poor, but that you would not be less welcome to sit under our vines and to take the fruit from our fig

trees; that we could not give you such splendid entertainments as Cincinnati has done; but we could do what was better than eating and better than drinking; we could give you the warm grasp of the hand that you would take with you in memory to your homes. In view of this the Committee honored itself and honored New Orleans by selecting that place for its next meeting.

"I see the objection of Dr. Davis, but if he proposes to do no eating and no drinking at the next meeting, New Orleans is a better place than Washington city. [Applause.] If you want to put the Medical Association on low diet, go down there. [Cheers.] But the very reason of all others which should take the Association south of Mason and Dixon's line—if such a line there be now—is that the Southern people are not able to come to you. They are not here to-day because they could not afford to come. But they would welcome you to their homes. If you do not go to New Orleans, then go to some place within their reach."

Dr. Griswold, of Ohio, moved to substitute Knoxville, Tenn., instead of Washington city.

Dr. Sayre moved to substitute New Orleans, as in the original report. He thought that, with Dr. Davis's resolution of restriction as to entertainments, there would be no objection to that place.

Dr. Cox, of Maryland, indorsed all that had been said by his friend from Kentucky; he was proud that one man from the South had expressed himself as standing on the platform of the union of the medical profession. He never supposed there would be any difficulty in re-uniting the profession of medicine after the war was over. As to the entertainments of the Association, he was in favor of them, and thought if Dr. Davis's measure was adopted, the usefulness and attendance of the Association would be impaired. In England they did far more eating and drinking than was done here, and yet they accomplished a large amount of work.

Dr. D. H. Storer, of Boston, said the object of these meetings was to bring as many of the profession together as possible, and they should be held in such places as would accomplish that object. We should not meet where we have not been invited by resident members. The probability was we would be well received, but we ought to wait for a proper invitation. Ought we to go when

we know there are a great many there who would wish us anywhere else?

FOURTH DAY.

Friday, May 10th, 1867. Dr. H. F. Askew, President, in the chair.

Additional Delegates to the International Congress.—The following were, on motion, elected additional delegates to the International Medical Congress to be held at Paris next August:—Drs. Wilson Jewell, of Pennsylvania; Ninian Pinkney, U. S. N.; John Hart, of New York; and Charles A. Pope, of Missouri.

Dr. Hibberd, of Illinois, then presented the following, which was carried:

Whereas, It has been officially announced that for the last two years the annual volume of the Transactions of this Association could be published only by the members of the Publication Committee becoming individually responsible for the cost of the same above the amount of funds in the treasury; and

Whereas, Such a condition of affairs is impolitic for the Association and unjust for the Committee; therefore

Resolved, That the Association does not expect the Committee on Publication to issue the volume of Transactions for the present year unless it can be done with the funds and the credit of the Association.

Dr. Hildreth submitted a resolution:

“That a Committee on Ophthalmology be appointed to report at the next session.” Adopted.

Drs. Joseph S. Hildreth, of Chicago, Illinois, Henry D. Noyes and Cornelius R. Agnew, of New York, were appointed said Committee.

The next Place of Meeting to be Washington, D. C.—Dr. Davis's resolutions regarding the next place of meeting, etc., were then ordered from the table.

Dr. Hammar suggested St. Louis, Mo., as having favorable claims for the consideration of the Association.

After a lively debate, during which several amendments to the original resolution were entertained, the motion finally prevailed in the following form:

Resolved, That the next Annual Meeting of the American Medical Association shall be held in the city of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the city of Washington, or elsewhere, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its Sections.

Cultivation of the Cinchona Tree.—Dr. Atkinson read a communication from Dr. Henry F. Lyster, Secretary of the Wayne Co. (Mich.) Medical Society, requesting that some action be taken by the American Medical Association regarding the "introduction of the cinchona tree into the United States." For the sake of giving form to the discussion, he presented the subjoined:

Resolved, That a committee of three be appointed by the Chair, whose duty it shall be to memorialize Congress relative to the cultivation of the cinchona tree. Carried.

Drs. J. M. Toner and F. Howard, of Washington, D. C., and C. A. Lee, of Poughkeepsie, N. Y., were appointed said committee.

Dr. Atkinson read by title a paper from Dr. E. Harris, of N. Y., upon the "Causes of Cholera." Also another by Dr. E. Krackowizer, on "Local Anæsthesia."

Dr. Davis, in view of the fact that the hour of adjournment was rapidly approaching, offered a resolution which he thought would meet all objections.

Resolved, That such papers and reports as the several Sections have not been able to act upon, be referred to a special committee of three, to examine and act upon in all respects as is required in the proper Sections. Carried.

The Committee, as appointed, consisted of Drs. N. S. Davis, D. H. Storer and C. A. Lee.

Dr. Harris's and Dr. Krackowizer's papers were then, on motion, referred to said committee.

Dr. Atkinson read by title "Synopsis of an Essay on the Contagion, Infection, Portability and Communicability of the Asiatic Cholera in its relations to Quarantine. With a brief history of its origin and course in Canada, from 1832. By William Marsden, M. D."

Dr. Marsden made a few remarks in explanation of the objects, etc., of the paper.

Dr. Sayre moved to refer the paper to the Committee on Publication. Carried.

Alterations in the Plan of Organization.—The following was offered by Dr. Cox, of Maryland:

Resolved, That a committee of five be appointed by the Chair to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868. Adopted.

Drs. C. C. Cox, J. M. Toner, W. B. Atkinson, J. J. Woodward and John Shrady, were appointed in accordance with the above.

Dr. Davis moved that the resolution referring Dr. Marsden's paper to the Committee of Publication be re-considered. Carried.

The motion to refer said paper to the special committee, as previously provided, was then carried.

Dr. B. Howard, of New York, owing to the absence of the Secretary, read the report of the Surgical Section, which, after some corrections, was accepted.

Cholera and Quarantine.—Dr. Charles A. Lee, of New York, then submitted the following resolutions, bearing upon the subject of cholera, which were adopted as the sense of the Convention:

Whereas, it was declared by a vote of Congress, at its last session, that it is not within the constitutional powers of the General Government to establish a general and uniform system of quarantine for the different ports of the United States, and whereas, the cholera infection has been introduced into the United States, and did doubtless manifest itself in many of the cities, towns and villages of our country during the past season, and

Whereas, the experience of the city of New York, and other places, both at home and abroad, has demonstrated the efficacy of certain chemical disinfectants, especially *carbolic acid* and the *sulphate of iron*, in destroying or preventing the spread of cholera virus, it is hereby urgently recommended by this Association, that the attention of physicians of the United States be chiefly and constantly directed to the prompt and free use of such disinfectants wherever the cholera poison may show itself.

Resolved, That as the experience of Europe and the United States has satisfactorily shown that the cholera poison cannot be controlled or kept in check except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire Island of Sicily, and the entire coasts and frontier of Greece, during the recent cholera epidemic, and,

Whereas, there is no good reason to believe that the people of the United States would not submit to the enforcement of such prohibitory measures, and non-intercourse, as is necessary to hold the cholera poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and

boards of health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy, in the same dwelling; the inspection and regulation of tenement houses; the provision of nurses, hospitals, and competent physicians for the sick poor, who may be attacked; provision for the early burial of the dead; the separation of the corpses from the living; and the prohibition of the custom of waking the dead, and all other measures which have been found necessary to control the progress of the disease.

Resolved, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind, while it reveals the exact extent of the danger, robs it of the hold of alarm and fear, with which the imagination surrounds indefinite pestilence, walking abroad by noon-day.

Dr. H. R. Storer read the minutes of the Section on Psychology, which were, on motion, referred to the Committee on Publication.

The reports of the Section on Practical Medicine, and on Meteorology, were read and disposed of in like manner.

The Committee on Nominations submitted their report as amended. The changes are:—*Committee of Arrangements*—Drs. Grafton Tyler, (Chairman,) William P. Johnson, F. Howard, Wm. Mawbury, Lewis Mackall, T. F. Many, J. M. Toner. *Assistant Secretary*—J. W. H. Lovejoy. Added to *Committee on Necrology*—Dr. Samuel Willey, of Minnesota, and Dr. Samuel M. Welch, of Galveston, Texas.

Remuneration of Permanent Secretary.—Dr. M. A. Pallen presented the subjoined:

Whereas, it was the intention of the resolution originally introduced, creating the office of Permanent Secretary, to pay said officer a certain sum annually, as a salary for services as such; and whereas, Dr. William B. Atkinson, our present efficient and urbane Secretary, has never received any money whatsoever in payment of said services, therefore be it

Resolved, That the Permanent Secretary hereafter, and from this date, be authorized to draw a warrant upon the Treasurer for the expenses incurred in his attending each meeting of the Association, and that the Treasurer is hereby instructed to pay the same. Unanimously adopted.

Dr. Atlee moved that the thanks of the Association be tendered to the Permanent Secretary for past services. Carried,

The Annual Assessment.—Dr. Toner proposed the following, which includes an article of the Constitution, with the amendments added: The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the Transactions. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed Transactions, the same as delegates. Referred, after an animated debate, to Committee on Revision of the Constitution and By-Laws.

Dr. Hibberd asked that Dr. H. R. Storer be permitted to use, in the preparation of a paper, certain matter previously presented by himself to the Association. Permission granted.

Votes of thanks to various Railroad Companies, and others, for courtesies extended the Association, were then passed.

Dr. Hibberd's resolutions, regarding the use of unofficial preparations, and the relations between the profession and the vendors of nostrums, were then called up.

Dr. Post called attention to the proper distinctions between the terms "unofficial" and "magisterial."

Dr. Cox, as an amendment, desired to insert after *manufacturing*, the words "advertising or selling quack medicines or nostrums." Lost.

Dr. Bibbins moved the reference of the whole subject to the Committee on Revision of the Constitution, etc. Carried.

Female Education again.—Dr. Atlee then pressed his resolutions on the subject of female medical education. A motion to take them from the table was carried by a vote of 56 to 52.

Dr. Pallen, of Missouri, was opposed to the discussion of the subject. Women were not by nature fitted for the practice of medicine. It had been tried in Europe, and had proved an utter failure. Ladies possessed of any delicacy could not acquire the proper amount of knowledge. Imagine a young lady, with gigan-

tic chignon and garbed in silks, entering the charnel-house, and bending over a corpse, microscope in hand, searching for cancer cells, etc., etc.

Dr. Davis thought the discussion of the subject, at this time, would only furnish newspaper gossips with a topic, and could do no possible good. He therefore moved to refer the whole subject to the Committee on Medical Ethics.

Dr. Bowditch, of Mass., was opposed to this way of disposing of such an important matter. He had moved yesterday to lay the resolutions on the table, simply because he thought the Convention was not then prepared to act upon them. The question had nothing to do with the laws of nature or the manner in which ladies were to acquire the proper amount of knowledge. The question was simply whether or not they should be recognized when they *had* acquired that knowledge, as many of them undoubtedly had. The Doctor mentioned several instances in which the practice of medicine by lady physicians had been attended with great success.

Dr. Davis's motion to refer to Committee on Medical Ethics was carried by a large majority.

Dr. Hibberd moved that Dr. Theophilus Parvin, of Indiana, be appointed to render a special report on the Surgical Diseases of Women, at the next annual meeting. Adopted.

A vote of thanks was tendered to Mr. F. Hopkins for the free use of his hall.

A communication from Dr. J. Homberger, expressing his desire to resign from the Association, was received, and finally referred to Committee on Medical Ethics.

The Provision for Chronic Insane.—After a resolution, offered by Dr. S. C. Hughes, thanking the Press for impartial reports of the proceedings, Dr. C. A. Lee read the following:

Resolved, That providing for the poor chronic insane in the jails and almshouses of our country, as at present practiced in nearly all the States of the Union, is a gross violation of the laws of humanity, and contrary to the Divine injunction of "doing to others as we would be done by."

Resolved, That where the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well-planned, and well-ventilated, but

comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labor, and would be benefited by light and regulated employment, may be suitably accommodated and properly cared for.

Resolved, That the example of Massachusetts in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will greatly subserve the interests of the insane generally.

Resolved, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties. Adopted.

Dr. Bibbins moved to refer to a special committee of five, to report at the next annual meeting. Carried.

Drs. C. A. Lee, New York; Guntry, Ohio; John Fonerdin; Walker, Mass.; Chipley, Ky., were appointed said committee.

The late Surgeon C. S. Tripler, U. S. A.—Dr. Cox submitted the following resolutions, which were unanimously adopted:

Resolved, That in the loss of Surgeon Charles S. Tripler, U. S. A., who died in this city since the last meeting of the Association, the profession throughout the country, the Army of the United States, and the Society especially, have experienced a serious loss.

Resolved, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

Resolved, That the condolence and sympathies of this Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions.

Dr. Davis moved that the committee charged with procuring suitable accommodations for the Association meetings in the Smithsonian Institute, in Washington, D. C., be continued. Carried.

Dr. Alden March, of New York, offered the following:

Resolved, That the thanks of the Association are due, and are hereby tendered to the President and retiring officers for the ability, impartiality and courtesy manifested in the discharge of their arduous duties. Carried.

Dr. Cox moved that the surplus copies of the Transactions of the Association, not yet out of print, be sent to the Secretaries of similar organizations in exchange for the volumes published by their own bodies. Carried.

