



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

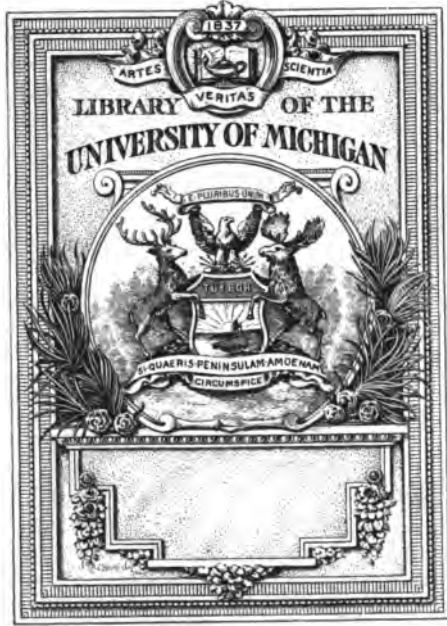
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



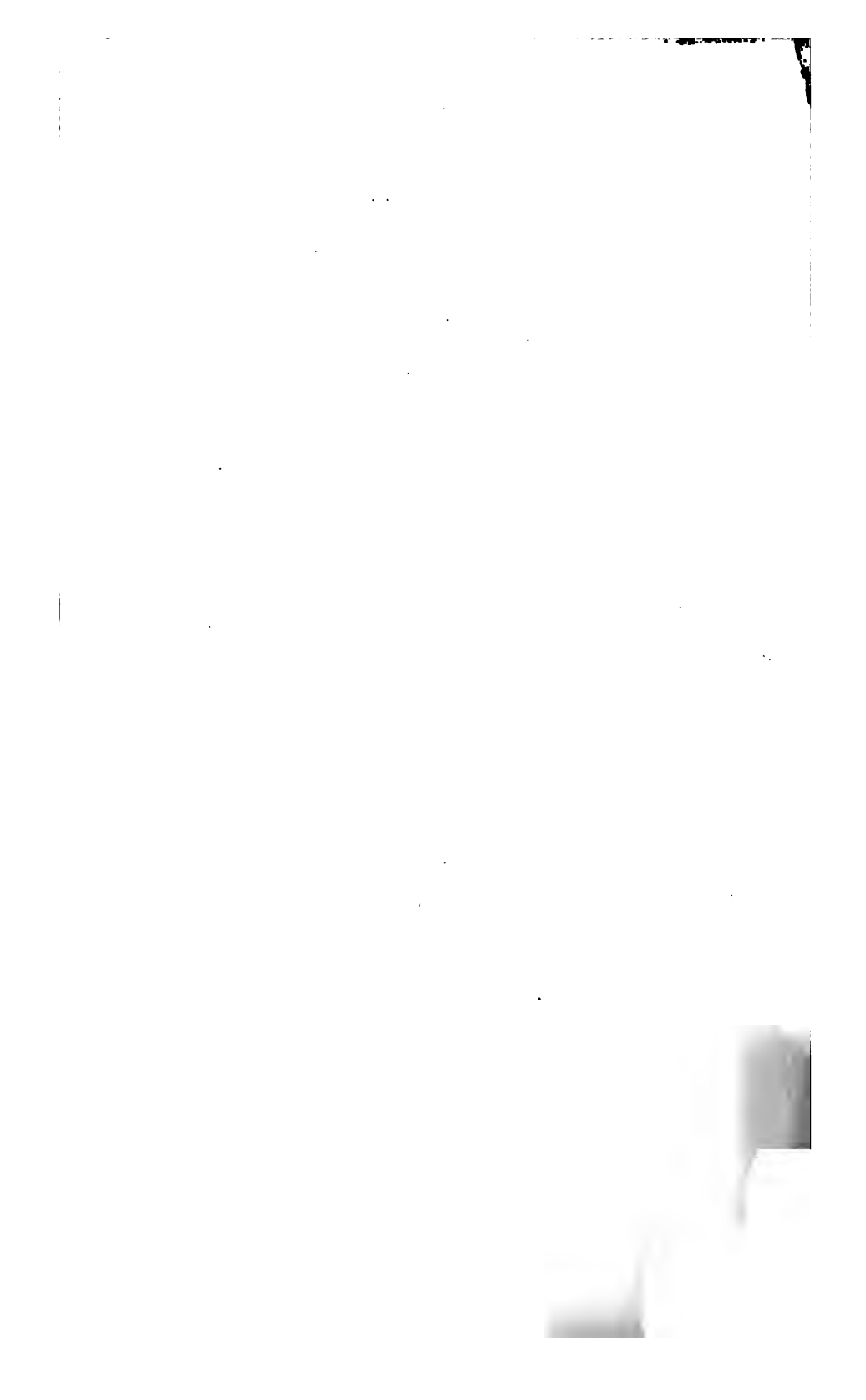
Vol. 11

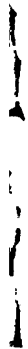
610.5 F

B92

N5

[REDACTED]





Year	1998	1999
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
12	100	100
13	100	100
14	100	100
15	100	100
16	100	100
17	100	100
18	100	100
19	100	100
20	100	100
21	100	100
22	100	100
23	100	100
24	100	100
25	100	100
26	100	100
27	100	100
28	100	100
29	100	100
30	100	100
31	100	100
32	100	100
33	100	100
34	100	100
35	100	100
36	100	100
37	100	100
38	100	100
39	100	100
40	100	100
41	100	100
42	100	100
43	100	100
44	100	100
45	100	100
46	100	100
47	100	100
48	100	100
49	100	100
50	100	100
51	100	100
52	100	100
53	100	100
54	100	100
55	100	100
56	100	100
57	100	100
58	100	100
59	100	100
60	100	100
61	100	100
62	100	100
63	100	100
64	100	100
65	100	100
66	100	100
67	100	100
68	100	100
69	100	100
70	100	100
71	100	100
72	100	100
73	100	100
74	100	100
75	100	100
76	100	100
77	100	100
78	100	100
79	100	100
80	100	100
81	100	100
82	100	100
83	100	100
84	100	100
85	100	100
86	100	100
87	100	100
88	100	100
89	100	100
90	100	100
91	100	100
92	100	100
93	100	100
94	100	100
95	100	100
96	100	100
97	100	100
98	100	100
99	100	100
100	100	100



BUFFALO

MEDICAL JOURNAL

AND

MONTHLY REVIEW

OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY

AUSTIN FLINT, M. D.

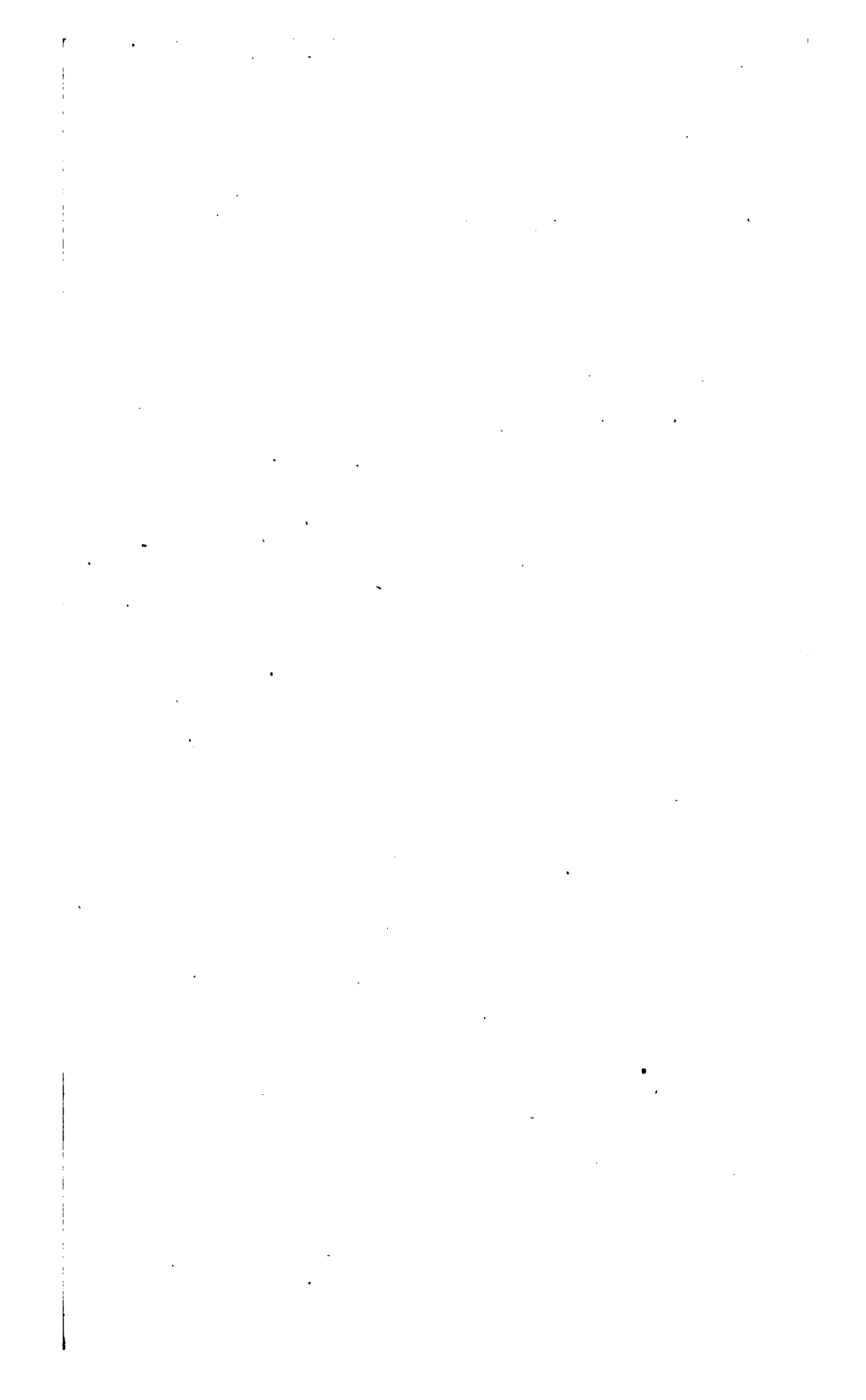
AND

S. B. HUNT, M. D.

BUFFALO, N. Y.

PUBLISHED BY JEWETT, THOMAS & CO.
Commercial Advertiser Buildings.

1854.



	PAGE.		PAGE.
Chloroform, Death from. By T. K.		Dissections, legalized,.....	568
De Wolf, M. D.,.....	385	Death from plugging of pulmonary	
" another,.....	612	veins,.....	617
" in Hooping Cough,.....	493	Dissection Bill and N. Y. Daily Times	633
" in inducing narcosis from opium		Divinity vs. Physic,.....	746
previously taken,.....	571		
" Syncope from,.....	757	E	
Caldwell, death of,.....	190	Errata,.....	45, 564
Chapman, " ".....	190	Editorial change,.....	61
Corsets, history of,.....	233	Erie County Medical Society,.....	64, 562
Cucumber Ointment, note on,.....	298	Erysipelas,.....	121
Cancrum Oris, chlorate of potash in,	363	Eve, Prof. Paul F., on Stricture of	
Colleges, Medical,.....	305	the Urethra,.....	157
Cerebral Disease, statistics of,.....	308	" removal of a Nail from the	
Cartwright, Dr., and Mrs. Willard,...	310	Lungs by,.....	316
Cholera,.....	375	Ergot in Retention of Urine,.....	171
" epidemic,.....	555	" substitute for,.....	181
Climatic conditions of 1853,.....	462	Experiments and post-mortem exam-	
Condie on Diseases of children,.....	445	ination,.....	183
Coffee, on the effect of,.....	492	Epilepsy,.....	297
Cerebral affections of children. By		Erysipelas, an analysis of the treat-	
S. B. Hunt, M. D.,.....	519	ment of, by S. B. Hunt,.....	462
" circulation, clinical remarks on.		Epidemic in New Orleans,.....	541
By Chas. A. Lee, M. D.,.....	707	Education, report to the committee	
Correction,.....	746	on Medical,.....	598
Contributors to Buff. Med. Jour. for		Electro-Biology,.....	607
10th vol.,.....	758		
		F	
D		Fergusson's System of Practical Sur-	
Dysentery, clinical report on. By		gery,.....	57
Austin Flint, M. D.,.....	108, 136, 193	Flint, M. D., Austin, clinical report	
" Supplement to,.....	257	on Dysentery,.....	108, 136, 193
" Remarks on. By Wm. C.		" clinical report, supplement to,	257
Butler, M. D.,.....	216	" on Pericarditis masked by del-	
" Cold water in,.....	239	irium,.....	449
" Opium in,.....	255	" analysis of twenty-one cases	
" Salines in,.....	503	of Articular Rheumatism,.....	577
Dislocation of the Shoulder. By Eli		" departure of, for Europe,.....	620
Hurd, M. D.,.....	119	Fracture of Clavicle. By Dr. Wm. C.	
" of the Hip,.....	368	Butler,.....	116
Diabetes,.....	123	Fracture Tables, Prof. Hamilton's,...	187
Dwight, death of Dr.,.....	126	Fracture of Radius and Ulna, splint	
Doctors,.....	179	for, by E. P. Smith, M. D.,.....	225
Dewey, M. D., D. C., rectum, imper-		Fracture of Clavicle, new splint for,...	242
forate,.....	214	Fractures, new dressing for,.....	369
Drake, death of,.....	242	Fracture of Patella, adhesive plaster	
Dowler, Dr. Bennett,.....	256	in,.....	545
Dalton on Fishes of the Mammoth		Felt Splints. By F. H. Hamilton,	
Cave,.....	288	M. D.,.....	339
" Prof. J. C., notice of,.....	447	Females, Medical education of,.....	427
" Vivisections at Buffalo Med.		Faults of medical writers,.....	475
College,.....	622	Fistula Lachrymalis,.....	502
" Testimonial to,.....	636		
Distribution of Arteries, unusual,...	368	G	
Draper's Introductory,.....	376	Gross on Malignant Diseases,.....	162
De Wolf, Dr. T. K. Case of death		Gluge, Gottlieb. Atlas of Pathologi-	
from chloroform,.....	335	cal Histology,.....	252
De Boismont on Hallucinations,....	442	Galactagogues,.....	310
Dunglison's Materia Medica,.....	472	Geneva Medical College,.....	316
" De omnibus rebus et quibusdam		Germain's Speech on the Dissection	
aliis." By Rusticus,.....	526	Bill,.....	736
Dublin Medical Press vs. Dr. Flint's		Guano in skin diseases,.....	757
Prize Essay,.....	557		

H	PAGE.	PAGE.	
Hamilton, Professor Frank H. Address to Graduates,	95	Malpractice,	167, 556
" Fracture Tables,	187	Microscopic Preparations,	230
" Felt Splints,	399	Miller's Practice of Surgery,	253
Hernia, Diaphragmatic. Dr. H. I. Bowditch on,	1, 65	Meigs' Practical Treatise on Diseases of Children,	254
" mention of,	64	Medical Journals,	335
Heart Clot, sudden death from,	58	Medical Colleges, opening of,	384
Hurd, M. D., Eli, on compound dislocation of shoulder,	119	" "	550
Hall, Dr. Marshall, reception at Buffalo,	174	Medical Research, Thoughts on, by " Rusticus,"	393
" mention of,	383	Medical Theories, Thoughts on, by " Rusticus,"	469
" on tracheotomy in Puerperal Convulsions,	705	Meacham, Dr. Wm. G., on vaccination,	457
Hernia, committee on vs. Dr. Heaton,	185	N	
Henle's General Pathology,	190	Newman, Dr. James M., on American Med. Association,	225
Humulus Lupulus, antiperiodic powers of,	301	" on Lead Palsy,	387
Hay Asthma,	358	" Monthly Record of Deaths in the city of Buffalo,	603, 744
Human Heads and their covering,	357	Nervous Sympathy, thoughts on its rationale,	436
Hygrometric Observations,	441	O	
Howard, Prof. R. L., death of,	634	Obituaries of Dr. W. C. Dwight,	126
Hunt, M. D., Sanford B. An analysis of sixty-seven cases of Inversio Uteri,	321	" Dr. Geo. O. J. Du Relle,	126
" A case of Pleuro-Pneumonia with Pleuritic Abscess,	389	" Dr. Joseph Peabody,	126
" An analysis of the treatment of Erysipelas,	462	" Dr. Chapman,	190
" On Iodide of Potassium in cerebral effusions,	519	" Dr. Wm. Beaumont,	191
Homœopathy fairly represented. By Wm. Henderson, M. D.,	743	" Dr. Charles Caldwell,	191
I		" M. Orfila,	227
Iodide of Potassium,	480	" Dr. R. L. Howard,	634
Impalement on a pitchfork handle,	489	Opium Eating,	452
Infection and contagion,	552	P	
J		Pneumonia, blood-letting in,	44
Jenner, monument to,	256	Pleuro-pneumonia, S. B. Hunt, M. D.,	389
Jamaica, Fevers of,	420	Pharyngitis, chronic,	163
K		Pisciculture,	236
Knight's Introductory,	573	Phthisis Pulmonalis,	298
L		Puerperal Peritonitis, Prof. James P. White on,	461
Lead Poisoning, elimination of, by Iodid. Potassii,	167	Peritonitis, chronic, modified by scrofula. By H. M. T. Smith, M. D.,	531
" Palsy treated by Iodid. Potassii. By J. M. Newman, M. D.,	387	Puerperal Fever,	304
Leaden Pipes, remarks on,	361	" Convulsions, tracheotomy in. By Dr. Marshall Hall,	705
Labor, premature, induction of, in obstinate vomiting of pregnancy,	234	Placenta, development of, in Fallopian Tubes,	344
Lee on Homœopathy,	573	Paracentesis Thoracis,	349
" on cerebral circulation,	707	Potassæ Liquor, effects of, on the urine,	363
Lord, Rev. Dr. John C., on Medical Science and Materialism,	637	Purpura Hæmorrhagica, gallic acid in,	423
M		Pericarditis marked by delirium. By Austin Flint, M. D.,	449
Medical examinations in London,	63	Pharmacy, contributions to,	476
Malaria,	123	Platform, medical,	499
		Paget's Surgical Pathology,	532
		Patella, fracture of,	545
		Palmer's Introductory Lecture,	572
		Promotion of Medical Science, Mr. Germain's speech on,	736

Q	PAGE.		PAGE.
Quinine in Rheumatism,.....	122	Smith, Dr. H. M. T., on chronic peri-	531
“ in Continued Fever,.....	377	tonitis,	575
		Sold out,.....	626
		State Medical Society,	635
		Smith, Dr. J. V. C., elected Mayor of	
		Boston,	635
		T	
		Tracheotomy in Epilepsy and Apo-	51
		plexy,	251
		Tilt's Elements of Health,	302
		Tic Doloreux,	299
		Table Turning,.....	304
		Typhoid Fever,.....	433
		“ “ and Typhoidism,.....	513
		“ “ treatment of, by C. D.	362
		Robinson, M. D.,	383
		Tape Worm,	753
		Transactions of Penn. State Society, ..	734
		“ State Medical Society, 1854, ..	424
		“ Amer. Med. Association,.....	444
		Tetanus,	729
		Talpa,	
		Transfusion of Blood, Thoughts on.	
		By Rusticus,.....	418
		U	
		Unity of Disease,.....	321
		Uterus, inversion of, by S. B. Hunt,	418
		M. D.,	
		Urine. Its condition in Typhoid	
		Fever,	418
		V	
		Veratrum Viride,	719
		“ “ By Wm. C. Butler,	434
		M. D.,	457
		Volitional control of involuntary	
		muscles,	457
		Vaccination, W. G. Meacham on,....	
		W	
		Williams' Principles of Medicine,....	316
		Walton's Operative Ophthalmic Sur-	461
		gery,	
		White, Prof. James P., on Puerperal	
		Peritonitis,.....	461
		Y	
		Yellow Fever in N. Orleans, 256, 309,	751
		Yankeedom Outyankied,	754

Q

PAGE.

Quinine in Rheumatism,..... 122
 “ in Continued Fever,..... 377

R

Rochester, Prof. Thos. F., appoint-
 ment of,..... 198, 241
 “ Address to Graduates,..... 641
 Rectum, imperforate, Dr. D.C. Dewey
 on,..... 214
 Rheumatism treated by Quinine,.... 122
 “ “ “ Veratrine, .. 235
 “ expectant treatment of,..... 503
 “ analysis of twenty-one
 cases, by A. Flint, M. D., .. 578
 Rattlesnake Bite, treatment of, by E.
 Stanley, M. D.,..... 461
 Ricord and Hunter on Venereal Dis-
 ease,

S

Shoulder, dislocation of, by Eli Hurd,
 M. D.,

PAGE.

Smith, Dr. H. M. T., on chronic peri-
 tonitis,

T

Tracheotomy in Epilepsy and Apo-
 plexy,

U

Unity of Disease,.....

V

Veratrum Viride,

W

Williams' Principles of Medicine,....

Y

Yellow Fever in N. Orleans, 256, 309,

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 11.

MAY, 1855.

NO. 1.

ORIGINAL COMMUNICATIONS.

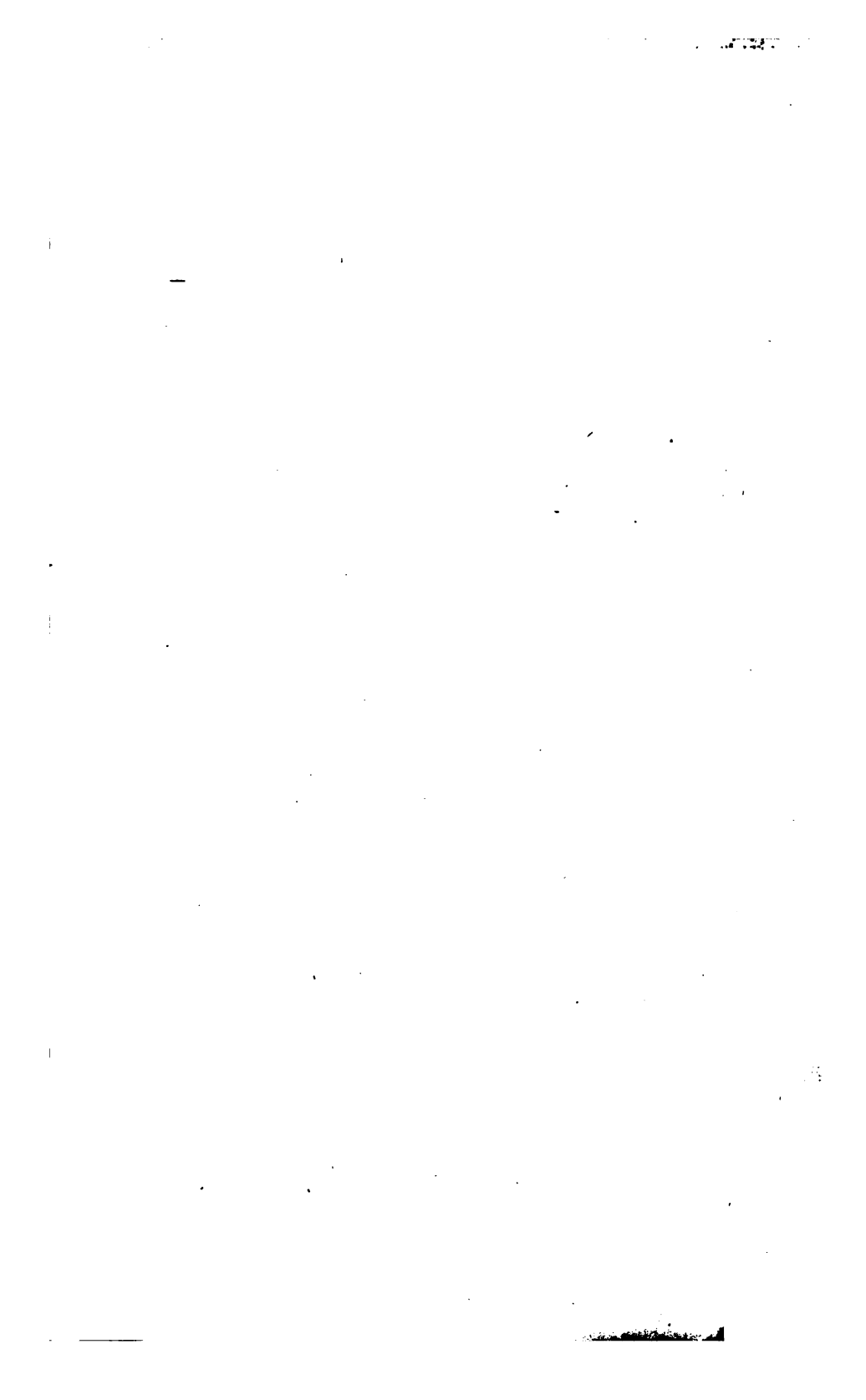
ART. I.—*Reduplication of both sounds of the Heart. Case and Remarks.*
By AUSTIN FLINT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisville.

Case. George Nash, aged twenty-seven, an Englishman, boatman, was admitted into the Louisville Marine Hospital, Dec. 16, 1853. The following account of the case is condensed from the hospital record:

Previous History. The patient states that he has been a sailor for nine years. Prior to eighteen months ago he had good health. Eighteen months ago he had epidemic cholera, with which he was confined eighteen days. After this attack he recovered, apparently, his former health, and continued well up to six weeks ago, when he thinks he contracted a severe cold, being attacked with cold, accompanied by a sense of soreness beneath the sternum. The cough has continued to the present time, and been more troublesome for the past fortnight than previously. It has been especially troublesome at night. Has had no medical advice prior to his admission, and has taken no remedies except a few cough lozenges. Has never had hemoptysis, nor chills. His appetite has been good, and bowels regular.

VOL. XI., NO. I.—1.







cough. For a week past puffiness under the eyes has been observed, and within the last three days the lower extremities have become œdematous. There is pitting on pressure as high as the knees. Last night he was obliged to maintain the sitting posture on account of the dyspnoea.

Jan. 31. He is obliged to sit up much of the night on account of dyspnoea. During the day, for the most part, he is free from this difficulty. There is moderate œdema of the feet and legs. Pulse is scarcely appreciable, and exceedingly irregular.

Feb. 4. The following record was made by Dr. Dickinson: On the appearance of œdema the super-tartrate of potash was prescribed, and continued for several days; and then the sulphate of magnesia in purgative doses. The quantity of urine became increased, and he expressed considerable relief after being purged. There is evidently liquid effusion within the peritoneal sac; the scrotum is œdematous, and the entire lower extremities, but no evidence of hydro-thorax. He cannot maintain long the recumbent posture, and slight exercise occasions dyspnoea.

A few days after the foregoing date I left Louisville. On the 14th of February the following record was made by Dr. Dickinson: This patient was discharged to-day at his request. He reports feeling quite well. He is now able to sleep without difficulty in the recumbent posture. He experiences no trouble from active exercise. He has taken occasional purgative doses of the sulphate of magnesia, and of the syrup of the iodide of iron thirty drops, twice daily, since the date of the last record. Has had full diet. The œdema and ascites have disappeared. His aspect is normal; appetite good; no cough nor pain in chest; no palpitation. *The pulse and the two sounds of the heart are eighty-four per minute.* Marked dullness of the percussion sound extends to the left of the nipple. No point of apex impulse is seen or felt, but a very feeble impulse is appreciable over an area about two inches in diameter. No *bruit* heard.

April 12. The following record was entered by Dr. Dickinson: This patient left the hospital at the date of the last record, and engaged as a deck hand on a steamboat for New Orleans. He was absent three weeks, and he states that, during that time, he worked as hard as ever before in his life, and never had better health. On his return to Louisville he entered the hospital as a ward attendant. No examination has been made since his return until this morning, when he has been examined by Dr. Hardin and myself with the following results: Pulse at the wrist eighty-four per minute and normal; systolic ventricular contractions, as determined by the heart sounds in precordia, eighty-four per minute. Sounds of heart pure. No

apex impulse appreciable. Slight elevation of precordia. Dullness on percussion extends an inch to the left of the nipple. General health good.

Up to the time I am writing, February 13, 1855, I have not succeeded in seeing the subject of this case, and making an examination of the chest. I have learned, however, that he has been in the vicinity of Louisville during the past summer, autumn and winter, and apparently enjoyed excellent health, having been, and being now capable of active labor. I hope to be able to append to this report an account of his present condition as determined by existing physical signs.*

Remarks. The foregoing account, although considerably condensed from the hospital record, embraces details which would be tedious were the case not one of unusual interest. As it is, on reviewing the record, there is less occasion to complain of its prolixity, than to regret the absence of particulars which more minute investigation might have developed. Several points suggest themselves concerning which the notes are defective, and which, were an opportunity to observe a similar case to be again offered, would claim attention. As regards my own clinical experience, the case was *unique*. I was practically unacquainted with the subject of reduplication of the heart sounds. The explanation which, at the time, I adopted as probably correct was, that the double sounds, compared with the pulse at the wrist, involved an equal number of veritable systoles and diastoles of the heart—in other words that the veritable beats of the heart were really twice as frequent as the pulse at the wrist, the force of every alternate contraction of the left ventricle being insufficient to produce an appreciable dilatation of the radial artery. In reflecting upon the subject subsequently, without referring to the record, I was led to form a different opinion, viz., that the reduplication was due to a want of synchronism in the contraction of the two ventricles. This theory seemed the more plausible, and with this speculative view I commenced writing the report of the case. I had forgotten that the pulsation

* Feb. 26. After finishing this paper, I succeeded in seeing the subject of the case which I have reported. His aspect denotes robust health, and he declares that he was never in better physical condition than at the present time. He can take active exercise without any embarrassment of respiration; is never troubled with palpitation; has no cough, and in a word considers himself in all respects a healthy man. There is dullness over an abnormal area in precordia; no impulse is appreciable; no bellows murmur; the sounds of the heart are pure, regular in rhythm, and their relation to the pulse normal. In short, no physical evidences of heart disease are found save that the area of dullness is somewhat increased.

of the carotid artery was equal to the number of the heart beats. This fact which appears in the record, must, probably, be considered, incompatible with that theory. The question, then arises, what is the true explanation? Before offering any answer to this question, it is proper to inquire whether important facts bearing on the rationale of reduplicated heart sounds are to be found in treatises on diseases of the heart, and, also, what opinions are entertained on the subject by those who have given special attention to the study of these diseases.

Cases of reduplication of the heart sounds are certainly not of frequent occurrence, and do not appear, as yet, to have been studied with much success. M. Bouillaud claims to have been the first to describe this peculiar aberration. In a late publication, *Leçons cliniques sur les maladies du coeur etc., par M. Bouillaud, recueillies et rédigé par C. D. V. Racle, 1853*, he says that, occasionally, in place of the normal tic-tac, and of the adventitious sounds (bellows murmurs) are found *three*, and even *four* distinct sounds produced during a single beat or revolution of the heart. He adds that he was able to cite but a single instance in the first edition of his treatise on diseases of the heart in 1834; but before the appearance of the second edition in 1841, he had collected several examples, so that the reality of the phenomena could no longer be denied, as it had been by some, and, moreover, it had been, in the meantime, abundantly confirmed by other observers.

The reduplication, as just stated, may affect but one of the heart sounds, causing three sounds with every beat; or both sounds may be doubled, giving rise to four sounds with each beat. The systolic or diastolic sound may be alone doubled, the latter occurring much oftener than the former. Then, in place of the normal *tic-tac*, the three sounds may be represented as follows: systolic reduplication, *tic tic tac*; diastolic reduplication, *tic tac-tac*. With the same mode of illustration, when both sounds are repeated the representation is, *tic-tic tac-tac*.*

On referring to the second edition of the treatise by M. Bouillaud, the histories of twelve cases of different varieties of reduplication will be found. Of these twelve cases, in five the condition of the heart after death was ascertained. In six of the cases the diastolic sound was doubled; in one case the systolic sound, and in one case both sounds. In the four remaining cases but one sound was repeated, but it is not stated whether it was the systolic

* The words tic-tac are employed here as serving the present purpose as well as others which in other respects than the rhythmical succession of the sounds, are undoubtedly to be preferred. Reversing the order, viz., tac-tic, is a more faithful representation.

or diastolic. In each of the twelve cases there was physical evidence of valvular lesions involving contraction either at the mitral or aortic orifice, or insufficiency, with enlargement of the heart. In the five cases in which the results of examinations after death are given, these lesions were found to exist. In three of these five cases the contraction was at the aortic, and in two at the mitral orifice.

In several of the cases a reduplication of the pulse was also observed.

The single instance in which both sounds were doubled is reported as follows:

"**CASE V.** A man, aged forty-five years, died Sept. 10, 1836. A triple, and afterward quadruple *bruit de soufflet* coëxisted with a double pulsation of the arteries.*

"*Exploration, August 16.* Irregularity and intermittency of the pulse, which is strong and vibratory, so as to strike with a painful degree of force against the finger, numbering eighty-eight. At the same time all the arteries pulsate distinctly twice, *coup sur coup*, the second pulsation being smaller and more feeble than the first. Each of these pulsations is accompanied by a *bruit*, the intensity of which is proportionate to the corresponding pulsation. An interval longer than ordinary succeeds the second pulsation.

"The heart beats equally twice, *coup sur coup*, and each of its two systoles is accompanied by a loud *soufflet*. Thus three sounds succeed each other in a manner to imitate the beating of the drum known under the name of *rappel*.† The interval which separates the second systolic from the diastolic sound, is a third longer than that which divides the two systolic sounds. The *bruit de soufflet* which is most prolonged, is evidently synchronous with the diastole. The two pulsations, *coup sur coup*, of the heart and arteries, are visible as well as appreciable by the touch.

"*Exploration, August 21-22.* The diastole of the left ventricle appears to be doubled as well as the systole, and there are heard, *coup sur coup*, four *bruits de soufflet*, the two which correspond to the diastole being louder than the two others. These four successive sounds of the heart are very distinct, readily enumerated, and their existence has been verified by several observers who follow my clinique, and who are skilled in this kind of exploration.

"*Morbid Appearances.* Aortic valves shriveled, corrugated, thickened, fibro-cartilaginous, leaving a space between them when depressed capable of

* I have italicized the above. Its bearing on the subject will appear presently.

† Tattoo.

receiving the little finger. Considerable hypertrophy and dilatation of the left ventricle. Mitral valve thickened, but no contraction of the orifice. No contractions of the orifices at the right side of the heart."*

So far as I know, M. Bouillaud is the only author who has reported a series of cases of reduplicated heart sounds, giving, in connection with clinical observations, the morbid conditions found after death. In saying this I should add that I have not taken pains to examine numerous treatises and periodicals with a view to find accounts of cases of this description. In fact, in addition to the works of M. Bouillaud, and an article in the *Archives de Médecine*, to which reference will presently be made, I have consulted only the treatise on auscultation by Barth and Roger, (edition of 1854); the recent work on diseases of the heart and aorta by Dr. Stokes; a treatise on diseases of the heart by Dr. Bellingham, of Dublin, lately published, and the last edition of the admirable work by Dr. Walshe. A brief space is devoted to the subject by each of these authors, and theoretical explanations are offered, to which I shall presently advert. All of them have met with illustrations of reduplication of one of the heart sounds. Such instances are probably not extremely rare, but it has never fallen to my lot to meet with one prior to the last summer, when my attention was directed to a case in the Royal Infirmary of Edinburgh by Dr. Bennett. Cases of reduplication of both sounds are, however, justly entitled to be included among the rarest of the curiosities of clinical experience. Dr. Stokes states that he has never met with an instance. Barth and Roger evidently are practically unacquainted with it. Dr. Walshe implies in his language that with him it has been a matter of observation, but he does not state whether he has met with more than one illustration; but one case of this variety is contained among the cases reported by Bouillaud; and in addition to this case, two others only, so far as my knowledge extends, have been reported. One of these cases is reported in an article contained in the *Archives Générales de Médecine*, by Dr. Charcelay, of Tours, France, No. for December, 1838. This article is entitled, *Mémoire sur plusieurs cas remarquables de défaut de synchronisme des battements et des bruits des ventricules du cœur*. The other case is quoted in the same article from a thesis by M. Pressat, published in Paris in 1837. Dr. Charcelay cites the case observed by him at the Hospital *la Charité*, Paris, in proof of the occurrence of the want of synchronism in the contraction of the two ventricles. This is the explanation proposed by him, as the title of his article implies; and he professes to have observed an

* *Traité Clinique des Maladies du Cœur*.—Tome 2, page 348.

absence of synchronism in the contractions of the ventricles in experiments made on inferior animals. This explanation is adopted as the most rational by the several authors mentioned above.

The case observed by Dr. Charcelay presented a feature which was not present in the case now reported by me, and the peculiarity referred to, viz: pulsation of the jugular vein, has an important bearing on the question as to the mechanism by which the reduplication is produced. Moreover, the lesions found after death differed from those detailed in the case of M. Bouillaud.

The following particulars taken from Dr. Charcelay's account, are all that are important to be quoted: "The patient was a female aged 72 years, laboring under senile imbecility. There existed a little œdema of the arms. The pulse was small and irregular. There existed dyspnoea, frequent respiration, and light cough, with some mucous sputa. The chest was sonorous on percussion, except posteriorly and inferiorly. In the latter situation a very fine mucous râle was observed. Abnormal flatness on percussion existed in the precordial region without *bruit de soufflet* or *frémissement cataire*. The beating of the heart was irregular and tumultuous. Distension, bending and pulsation of the external right jugular vein, with purring thrill, (*frémissement cataire*,) were well marked; in the left jugular the thrill did not exist, and the other phenomena were less marked than on the right side. On comparing the pulse of the right jugular with that of the left carotid, it was found that the arterial preceded perhaps a little the venous pulse. The difference, however, was but slight. On applying to the precordial region a flexible stethoscope which permits, at the same time that the heart sounds are auscultated, observation of the jugular vein, the carotid being pressed by the finger, it was evident that the venous and arterial pulsations, the apex impulse of the heart, the ventricular systole and the first sound, all occurred simultaneously; then followed the second sound which was clearer than the first; and after the repose succeeding the ventricular diastole, the first sound recurred, with the arterial and venous pulsation, etc.

"The foregoing took place when the movements of the heart were regular, but when they became tumultuous, at first they were so quickly developed and confused that it was impossible to analyze them; and it was not without difficulty that at length this was accomplished. On auscultating, as just mentioned, with the flexible stethoscope, it was apparent that the jugular and carotid pulsations were not constantly synchronous; that these pulsations and the first sound were not always simultaneous; that the venous pulse uniformly accompanied the first sound, while the arterial pulse fre-

quently failed, so that now the right ventricle, and then the left, performed the systole and diastole independently of each other, accompanied by corresponding sounds, which were sometimes increased to four in number. In the latter case, the reduplication of the beating and the ventricular sounds was complete, taking place consecutively in the right and left ventricle. But it was not generally so; oftener the reduplication was but partial, that is to say, it had reference only to one ventricle, the right ventricle, which, as it were, interposed its contractions between the simultaneous contractions of the two ventricles. The left ventricle contracted but rarely independently of the right."

In accordance with the action of the heart, as just described, the following were the succession of events most commonly observed: a systolic sound, jugular and carotid pulsation coinciding in point of time; then a diastolic sound; after which a systolic sound, with jugular pulsation only; then a diastolic sound, and, again, a new systolic sound with a jugular and carotid pulsation, etc., etc.

Sometimes the series was as follows; 1st. Systolic sound, jugular and carotid pulsation, these always being simultaneous; 2d. Diastolic sound; 3d. Systolic sound and jugular pulsation alone; 4th. Diastolic sound—afterward, a systolic sound with carotid pulsation; and, next, a diastolic sound, followed by a return of the systolic sound with jugular and carotid pulsations, etc.

Still again, taking always as a point of departure the synchronous contractions of the two ventricles, the following was the order: 1st. Systolic sound with jugular and carotid pulsations; 2d. Diastolic sound; 3d. Systolic sound with carotid pulsation; 4th. Diastolic sound, and then contraction of the two ventricles, etc.

"In the early part of June this patient succumbed to an attack of double pneumonia."

At the autopsy the heart was found to be moderately hypertrophied without dilatation. The tricuspid valves, insufficient, presented only two fringed tongues. Its structure was dense, opaque, fibrous but not cartilaginous. Evidently when the valve was extended the orifice remained patulous. The mitral valve was healthy, as well as the sigmoid valves of the aorta and pulmonary artery. The several cavities of the heart were greatly distended with coagulated blood, as also the large vessels. The entire venous system was largely dilated; the external jugulars were voluminous, and presented a great number of bendings, the right more especially; and at the lower part of the latter there existed a varicose pouch from an inch and a half to

two inches in diameter. The visceral pericardium presented some cartilaginous patches in front and behind.

The pulsation of the jugular vein, occurring without any arterial pulse and in connection with reduplication of the two heart sounds, are the combined data in the history of this case on which is based the conclusion that the movements of the two ventricles occurred independently of each other. Assuming the entire correctness of all these data, the inference drawn by Dr. Charcelay is not only rational, but none other seems admissible. If, however, there be room for doubt as to the coexistence of a reduplication of the two sounds of the heart in concurrence with the venous and without the arterial pulse, the explanation becomes dubious; in other words, the proof of the theory rests on the conditions just stated. Now in view of the statement by the author that the phenomena which he describes were developed only when the movements of the heart became tumultuous and confused, rendering an analysis of them at first impossible, and afterward difficult; and that the four sounds were but rarely heard, the reduplication generally being but partial, *i. e.* one sound only doubled, the reader cannot but feel some sense of insecurity in accepting the data necessary to the validity of the explanation.

Assuming that the reduplication of both sounds, in connection with the discrepancy between the arterial and venous pulsations, is not established with sufficient positiveness, another explanation may be offered sufficient to account for this discrepancy. It is this: the right auricle and the veins therewith connected being kept full, and distended with blood, in consequence of regurgitation through the right auriculo-ventricular orifice, it may be easily imagined that the contraction of the auricle was sufficient to occasion a venous pulsation between the ventricular systoles. The pulsation of the jugulars synonymously with the carotids is, of course, explained by the fact of free regurgitation through the tricuspid orifice.

As an exemplification of reduplication of both sounds of the heart, the foregoing case will not bear comparison with that which I have reported. In the instance observed by me, the repetition of the two sounds was as distinct as possible, the number of tic-tacs being exactly the number of arterial pulsations at the wrist whenever the latter were appreciable, and the disordered rhythm continued for days and weeks, finally abruptly ending, the patient thereafter apparently recovering good health.