Dr. Hughes presented the following:

- *Resolved*, That those members of the Association who have contributed to the amount of five dollars to the publishing of future Transactions, shall be entitled to any back volumes of the Transactions to the amount of the same, as they may want. Carried.

After the passage of several votes of thanks, the meeting adjourned at two P. M., to meet at the time and place previously designated.—[*Extracted from Boston Medical Journal.*]

Trousseau's Syrup of Lime in the Treatment of Acute Rheumatism.

We find in the *Boston Medical and Surgical Journal*, for February 28th, the following statement in regard to the use of lime in Rheumatism:

“Having for a year past used what I consider a new remedy for rheumatism, and with better success than from any other remedy, I consider it proper to ask the profession to make a trial of it. It is the syrup of lime, made according to Trousseau's prescription, as found in *Parrish's Pharmacy*. I have used it, according to the severity of the case and the age of the patient, in the dose of ten drops to forty-five drops, and repeated it from two to six hours, as symptoms have seemed to demand. In but one case has any opiate been required from the beginning. Two cases were complicated with Bright's disease, as indicated by the great abundance of albumen and the casts, as seen in the urine. In one of these the albuminuria entirely disappeared, and in the other it has been largely diminished.

“There has been no constipation, but generally looseness of the bowels, after a couple of days' treatment.

“The medicine is best taken in unskimmed milk, in quantity from a tablespoonful to four ounces, according to the size of the dose of syrup.”

Infectious, Contagious and Pestilential Diseases.

Dr. E. B. Dalton, Sanitary Superintendent Metropolitan Sanitary District, has notified every physician in the Metropolitan Sanitary District to report to the Metropolitan Board of Health all cases under their care of such diseases as have been declared by said Board to be of an infectious, contagious or pestilential character, and that the following have been so declared, viz: cholera, yellow fever, small-pox, ship or typhus, typhoid and scarlet fevers, and measles. It is not intended to make these reports public, or to annoy patients or their families with visits from Sanitary Inspectors, unless when the physician's report shall show necessity therefor. The object is to have a record in this office from which, at any time, physicians or others may derive information as to the prevalence of said diseases and the comparative salubrity in this particular of different sections of the city, and generally of the Metropolitan Sanitary District.

Action of the Bromide of Potassium.

The actions of the bromide of potassium, according to Dr. J. Crichton Browne, in the *American Journal of the Medical Sciences*, are—(1.) It mitigates those convulsive movements of spasmodic twitchings, which are the result of the rapid conversion of sensory impressions in motor impulses, or of morbid reflex action through the medulla oblongata, and it exercises a peculiar influence over the phenomena which are characteristic of epilepsy. Whether the increased excitability of the medulla oblongata is so great as to be productive of epilepsy, or so slight as to expend itself in minor spasmodic complaints, the bromide seems to exert an excellent effect on it. (2.) It has a sedative effect upon the action of the heart in certain cases. (3.) It lessens and mitigates the rapid and preternatural excitement of the spasm, tremor, and other outward manifestations, which in some forms of nervous disease follow upon any emotional or moral disturbance. (4.) It acts as an anodyne, under certain circumstances, relieving hyperæsthetical sensations. (5.) It produces sleep. (6.) It exercises a beneficial influence over certain mental diseases.—*The Druggists' Cir. and Chem. Gazette*,

New Form of Antiseptic for Local Use.

The liquor carbonis detergens is recommended. It is an alcoholic solution of coal-tar, containing, we presume, the carbolic, phenic, and other acids, with dark tarry matter, and differing from carbolic acid, as the liquor cinchonæ does from quinine. It readily mixes with water, forming a permanent emulsion, and in various strengths is available as a mouth-wash, a gargle, an injection for fetid uterine discharges, cancer, retained placenta, etc., gonorrhœa in the female, foul ulcers, sloughing sores, and all maladies dependent in, or complicated by, parasite beings, lice, fungi, etc. It is also used combined with soda.—*Medical Times and Gazette*.

Narceine.

Narceine is coming into great fashion amongst the French to replace morphia. The dose generally given internally, is from a sixth to half a grain. At the outset it diminishes the pulse, but subsequently accelerates the pulsations. It does not seem to produce constipation, but rather a free action of the bowels. It is said to retard menstruation. Dr. Eulenberg prefers it to any other narcotic, and gives it in neuralgia, in painful affections generally, and articular disease, iritis, cystitis, and orchitis, stating that it produces sleep, "which is soft, tranquil, uninterrupted, and followed by a quiet awaking." Narceine is reported to be preferable to morphia as a general rule, and to act effectually in those cases in which morphia fails.—*Med. and Surgical Reporter*.

The Cause of Cholera.

In a memoir addressed to the Paris Academy of Medicine, M. Daumé announces the discovery of a cholera animalcule. The memoir has been referred to the committee having charge of the Bréant prize to be awarded to the person who discovers a cure for the modern pestilence. It is possible that Asiatic cholera may be caused by the presence of an organism; but from the rapidity of the progress of this disease, it seems more reasonable to infer that this organism belongs to the vegetable class, resembling minute mycelium, which often increase with most fearful rapidity. Still we are without proof to show that inorganic matter cannot assume such baneful form, by the process of diffusion through common air, as to carry into the lungs a poison which may soon disintegrate the blood and paralyze the nervous system. It has, fortunately, been clearly demonstrated that the progress of this unknown enemy through the favorite haunts—the cities—can be prevented by cleanliness, the use of disinfectants, and strict observance of sanitary regulations.

Editorial Department.

Probable Appearance, Cause and Prevention of Cholera.

The approach of the warm season renews the old and anxious inquiries concerning cholera, that scourge and dread of large cities. Shall we have cholera this season? Is it contagious? Can it be prevented in its appearance by quarantine or municipal regulations? These are the most common and important inquiries concerning it, questions which have been proposed to the most observing and experienced in our profession, as well as to all others, regardless of the possibility of satisfactory answer.

Last year Buffalo was remarkably exempt from epidemic cholera, but this does not justify the conclusion that the warm season, now commencing, will not furnish cases of this disease. It is well to consider the liability, and to adopt such measures of protection as have been found most efficacious. Whatever differences of opinion may prevail in regard to the causes and modes of propagation of cholera, some facts are already established, and upon these may rest a sanitary and municipal action, which will protect the inhabitants in great degree, at least, from the ravages of this fearful scourge. The filthy, vicious, intemperate, destitute and imprudent, fall ready victims to this disease, and from this fact alone may be gathered some of the most important practical lessons; yet the public are as insensible and stupid as possible as to the importance of the various hygienic methods of preventing disease of this nature. The wealthy console themselves with the idea of seeking personal safety in country or sea-side resorts, and bestow little thought upon the value of general health, to city or town, other than possibly to reckon upon its commercial bearings and draw a balance between the taxable cost of sanitary measures and the undertaker's bills for burying the poor. If there was a just appreciation of the injurious effects of filthiness, particularly in yards, sinks, privies, and cesspools; of the danger of stagnant water under and around thickly inhabited districts; of the necessity of drainage and ventilation, there would not be found in Buffalo one nuisance of this sort where hundreds at present exist. As it now is, many families with ample incomes live in dwellings wholly unsuited for the abodes of men, and upon all sides are surrounded by intolerable nuisances. The wonder is, not that we have disease in the warm season, as the result of such conditions, but rather that any can live to reasonable age under such influences. The amount of preventable disease and the number of preventable deaths, if estimated truthfully would astonish every one—there can be no doubt they would outnumber those from unavoidable causes.

Is cholera contagious? This question has not been answered by unanimous opinion, and at present cannot be determined beyond controversy. Is its cause a material generated by morbid processes in the bodies of the sick, and capable of generating the same disease in those whom it reaches, either by contact or through the air? Some of the reasons for believing that in this sense it is not contagious, are the following: Diarrhœa is generally observed to precede and accompany this

disease, which in some cases from local or other causes increases and becomes cholera, while in others it remains simple diarrhoea, showing a more general influence than could be expected if the disease was contagious and depending upon it alone as means of propagation. Again, its sudden disappearance, with no reference to the number of persons exposed, or liable as ever to exposure, appears opposed to the idea of contagion. The simultaneous appearance of cholera in places widely separated, and the attack of hundreds the same day in the same city, as has been often observed, indicate its causes to be more general than could arise from contact or near connection. Its appearance in limited districts of a town, to an almshouse or jail, generally containing some cesspool or overflowing sink, when other places do not contain even single cases of the disease, indicate that it is not propagated by contagion. That armies sometimes have suffered terribly while in one location, and by a short march escaped it altogether, is also indicative of local or endemic causes rather than otherwise. Nurses, even in hospitals, are not more subject to the disease than others, and hospital patients suffering from other diseases, have not generally been affected by the admission of those sick of cholera. Physicians are often greatly exposed both in the care of cholera patients while living, and by making *post mortem* examinations, and no ill effects have been shown to follow. Cholera has never been produced experimentally by direct contact or otherwise, inoculation, tasting the dejections, and inhaling the breath have all alike proved unsuccessful. If possible it is better to reject the idea of contagion, for if adopted it is capable of untold evil. When asked if cholera is contagious, the answer should be, no, without any hesitation, and this reply should be made and repeated until it can be shown clearly to be untrue.

The remaining question, can cholera be prevented by quarantine or municipal regulation, admits of discussion, but may undoubtedly be answered, yes. It may not be possible with our present knowledge to wholly prevent the appearance and spread of cholera, but it can be prevented in great degree. It is dependent upon local causes to a great extent, at least, and may be controlled and prevented by faithful adherence to the well understood principles of hygienic science. These embrace cleanliness, the use of disinfectants, ventilation with proper air-space, the use of pure water only and proper food. Other points may be also added, such as warm clothing, regular hours of labor and rest, temperance, mental composure, cheerfulness, etc., etc.

A great many facts bearing upon all these topics have been carefully observed and recorded during the past year, and an honest and earnest effort has been made to determine by positive proof or accumulated evidence the various questions in agitation as to the nature, causes, modes of propagation and treatment of this, as yet, ungovernable scourge. Many authors have written papers, and even books, upon cholera, which contain valuable suggestions and will prove instructive, but it must be confessed that these efforts have generally been in the interest and support of some favorite theory. Report favorably the facts as they appear and theory will soon conform to them. Observations are sometimes deceptive, and too great readiness to arrive at conclusions should be carefully avoided.

Books Reviewed.

Obstetrics: The Science and the Art. By Charles D. Meigs, M. D. Philadelphia: Henry C. Lea, 1867.

The readers of this Journal are too well acquainted with the character and standing of this work to have any extended notice, interesting or even proper. We notice by the preface, that the author has carefully revised every paragraph, with the view of leaving his work to the profession as perfect and complete as possible, thinking that this is probably the last occasion he will ever have of making it a better book for instruction than before. In turning over the pages of this last and most perfect edition, we are attracted by the manner he writes upon albuminuria. He says: "What now is albuminuria; for that is the question? Is albuminuria a disease, or is it a symptom? Such is the question put by Goubeyre. Is albuminuria a leak from a disordered and imperfect kidney of one of the important materials of the blood? Is albuminuria a result of modified power of hæmatocis, and is it not rather a disease of the blood-vessel, the endangium, than of Bowman's capsules or Malphighi's corpuscles? Goubeyre quotes Frerichs to show that in 202 *post mortem* examinations of morbus brightii, the lesions of the kidneys were more numerous than any others; there was heart disease 99 times; emphysema, 77; diseased liver, 46; (22 cirrhosis) spleen, 50. Dr. Goubeyre insists that morbus brightii, commonly called albuminuria, and albuminuric nephritis, is nothing more or less than disalbuminuriation of the blood, and that disalbuminuriation of the blood may take place in persons whose health is perfect as far as the kidney is concerned, and in whose urine neither tubuli-casts nor the least trace of albumen can be detected. What then, I repeat, is albuminuria of gestation? Is it not a vitiated state of the blood dependent on morbid changes superinduced by pregnancy in the blood membrane; and is it anything else than a symptom at once, and a cause of hydræmia? Is it not in many cases developed during the labor in consequence of the violence of the circulation? The very strongest advocate of the doctrine of uræmic intoxication as causative of eclampsia, Dr. C. Braun, says, that there is no constant relation of the quantity of albumen in the urine to the period of labor in which the convulsions break out, but the amount of albumen does augment in the ratio of the repetitions of the eclamptic paroxysms. To me it appears that this admission strengthens the opinion that child-bed fits depend not so much on the qualities of the blood, as on its impetus in circulation, and that its morbid qualities are rather results than causes; although to be sure the morbid results do become causes in their turn."

This subject is considered at length and is interesting in many respects; the quotation thus far, has been made with no other view than to indicate the author's views upon an important pathological point. The work comprises a complete treatise upon obstetrics, and stands high among the very first works upon this subject. Its style is unexceptionable, and shows it to be the product of high mental discipline, careful observation and ripe experience. The opinions of the author are entitled to great respect, and this book, in its fifth and last edition, will remain a standing authority upon all subjects in the department of obstetrics.

The publisher, Henry C. Lea, of Philadelphia, is entitled to the thanks of the profession, for the neat, substantial and ornamental style of his medical publications in general; this one in particular.

For sale in Buffalo by Theodore Butler.

Practical Dissections. By Richard M. Hodges, M. D., formerly Demonstrator of Harvard University. Second edition, thoroughly revised. Philadelphia: Henry C. Lea, 1867.

After a careful examination of the "Practical Dissections," we can fully commend it to the favorable consideration of all engaged in the pursuit of practical anatomy. Their design is not intended to occupy the place of a treatise on anatomy, but simply as "a practical guide in the ordinary dissections of the medical student, describing on the same page, and in connection, the muscles, nerves, arteries, veins or other structures which are conjointly exposed in dissecting any one of the parts into which the dead subject is usually divided." An experience of more than seven years in demonstrating, has enabled the author to arrange his work in such a manner as will be found most convenient. Part first, comprises the anatomy of the head and neck, embraced in fourteen dissections. Part second, comprises the anatomy of the upper extremities, thorax and back, divided into ten dissections; and part third, embracing the anatomy of the abdomen and lower extremities, with fourteen dissections. The division of each part into "dissections" is intended to map out a day's work, thus affording to the student an opportunity to prepare each succeeding day's work. Besides describing the peculiarities of the anatomy of the fœtus and the surgical anatomy of the arteries, the author has given some general rules to be observed in dissecting, which, if followed, will greatly add to the neatness of the dissections, as also to the personal comfort of the dissector.

The Half-Yearly Abstract of the Medical Sciences; being an analytical and critical digest of the principal British and Continental Medical works, published in the preceding six months. Vol. 44, July-December, 1866. Philadelphia: Henry C. Lea, 1867.

The medical profession is too well acquainted with the "Half-Yearly Abstract" to require any extensive notice on our part. The present volume, like its predecessors, is full of interest, embodying within its pages the cream of foreign medical literature, and no practitioner desiring to remain acquainted with foreign literature can well afford to be without this work.

What effect has the Meat or Milk from Diseased Animals on the Public Health? By Samnel R. Percy, M. D., Professor of Materia Medica New York Medical College; Physician to the Jews' Hospital, etc., 1866.

Questions of grave importance to the public health are involved in the consideration of this subject, and Dr. Percy by earnest and careful investigation has furnished to the medical profession a clew to the cause of many diseases heretofore not recognized. We trust that he will continue to labor in this almost untrodden field of investigation, and that medical societies and health commissioners will extend to him such support as the importance of the subject demands.

Diphtheria: A prize essay. By E. S. Gaillard, M. D., Richmond, Virginia, 1867.

This monograph (a reprint from the Richmond Medical Journal) is designed chiefly for the elucidation and establishment of the pathology of the disease under consideration, and with this view, the author has consulted the best medical authorities upon this subject both in America and Europe. The arrangement, in a tabular form, of the differences between the pathology of diphtheria and that of the diseases with which it is most frequently confounded, namely: pharyngitis, muguet, aphthous, inflammation of the mouth, croup and scarlet fever, possesses advantages which are not found in works of a similar character.

The indications for treatment the author considers both as constitutional and local. Under the former he strongly advocates the sustaining plan, while general and local depletion, vesicatories, sinapisms, etc., should be entirely discarded. In the local treatment much benefit has been derived from the following preparation, to be applied to the exudation:

Aqua Fluv. grs. xxxii,	}	aa grs. iv.
Ferro Perchlorid,		
Acid Citric,		
Acid Hydrochlo,		

The forcible tearing away of the membrane the author considers as worse than useless.

Prize Essay—Digitalin. Its chemical, physiological and therapeutic action. An essay to which was awarded a prize by the American Medical Association, May, 1866. By Samuel R. Percy, M. D., Professor of Materia Medica New York Medical College, etc., etc.

The adjudgment of a prize to this essay, by the American Medical Association is a sufficient guarantee of its value, and all that remains for us to do is to simply present its arrangement for the benefit of those of our readers who may not possess the Transactions for 1866. The author presents his subject in four sections. Section first, treating of its chemical history; process of obtaining the alkaloid; other principles contained in it; its physical properties; chemical tests and reagents. Section second, discusses its physiological action upon animals and man: Section third, considers the therapeutics of digitalin; cumulative action; effects in poisonous doses. Section fourth, treats of the modus operandi.

Researches upon Spurious Vaccination or the Abnormal Phenomena accompanying and following Vaccination in the Confederate Army, during the recent American Civil War, 1861-1865. By Joseph Jones, M. D., Professor of Physiology and Pathology in the Medical Department of the University of Nashville, Tenn.

Never before has the subject of spurious vaccination been treated so comprehensively in all its various bearings as by the author. The influences of scorbutus, syphilis and skin diseases upon vaccine are ably discussed, and his conclusions, supported as they are by the observations of the best medical men, carry with them an overpowering weight. The perusal of this monograph will be found highly interesting and instructive.

The American Conflict: A history of the Great Rebellion in the United States of America, 1860-1865: Its causes and incidents, and results. Intended to exhibit especially, its moral and political phases, with the drift and progress of American opinion respecting human slavery, from 1776, to the close of the War for the Union. By Horace Greely. Illustrated by portraits on steel, of generals, statesmen and other eminent men; views of places of historical interest, maps, diagrams of battle-fields, naval actions, etc., from official sources. Vols. I & II.

From the very day of our national birth, two antagonistic principles have been contending in the country for the mastery. Freedom and Slavery; the slaveholding power inaugurating a desperate struggle to retain, by force of arms, that which, by the natural operation of the ballot-box, they were slowly but surely losing. Beginning at the very beginning of the causes of the late civil war, the author has spared no pains in the collection of material facts, and to arrange them so as to embody "the more essential documents or part of documents, illustrative of these facts, that the attentive, intelligent reader may learn from this work, not only what were the leading incidents in our civil war, but its causes, incitements, and the inevitable sequence, whereby ideas proved the germ of events:" Never before has the political history of our country been placed before us in such a dispassionate and interesting form; the constant aim of the author being to avoid and discard party feelings. In reference to the description of battles, the course of the writer has been to omit those minute and complicated details which can only prove wearisome to the general reader. And the sources of information from which these descriptions found their existence, have been authentic reports from the War Department; the official statements of Commandants on the battle-field, and many graphic descriptions from eye-witnesses.

Lewis A. Filbert, 133 Elm street, agent for Buffalo.

A case of luxation of femur into Ischiatic notch, of nine months standing, reduced by manipulation. By Lewis A. Sayre, M. D., Surgeon of Bellevue Hospital; Professor of Orthopædic Surgery, etc., etc.

This monograph describes a very interesting and instructive case of luxation of the femur, the result of a gun-shot injury. Five months after sustaining the injury, and while the patient changed his position in bed, the head of the bone glided out of its socket. Several attempts at reduction having been made, all of which proved unsuccessful, the patient placed himself under the professional care of the writer, who, nine months from the time of the luxations, made an attempt at reduction. Having by a rectum examination felt the gliding of the head of the bone, he determined to reduce the luxation after the method of Dr. Reid, which proved successful, the parallelism of the limb being maintained by means of extension by weight and pulley. Ten months subsequently the patient states that he can step in any direction, as easily as with the sound limb.

An inquiry into Modern Anæsthesia. By Honorable Truman Smith.

This work comprises an argument for the claims of Horace Wells, to the discovery of anæsthesia, and contains all the facts connected with it, and Br. Morton's claim as discoverer. The author says: "In 1844, Horace Wells gave the world his won-

derful discovery that surgery could be divested of pain—a discovery pregnant with untold value to the world, but of almost unmingled woe and sorrow to himself and his afflicted family. Often have I heard his widow declare that this great boon to the world, “had been to her and her family an unsupportable evil,” for it cost the life of her husband, and substituted the “*res angusti domi*” in place of a lucrative profession and a happy home. Knowing Wells intimately, living beneath the same roof at the time when he went to Boston to announce his discovery, and in almost daily communication with him during the whole period between the birth of his great thought and the hour when his dead body, a sacrifice to his zeal and love of truth, was borne from my own door to its last resting place, I can, and do, before high Heaven, that to Horace Wells only, belongs the honor of giving to the world a discovery of which has played a more important part, as respects surgery, than any other ever made, unless we except Harvey’s of the circulation of the blood. The full value of his discovery is not yet known; after-ages will make new applications and further improvements.” This quotation shows the object of the work, and without expressing personal opinions, we must heartily commend its perusal to every one interested to know all the facts in this matter so long in controversy.

The American Naturalist. A Popular Illustrated Magazine of Natural History. Salem: Essex Institute.

This valuable magazine is the only one in the country devoted to Natural History, thus supplying a deficiency which had heretofore been existing in American journalism. The Naturalist, we have no doubt, will certainly meet the approbation of those interested in the study of natural sciences, and prove a valuable companion to tourists, as reliable information relating to many interesting facts in natural history is placed before them. The publishers have spared no labor nor money to present a work which in general appearance is unsurpassed, and we trust their efforts will be liberally sustained by the public. Price, \$2.00.

Books and Pamphlets Received.

Circular No. 5: War Department, Surgeon General’s Office, May 4th, 1867.

Report on epidemic cholera, in the army of the United States, during the year 1866.

Notes on the origin, prevention and treatment of Asiatic cholera. By John C. Peters, M. D. Second edition, with an appendix. New York: D. Van Nostrand, 192 Broadway, 1867.

Ununited fracture successfully treated, with remarks on the operation. By Henry J. Biglow, M. D., Professor of Surgery in the Medical College of Harvard University. With abstracts from Dr. Biglow’s Clinical Lectures on the subject and cases.

Women as Physicians.

Introductory Address on the Commencement of the Session of the Medical Department of the Willamette University, for the year 1867. By A. Sharples, A. B., M. D., Professor of Anatomy, Salem, Oregon.

Sixth Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia. 1867.

Eighteenth Annual Announcement of the Woman's Medical College of Pennsylvania, 1867-68.

Lecture on the physiology of the heart and its connections with the brain, delivered at a meeting at the Sorbonne, the 27th March, 1865. Translated by J. S. Moore, M. D., Savannah, Ga.

Erie County Medical Society.

The semi-annual meeting of the Erie County Medical Society, was held at the rooms of the Buffalo Medical Association on the 11th inst. The meeting was well attended, and the usual routine of business of such meetings transacted. The following gentlemen were elected to membership upon compliance with the By-Laws: Drs. Conrad Diehl, Byron H. Daggart, Charles F. A. Nichell, Gustavus E. Mackay, Milton G. Potter, of Buffalo; and John C. Potter, of Lancaster.

T. M. JOHNSON, M. D., Secretary.

Deaths in Buffalo in May, 1867.

SEX—Males, 57; Females, 52. Causes of death—asthma, 2; bronchitis, 2; cancer of the womb, 8; cholera morbus, 2; cirrhosis of liver, 2; consumption, 36; convulsions, 14; croup, 2; diphtheria, 6; dropsy general, 2; puerperal fever, 4; typhoid fever, 14; typhus fever, 2; gangrene, 2; inflammation of liver, 4; inflammation of lungs, 8; inflammation of lungs and typhoid, 4; inflammation of lungs and pleura, 2; inflammation of peritonium, 2; inanition, 4; kidneys, Bright's disease, 4; meningitis cerebral spinalis, 12; marasmus, 2; scrofula, 2; stricture of urethra, 2; syphilis, 2; unknown, 6; whooping cough, 2. Whole number of deaths 110.

SANDFORD EASTMAN, Health Physician.

VERMONT STATE MEDICAL SOCIETY.—The Medical Society of the State of Vermont met at Burlington on Wednesday, the 19th instant, and held its session for two days.

COERCION EXERCISED UPON DOCTORS IN PERU.—The *Gaceta Medica* of Lima, contains the following enactment of the Governor of Arequipa. No medical man is allowed to refuse assistance to any one, either by night or day, under a fine of £10, which may be enforced by the party thus refused. The like penalty is incurred by any apothecary who shall refuse to make up a prescription or to administer any remedy, be it in the course of the night or day.—*London Lancet*.

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

TUESDAY EVENING, June 4th, 1867.

The meeting was called to order at the usual hour by the President, Dr. Eastman. Members present—Drs. Eastman, Abbott, Rochester, White, Gould, Trowbridge, Diehl, Kamerling, Strong, Gay, Cronyn, Little, Miner, Greene, Ayer, Wetmore, J. R. Lothrop, Ring and Johnson. The minutes of the last meeting were read and adopted.

Dr. Trowbridge, member of the Committee on Revision of the Constitution and By-Laws, reported progress, and asked for more time. By vote of the Association the report was accepted and more time granted.

The President then read the following Inaugural Address:

Gentlemen of the Buffalo Medical Association:—Elected for the second time to preside over your deliberations, I have reluctantly consented to accept the position to which your partiality assigns me. Permit me to revert to the record of the proceedings of the "Buffalo Medical and Surgical Association" for April, 1856, in which the following minutes are found, viz:

"At the April meeting of the Buffalo Medical Association, no business of interest to the profession at large was transacted. The Association terminated its existence and re-organized as a

chartered corporation under the title of the 'Buffalo Medical and Surgical Association.' The following officers, who are also Trustees of the property of the Association, were elected for the ensuing year:

- Dr. Sandford Eastman, *President.*
- " Austin Flint, *Vice President.*
- " Sanford B. Hunt, *Secretary.*
- " James M. Newman, * *Treasurer.*
- " William Howell, * *Librarian.*"

Of these officers, the writer only, remains; two have removed to other cities, and two have died. The new organization at that time numbered 33 members, of whom 18 remain of our number, 11 having removed from the city, and 4 have died.