The case reported by M. Pressat, and quoted in the article by Dr. Charcelay, is as follows: "A man fifty-four years of age, strong, with a sanguine complexion, presented symptoms of some heart-affection, *viz*; cheeks injected,

lividity, hœmoptysis, abdomen enlarged by the presence of liquid, lower extremities œdematous; pulse small, very irregular, numbering one hundred and sixteen; respiration twenty-eight; irregular impulse of the heart; without special *bruit*; abnormal dullness in precordia over a considerable area; demi-orthopnoea; clear percussion sound in front, over the chest; respiratory sound pure and well evolved over the right clavicle, more feeble below the left; dry, sonorous *râle* behind, quite loud, on the two sides. In this patient, who was bled, and had frictions, with digitalis internally, there was discovered, seven days after the first examination, an absence of uniformity in the beats of the heart, which had either been overlooked at the former examination, or had become developed afterward. At the left, two sounds only were heard, one clear and the other dull, but irregular and accompanied by an impulse. These sounds might be referred to the left side of the heart. At the right, two sounds, normal in their character, were heard, which might be referred to the right side of the heart. Finally, between these two situations, within a space quite limited, corresponding to the inter-ventricular and inter-auricular septa, were heard four distinct sounds, succeeding each other rapidly without interruption, like the blows of a *batteur de plâtre*. Sometimes, in place of these sounds, three only were heard, followed by an interval taking the place of the fourth, without any cause for this variation being apparent in the condition of the patient; often, also, at the right and left, the sounds of the two sides of the heart could be heard, but they were not so distinct as in the intermediate space, where it was necessary to auscultate in order to seize readily the four sounds. Some days afterward the patient feeling relieved, left the hospital."

As regards the distinct reduplication of both sounds, this case is more satisfactory than the preceding. It is probable, although not so stated, that a discrepancy between the heart sounds and pulse existed, as in the case reported by me. This, of course, must have been the fact if the reduplication was due to want of synchronism in the movements of the two ventricles, and such is the explanation adopted by the author without any hesitation. The report of the case is defective in not containing any reference to the carotid pulsation, or to the presence or absence of a jugular pulse.

In the improvement of the patient sufficiently to leave the hospital, the case bears an analogy to that which has fallen under my observation.

As already stated, the theory which explains reduplication of the heart sounds (having reference especially to reduplication of the two sounds) by supposing that the ventricles fail to contract and dilate in unison, is adopted by the several authors of recent well known works on diseases of the heart,

whose names have been mentioned. Dr. Walshe says: "The essential cause of these various reduplications seems to be a want of synchronism between the action of the two sides of the heart."*

Messrs. Barth and Roger say: "The formation of four sounds with a single beat has for its cause a failure of synchronism in the action of the two sides of the heart."†

Dr. Stokes transferred to his treatise the quotation just given from the work of Dr. Walshe.

Dr. Bellingham remarks: "From the manner in which the muscular fibres are arranged, it is difficult to understand how a want of synchronism could occur in a healthy heart; but if the right ventricle is much hypertrophied, and dilated, while the left remains of a normal size, such an occurrence is possible."

M. Bouillaud, in his *Leçons Cliniques*, published in 1853, regards this explanation as more probable than the one offered by himself in his treatise on diseases of the heart. To the latter explanation I shall presently refer.

The theory, abstractly considered, seems altogether reasonable, and the case reported by Dr. Charceley, in some respects unsatisfactory, and as the reporter implies, obscured by a preconception of the correctness of the explanation, is to be regarded as affording evidence of its correctness in proportion as the important facts, bearing on the question, which the report contains are received with confidence. The explanation would be applicable to the case which I have reported, were it not for a single circumstance which it is difficult, if not impossible, to reconcile with it, viz: the carotid pulsations sustained a normal relation to the reduplicated heart sounds, notwithstanding the discrepancy between these sounds and the pulse at the wrist. The number of carotid pulsations showed that one-half the number of sounds of the heart were due to the systole of the left ventricle, unless the pulsations of the carotid were reduplicated independently of the heart. As regards the number of pulsations of the carotid, they were ascertained and noted twice in comparison with the heart sounds. I can not believe there could have been an error of observation on this point, but I regret, in view of its importance, which I did not sufficiently appreciate at the time, that the pulse in that situation was not enumerated and noted in a larger number of instances.‡

* Diseases of the Lungs and Heart—English edition, p. 231.

† *Traité Pratique d'Auscultation*, etc.—Quatrième édition, 1854.

‡ In the case reported by M. Bouillaud, the arterial pulsations were doubled. His language is: "En même temps, toutes les artères battent distinctement deux fois

If not explicable by a want of synchronism in the action of the ventricles, there seems no alternative but the hypothesis first proposed by M. Bouillaud. According to this hypothesis, the systole and diastole of the ventricles take place synchronously, but are made up each of two distinct efforts (reprises.) That is to say, instead of contracting and dilating steadily, each of these two movements (contraction and dilation) are divided into two acts, and each act attended by a sound. The disorder of rhythm in this view, is analogous to interrupted or jerking respiration, called by the French writers *saccadée*. If this explanation be correct, each complete systole and each diastole were accompanied by a double sound; but the force of one only of the divided portions of the systolic contraction of the left ventricle was sufficient to produce a pulsation at the wrist, while the force of each demi-systole sufficed to produce pulsation of the carotid.

It is indeed wonderful that, of the halved portions of the systolic contraction of the left ventricle, only one should regularly be accompanied by a radial pulse; but it is perhaps quite as difficult to conceive that, in view of the arrangement of the muscular fibres of the heart, the ventricles should contract separately.

The great feebleness of the radial pulse, when appreciable, in the case which I have reported, and its absence a portion of the time, are symptoms certainly in accordance with the diminution of the power of the systole subdivided, as it is supposed to be by this hypothesis.

I do not deem it necessary to consider another hypothesis in explanation of the phenomena which I have reported, viz: that the increased number of sounds was due to nothing more than increased frequency of the heart's action; in other words, that the beats of the heart were simply multiplied, without any reduplication of the sounds. I confess this was the view which I entertained at first when the case came under my observation; and, entertaining this view, I was astonished to see a patient moving about, reporting himself tolerably well, and able to take, at times, pretty active exercise, with a heart beating one hundred and sixty times per minute! That the pulse represented exactly one half the number of systoles was sufficiently curious,

coup sur coup, la seconde pulsation étant toutefois plus petite et plus faible que la première." * * * "Les deux pulsations coup sur coup du cœur et des artères, sont sensibles à la vue comme à la main." When, therefore, this author in the late publication of his *Leçons Cliniques*, says that the theory of a want of synchronism is the most probable, he must either have overlooked the force of this feature of the case, or he must think there is some mode of reconciling the occurrence of two arterial pulses with a single systole of the left ventricle.

yet every practitioner knows that in cases of organic disease of the heart, and even in some instances of functional disorder, the pulse fails to represent faithfully the number of systoles. The failure occurring regularly with each alternate systole was the circumstance exciting wonder. The persistency of the multiplication of the heart sounds in a ratio compared with the pulse exactly double, for several weeks, without being associated with other symptoms denoting immediate danger, and the abrupt cessation of this irregularity, with sufficient improvement for the patient to leave the hospital, and to continue without difficulty a laborious occupation, are circumstances abundantly disproving the hypothesis last mentioned.

Finally, in view of the facts contained in the four cases of reduplication of the two sounds of the heart, which are presented in this article, it is difficult to settle upon a positive conclusion as to the mechanism by which this remarkable and rare form of disordered action is produced. The theory of a want of synchronism, so far as concerns its intrinsic plausibility, is to be preferred; but it is met, as has been seen, by a difficulty in its application to the instance occurring under my observation, and equally to the case reported by M. Bouillaud, which, unless disposed of in some way that I am not prepared to indicate, must invalidate its correctness, not only in this, but in other instances, for it is not probable that in different cases, this feature, identical in each, and so peculiar, is to be explained differently. Nor is the second hypothesis devoid of difficulties in addition to what has been alluded to, which will readily occur to the mind of the reader.

These two explanations are all that have been suggested to account for reduplication of both heart sounds, and I have no additional hypothesis to offer. An analysis of a larger number of cases may develop results which will shed more light on the subject. And in dismissing the question as to the rationale, the following quotation from the treatise on diseases of the heart by M. Bouillaud, is perhaps not less pertinent than when penned by that distinguished author more than fourteen years ago: "*Je souhaite que ces faits soient fécondés par quelques uns de mes lecteurs, qui, plus heureux ou plus habiles que moi, résoudreont peut-être les difficultés qu'ils me semblent encore offrir, et dissiperont les obscurités dont ils sont environnés.*"—*Tome II, page 345.*

My remarks being already more extended than I had designed, I shall not prolong this article by a discussion of the causes which occasion reduplication of one only of the sounds of the heart. I will simply say that, whatever may be the true explanation in cases in which a beat of the heart is accompanied by four sounds, the same explanation will probably apply to

the instances in which the beat is accompanied by three sounds. In much the greater number of the cases of the latter description which have been reported, the second, or diastolic sound is the one doubled;* and, therefore, we may conclude, either that the two ventricles dilate separately, contracting in unison, or, that the dilation takes place, not continuously, although synchronously, but by two divided acts, each act taking place in such a manner (it must be confessed not easily understood) as to produce by a complete diastole a double sound.

Recurring to the reduplication of the two sounds, the question arises, what is its value as a diagnostic and prognostic symptom? In two of the four cases which have been given in this article, the morbid condition of the heart was determined by the post-mortem examination. The prominent lesion in each instance was different; in one consisting of aortic, and in the other of tricuspid insufficiency. In all of the four cases there was enlargement of the heart. In two cases this aberration of the heart's rhythm ceased, and improvement took place so that the patients were not obliged to remain under medical treatment; and in the case reported by me, the patient has apparently recovered good health, some enlargement of the heart doubtless remaining. In this case a *bruit* existed, supposed, but with some doubt, to be endocardial, and to denote mitral regurgitation, but it disappeared after recovery. In view of these facts it does not appear that the reduplication of the two sounds possess special significance either in diagnosis or prognosis, and it must be confessed that, with our present knowledge, the interest belonging to the subject, if the antithesis be allowable, is rather scientific than practical.

M. Bouillaud, basing his opinion on the case that had fallen under his observation, thinks that the sounds are never doubled except in connection with organic disease involving either constriction or insufficiency. In fact, he regards the symptom as diagnostic of valvular lesions, and, inasmuch as their existence may be determined by other criteria than this, he says it is quite superfluous so far as diagnosis is concerned. He calls it "*un signe de l'œde.*" The facts, however, contained in the history of my case tend to throw doubt on the correctness of this opinion. The existence of valvular disease in this case is not certain. A *bruit* supposed to be endocardial existed, it is true, but it was a matter of question, at the time, whether it was not a friction sound; and in view of its disappearance, and the present state of the

* Dr. Bellingham states the reverse of this; but he is undoubtedly in error on this point.

heart, the supposition that it was so is perhaps more probable. That a positive opinion was not formed as to the seat of the *bruit* should not subject the observer to reproach, since the most experienced auscultators have acknowledged the difficulty and indeed impossibility, in certain instances, of determining whether an adventitious sound emanating from the heart be a bellows murmur or a friction sound.

The fact that reduplication of the heart sounds is a phenomenon so rare in its occurrence, goes to show that its connection with organic lesions is only incidental; and if it be true that it may occur irrespective of such lesions, it is to be regarded as a functional disorder, which, although, perhaps, in the great majority of instances associated with structural disease, is a superadded affection. But with reference to this, as to other points, farther observations are desirable before positive conclusions are admissible.

ART. II.—*A few Remarks on Acute Laryngitis with Illustrative Cases.*

By THOMAS F. ROCHESTER, M. D., Professor of Theory and Practice of Medicine in Buffalo Medical College.

The relative infrequency of Acute Laryngitis, as compared with the other inflammatory affections of the air passages, is justly esteemed a most providential exemption from disease. For as surely as inflammation of a severe grade attacks the voice seat, so surely, unless promptly recognized and readily arrested, does it lead to a rapid and fatal termination. As the disorder is seen but rarely, it seems scarcely possible to urge too forcibly the importance of distinguishing between the various modes of attack, of determining whether it be simple or complicated, and if the latter, of deciding upon the nature of the complication. Spurious or simulated Laryngitis is also to be borne in mind. The sex of the patient will often reveal this at once, (*hysteria morborum omnium simulator*,) as well as the knowledge of the fact, that males are more frequently than females the subjects of the inflammatory seizure.

It is proposed in this communication, to submit to the readers of the Journal, a report of a few cases that have recently been presented to the observation of the writer, and it is hoped that if no new ideas of either pathology or treatment are advanced, that at least a candid statement of facts may not be without interest or value.

CASE I. Miss L.—aged 17 yrs., native of Buffalo, person well developed, health vigorous, menstruated at 15. On the evening of Sept. 13th,

1854, she was overtaken by a rain storm and was much wet; on reaching home, she changed her garments and felt none the worse from the exposure. Retired about 10 P. M. quite well. Awoke at 3 A. M., feeling hot and thirsty, pain in back and limbs, throat sore and voice hoarse, cough slight and without expectoration. Sept. 14th, 9 A. M., I was called to see her. I found her quite anxious and excited, pulse 95, full and hard, tongue slightly coated, bowels confined, surface of body hot and dry, eyes bright, cheeks flushed, voice husky, cough hoarse, spasmodic and frequent, respiration hurried and incomplete. Fauces intensely red but no tonsillitis; I could not obtain a view of the epiglottis; examination was however made freely with the finger, and detected a constantly upright position of the epiglottis, but without positive induration or œdema. No pain was experienced on pressure from without, except over the thyroid cartilage; *there* it was decided, and to the same locality was also referred pain in deglutition; all attempts to drink induced cough, a portion of the fluid probably passing into the glottis, on account of the immobility of its protective valve. Physical exploration of the chest detected insufficient inspiration, and consequent slight pulmonary inflation—there was great heaving and shoulder raising, but no full, deep inspiration; every effort at this was spasmodically arrested. Diagnosis—Acute uncomplicated Laryngitis.

I directed the feet to be soaked in a hot mustard bath, and three Swedish leeches to be applied along the trachea, for I fancy the objection to their use in such cases, as urged by Watson, to be entirely theoretical and quite groundless—but admitting that serous infiltration of the cellular tissue may result from the leeching, surely acupuncture will at once relieve it. After the foot bath I prescribed ol. Ricini ℥ss, succi Limonis ℥ij, to be taken at one dose. This formula is, I believe, much used at the Massachusetts General Hospital; the lemon juice covers the taste of the oil and at the same time increases its cathartic action. I also prescribed—Ant. et Pot. Tart. grs ij. Morphiae Muriatis gr. iss. Syr. Limonis ℥jss. Dose $\frac{1}{2}$ to 1 teaspoonful, to be given sufficiently often to maintain nausea but to avoid emesis.

2 P. M. Patient much relieved; the bowels have moved twice freely; the blood is still oozing from the leech-bites; the tartar emetic produces very slight nausea; pulse 90 and less hard; countenance still anxious; cough has almost ceased; respiration less jerking and irregular; voice remains husky and unchanged; pain diminished both in swallowing and on pressure. Tartar emetic and morphine to be continued; hot poultice of bran and hops to be applied to throat.

9 P. M. Patient about the same as at 2 P. M. Has had four prolonged

spasmodic attacks of coughing during the evening, but unattended with expectoration. I directed the stimulating pediluvium to be repeated, and the vapor of warm water to be inhaled if, on trial, it was found to relieve the spasmodic coughing; discontinue the Tartar emetic and to take Pul. Ipecac. comp. grs. x every four hours.

Sept. 15, 9 A. M. Patient has slept well; has taken but two of the Dovers Powders—found the inhalation of the warm vapor very grateful. Pulse 80 and soft. No pain in swallowing and scarcely a perceptible amount on pressure; cough and voice both slightly husky. Respiration unembarrassed; countenance cheerful; the redness of the fauces diminished. *No serious infiltration from the leeching.* No further general medication seemed necessary, but I judged that topical applications would *now* be of service; the fauces and rima glottidis were accordingly lightly touched with a sponge moistened with a solution of Nitrate of silver, grs. xxx to ℥j of distilled water. This produced coughing, followed by mucous expectoration, and effected a decided and instantaneous improvement in the quality of the voice. The sol. of Nitrate of silver was applied every morning for three successive days, and Miss L—— was discharged, quite well. It may be asked, why was not this topical treatment resorted to at the commencement of the attack? With respectful deference to those of an experience more extended than my own, I would answer, that as a sedative and antiphlogistic, I have not found the Nitrate of silver to sustain the favorable reports of its advocates; on the contrary, in several cases of acute Tonsillitis, in which I applied it, it certainly increased the inflammation, and in two instances great œdema of the uvula immediately followed its use. I have seen many cases of tonsillitis at once arrested by the lunar caustic, but I think I have seen more failures than successes. In several instances it aggravated the inflammation, in two it produced positive œdema. When it does afford relief, it is so speedy and so effectual, that I think it should always be tried, where it can be used with safety, as in Pharyngitis, Tonsillitis, and perhaps membranous croup. In the two former affections aggravation of the inflammation would scarcely ever place life in jeopardy, but in Laryngitis, attended with high febrile movement, and with unmistakable evidence of intense local excitement, the chances of the production or of the increase of œdema are certainly equal to those of preventing or of allaying it. In Laryngitis accompanied with secretion, the employment of the Nitrate of silver, as a stimulant and alterative, does not seem to be either dangerous or objectionable, and as a stimulant, it is doubtless a valuable agent in restoring tone and vigor, in cases such as Miss L——'s, when the inflammation is subdued.

CASE II. Patrick Flannagan, Irish, laborer, 43 years old, admitted to the Hospital of the Sisters of Charity November 1st, 1854. Disease, Typhus Fever. The attack was of the most grave character. The eruption general, copious, and of a livid aspect, with large vibices upon the lower extremity. His treatment was from the first sustaining. About 3 A. M., Nov. 29th, he was suddenly attacked with great dyspnoea. This was very naturally supposed by the nurse to depend upon an increase of the Bronchitis which accompanied the Typhus Fever. The house physician, Dr. Duforburg, on making his morning round, suspected a new complication, viz. Laryngitis; his surmise proved correct. On account of the dull, heavy and prostrate condition of the man, no very close examination could be made. Dr. D. suspected Laryngitis from the noisy and labored respiration, and from the excessive lividity of the surface. On making my usual morning visit at 11 A. M., I found Flannagan moribund. The symptoms at this time were rather those of coma than of apnea. Autopsy—8 hours after death. There were the usual evidences of blood poisoning and of glandular and visceral engorgement, as well as the diagnostic absence of enlargement or ulceration of Peyer's plates. Dr. Duforburg's clever diagnosis was also verified; the chink of the glottis was closed completely by swelling of the mucous membrane and by serous infiltration in the sub-mucous tissue. This case is reported as evidence of a complication of Typhus, that is unusual. Had the Laryngitis been recognized at the moment of its access, it is not probable that any remedial measures would have been of avail. Tracheotomy might have prolonged, it would not have preserved the life of this patient.

CASE III. John G., for several years an inmate of the Hospital, and under treatment for Phthisis Pulmonalis, died in Nov., 1853. This poor man during the last year of his life suffered from three distinct attacks of Laryngitis. They were each attended with aphonia, pain on pressure over the pomum Adami, and almost entire inability to swallow, as well as severe and alarming paroxysms of cough and dyspnoea. Had not previous examinations demonstrated the disease of the lungs, their condition might well have been overlooked, so violent and so absorbing were the laryngeal attacks. These latter, although obstinate, yielded to the administration of Quinine, anodynes, and the inhalation of warm vapor. A ropy, glairy mucus was always secreted by the inflamed mucous membrane, and contrary to what might have been expected, the dyspnoea was always in proportion to the quantity of the secretion. I accounted for this upon one of two suppositions: either the secretion was so acrid that by local irritation it induced spasm, or it was so

abundant and tenacious, that it filled up the glottis and trachea, and from its glutinous nature was with difficulty dislodged and expectorated. In this instance the local application of the Nitrate of silver, several times afforded temporary relief. G. did not die from either suffocation or coma, but from asthenia. The autopsy revealed cavities in the apices of the lungs, and crude and softening tubercles throughout their entire extent. The epiglottis was very much enlarged and indurated, its laryngeal surface was deeply fissured, and at the same time studded with numerous elevations of a fibrous character, varying in size from a line to 1-12 of a line in diameter. The same appearances, though less marked, were seen throughout the lining of the Larynx; its cavity however was rather dilated than diminished. May not this be cited as an instance of sub-acute Laryngitis occasionally assuming an acute form, and producing, as the result of repeated attacks, dilatation in place of diminution of cavity.

CASE IV. Wm. Muller, German, age 38 years, barber by trade, admitted to the Hospital Jan. 18th, 1855, is much emaciated and presents the appearance of a person in advanced Phthisis; has had cough for the last three years, especially in winter; has never expectorated much; has never had hæmoptysis; is subject to diarrhea; within the last fortnight has had night sweats; took a severe cold three weeks since, and has been constantly growing worse. Present condition: voice whispering and almost entirely labial; cough incessant and brassy (rauca); expectoration abundant, tenacious and glairy; swallowing produces pain and cough; marked tenderness over the thyroid cartilage; pulse frequent and feeble; surface pale, cold and clammy; lips and nails livid. Fauces pale; epiglottis easily brought into view; its color contrasts strongly with the membrane of the fauces, being of a bright and vivid red; it is enlarged, erect and almost immovable. The attempt to pass the finger into the cavity of the glottis was frustrated by the spasms, induced by the touch. Physical exploration of the chest afforded, on percussicn, a fair amount of resonance, and no marked comparative inequality; auscultation discovered a faint respiratory murmur, prolonged expiration with mucous and sub-crepitant râles. The general appearance of the patient, his cough of three years duration, and the physical examination as far as it could be made with the patient breathing in a noisy and labored manner, all indicated Phthisis, yet the diagnosis was not positive as to this disease. As to the Laryngitis, there was no question. Muller's enfeebled condition forbade the employment of antimony, or of even local depletion. I directed a blister to be applied to the upper sternal region, and one of the following powders to

be taken every four hours. ℞. Hydrarg. chlor. mite gr. ss.; Pul. Ipecac. comp. grs. v.; Quinix Sulph. grs. ij.

Jan. 17, 11 A. M. To my great surprise I found Muller up and walking about, his general appearance much improved; he is in fine spirits and thinks that he will be quite well in a month; his voice remains labial, his cough hoarse, and the expectoration glairy and abundant; his breathing, however, is unembarrassed, although hurried. On inspecting the fauces, I found the epiglottis tumid and erect, but it had lost its bright florid hue. I carried my finger easily into the chink of the glottis without inducing spasm. Treatment—the blistered surface to be dressed with Unguentum Belladonnæ, otherwise, continued as on yesterday.

Jan. 18. Patient doing well, except that his bowels are moving too freely. Discontinue the calomel, and continue the quinine and Dover's Powder.

Jan. 20. Made another physical examination of the chest; my opinion of presence of softening tubercles confirmed. Continue Dover's Powder and quinine, and give also, a teaspoonful of cod-liver oil, after each meal.

Jan. 23. A recurrence of the painful and laborious breathing, and all the other symptoms of laryngeal disease that are described as having been present on the 16th. These were soon succeeded by coma, which proved fatal about midnight. Autopsy 16 hours after death. Lungs filled with miliary tubercles, softening tubercles, but no cavities. The appearance of the larynx corresponded with singular minutix to that of Case III. The membranes of the epiglottis and arytenoid cartilages were thickened, and studded with elevations, but the cavity of the glottis was not diminished. The specimens are deposited in the Museum of the Medical department of the University of Buffalo.

CASE V. Thomas Gibbons, laborer, native of Ireland, age 23 years, had been for some weeks an inmate of the Hospital, under treatment for an unhealthy ulcer upon the foot. On the morning of March 28th, 1855, as I was passing accidentally through one of the surgical wards, my attention was attracted by the hurried breathing and anxious countenance of one of its inmates. As soon as the man caught my eye he beckoned me to his beside. This was truly a "gesture of disease." The attentive and efficient *interne*, Dr. I. N. Brown, informed me that Gibbons had recovered from his ulcer, but had been suffering for twenty-four hours from tonsillitis, induced by careless exposure to cold,—that his present manner of breathing had come on since he had last seen him, not two hours before. I acceded to the imploring look and gesture of the sufferer, and in the absence of Prof. Hamilton, in

whose ward he was, took the liberty of examining him. The evidences of tonsillitis were decided, although the attack was not severe. The suspicion of laryngitis had crossed my mind, from the manner of breathing, from the anxious expression and from the gesture; the signs however were not positive. The voice was husky, but the cough was slight; there was very little pain on pressure over the pomum Adami; there was much more in the left posterior sub-maxillary region, and to this point was referred all difficulty in swallowing. The countenance was flushed, the temperature of the surface was somewhat elevated, but the pulse beat but 80. Prof. Hamilton coming in at this time I directed his attention to the patient. He had not seen him in this illness, and at once transferred him to the medical department to which he properly belonged. Continuing my examination, I endeavored to get a view of the epiglottis, but was unable to do so for a reason that will appear hereafter. I could not divest my mind of the idea of laryngitis, but I was inclined to the opinion that if present at all it was to a very light degree. The man was Irish, and consequently naturally inclined to represent his condition as worse than it really was; he was weak from a depraved state of his system, and nervous from long confinement in a ward filled with sick people. All these circumstances, with the unaccelerated pulse, induced me to conclude that it was, after all, only tonsillitis. To err upon the safe side, however, I directed four leeches to be applied over the trachea, to be followed by a hot poultice, and 10 gra. of Dover's powder, to be given every four hours. Feeling somewhat anxious as to the correctness of my ultimate diagnosis, I revisited Gibbons at 5 P. M. Every doubt was now dispelled; the man was breathing quietly; his pain and cough had ceased, and there was not a trace of anxiety upon his countenance; he expressed himself as being very comfortable, and I left him, simply directing a Dover's powder at bedtime. At 11 P. M. I was summoned in great haste to the Hospital. The messenger did not know on whose account, and on arriving I was much surprised to find that at 10½ P. M., Gibbons, who had been coughing for an hour or more, was seen to rise up in his bed, struggling for breath—he was unable to speak; he dashed wildly about the room with his arms uplifted and gasping, and at length sank, completely exhausted, upon the floor. The paroxysm over, he breathed in a broken, gasping manner, and coughed and spit incessantly. When at a considerable distance from his bed, in fact in the hall of the floor below his ward, I could hear his noisy, struggling breathing; I found him sitting half upright in bed, his countenance pale and anxious; extremities cold and nails livid; his pulse very feeble, but not over 90; he was spitting up large quantities of mucus deeply tinged with blood;

he spoke in a hoarse whisper and begged me to relieve him, "for he was strangling." I thrust my finger into the fauces, and found the epiglottis firmly contracted upon the rima glottidis. I could neither lift it or move it from side to side. This accounts for my not seeing it in my examination in the morning. The secretion being so abundant, and at the same time so bloody, I was in hopes that nature would soon afford relief, and I sat down, not expecting to be obliged to interfere, and endeavored to tranquillize the patient, for he was exceedingly alarmed. In a few moments, however, unmistakable indications of another severe paroxysm were evident—there was no room for doubt, and without an instant's delay I opened the crico-thyroid space with a very neat instrument belonging to my friend, Dr. Nelson, (a curved trochar adjusted to a double canula). In rushed the air, and poor Gibbons, who had been terribly frightened at the idea of a hole in his throat, drew a long full breath, and with a sigh expressive of infinite satisfaction, sank almost at once into a quiet slumber. From this he was aroused by a paroxysm of coughing, discharging through the tube and by the mouth a large amount of bloody mucus; there was very little hæmorrhage from the incision, and no blood passed into the trachea from the wound; the bloody expectoration was of the same character that it had been before the trachea was opened. The advantage of a double over a single canula was now very apparent. From the large amount of secretion, the tube filled up rapidly, and although the efforts of the patient were generally sufficient to clear it, yet on the slightest obstruction the inner tube was at once taken out, cleaned and replaced, the outer one keeping its position, and affording, meanwhile, free passage to both air and fluid. Directed a little brandy and water to be given occasionally, and in case of pain or restlessness, 10 grs. of Dover's powder.

Thursday, March 29th, 10½ A. M. Gibbons has not slept much, but has passed a quiet and comfortable night. Swallowing is attended with some difficulty; no fluid, however, passes into the trachea; the fauces are less red than yesterday, and the epiglottis remains contracted upon the rima glottidis; pulse 85; surface moist; nails no longer livid; expectoration abundant, and tinged with blood; cough paroxysmal, and at times severe. Just before my visit the string retaining the outer canula had broken, and the instrument had been thrown out. I replaced it, and secured it by a stronger cord. The eyes of trachea tubes should never be pierced for small cords; they should be sufficiently wide to admit a strong tape; there is do danger of chafing or breaking this, and besides, it may be drawn tighter than the cord, as its flat surface will not cut the skin or make great pressure upon the cervical veins.

I prescribed nutritious diet, and one grain of quinine with five grs. of Dover's Powder, every four hours.

5 P. M. Patient doing very well. Can speak quite distinctly when the orifice of the tube is closed; the epiglottis can be felt in an erect position; it does not, however, act as a valve, for when fluids are swallowed, a portion passes into the trachea and is thrown out through the tube. Treatment continued.

Friday, March 30th, 10 A. M. Patient breathes easily, and has but little cough. Expectoration diminished and muco-purulent; swallows without pain, but fluids still pass into the trachea and out through the tube. Changed the tube for another double canula of larger size; to effect this it was necessary to enlarge the wound in the integument, but not in the crico-thyroid space. Patient says he breathes more easily through the larger tube, and that he feels more comfortable with it than the other. 5 P. M. Patient feels well, and swallows without any escape of fluid through the tube. He is sweating, however, profusely, and his pulse is 100, and feeble. Prescribe, in place of quinine and Dover's Powder, quinine and sulphuric acid, with half a grain morphine, at night if necessary—the bowels being confined—to be moved with a mild enema.

Saturday, March 21st, 10½ A. M. Has slept well; countenance cheerful; pulse 85; cough very slight; no pain or soreness about the larynx. Has a good appetite, and is anxious to leave his bed; has permission to do so.

Sunday, April 1st, 5 P. M. I found Gibbons up and dressed. The laryngitis appears to have entirely subsided.

Monday, April 2d, 10 A. M. I removed the tube, leaving the wound uncovered.

5 P. M. Patient breathes well, and expectorates very little; none of the fluid escapes through the wound, which is contracting rapidly.

Saturday, April 7th. Gibbons left the Hospital.

Tuesday, April 17th. Gibbons came to see me at my office, and reported himself perfectly well.

There are several points of interest in this case:

First. The supervention of laryngitis, tonsillitis being the primary disease, a sequence or accident that is very unusual, although more apt to ensue when there is no œdema of the uvula, as in this instance, than when that is present.

Second. The mildness of the attack, its apparent subsidence, its very sudden and equally violent return.

Third. The peculiar position of the epiglottis, and the tenacity with which it was held down by the combined force of spasm and inflammation, for that the latter was present, and in a high degree, is abundantly evinced by the character of the expectoration; that both the inflammation and spasm should not have been relieved by the free mucous and bloody discharge, appears singular.

Lastly. The rapid subsidence of the laryngeal inflammation, no other local treatment being resorted to than laryngotomy.

As to the treatment adopted, a few remarks may not be out of place.

The depraved condition of the man's system, placed out of question the employment of general blood-letting, or the use of mercury or antimony. Had the health of the patient been vigorous, the onset of the attack was so mild, and the diagnosis as respects laryngitis so doubtful, resort to powerful measures would hardly have been warranted.

The fixed and anomalous position of the epiglottis rendered Buck's method of scarification impossible; that this position did not depend upon spasmodic irritation, temporarily induced by the introduction of the finger, is shown by its (the epiglottis), absence from view on the first examination, and by the non-passage of fluids into the trachea until after the inflammation began to subside, and their subsequent escape into it, when the epiglottis became erect, but was for a time incapable of performing its valvular office. It is fair to infer that there was swelling of the whole laryngeal membrane,—to how great an extent, it was impossible to judge, but that the principal occlusion of the glottis was occasioned by the epiglottis, resting like a foreign body in the chink, certainly seems evident. Looking upon the laryngeal inflammation in this instance as secondary, and proceeding by direct extension from the tonsils, just as we see the false membrane extending in many cases of croup, the application of the nitrate of silver, when tonsillitis alone was present, might have limited the inflammation and prevented the laryngeal complication. This opinion does not in the least conflict with the one expressed about the employment of nitrate of silver in remarks under case I.

One remark more with reference to the treatment of Gibbons. It will be remembered that on my first visit to him, and when the laryngeal symptoms were very slight, I caused leeches to be applied over the trachea, and apparently with very good results; yet in less than twelve hours after their employment, it was necessary to resort to laryngotomy. I do not cite this as an instance of cause and effect. I think it was not; judging from external appearances, no serous infiltration followed the leeching, yet it would be

highly disingenous in me not to call especial attention to this point, particularly as I have dissented from the idea of danger from leeching.

From an examination of the cases above detailed, it will be seen that all of them, except the first, were in persons of enfeebled condition, and that they could not have borne the active treatment and free depletion that is usually advised. I have in my mind two other cases, both of which occurred in delicate people; hence the inference is drawn that laryngitis of the acute form is more apt to attack the feeble and sickly than the robust and vigorous. Two of the seven had phthisis pulmonalis; they were not cases of laryngeal phthisis,—hence it is also conjectured that phthisis predisposes to laryngitis. As I have had no opportunity of making post-mortem examinations of those who have died from other causes, but who have in the course of their lives had two or more attacks of laryngitis, and yet have not been tubercular, I have no facts to offer to sustain the opinion that *dilatation* of the larynx is the ultimate result of repeated attacks of inflammation of its membranes—the dilatation being purely mechanical, and produced by violent coughing and by severe efforts at inspiration. In the first, third, fourth and fifth cases, the paroxysmal nature of the attacks of dyspnoea is noteworthy; hence the administration of anodynes, antispasmodics, and sometimes of tonics would seem to be indicated. While we remember that inflammation is primarily the cause of the spasm, and therefore mainly direct our efforts to remove the root of the evil, surely we may at the same time combat both source and sequence. Following the general law of disease, all of the cases cited commenced with a night attack.

I have a laughable instance of spurious laryngitis to append: A little after midnight on the 7th of April, I was summoned in great haste to see a lady who was “dying from suffocation.” Providing myself with probang, long forceps, et cet., I hurried to the sufferer. As I was ushered into the room, I saw a middle aged female throwing herself about on the floor, in great agony, and breathing in a hoarse and noisy manner. I learned that she had retired about two hours before in good health. She could make no reply, not even in whisper, to my interrogations; her husband said that he thought she fell asleep with something in her mouth. I assisted the lady to a chair, and as she moved to sit upon it, I noticed that her harsh breathing ceased for a moment. Exposing the pharynx to a strong light I saw nothing amiss. I discovered nothing by examination with my finger. I took a long sponge-and-movable-blunt-hook-armed probang in my hand with a view of further exploration. It is an ugly looking weapon to put down a lady’s throat, and as I brought it in sight, I was not much surprised to hear her exclaim, “Oh!

“sir, you are not going to put that down?” “No, madam, you need have no such fear.” She had retired about 10 o’clock, and had fallen asleep with a *gum-ball* in her mouth; on awakening two hours afterwards, she thought that it was sticking in her throat, and that she could neither breathe or speak.

ART. III.—*Autobiography of Charles Caldwell, M. D., with a Preface, Notes, and Appendix*: By HARRIOT W. WARNER. Philadelphia: Lippincott, Grambo & Co., 1855.

An autobiography offers perhaps the only instance in which the reviewer is privileged to bestow his attention on the personal qualities of the author rather than the intrinsic merits of the book. Published, as this volume is, posthumously, it removes what little force the foolish adage “*de mortuis nil nisi bonum*” might otherwise have, and places, not the auctorial, but the personal and moral attributes of the writer in a position where criticism is fair, where censure, if deserved, cannot be censured again.

It requires no little hardihood for a distinguished man to lay bare the motives and springs of action of a long life, and to leave them as a target for comment after his own departure, and we own that when we heard that Dr. Caldwell had left behind him a book which perpetuated his enmities beyond his death, and deprived him of that shield from attack, the sod that covers his grave, we were astonished that any man could thus give immortality to all those hatreds and jealousies which a long life of ambitious struggle had engendered, and which most men would have gladly buried with them. A careful perusal of the book before us has solved the enigma. Rich in anecdote, stirring in description, and often intensely interesting in its portraiture of the characters of cotemporaries, the work is one to attract the medical mind, and secure a perusal of its entire contents. And it is impossible to withhold from its hero a degree of admiration, excited by his intense individuality, amounting to egotism, his wonderful energy and directness of purpose, and the rude, strong way in which, throughout, he marches on to the accomplishment of his ends.

Born before the American Revolution on the western frontier of North Carolina, Caldwell was even in his boyhood a recluse and a student. In his very childhood he seems to have manifested that quality which in later years we recognize as the governing element in his character. Throughout the work he denies, impliedly, any obligations to the social duties of life. Ab-

sorbed in what he deemed his duty to *himself*, he evidences an entire abrogation of his duty to others. Not for him were the amenities of daily intercourse with his fellow man, the pleasures of society, or the softening charms of friendship. Scorning them himself, he scorned all others who differed from him in the estimate of their value.

Passing over the history of his early youth, except to note that the few intimacies he then formed seem to have been interrupted and embittered by an unyielding spirit on his part, we find him in the fall of 1792 a student of medicine in the University of Pennsylvania. He avoided the intercourse of his fellow students, and to this end embarrassed his narrow means that he might occupy a room alone. Punctual at lectures, studious without intermission, sleeping but three or four hours a day, he seems to have resolved on first taking his seat in the lecture room, to some day occupy the chair then filled by Rush. His preceptors at that time were Rush, Shippen, Wistar, Kuhn, Hutchinson, and Griffiths, and of all of these he gives characteristic sketches, and it is singular that in speaking of their personal qualities, he seems most impressed with Kuhn, the cold, icy, precise, unsociable repeater of Cullen's Outlines, who finally left his chair under the odium of wholesale plagiarism.

Medical science at that day was as doctrinal as "foreordination and decree;" *schools* of medicine existed in the form of Brunonianism, Rushism, Tullyism, and for aught we know a dozen other isms. Dr. Caldwell represents Rush, and so far as we can judge, correctly, as being ambitious of occupying the position of head of a band of disciples. Whether he did, as asserted, use his position and personal gifts as inducements to attach students to him, first as a man, and consequently as a medical doctrinarian, we cannot judge from the evidence before us. To this motive Dr. Caldwell attributes certain advances made to him by Rush. This seems at first entirely probable, until a further acquaintance with our author informs us that he himself never made an acquaintance, or advances toward one, without some direct personal gain in view. Of course one acting on this principle assigns to others the same motive. Dr. Rush is described as possessing great social charms. We consider the fact in itself as presumptive evidence of goodness of heart, and honesty of purpose. Exceptions exist, but they *are* exceptions.

All those with whom Caldwell was thrown in contact seem to have been impressed with the acuteness of his intellect, and his indomitable purpose to excel. But one by one we find his friends dropping from him, either in coldness and indifference, or open enmity. His life was one series of antagonisms. In the Philadelphia Medical Society, while yet a student, he

triumphed over the older members of the profession in a debate upon the origin of yellow fever. But he was not content to triumph in the argument. A mere boy, he lashed the older men of the profession into a rage which only subsided into permanent enmity, by allusions to their personal conduct during a recent epidemic, which, however true, it was both imprudent and unnecessary to assail. And yet, as an octagenarian, he writes the history of this affair, and repeats the insults then offered, as if to prove that the blood of age was not yet icy, and that he cared less about the success of his doctrines, than of his own exaltation.

Rush had been kind to him. But the time for quarrel soon came. He wrote to Rush describing the effect a wetting in a shower had in allaying an ephemeral fever in his own person. Rush used the fact in his lectures, without credit to Caldwell as the author, and out of this sprang an enmity which resulted in high words at his final examination, in Rush's refusal to sign his diploma, and in Caldwell's bold assurance that he could do very well without the name. It was finally arranged, Rush's signature was added to the parchment, but no good feeling existed afterwards. And these were the means which he took to obtain a professorship in his Alma Mater, and failing in that end, claimed to be deprived of his deserts!

In 1819, after more than twenty years residence in Philadelphia, during all which time he was chafing under a sense of neglect, he was invited to the "premiership" of the medical department of Transylvania University. With a dispirited band of colleagues he commenced his labors, and pushing them with an energy yet unbroken, he claims as his own the success of the Lexington school, in which he labored for a period of eighteen years, and then, becoming convinced of the superiority of Louisville as a location, he suddenly abandoned with his colleagues the Lexington enterprise, and was one of the founders of the Louisville Medical Institute, which became subsequently the medical department of the University of Louisville.

And here he taught until the close of the session of 1848—9.

The concluding years of his connection with this school are hurried over in the autobiography, and constitute the most unpleasant portion of the volume; unpleasant to the reviewer, and doubly so to those who are alluded to in its pages, and compelled to defend themselves from its attacks. We shall speak of these occurrences as they appear in Dr. Caldwell's story, and not as they may have been described to us by others. Throwing aside the personal attacks upon his colleagues, and more especially Prof. Yandell, who as his successor was the natural recipient of the largest share of invective—throwing these aside as likely to be the results of prejudice, we find the

evidence barren of all but one fact, and that is, that the Trustees requested him to resign and accept an emeritus professorship, assigning his extreme age as their reason for so doing.

Dr. Caldwell graduated in 1794. More than half a century had elapsed since his vigorous quarrel with Prof. Rush. Old age had crept upon him unawares, and the gradual failure which others had noticed was unknown to him. That strong individuality, which we have insisted upon as the leading element of his character, forbade him to compare himself with other men. "I am what I am" was the language of his life.

He looked upon his professional existence as sixty years of continued battle. During all that time he had never yielded a hair to any living man. Those who could not accommodate themselves to him he cast aside; as for him, he was the mountain, and Mahomet must approach. The solemn and instructive fact that in all his professional intercourse he had never formed a friendship which could endure the slightest clashing of interest, had for him no lesson. Looking back on all his former associates, he says "there is none good, no, not one," and wrapped in his unconquerable egotism, he can find nothing in himself to produce these results. That *he* should grow old, that *his* eye should be dimmed, or *his* natural force abated, seemed impossible. And so, when carefully approached and told that the interests of the school required his retirement, all that fire in the old man's nature which age could not quench, was blazing in a splendid paroxysm of anger. No deeper insult could be offered than this. To grow old, superannuated! it was impossible; and he cast the supposition from him as the base invention of rivalry and animosity.

But the thing was inevitable, and the blow fell in its severest form. A dignified retirement, the honors of an emeritus professorship he would not have, and so he finished out the weary remnant of his life in daily denunciation of his old colleagues, and in preparation for its continuance beyond the grave.

He who reads the autobiography of Charles Caldwell will rise from its perusal with a heart-ache. He will recognize the difference between the medical man who makes his profession a source of good to others, who pursues it for the love of science, accepting gratefully what of fame may fall to his lot, who regards himself as one of a great fraternity, with common dignity, and common interests; and he who builds himself up on the downfall of others, who looks upon his profession as merely an avenue to fame and every way subservient to personal interests.

In this painful autobiography we have, as it seems to us, an instance of th

latter, and of its failure to secure its dearest purposes. In the life of Caldwell we see neglect of the social duties resulting in an intense selfishness which poisons every act, and the influences of an unchecked and haughty temper leaving him to die with hardly a friend in that profession in which he had been for sixty years a leader. Gen us, energy, application, all were insufficient to counterbalance the faults of the heart.

If we have spoken harshly of one whom we never knew nor saw, and dealt irreverently with an intellect which can never vindicate itself, the circumstances under which this work appears, and the deep moral it inculcates, must be our apology. The magnificent head, the keen and subtle eye, the firm, compressed lips, and the long and flowing beard of snowy whiteness, are hid beneath the coffin lid. Alas! why could he not have buried his emities in the same grave, and left to men the memory of his brilliant mind, rather than this petty record of his quarrels!

ART. IV.—*An Outline of Medical Chemistry, for the Use of Students.*

By B. HOWARD RAND, A. M., M. D., Professor of Chemistry in the Philadelphia College of Medicine, &c., &c. Philadelphia: Lindsay & Blakiston. 1855.

This is a duodecimo volume of some £60 pp., and from the casual glance we have given it, it seems to fulfil the promise of its title page and preface. It is not claimed to be a comprehensive work on chemistry, but it presents some peculiarities which will fit it for the use of a large class of students. It confines its attention to the narrower range of subjects included in a strictly medical chemistry. After a brief discussion of those general laws on which all chemical knowledge is based—the laws of attraction, combination, repulsion, light, heat, magnetism, &c.,—it proceeds at once to the study of those substances, found in the pharmacopœia; omitting mention of the history of metallurgy, the application of chemistry to the arts, and those other features of ordinary text-books not entirely pertaining to medical science. Physiological chemistry is also omitted, a feature which we look upon as a fault, even in a work of this scope.

The advantages of such a work are self-evident. The student of medicine aspires to be a chemist in only occasional instances. To devote that attention and labor necessary to a competent knowledge of analytical chemistry, would require more time than our limited curriculum allows, and take it from other branches of superior practical importance.

If it is possible to teach just so much chemistry as will enable the student to avoid incompatibilities of drugs, and to comprehend those ordinary manifestations of the chemistry of nature every day displayed, without entailing upon him the labor and research necessary to the true chemist, there is a great desideratum obtained. It is to meet this indication that this manual is published. We have our doubts about the result, but if it succeeds in divesting the science of that appearance of difficulty which deters so many students from doing it justice, we shall regard it as a great point gained.

ART. V.—*Homœopathy Fairly Represented.* By WM. HENDERSON, M. D.

This is the second Edinburgh edition of a book since republished on this side. The American reprint has had its notice at our hands, and it is only necessary to say of this that, like most Edinburgh publications, its typography is very neat.

We are a little surprised, however, that so ill-tempered an essay as this should have reached a second edition. The explanation is probably to be found in the fact that the uncultivated and ignorant lay-reader is as fully able to appreciate the logic of the thing, as the most erudite medical scholar. It is pure doctrine. Experiment, fact, reason, common-sense, all go for nothing in such an argument; volubility wins the day, and the man who knows nothing of anatomy, physiology, chemistry, medicine, or medical logic, is delighted to find himself addressed upon the level of his own understanding. The fool becomes a wise man, and thenceforth his talk is of dilutions, potencies, and infinitesimals, and he goes gabbling about his social circle, verifying the sententious axiom that "it is somewhat difficult, if not actually impossible, for a man to speak well upon a subject whereof he knows nothing."

ART. VII.—*Report of Deaths in Buffalo for the month*

DISEASES.	AGE.							
	Males.	Females.	Total.	1 year and Under.				
				Male.	Female.	Male.	Female.	
					1 to 2 years.			
Accident,.....	1		1					
Atrophia,.....	1	1	2		1			
Apoplexy,.....	1		1					
Asthma,.....	1		1					
Consumption,.....	16	8	24			1		
Convulsions,.....	8	3	11	4	2	2		
Croup,.....	2	1	3			1		
Cyanosis,.....	1		1			1		
Cholera Morbus,.....		1	1					
Chronic Pleurisy,.....	1		1					
Congestion of Brain,.....	1		1					
" " Lungs,.....	1	1	2					
Canker,.....		1	1					
Drowned,.....	2		2					
Dropsy,.....	1	2	3					
" of Brain,.....	1		1	1				
Debility,.....	3	5	8	2	3			
Dentition,.....	1	1	2		1	1		
Dysentery,.....	1	1	2			1		
Diarrhœa,.....		1	1		1			
Erysipelas,.....	2	1	3	1				
Fever, Typhoid,.....	1		1					
" Typhus,.....		1	1					
" Scarlet,.....	2	1	3			1		
" Congestive,.....		1	1					
Gastritis,.....	1		1					
Hydrocephalus,.....	1	1	2			1	1	
Hæmorrhagia Uteri,.....		1	1					
Inflammation of Bowels,.....	1		1			1		
Inanition,.....		1	1					
Laryngismus Stridulus,.....		1	1					1
Marasmus,.....	4	2	6	2	1			
Nervous Prostration,.....	1		1					
Old Age,.....		4	4					
Pneumonia,.....	5	3	8	2	1		1	
Phlebitis,.....	1		1					
Paralysis,.....	1	1	2		1			
Puerperal Convulsions,.....		1	1					
Still-born,.....	4	2	6	4	2			
Suicide,.....	1	1	2					
Unknown,.....	6	5	11	2	2			
Ulceration of Bowels,.....		1	1					
Whooping Cough,.....	2		2	1				
Totals,.....	76	54	130	19	15	10	3	

NATIVITIES.—American, 47. German, 40. English, 8. Irish, 12. Scotch, 1. Swiss, 1.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Prof. John T. Metcalfe publishes, in the N. Y. Med. Times, some remarks on the treatment of pneumonia, from which we extract the conclusion. Of 12 cases described, 2 proved fatal.—Ed. JOURNAL.

Of the two fatal cases, one was fairly moribund when first seen. It occurred in the person of a confirmed inebriate, and attacked the upper part of the lung, as is not unfrequently seen in the pneumonia of sufferers from delirium tremens. Treatment seemed to produce no good effect; nor do I think venesection or calomel would have proved useful in the case (VI)

The other fatal result (Case II.) was in the person of a man with completely developed spænaemia, the result of a malarious fever of the Isthmus, in whom the pulmonary inflammation was complicated with universal bronchitis, and whose extremely prostrated state allowed nothing more heroic than calomel to be used. This seemed productive of no good, and he ultimately died of the secondary bronchitis.

In the other cases, the treatment, with the exception of that which had reference to particular symptoms, was negative, so far as it was especially addressed to the *cure* of the disease. Diet, repose, change of posture, and relief by vomiting free accumulated bronchial mucus, constituted the whole.

It often occurs that patients enter the New York and Bellevue Hospitals, whose histories are such as have been related in the foregoing cases. They have been taken ill with a chill, pain in the side, cough and fever, which have disabled them from work. Looking upon their illness as a "bad cold," from which a few days' rest, with a dose of oil or salts, will relieve them, they take to bed, and remain, in expectation of recovery, from four or five days to a week, when, finding no improvement in their condition, they have recourse to the Hospital. The account given of themselves, taken with the results of physical exploration, leaves no doubt that inflammation of the lungs is the disease in question.

On referring to those who have written systematically on the pathology and therapeutics of this malady, and who, with students and young practitioners, constitute authority, I have been struck with the almost uniform tendency to consider pneumonia as a disease which threatens life in a most serious manner, and which requires, for its successful management, the energetic employment of antiphlogistic remedies. True, there are, by some, exceptions made in these cases of very old people—of those who have been attacked whilst greatly debilitated, and in epidemics of typhoid pneumonia; but there is still, no doubt, a very general recognition of the necessity for opposing what is looked upon as a formidable disease by heroic remedies.

By some authors, implicit reliance is placed upon early resort to the lancet, to scarified cups, and to the production of the constitutional effect of mercury on the system, by inducing ptyalism. By others, the Rasorian administration of tartar emetic is regarded as the means most likely to insure a certain and speedy cure of the disease. It would not, perhaps, be erroneous to state that one or other of these, or a combination of the two, constitute the basis of English and American therapeutics.

Observation, by comparing the progress of cases in which bleeding and mercurialization had been trusted to, with those in which rest, proper regulation of ventilation, and appropriate diet, together with such *juvantia* as might be indicated in any particular case, has seemed to convince me that in pneumonia, as we see it in New York, entirely too much stress has been laid on the necessity of having recourse to the former therapeutical course. Nor can I resist the conviction that, in other localities, a careful study of the natural history of the disease would tend to lower the general estimate in which blood-letting and calomel are held, as potent agents in *curing* pneumonia.

Skoda, drawing not a drop of blood, employing solely *extractum graminis*, or a few grains of nitre, and in a few instances corrosive sublimate, lost three, only, of forty-four patients, whose average age was between twenty-five and twenty-six years.

Varrentrapp, following the example of Wacherer and Baumgärtner, teaches us how the disease may be successfully brought to convalescence by giving no medicine internally except chloroform vapor, applied by inhalation to the mucous membrane of the lungs. His results show a mortality of one in twenty of those treated in this way, or 5 per cent., agreeing very closely with those of Wacherer, Baumgärtner, Helbing, and Schmidt, who, in one hundred and ninety-three cases lost nine, or 4.25 per cent., on the chloroform treatment.

In 1848, Dr. Diel, of Cracow, published the result of one hundred and eighty-nine cases of pneumonia, treated by diet and rest alone. Of these he lost only 7.4 per cent. In 1853, he published a second pamphlet, detailing the success he met with in seven hundred and fifty or sixty cases, treated entirely by hygienic and dietetic means. I regret that this monograph has been mislaid. I can only state that the general result accords with that above mentioned, and served to confirm in his mind the superiority of the expectant, over the methods by venesection, calomel, or tartar emetic.

Skoda, Varrentrapp, and Diel, had all previously commenced their practice by treating inflammation of the lungs according to the traditional means last mentioned. None of them, although good diagnosticians and men of great intelligence, have been otherwise than satisfied with the result of their change of practice. Skoda is not more active in reality than Diel, in his treatment; nor can it be truly said that the inhalation of chloroform does any thing in the way of curing the disease. They all trust to the well-known potency of nature, when allowed to act without restraint or interference; and if they had never made any other contribution to medical science, these physicians would deserve the gratitude of the profession for the information, so little possessed before their researches, and so inadequately diffused at present, that pneumonia has a natural tendency to get well when let alone, in a great majority of cases in which it attacks healthy subjects; and that more harm than good results, as a general rule, from the employment of what are called heroic remedies in its therapeutics.

, Had Dietl, Skoda, or Varrentrapp, experimented with the infinitesimal puerilities of Hahneman, instead of adopting the course actually pursued, we might easily imagine the result on their minds, if they had been as susceptible constituted as those of many men who, having compared the results of Sangradaism with those of Hahnemanism have joyfully embraced the latter creed, without ever entertaining a suspicion that truth was to be found neither in one extreme nor the other, but where it usually exists, in the happy medium.

The above is the substance of some clinical remarks delivered at the New York Hospital, when reviewing the treatment of pneumonia, during the months of January, February, and March, of the present year. I have not touched on the questions as to whether there may not be means employed which will relieve particular symptoms, such as pain, cough, and dyspnoea, from excessive secretion and from intestinal accumulations. I am very sure that we do possess such *juvantia*, and that the result of common experience has left no doubt of their value. What I have endeavored to inculcate is the fact that, in the disease under consideration, there is no *absolute necessity* for resorting to extreme measures.

In examining candidates for posts in the House Staff of Bellevue Hospital, since the year 1847, I have had graduates from nearly all sections of the United States among the applicants, and have been impressed with the fact, that nearly all of them have been imbued with the firm conviction that inflammation of the lungs was a most dangerous affection, one which, if not promptly attacked with the lancet and calomel, or by antimonial medicines, would be very apt to prove fatal to the patient. To such, it has given me satisfaction to show the progress of the disease in cases which have entered the service with all the signs and symptoms of pneumonia, which have had no medicine previously to admission, and for the management of which, attention to diet, ventilation, posture, and a few teaspoonfuls of mucilage of gum arabic in the day, have constituted the sole treatment. Nearly all have been persons of the laboring class, whose return to health was a matter of importance. How different their condition, after the subsidence of the disease, from that of others who have been copiously bled, or who had undergone "a course of mercury."

I do not speak of the power of venesection, as an ectrotic, in the first stage of the disease. My experience has reference to it as seen in hospitals, and as it is almost always met with in private practice. It would be instructive to have a number of such cases detailed, with the evidence that the disease really was the one in question.—*N. Y. Med. Times.*

Successful Case of Extirpation of the Uterus.

By G. KIMBALL, M. D., Lowell, Mass.

The following case is one remarkable in every respect. While it shows that even so formidable an operation as extirpation of the uterus may result successfully, it by no means proves that it can be often justifiable. The

history of cutting operations upon the uterus is marked by disaster. In this case it was, perhaps, the extreme anæmia of the patient which insured recovery.—ED. BUFF. MED. JOUR.

In furnishing a report of this successful case of removal of a diseased uterus, I have to acknowledge myself embarrassed somewhat from the want of a more perfect statement of details than I have been able to procure. Such a statement had been promised me by the physician in attendance after the operation. It has, however, never yet come to hand, and in despair of ever receiving it, I am now under the necessity of furnishing a report much less complete than I could have desired, relying mainly, for the essential materials of it, upon statements and details gathered from the several notes received before the operation, and during the patient's recovery.

The following quotation I make from a letter received from the attending physician, Dr. A. Skinner—dated

Vernon, Ct., Aug. 16, 1853.

“Dr. KIMBALL: Dear Sir,—Mrs. T., of this town, some time since called my attention to a small tumor situated in the abdomen, on the left side, and as low down as the region occupied by the uterus. This struck me at first as being possibly of serious importance, and requiring special attention. Some few month passed on, and I consulted Prof. Knight, of New Haven, regarding the case. But he added nothing by way of explaining the real nature of the disease, nor did he propose any new treatment of it. Some months after, Dr. Knight was again consulted—still no improvement. Up to this time everything in the form of prescribed remedies has failed in retarding the growth of the tumor, till now it fills a large place in the abdomen.

“No great inconvenience attends the *size* of the tumor, but the trouble is from hemorrhage during the period of menstruation. Every month a large quantity of blood is lost, reducing the patient extremely—even hazarding her life. Now the question is, can this be a suitable case for the operation of ovariectomy? Is not the uterus implicated in the disease? The tumor is movable, and, I should think, no very firm attachments had formed. But whence this profuse hemorrhage, if not from the uterus? The patient is 34 years old, and at the commencement of the disease was in robust health.”

In reply to this statement, I could only remark that the account given of the case was characteristic of uterine, rather than ovarian disease; yet with this view even, I was not prepared to pronounce it altogether beyond the reach of remedy. On the contrary, rather than give up the case as utterly hopeless, I would propose, as a last resort, the removal of the uterus itself.

In accordance with this suggestion, I was requested to visit the patient at her residence. This I did on the 1st of September, 1853. The suspicions previously entertained regarding the nature of the disease in question, were now fully confirmed, as the facts of the case came to be better known by personal examination. The first aspect of the patient indicated, most unequivocally, an extreme case of *anæmia*. She lay in bed, upon her back, unable to sit up or turn upon her side without help. She had but just rallied from her last attack of hemorrhage, which had been frightfully severe. Another similar attack, if allowed to occur, was looked forward to as an

event certain to be fatal. And in due course, this event was now liable to happen at any moment.

Upon examining the tumor, it was found, as had been previously stated, to occupy a very considerable space in the centre of the abdomen. Its form was globular—surface perfectly regular—movable from one side to the other—evidently unattached by adhesions—elastic, without the least sign of containing fluid, yet less solid in its feel than if it had been a more fleshy substance. Its diameter apparently about seven inches.

Examined per vaginam, the neck of the uterus was found in its natural condition, both in position and size. The os uteri open rather more than natural; a sound readily passed up some four or five inches. The enlarged and diseased portion of the organ could not be reached by the forefinger—the entire bulk of the tumor lay in the abdominal cavity.

Without knowing the actual state of the case, one would have judged, from the appearance of the abdomen, that it was a case of pregnancy six months advanced. No lesion, organic or functional, of any other organ, could be detected. Indeed, but for this one difficulty, there seemed no hindrance to the recovery and enjoyment of perfect health.

The important question was now raised, whether the case was one that promised any chance of relief from a surgical operation? The operation proposed was the removal of the uterus by section through the abdominal walls. Extraordinary and hazardous as this suggestion seemed, the feeling was unanimously and unhesitatingly expressed, by every one present at the consultation, that this procedure offered the only possible chance of saving the patient from impending death. This conclusion was no sooner made known to the patient, than it was readily assented to—both she and her husband claiming that a chance of life by an operation, however small that chance might be, was better than the certainty of a speedy death.

The patient was now put in readiness for the operation by being placed on a properly elevated table, and brought under the influence of chloroform. Upon exposing the abdomen, and observing the small size of the patient, it appeared quite evident that in order to dislodge the tumor *entire*, it would be necessary to extend an incision from the ensiform cartilage to the pubis. But rather than do this, it was thought better to expose a part only of the tumor, and see what could be done by way of *enucleating* the diseased portion of it—thus reducing its bulk so as to allow its being drawn out through a comparatively small opening. Accordingly, an incision was made through the *linea alba* directly over the most prominent portion of the tumor, exposing it to the extent of about four inches. Another cut of less extent, through the uterine walls, brought to view the fibrous mass within. Observing that no bleeding followed this procedure, this last incision was prolonged to an extent corresponding with that through the parietes. Through this opening a portion of the diseased mass, thus exposed, was suddenly and forcibly extruded, seeming, at first, as if a little additional force would be sufficient to dislodge it entirely from its connections. Attachments, however, firmer and more extensive than had been anticipated, rendered this part of the operation rather difficult; but being finally accomplished, and the uterus becoming at once greatly diminished in bulk, it was readily drawn out from the abdominal cavity, conformably with the plan adopted in the outset, and placed in the hands of an assistant.

A straight, double-armed needle was *now* passed through the organ in an

antero-posterior direction, as low down as the supposed point of its junction with the neck, this part being, of course, left intact as regards its relation with the vagina. By this plan of appropriating to each lateral half a separate ligature, there was no great difficulty in making sure against all chance of subsequent hemorrhage; a consideration of great importance, in view of what might otherwise be very liable to happen.

The remaining part of the operation was very simple, and easily accomplished. It consisted of a mere amputation of the diseased structure by a single straight incision, carried across from one side to the other, and as near to the ligatures as was consistent with their secure attachment.

The parts having now been made as clean as possible, the wound through the parietes was brought together, and its edges secured with four sutures. Adhesive strips, and a compress wet with warm water and laudanum, completed the dressing.

The operation was somewhat protracted, lasting nearly or quite forty minutes; yet it was not accompanied or followed by any extraordinary or alarming degree of exhaustion. The amount of blood lost did not exceed four ounces.

After being laid in bed, the patient was troubled with nausea, and occasional vomiting, which continued for two or three hours. This, however, was probably the effect of chloroform merely. Upon its ceasing, an urgent desire, without the ability, to evacuate the bladder, came on, together with a severe pain in the lower part of the back. The first difficulty was readily relieved by the use of the catheter, the latter by a half-grain dose of morphine—which seemed not only to quiet the pain, but to induce what was then considered a comfortable night's rest.

For the subsequent history of the case, I am obliged to quote from letters received from time to time from the attending physician, Dr. Skinner.

On Saturday, two days after the operation, he writes as follows: "At 12 o'clock yesterday I was called to see our patient, and found her vomiting severely. Directed an enema of starch and laudanum, with counter-irritation over the stomach. This succeeded in checking the vomiting very soon. Spent the following night with her, and for the most part of the time she was quiet, and when disturbed at all, it was from nausea. Some fullness of the abdomen, with a little tenderness."

"Tuesday, September 6 (sixth day). We find our patient this morning (8 A. M.) comparatively comfortable. Monday, there was much tympanitis and tenderness of the abdomen. There had been considerable nausea the evening previous, and occasional vomiting. Two mild laxative enemata were given, but no evacuation of the bowels followed. Average pulse 116, and somewhat irregular.

"Last evening another laxative enema was given; and a few hours after, still followed by a good looking movement. Since this, there has been less restlessness. Starch and laudanum injections have been duly kept up. Less flatulence, and with the exception of two paroxysms of vomiting (one since I commenced writing this morning) the symptoms are generally more favorable. Let me add, that during last night there was some fever, face flushed, pulse 125. This morning some pus appeared at the lower part of the incision."

"Thursday morning, Sept. 5th.—Our patient is still alive and rather comfortable. Nausea and vomiting have been the worst symptoms since opera-

tion. Bowels have not moved since last Thursday. Tympanitis gradually improving. Pulse 100 to 120. Not much febrile action. We allow her a little very weak broth. We have succeeded in getting the full effect of opium by using laudanum injections—the only way opium could be tolerated.”

From the date of the above, till January following, accounts of regular improvement were received as often as once every two or three weeks. On the 12th January, Dr. Skinner wrote as follows:

“Our patient remains much the same as when I last wrote. She is able to walk about the house, and looks nearly well. Countenance good; pulse strong; appetite good enough; bowels free; in short, everything about her *right*, except what is produced by the irritation from her *ligatures*.”

March 1st, six months after operation, another communication was received, in which the ligatures are again alluded to as still attached, and causing considerable annoyance from mere local irritation. Again directions were given to apply still more force. This was promptly done; yet the ligature remained firm.

Early in May following, I visited my patient at her residence, and found, as her physician had previously stated, “everything all right, except the irritation produced by the ligatures.” Her personal appearance had so changed that I could hardly believe her to be the identical person I had operated on eight months previous. The recovery of flesh and strength—the healthy, florid color of the cheeks—good appetite and perfect digestion, all indicated the return of robust health.

The ligatures, however, still remained an annoyance, producing a good deal of discomfort, particularly in the exercise of riding and walking. Another attempt to remove them was again unsuccessful, and from the pain that always followed these efforts, it was thought advisable rather to allow them to remain attached for an indefinite time longer, than to subject the patient to repeated failures. This conclusion seemed reasonable and safe, from the fact that their presence was looked upon as a mere *inconvenience*, and not implying any danger.

This visit, as stated above, was made early in May, eight months subsequent to the operation. From that time to the present, my further knowledge of the case has been only of an indirect character, yet quite satisfactory. From several individuals coming from the immediate neighborhood of the patient (one of them recently), I learn that the operation is spoken of as perfectly successful, and the patient herself restored to health.

The above case is the only one, I believe, as far as can be ascertained from the records of surgery, where the operation for the removal of the uterus, by what is termed the hypogastric method, has been successful.

M. Langenbeck, of Gottingen, uncle of his distinguished namesake, Prof. Langenbeck, of Berlin, according to the report of a case published by his son in 1813, extirpated the uterus *per vaginam*, and the patient recovered. This, however, was a case of *inverted uterus*. In the two or three other instances where the operation has been effected by section through the abdominal walls, the cases have resulted fatally. In one of these, by Mr. Meatha, of Manchester, Eng., the operation was begun with the view of removing a diseased ovary. The exposure of the tumor, however, disclosed at once an error in diagnosis, showing that the disease in question was not ovarian, but uterine. The surgeon deemed it expedient, however, under the

circumstances, to proceed in the operation, and effected the complete ablation of the organ diseased.

I have myself performed this operation in three instances. In one instance, as has been already shown, the result was successful. But in bringing before the profession and the public an account of an operation, the result of which I claim as singular, so far as the record shows, I should consider myself unjust, and culpably indifferent to my professional obligations, were I to withhold the fact that in two other instances of uterine extirpation, I have had the misfortune to lose my patients.

In my first operation, the circumstances attending it were very similar to those named in Mr. Meath's case—that is, the operation was begun with the view of removing a diseased ovary, and terminated in the extirpation of the uterus. Though feeling well assured in this case as to the correctness of my opinion regarding the nature of the disease I was about to encounter (an opinion, too, which, so far as I know, was concurred in by each of the several medical gentlemen present,) my first incision through the abdominal parietes revealed at once the unexpected yet unmistakable fact that the tumor in question was no other than an enormous, irregular, lobulated structure; the uterus itself being the only organ involved. My determination, in this aspect of things, was to desist from further prosecuting the operation; but upon consultation, another judgment prevailed, and it was finally concluded by a complete extirpation of the diseased mass, and with it, also, the whole of the organ with which it was connected. This patient survived the operation ten days. For the first six days the symptoms were comparatively mild—so much so, as to afford considerable hope of recovery. On the seventh day, however, the aspect of things changed for the worse; and on the tenth day, as before stated, the case terminated in the death of the patient.

The second fatal case was the third, as well as last, in the order of time. The motives inducing me to operate in this instance were substantially the same as those stated in connection with the *second* case that had just resulted favorably, with this additional and important fact, that it was now shown conclusively and satisfactorily that the extirpation of the uterus was by no means a *necessarily* fatal operation. The case, however, terminated unfortunately. The patient died on the third day; and upon post-mortem examination, it was shown, but too clearly, that a ligature had slipped, and a hemorrhage in consequence was the immediate cause of death. But for this accident, there were as good reasons for expecting a good result as in the case immediately preceding it.

The foregoing cases make up the amount of my experience as regards this formidable operation; and it will be observed that these cases all relate to one form of disease, viz, fibrous growths within the walls of the uterus.

Many other instances of a similar character have fallen under my observation during the last fifteen months; but in none of them were there present those conditions which properly suggested a resort to an operation. The cases where such a procedure would be proper, are unquestionably rare; yet my conscientious belief is, that cases now and then do occur where the extirpation of the womb is clearly justifiable and expedient. Moreover, the operation, desperate as it is, seems to be not merely one which the patient is fairly entitled to, but one which the surgeon, upon request, may feel himself bound, as a matter of duty, to perform, so long as by so doing he may possibly save the life of his patient, while otherwise he is sure to see her pass speedily to the grave. April, 1855.—*Boston Med. and Surg. Journal.*

EDITORIAL DEPARTMENT.

Compliment to Prof. Austin Flint.—The handsome lithograph which accompanies this number, has a history, which will, we believe, add not a little to its value with our old subscribers.

When it became known that our former associate was about to retire from his position as Senior Editor of this Journal, a desire was immediately manifested among his old friends in this city to present to him some testimonial of their appreciation of his long and able discharge of his editorial duties, and of his efficient services in elevating the character of medical literature and science.

This desire has resulted in the lithograph we are now privileged to present to our subscribers. Dr. Flint, during ten years of editorial life has written few lines which he can wish to recall. While he has ever manifested firmness and decision in advocating the right, whether he was to gain or lose by that advocacy, he has always so tempered his language, and given such evidence of honest sincerity, as to disarm enmity in almost every instance. These features of his editorial conduct have secured to him a large body of friends in the profession of his own city.

It was thought that no better or more appropriate evidence of regard could be devised than to send out a good portrait of him, to each of that large number of men who, for so long a period have been familiar with the products of his pen.

A meeting of physicians was accordingly held on the evening of Saturday, April 21, at the office of Prof. James P. White. It was numerously attended. Dr. White was called to the chair, and, after a brief explanation of the objects of the meeting, Drs. T. T. Lockwood, Charles H. Wilcox, and J. B. Sammo, were appointed to call on Dr. Flint, and request him to allow Mr. R. J. Compton, of this city, to execute a lithographic portrait of himself "for distribution and preservation among his old friends, and the old subscribers of the Buffalo Medical Journal."

The result is before us. This portrait goes out to the profession at large as a present from the profession in Buffalo, and as an evidence of the feelings with which Dr. Flint is regarded here at home, where he is best known and best esteemed.

By the very liberal action of the subscribers to the portrait fund, we have been permitted to have an extra number of copies struck off for our new subscribers. Mr. Compton has, as usual, presented an excellent likeness. The resemblance is striking, and the artistic execution is of a high order of merit.

Eighth Annual Meeting of the American Medical Association.—This body met on Tuesday, May 1, at Musical Fund Hall, in Philadelphia. During Monday a large number of delegates arrived, and there was a full attendance at the hall on Tuesday, A. M. The hall had been fitted up for the convention. In the lower room of the building was placed a finely executed stone intended for the Washington monument. The stone bears the following inscription:

INSTITUTED
MDCCCXLVII.
Vincit Amor Patriæ.

On the face of the stone was cut, in alto relievo, a most beautiful representation of Hippocrates refusing a bribe tendered him by Artaxerxes, the King of Persia. The stone is four feet by two, and twenty inches in thickness.

The hall is divided into two portions, one for the convention, and the other for the persons who have tickets of admission to witness the proceedings.

At an early hour, a large number of the delegates presented their credentials in the lower room, and their names were duly registered. A committee continued to sit there for the reception of delegates from abroad.

The following officers of the association appeared in their seats:

President—Dr. CHAS. A. POPE, of St. Louis.

Secretaries—Dr. Francis West, of Philadelphia, and Dr. E. S. Lemoine, of St. Louis.

The association was not called to order until half past eleven o'clock.

The President invited all ex-Presidents and ex-Vice-presidents to take seats on the platform.

The first business in order was the report of the committee of arrangement.

Dr. Isaac Hays, of Philadelphia, chairman of the committee of arrangements, said that on behalf of the profession of Philadelphia, he would extend a cordial greeting to the members of the association. It gave them the

highest pleasure to have the association among them. The committee had made the best arrangements in their power, to render the sojourn of the delegates agreeable. While this was felt as a duty, it was also a gratification. Eight years have elapsed since this association was first organized in Philadelphia. In every city in which the annual meetings of the society have been held, our delegates have been treated with an elegant hospitality which we cannot pretend to rival. But it was hoped the efforts of the committee would render agreeable the stay of the assembled wisdom of the noblest of professions. Dr. Hays then stated that 337 delegates had registered their names. By general consent the usual calling over of this long list of names would be dispensed with, and the association proceed to the next order of business, which was the calling of the roll.

Dr. West then called the roll.

The address of the President, Dr. Charles A. Pope, of Missouri, was read after the calling of the roll. We give it in full.

GENTLEMEN—With feelings of grateful pleasure, I meet you, and greet you, on this occasion.

For high and useful purposes have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be the objects of our association. Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of our fellow men. I shall not assert that we have done as much as we might have done, or that the course hitherto pursued by us is so perfect as to admit of no improvement. Were such the fact, and were the association a firmly established institution, I might have experienced more hesitation in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few suggestions which I shall offer, are made with becoming diffidence, but at the same time with a deep sense of their importance to the welfare and perpetuity of our association.

Some strictures on our proceedings, in medical and other journals, have appeared within the last year, as well as in previous years. I shall not here blame the authors of them. They are, doubtless, as proud of our noble profession as we, and equally with us, anxious for the advancement of its interests and its honor. I thank them for their suggestions. All of us are ready to hear them and to profit by them. If any more effectual mode of arriving at truth can be devised than that which we have heretofore pursued, all of us are ready to follow it, and would rather thank than quarrel with those who propose it.

Physicians have an almost superhuman mission to fulfil. The goal of their ambition, and their hopes, and their duty, stands at the *ultima thule* of human capacity—nay, rather beyond it. It cannot, indeed, be said that their duties are beyond their powers, but their ambition, their hopes, their wishes certainly are. They would gladly know, not only all the secrets of organization, but those also of Pathology and Therapeutics. To arrive at

such knowledge is, perhaps, beyond the attainment of the human mind. Multiform are the elements which enter into the problem of health and disease. Health is, itself, a constant change of composition—diseases are ever varying changes, supervening on this.

Do we know, with all our advancement, and after all the toil of our predecessors for two thousand years, the exact changes in which any disease, the fevers, for instance, consists? And even when we shall have learned these, so as to understand them as well as the most ordinary chemical changes, the ever-varying character of most diseases, and the inward disturbing influences upon them of the mental and moral emotions, would require to follow them, a continued stretch and power of intellect, of which it is doubtful if man be capable. This exactness of knowledge is not, I grant, necessary to the very successful practice of medicine. Our profession can render great and important services to man without it, but with it, it would be still more serviceable. To it our ambition tends. To this perfect knowledge we aspire. Although we may never reach, we can yet eternally approach it. In the vast region of our researches, there is no probability that human genius will ever, Alexander-like, weep for the want of unconquered provinces. Beyond the conquests of the future heroes of the profession, there will always be a boundless field for the ambitious and philanthropic explorer. In the language of a western student, "the science of Medicine, like the liver of Prometheus, is sufficient to glut the eagles of all time."

The object of this association is to do something to advance the profession toward the far-distant goal of perfection—to aid the solution of some of the problems and enigmas of life and organization—to add some material to the growing temple, whose foundations were so firmly laid by the Coan sage, and to do its part, as best it may, in the cause of humanity. Nor do I think that, so far, it has altogether failed. Many valuable contributions to science have been elicited—professional ambition has been stimulated—an *esprit-du-corps* has been successfully evoked and established. The strength of the profession has acquired additional power by the union of its members. This association has been to physicians what the railroad and electric wires are to commerce, and the interchange of useful knowledge to states and nations. It has made us one, and, as I have just remarked, in unity there is power.

This association has stimulated thought. Chaotic and void would forever remain the masses of facts, accumulated by the observations of ages, but for the coördinating and logical power of reason. It sits in judgment on the silent phenomena, as a "refiner of fire, and a purifier of silver." It forces the voiceless facts to mount the tripod of the oracle, and speak forth words of wisdom. The scalpel, the crucible, the microscope, may be subsidiary to its purposes and ends, but they cannot supply its place. Fixed and patient thought, in medicine, as in the other departments of science, is the Aladdin's lamp that lights the footsteps of the discoverer. To stimulate attention and thought, is to accelerate many a new discovery—to hasten the advent and establishment of important principles yet in the womb of the future. May not our association do this more effectually than it has hitherto done?

Let all the contributions be read and attentively considered. Such a course would certainly be more encouraging, as well as more respectful, to their authors. Let the reports be deliberately and fully discussed, and let them go forth to the world with the sanction of the criticisms of the association. This would require time, it is true, but if we have time to meet at all, surely

a few days would make but little difference. The good that would be effected would yield a ten-fold compensation for the time employed. Every one must admit that three or four days is too short a time for the association readily to fulfill its annual mission.

I would, moreover, respectfully suggest, that time be taken for the discussion of some of the leading topics of medical philosophy. Among these, may be mentioned the nature, causes and treatment of cholera, yellow fever, et cetera—Hygiene, and the laws of health affecting masses of men—Quarantine—the causes of mortality among children—the chemical and vital doctrines of life. Questions like these, indicated a year in advance for discussion, would excite a carefulness of investigation, and a degree of attention and thought which could not fail to clear away much of the darkness and doubt in which they are yet shrouded. Nothing so sharpens the intellectual powers as public debate. It fixes attention, and strains to the utmost every faculty. I have no hesitation in saying that facts enough have been accumulated to establish great and general principles, of which the medical world is yet in ignorance or doubt. Nothing would contribute more to demonstrate these principles than the collision of matured intellects in public debate. What a mass of facts, and arguments, and demonstration, would be brought to bear, on any of the subjects alluded to, if some of the best minds in the profession were to debate them, after a year's preparation! Observed facts are the crude materials of science—the intellect is the master builder of its august temple.

I make these considerations for your consideration. All the scientific meetings in this country and in Europe, employ more time than ours has hitherto employed. Evidently we must protract our sessions, if we would render them as serviceable to science as they may be. No member of the association will be required to remain longer than suits his wishes or convenience. Some fifty or sixty, more or less, would always be found to listen with eagerness to scientific papers, and engage with pleasure in scientific discussions.

The time has probably arrived for a change in our plan of organization, which will admit of the selection of a permanent place for the future meetings of the association. There are evident advantages incident to both the migratory and stationary plans. These might, perhaps, be easily reconciled and secured. A proposition, if I mistake not, was made some years ago, by the Smithsonian Institution, and I would respectfully suggest, whether it would not be in accordance with the best interests of the association, to hold biennial meetings in Washington, and the alternate ones, as now, at different points of our common country. We might thus secure all the advantages of a fixed abode, in the way of preserving the archives, making collections, etc., whilst by meeting in various localities, we could not fail to excite that wide-spread interest among the profession, and obtain such accessions of new members as would greatly enhance the high and useful objects of our association. Should this proposal meet with your approbation, I would further intimate, that policy would, perhaps, require the meetings of the association at the National Capital, to be held in the years of the short sessions of Congress.

I shall say but little of the legislative duties of the association. I shall say nothing of the propriety or impropriety of getting laws passed to regulate the practice of medicine, and furnish standards for candidates for the

doctorate. Perhaps the association can do but little in this respect. Ours is a popular government, and the people are disposed to allow the largest freedom in everything pertaining to medicine, medical schools and physicians. Laws passed against quackery one year are revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope, however, that even this evil may disappear, as general education and the cultivation of the masses advance? At any rate, the people are not yet disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws can make only mediocre physicians. They can require the candidates to know only so much—to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain, without any legislation on the subject. The greater lights of the profession cannot be manufactured after any process of legislative enactment. Thirst of knowledge, self-love, philanthropy, burning ambition—these make the great physician and surgeon. These have made all the worthies of the past—not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be seen that the successful aspirant has been stimulated by a stronger power.

To him the laurel-blossoms of renown and the life-giving mission of his art, are dearer and more attractive than was the mystic bough of the sibyl to the eager Æneas; than the golden apples, guarded by sleepless dragons, to the Hesperian daughters.

Whatever course you may think proper to pursue, I am sure that your objects will be, the advancement of science—the good of mankind—the honor and glory of the profession. We have the dignity and character of a noble calling to sustain—of a profession which has numbered, for two thousand years or more, some of the wisest and best of men in all countries and all times. It is no trivial matter, to sustain the rank and respectability of a vocation which can boast of a Hippocrates—a Harvey—a Hunter—of the most erudite and beneficent of sages and philanthropists the world ever saw—of a profession which has furnished to every nation its *clarum et venerabile nomen*.

On the eve of the battle of the pyramids, Napoleon exclaimed—"Soldiers! from the height of yon monuments, forty centuries look down upon you." Gentlemen, from the heights of past ages, countless worthies of our God-like profession point and beckon to a goal more elevated than that which attracts legislators and conquerors, Solons and Cæsars.

On motion of Dr. J. Biddle, the thanks of the association were tendered to the President, Dr. Pope, for the able and eloquent address just delivered.

Dr. Hays then announced the various excursions planned by the committee of arrangements for the pleasure of the association.

Dr. Condie introduced a resolution on the subject of permanent membership, which was discussed, and an amendment offered by Dr. Watson, of New York. The whole subject was, on motion of Dr. White, of Buffalo, referred to a committee of three. The chairman appointed Drs. White, of Buffalo, Watson, of New York, and Condie, of Philadelphia, such committee.

A recess was then held, during which each state appointed a member of the nominating committee. Some amusement was created by the delegation from New York. A large number of its members had gathered upon one side of the hall, while a smaller party were in session in the centre of the room, composed of some few of the older members of the profession. "Young America" yielded, and went over to the gray heads just in time to confirm their action, which had been duly arranged beforehand. This piece of generalship was received with a good-natured acquiescence.

On the resumption of business, invitations from Detroit, Nashville, and Chicago, were presented, asking the association to meet in these localities next year.

Dr. D. D. Thompson, of Kentucky, moved that the regular order of business be dispensed with, to take up the amendments to the Constitution offered at the last annual meeting.

The association seemed to have had its dose of constitution, and manifested decided objections to any further tinkering with the organic law. This was a great blow to some of the "prominent members," as it deprived them of their annual delivery of long speeches on a subject which is evidently very interesting to them, if not to others. We felt aggrieved, also, inasmuch as we intended to have had full and accurate reports of these abortive speeches, and to have based on them certain well digested views of our own on the feasibility of pleasing every one.

A report was received through Dr. La Roche, from the committee on prizes. The report stated that the committee had received six essays in competition for the prize offered by the association. But, although these essays evinced much ability and extensive learning, but one was decided to possess those qualities which deserved the award of the prize. The essay was entitled "Statistics of Placenta Prævia." The name of the author was announced as Dr. James D. Trask, of White Plains, New York. (Applause.)

On motion, the report was accepted and the prize essay was referred to the committee on publication.

The committee on epidemics of Missouri, Iowa, Illinois, and Wisconsin, submitted a voluminous report, the abstract of which occupied a long time in reading.

On motion, the report was referred to the committee on publication.

Dr. White, from the committee to whom was referred the resolutions in regard to the permanent members, submitted a report, recommending the adoption of the following resolution:

Resolved—That no permanent member who is not present at an annual meeting of this association, shall be required to pay the usual assessment; but no such permanent member shall be entitled to receive a copy of the printed proceedings of the meeting, unless by paying a sum equal to that assessed upon those who were present at such meeting.

The report of the committee was accepted and the resolution was adopted.

Dr. Sanford B. Hunt, of Buffalo, N. Y., from the committee on the hygrometrical state of the atmosphere in various localities, and its influence on health, submitted a report, pending the reading of which the hour of adjournment arrived, and the association adjourned to meet Wednesday morning at nine o'clock.

After the adjournment a large number of the members visited the Pennsylvania Hospital for the Insane.

SECOND DAY.

The association reassembled on Wednesday morning at 9 o'clock.

Dr. J. Atlee, of Lancaster, addressed the convention on the subject of the stone made for the Washington National Monument, by J. A. Beck, a skillful American artist. Dr. A. stated that at a meeting of the association held in Richmond, Va., it was ordered that a stone should be prepared for the monument. Dr. Pearson, of Salem, Mass., who advised that the representation of Hippocrates refusing presents, should be placed on the stone, but before he could consummate the plan the fearful accident happened at Norwalk, which swept him from their midst. It is said that Hippocrates, upon being sent for by Artaxerxes, King of Persia, to be the Court Physician, returned as an answer, "tell your master I am rich enough; honor will not permit me to succor the enemies of Greece."

A resolution was adopted that no member be allowed to speak unless his name and residence be announced.

The committee on nominations, reported the following nominations:

President—GEORGE B. WOOD, Penn.

Vice-presidents—William M. —, Ala.; Daniel Tilden, Ohio; D. Humphrey Storer, Mass.; Grafton Tyler, D. C.

Secretaries—Francis West, Penn.; R. C. Foster, Tenn.

Treasurer—Casper Wistar, Penn.

Committee on Publication—Francis G. Smith, Penn.