The number of members attending our regular meetings averaged twenty. Many valuable papers were presented by different members on various medical and surgical subjects; among which may be mentioned "The Diagnostic value of the Buffy Coat," by Prof. Austin Flint; "Hair Dyes," by Prof. Geo. Hadley; reports of sundry interesting cases of Diseases of Women, by Prof. White; Multilocular Cysts and Trephining, by Prof. Hamilton; "Croup," by Prof. Rochester, and "Fistula in Ano," by Dr. P. H. Strong.

In June previous, a committee, consisting of Prof. Austin Flint, Dra. Geo. N. Burwell and C. C. F. Gay, was appointed to report upon Pneumonia, and three or four valuable reports were the result of their labors. These papers attracted the attention of the profession throughout the country, and gave the Buffalo Medical Association an enviable reputation, and made their proceedings sought for and studied. Similar labors will produce like results now; and I trust the custom of appointing an essayist for each meeting, so recently re-adopted, will be continued. If each member will attend the meetings regularly and furnish a tithe of what has interested him in the interval of our meetings, much information will be obtained that will be of value to some of us at no very distant day. The older members owe it to the younger to take the lead in reporting cases of interest, thereby guiding and directing them in the right way—in a way that will produce a permanent impression upon their inquiring minds. We are all studying the same grand lesson—all striving to accomplish the

* Deceased.

same great end; our whole life is one of thought and labor—mental no less than physical—and we all know how fatiguing and depressing the former is compared with the latter. Some in our profession have advanced farther than another, have turned more pages on the great book of nature, and have more thoroughly investigated the phenomena of disease and the remedies adequate to its relief. Whatever knowledge any of us may possess we should not hesitate in communicating to each other for the general good. While I have great respect for age and experience in the profession, I wish to remind our newly fledged members that age alone does not bring wisdom. Hence they are enjoined to contribute their quota in promoting the interest and value of our monthly meetings.

The prevention of disease should be, and is, the earnest desire of every true-minded physician, and this can be accomplished in no more efficient way than in giving to our patients and families such information as will best improve the sanitary condition of their houses and premises. If each one would take the trouble to do this—here a little and there a little—infinite good would result in the preservation of the public health and the prolonging of human life. We might thereby be doing injustice to our pockets, but we should have the more enduring satisfaction of doing good. A limb is sometimes so impaired by disease that life can only be saved by amputating the diseased part. This is nothing less than an acknowledgment by the surgeon of the impotency of remedies; a confession of his failure in curing disease. Of how much greater satisfaction and importance is it to so guide and instruct our patients how to live that the disease itself may be prevented.

During the past winter a committee was appointed to revise the fee-bill for medical and surgical services. A report will be presented at an early day, when the subject will claim your candid consideration. "The laborer is worthy of his hire," and this is eminently true of the faithful physician. No man performs so much labor gratuitously as he does, and no man deserves more reward from those able to compensate him for professional services. The poor we have with us always, and none of our number will decline alleviating their suffering and administering to their relief to the fullest extent of our strength and ability. This is known

to the profession, but the public do not so understand it, or if so, they have a very singular way of manifesting it. Patent as this fact is, I have yet to learn of any of our number who is insensible to the proper appreciation of a generous fee; and while we should not be exorbitant in our charges, we should claim and receive a suitable return for services rendered. I bespeak for their report such action as the interests of the profession demand.

Gentlemen, we enter upon a new year with much to cheer and encourage us. The Association is free from debt. The wisdom of its founders has been thoroughly tested. The institution is of age. Let us vie with each other in endeavoring to advance its interests and reputation, so that we may transmit to our successors an inheritance worthy their possession.

A vote of thanks was tendered the President for his address and a copy requested for publication.

After which Dr. C. C. F. Gay read the following paper:

Some hints as to how the Surgeon should manage fractured bones; how he should manage his patient, and how the Surgeon should himself manage.

Mr. President and gentlemen of the Association, unlike other departments of surgery, this opens up a field where the same amount of labor, patience, tact and skill do not, as in the domain of operative surgery, reward the laborer with a corresponding amount of *eclat*. Best efforts are not rewarded by corresponding approbation, but when bringing to his work, skill equal to that brought to bear in the other departments of surgery the surgeon's reward oftentimes consists in the displeasure of his patients and their friends, who, impelled by a species of innate depravity, attempt to appropriate the surgeon's capital, gratis, refusing payment for services on the ground of neglect or unskillfulness, proceed to mulct the attendant in damages, and legal proceedings are known sometimes to have been instigated by officious friends for the purpose of ridding themselves of the payment of an honest debt.

For the faithful cultivation of this field of surgical science, for labors directed toward the protection of the surgeon against suits for mal-practice and for advanced and progressive views upon surgical pathology, we are more indebted to the labors of Dr.

Hamilton than to any other American surgeon, and the members of this Association who were for so many years connected with him in these monthly séances, take pleasure in the acknowledgment of his worth and the recognition of his work as authoritative.

But, gentlemen, disclaiming any personal merits, it is competent to remark, that it was not reserved for one mind, however comprehensive, unaided and alone, during a single life time, to bring order out of chaos, make the rough and rugged places smooth, or by the touch of his magic wand bring out the gushing and sparkling waters, or in short, to bring to perfection and to an exact science that which is encumbered with so much that is imperfect, crude and shapeless. It may have been reserved for lesser minds to contribute lesser things. If in addition to the enlightened direction of medical and surgical teachings, the observations and studies of two decades have not taught us anything—if some old views have not been discarded, and new views when they have been tried and proved to be true views, been received, then have the labors of these years been of no service and the profession practiced in vain.

In indicating some hints how the surgeon should manage broken bones, the writer would rely chiefly upon his own experience and observation, growing out of his own and others' practice.

Authority in surgery has so long exercised such powerful influence upon the practitioner as to be detrimental to the best interests of science. It requires boldness and courage to deviate from authority; such departure or deviation is misconstrued into disrespect, or obstinacy, or ignorance; far be it from me to undervalue or underestimate authority in medicine or surgery. I yield to no one in my reverence to it and for it, but if we hope for progress in our art, and are not content that others do our thinking for us, we must sometimes become amenable to the charge of discourtesy and disrespect.

It is independent thought that we most need; a frank and clear presentation of those thoughts and a respectful hearing and reception of them, even though they do not emanate from those who have been regarded as authority. In this way will the combined and united labors of individuals be productive of good fruit.

In the management of fractures it is hardly necessary to say before this enlightened audience, that a full and correct knowledge of the surgical pathology of the reparative process, is an indispensable prerequisite to intelligent management; following this, the more genius and *tact* the surgeon possesses the better it will be both for himself and his patient.

I do not propose to occupy your time in discussing the pathology of the reparative process of broken bone; it is sufficient to say that a very great stride from error towards truth was that step taken by Paget, fifteen or twenty years since, when he stepped out of the beaten track, ignoring the theory long since laid down by Dupuytren, and establishing a theory of his own so much more rational, and not only rational, but a theory proved to be well founded by well attested experimentation and by well grounded observation.

If you would pardon an apparent digression, I would here pause for a moment, to pay a passing tribute to the genius of Hamilton, who, with Paget, is equally entitled to the honor and fame of establishing the new theory of the reparative process, arriving, as he did, at nearly the same conclusions, consummating his labors and publishing the results to the world about the same time.

The labor of these two men, directed in the same channel, toward the same object, giving results to the world almost simultaneously, has been the means of revolutionizing the management of fractures, or if this be too strongly stated to suit the fastidious, I will modify it by stating simply that the treatment of fractures based upon the knowledge imparted to the world by Paget and Hamilton, becomes rational and intelligent.

The surgeon has not to wait for the ninth day provisional callus of Dupuytren to serve as nature's splint, for he knows that when the fragments of bones are properly adjusted, especially when the fracture is near the extremity of long bones that union will occur with no more deformity, when no splints are used, than will occur when they are used; that splints are not so indispensable as formerly supposed, and that they may be *laid aside much earlier* than we have been taught by the highest authority to believe.

When about to treat any special fracture, the first question of course which arises relates to diagnosis; and here, I believe, the

most skillful surgeon may blunder, if he should allow himself to be hurried, and should not exercise proper care and attention in his manipulations. But the blunders are exceptional only—none ever need occur; but right here, at the threshold of right management, *tact* is brought into requisition. I have seen patients suffer all the pains and torments of the inquisition, while submitting with commendable fortitude to rough and misdirected manipulations. I quote the language of a well known author, who says:

“It is difficult to state the precise manner in which the surgeon ought to proceed. Much will depend upon the circumstances of the case, something upon one’s natural tact, and upon the amount of experience, but more I think upon natural kindness of heart and social education. The man of refinement and sensibility will know instinctively how to proceed, and needs no instruction. They who lack these qualities can never learn, and it would be quite useless to undertake to teach them. I sincerely wish such men as these latter would find some more suitable employment than the practice of a humane art.”

With little experience and a good deal of tact, I am confident the majority of fractures may be diagnosed and dressed without inflicting much pain upon the patient, and the work accomplished in little time.

After the proper adjustment of the fractured bones to their normal position, he who possesses most genius for improvising the necessary apparel, then and there upon the spot, making his splints of the rude material at hand, will be found, I apprehend, most competent to adjust his apparatus. The more simple the apparatus the better, and a splint made and adapted to any special fracture is far better than the adaptation of a special fracture to a carved splint made to suit a supposed case.

The most important question now to determine is, the *length of time* the splints should be continued in use. Your time would not be lost if an entire paper, written by some competent person, should be devoted to this single topic. At this point in the discussion I find that the views of the highest authority and the views of the humble writer become divergent. All the care, precaution and tact possible, dwindle into nothingness in comparison with the right decision of the surgeon at this point, in determining

the length of time for the use of splints. I do firmly believe that more injury is done by long-continued use of splints—by their use beyond their actual necessity—than by erring in the opposite direction. These views, which I assume to be true views in the management of all fractures, are manifestly true beyond cavil, when made applicable to fractures near joints.

The settlement of the question of the longer or shorter continuation of surgical appliances, in a legal point of view, is important. With this question unsettled, as we must concede it to be, it would prejudice a jury greatly to the detriment of a defendant in court, for the witness to swear that splints were removed in case of any fracture in ten days, or two weeks, while defendant's case could not at all be compromised should medical or other witness testify that splints were used for three or four months; use of splints' almost any length of time, however long, is never prejudicial to the case.

It is no new thing for a medical witness to testify that deformity after fracture, is perhaps partially owing to the fact that splints were removed too soon. Who has ever thought to testify that in case of fracture near a joint, causing temporary or permanent ankylosis, that splints were not laid aside soon enough? It seems to be impressed upon the minds of judge, jury and witnesses, that the long-continued use of splints is beneficial, and that early to dispense with their use is detrimental.

In the case of Ostram vs. Kempson, cause tried before Hon. I. A. Verplanck, for mal-practice, in March, 1866, a verdict was rendered for \$300 damages. This was a supposed case of Colles' fracture occurring in the person of a female, aged 64 years. The injury happened in November or December, 1863; suit brought March, 1866, a little more than two years subsequent to date of injury. On the trial the daughter of Mrs. Ostram testifies that "her mother first got use of her fingers three or four weeks ago; up to that time had no power over them; it was ten months or a year after injury before she was able to bring thumb and finger together, but had no strength; she can now clasp her hand, but can hold no weight," etc.

The defendant, Dr. Kempson, testifies, that "he removed the splints in *six weeks*; there was then a perfect state of arm, except

a little deformity." One surgeon testified that, "in patient of Mrs. Ostram's age, arm should be kept in splints from *forty to sixty days.*"

Now I take not the slightest exception to the merit of the testimony of these physicians, because the views therein expressed are in accordance with established custom, and are supported by authority, but I do take exception to the authority, and decidedly differ therefrom. I incline strongly to the belief that had the splints been removed in two weeks in the place of being used six weeks that Mrs. Ostram's daughter would have been able to testify that her mother was able to use her fingers much earlier, that strength of hand would have returned much sooner, and that the deformity would have been no greater.

But where may the surgeon be found of sufficient boldness and independence to strike hands with authority and testify that in case of Mrs. Ostram, splints should have been removed in two weeks? If such medical witness can be found so to testify, he would testify to that which is true—perform an act which would redound to his own credit—perform valuable service for the profession, and do a most humane act for the unfortunate patient.

I do not, gentlemen, speak in this manner of things I do not know, but I do thus speak of things that are true, of what I do know, have seen and believe; authority to the contrary notwithstanding. To enforce these views, were it necessary, examples could be cited, cases given of Colles' fracture, and fracture of the lower extremity of the fibula and internal malleolus—fractures wherein almost invariably the injury to the joint becomes paramount to the fracture, in which cases splints were removed in ten days, with result equal to any treated by longer use of splints, and perhaps far better result. But this paper will be of sufficient length and your patience sufficiently taxed without encumbering it with cases.

In fracture of lower extremity of fibula and internal malleolus, as with the fibula fractured with luxation of tibia, Hamilton says: "As a general rule the dressings ought to be wholly laid aside by the end of the third or fourth week." After this date he regards the use of splints and bandages pernicious.

Conscious as I am of the danger of differing with so high authority, appearing not unlike presumption to attempt it, truth, nevertheless, requires of me to say, if my own experience and observation have taught me anything, they have taught me that splints should be wholly laid aside at the end of ten days, if the patient be either in middle life or approaching old age; and why? The Doctor, I think, clearly states the reason; because of the stiffness of the ankle-joint. This stiffness, he says, in three of his reported cases, remained after one year, and in one case two years, etc. It is this stiffness as well as deformity that the surgeon desires to avoid. When the bones, in this injury, are properly adjusted, they will remain in position with rest at the expiration of eight or ten days without any support from splints or bandages.