The President elect, on taking the chair, said that he felt deeply sensible of the honor conferred upon him, and though he had all his life devoted himself to the cause in which we are all engaged, yet he is unaccustomed to

preside, and any errors which he may make, he hoped the association would excuse. He assured the convention that he would do his best to justify his appointment as presiding officer.

The committee further reported on the subject of the next place of meeting, and recommended Nashville, Tennessee.

A motion was made to substitute District of Columbia, in place of Nashville. Laid on the table.

Dr. A. B. Palmer, of Michigan, moved to substitute Detroit, Michigan, in place of Nashville.

A resolution was offered that the whole subject be referred to a special committee of five, to be appointed by the chair. Laid on the table.

The question was now taken, on the motion of Dr. Palmer, and it was adopted. Detroit, therefore, is the next place of meeting. The result was unanimously approved by rounds of applause.

Dr. R. C. Foster, appointed secretary, tendered his resignation, which was accepted.

Dr. Brodie, of Michigan, was appointed to fill the vacancy.

Dr. Sanford B. Hunt resumed the reading of his report on the hygrometrical state of the atmosphere, in various localities. Pending the reading of the account, a motion was made and adopted, "that the desultory conversation of members be dispensed with." The report abounds with interesting facts on the subject of epidemical diseases, during the summer of 1854.

It was accepted, and referred to the committee on publication.

A resolution was adopted, providing that a committee be appointed to confer with the directors of the several railroad and steamboat companies, with the view of having commutation tickets issued to the delegates to the convention, to be held at Detroit next year.

Dr. Frank H. Hamilton, of Buffalo, N. Y., then submitted a report on "Deformities after Fractures." The report was not complete, the author having only considered fractures of the ossa nasi, septum nasi, superior maxilla, inferior maxilla and clavicle. Copious statistics accompanied each fracture.

Dr. Hamilton said he had a word to say which did not belong to the report. Prosecutions for malpractice have become so frequent that surgeons were alarmed, and not a few were abandoning the profession, or refusing altogether to undertake the treatment of grave surgical accidents, and especially of fractures. So frequent were these prosecutions that members were no longer surprised at such statements. If they had heard the speaker say that lawyers were abandoning their profession from this cause, they would have been startled, but to us the fact is familiar.

It is proper for us, then, to interrogate ourselves. Why is it that we are held to an accountability so much more strict than any other professional men, or than any other artizans? Is it because there are jealous and designing men in our own ranks who instigate these suits? No doubt such men may be found, but only as an exception. The fact is that surgeons have sometimes been mulcted in damages simply because the jury believed, from the united character of the medical testimony, that it was a conspiracy, and the more conclusive the testimony, the more certain, with some jurors, is the defendant to suffer.

Is it chargeable to the members of another profession—to the lawyers? There may be some men in the profession of law, also, who, driven by the sheer necessity of their circumstances—by their extreme poverty, or who, without any such apology, with only loose notions of right and wrong, encourage and undertake such suits—such are the men who hang about the toms in New York, and who may be found, more or less, in every town—but the speaker has reason to believe that honorable and intelligent lawyers seldom countenance these prosecutions. That eminent jurist of the state of New York, Joshua Spencer, has told Dr. Hamilton, that for himself he does not think he ever commenced a suit of this character, although he has been frequently retained as counsel, and he believes his brethren, generally, look upon these complaints with suspicion and refuse to meddle with them.

Where, then, must we look for an answer to the question, Why are these prosecutions against surgeons so frequent? Let the gentlemen be assured, the causes are to be found in the *very imperfections of our art, and in our own unwillingness to admit these imperfections*. Surgeons have claimed too much, and it cannot certainly be expected that the world will demand of them less than they claim for themselves. Again and again surgeons have said that a fracture of the femur might be generally made to unite without any shortening, while the fact is not so. Malgaigne, who is eminently an honest man, says, to make this bone unite in an adult person, where the fracture is sufficiently oblique to prevent the ends from supporting each other, is "simply impossible" (*simplement impossible*.)

Let the profession be wiser in future and acknowledge that they cannot perform impossibilities.

Dr. Charles Hooker, of New Haven, read a report upon the "Diet for the Sick." The document lays down certain laws for the government of diet in the various diseases "flesh is heir to," and specific articles that may be given to patients. Referred to the committee on publication.

A resolution expressing the thanks of the association to the ex-President

and other officers, for the ability with which they have discharged their duties, was adopted.

At this period the association adjourned to proceed to Independence Hall. On arriving at this place, the delegates were introduced to Mayor Conrad, by Dr. Isaac Hays, chairman of the committee of arrangements.

Dr. Hays briefly addressed his Honor the Mayor, giving an outline of the history of the association, and alluding to the patriotism of the profession as exemplified in Rush, Warren, and others, closed as follows :

But I may assure you that the spirit which animated our ancestors, if it appear dormant, is not extinct in our bosoms, and that while standing on this spot—the shrine sacred to Human Liberty,—we experience feelings akin to those which the inspired Law-giver must have felt when he heard the voice calling to him out of the midst of the burning bush—“Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground.” (Loud Applause.)

The truly eloquent reply of Mayor Conrad will well repay perusal.

REPLY OF MAYOR CONRAD.

Mr. Chairman of the Committee of Arrangement, I thank you in the name of the community which I have the honor to represent, for your eloquent introduction of our friends to the authorities of the city, and to this, the Hall of Independence.

Gentlemen of the American Medical Association, I am proud of the privilege of extending to you, in the name of the government, and of the people, of Philadelphia, a most cordial welcome. (Applause.)

I bid you welcome to our city—a city which, deriving a cherished distinction from the profession which you adorn, is eager, now and ever, to requite it in her tribute of respect for its professors. I welcome you to our people, whose intercourse, for many a year, with you or your brethren, has inspired a feeling which, reserved as we are sometimes said to be, will, doubt not, burst into earnest and unambiguous expression, before you leave us. (Applause.)

I welcome you, gentlemen, to this Hall, but not as strangers, or the sons of strangers—for it is your own. As the temple and territory of Delphos, in the wildest domestic perturbations of Greece, afforded one sacred area over which the cloud of discord never gathered, one altar whose worship was never invaded, this spot, consecrated to our common American glory, knows no lines of latitude, and belongs, in truth, no more to us, whose peculiar privilege it is to inherit its guardianship, than to our brothers—to *you*. In coming hither, therefore, you *come home*. (Applause.) These precincts have been hallowed, for all time, by the heroic virtues of your and our fathers. This is the fountain from the which the living waters of American liberty were first drawn, and it is, therefore, most sacred—(woe to the generation in which it ceases to be sacred!)—but, like the well of the Patriarch, all the tribes of Liberty's Israel own here an equal right, and owe here an equal homage. (Great applause.)

In no sense, then, can I greet you as strangers, for yours are names familiar to every American proud of the science of his country, and those who are united, by this association, in a cause so lofty as that eloquently characterized by your chairman, may not only claim the universal and acknowledged privileges of the republic of minds, but the rights of a nearer and dearer charter, the brotherhood of beneficence—the kindred claims of noble hearts, knit in the highest and holiest of human aspirations. In this spirit, with the most fervent and fraternal sentiments of respect and regard, I greet and welcome you.

You are right, Mr. Chairman, in claiming, amid the associations which hallow these precincts, a peculiar privilege for your profession—a profession which not only sprinkled, with the first blood of the revolution, the highest altar upon which valor vowed and dedicated our country to freedom—I refer, as you have referred, to Dr. Warren and Bunker Hill—but which, in every struggle for the enlargement and enlightenment of human destinies, has been eminently distinguished for courage, zeal and fidelity to the rights of man. You have, therefore, a peculiar right to claim kindred here, and have that claim allowed; and within these walls which witnessed the zeal of Rush, it would be treason to virtue to forget that one of the lights of your profession shed glory upon the solemn debates of this hall, and was foremost among those that bade yonder bell, (preserved and devoted to the veneration of posterity,) with its iron tongue to “*proclaim liberty throughout all the land to all the inhabitants thereof.*” (Continued applause.)

It is the glorious peculiarity of your profession that, while ambition, in its ordinary and most applauded paths, plays the part of the *Destroyer*, and wins glory at the expense of human life and happiness, you and yours, with a more exalted civilization and a nobler heroism, have ever *sought to save*. Next to the highest of all human courage—if, indeed, it be merely *human*—that of the martyrs of religious truth, the courage of the physician, whether on the battle-field or in the lazar-house, the courage of science and humanity, is the most sublime, and best entitled to the *clarum et venerabile nomen*. The vulgar courage of the warrior, under the base stimulus of passion or the low greed of applause, can hardly be compared to the noble intrepidity of the surgeon, who gleans, in the ruthless and red-handed reaper's path, the leavings of battle; and still less with the hero of the hospital, who encounters the grim antagonists in the horrid silence and gloom of the pestilence. Imagination can hardly embody an instance of human courage and virtue more sublime and unearthly than that of the physician, who in the midnight of a plague-stricken city, amidst the fœtid solitudes of its alleys, and entering the devoted hovel of the wretched, ministers—while only pestilence, and misery, and death, and God look on, to the perishing. I need not step from this spot to grasp the hand of many a hero who claims no laurel—many a noble philanthropist whose sacred labors in scenes like these, have been unmarked, save by the eye that never slumbers, and remembered only by Him, who alone can reward.

To such a profession, one venerable from its antiquity, noble from the grandeur of its objects, illustrious from its achievements, and which demands every aid and energy of genius and science, of head and heart that dignifies the race, it is not strange that, go where it may, a ready homage greets and a ready blessing attends it. In our own city, all that is noble in patriotism, all that is exalted in science, all that is bright and beautiful in the arts that

refine society, all that is lovely and cherished and holy in private life, combine to render the profession sacred and dear to us.

There are few living to whom some one death in the past is not the sole event and solitary memory of the survivor's life—to him a lonely pyramid in the melancholy desert; and to such a mind and memory, the debt of the death-bed, where science, rendered holy by its office, ministered, though never paid is never repudiated. I never knew a good man, still less a good woman, who had not such a debt—a debt which bankrupt gratitude cherished with its holiest affections and devoutest memories.

In these times, when the omnipotence of associated effort is invoked for so much that is of dubious merit, it is a gratifying spectacle to behold the enlightened professors of the most exalted of all arts—men sage and grave, unselfish and unaspiring, forsaking the homes to which they are bound by the affections and the afflictions of thousands, by wealth and fame and influence, to wander wearily away upon a pilgrimage of hundreds of leagues, in the cause and interests of the human family, its security, its health and happiness. For more than ten years, the representatives of your profession have gathered in convention. What other body of our citizens have made a like effort—a like sacrifice? Selected from the most eminent of the profession, the delegates have been men whose years, like their virtues, were many. How difficult must have been to them the effort to burst through the bonds of a relying and clinging practice! How great the labor and how heavy the sacrifice! They have already visited in this duty, the cities of every section of our wide country. How many have fallen by the wayside? How many martyrs could you not thus number in this cause? How many of the good and great of the profession have, in these benevolent pilgrimages, joined the ranks of the thousands who have sacrificed themselves, at the requisitions of duty, as recognized and enforced by your self-imposed laws—joining the dead in the effort to aid the living. The epitaph of the Spartans at Thermopylæ, might well commemorate the virtues and the fate of these martyrs. But if the cost has been great, the results have been commensurate.

Of the professional advantages attained, though I know them to be invaluable, I will not presume to speak; but I may be permitted to state, as health is the most important subject of municipal provision and care, that the transactions of the association, which I have examined with great interest, comprise much that merits the attention, and will reward the respectful consideration of the municipal government of the Union.

It is natural that Philadelphia should feel, as she does feel, a profound interest in the cause of medical education in this country. She cannot, of course, forget that it was here that the first medical college was established in this country; that its merits and success extorted a reluctant trans-atlantic tribute of admiration, and that progressing rapidly, but wisely, it achieved and maintained an equality with the most celebrated institutions of the old world. As the cause of medical education has expanded, and institutions worthy of the cause and country have sprung up, each triumph, thus attained has been regarded here as the successful outbursting of an offshoot from the primary effort; and Philadelphia, while rejoicing in the expansion and elevation of medical education throughout the land, has almost fancied—so earnest is her interest in medical education—that she had a right to indulge a parental pride in all that advances that interest.

These genial feelings have been maintained, in all their early and fervid

freshness, by constant intercourse with all sections of our country. The ingenuous and gallant youths that have come hither for medical instruction have, in their unstudied intercourse, exhibited the character of their respective states in a light so generous and exalted as to win our affections not only for themselves, but for the communities and states which could exult in them as their own. Winter after winter, we have had hundreds of these noble young spirits among us here. And let me remark, that rigorous as I am said to be in the administration of the law, I have yet to know the first occasion to rebuke, much less to punish, a medical student. We have found them as gentle and decorous in their deportment as they are exalted in their aspirations; and had Philadelphia—eminently catholic in her affections for her sister communities—needed a lesson of love and loyalty, these young missionaries would have taught it. This interchange of sympathies has endured for the third of a century, (may it last forever!) Her youths who formerly bore those sentiments to the remote sections of our republic, stand before me now as the revered sages and ornaments of their profession, meeting here the evidences of a reputation which had preceded them, and has long been cherished by us. And who can tell what has been the results of this kindly interchange of kindly feeling? It has doubtless been felt in every community, social, and political relation of life, correcting the prejudices, harmonizing the discords, and subduing the dangers of our common country.

We realize these facts. We recognize in the members of an enlightened profession like yours, so many patriots and philanthropists engaged in the great and general interests of the human race, and, apart from the more scientific acquisitions of your annual meetings, we perceive, in them, results auspicious to all that we cherish, all that is kindly, forbearing and conservative between man and man, party and party, state and state, section and section; and so regarding them we hail and greet you with a welcome as sincere and cordial as the heart can forge or the tongue can utter. (Loud applause.)

On reassembling at the Musical Fund Hall, it was resolved to visit the High School at 12 o'clock on Thursday, (to-day.)

On motion, the thanks of the association were tendered to Mayor Conrad, for the very cordial manner in which he had received the delegates in Independence Hall, and that a copy of his speech be printed in connection with the proceedings of this association.

Dr. Thompson, of Delaware, offered a preamble and resolutions providing for the appointment of a committee from each state to report on medical topography and epidemics. Ordered to lie over till next day.

Dr. Isaac Wood, the Treasurer, made a report, from which it appears that during the year the sum of \$3216 30½ was received, of which there is a balance remaining amounting to \$1115 26.

Dr. Francis Condie, from the committee on publication, made a report in reference to certain charges made against the committee and Dr. Meigs, which gave rise to considerable discussion.

Dr. Stewart offered a resolution, expressing thanks for the manner in which the committee on publication had performed their arduous labors. Pending the discussion, the resolution and the report were both withdrawn.

Dr. Watson offered a resolution appropriating the sum of \$1000 to defray the expenses of the committee to have prepared the stone for the National Monument. Adopted.

Dr. Mauran called up a preamble and resolution expressive of thanks to those United States Senators who so earnestly and ably advocated the passage of the bill relative to sickness on shipboard, as suggested by this Association.

The resolution was adopted, and copies ordered to be sent to the Senators.

Dr. Francis West, Secretary, read a paper from Dr. William H. Byford, of Evansville, Ind., on the "Pathology and Treatment of Scrofula," which, on motion, was referred to the committee on publication.

Dr. N. S. Davis, of Chicago, Ill., submitted a report on the nutritive qualities of milk, and the influence produced thereon by pregnancy and menstruations, in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the primitive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome modes of supply.

The report was referred to the committee on publication.

The hour of adjournment now arrived.

At 4 o'clock yesterday afternoon, the delegates, accompanied by many ladies, visited Girard College.

[Want of room compels us to lay over, until next month, the third and fourth day's proceedings.]

Salutatory.—Two years ago we addressed the readers of the Buffalo Medical Journal in a few sentences of salutation on taking our place as junior editor. Since that time we have been steadily at work upon its pages. With this issue we commence anew, and assume the entire charge of its interests.

Knowing how strong a hold our former colleague had upon our readers, and accustomed to attribute the larger share of the success of the Journal to the learning, talent, and industry he expended upon it, we start off under our own name only, with some misgivings. Thus far, however, we have been more than gratified at the support which rallies around us. Good articles

from old familiar pens, or from new and able ones, maintain the character of our original department, and leave us just space enough in the eclectic for the cream of the medical literature of the month; our subscription list thrives apace, old subscribers pay up, and new ones send in advance in goodly numbers, and altogether we sit down to our editorial labors with a cheerful spirit, and pleasant auspices for the future.

We have few promises to make. We edit this Journal because it pays. We believe that with more labor, more pains, more expense in illustration, it will pay still better. The strong argument of money, if not the only, is one of the best incentives to labor; and in the hope—nay the certainty—that the laborer shall not be without his reward, we shall strive to make this a model Journal.

We have no claims for especial support. We have little doubt that the good cause of legitimate medicine will live long after we have ceased from our labors, and while our pen shall never be wanting in its defence, we prefer to find our mission in maintaining a good journal, readable, sprightly, and intrinsically valuable, for which no man subscribes as an act of charity, or of personal favor to ourselves. When we fail to make the Journal worth its subscription price, we have no expectation of maintaining it on any other claim to support.

Lectures in Reply to the Croonian Lectures for 1854, of Charles West, of London, on the Pathological Importance of Ulceration of the Os Uteri. By HENRY MILLER, M. D., Professor of Obstetric Medicine in the University of Louisville, etc., etc.

These lectures, originally published in the *Western Journal of Medicine*, are, as the title indicates, a reply to those of Dr. West, noticed by us last month. Dr. Miller says, and that, perhaps, fairly, that Dr. West has taken refuge behind a subterfuge in assigning the name of ulceration to all abrasions or other trivial alterations of structure at the mouth or neck of the womb. It is evident, on a second glance at the Croonian Lectures, that this is measurably the case. For instance, possibly led away by an unconscious ultraism on this subject, Dr. West speaks of discharges from the body of the uterus as *uterine*, and virtually denies that term to discharges from the cervix.

Dr. West, however, writes like an honest man, and we are unwilling to believe that he has intentionally misrepresented any part of his subject. It

is nevertheless certain that this operation has been the occasion of a good deal of bitter feeling in London, and we have been told that Dr. West has been a party in the quarrel. If this be true, it would be very difficult for him to shun all prejudice, however straight-forward might be his intentions.

To leave the issue between men, and come back to Prof. Miller's lectures. Dr. Miller writes with an energy and warm controversial spirit, such as, while it in no degree impairs his argument, gives evidence that he has gone into the subject *con amore*. His lectures will be read with interest and profit by either side. He defends the doctrines of Bennett and Simpson, asserts the importance and frequency of ulceration in this locality, and speaks strongly in favor of the treatment by caustic. He denies, and that with great reason, so far as our information extends, the *curative* influences of rest and hygienic measures in this form of disease, considering them only palliatives. In this, all must concur who have seen the hopeless, bed ridden condition, to which many females are reduced by too long confinement to the horizontal posture in the hope of thereby curing displacements of the womb which are purely dependent on local inflammations and the relaxed conditions produced by them; needing tonics, society, exercise, and vigorous local treatment, rather than enfeebling restraints and mechanical contrivances.

Pamphlets of the Month.—The Smithsonian Institution has favored us—duly franked—with the "Report of Hon. Wm. H. White, from the Committee of the House of Representatives," to which was referred the letter of Hon. Rufus Choate, on the Smithsonian Institution.

The Hon. Wm. H. White, we conclude, must be the gentleman who made a minority report in favor of the Institution. The arguments are, strictly speaking, arguments only; the facts and evidence being excluded from the report. We have seen nothing as yet to alter our conviction that the Smithsonian Institution, under its present management, is a scientific bagatelle, arbitrarily controlled by a single man for the benefit of himself and satellites.

On the Clinical Analysis of the Tennessee Collection of Urinary Calculi.
By E. B. HASKINS, M. D.

Dr. Haskins has here given the analysis of 180 calculi, of which all but four were from the human subject. The results obtained contradict those of other localities, free uric acid being the predominant constituent in only four

out of 176. The urates of ammonia, lime, and soda, are the principal constituents of the calculi examined by Dr. Haskins. The pamphlet evidences much care and patient research on the part of its author.

Constitution und Nebengesetze des deutschen Medizinischen Vereins der Stadt, Buffalo.

The German physicians of this city, have organized themselves into a society of which the constitution is before us. This action is taken with a view of separating themselves from the rabble of German quacks with whom they are necessarily more or less associated in the minds of the community. To obtain membership in this society, the candidate must present full evidence that, previous to his emigration, he was a reputable and legally authorized practitioner. We are glad to notice that several German practitioners, having American educations and diplomas, are engaged in this effort.

At the last meeting of the Erie County Medical Society, a committee was appointed to confer with the German society as to the most ready means of affiliation.

Artificial Hand.—We have seen at the office of a friend in New York, an artificial hand, which possessed unusual merit. By a very ingenious mechanism the fingers were made to bend at each of the three joints together, as in the living hand. The hand examined was intended for a gentleman who had lost all save the fore-finger of the right hand. By a simple contrivance the three artificial fingers were made to follow accurately the motions of the index finger, and the limb was a very useful one indeed. We may confer a favor on some of our readers by giving the name of the artizan. He is a German named Faber, residing at No. 544 8th Avenue, New York, between 39th and 40th streets.

From the specimen of his workmanship mentioned above, we have no hesitation in recommending him.

Dr. Oliver Wendell Holmes did not attend the late meeting of the American Medical Association. Expecting, however, that the occasion would be signalized by a public dinner, he sent on in lieu of himself the following poetical toast. But as there was no Dr. Holmes, so there was no dinner, and the neat sentiment below, instead of being ushered into the world with the

cheers of hundreds of voices, and the popping of numberless champagne corks, finds quiet birth and utterance in our otherwise prosy pages:

A triple health to Friendship, Science, Art,
From heads and hands that own a common heart !
Each in its turn the other's willing slave :
Each in its season strong to heal and save.

Friendship's blind service, in the hour of need,
Wipes the pale face — and lets the victim bleed.
Science must stop to reason and explain ;
ART claps his fingers on the streaming vein.

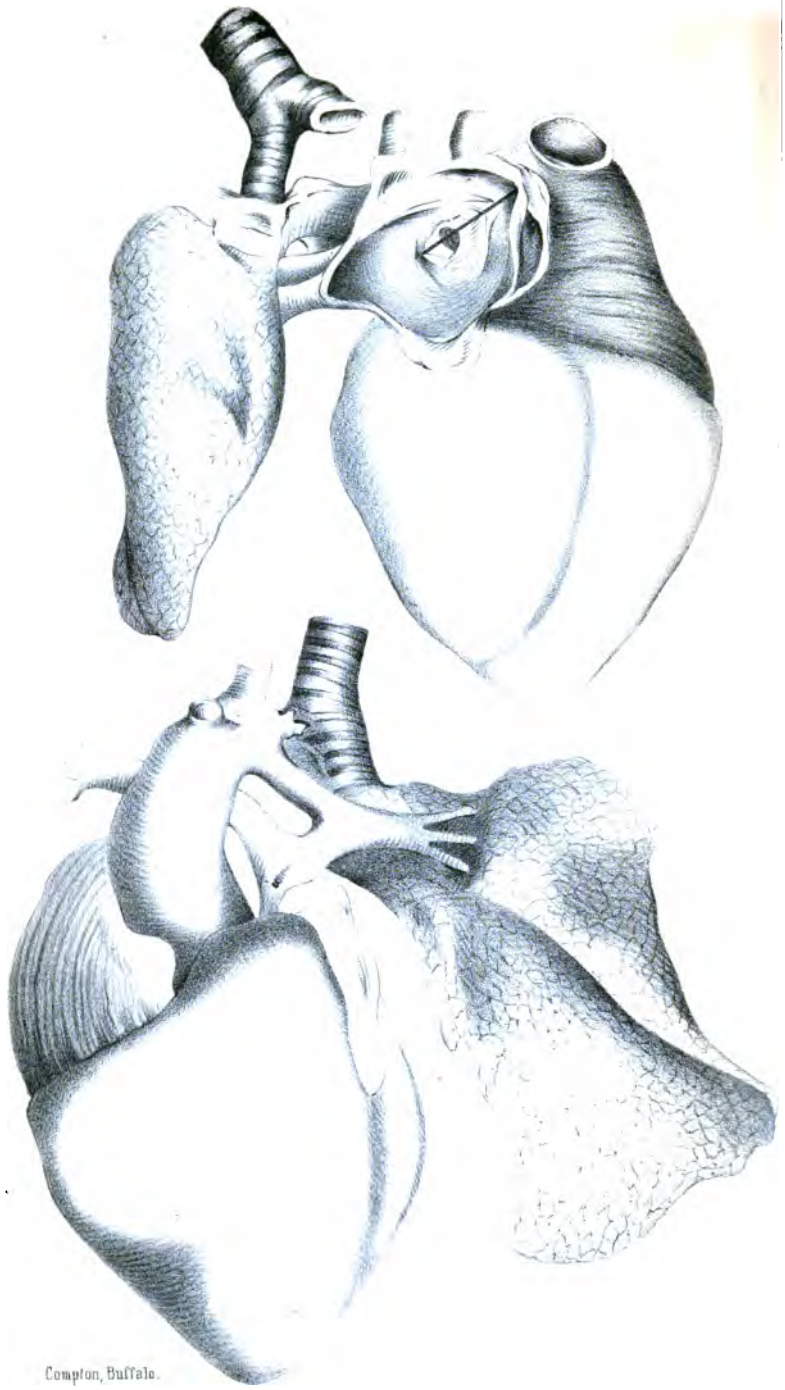
But Art's brief memory fails the hand at last ;
Then SCIENCE lifts the flambeau of the past.
When both their equal impotence deplore,—
When Learning sighs, and Skill can do no more,
The tear of FRIENDSHIP pours its heavenly balm,
And soothes the pang no anodyne may calm !

Portrait of Wm. Ferguson.—An admirer of this distinguished gentleman (so well known as the author of a system of practical surgery, and for a long time Professor of Surgery in King's College, London,) has brought to this country a few copies of an admirable lithographic portrait of him. Those wishing to procure copies of it can order them, either from Lindsay & Blakiston, Philadelphia, or from H. Bailliere, New York.

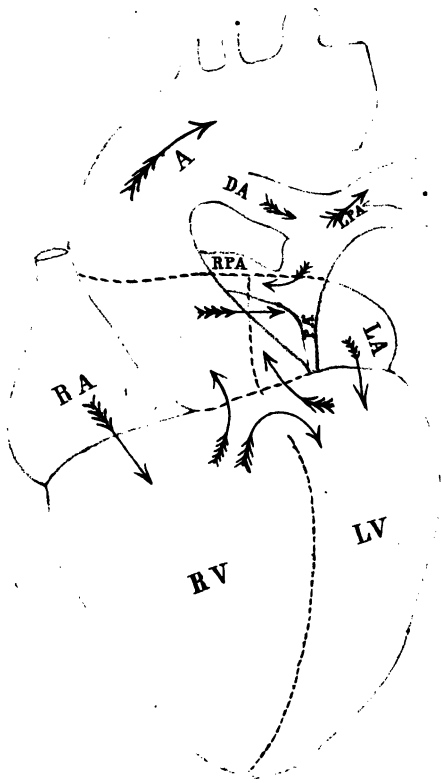
Notice.—To obviate a misapprehension which may arise from the retirement of the late senior editor of this journal, we are requested to state that Prof. Flint's residence will be at Buffalo until the session of lectures commences at Louisville, in autumn.

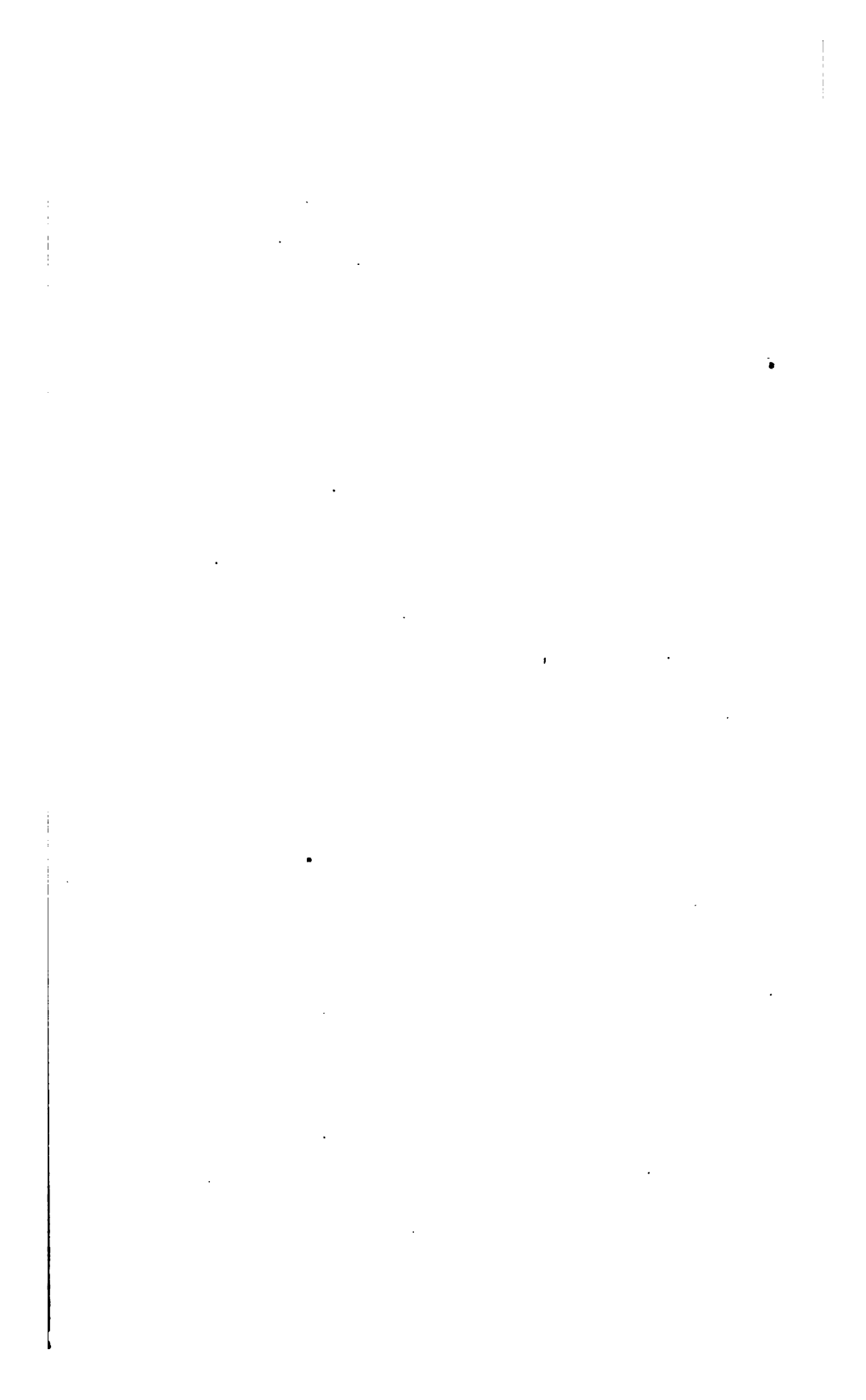
Our next number will contain a report of a case of cyanosis, with three fine lithographic illustrations, reported to the Buffalo Medical Association by Prof. James P. White.; also an article from the pen of Dr. Wm. G. Meacham, of Warsaw, N. Y., on the local treatment of diseases of the air passages.





Compton, Buffalo.





BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 11.

JULY, 1855.

NO. 2.

ORIGINAL COMMUNICATIONS.

ART. I.—*A Case of Cyanosis.* With Illustrations. Reported to the Buffalo Medical Association by JAMES P. WHITE, M. D., Prof. of Obstetrics in the Medical Department of the University of Buffalo. Compiled from the Minutes of the Association.

At the meeting held Tuesday, 2d January, 1855, Dr. White reported the following case:

About four months previously he was called to Frederick T., infant child of Mr. T. He found a child, then six months old, presenting the usual appearances of cyanosis, accompanied by chronic hydrocephalus. The patient had shortly before been abandoned by the physician who had attended it from birth, as incurable. The appearances presented were peculiar.

Aspect. The serus effusion in the cranial cavity was extensive, separating the sutures and fontanelles widely. The sagittal suture was open down to the ossa nasi, and these seemed pushed apart from each other, so as to give a peculiar flattened appearance to the nose. The form was emaciated, the entire weight of the patient, at six months old, being about the same as at birth, 8½ pounds. The complexion was cyanotic. The general blueness which overspread the surface, was at all times clearly perceptible, but in the

presence of fatigue, excitement, or a fit of coughing, it became intensely blue. In its ordinary aspect the blueness amounted to a deep purple lividity about the lips, inside of the mouth, and under the nails.

Respiration and Circulation. The act of breathing was irregular and difficult, the expansion of the chest imperfect, and abdominal breathing and puerile bronchial sounds were both more marked than usual. The action of the heart was rapid and tumultuous, so much so as to render impossible any analysis of its sounds. The surface, particularly of the extremities, was cold.

Before describing the treatment adopted, Dr. White spoke at some length of the pathology of cyanosis. The usual opinion that it depended on non-closure of the foramen ovale was not confirmed by probability, or the results of *post-mortem* examinations. A patulous condition of the foramen ovale was not enough to account for the symptoms. The intermixture of venous and arterial blood through that opening could not be large, and cases had been known where this foramen was found open on *post-mortem* examination, and no cyanosis had existed before death. Other causes might produce the blueness of surface. Anything causing imperfect hematosiis would do so. Again, the non-closure of the foramen ovale was not the only means of admixture of the two kinds of blood. Sometimes the opening was inter-ventricular; sometimes the pulmonary artery was too small or impervious; and sometimes the ductus arteriosus remained open. Many cases of this sort had been recorded.

Treatment. The hydrocephalic condition Dr. White considered as consequent upon the imperfect aeration of the blood, and therefore it did not require any special treatment. The plan pursued was supporting. Iodide of potassium, cod liver oil, and brandy were given. The diet was nutritious, consisting of fat food, and as concentrated as possible. Exercise by carrying in the out-door air, was insisted upon, and the heat of the surface was promoted by warm clothing. Among other means used was that recommended by Prof. Meigs, of obliging the patient to lie upon the right side. This was entirely ineffectual, no result, either good or bad, being obtained.

Under this management the child had improved to a very marked degree during the four months it had been under treatment. Its weight is now 13½ pounds; the cyanosis is less marked; the respiration more even; and the size of the head considerably diminished. The sutures now approximate each other, and the fontanelles are less protuberant.

Recently it has suffered from an acute catarrhal attack, by which the

respiration was very much impeded, from the secretion of mucus, etc. During this the cyanosis was very profound, the lips and inside of mouth being of a deep Isabella grape color, and death from asphyxia seemed threatened. It was, however, speedily relieved by expectorants, combined with diffusible stimulus.

At the meeting of the association held Tuesday, April 3, Dr. White reported that the case of cyanosis reported at the January meeting, had terminated fatally a few days before. During the three months which had elapsed since the last report, the case had gone on favorably. The weight of the child at thirteen months was $16\frac{1}{2}$ pounds, being 3 pounds more than reported in January. The aspect of the child had correspondingly improved. The hydrocephalic condition had almost entirely disappeared, and the cyanosis was less marked than formerly.

On Sunday the 24th of March, he had eaten an unusually hearty breakfast, and had been allowed to partake freely of corn cake, with the idea of obviating a degree of costiveness present at the time. The parents left it for church without the usual direction to the nurse to send for the doctor if anything unusual should occur—so much better than usual did it appear. They were called out during service, and it died soon after their return, in a convulsion of some kind. No unfavorable appearance had been noticed, with the exception of an unusual fullness of the fontanelle.

A *post-mortem* examination was made on Monday, the 25th. Present, Dr. White, Hunt, and Howell.

Aspect. Considerable rigor mortis. The cyanotic condition quite evident in the deep color of the lips, and the blue stain under the nails.

Only the chest was examined, some difficulty having been met in obtaining the consent of the friends. The thymus gland was not particularly noticed, but it is certain that there was no unusual enlargement of it. The lungs were carnified in scattered portions, so much so as to present unusual solidity. Here and there they presented the usual spongy, crepitant tissue, but in many portions, particularly about the base, they were so solid that it was evident they had never been fully expanded by air. No evidences of inflammatory action, or of collapse of lung subsequent to expansion, were discovered. The heart was removed and exhibited to the association. The life-size plates which accompany this description, give a very clear idea of the conditions found.

The upper plate on the left hand page, gives a front view of the heart,

and a portion of the lung suspended by the trachea. The right side of the heart is much the largest, the comparative size being very accurately shown in the plate. The right auricle is proportionally much larger than usual, while the left side is dwarfed. The weight of the whole organ was 2oz. 63.

A section made in the left auricle exhibits the foramen ovale in a patulous condition, partially closed by the Eustachian valve. Above, upon the right auricle, is seen the opening of the descending vena-cava.

The lower plate on the left-hand page, gives the posterior view of the heart and great bloodvessels. Only a small portion of the left ventricle is exhibited, while the comparative size of the right auricle and ventricle are very well given. The aorta is seen of an enormous size at its origin, rapidly narrowed where it gives off the ductus arteriosus. To the right of the aorta is seen the pulmonary artery — beginning at the conus arteriosus in a slender impervious cord.

Leaving the aorta just beneath its arch, is seen the ductus arteriosus, large and pervious, breaking into two portions at the distance of eight or nine lines from its origin. One of these branches, forming the left pulmonary artery, proceeds directly on to the lung of that side; the other, curving downward and to the right, passes over to the right lung, making the right pulmonary artery. At the lowest point of its curve, it is continuous with a cul de sac occupying a portion of the obliterated common pulmonary artery. These foetal branches of the ductus arteriosus form the only channel for the circulation to the lung.

On the opposite page is an ideal diagram of the circulation, which exhibits still another malformation which could not be easily shown in the drawings. The inter-ventricular septum is wanting at its upper portion, and the origin of the aorta is situated immediately over it so as to receive the blood from both ventricles.

The letters upon the diagram, refer to the parts indicated, as follows:

A. Aorta.

D. A. Ductus Arteriosus.

L. P. A. Left Pulmonary Artery.

R. P. A. Right Pulmonary Artery.

P. A. Common Pulmonary Artery.

R. A. Right Auricle.

L. A. Left Auricle.

R. V. Right Ventricle.

L. V. Left Ventricle.

The arrows indicate the course of the circulation. Blood received into the

right auricle was transmitted either to the right ventricle or the left ventricle, and blood received into the left auricle from the pulmonary veins, passed either to the corresponding ventricle, or the opposite auricle. At the ventricular systole the whole contents of both ventricles passed into the aorta, and through the ductus arteriosus to the lungs and the system in common.

It will be seen that this is, in effect, a reptilian heart, and that for all purposes of life the heart had but one side, the lung sharing with the entire system in the distribution of blood. Of course the aeration was extremely imperfect, and it is truly surprising that the offices of life could have been carried on for thirteen months in such a condition; and that for the last seven months of life there should have been a constant and steady improvement in weight and in the health of the various functions. All the recognized conditions of cyanosis—the open foramen ovale, the closed pulmonary artery, the open ductus arteriosus, an inter-ventricular communication, and an imperfect expansion of lung—are combined in this case.

ART. II.—*On the Local Treatment of the Diseases of the Air Passages.*

By WM. G. MEACHAM, M. D., Warsaw, Wyoming Co., N. Y.

WARSAW, Wyoming Co., N. Y., April 23, 1855.

MR. EDITOR:—The bold assays, the eagle flights, the Herculean achievements of this famous nineteenth century have, indeed, often and justly been the subject of our Platos' meditations, the burden of our Ciceros' impassioned outbursts, the theme of our Homers' songs; but, may I not ask, have not numberless pretensions to literary, scientific, and artistic excellence been made since its orient dawn, as "baseless as the fabric of a vision!" Are not daily witnessed by us the promulgation of specious theories, the deduction of unfounded inferences, the presentation of misapprehended or distorted facts? Has not mortality as well as truth been belabored in men's demoniac efforts to grasp the bubble fame? Has not "the nineteenth" whereof to mourn as well as boast? Has not "the nineteenth" acquired its *prænomen* "famous" as well from shameless imposition as from honorable achievement? If it be (and who gainsays?) that "all is not gold that glitters" in this illustrious age, it behooves us thoroughly to test in the crucible of candid, enlightened investigation, every sentiment and theory presented to the public view, and to nothing does this truth apply with greater force than to our

own most noble science of medicine, in which all new *truths* are productive of incalculable benefit, but all new *errors* fraught with an immensity of evil to confiding, suffering humanity.

With this great fact deeply imprinted on my mind, I have resolved (perhaps presumptuously, yet not invidiously) on subjecting to various tests a recently-introduced practice of a distinguished New York Professor, one claimed to be tenable not only *in theoria* but also *in experientia*, I mean, the application with the probang of the nitrate of silver in solution to the air-passages, for the relief and cure of various diseases of those important parts.

In conducting this examination I propose to be actuated by no other feeling than an impartial desire for truth, and I trust that I shall in no instance swerve from that straightforward, honorable course in which every searcher for knowledge should scrupulously advance.

This practice is assuredly a "glittering" one, and let me now endeavor to discover whether it is also "gold:" 1st. By subjecting it to the *heat* of scientific investigation; and 2dly, by applying to it the *acids* of experience.

The morbid states of the air-passages, in the treatment of which the distinguished professor ascribes efficacy to his favorite remedy, are, as I understand, those the counterparts of which in the more accessible regions of the body have often measurably succumbed under the administration of the same medicinal agent, viz: inflammatory and ulcerous conditions. Nitrate of silver, doubtless, says the Prof., has been found of service in subacute and chronic conjunctivitis: why may it not be equally efficacious in similar varieties of bronchitis? Nitrate of silver is one of the puissant weapons wielded against various forms of external ulceration; why may it not strike as effective blows against pulmonary vomices?

In the abstract these are certainly rational queries; but, perchance, a little attention to some anatomical, physiological and pathological details, will serve to clip these Samsons of some of their power over medical minds. Subacute and chronic mucous inflammation, it is undoubtedly true, are often modified by local applications of the nitrate of silver, but yet it must be remembered that in battling with these diseases this remedial agent is merely an auxiliary force, not the main army—that consists in *general* treatment. Hence, though theoretically this article of the materia medica may lay claim to serviceableness in the management of bronchitis, still it is only a branch, not the root and trunk of its successful treatment.

Now if it can be shown that the risks incurred in the employment of this therapeutical means are sufficiently great to excite no inconsiderable degree of alarm, we are indisputably justified in ostracising the practice. This I

will assay to do. And, first, let me direct attention to the mechanical effects of the use of the probang.