One other exception only do I wish, at this time to take, to what I regard the highest authority in this country. It has reference to the time when broken bones should be reduced. All will agree that broken bones should be reduced as soon as possible. But when once reduced, do they always remain so? Hamilton says, "when the injury is recent the muscles offer less resistance, their resistance being increased after a time not only by the reaction which ensues upon the shock, but also by actual adhesion between their fibres."

I think this statement amenable to criticism. Observation teaches, I think, that the pain, irritability, and the emotion of fear following immediately upon the receipt of injury, causes *then* greater muscular resistance than at any subsequent period.—Therefore, in the management of oblique fractures, remote from joints, equally with fractures near joints, good surgery requires at first loose and temporary dressings, and when swelling, muscular resistance and irritability subside, permanent dressings.

You will note that I have had in mind chiefly those fractures occurring *near joints*. I should be glad to be able to say that I had read Smith upon the topic under immediate discussion, but am sorry to say that I have never availed myself of the benefits to be derived from perusal of his able work, and consequently am entirely unacquainted with him, and know not what his views are.

In the management of fractures remote from joints, I have nothing to say, further than that I do not object to a longer use of

splints than in fractures contiguous to joints. Successful management of this branch of the surgeon's art is somewhat intuitive and dependent upon native genius.

If not of the last importance, it certainly is not of the least importance for the surgeon to know how to manage his patient. Little things and "trifles though light as air," in the aggregate become potent, and applied to the practice of our art, give symmetry and strength to the whole. Medical minds bend reluctantly toward the smaller things that obtrude themselves along the route of research and labor. To neglect these trifles is to commit wrong. Our authors sacrifice the little things to the weightier matters of theory. Hope hath trodden upon the heels of despair and victory wrung from defeat, by the mere observation of the movements of a spider spinning its web. Laws of gravitation became established by witnessing the fall of an apple from its parent stem to earth. Despise, then, not the day of small things.

The surgeon's duties do not end with the broken limb mended, nor begin with the broken fragments adjusted. He should state to his patient frankly in the outset what to expect, and to what submit. His patient should be informed that his broken limb will be shortened, deformed, etc. Should the patient be dissatisfied with the prognosis, then turn him over to the tender mercies of some one who will promise better results. Should your services be accepted upon conditions stated, there will be no excuse in the patient failing to liquidate his obligations to you and no cause for complaint.

Beside the proper management of the broken bones and the right management of the patient, the surgeon has in charge also the management of himself. I have briefly indicated how he should *himself* manage, and it is only reserved to hint how he should conduct himself. Self-control is a virtue. It is good to know one's self, and if this be not enough to know, as the poet claims it is, then seek to be satisfied by knowing how to control thyself. However provocative the acts of patient and friends, which are often beyond endurance, however great the causes, which are numerous and ever present, the surgeon should so control himself that his own self-respect and the dignity of his vocation should not be lowered in tone by the exhibition of any ill temper.

Should there be refusal on your part to dress a limb for an irresponsible person, it may be done with decorum and without any exhibition of ill temper or in the least becoming obnoxious to such charge, especially when no *charge* is to be made. And right at this point I approach a delicate and debatable subject, but one relevant to the surgeon's management of himself, and you may, and doubtless will, dissent from the views of the writer, and perchance hold him obnoxious to the charge of inhumanity. I have learned to believe that the kindest and most humane acts of men are often seized upon by the ungrateful beneficiary, and turned upon the benefactor with relentless hate, and used as a two-edged sword, piercing to the dividing asunder of the joints and the marrow.

A few installments of the subjoined experience will, I think, amply teach the most humane surgeon how to manage himself, and how *himself* to manage under like circumstance.

Once upon a time, not very remote, I had occasion to congratulate myself upon the result of treatment of a Colles' fracture. Patient irresponsible; his employer, a man skilled in the manufacture of car-wheels and rolling stock machinery, becoming responsible for payment in full. Three months after date of injury, on presentation of bill, I was met with the impolite rebuff that if "my work had been well done, the man would have been at his work a long time before and have earned enough to have enabled him to pay his own bill." Thanking this man for the exhibition which he had given me of his ill-breeding and ignorance, I departed from his august presence. This man afterwards attempted to trump up sufficient evidence to convict of mal-practice; accordingly he sent this patient to a number of physicians to obtain their professional opinions. But to the honor of the medical profession of Buffalo, be it said, no sympathy or encouragement was extorted from a single member.

It was once my misfortune to be called hard-hearted, because of refusal to dress a broken arm. The employer stepped forward and became surety, took patient to his own house, providing him with meat, drink and bedding. When able to leave, this ungrateful wretch quitted the country for the Queen's dominions, taking with him my splints, and leaving me to liquidate his board and

lodging account, which I partially did, by deducting one-half the bill for surgical services rendered.

I therefore appeal to the most humane surgeon—to laymen and to an enlightened community to endorse me, while I briefly indicate how the surgeon should himself manage, when in the legitimate practice of his profession under difficulties of this nature. I think it may be laid down as a rule of action to refuse to dress a broken bone for an irresponsible person unless such person be willing to bind himself in writing never to carry his case into court, or unless some reliable individual will agree then and there to stand between the surgeon and suit for mal-practice. The only exception to this rule is that made in favor of widows and orphans. No man, I apprehend, is willing, voluntarily, to place himself in position to defend himself against suit for mal-practice, when his services, if rendered, are beyond hope of reward. No man is willing to assume such relation with the chances all in his favor of being mulcted in damages, and no surgeon should be forced by popular sentiment to serve the community upon any such unequal terms. But when holding himself up and offering his services to the community as competent to discharge with fidelity and ability the duties of his office, I hold that the surgeon is necessarily forced, if he be not willing, to perform all service to patients when called upon, provided he is unquestionably to receive remuneration for the same.

Thus, gentlemen, have I endeavored in as few words as possible, to put forth views upon the topics discussed, which to me seem to be true views. This paper does not aspire to the dignity of a scientific "dissertation upon a designated subject." The writer has only sought to give expression to views, crude and undigested; such, in a word, as have suggested themselves to his mind during haste in writing them out, to throw out a few practical hints upon a somewhat practical subject, and to group together the neglected trifles, of which nothing is read or said, and as little written. If I could hope that the contents of this hastily written paper would meet your approbation, then should I feel myself abundantly rewarded for the little labor bestowed upon it.

Thanking you, gentlemen, for your kindness in making me the recipient of many courtesies and favors in times past, my obliga-

tions are again renewed for the kind and cordial invitation extended to me to prepare a paper for the Association, and for the attention given and interest manifested during its reading.

DR. WHITE remarked that he hoped Dr. Gay would explain to the Association the precise condition of the fractured bone at the tenth day.

DR. GAY replied that he did not intend to go into an explanation of that subject, and would refer inquirers to the books.

DR. WHITE said, I cannot entirely agree with Dr. Gay in regard to the removal of splints. In my younger days I read surgery carefully, and had to defend suits brought for mal-practice, and have always used my best endeavors to vindicate the profession. With my understanding of the pathology and repair of fractured bones, it seems to me that if we are to remove the splints at the end of ten days there is no necessity for putting them on at all. I am much pleased with the paper in many respects, but must disagree with the Doctor upon this point.

DR. ROCHESTER said, perhaps Dr. Gay will inform us upon this subject. I fear that if the paper goes out as a part of the proceedings of this Association, and is read by young medical men, it may do harm, and be the cause of many suits of mal-practice, and be detrimental to this Association.

DR. STRONG said that he must demur to the idea that the paper would be detrimental to this Association. The Association is not responsible for papers read here, or for all the ideas advanced. The paper, as read, is not vouched for by us, and we are therefore not responsible. The view taken by Dr. Gay is extreme; it is Dr. Gay against the world. I cannot see the propriety of placing the splints on for ten days. They may as well be left off entirely.

DR. MINER said that, as he was not present at the reading of the first part of the paper, it was fair to infer that he did not understand the full scope of the author's meaning. If the idea was intended, that in fracture extending into articulating surfaces of joints, splints were often prejudicial, if continued longer than to allow subsidence of the early inflammatory action, he could quite agree with the author; or if it was the intention to say that in fracture extending thus into joints no splints were necessary, and that *motion* was to be maintained rather than rest—motion of

the joint, not of the fracture — the author's views would appear quite consistent with the best mode of practice. If the paper favors the use of extension only, and regards the extended muscles as adequate support to fractured bones, especially after the first symptoms have subsided, it will appear also as quite consistent. That splints, which were at any time requisite, can be safely dispensed with the tenth day, appears quite inconsistent with the usual condition of the parts in fracture and of our notions of the objects to be gained by their use. The time of union of bones varies greatly, and no invariable period can be given. In children, twenty-one days may suffice, but adults require much more, and bones which *appear* united by bony union, if left unprotected will often bend, even after the third month. Such instances are not uncommon; they come under the observation of all surgeons. The general idea that fractured bones are often subjected to, too much confinement must certainly be correct, but that they do not require support only for a few days requires qualification and explanation.

One other suggestion of the paper should not pass unnoticed. The author advises surgeons not to dress fractures for irresponsible persons unless some one becomes responsible for the payment of their bills. It is very true that surgeons receive very small compensation for the care and responsibility of such service, and anything which will change the condition of things in this respect, is desirable, but I am in the habit of going everywhere, and dressing everything, when called, and it seems to me a matter of duty and of necessity. I rarely suffer from unhesitating attendance in such cases, and though I dress and treat fractures, often without compensation, it is not generally of the class where a surgeon would once think of asking any one to be responsible. It is remarkable, considering the class of people who most frequently receive fracture, how very few cases but are kindly considered by some one. The employers in manufactories or the benevolent in neighborhoods almost invariably share with the surgeon in the care of the unfortunate, who are poor; and I had rather take the chances of pay, without any special guaranties, than with. When payment has been guarantied to me, I have generally in the end received nothing; but I have never in a single

instance asked any one to become legally responsible. So much of the paper as represents the great responsibility, both professionally and legally, of dressing fractures, cannot be too heartily approved, and any action which can relieve, or compensate for it, should meet most hearty approval. That fractures should be immediately adjusted, without waiting for the inflammation and swelling to abate, cannot now be questioned, though there are practitioners who adhere to the old views of surgeons, and think they cannot be put up in "permanent dressings" as they call them, until the fourth or fifth day.

There are several other topics suggested by the paper which are important and entitled to consideration, but I will leave the discussion of them for others.

DR. CRONYN said, that there were many things in the paper just read of an ethical character worth consideration and observance in many cases; but the surgical teaching of the paper was open to many and grave objections. The author asserts boldly "that many of the deformities after fracture are due to the *too* long continued application of splints; that in the greater number of cases ten days would be quite long enough to continue any such application," etc., etc. This will do very well for fracture of the fibula or of the internal malleolus or under such circumstances where little or no surgical support is needed, and the patient of such an age and disposition as to subject himself voluntarily to the required rest; but what would the author do with fracture of the femur near the lesser trochanter, more especially if it happened to be oblique? Could he take off his splints in ten days and have a good result? It requires but a moment's recollection of the powerful action of the psoas and iliaca muscles in this fracture, and the too well known difficulty of, under any circumstances whatever, having a good limb. It is unquestionably proper to remove splints from fractures in the vicinity of joints as early as possible, but as Dr. White has said, if they can be set aside as early as ten days, there would seem very little need for their use at all, and as the author has not advanced any new theory of the reparative process by which he could prove the soundness of his surgery, it would seem a dereliction of duty should this Association allow his teaching to pass without discussion or comment, nor would it be any compliment to the worthy author to so permit it.

With regard to the theory of provisional callus, (Dr. Hamilton's,) he does not quite represent that learned gentleman's opinion, for Dr. H. does admit that under certain circumstances such provision is made, and it would seem that the various experiments of Hunter, Dupuytren, and others, as well as the more recent teaching of Paget, confirm beyond question, the almost constant occurrence of ensheathing or provisional callus. The exceptions to this rule are well known to most surgeons of the present day, of any experience at all.

DR. WHITE said, I regard it proper to dress a fracture as early as possible. I believe it as necessary to keep on the splints the second ten days as the first ten. I do not think it complimentary to say that a paper, as valuable as the one read, should be disowned by the Association. There is justice in holding the Association, to a certain degree, responsible for the assertions or ideas of a member if the assertions or ideas be not controverted by the members present at its reading.

DR. GAY said, so much time has been spent that I am unwilling to take time to fully discuss this matter, and will only say that fractures, remote from joints, were not alluded to. It was not intended to give the mode of treating them. In regard to bad results from fractures, we often hear it said that the splints were removed too soon. I believe that they are oftener removed too late. I believe that there is no provisional callus. I believe that there is sufficient effusion within a few hours after a fracture to answer the purpose of the reparative process of the broken bone. This effusion or secretion does not extend beyond the broken surface of the bone.

DR. RING said, I believe in provisional callus; once saw a colt that died ten days after it had fractured one of its legs. At death the provisional callus was well marked.

DR. EASTMAN said, three years ago a patient with a fractured tibia and fibula died from a cause remote from the fracture. I examined the fractured bones sixteen days after the fracture, and found no provisional callus; found only an effusion of a gluey substance. There was no hardness between the ends of the bones. There was no provisional callus in this case; the union was not complete. Every good surgeon knows that in all cases of frac-

ture near a joint the dressings should only be put on sufficiently firm to retain the fragments in position and prevent motion at the point of fracture. It is improper to retain dressing as long in this case as in cases remote from joints, because of the danger of ankylosis of the joint.