The introduction of this instrument into the larynx, even though performed by the most skillful and careful operator, cannot be other than a *harsh* procedure, more or less compromising the integrity of the chords vocales; indeed, that of the lining membrane of the entire cavity, by nature ordained to be entered by the breath of heaven alone. That this harshness is not a vain imagination, but a grave reality, reason and experience mournfully attest—a harshness which owes no small share of its intensity to the convulsive contractions of the laryngeal muscles induced by the irritation of the foreign substance.

Again. I think we may, without rendering ourselves in the least obnoxious to the charge of superstition, assert that nature's indications are, to a certain extent, to be regarded as well in medical treatment as in other matters. Now, in the case of what other canal of the body do we discern such precaution taken to occlude its passage against every thing save that which is its appropriate element, as in the instance of the larynx? At its entrance, the rima glottidis, is stationed that faithful sentinel, the epiglottis, which freely gives entrance and exit to its old friend, the air; but bravely resists whatever else may present itself, until overpowered by superior strength. Moreover, who has not witnessed the instantaneous spasmodic action, often imperiling existence, occasioned by the accidental admission of a crumb of bread, or some other equally insignificant substance, into the larynx? Who that has seen the probang inserted has not also seen this tumultuous consequence? Do such provisions pertain to the alimentary canal, the urethra, the vagina, the meatus auditorius externus, the Eustachian tube? Nature has, indeed, supplied defences, of some character or other, to all her channels in communication with the exterior, but none which so emphatically interdict the ingress of every thing save the proper, as do those of the larynx. She has, indeed, planted vibrissæ in the anterior nares, and guarded the entrances of the uterus and vesica urinaria by sphincters; but these defences are as inferior in efficacy to those of the air-passages, as is the danger resulting from the admission of foreign materials less.

At first sight this may have the semblance of magnifying molehills into mountains, but I sincerely believe that these visible and audible demonstrations of nature are not to be ruthlessly trampled in the dust as unworthy of notice; and I also believe that every introduction of the probang has a decided tendency, mechanically, to occasion inflammatory excitement when it is absent, and to exasperate it when it exists.

Another untoward event which may possibly attend the use of the probang, as proven in the recent personal experience of the New York Professor, is the escape of the instrument from the operator's hand, and its precipitate descent down the trachea, an accident which at once suggests its great hazard.

Again. The nitrate of silver itself not unfrequently heaps coals, rather than pours water, upon the fire of inflammation. Who that has had any, however little, experience in its topical use, can controvert this statement? Who that has employed it in stomatitis and in conjunctivitis, has not seen their slumbering embers roused into ungovernable fury by its injudicious or untimely use? True, you may say that any remedy may be improperly administered, and that, therefore, to maintain my ground, it becomes necessary for me to denounce all medicinal interference. Not so. Upon external parts, and even upon those internal that are visible, a powerful substance like the one under consideration, can be used with comparative safety, for its effects are evident to the sight, and any error in administration, such as too great strength of solution, too frequent application, or, it may be, its inaptness to the condition and circumstances, can readily be appreciated and rectified, and its evil consequences intercepted. But the cavity of the trachea is a sealed book, a rayless cavern, to the physician. His solutions of too great strength, or his "spongings" of too frequent repetition, may do injury which may not manifest itself through its constitutional effects until long after it has reached that pitch from which it will be in vain to attempt to repress it—until long after it has attained that severity against which the best-directed efforts will be entirely useless.

Once more. The solution must, by its own weight, descend along the air-tubes until, at last, what is not arrested by the mucous membrane will be accumulated in the pulmonary vesicles, and there remain until absorption and evaporation have caused its removal. Hence it appears that the force of the remedy will be expended upon the mucous membrane of the air-cells. Now in what varieties of disease is this the indication? I leave the intelligent physician to answer this query.

But again. The long continuance of the solution in the cells must inevitably defeat the very object desired, for who does not know that a protracted application of this agent will occasion the very condition for the relief of which it is prescribed. In fact, if of adequate strength and in requisite quantity, it may even cauterize the delicate lining of the vesicles, and, still remaining, then attack the pulmonary parenchyma, equally delicate, and per-

chance cease not its ravages until it has effected a passage into the pleural sac. That this is not impossible, nor yet improbable, is the legitimate inference deducible from its known properties and effects. The evil, if not fatal, consequences of such an issue, among which are pneumonitis, pulmonary emphysema, pleuritis, pneumothorax, &c., I scarcely need mention, since they will readily be suggested to every medical mind. With this formidable array of not merely possible, but highly probable results of its rise before us, does it not become us to hesitate at its recommendation and adoption?

Further. As I before remarked, the nitrate of silver treatment in mucous inflammation, is at least (to say nothing of the many and great risks attendant upon its employment) of but minor importance. Who assays to treat a urethritis with topical use of this chemical alone? Or who puts his chief reliance upon it? Who is not convinced, and who does not act upon that conviction, that his hopes rest upon general and local depletion, counterirritation, &c.; or it may chance be, upon roborant measures? Now shall we subject our bronchitic patient to all the risks of casualty inseparable from the probang and its escharotic freight to attempt to secure—but a secondary benefit?

Again. Although in idiopathic bronchitis but little gain is to be expected from this agent, in the symptomatic or secondary varieties (and these constitute the great bulk of cases) infinitely less is to be hoped for in its administration. Indeed, in the use of the nitrate in these latter cases we boldly oppose ourselves to the fundamental doctrine, never to prescribe for symptoms. Take, for example, a case of bronchitis consequent on phthisis pulmonalis—a very common, perhaps an invariable sequence—what possible radical good can reasonably be expected from regarding the former so long as the latter, its cause, continues in activity? 'T is like directing the vehemence of artillery against some unimportant appendage rather than upon the fortress itself. 'T is like attempting to arrest a fountain's flow by damming up one of the many streams that issue therefrom. The Prof.'s favorite practice in such a case, can, under the most favorable circumstances, but relieve the bronchitis temporarily, for as long as its excitant, phthisis, exists, so long will it continually recur. But, as has already been observed, a temporarily favorable issue is far from being at all times confidently anticipated. In this condition of things is it expedient to incur the formidable hazards just alluded to in the uncertain hope of securing a transient secondary advantage? Reason and the acknowledged principles of medical science unhesitatingly answer, No.

Now a word in reference to the application of this therapeutic agent to

the consequences of inflammation of the mucous lining of the air-passages, effusion of serum, hæmorrhage, induration, hypertrophy, suppuration, ulceration, and gangrene. Applicability to but one of these effects, ulceration does any authority or experience, so far as I am informed, ascribe to the nitrate of silver, while on each of all the others its influence is decidedly prejudicial. Moreover, it is well known that to secure its beneficial action in external ulceration it is generally found necessary to employ solutions of very considerable strength, often the solid stick, while observation has taught that the ulcerated space should alone be touched, or at most, but an extremely limited portion of the surrounding parts.

Now, let me inquire, can we at all times, or even generally, unmistakably decide which of the preceding list of consequences is the one for which we may have been called on to prescribe? Were the surface of the body, the mouth, the fauces, the vagina or any other visible portion, the seat of the difficulty, our diagnosis would be sufficiently easy, but, unquestionably, when the air-passages are the locality the perplexity is greatly enhanced, if it be not insurmountable. Are we, then, justified in the use of this remedy in this dark obscurity of diagnosis?

How is it possible, moreover, to ascertain the precise situation of the ulcerated portion of the air-passages, even though we succeed in substantiating the truth of the existence of ulceration, or, in the improbable event of accomplishing even this, how are we to proceed to limit our application to the ulcers, in conformity to the rule of authorized practice? What serious harm may not the powerful solutions requisite to affect in a sanative manner the ulcerated parts, entail on those intact? As before remarked, what serious injury may they not inflict upon the delicate lung-structure, scarcely less delicate than gossamer?

Last. Let me direct attention to that as yet invincible foe of the human race, pulmonary consumption, for the relief of which the remedy under consideration, topically employed, has been declared by some to possess efficacy. The stage of this disease in which this agent is asserted to have proved serviceable, is that in which there exist in the lungs cavities so communicating with the bronchi and bronchæ as to admit of the passage of the remedy in solution into them. Now, as in bronchitis superinduced by phthisis, so also in ulceration of the pulmonary structure attendant upon that fearful scourge, all local medication is but putting new wine into old bottles, new cloth into old garments. How can we justly anticipate, even from the best-directed topical treatment, any but an ephemeral arrest of the fatally-destructive process, so long as tuberculous material still remains to irritate and inflame the

circumjacent parts? We may, by a bare possibility, succeed in transiently repressing the flame to a limited extent, only to witness it burst forth with renewed vigor, or to rage more furiously elsewhere. How shall we be enabled, moreover, unmistakably to introduce the medicament into the cavity? Can we at all times, or even generally, aye, ever avoid the passage of more or less of the solution (which in this case should be of unusual strength) into lobules and lobes unaffected with ulceration, where its presence would act as the match to the train! To attempt to check this pulmonary ulceration with the feeble restraints of the nitrate of silver, is but binding our strong enemy with *threads*; while the unavoidable passage of the potent chemical into parts intact, is entwining *cords* about our faithful and effective ally. Add to this the injurious results of the probang's use, as referred to above, and I must confess I see but little to encourage the physician to anticipate much save untoward issue in pulmonary ulceration from the treatment under consideration.

Having now submitted this therapeutical plan to the first of the proposed tests, that by the *heat* of scientific investigation, and found it a substance possessing neither, to my eye, the lustre, in my balance, the weight, beneath my mind's "roller," the malleability, nor in my intellectual experiments, the conducting power, of gold; let me, in the next place, apply to it the test of the *acids* of experience. And this let me proceed briefly to do by referring to the practice of the worthy N. Y. Prof. and, indeed, of all who have resorted to the tracheal probang. What do their experience and their records show? An increased number of recoveries? A prolongation of life? An amelioration of symptoms? I unhesitatingly answer, No. The monsters rage yet more, more furious from their slight restraint. The acids of experience, each and all, corrode this theory, dissolve this practice. The *nitric acid* of "favorable cases," no less than the *aqua regia* of "hopeless cases," consumes this "glittering" but not "golden" treatment.

Doubtless, were its accompanying and succeeding inconveniences and dangers withdrawn, the nitrate of silver might be productive of an equal amount of good to the mucous linings of the larynx, the trachea, and the larger bronchi as is seen to attend its use in *simple* conjunctivitis, vaginitis, and urethritis, but not in the *specific* varieties of these diseases, for upon them this remedy unquestionably acts with an energy and efficacy bordering on "*specific*" virtue. But I humbly, yet confidently, aver that it were far better that not a drop of this solution should ever come in contact with the mucous lining of the bronchus and pulmonary air-cells!

The distinguished Prof., whose name is inseparably bound up in this

system of therapeutics, or some other plodding disciple of Galen, may yet succeed, by the force of his inventive genius, (and I trust he may,) in devising some mechanical appliance, free from the weighty objections to the probang, by which he may be enabled to apply a solution of any required strength to any given locality, however limited or spacious in extent. Should our means of diagnosis, moreover, be at any future time so increased and perfected as to remove all doubt in relation to the nature and the seat of the malady, then we might prescribe this agent in idiopathic bronchitis with the assurance of *assisting in*, but not *accomplishing* a restoration to health.

In the hope that this system may, if it be possible, be placed upon a firm foundation of rational, scientific and experimental consistency, and wishing its great champion success as great as his perseverance and assiduity deserve,

I subscribe myself,

Your fellow Knight-of-the-Lancet,

WM. G. MEACHAM.

ART., III.—*A Sketch of Practical Meteorology.*

By SANFORD B. HUNT, M. D.

It has for some time been my intention in presenting my analysis of the meteorological conditions of the last year, to connect with it a brief statement of some of the difficulties which obstruct this path of research, and to give a practical sketch of the manipulations, calculations, and formulæ in use. In so doing I shall present a partial apology for the errors and inconsistencies which have crept into my tables, and an explanation of a change in the manner of reducing observations, which will commence with June, and change the comparative value of last year's observations.

I shall not stop to discuss the probable value of such observations, further than to remark that they are evidently underestimated. A distinguished meteorologist lately said to me that he was much mortified to read the complimentary notices bestowed upon him by the scientific press. In almost every instance the style of diction and frequent errors of fact, made it very evident that the learned writers, though perhaps capable of appreciating results, were remarkably ignorant of the first principles of the science they were discussing.

Such was the case, to a large extent, in the case of the New Orleans Sanitary Report. The comments of the medical press upon Dr. Barton's labors,

though kind and flattering, were not, as a general thing, intelligent. The only instance of adverse criticism—the furious tirade of the New Orleans Medical Journal—though intended for a laborious and analytical criticism, displayed an amount of ignorance of the subject which it must have been the work of years to accumulate.

The fact that watery vapor is an almost constant but exceedingly changeable constituent of the atmosphere, coupled with the well known effects of extreme dryness, or high saturation as in the vapor bath, lead at once to the idea that the element which at 120° F. will produce rapid, and if continued, fatal syncope, must, even at temperatures much lower, produce a corresponding but lessened effect upon the organism. Add to this the agency of heat and moisture in developing the fermentative process—zymosis—in intensifying, dissolving, and conveying to the circulation the elements of malaria, and it is evident that the subject is one worthy of study and fruitful of results, that when the habits and causes of high humidity are understood, the means of avoiding them, and with them epidemic disease, will readily suggest themselves, and thus achieve another of those noblest triumphs of medical learning, the prevention rather than the cure of disease.

A portion of the philosophy of atmospheric humidity is obscure. The pressure of vapor on columns of mercury at certain temperatures, has been ascertained, and from observations made at high temperatures, a scale of weights of aqueous vapor has been calculated, which assigns to each temperature a certain capacity for moisture. Thus a cubic foot of vapor at a dew-point (“point of maximum density”) of 95°, weighs 17.009 grs., which, at 32° the same cubic foot would weigh but 2.539 grs., the surplus having been precipitated by the cold. There is a degree of uncertainty about this, the tables having been constructed on the principle that aqueous vapor followed certain mathematical rules of increase of pressure. This is true with high temperatures, but with low temperatures it is certainly not proven to be correct, and the subject requires revision.

These tables are, however, in daily use, from the necessity of the case, and, as undoubtedly *some* direct ratio exists, these figures, if they do not express the fact, may be very valuable for comparative purposes.

Without stopping to discuss the various hygrometers in use, I shall give, briefly, a description of Mason's Hygrometer, the principles on which it is constructed, and the method of its manipulation, in hopes that many readers of this article may be induced to procure it, and to make careful observations of its changes with reference to health and disease.

The instrument consists of two thermometers hung upon the same scale.

A glass fountain between them keeps the bulb of one constantly moistened (by means of a bit of fine gauze) with distilled water. They may be procured from Messrs. McAllister & Bro's, of Philadelphia, at the price of \$3.

The dry bulb thermometer gives the temperature of the air—the wet bulb that of evaporation. If the atmosphere be saturated with moisture, it is, of course, incapable of further absorption, and no evaporation takes place. But as the dryness of the atmosphere increases, evaporation becomes more rapid, occasioning a diminution of temperature in the wet bulb. Now as there is a constant ratio between the difference of the two thermometers, and the capacity of the air for moisture, it will be seen that these two temperatures of the air and of evaporation, are the only conditions necessary for observation.

The dew-point is reached from them by mathematical formulæ. It has been the custom of nearly all meteorologists to obtain it, and express it as a necessary part of their tables. This is rather a scientific nicety than a necessity. The simple reading of the two thermometers expresses very nearly all that can be told of the relative amount of vapor. The advantages resulting from deducing the dew-point are, that it gives us, by the aid of the tables furnished with the hygrometer, the exact amount of vapor then existing in a cubic foot of air, and enables us to express the relative humidity in fractional figures. Thus the temperature being 60° , that of evaporation being 58° , the dew-point will be 56.4° . This means simply that the air contains as much moisture as would saturate it at 56.4° . If we wish to express the *relative* amount of moisture, the amount it does contain compared to that which it might contain at 60° , we have but to divide the number of grains weight at 56.4° by that at 60° , and the process gives us in fractions of one thousand, 896 as the relative humidity—that is the air is $\frac{896}{1000}$ saturated. For uniformity and convenience, if not for their intrinsic value, it is best to follow the general course and make the calculations necessary for ascertaining the dew-point and the relative humidity.

Various formulæ have been proposed. The most accurate of these is that of Regnault, but it is too abstruse for every day use. The formula in use by Prof. Kirkpatrick, of Philadelphia, and furnished with the instrument, is as follows: Multiply the difference between the two thermometers by two, and add one-third the difference. Deduct the sum from the temperature.

E. g., temperature of air 60° , of evaporation 57° . The difference \times by 2 = 6 + $\frac{1}{3}$ the difference, = 7. $60^{\circ} - 7 =$ equals 53° , dew-point.

This is a neat and convenient formula, so far as these qualities are concerned. Where it originated, and how correct it may be, I do not know,

but it differs very widely in its results from Regnault's formula. It is probably too large in its factors, and makes the difference between dew-point and evaporation, far too great. Nevertheless, for the want of a convenient and easy working formula, I have calculated all my tables up to June, 1855, by it.

Another method, and the one which will hereafter be pursued in the tables given in this Journal, is that used by Dr. Barton, and first proposed by the American Philosophical Society. A comparison of over one hundred calculations made by it with the same made by Regnault's formula, shows but a very trifling difference between the two, and gives me great confidence in its accuracy.

The difference between the two thermometers is multiplied by 105, the sum divided by the wet bulb temperature, and the quotient subtracted from the dry bulb.

E. g., the temperature of the air is 80° , that of evaporation 75° . $105 \times 5 = 525 \div$ by $75 = 7$. $80 - 7 = 73$; the dew-point.

The relative humidity is, of course, ascertained in the usual method. Though this calculation is somewhat laborious to make three times daily, most of the labor can be saved by regularly tabulating each result, and thus no calculation need be made the second time. The saving of labor, in a matter of this kind, is of very great importance.

Next to the hygrometer the barometer is an instrument of importance. The great differences between the readings of different instruments impair the value of compared observations, but the results of a single barometer may be advantageously compared with themselves. The aneroid barometer is a new and very beautiful instrument, constructed on the principle of the different pressures on a vacuum. A brass box is exhausted of air, and by means of delicate adjustments the different pressures of the atmosphere are marked on a dial. That ordinarily in use is the mercurial barometer. It is difficult to adjust to any fixed standard, but it gives comparative pressures well enough. Certain corrections are applied to the mercurial barometer for capillarity and for force of vapor. These are not necessary in ordinary observations, though needed in accurate observation, of heights.

The cheapest *rain-gauge* is furnished by Messrs. McAllister. It consists of a funnel of a given diameter, to which is adapted a graduated glass which gives, in fractions of one-thousandth of an inch, the vertical depth of rain.

With these three instruments a very complete set of observations may be made. The barometer should be hung in a hall away from danger of accident. The hygrometer should be placed in a shaded position, in free out

door air, away from direct or reflected heat. The latter especially is a source of very common error. The wet bulb should be constantly wetted by the fountain, or if found dry, a little time should elapse after wetting, and the instrument swung to and fro in the air before recording it. Observations should be made at 7, A. M., 2, P. M., and 9, P. M., as an average of those hours gives a fair mean of the whole twenty-four. The record should be made at the time, in ink; and generally, it is best to carry out the dew-point and humidity. Inasmuch as air in motion precipitates moisture more readily than when still, the observation of the hygrometer should be made in free air. Dr. Barton blows with a bellows for a few moments upon the wet bulb. But this should only be done in windy days, or in imitation of the motion of the air at the time. The water used for the fountain should be distilled, or that which has been boiled. The fountain once filled will supply the bulb for several weeks. The cloth or gauze upon the bulb should be changed as often as it becomes dirty. In the winter the fountain is liable to burst from the freezing of its contents. It should, therefore, be removed, and the bulb coated over with a thin film of ice, which will usually last a day or two.

In observing the mercurial barometer, it should be recollected that the cohesion of the mercury to the sides of the tube is considerable, and the instrument should be jarred or shaken before the observation.

The rain-gauge should be placed on a post a few feet from the ground, and in a favorable situation for getting a fair average of the water falling. The graduate is too small to hold more than the water of a very light shower — one-tenth of an inch — and accordingly a bottle should be used as a reservoir, and the water of each rain measured from it. To measure the amount of snow falling some precautions are necessary. My method was to leave a dry goods box in the back yard, in such a situation as to be sheltered from direct winds, and to be out of the way of drifts. The box being placed bottom up, the snow accumulating upon it is assumed as the average depth. The rain-gauge, inverted, is pressed down upon it. By this means, even if the snow be very deep, the gauge packs it beneath itself, forming a solid perpendicular column of snow of the diameter of the gauge. The rest of the snow is then carefully swept off, and that beneath the gauge is melted and measured as so much water. The box being cleanly swept is ready for another fall of snow.

It only remains to mention the observation of wind and cloud.

The scale used by the Smithsonian Institution is given on the next page and explains itself.

SCALE OF WINDS.

Number given by Observer.	Miles per Hour.	Force in lbs. on sq. ft.	Technical Description.
1	2	020	Very light breeze.
2	4	030	Gentle breeze.
3	12	750	Fresh breeze.
4	25	3.000	Strong wind.
5	35	6.000	High wind.
6	45	10.000	Gale.
7	60		Strong gale.
8	75		Violent gale.
9	90		Hurricane.
10	100		Most violent hurricane.

For the exact use of this scale an anemometer is necessary, an instrument which may be constructed on the principle of the spring balance, to act horizontally, with a ratchet attached by which the spring is held at the highest tension attained. The instrument may be easily constructed, but most observers will be satisfied with a shrewd guess, and a little practice is sufficient to secure quite uniform results. The direction should also be registered. For instance it is blowing a gale from the west, the record would be made as follows: "6. W."

The record of the wind is important with a view to ascertaining which are the rain-bearing winds, and which have the highest hygrometric condition.

Clouds are reached by the amount of sky covered. Thus the figure 7 represents the sky seven-tenths covered. The character of cloud is expressed by abbreviationst of, he generic names of clouds. Ni., for nimbus, or rain cloud; Cu., for cumulus, or the round, piled-up cloud, so common in the summer; St., for stratus, the horizontal cloud; and Ci., for cirrus, the light, broken, fleecy cloud of the upper air. Combinations of these primitive forms are expressed thus: Ci-st., for cirus-stratus; Ci-cu., for cirro-cumulus, &c.

Possibly the detail of this sketch may seem prosy, and, to the initiate, too plain to need description. But I do not know where the same information is to be found in printed form; and if this article should prevent that annoyance and embarrassment on the part of the beginner from which the writer has suffered, for want of precise and tangible knowledge, it will have attained its end.

TABLE OF CLIMATIC CONDITIONS, AT BUFFALO, FOR THE YEAR
ENDING JUNE 1, 1855.

Months.	Barometer.	In. of Rain.	Temp'ture.	Dew-Point.	Humidity	Remarks.
June,	29.		71.39	62.53	.757	Only the 2, P. M. observations are used, as the 7, A. M., and 2, P. M. observations were not made during the first four months.
July,	29.20		79.67	68.30	.744	
August,	29.20		75.61	66.50	.754	
September, ..	29.20	*6.000	71.47	63.83	.782	
October,	29.16	2.010	59.84	49.63	.729	
November, ..	28.90	7.064	42.10	33.76	.781	
December, ..	28.90	2.893	30.23	26.29	.867	
January,	29.08	†5.277	32.13	28.05	.861	
February,	29.10	3.860	23.39	20.01	.914	
March,	28.90	2.107	37.07	29.30	.782	
April,	29.07	2.727	49.00	38.20	.725	
May,	29.03	1.865	62.93	47.80	.672	
M th Mean.	29.06	2.817	52.90	44.52	.783	6th Feb'y coldest day, 20° below.

* Estimated at six inches for the four months.

† Two inches added for estimated loss. Rather too small than too large.

NUMBER OF DAYS IN EACH MONTH ON WHICH IT BLEW.

Months.	Calm.	Very light breeze.	Gentle breeze.	Fresh breeze.	Strong wind.	High wind.	Gale.	Great gale.	No. of days observ'd	Hour of observation
June,	8	4	9	1	2	1			25	2, P. M.
July,	1	18	9	2	1				31	" " "
August,	3	8	9	5	3	2			31	" " "
September, ..		20	6	4					30	" " "
October,	3	18	4	5	1				31	All hours.
November, ..		9	8	4	2	5	2		30	" "
December, ..		7	6	9	6	2		1	31	" "
January,		4	5	7	11	1	2	1	31	" "
February,		9	8	8	3	5			28	" "
March,		3	6	5	7	3	1		25	" "
April,	1	7	7	10	5				30	" "
May,		10	6	2					20	" "
For the year, ..	16	117	83	57	40	19	5	2	343	

DIRECTION OF WINDS.

NUMBER OF DAYS IN EACH MONTH ON WHICH THE WIND BLEW FROM

Months.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No. of days observ'd	Hours of observation.
June,.....	2					15			8	25	2, P. M.
July,.....		1	1	1		22	4	2		31	" " "
August,....	1	2			1	14	7	2	3	30	" " "
September,.	5	1			2	15	4	3		30	" " "
October,...	1	1		2	8	8	3	5	3	31	" " "
November,.		1	2	1	7	9	7	2		28	" " "
December,.	3	1	1		5	10	3	7		31	" " "
January,...	1	7		4	2	8	4	4		31	" " "
February,...		3	1		2	5	16	1	1	28	" " "
March,.....	1				8	12	3	1		25	" " "
April,.....				1	5	10	11		2	29	" " "
May,.....	2	1	1		2	9	3	1		19	" " "
For the year,	16	18	6	9	42	135	65	28	17	388	

AMOUNT OF CLOUD.

NUMBER OF DAYS IN EACH MONTH ON WHICH THE SKY WAS PARTLY COVERED.

Months.	0	1	2	3	4	5	6	7	8	9	10	Fog or Haze.	Days observ'd	Rained
June,.....	7	2				6			3	1		2	19	7 days.
July,.....	12	7	3	5	1	2		1					31	6 "
August,....	4	1	4	4		5		1				1	30	5 "
September,.	9	3	6	1	1	3	1	1	2	3			30	5 "
October,...	8	1	2	2	2	3	1	2	1	10			30	10 "
November,.	3	2	1			2		1	3	18			30	Snow 7. Rain 9.
December,.	3			1	3	4	1	2	1	2	14		31	Snow 8 days.
January,...	5	1				1		2	3	14			26	Snow 11. Rain 1.
February,...	1			3		1		1		22			28	Snow 3 days.
March,.....	2	1	2			2		1		17			25	Snow 4. Rain 4.
April,.....	13	1				3	1	1		10		1	29	Rain 6.
May,.....	7		1	1		5				4			19	Snow 1. Rain 3.
	74	19	19	17	7	39	5	5	12	13	113	11	328	90 days.

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

TUESDAY, JUNE 5, 1855.

The Association met at the office of Dr. Strong.

Present—Drs. Strong, Samo, Gould, Wilcox, Burwell, Gray, Flint, Underhill, Hunt, Hubbard, Richards, Whitney, Wyckoff, Treat, Rochester, Newman, Nelson, Newell, Root, Gray, Jeyte.

Minutes of preceding meeting were read and approved.

Dr. J. C. Lay was elected to membership.

Dr. Nelson called the attention of the association to the necessity of care in prescribing, and after relating a case where an important error had occurred, read the following paper on

Prescribing.—There is an old adage that there are two ways of doing every thing, a good and a bad; and as in the ordering of medicine we cannot be too particular, I hope I shall be pardoned for offering the following few remarks on prescribing:

It is essentially necessary that the patient's name should be placed upon the prescription, together with the date, and bearing the initials of the attending physician. Many may reply that in this "go-a-head" country we cannot wait to attend to these minor things; that there is no use for the patient's name, because there cannot be a mistake about the individual, and that the directions are given verbally to save time. I say there is every necessity, for the following reasons: Two or more persons may be sick in the one house, afflicted with different diseases, or requiring different treatment; the precaution is indispensable that their prescriptions shall be marked so that the labels on their medicine may be distinguished for each patient; thus there will not be any mistake in exhibiting the proper dose, and the proper medicine to each person.

Again: Two individuals may call together at your office for advice, you may happen to order them both either mixtures or pills, but of an opposite character; they take them to the apothecary to be compounded, unless the greatest care is used the prescriptions may be exchanged and a very serious result follow.

A medical man should never deliver a prescription to a patient without the signature of his initials, as a voucher for its authenticity and accuracy, and his responsibility.

The apothecary, also, in copying the prescription, should enter the patient's

name and the directions for using, for how often may a prescription be ordered to be repeated, and a mistake occur in the number, when by having the number and the name it is impossible that an error could occur.

Apothecaries should never repeat a medicine without an order from the physician, because the continued use of a remedy which has been of service so far, may become injudicious, or the physician may wish to make some alteration.

While upon this subject I would wish to draw the attention of the profession to "consultations" between two or more physicians, on a patient.

The physicians having finished their consultation and agreed upon the treatment, the attending medical man should write the prescription, which should be signed by all the medical men in that council, beginning with the senior and ending with the attendant; that is their voucher of agreement and responsibility. They should then return to the room of the patient, and the attendant, or senior physician at his request, deliver their opinion upon the case: it is the patient's or his friends' right to demand it, and without it the counsel are not entitled to their fee. The prescription should then be left with the family and forwarded to some responsible apothecary—the attending physician should not put up the medicine unless there are no apothecaries in the place. But here the responsibility of the counsel does not terminate: a set time ought to be appointed when they should meet again, having become separately and collectively answerable for the case, they should not be debarred from again seeing the patient, unless some occurrence should take place by which it would be impossible for the parties to agree, and thus continue their attendance till the case terminates.

Dr. Hunt was called, a few weeks since, to see a child aged ten months, which had fallen a distance of ten or twelve feet, striking its head against the curb of a cistern. On arriving about 1, P. M., he found that the child, which had been comatose for a time, was then conscious. It was pale; pulse slow and feeble; vomiting occasionally; extremities cold; pupils of eyes responded to light. Just behind the right frontal protuberance was a large and very marked depression of the frontal and part of the parietal bones, extending from the anterior fontanelle downward. The bone was indented to the depth of half an inch in its centre. The whole diameter of the depression was about two by three inches. Owing to tumefaction about the fontanelle, it was impossible to say whether fracture existed there, but in all other parts it was evident that the bone was merely depressed, not broken.

Directed cold to the head, warm foot bath, a cathartic, and entire quiet in a darkened room.

6, P. M. Found the patient out doors in its mother's arms, bright and cheerful. The depression was much less than at noon, the bone having, as was anticipated, sprung to place by its own elasticity. The depression grew gradually less, day by day, until the tumefaction disappeared, when it was found that a triangle of bone, the apex of which was at the fontanelle, the base extending downward and forward for an inch, was entirely fractured and depressed.

Saw the case every day or two for a fortnight, and after that, owing to absence, lost sight of it. The last time it was seen it was apparently suffering neither inconvenience or injury from the accident, and no treatment was recommended, preferring to wait the natural issue of this case.

Dr. Flint mentioned the presence of an unusual number of cases of intermittent fever at the hospital.

Dr. Treat had seen more intermittent fever this spring than any season before for twelve years. Most of his cases had occurred on the outskirts of the city. Had seen also two or three cases of dysentery of a mild form, within the last few days.

Dr. Wyckoff had treated an unusual number of cases of pneumonia within the last fortnight, a fact which excited his attention, as during the winter and spring he had seen but very few, almost no cases. These recent cases had presented a very marked inflammatory type, requiring the lancet. The blood taken from the arm, after standing, was very much buffed and cupped, and the crassamentum very firm. Patients required two or three bleedings.

Dr. Strong alluding to an unusual number of cases of diarrhoea reported at the April meeting, and regarded as premonitory of cholera, inquired as to its present prevalence. Only a very few cases were mentioned.

Dr. Whitney (dentist) reported a case of salivary calculus of unusual size, occurring in a woman who had lost her teeth some twenty years previously. It occupied the sub-maxillary gland of the right side, and formed a prominence under the jaw, interfering with deglutition. Dr. W. removed it by the forceps with the aid of a slight incision. It was found to be one inch long by three-fourths of an inch in diameter. Weight 68 gra.

Dr. Hubbard reported three cases of scarlatina, and the same number of erysipelas of medium severity, in which he had employed inunction, as recommended in the Journals some time since. He thought very favorably of it as a remedy; the children affected liked it, and called for its repetition. It seemed to allay their discomfort.

Dr. Rochester, after mentioning a case of unusually mild scarlatina, described a very well marked and fully developed case of measles, occurring in a child five months old. The child had not been out doors, neither was there any measles in the neighborhood. The mother of the child had, however, been on a visit to the country, had visited a family where were some cases of measles, and had returned to the city immediately, a distance of eighteen miles. It was a question of some interest whether the contagion of measles could be carried that distance in the clothing.

Dr. Nelson reported a case of epilepsy, in a woman aged 28 years, Irish; robust; had had the fits for six months, occurring every two or three days. The cause was not evident, but as each fit was preceded by severe pain in the head and bowels, a cathartic was given with the idea that they might be due to fecal accumulation. For a week after the purging there were no fits, but they soon returned. After the use of a variety of remedies, Dr. N. resorted to the extract of the cotyledon umbilicus, giving five grains twice daily. The fits were then suspended for a fortnight. The effect of the cotyledon was at first to open the bowels, but this ceasing, and the convulsion recurring slightly, the same dose was given three times daily. Still no effect upon the bowels, and the dose was increased to seven and a-half grains three times daily without affecting the discharges. The epilepsy, however, was suspended. At this time, Dr. Nelson being absent for some time, he did not see her for a fortnight, and she was without the medicine for three days, in each of which she had a slight convulsion. There is less headache now, and Dr. N. was much pleased with the effect of the remedy in controlling, if not removing, the disease.

Dr. Flint mentioned that any disturbing cause, as a cathartic, would for a while break in upon the epileptic tendency. One of the most valuable contributions to the literature of epilepsy, was that of M. Herpin, who had given the results of the treatment of a large number of cases. M. Herpin uses the oxide of zinc, continued for a long time, and arrives at the conclusion that if the number of convulsions have not exceeded one hundred, much may be hoped from the persevering use of this remedy, but that that number being exceeded, the probability of cure was very much diminished.

Dr. G. N. Burwell gave the history of several cases of pneumonia:

J. R., aged 39 years, was taken suddenly ill on Thursday afternoon, May 24. He had a chill, followed by fever; pain in the right side and axilla as high as the nipple; shortness of breath; cough and bloody expectoration.

These symptoms continuing without abatement, Dr. B. was sent for Sunday,

May 27. He had then a warm skin covered with a free perspiration; pulse 96, full and hard; respiration 32; cough troublesome, with an expectoration which was scanty, viscid and bloody; pain in right side felt more especially whenever he coughed or took a deep inspiration; thirst and a general malaise. His rest last night had been very weary, with a good deal of talking in his sleep.

He prescribed calomel and rhubarb for physic, and the *tr. verat. viride*, in six drop doses, every four hours, unless sickened badly at stomach by it.

May 28. The physic operated well. The veratrum had sickened him after three doses, and had then been discontinued. His chest symptoms existed with very little alteration. Pulse 88, full and hard; there was the same perspiration. His rest at night had been very uneasy. He complained of a good deal of pain and distress through the right lung, but the physical signs were negative. There was feebleness of respiratory murmur, but neither the crepitant rhonchus nor bronchial respiration could be detected.

V. S. ad. 24 oz. The veratrum to be taken and not to be discontinued.

May 29. Dr. Wyckoff in consultation. The blood drawn yesterday was taken in two vessels, a bowl and a tea cup. That in the bowl was covered with a buff half an inch thick—that in the tea cup with one nearly three-fourths of an inch, and well cupped. The crassamentum in either vessel was so firm as to support its own weight.

Pulse to-day 88, still full and hard. Respiration had fallen to 26; skin warm and perspiring; cheeks flushed. Expectoration not so bloody, yet still viscid and rusty. Physical signs negative.

V. S. ad. 22 oz. The veratrum continued.

May 30, A. M. The blood drawn yesterday had precisely the appearance of that drawn the day before. The amount of buff was precisely the same. Pulse 28, but softer than on the previous visits, the patient's pulse faint and he was cool and restless. Respiration 24. Has troublesome paroxysms of coughing. Expectoration viscid but very slightly rusty or yellowish, no red globules in it.

Discontinued the veratrum. Directed eight grains of Dover's powder immediately, to be repeated if the restlessness continued.

P. M. Pulse risen to 96; respiration 30; cheeks flushed; skin warm and less than the usual perspiration.

Repeat the Dover's powder; to take half a grain of ipecac with three grains of the nitrate of potash, every two hours.

May 31. General appearance much improved. Pulse 100, but soft; respiration 26. Expectoration still scanty and viscid; but little heat of skin.

To continue the ipecac and nitrate.

June 1, 11, A. M. He continued to do well until about midnight, when his fever came on with an aggravation of all the symptoms: Pulse 112; respiration 36; is very restless; slept but little after midnight; was quite wandering. The physical examination of the lungs this morning, for the first time, gave decided evidence of the seat of the inflammation. Anteriorly over the upper and middle lobes of the right lung percussion was dull, with well developed bronchial respiration and a fine sub-mucous or crepitant rhonchus.

V. S. ad. 24 oz. No medicine to be taken.

8, P. M. Dr. Wyckoff in consultation. The blood has a decided buffy coat, but not over an eighth of an inch thick: The patient went immediately to sleep after the bleeding, and has since slept perfectly quiet and easy, without much disturbance from cough and delirium. Pulse fallen to 96; respiration 26; skin moist and cool.

No medicine to be given.

June 2. Patient has had the best night since his illness; but little cough or expectoration. Pulse 84; respiration 24; no fever or thirst. The dullness of percussion noticed yesterday has disappeared, as also the auscultatory signs of inflammation. The respiratory murmur, however, is feeble and on a higher key or pitch than that in the opposite lung.

No medicine to be given.

June 3. Patient fully convalescent. Pulse 72; respiration 18. Feels in every respect comfortable.

June 6. Convalescence continues without interruption.

CASE II. W. R., aged 17 years. First seen on Tuesday, May 29. Had a chill, followed by fever, on Friday, May 25. Was perfectly well before. He has now a hot, dry skin; pulse 116; active; respiration 36; has pain in his left shoulder, and a viscid expectoration which is occasionally bloody. His cough is severe, paroxysmal and very troublesome at night. Although there was no doubt of the existence of pneumonia, a careful physical examination did not demonstrate its precise seat.

V. S. ad. 16 oz. He is to take half a grain of opium (in pill) on every severe paroxysm of cough.

May 30. The blood drawn yesterday was taken (as in the last case) in a bowl and tea cup. It was very buffy: that in the bowl being nearly, and that in the cup over, half an inch thick. Took five opium pills last night.

Pulse to-day 116, full and active; respiration 32; expectoration quite abundant, but very viscid and slightly rusty.

V. S. ad. 18 oz. To take the opium pills as directed yesterday. No other medicine directed.

May 31. The blood drawn yesterday was not visibly different from that first taken. Took three of the pills during the night. To-day pulse 104; respiration 36; skin hot; pain in the left shoulder continues.

The physical signs to-day for the first time, point out unequivocally the seat of the inflammation. Percussion is dull over the upper lobe of the left lung anteriorly; auscultation shows a light blowing sound on inspiration and expiration, but without being yet developed into a clear distinct bronchial respiration. No crepitus.

V. S. ad. 16 oz. To take the opium pills if necessary.

June 1. The blood drawn yesterday had only a thin covering of buff, and the crassamentum would not support its own weight without tearing. The patient has had a very good night without taking any opium.

Pulse to-day 100; respiration 32; skin cool. The bronchial respiration is now clearly and fully developed, and a fine crepitus can be heard on a forced inspiration or on coughing.

June 2. The boy is fully convalescent. Pulse 68; respiration 20; has but little cough or expectoration, and neither fever nor pain. The bronchial respiration exists, but without the clearness and distinctness of yesterday. The crepitus is replaced by a mucous rhonchus. The patient wants to eat. Has not taken any medicine for over two days.

June 3. Convalescence uninterrupted. Dr. Wyckoff visited the patient with me daily after the first visit.

As showing the highly inflammatory character of the pneumonia that occurred about this time, I would mention the case of another boy 17 years of age, I was called to see on May 27. He was attacked suddenly on the 25th. I bled him on the 28th; the blood was nearly as buffy as in the above cases. Circumstances required his removal to the hospital, so I saw no more of him.

I also saw, May 29, a child 15 months' old, with high fever, short breathing, and a constant severe cough. She was taken suddenly the night of May 24. I leeches her freely with the effect of cutting short the fever and cough within the first twenty-four hours.

Dr. Newman stated that he had now, under treatment, a case of pneumonia, occurring in a stout, healthy Irish boy, aged 18 years, a mechanic. He,

was first called to the patient on Saturday, the 2d of June. The boy returned home from his work on the Wednesday evening previous complaining of being unwell, and had not since left the house. He had taken a dose of castor oil, which had profusely purged him, and it was in a great measure in consequence of the "diarrhœa," as the parents termed it, that medical aid was sought.

At the time of visit found the patient with a hot dry skin; pulse 100; breathing hurried and laborious; pain in left side referable to the lower half of the chest; a cough, which was not, however, very severe, but accompanied with a bloody sputa.

The necessity or the propriety of venesection did not suggest itself. Calomel and Dover's powders were prescribed, every four hours, with *spts. nitricæ* ʒij, at the same intervals of time, the medicines being given alternately; and mustard applied to the sides.

The next day, the 3d, his symptoms were better. There was an abatement of the fever; a profuse diaphoresis had been established soon after commencing the treatment. The bloody sputa had lessened in quantity. The same treatment was continued, with the exception of the substitution of minute doses of tart. antimon. for the calomel, and the application of a blister on the 11th.

This morning, the 5th, the pulse is down to 85, with an entire absence of the bloody sputa and a general amelioration of all the symptoms.

The signs manifested upon auscultation, seemed to be of the same negative character as in the cases reported by Dr. Barwell. Crepitation could not be detected.

Dr. Wyckoff gave a case of pneumonia:

CASE. John Curry, an Irishman, aged 25 years, residence Ohio street, occupation a sailor; health prior to eight months' since always good, during which time he has had intermittent fever three or four times, but has been in perfect health for the last six weeks, until last evening, when he was taken with a severe chill; followed by a difficulty of breathing; a severe headache; and fever; was restless and thirsty through the night. This morning at my first visit, May 22, 1855, I find him with a pulse of 112, and full; respiration 26; skin hot and dry; face flushed; slight cough; complaining of nothing save a severe headache.

Physical Signs. Distinct dullness on percussion found only over the middle lobe of the right lung posteriorly. Auscultation revealed simply rude respiration.

Prescribed tart. ant. $\frac{1}{2}$ gr., in solution, every four hours, and sinapisms to the chest.