DR. LOTHROP understood Dr. Hamilton's belief to be, that the amount of material furnished for what is called the provisional callus, depends very much upon the ability of the tissues to provide it. In some situations more is furnished than in others. In the flat bones there is no formation of callus, while in the long bones it is usually abundant. This has been held to be a wise provision of nature, that callus should be furnished where most needed, i. e. where displacement is most likely to occur and where broken bones most require support. It is familiar enough to all that in certain situations bunches soon form at the point of fracture, caused by plastic material thrown out; but the amount of it depends very much upon the situation and the nature of the tissues. In situations where the tissues are abundant and vascular the material is abundant; but in thin and not very vascular tissues there is little or none. It arises then, in fact, from the re-action of the tissues, and not from any wise precaution on the part of nature.

Speaking from his own experience he had never met with a case in which the formation of provisional callus could be demonstrated. He could, however, call to mind one case, in his own experience, in which he had an opportunity to examine a broken bone some time after the fracture. In that case there was nothing to answer to what is thought to exist where callus is found. A man severely injured in the knee-joint, by railroad accident, came under his care at the Buffalo General Hospital. At the time, the fracture which was near the joint, was not detected, as there was no displacement. After a trial it was found that the knee-joint could not be saved, and amputation of the femur was performed one month after the injury. Upon examination a fracture of the femur was found at a point an inch and a half above the joint, but no displacement had occurred, and a partial union had apparently taken place. Yet there was nothing like a provisional callus. Some osseous material was found in the tissues at the seat of fracture, but nothing

like callus. There was no difficulty in removing all the tissues from the bone. Osseous material is undoubtedly often found in the neighborhood of injuries to bone, especially in deep tissues. But it appears to take place in accordance with a pathological law, known as the law of analogous formation, rather than for the purpose of furnishing callus. By that law a formative action is exerted upon plastic material by the tissue into or upon which it is effused. If in the neighborhood of bone it takes on an osseous character. Thus what has been called a provisional callus, and thought to be needed for the support of broken bones, explained in this way, seems rather a result of two causes, first the re-action of the tissues providing plastic material, and secondly the developmental character given it by the influence of the part in the vicinity.

The President said, that some interesting operations had recently been made in the city for removal of ovarian tumors by Dr. White and Dr. Miner, and reports of the cases would be interesting to the Society.

DR. JAMES P. WHITE reported two cases of ovariectomy in which he had operated since our last meeting. His object in referring to them was not because the operation is new or of doubtful utility. For more than fifteen years all, familiar with my teaching and practice are aware that I have regarded its feasibility as well settled as the amputation of the thigh. It is in fact, now, a common operation in England and this country. My object in relating these cases is to speak of the novelties in the operation as now performed. During the last year have had repeated opportunities to witness the operations of Baker Brown, Spencer Wells, and other distinguished men of the old world. My operation is an eclectic one, combining many of the features of the different London operators and some things which originated with myself. I regard the cauterization of the pedicle and its return into the abdomen, in all suitable cases, of great importance. The hot iron should not be used when heated to a white heat, but at a red heat, and if judiciously and carefully used, seldom fails. I prepare the patient for operation by placing her upon a firm cot bed, upon which she is to remain after the operation, and dressed in her usual bed or night clothing. Before proceeding to operate I place upon her, next the

surface, a rubber sheet with a hole in the centre, large enough to expose the surface sufficiently to make the operation; the edges of the hole should be made fast to the surface by adhesive plaster. This rubber sheet should be large enough to project beyond the edges of the bed. The utility of this is, that it perfectly protects the patient, her clothing, and the bed clothing during the operation, and also prevents exposure of the person. The patient is then placed in the centre of the bed and upon her back.

The temperature of the operating room should be 95 or 96 degrees. Before commencing to operate I have fifteen or twenty small, fine sponges, made soft and pliable by having been soaked in warm water for at least twelve hours before the operation. While in use, during the operation, these sponges should be dipped in water of at least 95 degrees, into which has been put a little carbolic acid. I use no cold water during the operation, and aim to have everything coming in contact with the parts operated upon of the same temperature as that of the body, and have all my assistants in the operation wash their hands in warm water, into which carbolic acid has been put. The deep sutures, those which extend down to the peritoneum are of silver wire. The superficial sutures are of silk. The silk sutures are inserted from within outwards, each silk having a needle at each end and inserted intermediate between the silver sutures. After the sutures are adjusted I place adhesive straps two or three inches wide entirely around the body, so as to completely bandage the whole abdomen, from the ensiform cartilage to trochanter. The utility of this is, that it supports, steadies and strengthens the parts and prevents irritation. I use a large trochar with a canula three-fourths of an inch in diameter. If the tumor is multilocular I eviscerate. I give nutriment, usually beef essence, just before and just after operation. Give stimulants, if necessary. Always give an anodyne before operating. The urinary bladder should be evacuated before the operation, and it should also be evacuated at least three or four times a day during convalescence. The after treatment according to indications—no definite rules.

The first case that I report is that of the wife of a respectable practitioner of medicine, residing in Michigan, aged 31. Diagnosis doubtful; abdomen large. Made the operation on the 8th day

of May, 1867. Present—Profs. Rochester and Eastman, and Drs. Wetmore, Abbott, Daggett and Diehl. Chloroform by Prof. Rochester. Exploration confirmed diagnosis. The tumor was removed and pedicle cauterized and returned into abdomen. Time occupied, 25 minutes. Tumor and contents weighed twenty-five lbs. Wound closed by sutures as described. No untoward symptoms. Silk sutures removed 6th day; bowels moved on the 8th; menstruated on the 16th day, and on the 21st the husband left for home, convalescence completely established, patient moving about freely, and now quite well.

Second Case.—Mrs. —, at Niagara Falls. This patient, aged 20 years, of Dr. Clark's of that place. She had been tapped five times—52 pounds of fluid having been drawn at the last tapping. Operated May 29th, 1867. Present—Prof. Eastman, and Drs. Wetmore, Gay, Hutchings, Daggett and Potter of Buffalo, and Drs. Clark and Davis of Niagara Falls; Clark of Lockport, Warren of Lindenville, and McGary of Canada. Tumor very adherent; estimated weight 32 pounds. Time occupied 23 minutes. The pedicle was cauterized and returned into the abdomen. Vomiting first thirty-six hours, caused by chloroform. Pulse, after the operation, 112; on the sixth day it was 86. No tympany; no untoward symptoms.*

DR. MINER said that, as the President had called for report of a recent operation for ovariectomy, he would give the main features of the case, though he had no notes of it with him, and had no intention of presenting the subject before the Society. Was much interested in the details of the operation for ovariectomy as presented by Professor White, and had no doubt that the results of the operation would depend very much upon careful observance of these points.

The question, above all others in importance, now receiving attention by surgeons in all countries, is, *what treatment shall the pedicle receive in removal of ovarian tumors?* Within a short time, the plan of applying to it, or dividing it with, the actual cautery, had come into favor. The division only of adhesive bands by this method was first practiced, and from success in this, it has been extended to the treatment of the pedicle. Results thus far, can

* July 10th, patient is almost entirely well. The operation is entirely successful.

not be said to show any gains in the proportion of recoveries over other modes of operation, yet it seems to have advantages in cases suitable for its application. It is not claimed, that it can be safely applied in all cases, or in any case where the arteries supplying the growth are large, but that it quite suffices to arrest hemorrhage in unilocular tumors and in others where the arteries are small.

He had bestowed considerable attention to the question of how best to treat the pedicle, as it appeared now the only important one connected with the operation, and he would briefly indicate his own conclusions after reporting a recent operation upon a lady in this city, wife of Mr. J. B. J., in which he was ably assisted by Drs. Burwell, Eastman, Lothrop, Wyckoff and C. F. Nichell.—The patient was 28 years old, mother of three children; was a thin, pale, timid lady, brought up and living in the luxuries of wealth. The condition of anæmia present, seemed dependent in part upon the mental anxieties inseparable from her condition, though she had suffered for the past two years very much from the presence of the growth.

The multilocular character of the tumor could be clearly discerned through the abdominal walls, and the diagnosis was as clear and positive as could be possible in any case of ovarian disease. The incision through the abdominal walls was made about three and a half inches in length while in its distended state, when contracted it was not over two and a half inches. The tumor was found but slightly adherent, except by one long band, and little difficulty was met in evacuating the numerous cysts and extracting the remaining mass from the abdominal cavity through the very small opening. The contents of the sacs varied greatly in color, consistence and quantity, and comprised in all, a large proportion of the tumor. The long, strong, adhesive band was allowed to lay by the side of the pedicle, and was divided and treated with it. The pedicle was very long, but not large, and contained two or three arteries the size of the radial or larger. The clamp was applied and division made with the actual cautery. Upon carefully opening the clamp, hemorrhage from the large arteries showed that closure was not safe or satisfactory. The pedicle being long, and being desirous of more fully testing the efficiency and safety of cauterization, the clamp was moved down

upon the pedicle, and it was again subjected to thorough cauterization. Upon again relaxing the clamp the hemorrhage was as free as before, and could hardly be said to have been lessened in the trunks of the large vessels; all the small vessels were completely closed. A strong silk ligature was applied to the pedicle; the burnt edge removed entirely with the knife, and it was then left precisely as if no cauterization had been tried. It was now placed in the lower angle of the incision, and as there had been no hemorrhage or escape of the contents of the sacs into the abdominal cavity, very little sponging or other manipulation was made, and the wound was closed by twisted or hare-lip suture. Care was taken in introducing the first and second silver pins to pass them through the edges of the pedicle, just external to the ligature, so as to produce no injury to it above its point of ligation, and also by this means to fasten it securely in its place; four silver suture pins were required and the incision was perfectly closed. A compress wetted in warm water was applied, over this, a thick, soft pad of cotton wadding, and over all, a broad bandage pinned carefully to make some pressure and afford support; this dressing was continued until recovery was complete.

After effects of operation were in no respect worthy of separate or special mention; the pulse was at no time more frequent than 88 per minute, and the constitutional disturbance comparatively slight. Opiates were not well borne; vomiting was troublesome, and pain was considerable. Recovery was complete at about the twenty-first day, and no very unfavorable symptoms were present at any time.

To return to the subject first under discussion. What disposition shall be made of the pedicle? If the vessels are large and the pedicle short, there are objections to treating it as was done in the case related; tumefaction of the abdomen might produce too much traction upon it, might even drag it from its attachment, and this plan of procedure would not be applicable to the case. It is claimed by European operators that in such cases there are no great objections to applying a ligature of metal or silk to the large vessels after the others have been closed by cauterization, and then return the pedicle into the abdominal cavity as if no ligatures had been necessary, and really, perhaps, this course is less objectiona-

ble than any other. If cauterization is sufficient, and there are not too many dangers from hemorrhage after the pedicle is returned and the circulation restored, it now seems that it has advantages over any method before practiced. If the vessels are not closed by cauterization and the length of pedicle will allow there are reasons for preferring the treatment adopted in the case of Mrs. J.

Return of the pedicle into the abdominal cavity is objectionable, mainly, for the reason that if it bleeds the hemorrhage is concealed; the crisped flesh, the ligatures, and the products of inflammation are in the cavity of the peritoneum, and are to remain, or become absorbed, or find exit by ulcerative action, all of which are in measure objectionable. If the pedicle *can* be placed, as described, in the wound, all these objections are avoided, and perhaps no others of equal importance could be urged against it. Much as has been gained in the manner of operating for ovariotomy, some of the main obstacles remain to be overcome, and it is not impossible but other discoveries may yet add to its safety.

Dr. P. H. Strong was elected to read an essay at the next regular meeting.

There were no reports offered upon prevailing diseases.

Adjourned.

T. M. JOHNSON, Sec'y.

ART. II.—*A case of Congenital Strangulated Hernia.* BY JOHN ROOT, M. D.

I report the following case of strangulated congenital hernia as possessing no particular interest, only in respect to the age of the little patient. The following paragraph is taken from *Cooper's Surgical Dictionary*, article "Hernia."

"If the subject be an infant, the case is not often attended with much difficulty or hazard, the reduction being easy as well as the descent, and though from neglect or inattention the bowel may fall down again, yet it is easily replaced and mischief seldom produced; Mr. Pott says seldom, because he has seen an infant one year old die of a strangulated hernia which had not been down two days, with all the symptoms of mortified intestine."

Monday, June 24, 1867, was called to see a child of German parents, two years old, under the care of Dr. A. P. Jackson, of Cary. The child had a congenital scrotal hernia, left side, which

had become irreducible the Thursday previous. Dr. Jackson was called Friday morning, and found so much inflammation that he directed his attention chiefly to subduing this without attempting reduction. Saturday and Sunday the same plan was continued. Monday morning the Doctor put the patient under the influence of a mixture of ether and chloroform, and attempted to reduce the hernia, but without success.