7 o'clock, P. M. Pulse 120; respiration 28. Tart. ant. had produced severe vomiting, purging, and profuse perspiration. Tart. ant. omitted, and ipecacuanha, gr. j., pulv. opii. $\frac{1}{2}$ gr., every four hours, was substituted.

May 23, 8 o'clock, A. M. Curry had slept quietly the first of the night, but was very restless the latter part; he would fall asleep frequently, but was unconscious of getting any rest. Pulse 120, and hard; respiration 32; skin hot and dry; no pain except headache; face flushed; cough slight; expectoration rusty. Dullness on percussion more marked than yesterday, anteriorly as well as posteriorly. Sonorous rchcus anteriorly and occasionally posteriorly.

Prescribed venesection in a sitting posture. After taking 12-oz. faintness was produced, two hours after which a full anodyne was given.

7 o'clock, P. M. Pulse 112, full but soft; respiration 24. Pulv. Doveri, grs v., was given, which was to be repeated, if necessary, through the night.

May 24, 8 o'clock, A. M. Pulse 120; respiration 26. Chest not examined.

Prescribed hyd. sub. mur. ipecacuanha, aa gr. j., pulv. opii, $\frac{1}{2}$ gr., every four hours.

25th. Pulse 128; rather small; respiration 28; skin hot, but moist; face flushed; cough slight; expectoration scanty, but rusty.

Calomel, opium, and ipecacuanha continued.

26th, 8 o'clock, A. M. Pulse 116; respiration 26; profuse perspiration; cough and expectoration increased, the latter still rusty. The fetor of breath and appearance of the gums clearly show that ptyalism has taken place.

Calomel discontinued. Opium and ipecac. continued.

7 o'clock, P. M. Pulse 130, and small; respiration 36; skin hot, but moist. Patient wandering and very irritable.

Prescribed decoct. of senega, with rad. glyc. and a full anodyne.

27th, 8 o'clock, A. M. Curry has had a quiet night, but is talking incoherently this morning, when not aroused. Pulse 132; respiration 32; complains of pain just inside the right nipple, which is aggravated by coughing. Dullness upon percussion, posteriorly, perceptibly increased. The sonorous rchcus may be heard occasionally, anteriorly, with an entire absence of sound posteriorly, except a slight blowing sound. The proportion of blood in expectoration increased.

At 3 o'clock, P. M., Dr. G. N. Burwell in consultation. We prescribed venesection, 16 oz., which, after standing, became very buffy. The blood

was drawn in a bowl and a cup: the buff in the former was at least a quarter of an inch in thickness. The crassamentum was very firm, so much so that when a stick was passed into it it would sustain the weight of the mass. 8 o'clock, P. M. Pulse 120; respiration 26. Patient expresses himself as greatly relieved.

Pulv. Doveri. grs. vj., was prescribed, to be repeated, if necessary, every four hours through the night.

28th, 8 o'clock, A. M. Dr. G. Burwell in consultation. Pulse 112, and soft; respiration 24. Subcrepitant ronchus distinct posteriorly, and sonorous ronchus in front; skin soft and rather cool.

Prescribed *minute* doses of nitrate potassa in solution, simply as a placebo. 7 o'clock, P. M. Pulse 112, full and rather hard; respiration 24; skin hot and dry; cough slight; expectoration still streaked with blood.

Prescribed venesection, 12 oz., followed by pulv. Doveri, grs. v., to be repeated in four hours if the first did not produce rest.

29th, 8 o'clock, A. M. Dr. G. N. Burwell in consultation. Patient had rested well during the night. Pulse 92; respiration 18; skin soft and cool.

Prescribed no medicine, toast water for nourishment.

The blood after standing over night, is still much buffed, but less so than at the previous bleeding. The crassamentum is still firm.

7 o'clock, P. M. Pulse 84; respiration 18.

May 30. Pulse 80. Patient doing well.

May 31. Pulse 72. Patient wishes to sit up, and is so well that he is discharged from further treatment.

The resolutions of amendment to the constitution, proposed at the April meeting, were then brought up and passed.

Dr. Wilcox reported as delegate from the Association to the American Medical Association. After which adjourned to meet at Dr. Wilcox's office.

SANFORD B. HUNT, M. D., Secretary.

ART. V.—*Report of Deaths in Buffalo for the month*

DISEASES.	AGE.						
	Males.	Females.	Total.	Under 1 year.		1 to 2 years.	
				Male.	Female.	Male.	Female.
Apoplexy,.....	2	.....	2	.....	.....	.....	.....
Consumption,.....	10	14	24	.....	1	.....	.....
Convulsions,.....	3	5	8	1	5	1	.....
Cyanosis,.....	1	1	1	.....	.....	.....	.....
Croup,.....	4	2	6	2	1	1	.....
Chronic Bronchitis,.....	1	.....	1	.....	.....	.....	.....
Cancer of Stomach,.....	1	.....	1	.....	.....	.....	.....
Debility,.....	5	3	8	4	2	.....	.....
Defective Development,.....	1	.....	1	1	.....	.....	.....
Dropsy,.....	1	2	3	.....	.....	.....	.....
“ of Brain,.....	1	2	3	1	.....	.....	1
Drowned,.....	5	1	6	.....	.....	.....	.....
Dentition,.....	1	2	3	.....	2	1	.....
Diarrhœa,.....	1	2	2	.....	2	.....	.....
Erysipelas,.....	1	.....	1	.....	.....	.....	.....
Epilepsy,.....	1	.....	1	.....	.....	.....	.....
Fever, Typhoid,.....	2	1	3	.....	.....	.....	.....
“ Scarlet,.....	2	2	4	.....	.....	.....	1
“ Remittent,.....	.....	1	1	.....	.....	.....	.....
“ Intermittent,.....	1	.....	1	.....	.....	.....	.....
“ Puerperal,.....	1	.....	1	.....	.....	.....	.....
Gastro-enteritis,.....	1	.....	1	.....	1	.....	.....
Hydrocephalus,.....	3	2	5	2	1	.....	1
Inflammation of Brain,.....	1	1	1	.....	1	.....	.....
“ “ Bowels,.....	.....	1	1	.....	.....	.....	.....
Inanition,.....	.....	1	1	.....	.....	.....	.....
Old Age,.....	3	1	4	.....	.....	.....	.....
Pneumonia,.....	1	1	2	.....	.....	1	.....
Pleurisy,.....	.....	1	1	.....	.....	.....	.....
Pulmonary Apoplexia,.....	1	.....	1	.....	.....	1	.....
Paralysis,.....	1	1	2	.....	.....	.....	.....
Peritonitis,.....	1	1	2	.....	.....	.....	.....
Scalded,.....	1	.....	1	.....	.....	1	.....
Suicide,.....	.....	1	1	.....	.....	.....	.....
Scrofula,.....	.....	1	1	.....	.....	.....	.....
Still-born,.....	3	1	4	3	1	.....	.....
Typhoid Pneumonia,.....	.....	1	1	.....	.....	.....	.....
Unknown,.....	7	5	12	5	5	.....	.....
Uterine Hæmorrhage,.....	.....	1	1	.....	.....	.....	.....
Worms,.....	2	.....	2	1	.....	.....	.....
Whooping Cough,.....	1	4	5	.....	2	.....	2
Totals,.....	69	61	130	20	23	7	5

ART. VI.—*Record of Meteorological Conditions at Buffalo, for May, 1855.* By SANFORD B. HUNT, M. D.

Date.	DAILY.			At 7, A. M.			2, P. M.			9, P. M.			REMARKS.			
	In. of Rain.	In. of Barom.	Force and Course of Wind.	Hygrometer.		Force and Course of Wind.	Hygrometer.		Force and Course of Wind.	Hygrometer.		Mean Temperature.		Mean Dew Point.	Mean Humidity.	Greatest range of Temperature.
				Temp.	Dew Point.		Humidity.	Temp.		Dew Point.	Humidity.						Temp.	Dew Point.	Humidity.
1		29.														
2		29.														
3		29.2														
4		29.														
5		29.														
6																
7																
8		29.2														
9		29.														
10	.650	29.														
11	.720	29.														
12		29.														
13		29.2														
14		29.														
15																
16	.495	29.														
17		29.4														
18		29.														
19		29.														
20		29.														
21		29.														
22		29.														
23		29.														
24		29.														
25		29.														
26		29.														
27		29.2														
28		29.														
29		29.														
30		29.														
31		28.6														

* Hazy.

Absence and the pressure of other duties, have made our table very incomplete for May.

ECLECTIC, DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

On the Induction of Premature Labor—Modes of Effecting it.—The following communication, received from Dr. H. R. Storer, will form a part of Prof. Simpson's forthcoming work, and is now for the first time published:

A variety of means or plans have been proposed for the artificial induction of premature labor, in those various and important complications which are now so generally recognized by the obstetric profession as demanding this mode of operative interference.

Thus it has been attempted to excite the uterus into parturient action:

1. By external abdominal frictions, so as to irritate its outer surface.
2. By passing currents of electricity or galvanism through its walls.
3. By irritating other, and even distant, parts or surfaces, as the vagina, rectum, or nipple, that are known to possess a marked reflex power over the contractility of the uterus.
4. By the internal exhibition of ergot of rye and other oxytoxic remedies.
5. By the evacuation of the liquor amnii.
6. By the dilatation of the os uteri.
7. By the separation of the membranes from the cavity of the cervix or body of the uterus by the finger, by instruments or sponges, or by the injection of fluids.

The three first of these modes of inducing premature labor are—alone and singly—so very uncertain in their results, and so generally and entirely fail, that few or no accoucheurs place any confidence in them;* and to the fourth the same objection applies, with this addition, that the ergot, even when it has succeeded, has proved too dangerous in its effects upon the child to be used in an operative procedure, instituted, as this usually is, for the very purpose of saving the infant.

The fifth mode which we have enumerated above, viz., the evacuation of the liquor amnii, is, of all the methods proposed, both the oldest and assuredly the most sure and fixed in its effects. But, as a common means, and

* Several years ago I attended a case with Dr. Thatcher, in which he applied a child to the breast with the object of exciting pains. Some hours before, I had introduced a large sponge-tent into the os uteri. There was a wet-nurse in attendance to suckle our patient's infant as soon as it was born. It was the nurse's child which we applied to the nipples; and, as she thought, with the effect of increasing the uterine contractions and pains, which had already begun to appear. I have never, however, seen such an application of an infant to the nipples originate uterine contractions, nor in the two or three cases in which I have tried the plan of Schoeller and Braun, of distending and consequently irritating the walls of the vagina with masses of sponge or a dilating caoutchouc bottle, have I been at all successful in exciting the uterus to parturient action. I have not seen the abdominal frictions of D'Outrepoint and Ulsamer tried.—*On Galvanism, see page 376.*

when labor is induced to save the infant, it is liable to one strong objection, viz., that it is undoubtedly much more dangerous to the child than the employment of operative procedures, which—as the dilatation of the os, or the separation of the membranes—allow the bag of membranes to remain entire, and thus keep the fragile and premature infant protected by the amniotic fluid during the progress of the labor, or at least during the earlier stages of it.

In by far the greater number of instances in which I have had occasion to induce premature labor in private and consultation practice, I have always, in the first instance, avoided the artificial evacuation of the liquor amnii, and have proceeded upon the principle either

I. Of dilating the cervix uteri; or,

II. Of separating the membranes.

Or rather I have acted upon both of these plans conjointly, for it is difficult or impossible to follow out thoroughly the one indication without, in some respect at least, following out the other also.

I. DILATATION OF THE OS AND CERVIX UTERI.

In exciting premature labor upon this principle, accoucheurs have used three different means:

1. The finger.
2. Metallic dilating forceps and instruments. And
3. Sponge-tents.

To stretch, however, and open the os uteri by the finger or by metallic dilators, is a process so irritating and painful, that few or no practitioners now use it; especially as the same object can be effected more easily and safely by the introduction of compressed sponge.

Sponge-tents were first proposed as a means of inducing premature labor, by Kluge and Brunninghausen: and they have been much employed for the purpose both in Germany and France. All the continental accounts, however, of their employment, up even to the present day, describe the introduction of the tents into the os uteri as a complicated operation, requiring always the aid of the speculum, and the use of a vaginal tampon, or other means, to keep the tent in situ. But there is no necessity, whatever, for such formidable arrangements.

In 1844, when first mentioning the induction of premature labor in this country by sponge-tents, I attempted to show that they could be easily introduced and employed without any vaginal speculum or tampon, or in the simple mode already described in a preceding paper on *Intra-Uterine Polypi* (see p. 127). And for several years subsequent to that date, I had recourse to this mode of inducing premature labor in a long series of cases; always with perfect success as regarded the mother, and in a large proportion of cases with safety also as regarded the child.

I never found this means fail, although in a few instances I have seen the dilatation effected to the size of a half-crown or more, for thirty or forty hours before true uterine contractions set in. Generally, however, parturient action began long before the dilatation of the os uteri had reached these dimensions; and when it did so, a considerable part of the first stage of labor was thus, as it were, found finished before actual labor commenced. Sometimes

uterine pains and contractions began as early as four or six hours after the sponge-tent was introduced, especially if the tent were of considerable size, and means were used for its rapid development. In almost every case, the first tent employed may be as thick as the little finger; and the patient should be directed to have injected into the vagina every hour or two, a small quantity of warm water for the imbibition and expansion of the compressed sponge. She should lie on the back during, and for some time after, each injection, in order that the water may be more thoroughly retained. After the first sponge is fully dilated, it may be withdrawn, and a second and larger one introduced; or, without removing the first, tents of a greater and greater size may be introduced at intervals of six or eight hours, till the os uteri is thoroughly dilated or labor supervenes.

To the induction of premature labor by the use of sponge-tents, I have heard some accoucheurs object, on the ground that, from want of practice, they have had difficulty in introducing the compressed sponge into the os uteri. A much more important drawback to the method will be found in the circumstance, that the presence of a large sponge-tent in the canals of the cervix uteri and vagina, sometimes, as a foreign body, produces such a degree of local uneasiness and irritation, as to inflict no small amount of discomfort and continuous pain upon the patient. It is principally on this account, and to avoid this difficulty, that, of late years, I have in my own practice commonly brought on premature labor by the other means already alluded to, namely, the detachment of the membranes—a process not requiring the permanent retention of any material in the maternal passages, and capable of being effected with probably less difficulty and trouble to both practitioner and patient.

II. SEPARATION OF THE MEMBRANE.

In the induction of premature labor, the membranes of the ovum have been proposed to be mechanically separated from the interior of the uterus, by different means, to different degrees, and in different localities.

The idea that the partial artificial separation of the membranes would lead on to labor occurred first to the late Professor Hamilton; and he was himself the first also to put it in practice as far back as 1795.

Dr. Hamilton's Method, by the Finger, &c.—In operating, he detached "a portion of the decidua from the cervix uteri," by the introduction, first, of his finger, and ultimately of a bent brass wire. His friend Dr. Burns describes Dr. Hamilton's operation as consisting of "insinuating a finger within the os uteri, and gently dilating it, and detaching a part of the membranes from the portion of the cervix in its immediate vicinity." "If," he continues, "we have not thought it prudent to dilate at once the os uteri, so as to admit the finger freely to touch the membranes, we may repeat the dilatation gently at the end of a few hours, and then detach the membrane cautiously from the cervix uteri by the finger to the extent, perhaps, of two inches. But for this purpose," Dr. Burns adds, "it may be necessary, if the os uteri be high, to have the *hand* introduced into the vagina; or sometimes the detachment has been accomplished with a catheter or other small instrument." As thus pursued, this mode of inducing labor by separating the membranes from the cervix, was not always unaccompanied with pain, partic-

ularly when the fingers, and especially the hand, were introduced; it was very tedious, and sometimes it failed, as Dr. Hamilton himself states, and the operation required to be completed by puncture of the membranes and evacuation of the liquor amnii.

Dr. Kiwisch's Method, by Injection of Water.—In 1846, Professor Kiwisch proposed to bring on premature labor, by injecting a stream of tepid water into the vagina, and against the cervix and os uteri. His apparatus, as delineated by Scanzoni, consists of a small square tin box or reservoir of water, fastened to the wall at the height of nine or ten feet, and from the bottom of this reservoir a tube hangs down, the end of which is, when required, introduced into the vagina, so as to allow a strong continuous stream to pour through it, against the cervical portion of the uterus.

The douching or injection was recommended to be repeated morning and night, and commonly labor supervened on the fourth or fifth day.

This plan of Dr. Kiwisch's was shortly afterwards tried successfully in Vienna, Berlin, &c., by various Continental practitioners. In April, 1851, I described a case to the Edinburg Obstetric Society, in which I used this method. It was an instance where the patient had repeatedly found the child die a short time after quickening, and retained it for six or eight weeks subsequently. During her last pregnancy, the same occurrence took place with the same symptoms. A few weeks having elapsed, she threw up tepid water at my request, twice a-day, with the view of bringing off the dead foetus. After nine douches, applied night and morning with a common syringe, expulsive pains came on, and a dead and shrivelled foetus and placenta were expelled. In the course of that and the subsequent years, I had various opportunities of bringing on premature labor by the same means, and, as I always found, with almost perfect certainty as to the power of its induction.

Professor Kiwisch imagined that the vaginal water injection induced labor by the imbibition of the fluid relaxing the soft parts. The flow of a gentle and small stream of water into the vagina ought, if this were the true principle, to act as well as a stronger current. But a short experience convinced me that this was not the fact; and it soon became evident—1. That the water douche was liable to fail, unless the injected fluid accumulated and distended the vagina, so as to expand that canal and enter the os uteri; and 2. It seemed the more rapid and certain in its action, in proportion as it entered freely into the uterine cavity itself, and in proportion, therefore, as it separated more of the surface of the foetal membranes from the interior of that cavity.

In only two or three cases did I try an elevated box and syphon tube, like that originally suggested by Kiwisch. From the first, I found a common enema syringe a far better and more manageable apparatus. Usually I have employed the India-rubber syringe of Dr. Kennedy, or that of Mr. Higginson. At first I merely injected and distended the vagina, retaining the fluid in it by closing the vulva with pressure of the fingers or hand, and thus forcing the water upward through the os into the uterine cavity; but I soon found it a simpler and more direct plan to introduce the end of the syringe through the uterine orifice, and thus send the stream directly into the interior of the uterus, without unnecessarily distending the vaginal canal. In most cases it is easy to pass for this purpose the common ivory nozzle of the enema syringe through the os uteri; but when that opening is placed very high, or

far backward, I have found that the addition of a longish gum-elastic pipe or bent silver catheter to the nozzle of the tube greatly facilitates the requisite introduction of the instrument through the os and upward for an inch or two, between the membranes and the anterior or posterior wall of the uterus.

While the practitioner is using the syringe and injecting the fluid, the patient should lie on her left side, and with the pelvis placed near the edge of the bed or sofa which she is occupying. A basin properly placed immediately below, both contains the water to be used, and receives it again after it re-escapes from the vulva. The tubes of the catheter and syringe should be carefully filled with the water before commencing the injection, lest a quantity of air be thrown into the uterine cavity. Usually the injection is carried to the extent of the patient complaining of a feeling of distension or fullness; and it may be repeated twice a-day, or oftener, according as it is an object or not to expedite as much as possible the supervention of labor.

It was not till I had used this method for a considerable time, and in a number of cases, that I discovered that a similar method had been suggested and described by Dr. Cohen of Hamburg.

In several cases where the child was placed with the head over the os uteri, I have found it change its position as the water injection proceeded, and an upper or lower extremity to present. Occasionally this preternatural presentation has remained; but more frequently the child has again rotated, and the head again become replaced over the uterine orifice. In no case have I seen any great amount of hemorrhage from partial separation of the placenta. But the repetition of the injection sometimes becomes irksome to the mother as well as to the accoucheur.

Detachment of the Membranes, by the Uterine Sound, from a Portion of the Body of the Uterus.—Believing that labor was, at the ninth month, induced naturally through the degeneration and loosening of the decidua (see p. 351), I was encouraged last year to try to induce it artificially by the mechanical separation of a portion of the membranes from the interior of the body of the uterus.

In general the stethoscope sufficiently certifies to us the locality of the placenta, and what part or side of the uterus we ought consequently to avoid;* and nothing in the way of an operation could possibly be more simple or more easy and painless than the introduction of a sound, through the dilatable os, and upward for five or six inches, between the membranes and the anterior wall of the pregnant uterus.

In the first case in which I tried this plan, the patient, after having been always delivered in the country by craniotomy, has thrice had premature labor induced under my care. Her three children are alive. On the first occasion, in 1851, she had an apparatus upon the plan of Kiwisch's erected; but it required to be used, and that frequently, for five or six days before labor supervened. On the second occasion, I injected a quantity of tepid water by an enema syringe into the uterine cavity, and the child was born

* In injecting water we have no control on the *direction* it will take in the uterine cavity, while we can regulate perfectly that of the sound. In one case, from inattention to the uterine souffle, I probably separated the edge of the placenta, as a clot was found at that spot. The child was born alive; and the mother recovered perfectly. But with due caution such an accident should be easily avoided.

in about twenty-four hours afterwards. Last year, on the third occasion, I saw her late at night along with my friend Dr. Ziegler, and passed a uterine bougie for five or six inches upward between the membranes and the anterior wall of the uterus. The child was born before noon next day. At the time of passing the bougie, the patient herself was not aware that anything special had been done, but believed that I was merely making a common digital examination, in order to ascertain the exact stage of pregnancy, &c.; and she subsequently declared, that, in her experience, this last method was too simple to be capable of being compared with the two other methods to which she had been formerly subjected. But in all cases, a single introduction of the bougie will by no means suffice. Like the tents and douching, it requires in most instances to be repeated more than once. During the past three months of the present year, I have induced labor six or seven times by this method. In one case, in my own private practice, and in another under the care of Dr. Scott, of Musselburgh, the labor was terminated within eighteen hours. In the others, parturition did not come on till the second or third day after the act of separation. In a case which I saw with Dr. Thomson, he used a water injection next day, and on the subsequent day I again separated the membranes with the bougie. Parturient action began that night. In a previous labor of this woman, the child was rotated, and made to present prematurely by the employment of the water injection. All the children have been born alive in the ten or twelve cases in which I have induced premature labor by the uterine sound.

The relative degree of facility or difficulty with which labor is induced artificially in different women, or even in the same woman in different pregnancies, varies very greatly. Where one plan fails, the addition of a second, or of a third method, will sometimes enable us to succeed; and if all modes less safe for the child prove ineffectual, as the separation of the membranes with an uterine bougie, the water injection, and a sponge-tent, we may always at last determine the certain occurrence of uterine contraction by the uterine puncture of the membranes. And if we have recourse to this puncture, we may still in a great measure save the liquor amnii for the protection of the child during labor by making the seat of the opening oblique and as high as four or five inches above the os, as recommended by Hamilton and Meissner. One of the best instruments for effecting this object is that long ago recommended by Dr. Hamilton, viz., a male catheter having an open or truncated extremity, and provided with a silver wire to pass through it for the puncture of the membranes. The membranes, I believe, will sometimes be found to rupture high up when and where they are simply separated from the body of the uterus by the introduction of the knobbed uterine sound or bougie.—(April, 1855.)—*From Boston Med. and Surg. Journal.*

Vaccinia and Smallpox.—The following case is so similar to one recently published in the London Lancet, and is itself of such unusual character, that you may think it worth insertion in the Medical and Surgical Journal.

A nursing infant of Mrs. Q——, some 8 or 9 months old, was vaccinated by myself, after it had been exposed to the contagion of a mild case of varioloid several days. The operation was successful, two perfect vesicles

being the result; and on the seventh day took virus from the arm, and with it vaccinated two other children. On the day immediately succeeding, viz., the eighth, a papular eruption appeared upon the infant, which as it developed itself assumed all the characters of unmistakable smallpox. The eruption was very full, as full as possible without being confluent, and the disease went on to a fatal termination. The vaccine vesicles, perfectly normal in their character at the time that virus was taken from them, from that day ceased to follow the usual course. They became large, irregular and flattened pustules, accompanying the variola in its development. The children vaccinated with matter from this patient had *genuine vaccine vesicles*, without any unusual disturbance or breaking out on the skin.

The following points are particularly noticeable in the above case:

1. The infant must have had latent variola at the time of vaccination.
2. The vaccinia was able to establish itself locally to such a degree as to extinguish at the points vaccinated the latent disorder up to the eighth day.
3. After this period the variola overwhelmed and engulfed, as it were, the vaccinia, and was able to expend its full force upon the system of the patient.

Respectfully yours, S. L. ABBOT.

Boston, May, 1855.—*Boston Med. and Surg. Journal.*

Case of Gastrotomy for the removal of a Lead Bar. Recovery. By
T. B. NEAL, M. D., Columbus City, Iowa.

DEAR SIR—I transmit, for insertion in your valuable journal, the following remarkable and perhaps unique case.

The subject of this notice, L. Bates, at 27, resides at Wapello, twelve miles from this city. During the three days preceding Christmas last, he had been drinking freely of common whiskey; and on that day, while intoxicated, attempted, on a wager, to swallow a bar of lead. The bar was ten inches long, one-half by three-quarters of an inch thick, and weighed one pound.

Thrusting it far down the œsophagus, it slipped from his grasp, and immediately entered his stomach. Dr. Bell was sent for at once, but as Bates had formerly been a juggler, the doctor, thinking that he was at some of his tricks, refused to go. Bates, not much concerned at the non-attendance of the physician, worked for three days after the accident, in a pork-house, with but little inconvenience. During the night of the third day, however, he was seized with great pain in the stomach, accompanied with shooting pains along the spine, extending from the lumbar region to the sacrum, and thence to the hips. The next day he walked to Columbus, a distance of six miles, and sent for Dr. Robertson, the oldest physician in this county, to attend upon him. Dr. R. requested me to see the case with him. We found him on the fourth day, comparatively easy. His tongue was white, breath very foul, and bowels constipated. Upon careful examination, the œsophagus was found perfectly free and unobstructed. We administered to him morphia in small doses, and attempted to act upon his bowels and neutralize the poisonous effects of the lead by large doses of sulphate of magnesia. Under this treatment, although the bowels were but slightly disturbed, he was rendered astonishingly comfortable, and could walk about a little. On the third of

January, the tenth day after his accident, the severe gastric pain again returned, accompanied with vomiting, and other symptoms of gastritis.

The operation of gastrotomy was now resolved upon. Dr. Bell, of Wapello, performed the operation by making an incision through the walls of the abdomen, from the umbilicus to the false ribs, four inches in length and two inches to the left of the median line. The peritoneum being divided, Dr. Bell introduced his hand, and pushing back the protruding intestines, found that the bar of lead was nearly perpendicular, the upper end inclining a little to the left. The bar was pushed up, until the lower end came opposite the abdominal opening. It was then seized, and an incision made in the walls of the stomach, just large enough to admit of its attraction by means of forceps. The contraction of the muscular coat of the stomach caused the incision in the organ to close perfectly and without trouble. The external wounds was stitched, and a compress applied.

The operation was performed between three and four o'clock, P. M.; the day was cloudy, and towards sunset grew quite cold. The patient was entirely under the influence of chloroform until about two minutes before the last stitch was taken, when he revived somewhat, and expressed himself as feeling better than he had done before. When the chloroform was first administered to him, he vomited freely, hence, when the opening was made into the stomach nothing escaped therefrom, that viscus containing nothing but the leaden bar.

For the ensuing three days the system of the patient was kept under the influence of opium, and nothing but mucilaginous drinks, in small quantities, allowed as diet. He recovered as well as a patient does of uncomplicated gastritis.—*Medical Examiner, April, 1855.*

The State of the Heart in Fever. By Dr. STOKES.

I have sometimes observed that students were under a misapprehension about the doctrines which we have long held in the hospital, with respect to the condition of the heart as a guide for the use of wine. They have come to the erroneous opinion that we are only to give wine where we find the want of the first sound of the heart, and that we are not to give wine where the heart is acting well. This is a mistaken view of the matter. What we have established as to the state of the heart in connection with the effect of stimulants, is simply this: we have ascertained that the efficacy of stimulants is often directly as the debility of the heart. It has been also ascertained, that the power of bearing stimulants, their effect upon the nervous system, their good effects on the general condition, are directly as the weakness of the heart. We may lay down as a rule, that there are three conditions of the heart to be looked at by the practical man in the treatment of fever. In one, we have an excited heart—a violently excited heart, all through the case; and this heart may be excited and violent, although the symptoms be those of extreme adynamia, although the surface be cold, the breath cold, and the pulse so feeble that it cannot be discovered. Nay, the heart may act with great force for several days, and yet there be no pulse at the wrist. This is one case. In the next case, we find exactly an opposite condition,

in which the systolic force of the heart is diminished. This is shown by loss of impulse of the heart, by diminution of the first sound, and, in certain cases, by extinction of the first sound of the heart while the second remains. This is a case which calls for wine, and in which you should give it: it is a case in which, in the vast majority of instances, wine will agree with the patient. There is a third set of cases, in which the heart does not seem to be implicated at all in the course of the disease, in which, notwithstanding the existence of the most extraordinary group of symptoms affecting various organs, the heart, in the middle of the storm, seems to be in a state of calm and quiet. If we compare these three sets of cases, with a view to prognosis, we may arrange them in this way. The case of excited heart all through, with feeble pulse and with adynamia, is unquestionably the worst case. There is no worse symptom in fever than an excited heart. It is especially a bad symptom, when, with that of excitement, we find a feeble pulse. The next will be the case of sinking of the heart: and the most favorable case is that in which, as I said before, the heart seems to escape disease. But you are not to suppose, that because you have an excited heart you are not to give wine if the symptoms of the patient require it: and you are not to suppose that, because the heart is not affected at all, you are to withhold wine, if the general symptoms of the patient require it. You are not to found your exhibition of wine or stimulants upon any one thing; you are to take the general state of the patient into consideration. What we have done is to discover an intelligible, practical rule, which will guide you in the use of wine in certain, I think in many cases; but you are not to suppose that because this man has a clear first sound at his heart, therefore you are not to give wine. You are not to suppose that because the heart is safe, you can do without wine.—*Ranking's Abstract.*

The Czar's Case.—The great public, astonished to hear of the death of the Emperor of Russia, ere they knew of his illness, instantly concluded that an assassin's hand had given the peace to Europe which the arts of diplomatists and generals had failed to win. But the great public were altogether wrong, Europe is as far from peace as before, and the official bulletins and accounts received from various, and apparently unconnected sources, leave no doubt on the mind that the Czar died a natural death.

The following seems to be the most probable account of the course of his illness:

The Emperor had been for a considerable time in indifferent health, ready, if one may so say, to yield to any exciting cause of disease; mind and body had been over exerted. The powers of his nervous system had been stretched to the utmost. During the third week of February he began to suffer from influenza. He treated the ailment as of trifling import. On the 22d he was much worse; there was now a want of sleep and increased cough, with copious expectoration. In answer to the strongly-expressed opinion of Drs. Mandt and Karel that he would keep his room, Nicholas is reported to have replied, "You have done your duty, gentlemen, and I thank you, and now I wish to do mine," and to have at once entered his sledge and proceeded to

inspect a body of guards. This, the 22d of February, was the last time he was seen in public, and he appeared, it is said, to all who saw him, to be evidently unwell; he coughed violently, and expectorated excessively. He observed to one of his attendants, as he left the exercising house—a place anything but warm—"I am in a perfect bath of perspiration." In the evening he complained of feeling cold, and kept his cloak on whilst in the Empress' room. He passed the 23d on the sofa, covered up with a cloak, and for the last time transacted some business. From the 24th to the 27th, official reports from the palace were, that "The Emperor does not leave his bed, as he is somewhat feverish; the cough is getting less and less hard."

On the night of the 28th February, the Emperor became rapidly worse. On the following evening, Drs. Mandt and Karell despaired of his recovery. During the night of the 1st, Dr. Mandt informed his patient of the serious nature of his indisposition. The Emperor answered very calmly, "And so you think that I am liable to a paralysis of the lungs?" to which Dr. Mandt answered, "Such a result is very possible." He enjoyed possession of intellect and speech up to the moment of his death, which took place without a struggle, in the presence of the whole family, at ten minutes past twelve o'clock, March 2d.

From this account it seems tolerably certain that the cause of the Emperor of Russia's death was capillary bronchitis, excited by exposure to cold while suffering from influenza. The depressing influence of the primary disease—influenza—on the powers of life is now universally admitted, and the frequency with which the disease is complicated by capillary bronchitis well known; the most common cause of death in influenza is, in fact, this secondary local affection.

Whether the disease would have proved fatal, had the Emperor been under the care of well informed practical physicians from the time that he kept his bed, is very doubtful. Dr. Mandt, in whose hands the Czar placed his life, is a homœopath, and judging from what we have seen and read of the treatment of disease by other homœopaths, his Majesty must have, from its outset, a very poor chance of surviving the secondary attack. Influenza occurring in a man so little advanced in life as was the late Emperor of Russia, would no doubt have terminated favorably had he taken ordinary care of himself, and that, whether he had swallowed Dr. Mandt's globules, or thrown them into the fire. But the case was very different when, through his own imprudence, severe capillary bronchitis had supervened; and then the most active medical treatment was necessary, and the highest skill and judgment required to direct it. To entrust the life of a man suffering from such diseases, to men ignorant enough to give to Europe the bulletins signed by Dr. Mandt, and to administer to him drugs in doses of a decillionth of a grain, was indeed to deprive him of all hope of recovery. The bulletins issued by Dr. Mandt and his colleagues, afford unmistakable evidence of the ignorance of their present state of pathological knowledge.—*Medical Times and Gazette.*

Did he die of inflammation and apoplexy of the lungs? If he did, we take upon ourselves to say that the course of the pneumonia was unusually rapid, and marked by circumstances inexplicable by the known laws of those affections. Dating the onset of the inflammation from the 28th February, when pain in the right lung was observed, to the fatal conclusion on the morning of the 2d of March, it lasted but forty-eight hours at the utmost.

Or shall we surmise that the physicians had overlooked the earlier accession of one of the most severe of diseases? But, on the 1st of March, the second day of the supposed pneumonia, the fever had diminished and the expectoration was easier, and yet the pneumonia, if pneumonia there were, must have been progressing. These statements are utterly irreconcilable. With a pneumonia rapidly advancing to a fatal end, a pneumonia of only forty-eight hours' duration, the fever does not abate, and the expectoration does not become easier on the second day. In the early stages of inflammation of the lungs, the expectoration is always difficult and remarkably viscid. To reason medically, concerning a disease which has a remarkably definite course, it is then probable that on the second day of this rapid and suspicious illness there was no pneumonia at all. But then it is said that, at a period which we must presume to have been about twelve hours before death, "atrophy of the lungs was feared;" and some hours later, Dr. Mandt communicated to the Emperor "that atrophy was possible." Now what particular idea the public may entertain of atrophy of the lungs, we know not; but every medical tyro knows that atrophy is a chronic change of almost imperceptible advances, and that it forms no part of an acute pneumonia. If we are not at liberty to accuse the physicians of the Emperor of the grossest ignorance, we must conclude that the word "atrophy" is altogether a mistake, taken up by unprofessional persons. Was it apoplexy then, that destroyed the Czar? Apoplexy and inflammation of the lungs are not absolutely incompatible. But there is something reported which is absolutely incompatible with either or both of these conditions as related in this incomprehensible history. Apoplexy and inflammation of the lungs preclude the idea of the Emperor, in his last moments, blessing his wife, children, and grandchildren, separately, with a firm voice. We are then reduced to this alternative: either the symptoms reported are fabulous or imperfectly related, or pneumonia and apoplexy of the lungs did not cause death.—*Lancet*.

Imperial pulmonary apoplexy has during the last fortnight been the text of many discussions in professional and non-professional circles. Is the "imperial" a distinct species of pulmonary apoplexy hitherto unknown to pathologists, and as yet undescribed by any author? The signs of pulmonary apoplexy from mitral disease had never been shown, or at least had never been spoken of, in reference to the Czar; yet, while his body was yet warm, Europe was informed that the troubler of nations had suddenly died of this slow malady. A few days before his death, Nicholas was described as in health, portentiously energetic, and unwearied in the pursuit of his ambitious schemes, presenting the image of some infernal king of men turning at bay against the world. Suddenly we were informed that he had died of a disease which, in order to be rapid at its close, must have been long known to his physicians, and which must have disqualified him for the great physical efforts he had been making during the preceding weeks. Of the various forms of pulmonary apoplexy, would any explain this sudden termination except that arising from encephaloid cancer, when the pleura is torn, and great hæmorrhage takes place, causing sudden death? This variety, says Dr. Walshe, in his "Diseases of the Lungs and Heart," is "decidedly rare." Its existence is also incompatible with the previous good health and energy of the Czar. If from mitral disease also, the symptoms would have been long manifest. Nor, so far as we know, is it impossible to pronounce that death has taken place from pulmonary apoplexy, resulting from

regurgitation at the mitral valve, without a post mortem inspection of the body. This, when England first learnt the news, could not have taken place; nay, every capital in Europe was convulsed by the shock of the Czar's doom ere his corpse had become rigid in death.— *Association Medical Journal*, from *Charleston Medical Journal*.

Fœtal Circulation.—We insert the following, from the New Orleans Medical and Surgical Journal, as a pendant to the case of cyanosis in our Original Department:

Professor E. R. Peaslee, A.M., M.D., in an able monograph of 26 pages, on the Fœtal Circulation, sums up the results of his researches and conclusions, thus:—

The View of the Fœtal Circulation required by the present state of Physiological Science.—1. The human fœtus, during the last half of foetal existence, has a *reptile* circulation—the mammal circulation commencing at birth; and the structure and the function of each particular part of its circulatory apparatus are in subservience to this fundamental fact. The characteristics of a reptile circulation are—I. The circulation of a *mixed* blood (and of the same degree of impurity) through both the aorta to the tissues, and through the pulmonary artery to the lungs; and II. The transmission of far less blood to the aërating apparatus than is sent through the aorta.

2. The foramen ovale with its valve is the only simple mechanism which could answer the requirements of the case, viz.: a temporary reptile circulation with a capability of instantaneous change to a permanent mammal circulation, the foramen becoming permanently closed about eight days after birth.

3. The ductus arteriosus is merely a "waste pipe," conducting into the nearest portion of the aorta that part of the blood sent into the trunk of the pulmonary artery, which the collapsed lungs of the fœtus are unable to receive. After birth the latter admit all the blood, and the ductus is, therefore, useless. It does not enter the descending aorta to avoid sending its blood to the head and upper extremities.

4. Though the lungs are more solid in the fœtus than after birth, they are probably permeated by about two-thirds of the blood entering the trunk of the pulmonary artery, and this is returned as *venous* blood to the left auricle.

5. The blood arriving in the right auricle from the two *venæ cavæ*, is completely intermixed by the diastole and systole of this cavity; and the same mixed blood is therefore transmitted through the foramen ovale into the left auricle. Or if by any possibility more placental blood enters that cavity, the venous blood, returned by the pulmonary veins, most probably counterbalances that advantage.

6. The eustachian valve cannot prevent the admixture of the blood from the *venæ cavæ*, nor direct that from the inferior cava at once through the foramen ovale; it merely prevents regurgitation from the auricle into the inferior vena cava, at the same time incidentally preventing the current from

the superior cava from impinging so forcibly on that of the inferior. Hence, the valve of the foramen ovale replaces it to some extent, in respect to its principal function; and, therefore, it becomes atrophied in proportion as the latter is developed.

7. No artery in the body of the fœtus contains *arterial* blood. The aorta and pulmonary artery, and all their branches, contain a *mixed* blood, about five parts, at least, venous to one part placental. The precise proportions, however, are unimportant, the blood being of a *highly venous* character, and as impure in the aorta as in the pulmonary artery. Only the umbilical vein and the ductus venosus contain pure, aerated placental blood.

8. The umbilical arteries contain the same mixed blood as the aorta, and possibly return one-sixth of the blood received by that vessel; but this amount aerated in the placenta and returned by the umbilical veins, suffices to maintain the low standard of aëration in the fœtus.

9. The head and upper extremities of the fœtus do not receive a purer blood than the lower parts of the body. They, as well as the digestive and urinary apparatus, are early developed, in accordance with a general law of development.

10. The fœtal liver is a *depurating* organ only so far as it secretes bile, and, therefore, to a slight extent, though it does not thus convert venous into arterial blood. Its large development, from the placental blood abundantly distributed to it, has relation to its function as a *blood-making* and not a *bile-secreting* organ; and this blood becomes *venous* in the capillaries and the hepatic veins, as all analogy proves.

11. The trunk of the vena portæ is, in the fœtus, both the *nutrient artery* of the liver, and also corresponds to the vena portæ of the adult—its formative branches containing venous blood from which the bile in the meconium is probably secreted.

12. Anatomy, the history of development, and comparative physiology, combine to sustain the preceding propositions.

BOWDOIN COLLEGE, April 1, 1854.

Phthisis.—*Night Sweats of.*—Give the following draught at bedtime:

℞ Acid gallic, gr. viij;
Morphiæ acet., gr. ʒ;
Alcohol, q. s. (a few drops);
Syr. toluatan, ʒss;
Aquæ, ʒj.

The night-pill of the Brompton Hospital is as follows:

℞ Acid gallic, gr. v;
Morphiæ hydrochlor. gr. ʒ;
Mist. acaciæ. q. s. Ft. pil. ij. (Mr. Hutchinson.)

Give gallic or acetic acid. Dip the night dress in sea-water, or salt and water, and dry it before using. But the best remedy is four grains of oxide of zinc at bedtime, combined with a little henbane or hemlock.

Cough of.—Mix one part of chloroform with three-parts of spirits of wine, and let the patient inhale when necessary, but with caution, and under medical direction. The inhalation of camphorated spirit is often sufficient, or even the vapor of hot water, or infusion of hops. Sometimes frequent deglutition, as the swallowing a little oil, will relieve the cough. Sometimes four minims of tincture of aconite is a good palliative.