The same day at 4 P. M. I first saw the patient with Dr. J. There were the usual symptoms of strangulated hernia—vomiting, constipation, abdominal tenderness, frequent pulse, etc. The hernial tumor was quite large, and the lower half of it of a deep red color. The child being rendered insensible by the mixture formerly given, reduction was attempted by taxis, after having for some time thrown the spray of ether on the tumor. The hips were elevated and head depressed. Attempts at reduction were continued for two hours, but with no success, and we reluctantly came to the conclusion that the only relief was in an operation. This course was pursued. The patient still under chloroform, I dissected to the hernial sac, when about an ounce and a half or two ounces of serum escaped. Only one small artery required the ligature. The strangulation was found to be complete, and this rendered the division of the stricture rather difficult. The reduction was accomplished and the wound dressed in the usual manner. The recovery is complete. During the operation the child became convulsive, with irregular respirations, during which, of course, all progress was suspended. This was probably caused by the anæsthetic.

Batavia, July 5th, 1867.

THE LONDON SURGICAL HOME AND THE OPERATION OF CLITORIDECTOMY.—Mr. Baker Brown and Mr. Philip Harper, state that, *solely* in deference to the opinion of the medical press on the subject of clitoridectomy, they have determined not to perform the operation in this institution pending professional inquiry into its validity as a scientific and justifiable operation.—*Lancet*.

Editorial Department.

Examinations for Life Insurance.

The habit of Life Insurance has grown so greatly in popular favor, that at the present time the great majority of the business portion of large cities invest in it a portion of their yearly incomes. Life Insurance Companies are offering inducements which attract even the wealthier men who obtain insurance upon their lives as an investment. This popular belief in its safety and propriety, has given organization to a great many companies, and large amounts of capital stock are now invested in the business of life insurance.

It is not our purpose to speak of its advantages, or go into any review of the general questions involved in it; every one is sufficiently familiar with its protective advantages to the poor, and the rich would not be likely to invest in it, if any objections were really well founded. It is, however, only upon the physician's certificate, and its importance to the companies making insurance, that we propose any remarks, and our suggestions will be directed to both physicians and insurance companies.

Insurance Companies, base a contract upon the probability of life, in the assured; they propose to take his chances of living to the age of sixty-five, more or less, and if he fails of this standard they lose, if life is prolonged beyond it, they gain. Physicians are appointed to examine into the physical condition, and are expected by companies to do this, with great fidelity and care. It is obvious that everything depends upon the discrimination, intelligence and faithfulness with which this examination is made, and that companies who allow careless or incompetent examinations by their examining physicians, are not wise for themselves or safe for the community. We have a personal prejudice in favor of insurance, and believe it a duty every one, not above its necessity, owes to these dependent upon them for support; but our confidence in its safety and long continuance has been greatly weakened by observing how insufficient and unsatisfactory are the examinations upon which it is based. We have known consumptives recommended as first rate risks, in the later stages of the disease, and we have known cardiac diseases, certain to terminate fatally in a few years, entirely overlooked, to say nothing of the numerous instances of insurance upon the lives of confirmed inebriates, sometimes delirious even, at the time of examination. That these are exceptional, rather than common cases, is certainly to be hoped; they are sufficiently frequent to throw suspicion upon the permanency of insurance companies, and must already have resulted in serious loss, and greatly augmented the amount of premium which would be required if first class risks, only, were taken. Why is this, and what interests have physicians in it?

The usual compensation for physical examination sufficient to base a rational therapeutical conclusion upon, is from five to ten dollars. The usual price paid by insurance companies for an opinion upon which they mainly base their risks, is from two to five dollars, perhaps three is about the average. Companies show a stupidity of management in this respect truly astonishing, and physicians show

a corresponding insensibility as to what rightfully belongs to them, and no wonder that the "blind leaders of the blind, both fall into the ditch." The manner of appointing physicians to insurance companies, where really so much is involved, shows a lack of common discrimination, and we are daily reminded of its absurdity; it runs thus: Dr. — having applied for appointment as examining physician to — Life Insurance Company, and referred to you as to ability and capacity, we desire to know your opinion of his fitness for such office, will he serve us satisfactorily? Yes, being the shortest and safest word, we invariably write it after the question, and return the document. We have no reason for writing anything else, and should not feel at liberty to use any other word unless we were prepared to sustain the opinion by adequate testimony. All who receive such appointments obtain *such* testimonials of character and standing. When the question is, who in your city or county will give us the safest and best opinion? who do you suggest as most capable of doing us this service? the whole subject becomes changed, and insurance companies show they are not gambling with other people's money.

This whole thing may be expressed in few words. Capable physicians, whose opinions are worth anything, should never give them where so much depends upon their decisions, and where there is so great ability to pay, without adequate compensation. It is extremely illiberal as well as shortsighted for insurance companies to offer for this service insufficient compensation, and it is allowing low estimate to be placed upon important service, for physicians to accept it, if it is offered. We advise the profession to make their examinations worth to the companies a respectable compensation, and to accept nothing else. We would also suggest to companies the danger of accepting risks upon the recommendation of any physician who values his time and opinions cheaply. One other subject connected with life insurance and we have done our duty to both parties.

Insurance Companies are in the habit of asking family physicians to certify to certain facts, without any compensation at all. The knowledge a family physician may possess is often of great value in determining the safety of a risk, and they can never obtain it without adequate compensation. Physicians have no inducement to communicate their knowledge of their patients to insurance companies, and the non-committal manner in which the questions are for the most part answered, show, or should show companies, that as the matter now stands, it is the purpose *not* to know anything about it. If our patients have had constitutional diseases, or bad habits, it is greatly for the interest of the family physician to keep his knowledge to himself, and insurance companies are rarely made wiser by his answers to their usual questions. It will be replied, that this statement is given in the interest of the patient, and that the value of it should be paid by the assured. This is not true; it is the *company* who desire the knowledge an attending physician may possess, and they should be expected to pay fairly, to obtain it. As the custom now is, with some companies, they pay a mere pittance for examination by their own physician, depend considerably upon family physician's replies, and really obtain nothing from either, worth a farthing in correctly estimating the physical soundness, or the probable duration of life.

Completion of Volume VI.

With the present number we complete six years of editorial life. Looking over its results, we find some successes with which to be gratified, and feel that there are imperfections and failures to be studiously avoided in future. We have endeavored to conduct the Journal with strict impartiality in the true interest of the whole profession, and that we have not failed in this purpose is demonstrated by the constantly increasing and steadfast support it has received at its hands. We have to thank the true, progressive, intelligent and earnest members of our profession, within the circle of our influence, for the successes thus far achieved, and to acknowledge that it has depended mainly upon them. We are happy to believe, that almost without exception, the physicians of Western New York, and of the adjoining portions of other States, as well as Canada, have taken sufficient interest in this enterprise, to aid it at least by the amount of the yearly subscription, while many have generously and ably contributed to its pages. It was the only medical monthly periodical in the State, not suspended during the financial disturbances of the war, and now stands upon a permanent basis, open to all true, honest observers, as medium of professional communication. It has been the purpose to furnish original, suggestive and practical matter, and to avoid as much as possible the crude, undigested, uncertain and worthless; and to this task, we have devoted the time which the duties of active practice would permit, extracting however from the period usually devoted to repose, the major part. If the Journal has sometimes suffered from neglect, those who understand these circumstances best, will be the most ready to excuse the defect, while only the disappointed, unsatisfied, unhappy grumblers in the profession, who make no progress themselves, and dread advancement in others, will be found ready to underrate its value. Competent and impartial readers have everywhere manifested appreciation of the value of its original observations, and the verdict of the profession has already sustained the enterprise. But we desire to introduce a plea for the Journal in future, and leave the past for history.

Will all the present readers of the Journal send us for its pages some original observation for publication? Will they use their personal influence with a professional neighbor or friend, to enlarge the list of subscribers, and will the profession regard the Journal as its own, and make it in every respect such as shall merit unqualified approval? It will continue to be conducted in its interest, to defend its rights, to endeavor to increase its influence and usefulness, opposing what is false, and presenting only what is believed to be the truth in medicine.

The late Dr. Mackay—Proceedings of the Medical Society.

There was a full attendance of the members of the Erie County Medical Society at the rooms of the Buffalo Medical Association, on Monday evening, the 8th instant, to express the sentiments of the Society at the loss of one of their oldest and most esteemed members, the late EDWARD MACKAY, M. D.

The meeting was called to order by the President, Dr. J. R. Lothrop, who paid the following feeling tribute to the memory of the deceased:

Gentlemen of the Erie County Medical Society:

We are met together this evening to make observance of the loss of one of our oldest members. Dr. EDWARD MACKAY, after a long and weary illness, died yesterday at the age of fifty-seven years. Long resident here, well and widely known and respected; till within a few years active and useful in our midst, his death is a bereavement which we all share. To him, as to many another schooled in suffering, death brought welcome relief. To us who see a professional brother taken away in the prime of his powers and usefulness, the event seems most untimely.

Our departed friend was denied entrance upon that period, when, after the labors and cares of middle life, a physician may look to have rest. While yet in active manhood, in the midst of labor and in the full tide of success, he was suddenly brought down, almost helpless, to that bed of pain from which he was not again to rise.

The early period of his illness was cheered by a hope of recovery, which slowly faded away; and then the conviction grew stronger each day, that his life was drawing to a close. Disciplined by pain and lingering sickness, his mind was prepared to welcome the great change; and he cheerfully laid down the burden of a life which had become, indeed, weary.

The occasion calls upon us to pay a proper tribute to his virtues, and to honor his memory. My acquaintance with the deceased has been somewhat brief. I knew him for a few years only, as a busy and hard worked practitioner. I have known him now during several other and sadder years, under trial, suffering and disappointment. As he bore himself with becoming manliness in prosperity, so he bore his heavy afflictions with a becoming courage and cheerfulness. You who have known him longer, can speak of his life and qualities more in detail. But short as my acquaintance with him has been, it has been long enough to make known to me his uniform kindness and gentle bearing, his great practical skill, the general breadth and soundness of his attainments, and his many excellent qualities as a man and a physician. But not to anticipate what many of you can, from better knowledge, in more fitting words, express, I leave to you the sad, but not unpleasant office, of expressing in a manner, altogether worthy of the occasion, our tribute to the memory of the deceased, and our sympathy for the bereaved.

Dr. Strong said:

Mr. President:—I believe it to be true of our deceased friend, that being a foreigner by birth, and obtaining his education and spending most of his life in the most favored nations of Europe, he naturally had advantages from the acquaintance of distinguished medical men abroad far superior to most, if not to any of us. He was on familiar terms with distinguished men of London, Dublin, Edinburgh, Paris, and some of the great German cities. Speaking several (I believe four or five) European languages with fluency, some of them so finely as to make him undistinguishable from "one native and to the manner born." It is very common

in this world that sickness and death are attended by circumstances of great and even peculiar trial and affliction. But the circumstances attending the inception and progress of the disease which has now terminated the life of our friend Mackay, were unwontedly trying to faith and patience, and rare in their afflictive character.

Dr. Mackay when laid aside, had arrived at that full maturity of his powers, when accurate diagnosis was made with facility, and successful prescribing was well nigh intuitive; when in a word the treatment of disease was performed with satisfaction, not only to patients, but to his own enlightened conscience. He had attained to a position in which he was reaping the rewards of faithful labor, in honor and pecuniary emolument, when he received the injury from which was dated his sickness and suffering. And then to be struck down with a disease which left the lower half of him, as it were, with his vital organs intact, with mind and heart, his sympathies and sensibilities keenly alive, all aggravated and intensified by the thought that there was little or no hope of amendment, and that he must drag out weary years at once painful, helpless and hopeless, I repeat, thus to be stricken and thus to suffer, made a case peculiar and rare in its kind and degree of afflictiveness to him, and most moving in its appeal to the sympathies of all who attended upon and saw him. To say that he bore up under the affliction of Providence with a patient, heroic spirit, is but giving utterance to what all knew and admired who were about him.

I have expressed to him in years gone by the regret I felt to see him so unfrequently at our professional meetings. It is with far deeper regret that we are never more to meet him here or elsewhere, except it be "beyond the river," which we must all prepare to cross.

After the addresses of Dr. Lothrop and Dr. Strong, the committee to whom the task had been assigned of preparing a brief sketch of the life and services of the deceased, and resolutions expressive of the sentiments of the Medical Society, made the following report:

Gentlemen of the Erie County Medical Society:

We meet together this evening on account of the death of one of our members. DR. EDWARD MACKAY, who has maintained a very important and influential position in the medical profession and in this community for nearly thirty years.

Dr. Mackay was born in Macksgrrove, County of Cork, Ireland, February 17th, 1810, and has been engaged in active practice for nearly thirty-five years. He graduated at the College of Physicians, in Dublin, and was a Fellow of the Royal College of Physicians and Surgeons of Edinburgh. He also had a medical degree from the German University of Giesen, and another from one of the colleges in Paris. From 1835 to 1838 he was in the service of the English Contingent as surgeon of the Ninth Regiment Royal Lancers, in Spain, during the war of the Don Carlos rebellion. He came to the United States in 1838, and took up his residence in Buffalo in the autumn of the same year.

Cholera was prevailing at the time very severely, and Dr. Mackay found his services called into requisition. Such was his devotion, energy, skill, and success, that he at once took rank as an able and reliable practitioner, and as such was

constantly engaged until attacked with the illness whose sad issue has called us together. For thirteen years he was one of the physicians to the Buffalo Hospital of the Sisters of Charity, the onerous duties of which position he discharged with the utmost fidelity until compelled by declining health to resign his post. In 1861 symptoms of paraplegia manifested themselves, and despite the early recognition of the disease, and the best directed efforts of his medical advisers, both in Europe and America, to arrest it, the disorder steadily progressed.

During its course he suffered excruciating and almost constant pain, and underwent a necessary, dangerous, and most formidable surgical operation, although known to be only palliative, with great resolution, patience and fortitude. Death, which he ardently prayed for, in the hope and trust of a blessed immortality, came to his relief July 7th, 1867. In view of this dispensation it is

Resolved, That the members of this Society and the medical profession in general, have great reason to deplore the loss of one of their fraternity whose talents and attainments commanded their respect and endeared him most justly to the very large number of our citizens of whom he was the professional attendant.

Resolved, That we most respectfully condole and sympathize with his afflicted family.

Resolved, That we will attend his funeral in a body, and wear the usual badge of mourning.

Resolved, That a copy of this statement and resolutions be transmitted to the family of the deceased, and be sent for publication in the *Buffalo Medical and Surgical Journal*, and the city papers.

FILULÆ METALORUM ET AMARUM,—These pills "of the bitters and metals" were invented (!) by Dr. Peake, of California, though many physicians have long been in the habit of combining about all valuable remedies of the materia medica in some one prescription. Since the publication of Dr. Peake's formula and recommendations, published in the *January Journal of Pharmacy* for 1867, Mr. Peabody, druggist in Buffalo, has had a quantity of these pills made and coated with sugar. The following is the original formula:

℞ Quinise sulphatis, ʒj.
 Ferri Redacti, ʒjss.
 Strychniæ.
 Acidi Arseniosi, aa grs. iij.
 Confectionis Rosarum.
 Vel Mucilaginis Acaciæ.
 q. s. ut ft. pil. lx.

The author says: "I would do a sort of shot-gun practice, and combine the whole of these drugs in appropriate proportions."

Books Reviewed.

Watson Abridged. By J. J. Meyler, A. M., M. D.

We believe that in no way can we convey a better idea of the character of this book to our readers than by making the following quotations from the preface:—
 “The merits of this Abridgment and the advantages claimed for it are: 1, that it is of pocket size; 2, that it contains everything of importance to be found in the large work; 3, that the lectures, being short, can be read in a few minutes; 4, that the matter of each lecture is divided, according to the subject into parts, by such side heads as Symptoms, Treatment, Causes, Diagnosis, Prognosis, etc., thus rendering it easy to obtain, at a glance, any required information; 5, that being numbered as in the large work, the lectures can readily be compared with the original; 6, that in addition to the various tables, and the List of Poisons, their Symptoms and Treatment, it contains a short account of the Uses, Preparation, Doses (taken from the U. S. Dispensatory) of the many medicines mentioned in this work.” We have carefully examined many of the “Abridged Lectures,” being greatly pleased with the clear and connected ideas, obtained from their perusal, and to the use of students this work is especially adapted as a convenient and expeditious means of reference during the lecture seasons.

Guide for using Medical Batteries, (Electricity and Nervous Diseases,) showing the most improved Apparatus, Methods and Rules for the Medical Employment of Electricity in the Treatment of Nervous Diseases. By Alfred C. Garrett, M. D.

Not until quite recently has the attention of the medical profession been directed to consider electricity as a remedial agent, and it was with a view of pointing out the important relations which electricity bears to most diseases of the nervous system, as also to many complicated, chronic and obscure affections, that the author introduced his work on “Medical Electricity and Nervous Diseases,” giving in it practical directions as to *where, when, and how* to employ electricity as a remedy. The present volume, a compendium from his larger work, is intended to serve as a concise and practical guide to the medical and surgical uses of electrical apparatus, giving the most simple and effective methods and rules for their use and safety. The extensive experience of Dr. Garrett as a teacher, and the many years of long and patient researches in this branch of medical science have thoroughly acquainted him with the wants in this field of our literature, and although many of the subjects embodied may be found in ordinary works on natural philosophy, much pleasure and profit will be derived by the student from the study of this work.

Report to the International Sanitary Conference of a commission from that body on the Origin, Endemicity, Transmissibility and Propagation of Asiatic Cholera. Translated by Samuel L. Abbott, M. D., Physician to the Massachusetts General Hospital, etc.

We have had opportunity on a former occasion (Vol. vi, No. 1,) to place before our readers a brief synopsis of this report, thus rendering an extended notice on our part, which the importance of the questions therein involved, would otherwise require, unnecessary. We are unacquainted with any work in our literature

which treats the origin, endemicity, transmissibility and propagation of Asiatic cholera, more comprehensively and more unbiased by personal opinions than the report of the members of this commission, and the opinions entertained therein, we have no doubt will exert a powerful influence upon the medical profession throughout the civilized world. To the translator, Dr. Samuel L. Abbott, the thanks of American physicians are due for the early publication, and masterly translation of this important document.

A Theory of Inflammation—Its Cause, Course and Rationale of Treatment. By Nelson L. North, M. D.

The views advanced in this monograph, considering the pathological changes of inflammation as dependent on a perverted action of nervous influence upon the process of nutrition, were expressed by the author in his inaugural thesis, and which views being strengthened into a conviction by thirteen years of careful observation induces him to give publicity to them. The recent progress in physiological and pathological truths, strongly tend to the confirmation of this theory, and although we do not believe in speculations unsupported by experimental observations, we do consider time well employed in the perusal of this pamphlet.

Accidental and Congenital Atresia of the Vagina, with a mode of Operating for Successfully Establishing the Canal.

The usual mode of dividing the adhesions by the knife has proved so unsatisfactory in its result, owing to the rapid granulations of incised wounds, that the author has determined upon a new mode of procedure. The cicatricial line is carefully divided by scissors, and the adhesions either gradually broken down by the finger or divided by the scissors according to circumstances, the opening of the vagina being maintained by a glass plug of various dimensions, and open at the outer end. The author refers to two cases of atresia, in one of which, the operation for establishing the vaginal canal, had proved unsuccessful, after five attempts operated upon in usual manner, the result of which was eminently satisfactory when treated by the afore-described method.

Journal of Psychological Medicine and Medical Jurisprudence.

The first number of the abovementioned quarterly journal, under the able supervision of Dr. W. A. Hammond, has been placed upon our table. It contains original articles on the Physiology and Pathology of the Mind and Nervous System, and Medical Jurisprudence, Selections and Reviews. The want of a medical journal upon these subjects has been keenly felt by the profession, and its editor who, for many years has successfully labored in the study of the diseases of the mind, the result of which labors being two volumes of great merit, besides many pamphlets, is eminently qualified to conduct this enterprise most successfully.—The publishers, Messrs. A. Simpson & Co., have presented the Journal in the most attractive style. We welcome our new exchange, wishing it such success as will place its existence upon a permanent basis.

EVERY SATURDAY.—With the first number of July "Every Saturday," a journal devoted to the re-publication of current foreign literature, enters upon its fourth volume. The eminent success which has attended this weekly periodical, clearly demonstrates the estimation in which it is held by the reading public, and we feel confident that in every family in which it has been received it is highly prized. The publications of Messrs. Ticknor & Fields have acquired too high a reputation for their high style of typographical art and elegant appearance, to require any especial notice.

THE NATION.—It is with pleasure that we are enabled to call the attention of our readers to such a thoroughly independent and candid journal, expressing the most liberal views, and giving conscientious and just criticisms in politics, literature, social and physical sciences, art and popular education. To the scholar, the student, the teacher, and to all professional men it is equally adapted, leading to sound thinking and right living.

Physicians will be pleased to learn that they can obtain the photographs of the Presidents and acting Presidents of the American Medical Association. Through the kindness of Messrs. Jeffers & McDonald we have received a set of photographs, (numbering 21) which are elegantly executed, and it is with pleasure that we annex their card:

TO THE MEDICAL PROFESSION.

The undersigned, through the liberality of Dr. March of this city, in providing the negatives, are now prepared to furnish card photographs of the Presidents and acting Presidents of the American Medical Association, (21 in number,) at the moderate expense of two dollars.

Gentlemen sending an order enclosing two newspaper stamps and \$2.00, will meet with a prompt return.

JEFFERS & McDONALD,
519 Broadway, Albany, N. Y.

Albany, July 15th, 1867.

Books and Pamphlets Received.

A Practical Guide to the study of the Diseases of the Eye—their Medical and Surgical Treatment. By Henry W. Williams, M. D., Cantab., Ophthalmic Surgeon to the City Hospital, Boston; University Lecturer on Ophthalmic Surgery in Harvard University, etc. Second edition, revised and enlarged. Boston: Ticknor & Fields, 1867. Breed, Lent & Co., Buffalo.

Menstruation; or, the Menstrual Flow; an Epiphenomenon of Ovulation. An Argumental Treatise, read before the St. Louis Medical Society, on the question: **Is Menstruation Ovulation?** By G. M. B. Maughs, M. D., Professor of Obstetrics and Diseases of Women and Children in the Humboldt Medical College, St. Louis, Mo.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from December 6, 1865 to November 7, 1866, inclusive.

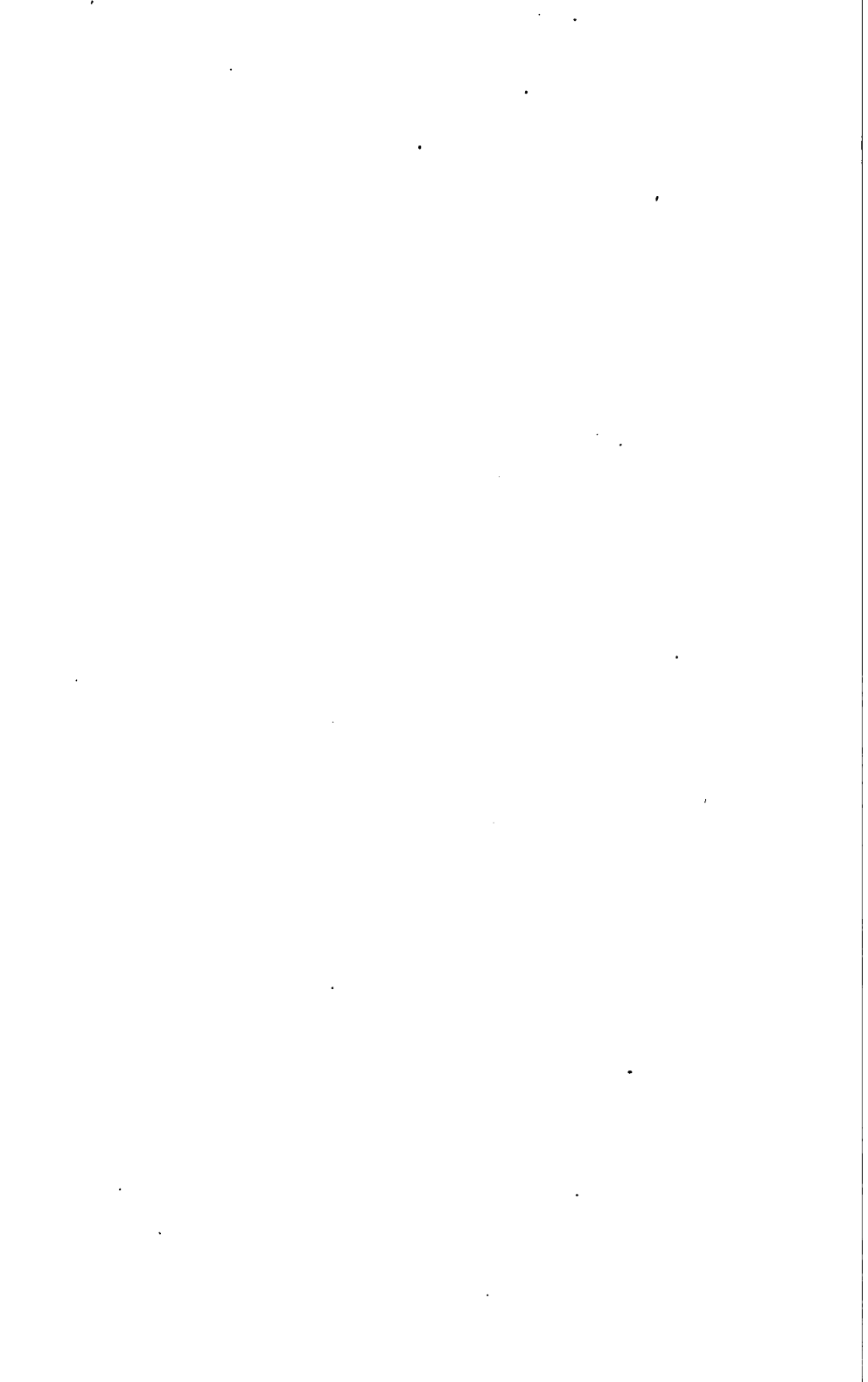
Twenty-fourth Annual Report of the Managers of the New York State Lunatic Asylum, for the year 1866.

Annual Circular and Catalogue of the Bellevue Hospital Medical College, City of New York, 1867-68.

Annual Circular of the Trustees and Faculty of the Medical College of the State of South Carolina, with a Catalogue of Students and List of Graduates, Session 1866-67.

Second Annual Announcement of the Humboldt Medical College, St. Louis, Mo., 1867-68.

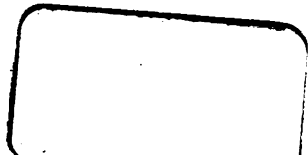
Thirty-first Annual Announcement of the Medical Department of the University of Louisville, Session of 1867-68, with a Catalogue of Students for Session 186-7.



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