Profuse Expectoration of.—To check this give creasote, pyro-acetic spirit, infusion of pitch, or balsam of tolu; but by far the best remedy is petroleum or Barbadoes tar, which often moderates the cough and expectoration remarkably.—*Braithwaite's Retros.*

Varia.—Bleeding Tooth-Sockets.—Hæmorrhage from the sockets of recently extracted teeth, are proverbially difficult of cure. Astringents, caustics, plugs, the actual cautery, cold, and various constitutional remedies, have all been known to fail, and life has been sacrificed from an exhausting hæmorrhage, proceeding from so small and easily accessible a portion of the body as the socket of a tooth. Dr. Cartwright, of New Orleans, in a late number of the Boston Journal, suggests a new plan of treatment which he has found effectual. He thinks the bleeding is encouraged by all the methods of treatment which have the effect to expand the cavity and put it upon the stretch, and that the true indication of cure is, to produce a contraction of the cavity, upon the same principle that we aim to produce uterine contraction with the view to arrest hæmorrhages from that organ. This he accomplishes by placing over the bleeding socket a pledget of raw cotton, and then applying a tourniquet over the head, with the pad placed on the outside of the cheek over the bleeding gum and the screw over the pad, acting not exactly laterally, but somewhat diagonally, so as to press upon the yielding part of the alveola process that enclosed the tooth. In his hands this remedy has never failed. The instrument is removed after wearing it for an hour or two, but kept in readiness to be re-applied without delay in case of a recurrence of the bleeding. He relates two recent cases successfully treated on this plan, after other measures had failed.—*Memphis Med. Recorder.*

This is particularly Cartwright-ian. Fancy the pale, blanched face of a hæmorrhagic person, neatly encircled with a tourniquet, the screw forming a projecting ornament to the cheek! The simplest, neatest, and most effectual remedy for epistaxis or bleeding tooth-sockets is tr. ferri muriatis. Once, in removing a large equis, we extracted the wisdom tooth, from the socket of which it grew. The hæmorrhage, though alarming, was instantly controlled by a pledget of cotton wet in tincture. Recently we had occasion to recommend it to a medical friend whose patient had been bleeding from a tooth-socket for twenty-four hours. He informs us that the effect was immediate and permanent. In epistaxis it should be diluted with water and snuffed up the nostrils, taking pains to carry it through to the posterior nares.

Nicotina.—The French smoking tobacco contains about nine per cent. of this virulent poison. In properly arranged pipes, and when the smoking is stopped before the tobacco is all consumed, much of this substance is arrested before it reaches the mouth of the smoker; but its volatilization is aided by the presence of moisture, which accounts for the fact that smokers are more easily sickened by moist than by dry tobacco. The condensation of nicotina which takes place in the unconsumed tobacco of a pipe or segar, explains the difference in the taste of the beginning and ending of the process. The East Indians rid the tobacco smoke of most of its narcotin by making it pass thro' water, and improve its taste by the addition of cinnamon, essence of roses and a little sugar. It is advised:

- 1st. Not to smoke moist tobacco.
 - 2d. To use only those pipes furnished with a condensing chamber.
 - 3d. Not to smoke either a pipe or segar longer than till half the tobacco is consumed. And
 - 4th. As a more certain plan for avoiding the poison—not to smoke at all.
- Ibid.*

Better still to smoke a good meerscham, which will absorb the essential oil, and if your tobacco be good, will send the smoke through to your mouth as cool and pure as the heart of the smoker could desire.

Cupping.—Dr. Whitfield, of Gainsville, Ala., suggests, in a letter to the editor, that it is an improvement in cupping, to stick with wax in the bottom of the cup a bit of sponge, upon which the alcohol may be dropped. All risk of burning the patient is obviated by this plan, which is adapted to all cases in which the cup can be applied vertically.—*Ibid.*

Hydrochlorate of Ammonia.—This salt, recommended by Watson as a remedy for hemicrania, has been found by Ebden eminently successful in neuralgia, tic-douloureux, nervous headache, toothache, clavus-hystericus, sciatica, dysmenorrhœa, and neuralgic affections generally. He directs from 25 to 35 grains to be taken at a dose, in mint water, or camphor water. Sometimes this quantity is repeated every twenty minutes until three doses are taken, but in general the second dose relieves the pain. It is advised, however, to continue the remedy at intervals of six or eight hours, to prevent a return of the disease.—*Ibid.*

The theory of the German physicians is that the sal ammoniac is analogous in its effects to calomel, especially in its action on the liver. This accords very well with the new discoveries in the physiology of the blood. Personally, we have given one or two trials to this remedy in neuralgia, with apparent success. Whatever may be its value internally, its solution is certainly one of the best gargles for common sore-throat in use, while as a discutient in external inflammations it possesses decided merits.

Poisoning by Aconite.—A case is reported in Boston of poisoning by

swallowing one ounce of the strong tincture of aconite. Immediate vomiting ensued and continued more than an hour, severe cramp, coldness of the whole surface, and especially of the extremities. A solution was made of eight grains of iodide of potass and six grains of iodine in one quart of water. Of this a wine glass full was given, and the patient soon fell asleep. In half an hour she awoke in renewed distress; the solution was again repeated; she again fell asleep, and, in course of two hours, all formidable symptoms had disappeared. In another case of similar poisoning, great benefit was derived from laudanum, after emesis induced by ipecac.—*Ibid.*

Nitrate of Silver.—In the London Hospital, when this substance is required to be used in solution, the common nitric ether is preferred to water as a solvent. The common strength is eight grains to the ounce, but the solution may be made much stronger if necessary. The ether acts as a solvent of any sebaceous matter which may be on the surface, and evaporates so rapidly as to prevent spreading. A cooling sensation is at the same time produced, and several coatings may be applied in quick succession. It is much used in erysipelas, and other forms of asthenic inflammation of the skin. In addition to the several reasons given for preferring an ethereal menstruum, it occurs to us, that an avoidance of the use of impure water, by which the nitrate is decomposed, is a cogent one.—*Ibid.*

Anæsthetic Uses of Severe Cold.—As patients now expect to have every operation performed without pain, both they and their surgeons will be glad to have an easy and agreeable means of accomplishing this, in all the common operations, unaccompanied with the dangers of chloroform. What can be less troublesome in opening an abscess, for instance, or making a cutaneous incision, than touching the skin for a moment with a brass ball that has been immersed for a few minutes in ice and salt, or a thin spoon filled with such a mixture? It is true, that in deep-seated operations such a means can only suspend the sensibility of the skin; but it is the incision of the skin which constitutes the most painful part of every operation; and if this be benumbed, a smaller, and consequently less hazardous dose of ether or chloroform than has usually been administered, would be enough to remove the sensibility of the other tissues. These deep-seated operations, however, constitute a small minority, and if the list of recorded deaths from etherization be referred to (now amounting to more than fifty) it will be found that in three-fourths of the number, complete anæsthesia might have been produced with perfect safety by cold.

M. Velpeau, who introduced anæsthesia from cold into France, has, in a lecture on the subject recently reported in the *Gazette des Hospitaux*, expressed the doubt, whether in some operations, the hardening of tissues might not prevent their being cut with ease. I have not found this to be the case, nor does he himself allude to this disadvantage, when, in his work on diseases of the breast, he mentions that he has excised tumors after anæsthesia from cold.

The fear of reaction I have already adverted to in the prefatory observations. Instead of reaction being produced, the anæsthetic is a preventive of inflammation from the wound; and were it used for this purpose alone, it would be invaluable.—*Edinburgh Monthly Jour. of Med. Science.*

EDITORIAL DEPARTMENT.

Pneumonia.—Our readers will notice, in our report of the proceedings of the Buffalo Medical Association, the histories of several cases of pneumonia. We are informed that this disease has been more than usually prevalent in Western New York this spring. This fact, together with some comments excited by the republication of a clinical lecture by Prof. Metcalfe in our last number, have induced us to say a word or two on the treatment of pneumonia, editorially. We do so with the more freedom, as we are confident that our friends in the association will not attribute to us any desire to be hypercritical, or to attack either them or their treatment.

Indeed, were this a question to be referred to authorities, we should find the practice of free and repeated bloodletting in pneumonia, sanctioned by the large majority of standard writers, and, to all appearance, by the results of successful treatment. Here, for instance, are a number of cases reported, in which bloodletting was practiced. In all of them the result was favorable, and it is altogether probable that the statistics of venesection in this disease, were they collected, would show a very fair average of success.

Admitting this to be a fact, it by no means follows that the whole question is settled. Other sets of facts, equally well authenticated, are in existence, going to prove that other forms of treatment are equally successful. In our own practice—and we have treated not a little pneumonia—we have never bled a case, and looking back now over a period of ten years, we cannot recall a case where we regret the omission of this remedy. During the period alluded to, we have had unfavorable results in three cases. One of these was a gentleman aged 73 years, with typhoid tendencies from the outset. Another was a lady of about the same age, with double pneumonia, and, as we thought at the time, not a proper subject for depletion under any circumstances. Both of these cases proved fatal. In the third case our patient was a boy of sixteen, and we had pleuritic abscess following; the result of the case, however, being a cure. In this latter case, if in any, we should have bled, as the pleuritic complication was very serious, though not prominent in the form of pain.

Now in all our other cases we have been fortunate enough to see our patients recover speedily, and without unpleasant consecutive results in the way of impaired constitution, abscess, or cough.

The practice of venesection in pneumonia rests on a supposed necessity for its use, originating in the idea that pneumonia, unless speedily controlled, is uniformly a dangerous disease, implicating the life of the patient. Dr. Metcalfe—and he is a very careful and judicious observer—insists strongly that this idea is erroneous, that the tendency is not toward death, but rather toward recovery, and that a mild expectant treatment is all that is necessary in the usual form. At the same time we do not understand him to reject the lancet in those severer cases implicating the greater extent of the organ.

It is only necessary to refer to the evidence adduced by Dr. Metcalfe, as its very recent publication in our pages must render it familiar to our readers. But if we look carefully at it, and at the results of all other forms of treatment, we shall find that for all of them about an equal success is claimed. The English treatment by calomel, antimony, and the lancet; the *extractum graminis* of Skoda; the chloroform inhalations of Varrentrapp; the rest and diet of Diel; the antimonial treatment so common in this country, the acetate of ammonia of Dr. R. B. Todd, all have their friends and advocates, each satisfied with his own routine, and indisposed to change.

There is but one rational explanation for this. A man does not wed himself to an unsuccessful treatment and remain satisfied. We thoroughly believe that no accusation of grave fatality can be brought against any one of these various methods, for the simple reason that the disease is not a dangerous one, and that the patients are usually young and vigorous enough to bear a little, or a good deal, of depletion without permanent or obvious injury.

But if we adopt these conclusions we must also adopt the milder forms of treatment. A bloodletting, a course of antimony or calomel, if unnecessary, are wrong. They must more or less implicate the convalescence and subsequent condition of the patient.

We have confined these remarks to the relative success of different forms of management, without reference to diversities in the method of bloodletting, because it seems to us that before we consider whether to bleed *pleno rivo*, repeatedly, early or late, before or after hepatization, we should first decide whether or not to bleed at all. If the disease is self-limited, not dangerous, having a tendency toward recovery, it is certainly better to trust nature than the lancet.

Eighth Annual Meeting of the American Medical Association.—We continue our last month's report:

THIRD DAY.

The meeting was called to order punctually at 9 o'clock. The minutes having been read and approved—

The CHAIR said that there was no regular way of appointing the committees on prize essays, arrangements, &c; it had been usual, however, for the convention to refer the appointment of these committees to the committee of arrangements.

Dr. Watson moved that the subject be referred to that committee on this occasion.

The motion was agreed to.

A letter was read from Dr. Reyburn, resigning his office as chairman of the committee on medical topography, and asking the division of the territory composed of Wisconsin, Missouri, Iowa, and Illinois.

Dr. Watson moved the acceptance of the resignation, and the reference of the other portion of the communication, to the committee on nominations, which was afterward withdrawn.

Dr. Askew renewed the motion, and it was adopted.

Dr. Hays made a personal explanation; after which a letter was read from Dr. E. B. Haskins, of Clarksville, Tenn., chairman of the committee on microscopical investigations on malignant tumours, asking to be excused from making a report, inasmuch as he had not the necessary apparatus for ascertaining the facts pertinent to the subject.

The request of the gentleman was granted.

Dr. Frank H. Hamilton, of Buffalo, continued the reading his report, and at its conclusion he expressed an earnest hope that the surgeons of the Pennsylvania Hospital would hereafter be more accurate in their statistics of fractures; for even from this city of medical science—this Salerno of medical literature, statements have gone forth in relation to an apparatus for dressing broken clavicles, which were inaccurate, and were therefore calculated to do very great injury. He did not wish to speak unkindly, but he besought them to be more careful in future, so that we might not become a grand insurance company for the whole United States of America.

The Hon. Judge Lewis, Chief Justice of the State of Pennsylvania, being present, was unanimously invited to a seat upon the platform.

Dr. J. G. Orton, of New York, offered resolutions requesting medical societies throughout the country to require their members to keep accurate records of their cases, and present annual digests of the same to this association, through the several state societies. Referred to the committee of one from each state.

Dr. Condie, of Pennsylvania, stated that although not quite finished, he was prepared to read his report on "Tuberculous Diseases." It, however, embodied a space of five hundred pages, and an abstract would require sixty pages. He could not expect the association to publish it, but left it entirely with them to do as they pleased, for there would be no difficulty in its being brought out by medical publishers.

On motion, Dr. Condie was authorized to exercise his own discretion in the matter.

On reassembling, Dr. Mussey, of Ohio, read his report upon the "Influence of Alcohol in Health and in Disease." This report was considered highly appropriate to the present period of excitement in regard to the temperance question, and the views of the venerable author seemed to us to coincide fully with those of the advocates for total abstinence. The report was ordered to the publishing committee.

Part of the report by Dr. Blatchford, of New York, on "Hydrophobia," was read by the Secretary, and ordered to be published.

FOURTH DAY.

The minutes having been read and approved, resolutions of thanks to the committee of arrangements, the Mayor, the guardians of public institutions, and the citizens and physicians of Philadelphia, for courtesies extended to the members, were presented by Dr. Stewart, of New York, and Dr. Hayward, of Massachusetts, and unanimously adopted.

Dr. N. S. Davis, of Illinois, moved the following preamble and resolutions, which were referred to the committee of arrangements, with instructions to report on the same at the commencement of the next annual meeting:

Whereas, The present mode of conducting the annual meetings of the Association affords but little opportunity for the discussion of strictly scientific questions and papers, and whereas this has been regarded as a serious defect in the operation of our organization, impairing its scientific character: therefore,

Resolved, That the daily sessions of the Association during each annual meeting be divided into two parts, the first to terminate at an hour not later than 12½ o'clock, P. M., of each day, and to be devoted as heretofore to the

general business of the Association. The second part, consisting of all the time which it is deemed advisable to remain in session each day after 12½ o'clock, P. M., to take the character of a scientific section, and to be devoted exclusively to the discussion of questions relating to the science and art of medicine.

Resolved, That the Association in its capacity of a scientific section, having no power to act on any subject of a scientific character, may continue in session, whenever thought desirable, a longer period than in its more general capacity.

A paper on the subject of religion in connection with medicine, which had been referred to a special committee, was reported upon, and ordered not to be published with the transactions.

Dr. A. J. Semmes, of Washington, D. C., offered the following, which was agreed to:

Resolved, that a committee of three delegates be appointed to report to this association at its next annual meeting, what measures should be adopted to remedy the evils existing in the present method of holding coroner's inquests, by incompetent persons, by which the lives and liberties of the innocent may be jeopardized, and the ends of justice generally frustrated.

Dr. A. J. Atlee, offered the following:

Resolved, That to secure efficient teaching in medical schools, where a prime object is to enforce practical precepts, a large degree of union and harmony must exist among the teachers, and confidence be reposed in them, on the part of their pupils.

Resolved, That any such unnatural union as the mingling of any exclusive system, such as homœopathy, with scientific medicine, in a school, setting aside all questions of its untruthfulness, cannot fail, by the destruction of union and confidence, and the production of confusion and disorder, unsettling the minds of the learners, to so far impair the usefulness of teaching, as to render any school adopting such a policy, unworthy the support of the profession.

This resolution was, we believe, introduced at the request of the representatives of the Medical Department of the University of Michigan. We state this, as the mere wording of the resolution might imply that a censure was intended.

The real object of the resolution was undoubtedly to influence public sentiment in Michigan against the threatened establishment of a Homœopathic chair in that school—a very laudable motive, and one which we hope may result favorably. The policy of such a resolution may, nevertheless, be doubted. It implies a weakness and a need of outside assistance, such as the friends of the institution are unwilling to acknowledge, and unless we are mistaken, will go to confirm the prevalent opinion, that the interests of

legitimate medicine in this school, however warmly defended by the present Faculty, are destined to serious injury from the outside pressure of quackery.

The resolutions were unanimously agreed to.

The action of the State Medical Society, of Ohio, in refusing to acquiesce in some of the requirements of the Code of Ethics of the association, was alluded to, and gave rise to an animated discussion; the course of the society was generally condemned, and by none more than by members from Ohio.

Dr. Clendennin offered the following:

Resolved, That no state or local society shall be hereafter entitled to representation in this association, that has not adopted its Code of Ethics.

Resolved, That no state or local society, that has intentionally violated or discarded any article or clause of the Code of Ethics, shall longer be entitled to representation in this body.

A motion to lay the above on the table was lost.

Dr. Miltenberger, of Baltimore, offered a resolution, which was amended by Dr. J. L. Atlee, to read as follows:

Whereas, It has been brought before the notice of the American Medical Association, that the State Medical Society, of Ohio, has violated at their last meeting, sec. 4th, art. 1st, chapter 2d, of its Code of Ethics; therefore be it

Resolved, That the secretary of the association be directed to inform the officers of that society, that unless such action be rescinded, they cannot be hereafter represented in this association.

These, together with the resolutions of Dr. Clendennin, were adopted.

Dr. Corson, of New York, presented and read a volunteer communication on the influence of lead on the heart. The paper was referred to Drs. Davis, Smith, and Stewart, of New York.

Dr. Stille, of Philadelphia, read a series of resolutions proposing to alter the mode of instruction in medical colleges, which were referred to a special committee, to report upon next year.

Numerous amendments to the constitution were proposed, and laid over under the rule, for future consideration. Business having been completed, the association adjourned at 1½ o'clock *sine die*.

During its session, the convention appointed the following committees:

On Prize Essays.—Drs. A. B. Palmer, Samuel Denton, A. R. Terry, Adam Sager, S. H. Douglass, C. La Ford, E. Andrews.

Committee of Arrangements.—Zina Pitcher, of Detroit, chairman; Moses Gunn, G. B. Russell, A. S. Leland, Morse Stewart, P. Klein, J. A. Brown, all of Michigan.

Committee on Organization of State and County Societies.—A. B. Palmer, Detroit; N. B. Ives, Conn.; E. B. Haskins, Tenn.; C. Woodward, Ohio; J. Crosby, N. H.

Committee on Medical Education.—W. H. Anderson, Ala.; J. B. Flint, Ky.; P. H. Cabell, Ala.; G. Hayward, Mass.; E. B. Smith, Mo.

Committee on Medical Literature.—P. C. Gaillard, S. C.; N. P. Monroe, Maine; J. Couper, Del.; R. Hiles, Ohio; A. Coffin, S. C.

Committee on Registration of Marriages, Births and Deaths.—Consisting of one member from each state.

Committee on Medical Topography, and Epidemics.—One member from each state.

Special Committees, to report upon named subjects.—Lewis H. Steiner, of Washington, D. C., on strychnia—its chemical and toxicological properties.

Ashbury Evans, of Covington, Ky., on tracheotomy in epilepsy.

J. Taylor Bradford, of Augusta, Ky., on the treatment of cholera.

Charles Z. Chandler, of Rocheport, Mo., on malignant periodic fevers.

B. A. Johnson, of Chicago, Illinois, on the excretions as an index to the organic changes in the system.

Henry J. Bigelow, of Boston, Mass., on microscopical investigation of malignant tumors.

E. H. Davis, of New York, on the statistics of calculous diseases, and the operations thereof.

J. S. Carpenter, of Pa., on the treatment and curability of reducible hernia.

N. J. Fulder, of Maine, on the best treatment of cholera infantum.

William B. Page, of Philadelphia, on injuries of the joints.

William Jewell, of Philadelphia, on the statistics of mortality in the United States.

J. Knight, of New Haven, Conn., on endemic fevers.

P. H. Cabell, of Ala., on the native substitutes for cinchon, indigenous to the southern states.

James M. Newman, of Buffalo, New York, on the sanitary police of cities.

L. M. Noble, of Le Roy, Ill., on puerperal fever and its communicability.

J. M. Freer, of Chicago, Ill., on the progress of general and descriptive anatomy.

J. M. Corson, of New York, on the causes of the impulse of the heart, and the agencies which influence it in health and disease.

Meredith Reed, of New York, on the causes of infant mortality in large cities, the sources of its increase, and the means for its diminution.

Mark Stephenson, of Vermont, on the treatment best adapted to each variety of cataract, with the method of operation, place of election, time, age, &c.

J. B. Coleman, of New Jersey, on the effect of mercury on the living tissues.

F. G. Richardson, of Louisville, Ky., on the diversity of the venereal poison.

J. B. Flint, of Louisville, Ky., on the best mode of rendering the medical patronage of the national government, tributary to the honor, and improvement, of the profession.

D. M. M. Latta, of Goshen, Indiana, on whether there are any means by which the growth of the fetus in utero, may be controlled without injury to the mother or child.

Thos. Miller, of Washington, on toxicology.

E. K. Peaslee, of Hanover, N. H., on inflammation, its pathology, and its relation to the reparative process.

D. D. Thompson, of Louisville, Ky., on the remedial effects of chloroform.

Wm. Clendennin, of Cincinnati, Ohio, on epidemic erysipelas.

C. G. Comegys, of Cincinnati, Ohio, on the state of the urine in tubercular disease.

The meeting thus closed, was in many respects a very pleasant one. Good feeling prevailed in the debates, and there was less talking for Buncombe, than is usual. One or two members were, as usual, disagreeably conspicuous, from their propensity to enlighten the association on every subject coming before it. This was a minor evil, however, and was richly counterbalanced by the interesting character of the proceedings in general. The whole number of delegates was over five hundred.

No great dinner was given—a piece of good sense, and good taste, on which we compliment the Philadelphia profession. The private hospitalities of the profession were in excellent taste, and afforded very pleasant gatherings for the evenings. Aside from these, the various excursions to objects of interest, occupied all the spare time of the members, and must have proved no light tax upon the time and efforts of the Committee of Arrangements—a very important committee at such a time, and who in this instance were fully equal to the emergency.

Transactions of the Semi-annual Meeting of the Medical Society of Erie Co., N. Y.—The semi-annual meeting of the Medical Society of the county of Erie, was held in the city at American Hall, June 12, 1855.

The society was called to order at 11½ o'clock, A. M., by the president, Prof. James P. White. Forty-one members were in attendance during the session.

The minutes of the annual meeting in January last, and of a special meeting in February, were read by the secretary, and severally adopted.

The following gentlemen were, upon their applications, and after an examination of their credentials, elected to membership with the society:—Dr. Julius T. Minor, Jeremiah N. Brown, P. P. E. Tobie, and George Abbott.

The committee to confer with the German medical practitioners, appointed in January last, made a verbal report through Dr. Stork, stating that no action was needed at this time by the members of the German society which had been recently organized, as they should take means to legally

qualify themselves for membership with the Erie Co. society, except in the case of Dr. Devening, who had an American diploma, and who had once been in membership with this society, and again wished to become a member.

On *motion* of Dr. Hunt, the *report* was accepted, the committee discharged, and a committee of three appointed to whom the application of Dr. Devening was referred for an examination into the circumstances connected with his previous membership with the society.

Drs. Hunt, Nelson, and Wyckoff, were appointed on said committee, and subsequently, on the motion of Dr. Nelson, the president was added.

The *oration* was delivered by Dr. E. P. Smith. Subject: "*The application of the Microscope to the Diagnosis of Disease.*"

At its conclusion the thanks of the society were, on *motion* of Dr. Boardman, voted the speaker for his interesting address, and a copy requested for preservation among the papers of the society.

Dr. Nelson offered the following resolution:

Resolved, That in future no applications for membership be received without a certificate from the county clerk accompanying the credentials.

The chair ruled that this resolution partook of the nature of an alteration of the By-laws, and as such the society could not act upon it without the requisite notice.

The resolution was then submitted as an amendment to lie over until the next regular meeting.

Dr. Baker was appointed *orator* for the next meeting, and Dr. Hutchins his *substitute*.

On *motion* of Dr. Rochester, it was

Resolved, That a committee of three be appointed to make arrangements for a society dinner at the next January session.

Drs. Rochester, Samo, and Van Deventer, were appointed such committee.

At this stage of the proceedings, Dr. Hutchins inquired if Dr. Ring had resigned the medical appointment from the county authorities, in accordance with his promise made to this society in October last at the special meeting.

In the absence of any answer to the inquiry, Dr. Hutchins

Moved, That the secretary ascertain from Dr. Ring whether he now holds the office of physician to the city poor under an appointment of the Superintendents of the Poor, at a less compensation than that fixed in the bill of prices established by this society.

The resolution was *adopted*.

Dr. Nelson

Moved, That the secretary propound similar questions to all members holding office under city or county appointments.

Adopted.

Dr. Abbott inquired whether the society had a tariff of prices regulating charges for medical and surgical services in the country, and remarked upon its great convenience, and urged, if none existed, the propriety of taking some action in the matter.

There is no such fee bill, but no action was taken relative to establishing one at this time.

Dr. Baker offered the following:

Resolved, That Dr. E. P. Smith be requested to continue his microscopic investigations and report to the society at its next meeting.

Adopted.

The society proceeded to the consideration of the amendments of the By-laws proposed at the January meeting.

The vote being taken upon the amendments offered by Dr. Hamilton, the first amendment, that of the Title, striking out the words "*Rules and Regulations*" from the same, was, upon motion of Dr. Nelson, *adopted.*

The amendment to Article Second, substituting the word "delegates" for "delegate," was also, on motion of Dr. Nelson, *adopted.*

The amendment to the "Tariff of Prices," proposed by Dr. Wilcox, fixing the salary of the Health Physician at nine hundred dollars per year, was, on motion of Dr. Whitney, *adopted.*

After which the society *adjourned.*

J. M. N.

Twelfth Annual Session of the American Homœopathic Institute, held at Buffalo, June 7th and 8th.—During the early days of June, the daily papers of our goodly town gave note of preparation of this momentous occasion. Hotel keepers had heard of the rush of M. D.'s at Philadelphia, in May, and laid in extra roasts of beef. Reporters for the daily press were all agog. Especially important were the faces of the half dozen resident homœopathic practitioners. When we saw the anxious cares that sat upon their brows, we were moved to sympathy.

The day arrived, as all days do except that of the Second Advent. About 10, A. M., two ladies, escorted by a pot-bellied philosopher with very roomy breeches and a huge cane, made a solemn entry into American Hall, which

contained seats for 1200 persons. The crowd gradually increased until nineteen gentlemen were in attendance, when the roll was called, six of whom had the honor of representing Buffalo. The *tout-ensemble* at this moment was imposing. A disciple of Lavater present, noticed a physiognomical peculiarity in the noses of members. The nasal organ of each and every delegate was of the elongated Hebrew style, indicating a cross between the live Yankee and the Chatham St. "old clo'" man.

After the calling of the roll most of the members of the Institute were elected officers for the ensuing year. The Treasurer made a report, and no defalcations being evident, the Institute adjourned to 3, P. M.

Afternoon Session. Two or three gentlemen read reports said to be very interesting. (Singular fact that reporters for the press are very easily interested.) Twelve new members were reported, including one addition to the already numerous and talented delegation from Buffalo. The next business in order was reports of committees. No committees reported except Dr. F. Humphreys from the "Bureau on the Augmentation and Improvement of the Materia Medica." ("Big, fat words," were in order at this meeting.)

Then a resolution was introduced intimating that Dr. Humphreys himself had been augmenting the materia medica in the way of advertising and vending certain homœopathic nostrums, called the "New Era Medicines," and a committee was appointed to post up the Institute on the subject.

The Institute then adjourned to 7½, P. M., to listen to the address of the President. At 8, P. M., we repaired to the Hall. Three ladies and a couple of dozen gentlemen were in attendance. When we entered, they left; and the gas being immediately turned off, we were left in the dark as to the order of proceedings.

June 8. Morning papers announce that the annual address is to be delivered *this evening*—"no preventing Providence," of course, understood.

Morning Session. Dr. F. Humphreys is on the anxious seat, accused of unprofessional conduct. Current of opinion runs against the doctor.

Afternoon Session. Dr. Humphreys refuses to make any concession, and leaves the room breathing threatenings and slaughter. His outraged feelings find "surcease of sorrow," however, in the prospect of sundry fat libel suits against the Institute, or its members. Libel suits are among the most humane of civilized institutions, and seem especially provided for the consolation of afflicted scamps whose sins have found them out.

Dr. Humphreys having left, the Institute were so unkind as to expel him formally. After this, the great incident in the annals of this meeting, the

Institute passed a resolution or two of thanks, and then adjourned. The annual address is still waiting delivery for the want of an audience.

And so terminated the most feeble attempt at respectability in point of numbers, appearance, talent, or enthusiasm, we have ever witnessed. It was dismal and cheerless beyond description.

Changes and Exchanges.—Dr. Horace Green resigns the chair of Practice of Medicine in the New York Medical College, and Dr. H. G. Coxe succeeds him.

Dr. Brown Sequard has very suddenly resigned the chair of Physiology and Pathology in the Virginia Medical College. Dr. Joynes assumes the vacant place. Dr. Peticolas, of Richmond, takes the chair of Anatomy, vacated by the loss of Prof. Carter Johnson in the Arctic.

Dr. Henry H. Smith succeeds Prof. Gibson in the chair of Surgery, at University of Pennsylvania. The vote in the board of trustees stood 11 for Dr. Smith, 9 for Dr. Brainard, of Chicago, and 1 blank. It is understood that Dr. Brainard was the candidate of the faculty.

Among our exchanges we have to note the accession of Dr. C. D. Griswold to the *American Medical Gazette*, in association with Dr. Reese; the abandonment of the project of a medical quarterly at New Orleans, to be edited by Dr. Bennett Dowler; and the appearance of a new weekly journal—the *Medical Counsellor*—at Columbus, Ohio, edited by R. Hill, M. D.

The *New Orleans Medical News and Hospital Gazette*, is the title of a new journal in New Orleans, edited with much spirit, tact, and judgment, by Drs. Choppin, Beard, and Vance.

Finally, Dr. Richard Gundry becomes the assistant editor of the *Ohio Medical and Surgical Journal*. Dr. Gundry is a gentleman of very high professional attainment, an easy, graceful writer, and cannot fail to make a good editor.

Messrs. A. I. Mathews & Co., of this city, have issued their *Annual Catalogue*, a beautiful pamphlet of 160 pages, in which physicians are informed at what prices they may procure reliable drugs, surgical instruments, etc. Those who send orders to this house may rely on receiving good articles at fair prices.

From the Seat of War!—Dr. Reese, of the American Medical Gazette, is suffering under an attack of libel suit, inflicted by Prof. Draper, of the University of New York. Prof. Draper claims to have been damnified (that's the legal term, as we know from the perusal of several sheets of foolscap, politely handed us by an embryo lawyer a few weeks since) in a considerable sum, by Dr. Reese's attacks upon him as a man and teacher.

Now we hope that our independence is a fixed fact, and that when we say that we look upon libel suits as unholy attacks upon the freedom of the press, we shall not—a la Peninsular—be accused of personal motives, simply because we are so fortunate as to have an affair of the kind ourselves. Indeed we have nothing to say about this latter circumstance. We shall watch the contest with a due share of anxiety, and shall inform our readers who is elected, immediately after the polls close. In the meantime, however, we shall console ourselves with the misfortunes of others. And among the most unfortunate of these is Prof. Draper himself. With all the differences among the editorial fraternity they have their share of *esprit du corps*. The news of this libel suit was the signal for a combined attack on the University of New York, by medical journals north, south, east, and west. Dr. Reese has no editorial enemy who is virulent enough to side against him now, while the weak points of the University, its bragging, its pretention, its egotism, and the thousand humbugs on which it has subsisted for the past few years, are brought to the light in a most unmerciful manner.

We cannot but regard the action of Prof. Draper as singularly ill-timed. The school over which he presides had just associated with its faculty some men of talent, learning, and probity, good men and good teachers. The recoil of this libel suit will involve them as well as Dr. Draper.

We find the following good one going the rounds in the daily press. It is an "awful commentary" on what a lady friend characterized the other day as "*big, fat words*."

A Curious Anecdote of the Rev. Sidney Smith.—A decided sell.—Lady Cubebs had a great passion for the garden and the hot-house, and when she got hold of a celebrity like the Reverend Sidney, was sure to dilate upon her favorite subject. Her Geraniums, her Auriculas, her Dahlias, her Carnations, her Acacias, her Lillia Regia, her Ranunculus, her Marygold, her Peonies, her Rhododendron Procumbens, Mossy Pompones and Rose pubescens, were discussed with all the flow of hot-house rhetoric. "My Lady,"

asked the Reverend wit, "did you ever have a Psoriasis Septennis?" Oh yes—a most b-e-a-u-tiful one. *I gave it to the Archbishop of Canterbury.* Dear man!—and it came out *so* in the spring!"

Pamphlets Received.

Cases of Polypus of the Womb. With Remarks by WALTER CHANNING, M. D. Republished from the Boston Medical and Surgical Journal.

This is a collection of the results of the author's experience. He has seen twenty-two cases, and operated in sixteen—a very unusual number of cases for a single practitioner. Two instances occurred in which the polypus returned, but Dr. Channing thinks that it does not return from the same spot. This was proved by autopsy in one of the cases. In cases of what he calls *concealed* polypus, he advises ergot at the catamenial period to bring it within reach. We quote a sentence: "Ergot can here do no harm. On the contrary, it often tends directly to check uterine and *other* hæmorrhages."

The emphasis given to the word *other*, leads us to suppose that Dr. Channing may have used ergot, as we saw it used a week since by a friend in the country, to check hæmoptysis. Will not our friend, or some one else, "post us up" on this new use of ergot?

On the Nature of Malaria, and Prevention of its Morbid Agency. By JOHN GORRIE, M. D., of Apalachicola, Florida.

This is a reprint of an article from the New Orleans Medical and Surgical Journal. The new hypothesis as to the nature of malaria is, that it is a product of decomposition analogous to the volatile oils, and numerous resemblances and identities between its known properties and those of these oils are mentioned.

Dr. Gorrie's means of prevention, however, seems to have reference entirely to the humid element of malaria, and though he does not mention the dew-point theory of malarial activity, he virtually concedes it. By a proper construction of a house he would have all air (in summer) introduced from above, and passed over a receptacle containing ice. Dr. C. assumes that the air by this means would be deprived of organic elements, and undergo an electrical change, but it is very evident that its principal effect would be to deprive the warm current of most of its moisture, and insure a low dew-point in the room.

Observations on Wounds of the Heart, and their Relations to Forensic Medicine, with a Table of forty-two recorded cases. By SAMUEL S. PURPLE, M. D.

This is a valuable statistical paper, especially important in legal medicine. Dr. Purple arrives at the conclusion that wounds of the heart are not usually immediately fatal, that recovery is possible, and judicious treatment important; that a ball may be imbedded in the walls of the heart without precluding recovery; that incised wounds of the heart may heal by first intention; that life may continue for days with a ball in a heart cavity; that the diagnosis of wounds of the heart is very uncertain; and that their prognosis is unfavorable, but not hopeless.

New Books.—Gross on Diseases of the Urinary Organs, Ashwell on Diseases of Females, and Tyler Smith on Leucorrhœa, are received from the publishers, and shall have early notice.

Business Matters.—We inclose receipts, in this number, for money received, to a large number of our subscribers. To those of them—and they are not a few—who have been so kind as to send a word of approval and encouragement with the money, we offer our thanks. Nothing can be more grateful to us than such expressions, and nothing is a better stimulus to labor.

Our anticipations as to new subscribers have been fully realized, our edition of the June number being almost exhausted. We have it in contemplation, should a sufficient number of new subscriptions be received at an early day, to issue a second edition of that number, so that our readers may possess the full volume.

In the meantime we must claim the right to urge upon those still indebted to us for former subscriptions, to forward their dues without delay.

Mr. J. Clement, just about starting on a western tour, will present our accounts to subscribers in Michigan and Wisconsin, and is authorized to sign receipts. Our friends in these states, however, might serve as patterns for those nearer home, as no part of our mail list shows so prompt a class of subscribers as those in Michigan and Wisconsin.

A Paper on Protracted Valvular Disease of the Heart.— Read before the Society of Statistical Medicine. By JOHN W. CORSON, M. D.

Dr. Corson here collates the principal facts of forty-one cases of heart disease with reference to prognosis. He gives the following table of average duration:

AVERAGE DURATION.

Nine cases of Aortic Obstruction, - - -	10½ years.
Eight do. of Aortic Obstruction and Regurgitation,	8½ “
Nine do. of Mitral Regurgitation, - - - -	8½ “
Seven do. of Aortic and Mitral, - - - -	10
Six do. of Miscellaneous, - - - - -	6
Three do. of right and left simultaneously, - -	4

Dr. C. argues from these facts that we may discriminate as to the probability of life in different heart affections.

Reception of the American Medical Association at Independence Hall, Philadelphia, May 2, 1855.

A full account of the speeches, etc., on this interesting occasion, was given in our last, but we are none the less indebted to the unknown hand which has favored us with this neat little pamphlet.

A Case of Placenta Prævia, from our good friend, Dr. Hershey, of Freeport, Ill., is received, and will find room in our next. We call the attention of our readers to the neatness and accuracy of the lithograph, by Compton, accompanying the present number. Now that we have ascertained that good anatomical plates can be executed in Buffalo, we shall make use of them whenever they will assist the text.



BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 11.

SEPTEMBER, 1855.

NO. 4.

ORIGINAL COMMUNICATIONS.

ART. I.—*Clinical Lectures on some of the Principal Diseases of the Eye.*
Delivered before the Class of the New York Medical College. By ISIDOR
GLUCK, M. D., Chief Surgeon to the Hungarian (Vilmos) Hussars, and to
various Hospitals during the late war in Hungary; Cor. Fellow Med. Soc.
of London, etc.

ON OPACITIES OF THE CORNEA.

GENTLEMEN,—The disturbance of sight complained of by this individual, is attributable to the result of a series of organic destructions caused by inflammation and its consequences; the function of the organ of light being materially dependent on its normal anatomical construction, will be greatly impeded by any change contributing to alter, if not destroying, altogether, the textures constituting the eye.

The morbid change in the cornea is apparent to you even from a distance, while the patient himself is annoyed by its effect, causing, as he asserts it does, trouble of sight. With both eyes used together the young man sees misty; it does not require, however, great acuteness to recognize that the opacity in the left eye, although twice as large as that in the *right one*, being situated lower than the pupil, does not cause the dimness, but that the opacity in the right eye alone being situated a little in front of the pupil, creates

a disturbance of sight. Thus by looking with the left eye objects appear to him clear, whereas they appear nebulous if looked at by the right one, or by both eyes.

Before entering into the *pathological* conditions of the cornea, it will be necessary to recall to your minds its *normal state*. While demonstrating the anatomy of the eye, I remarked to you, gentlemen, that the cornea is constituted of the *epithelium*, situated in layers, consisting of nucleated cells, and of the *proper* corneal substance, which is a lamellated fibrous texture.

The epithelium of the cornea connects on the border of the cornea with the epithelium of the limbus conjunctivalis, which is a continuation of the fibres of the connecting tissue forming the conjunctiva, and is rich of vessels. The proper substance of the cornea consists of a great number of lamellæ,* situated like concentric layers, one upon another, and resembling each other perfectly in their structure and physical properties. They are composed of very thin and transparent fibres, which parallel in every layer, but differently in various ones.

The fibres are kept together by a gelatinous, textureless hyaline, very hyroscopic mass, which fills out the interlamellar spaces of the cornea. The basis of the cornea causes, by its property of attracting fluids, its swelling when soaked in fluids and the succulence peculiar to the cornea which is so great that fresh eyes allow their contents to escape on the surface, by a moderate pressure, in the form of drops, is mainly attributable to the basis of the cornea.

To it is also attributable the *optical equality* and the great transparency of the corneal parenchyma, filling out, as it does, the interspaces between the fibres, and causing also the resistance of the cornea. The cornea becomes, therefore, opaque and atonic, if its succulence is diminished by evaporation or expression of the contained fluid; but the corneal lamellæ do not extend to the border of the sclerotic coat, for between both the cornea and the sclerotic exists a stratum of a tough, firm, transparent, entirely homogeneous, perfectly textureless substance, which by the naked eye cannot be distinguished

* The mechanics have long ago valued the resistance of lamellated walls and construct, therefore, the walls of such parts of the machine as are exposed to a higher pressure of lamellæ; thus, for instance, of a *steam boiler*. If the cornea was woven felt-like, it could not retain its form; so in woven textures the single fibres run too long to be able to resist, sufficiently, a high pressure acting on their course under a great angle. The lamellated structure of the cornea causes, by an intense force acting on the eye by means of an obtuse instrument, rather a recession of the iris from the ciliary muscle, or a breaking up the sclerotic coat, than that of the cornea.

at all from the lamellated cornea; this *intercalar* substance forms a border of the thickness of the cornea and is $\frac{1}{1000}$ to $\frac{1}{100}$, wide. It is easily perceptible in a morbid cornea, being deprived of any organization; existing on the lowest degree of capacity of animal formation, it does not participate in the pathological processes of the lamellated corneal substance and thus confines, externally, distinctly the diseases. In this structureless marginal substance the lamellæ of the cornea loose themselves without a defined border, their periphery disappears in the homogeneous intercalar mass; on the other hand the sclerotic fibres enter under various angles the border of the sclerotic coat. In its texture the cornea contains marrowless, pallid nerve fibres, belonging partly to the superior cervical ganglion of the sympathetic nerve, partly to the ciliary ganglion and to the naso-ciliar branch of the trigeminus; they run as ciliary nerves between the choroid and sclerotic coats to the ciliary muscle, and only then separating from the accompanying nerves enter again into the sclerotic coat in order to pass, connected in 12 or 28 small trunks through the border of the sclerotic coat and the textureless marginal substance of the cornea, to its interlamellar spaces, where they divide dichotomously in more and more subtile branches, and thus form an irregular net with large loops and extremely fine anastomoses, the trunks of which have mostly a centripetal direction.

The sensibility of the cornea is not very great, on account of the small quantity of the sensitive nerves, and of their small capacity of conducting in a centripetal direction; in the morbid state, however, the sensibility of the cornea is increased, although it may be almost deprived of any sensibility when normal, and thus the highest degree of pain may be excited in it. The cornea not only serves as a protecting membrane to the eye, but at the same time acts as a link of the dioptic apparatus. As such it has to possess a certain degree of firmness, having to support on its posterior wall the pressure of the contents of the eye from within, and to oppose the necessary resistance. On the other hand it has to resist the mechanical forces from without and thus to sustain its light-refracting walls in an adequate situation without being brittle and endangered by somewhat sudden blows or pressures. This is realized by the lamellated structure of the crossing fibres situated over each other. This arrangement prevents an extension of the curvature of the cornea, while it admits during blows and pressures on its surface the necessary curvable elasticity.

The extreme smoothness of both surfaces of the cornea and the optical quality of the corneal substance, cause the very small diffusion of the light falling on it, i. e. the *slight visibility of the cornea*. This is an important

means of diagnosticating diseases of the cornea; it will be the more visible the less its transparency, in consequence of the change of the *optically equal* texture of the cornea. Thus abrasions of the corneal epithelium and transparent exudations may be diagnosticated by the increased diffusion of light produced by them. For this reason you see *here* the opacity in both eyes without difficulty. The increased diffusion of light produced by the transparent part of the cornea shows a change of the corneal texture, and even in the opacity itself you observe differences of shade of light and color, from the fact that the optical equality is disturbed variously through the difference of the altered texture showing the opacity.

The texture of every organ is the result of a peculiar formation out of the plasma necessary to it, which latter although *formally* for all organs *homogeneous*, still chemically must be regarded as a *specific different* one. The capacity of formation peculiar to each organ, may be considered as a part of the vital energy common to the whole organism. The abnormalisms of texture may be looked upon as produced by changes of the plasma contributing to the *growth* of the organ, or as the result of an altered specific vital energy, modifying the process of formation. We will confine ourselves, however, to such alterations of the cornea as are *objectively* perceptible or visible. The loss of optical equality depends upon the existence of anomalous elements entering into the formation of the parenchyma of the cornea or of its epithelium. Let us follow the formation of the cornea and observe it when in a pathological condition. Inflammation in the cornea is commonly regarded as the most frequent cause of alterations, and hence resulting opacities. The cornea proper being, as above remarked, in its normal condition entirely destitute of vessels, an inflammation of its parenchyma is almost inadmissible. Although the formation of vessels during inflammation might induce the belief in the preëxistence of such vessels, which being of a small calibre, admit but serum, and in their morbid condition subsequently filled, may carry red corpuscles of blood, and thus are more apparent; still it must be admitted that inflammation of the cornea exists also *without* the formation of vessels, and moreover, their presence is not always proportionate to the exudation.

Sometimes the greatest development of the vessels is accompanied by comparatively small exudations, whereas in other instances the profusest exudations forming in cancer and tubercle of the cornea, and all such exudations which put on a genuine fibrinous, firm, and tough product, assuming a higher organization by splitting into fibres or remaining in the crude state, primarily run through their course without even the slightest vestige of a formation of

any vessel. The microscope, however, gives an additional proof of the independence of the exudations in the cornea (in keratitis) from bloodvessels and stagnation, and thus shows eminently the difference of the inflammation in the cornea from that of any other organ. The blood corpuscles occurring in fresh inflammatory centres, show by physical properties their youth, and differ in every respect from those circulating in the rest of the organism. They appear very pale, commonly yellowish, of an irregular round shape, of very different sizes; are very soft, and possess almost homogeneous contents, divided only in a very small number of dark granules. The lymph around it is prevalent, and keeps them aloof from each other, rarely are visible any of them connected, they are mostly loose, enclosed in entirely irregular interspaces or loops of the infiltrated corneal texture, which loops in the beginning are irregular and radiating in branches, later, however extending in one or another direction, and branching off in channels which communicate with blood channels in the vicinity, and at last also by their intermediation with the vessels of the general circulation. But always are the walls of the vessels as yet wanting, and thus they differ from the capillary vessels by their greater diameter, which is unequal in the different parts of their length.

In the injections of the inflamed portions of the cornea are visible, evidently, newly formed interspaces for receiving blood, in which every vestige of stagnation is wanted, as neither an agglutination of blood corpuscles is observable, nor an agglomeration of inspissated, deep colored coagulated fibrin, or solidified albumen, is visible; nor do appear within those channels the phenomena of the formation of nuclei or cells foreign to blood. It remains, therefore, but to assume that the new formation of elements cannot be derived from an immediate exudation through the walls of vessels, but that the existence of elements foreign to the normal structure of the cornea, is attributable on the one hand, to the aqueous humor which pervades and nourishes the cornea; on the other hand, to the alteration of the specific vital energy proper to the cornea, which latter cause by itself, mostly produces the development of anomalous processes of formation in the cornea, to which it is confined, and therefore, may be considered a *local* morbid process. It cannot, however, be denied, that often the principal and only cause will be in the constitution of the blood itself; at the same time it must be admitted that often the character of the deposit will be at variance with the constitution of the blood. Thus it may and does happen, that in an evidently strumous individual, one tainted with cancerous, tuberculous, or a lupous dyscrasia, an exudation in the cornea, or rather deposit on or in it may

take place of a genuine fibrinous character, or of a deposit capable of splitting into fibres.

You may infer from the mentioned circumstances that the appearance of certain casual forms of the exudation of certain colors and consistency, is not sufficient to establish a diagnosis.

As the division of the exudation, according to its chemical nature, is utterly impossible, unless an analysis is instituted, it may not, perhaps, be improper to classify it according to Stelbwag, into

A. Such as are not capable of formation, or transformation, but remain in the crude state.

B. Into such as are capable of transformation.

A. The exudation may not possess the property of being transformed into other protein compounds, but it retains its albuminous nature, and remains in the very same state in which it has been deposited in the parenchyma of the cornea, or its epithelium (unaltered) and at the most alters its state of aggregation by solidifying in consequence of alteration of its finest particles, a process not based on the principle of vitality.

The appearance of such a product is manifested by *changes in the transparency of the cornea*. The cornea assumes, in a smaller or larger extent, often in its whole circumference, a peculiar jellylike appearance; it appears dull, greyish, with a tint of blue or yellow, without being changed in thickness or density.

Often this is the only symptom; more often, however, its surface loses the brilliancy, and looked at in a certain direction opalescence is observed in it. Seen closely the cornea appears rough, as if full of small excavations, as if pricked with needles in its whole extent or in some of its parts. The disease may exist for a long time in this stage, and the reparative process may develop itself, carrying off every product without leaving any vestige. Usually, however, in the homogeneous cornea, roundish aggregations form themselves, of small patches the size of poppy seed, of a dull grey color, with a yellowish or bluish tint. They are situated in various depths of the cornea, as is easily observable when the cornea is looked at sideways. They cover each other in some parts and appear to the naked eye confluent; they are most crowded in the posterior lamellæ of the cornea, where they really *lose themselves* in more or less extended nebulous opacities.

This opacity of the cornea is caused by the formation and appearance of an extremely fine, light, dust-like molecular mass, in the fibrinogenous base (substance) which pervades the fibrous structure and the epithelium of the cornea. The structure of the corneal lamellæ is unchanged, but appears as if

smoky, opaque, and changed in hue. The contents of the epithelial cells appear also dim, dull, without any accumulation of granules in a larger than the normal quantity. In the more opaque patches only, the molecular mass seems to have densified itself in consequence of reciprocal attractions of the molecular mass, the granuli appear there of the most different size and form, of a very dark color, and grouped together in a nebulous dark granulous base substance, but always without indication of a higher organized element of formation.

With the process causing opacity or dimness in the half fluid base of the corneal texture, seems also to suffer the process of vegetation of the epithelial cells, and separation of them follows, as the roughness of the cornea is produced by the loss of single epithelial cells on various spots of the surface of the cornea.

B. Exudation capable of organization.

Its characteristic property is the capability of being organized in elements of texture. The metamorphoses and phases in which the product appears, being various, the form under which it appears is accordingly modified and appears differently. The metamorphosis, however, always takes place in a certain way, the elements of form develop themselves constantly out of jelly-like fluid, homogeneous in all instances, a more or less succulent mass, which pervades, more or less, the corneal texture, and thus deprives it of its smoothness and transparency, and appears under the microscope as a viscid structureless substance, which is characterized by the great number of fine, light, dust-like molecules. This is, according to Stelbwag, the *base form* of each corneal exudation.

Keratitis, or inflammation of the cornea, may remain unaltered in its *primitive* form; usually, however, the exudation undergoes metamorphoses which may be reduced

(a.) To simple splitting in fibres of the coagulating product, (keratitis simplex.)

(b.) The metamorphosis may consist in the formation of vessels with a contemporaneous formation of epithelium and a fibrous texture, (keratitis vasculosa.)

(c.) The exudation is partly fluid, partly plastic, forms vessels; the process governing the metamorphosis is a typic one, and shows eminently to be dependent upon the alteration of single sensitive nerve tubules, (herpes cornealis.)

(d.) The exudation is transformed, or partly so, to a pus-like fluid, (keratitis suppurativa.)

(e.) The exudation enters the carcinomatous metamorphosis, (keratitis carcinomatosa.)

(f.) The exudation may be a lupose product, (kerat. luposa.)

Ructe assuming that the inflammation is* a process based on an altered nutrition, in which everything belonging to the nutrition of a part is interested, (the blood and nerves as well as the walls of the vessels and texture) supposed that the inflammation may originate in every part contributing to nutrition, thus, in the blood, nerves, vessels and textures, and thus subsequently concern or disturb the normal relation of the parts. Presuming further the correctness of the existence of the vessels recently demonstrated in the normal cornea by Caccius, he divides a keratitis.

(a.) Nervosa.

(b.) Vasculosa.

(c.) Parenchymatosa.

The inflammation of the cornea in general, may terminate in

1. Resolution.

2. Enlargement, or rather new formation of bloodvessels.

3. Mortification of the cornea.

(a.) Gangrene.

(b.) Keratomalacia.

(c.) Ulcera corneæ.

4. Keratocele (hernia corneæ) prolapsus iridis, and staphyloma corneæ racemosima.

5. Abscessus corneæ.

6. Opacities of the cornea.

With this latter termination of the keratitis, we meet in this young man, who, as you hear, has suffered already when a child from a violent inflammation in both eyes, and under the treatment of the late Dr. Rogers improved, when a few years ago, a violent inflammation of his eyes, in consequence of a cold, nearly destroyed his sight entirely, Slowly recovering from this affection that lasted about three years, he regained his sight, but dimness and imperfect vision compelled him to apply here. The opacities in both eyes did not diminish, but on the contrary, extended after the second attack. In this instance an iritis has in both eyes established a connection of both irides with the anterior capsule of the lens, which connection prevents the enlargement of the pupils, although atropine has been used for that purpose. The brownish-red color irregularly deposited in form of patches, and

*According to Virchow.

contrasting with the original grey color of the irides, are, in both eyes, more distinct near the pupillary margin where the exudation was more profuse, on account of the anatomical construction, than in the rest of the irides. The oval shape of both pupils very little, or at all altering by the different degrees of light, permits the perception of the objects clearly in the left eye. The extent of the pupil does not exceed 1''' in length and $\frac{1}{2}$ ''' in breadth, in the left, and $\frac{3}{4}$ ''' in the right eye. It would be presumptuous to decide whether the iritis followed or preceded the corneitis in the different attacks, but it may be inferred by the visible remnant of an ulcer in the cornea now appearing as a cicatrix in the left eye, that the connection of the iris with the lens (synechia posterior) may have taken place already before such an ulcer was established, and thus prevented the union of the iris with the cornea, (synechia anterior.)

It would lead me too far to enter now into the other forms of keratitis than that to which, in this instance, the opacity is attributable; but the general outline of the appearance, and possible metamorphoses of such products as cause the opacity, together with the manner in which they alter the structure, and consequently the function of the eye, it will be necessary to dwell upon.

Undeniable is the result, although not accountable with absolute accuracy, whether mainly attributable to an endo and exosmotic process, or to that inter-mediated by vessels whether preëxisting or newly formed during the morbid process, or whether by both means an inflammation of the cornea has established its product—enough, the visible altered structure of the cornea is the consequence of it, and causes the disturbance of sight. I do not presume to say that it is immaterial respecting the treatment, to know in what way the product of inflammation has been formed; but the one and the other theory, based partly on facts, partly on speculative induction, has so many arguments in its favor that the possibility of both principles must be admitted, but till now it could not be ascertained exactly under what circumstances the one or the other, or both together, take place. Stelbwag's careful anatomico-pathological examination, controlled by the appearances in the living diseased eye have by his regard to the physiological processes in it, the greatest claim to attention, and his inferences drawn from and formed on the positive ground of dissection, deserve closer consideration.

The different formation of the elements deciding the form, appear as transitions or links in the chain of the morbid process, by which means the morbid product becomes capable of being resorbed or separated.

Without entering further into the formation of the corneal exudations as

products on the way of being metamorphosed, and without following the changes of the different elements of form in their various stages of evolution or retrogression, I will confine myself, to-day, to the consideration of those products which attain a degree of development, on which, although subject to a continual change of element, the same alter *little*, or *not at all*, their external form and texture, *i. e.*, the products remain *stationary*. Such products are epithelium, loose connecting tissue, fibrous lamellated cicatrix-texture ossifications, cretaceous and fatty formations. Rarely occurs one or the other new formation by itself; usually they are variously combined and mixed with each other in the most different quantities.

EPITHELIAL OPACITIES.

Anomalous epithelial layers produced by morbid processes of vegetation, remain often, without changing materially, when the pathological process is terminated.

Only superficial layers of exudation transform themselves to epithelial textures. Morbid products included in interstices of the cornea never transform into elements proper to the epithelium. Morbid, as well as healthy, epithelium, is constantly exposed to a change of its textures of form, the oldest most external layers *separate* constantly, while out of the interior matrix new blastema is formed, out of which cells are produced which, in their continual evolution, are gradually placed forward by the subsequent layers, and arriving at the surface desquamate themselves. The continued formation of morbid opaque epithelium on the convexity of the cornea, depends upon its morbid substratum, which if morbid will give rise to a formation of morbid epithelium, as shown by the microscope. The aqueous humor which serves in the normal condition as nourishment to the cornea, and partly is transformed to epithelium on the surface of the cornea, may be metamorphosed during its transit through its morbidly changed cornea, or the formation of transparent epithelium may be prevented through the metamorphosis of the cells *not* in contact with the normal parenchyma of the cornea.

A corneal exudation may become stationary, but it depends much upon the quality and quantity of the exudation, its greater or less tendency to a higher organization, etc. If the exudated layer is a very thin one, it comes to a formation of a superficial epithelial layer, whatever the constitution of the exuded mass may be, its new formation amounts to epithelium with a subjacent structureless opaque mass. In the profuse exudation, on the contrary, it depends upon the constitution of the new product what textures of

form can be developed of it. Genuine fibrinous massy products almost always metamorphose themselves to a tough tendonous new product, adhered only to a very thin layer of epithelium.

Profuse fibro-albuminous exudations, which show already during inflammation a great tendency to form cells and appear as pannus or ulorous granulations, transform themselves into stationary new formations, which mostly consist of loose connecting tissue, covered with numerous epithelial layers and subjacent rigid tendonlike texture; or they are almost entirely composed of epidermislike epithelium, which seems to be separated from the foremost layer of the healthy corneal parenchyma through a structureless, or at the most indistinct fibro-striped, very tough, firm, dry, and cartilagelike substance, which often shows its small capacity of development by the blending of its deeper layers with lime and fat crystal conglomerates. Epithelial new formations of the cornea, of inconsiderable thickness, are simple haziness or dullness, simple patches, cloudy or smoky. You need no better proof as to how suddenly a cornea may get alternately obscure and cleared, than the case of the French girl you saw here frequently applying, and exhibiting a keratitis in its different stages, and with exudations on, in, and under the corneal epithelium.

OPACITIES IN THE PARENCHYMA OF THE CORNEA

Are of two forms, materially differing from each other. Opacities resulting from changes in the corneal substance itself with or without formation of ulcers, (primary or secondary,) are the most frequent. They come under various names: leucoma, margarite or perla, albugo or paralampsis, cicatrix. Exudations between the yet existing lamellæ of the cornea, and exudations compensating the lamellæ lost in consequence of an ulcerous process, or of mechanical or chemical injuries, occur together; in fact the latter one never occurs without the first in the circumference of the cicatrix. The opacities may be caused

(a.) By the deposit of fibro-albuminous exudations between the more or less *unchanged* corneal lamellæ.

(b.) By deposit compensating the corneal substance lost by ulceration or destroyed by escharotics, and may be partly capable of transformation into a *proper* corneal substance, partly incapable for it, but remains unchanged as fibrous and cicatrix texture, or it may appear as mostly and usually *stationary* in the center of the opacity, and capable of transformation in its periphery.

CATOPTRIC RELATIONS.

However differently their texture may be composed, they unite in one principal property, characteristic of every such neoplasia, namely in *the want of optical equality in its texture and in the quality based upon this property of diffusing, regularly, the rays of light falling on it.* Each element of new formation (neoplastic) may be considered as a source of light from which emanates a spherical wave of light which is *excited* partly by light diffused in the world, partly by that reflected from external objects and turned on the neoplastic formation. One part of this spherical wave, equally progressing in all directions, diffuses itself in the *outer world*, and intermediates as the so called *reflected* part, the *visibility* of the new formation (neoplastic), as dim, or according to the constitution of the single forms of element, variously colored patches. The absolute quantity of light, coming from the new formation in a certain direction, will be the greater, and the patch will appear the more intensely colored, the greater its illumination, and the more the elements of new formation diffuse the light, the more *optically unequal* its texture is. Therefore appear, under the same intensity of illumination, calcareous or chalky exudations of a more saturated color than the epithelial new formations do, and the latter ones more saturated than loose connecting tissue (if it is not very rich of vessels) and the fibrous lamellated cicatrix.

A section of each wave excited on the surface of the new formation, advances in the same direction with the direct transmitted light. If it meets in its way with a new stratum of optically unequal texture, the process that took place on the surface repeats itself, and so on in each stratum a new part of the coming light is reflected, and thus the visibility of the cornea increased. Its absolute light increases, not only with the intensity of illuminations and the degree of optical inequality, but also with the thickness of new formation.

Very thin strata of a new formation reflect but little light, their image is projected on the dark back ground and the translucent iris; they appear grey or bluish, but thicker neoplasies (new formations) appear in the color proper to their elements.

The quantity of the transmitted light is in inverted relation to that reflected; the light, therefore, emanating, or reflected, from some object and falling on the cornea, will be the less transmitted, the *thicker*, the *more* optically unequal the newly formed texture is, and the less the illuminating intensity of an element of the surface.

Therefore if a new formation occupies the whole of the cornea, or darkens

that part of it situated opposite the pupil, it follows that by the same illuminating intensity of the opaque corneal space, the rays coming from an external object, will be the less transmitted to the retina (the object will be the less visible) the less optically equal and the thicker the new formation is.

In every instance of an extended opacity on the cornea, or of that part corresponding to the pupil, strongly illuminated shining objects will be seen better than less illuminated and dull ones, larger ones better than smaller ones, nearer objects better than distant ones, and such ones as are situated in the optical axis will be perceived better than objects placed sideways.

And as further the apparent brightness of a retinal image *decreases ceteris paribus*, the larger its extent in space, and this latter increases the more, the more distant out of the range of accommodation, proper to the eye, the object is situated, it is evident that the perception of an external object through an opaque cornea becomes the more difficult, the less the dioptric apparatus is capable of adapting itself to a corresponding appropriate distance. Very remote objects, situated far beyond the distant point of vision of the eye concerned, will always be seen *duller* and *more* imperfect than even less intensively illuminated and relatively smaller ones, if they are within the range of vision. It is further apparent that neoplasmas, if connected with flatness or diminution of the radius of curvature of the cornea will impede the sight, more than new formations which exist without change of the normal curvature of the cornea, as in the former case the divergence of the united transmitted rays will fall the more in front of or backwards the retina, the greater the abnormalism of the curvature of the cornea. Eyes with a flattened or cicatrised contracted cornea, or with a cornea that protrudes staphylomatously, see always worse than such-eyes as have retained the normal curvature of the cornea, even if the cornea is more opaque than in the former instance.

Corneal opacities act on the retina, under certain circumstances, like illuminating objects, and such opacities are translucent, transparent. One part of their light is reflected, and another transmitted; part is diffused on the retina; the diffused rays disturb the formed retinal image if the proportionately much larger quantity of the regularly refracted light does not compensate the disadvantage produced by the diffused light.

The diffused rays of light, if intense, cover the regularly formed retinal image with a fog, hence the retinal image is not clear, so much so that the color, clearness, and the curvatures of every object appear indistinct.

Translucent central specks impede the perceptions of objects more than eccentric ones, because in the former the light which not forming the retinal

image appears nebulous, falls on the center of the retina, whilst the eccentric opacities send their light to a corresponding eccentric part of the retina, and admit only a small quantity on its center. The diffused rays of light coming from translucent opacities, are therefore the more intense the larger the speck, and the more intense the rays of light. For that reason patients, with transparent opacities, see best high colored objects in a brown fog, or by a dull illumination and subdued light; and on the contrary, dull objects best in a stronger light, with white fog or mist.

This patient, you will now understand, is prevented from seeing distinctly with the right eye through the *translucent* opacity covering the lower part of the pupil, and extending somewhat below it. The adhesion of the iris with the anterior capsule, is here of great service, as the diffusion of the rays coming from the half-transparent opacity would be greater, and thus the disturbance also, if an enlargement of the pupil was possible; but fortunately for the patient the iris excludes the entrance of the diffused rays of light, and thus nature endeavored to remedy, in some measure, the evil. In the left eye, where the opacity is entirely below the pupil, which is also incapable of enlargement, the sight is not disturbed.

Although the opacity in the left eye is one by appearance totally different from that in the right, they still seem to have originated with the same process.

The impediment of vision produced by new formations situated eccentrically on the cornea, depends upon the distance of the central border of the new formation from the optical center of the cornea, further upon the diameter of the pupil, and upon the temporary state of accommodation of the eye. The pencil of light coming from the translucent opacity, situated eccentrically, will fall the more outside the macula lutea, the more distant the central margin of the opacity is from the optical axis. The contraction of the pupil must be the greater the nearer the central border of the transparent opacity to the optical axis in order to exclude the diffused rays of light from the center of the macula lutea. If the diameter of the pupil is insufficient, the accommodation of the eye to near objects has to compensate it, by giving such a form to the lens, or according to believers in locomotion of the lens, to move it forward, as by it the angle in which the axis of the cones of light coming from the new formation cut the optical axis, increases. The shortening of the distance of accommodation is generally combined with diminution of the pupil, which process explains why patients, with eccentric corneal opacities, see *near* objects clearer and more defined.

INTRANSPARENT PATCHES OF THE CORNEA.

In the normal condition of the eye where the rays of light coming through the cornea from a luminating point form a cone, the base of which is situated on the cornea, and the apex of it on the object, the patient does *not* observe patches smaller than his own pupil, as from each cone of light rays enter yet on the sides of the opacity sufficient in quantity to form, by an adapted accommodation, a clearly defined retinal image. This is only proportionately darker, such an opacity cannot throw a shadow on the retina, *i. e.*, make a part of the object invisible. The base of the cone of light falling on the cornea and necessary for the visibility of the object, is somewhat larger than the pupil, because the rays begin already to converge at the cornea.

A dark macula, in the center of the cornea, causes blindness in the brilliant light, on account of the contraction of the pupil; in subdued light, however, having the size of the base of the cone of light, of a larger diameter than that of a medium sized pupil, or after the use of a nyctiopicum the patient may see sideways the opacity.

Two cases of corneal opacities now under my private treatment, will illustrate both the corneal morbidities and the phenomena observable hereby. I have taken particular pains (on account of the peculiarity of the case) of gaining the permission of introducing to you one of them. This young lady of *Morrisania*, 14 years of age, when four years and a half old, fell on her left side, bruising the head on the same side; twelve months later an inflammation, whether or not in connection with the injury I am not prepared to say, established itself in the left eye, and shortly after a violent inflammation in the right one, appeared on the sufferer, until about six years ago an operation on the right, performed in Dublin, resulted in total blindness. Now the young patient cannot even distinguish light from darkness by it, not only the opacity of the cornea, but the entire disorganization of the eye that evidently shows results of a chronic choroidal inflammation, prevents the perception of light. The left eye, that particularly deserves our attention, is covered in the center of the cornea with a large bluish-white speck, covering entirely the pupil, and a large portion all around the iris. The patient, as you observe, is blinded, can neither walk alone nor recognize the features of any of you, neither turned toward or from the light. But an instinctive assistance of the patient will allow the imperfect perception of large objects if situated close. You observe that the left hand, cylindrically closed, is

passed by the patient against the left *malar* bone, while the thumb pushes the skin and muscles of the face upward, the index draws the upper eyelid close to the inferior one, thus forming, by the contemporaneous contraction of the orbicular muscle, a small aperture for the entrance of the rays of light in one particular spot of the cornea, excluding by it the rays falling under other circumstances on the opacity, and causing a diffusion of light, preventing the formation of the perception of the retinal image. The great inconvenience of such an exertion, aggravated by the swelling often recurring in the cheek from the repeated pressures on it, in order to accommodate and adjust the eye, is apparent to you, and is the chief and sufficient reason for her desire of regaining the capability of seeing. The exudation in the cornea is situated partly between the epithelium and the corneal lamella, partly between the lamellæ themselves, which in the center may be substituted by a morbid tissue, but the difference of its several portions is evident; whereas the central part of the opacity is greyish-white, its marginal portion, chiefly the upper border, looks washed off, losing itself gradually in the healthy normal structure. However little hope there may be for an absorption of the central parts of the opacity, it may be allowed to infer, by the appearance of the border, that a resorption in it might contribute much to the clearness of the cornea. Extended as the half transparent opacity is, it admits the entrance of light more in the upper than lower part of the cornea, where the opacity is apparently thicker and larger.

Treatment.—A great number of stimulants and astringents have been recommended and used for the removal of opacities, and for restoring the transparency of the cornea: Extr. cicutæ; chelidonii; argent. nitr.; subl. corros; cadmium. sulph.; sal amm.; sacch.; borax; baryt. mur.; kali caust.; sal vol. corn. cer.; merc. precip. rub.; ung. citr.; kali hydr., and powders soluble and insoluble. The most, if not all those powders, act mechanically, producing an irritation and inflammation. Electricity and acupuncture has also been recommended. Remedies, internally applied, have been combined with the local treatment.

The removal of that portion of the cornea in which the opacity resides, was known in the time of Galen, but the practice has been allowed to fall into oblivion; but later it was revived and used, with various modifications, by Mead, Larry, Wardrop, Darwin, etc.; and still later, on suggestion of Dr. Guiz, (Vienna) French Surgeons, chiefly Malgaigne, practiced it. Diefenbach even resorted to the bold removal of a leucoma from the center of

the cornea and brought together the edges of the incision by suture. Earthy deposits have been removed from the cornea in two instances, by Mr. Goodman; one case was under treatment of Mr. Dixon.

In all those instances the removal of the opacity was effected with the view of thinning the cornea, and thus to make it permeable to light.

Prof. Donders has lately devised "stenopic spectacles," based on the principle of excluding the rays of light from the opacity, and admitting their entrance through a small opening in a glass, or any other suitable material held close to the eye and darkened on its posterior wall, thus to admit behind it the greatest possible enlargement of the pupil. I will revert to their construction and use on another occasion. However useful they may be, and in many instances really are so, (and save the trouble and inconvenience of an artificial pupil) still to dispense with them if possible, and see conveniently without them, is certainly the greatest desire of every patient who has to use them, the more so as the stenopic* spectacles are little calculated to *improve* the appearance of the patient.

From what I have stated to you, you will understand that in half transparent opacities it is important that the quantity of light necessary for the image should exceed the quantity of diffused rays, preventing the formation or perception of the image: the larger the transparent space, the greater the possibility of entrance of light through it, provided the pupil is capable of enlargement. Holding, in view this fact, the removal of the peripheral part of the opacity would, in many instances, be sufficient to restore sight, and is, for many reasons, preferable to the formation of an artificial pupil. With this view I propose to perform an operation, for removing the opacity, in the following manner:

In young individuals, where the inflammatory process is a very active one, chiefly if the eye has, as in this instance, been repeatedly the seat of violent inflammations, every irritation extending over the eye may be followed by serious consequences, I should abstain for that reason from using such remedies as above mentioned, the more so as many, if not the most of them, have been used by the different medical men under whose care the young lady has been previously.

Considering that nature often intends to renew and repair the loss of substance (and if possible by such material as is more or less prepared and adapted for it,) I propose to remove the epithelium covering the center of the opacity, thus to induce a reparative process to resorb the exudation in the periphery

* *Stenos*, narrow; *opc*, window glass.

of the opacity, which evidently looks capable of metamorphosis, and to convert it as substitute for the lost epithelium.

I shall confine myself, in this instance, to the center of the opacity, whereas in the young man I will remove the epithelium in that part of the opacity situated *below* the pupil, not to produce an inflammatory action in the part opposite the pupil. I will proceed to effect it at once in the lad. I use for this purpose Gimbernat's speculum, consisting of a ring slit on one side and provided with a semicircle in its upper part, which by being pressed toward the ridge on the palpebra superior of the orbit, forms with the ring calculated for steadying the eye and the handle, an ophthalmostate, which by pressure toward the eye keeps the cornea expanded and stretched. With a cataract needle curved on its blade, I now remove by its edge, holding the handle horizontally scraping in single strokes the *epithelium and some subjacent lamella*. You perceive now an excavation; we will allow nature time to fill up this loss and repeat the same manœuvre as soon as it appears replaced; at the same time ice water must be used to check a great amount of subsequent inflammation, and thus to control it. The same operation I intend to execute, to-morrow, on the eye of our obliging young lady.

(To be continued.)

ART. II.—*Dislocation of the Femur into the Ischiatic Notch. Reduction by Manipulation.* By FRANK H. HAMILTON, M. D., Professor of Principles and Practice of Surgery in the Medical Department of the University of Buffalo.

In my report on "Dislocations" made to the New York State Medical Society in February last, and just published, I have stated that in reference to the reduction of dislocations of the hip by "manipulation" alone, I did not feel authorized to speak authoritatively, having as yet had no experience in this mode. I ventured, however, to express a hope, based upon the testimony before me, that it might hereafter prove, in a majority of cases, both safe and practicable. Since then an opportunity has been presented which has enabled me, in some measure, to determine, by personal experience, the value of this procedure, and I hasten to lay the case before the profession.

March 23, 1855. Charles McCormick, aged 21 years, at work for the "State Line R. R. Co.," was caught between two freight cars, with his back resting against one and his right knee against the other; his thigh being

raised to a right angle with his body. As the cars came together he felt a "cracking" at his hip joint, and was immediately unable to walk or stand.

Two hours after, I saw McCormick, and assisted by my son Theodore, and Austin Flint, Jr., I examined the limb and made arrangements for its reduction. The patient was lying upon his back and left side. His right thigh was flexed upon his body to nearly a right angle and adducted, the knee being carried across the opposite thigh. It was also rotated inward, but not forcibly.

Turning the lad upon his back, and raising the left leg to a position corresponding to the right, both legs were carefully measured with a tape line from the anterior superior spinous process to the patella, and the right leg was found to be shortened one and a half inches. Measuring again from the ant. sup. spin. p. to the most prominent point of the trochanter major, the distance on the dislocated limb was six inches, and on the sound limb five inches. The head of the bone could not be felt, but no doubt remained as to its position. The limb was nearly immovable, except in one direction. It could neither be abducted, or rotated outward or carried downward.

Procedure. The patient lying upon his back, I seized the right leg and thigh with my hands, the leg being moderately flexed upon the thigh, and carried the knee slowly up towards the belly until it had approached within twelve or fifteen inches, when, noticing a slight resistance to farther progress in this direction, I carried the knee across the body outward until I again encountered a slight resistance, and immediately I began to allow the limb to descend. At this moment a sudden slip or snap occurred near the joint, and I supposed reduction was accomplished; but on bringing the limb down completely I found it was in the same position as before. I think the head had slipped off from the lower lip of the acetabulum, after having been gradually lifted upon it.

Without waiting, I commenced to repeat the manipulation, and in precisely the same manner. Again at the same point, when the limb was just beginning to descend, a much more distinct sensation of slipping was felt, and on dropping the limb it was found to be in place and in form, with all its mobility completely restored.

No anæsthetic was employed, and no person supported the body or interfered in any way to assist in the reduction. No outcry was made by the patient, yet he informs me that moving of the limb hurt him considerably. The amount of force employed by myself was just sufficient to lift the limb, and the time occupied in the whole procedure was only a few seconds.

After the reduction, he remained upon his back, in bed, eleven days, in pursuance of my instructions. At the end of this time he began to walk about, but was unable to resume work until after eight weeks or more. It is probable that he could have walked immediately after the reduction, without much if any inconvenience, so slight was the inflammation which resulted from the accident. He never complained of pain, but upon interrogation he replied that there was a slight soreness back of the trochanter, near the head of the bone. This soreness continued several weeks and was especially present when he bent forward. Even at the present time, four months after the accident, he occasionally feels a pain at this point when he is stooping. The motions of the joint are, however, free, and he walks nimble and without any halt.

In short, if I may judge correctly from a single example, nothing could be more complete than the triumph of this process over a dislocation hitherto so formidable. Nothing could be more simple and easy of execution, and nothing more gratifying both to the surgeon and to his patient. Unless, therefore, experience shall demonstrate in its practical working defects or dangers which I cannot now anticipate, I shall regard it hereafter as one of the most valuable contributions to our art, and its inventor as a true public benefactor.

ART. III.— *Contagiousness of Scarletina*. By WM. G. MEECHAM, M. D.,
Warsaw, Wyoming Co., N. Y.

Having recently come into possession of a legacy of facts rich in scientific interest, in that they present (to my judgment at least) indubitable proof of the contagiousness of scarlatina, a doctrine which, though generally to be found in the creeds of physicians of the nineteenth century, is yet ignored by some, and, in not a few instances, those too of men of no mean capacity and attainment, I will now transmit that legacy to you in a check upon the bank of epistolary correspondence, with a request that, if deemed of sufficient worth, it be distributed among your monthly readers in a check on the bank of the Buffalo Medical Journal.

This contagiousness having been doubted by no less a man than Dr. Dewees, who has stated that he had never seen "any decided proof that it (scarlatina) had communicated itself in any one instance," I certainly think I cannot justly be accused of engaging in supererogatory labor in endeavor-

ing, by making reasonable deductions from actual occurrences under my own observation, to corroborate the truth of the doctrine.

The facts I allude to are substantially as follows: Scarlatina, under each of its three varieties of phase, as simplex, anginosa and maligna, has been prevailing, to a limited extent, in our own town and in one or more of those adjoining, during the last eight or twelve weeks. My partner and myself have treated several of the cases, and among them an unusually severe one of the malignant form, which, thanks to the successful agency of therapeutic management and the recuperative energy of nature, has been mastered, and the patient is now rapidly advancing in the highway of convalescence. At my daily visits to this patient I frequently remained in her chamber from thirty to sixty minutes, and a large share of this time in close proximity to her person, either conducting the ordinary examination or removing and reapplying dressings and bandages from and to ulcers and superficial abscesses with which she was most bountifully supplied, and which incessantly discharged inordinate quantities of a sero-purulent fluid. By this means my *clothing* doubtless became thoroughly impregnated with the effluvia from her person, and would it be making too large a draft upon enlightened reason to say my *body* also! During my daily attendance upon this patient, it so happened that I slept for three successive nights with a son of my partner, a boy nine years of age. On the day succeeding the third night the boy manifested well-marked prodromata of scarlatina, such as languor, rigors alternating with flushes of heat, a frequent pulse, hot dry skin, furred tongue, anorexia, thirst, muscular weakness, stupor, &c. The next day the peculiar rash presented itself, gradually augmenting in intensity and extent, until well nigh the entire surface of the body was tinged with the characteristic "boiled lobster" hue. The disease pursued the steady, straightforward course of the simplex variety, and upon the fifth day succeeding the first appearance of the efflorescence, reached its acme and began to descend the declivity of resolution. Upon the same day (the fifth) a sister of the boy, aged five years, returned home, having been absent in Wisconsin four weeks, and on the third day thereafter was in turn attacked by the same disease, but of a severer form, the anginosa. The boy, be it remembered, had been subjected to the epidemic influences, if such existed, for a period of many weeks previously, but they had not proved sufficient to institute the malady in his person. It was not until I slept with him, after having been daily in the chamber of the lady affected with the malignant type of scarlatina, that the boy's system was contaminated.

Now let me ask, what are the inferences logically and justly deducible

from these premises? Is not one of them this, that the scarlatina of the boy was induced by a specific contagion? Else, why should the boy so long have escaped, and been seized at that particular time? Some may be ready here to put in the plea, "coincidence;" but no reason, no philosophy requires such a plea. The *prima facie* evidence of the existence of the relationship of cause and effect between these two circumstances, is, to say the least, extremely weighty. Is it not proper to infer from this correlation of incidents that my apparel became laden with a peculiar subtile effluvia from the skin and bronchio-pulmonary mucous membrane of my patient, or even that my very body was more or less contaminated with the infinitesimal particles of such a specific poison, and that the boy, from close proximity to the fomites and my own person, was brought within the range of a contagious influence? My own judgment points an unwavering finger to this inference.

It may be asked, if there was contagion, why had I not been the vehicle of its conveyance to the boy long anteriorly, since I had been in attendance upon scarlatina patients for a considerable time previously? For three reasons, I reply:

First, because the cases that I had treated before had been of the milder varieties, and the contagion consequently less concentrated and virulent.

Secondly, because I had not been necessitated to spend as much time over their persons, and thus allow of opportunity for the fixation of the contagious miasm in my dress and person.

And lastly, because I had not brought the boy into continued, immediate proximity to my own infected body and apparel, as I afterwards did by sleeping with him.

And here, by way of digression, assuming for the nonce the doctrine of contagion proved, let me say a word in relation to the idea just advanced, that the body of an individual, a physician or a nurse for instance, who has been protected against the peculiar agency of scarlatina by an antecedent attack, may become freighted with the invisible contagion, at least upon its superficies, without suffering its morbid effects, so as to be able to communicate it to those unprotected. The case now under consideration gives evidence to the point—The boy did not suffer from the disease *until after he had slept with me*. I had had scarlet fever in boyhood, and just then furnished not one symptom of an incipient second attack, nor have I since. Indeed, I see nothing unreasonable in the hypothesis. One great characteristic of eruptive fevers, it is well known, is their occurrence, in the main, but once in the life of an individual. The invisible workings of the virus seem to

impress upon the system such changes as are ever after prophylactic against the same agent. What this change precisely is, whether, according to Liebig, a process of fermentation, or, according to others, something else, it is of little moment to our present purpose to stop to consider. Suffice it to say that in view of the acknowledged protective virtue of an assault of the disease, I see nothing in the way of the philosophy of the theory indicated above. May not the contagious miasma be fixed upon the cuticle of a protected person, aye, may it not even enter his circulation, without occasioning the disease? I think no one need hesitate long to reply in the affirmative. It is unreasonable to suppose that scarlatina renders the integument and gastro-pulmonary mucous membrane ever after impervious to its peculiar poison, but open and free to every other noxious virus.

Again; to resume the thread of our argument, the girl's case presents nearly as valuable testimony in favor of contagion as does that of the boy. Previously to going West, she had been subject to the epidemic influences for at least six weeks, and had escaped unscathed. During her stay in Wisconsin, she had had no symptoms of the disease in question. But almost immediately after her return and exposure to the disease of her brother, (three days,) she evinces the rage of the "scarlet" monster. If the cause were merely epidemic, why had she not been assailed prior to that time, and not so directly after she had been brought in proximity to the boy? Assuredly the nose is very prominent on this face.

We have also in these facts evidence corroborative of certain statements founded on the sure basis of accumulated experience, viz., first, that the poisons of the various forms of the fever is virulent proportionably with the severity of the variety, making due allowance for the qualifying circumstances, such as constitution, age, time, place, &c.; and secondly, that one grade of the disease may induce in a different individual another. The scarlatina maligna of the lady occasioned the scarlatina simplex of the boy, while the scarlatina simplex of the boy instituted the scarlatina anginosa of the girl. Hence it is inferable that the three forms are one and the same affection, modified by prevailing epidemic influences, temperament, &c.

The true doctrine in relation to the etiology of scarlatina, as established by accumulated experiences, and confirmed by analogy, is doubtless this:— In the vast majority of instances epidemic and contagious influences conjoin in the causation of this (in its sequelæ) protean malady; and yet there is no valid ground for disbelieving the possibility of its generation, *de novo*, in the appropriate combination of circumstances. But to me it seems inexplicable that so intelligent and practical a physician as Dr. Dewees, should for a

moment entertain doubt respecting the existence of the contagiousness of scarlatina. But I cease to wonder. *The immortal Shakespeare poached!*

Another circumstance attending this epidemic, perchance worthy of a passing notice, is its occurrence at and near the vernal equinox, an incident corroborative of the statement of several authors that scarlatina prevails more frequently about the equinoxial seasons than at any other time.

Warsaw, Wyoming Co., July 9, 1855.

ART. IV.—*Medical Education.* By JOHN LOCHE CHANDLER, M. D.,
St. Albans, Vermont.

“Non ignara mali, miseris succurrere disco.”

The plain English of my motto may be thus rendered—My early training in classical and scientific studies was almost nothing. Of the dead languages I am profoundly ignorant, with the exception of Latin, of which I know very little. Of living languages I am equally ignorant, with the exception of my mother-tongue; and even for the little skill I may claim in this, I find myself largely indebted to my superficial knowledge of Latin, a language I cannot read understandingly, even with the help of a dictionary. Of mathematics and philosophy, with all their dependencies, and natural history, I was utterly ignorant, when I most needed them as indispensable aids to the study of my profession. My acquirements in all these are yet so meagre, that in considering to what departments I may be most indebted for the little I have attained, I find myself too ignorant to determine. I simply know that numbers, magnitude, and their relations, are to be investigated and understood by the application of certain rules, or tests; but what these are exactly, or what they should be called, I know not. With the exception of some familiarity with a few good English Essayists, and Dramatists, and a little acquaintance with an ancient volume of Ethics, written by savans, of whom Isaiah, David, and Luke, a physician, are examples, such was my own preparation for entering on the study of medicine. “Fools rush in, where angels fear to tread.”

So much for my “non ignarus mali;” and the plainness with which I have most truthfully stated it I trust will be tolerated, for the sake of enforcing more effectually on *such younger members of the profession*, as may need it, and who are not yet past hope, no less than are *medical students*, a just estimate of the importance of *preliminary facilities*, for acquiring a

knowledge of medicine. Being myself well qualified to *feel* their indispensable necessity, "*miseris succurrere disco*," which probably means, not liking my companionship, I would gladly rid myself of my fellow occupants, by helping them out of the ditch, upon my own shoulder. If *scholarly* readers choose to call my rendering of the passage a *free translation*, they can retire. I did not call their attention. *We* understand each other; that is, the "late-caught rustics" and myself, unscourged of birch, and unredolent of midnight oil, who are to consider these my lucubrations. Before they retire, however, let us do ourselves the justice, we, "the late-caught," to apprise them of our mindfulness, that their parchment-vouchers are but circumstantial evidence; that unconned lessons are sometimes *recited*, and that unused brains come to be little better than no brains.

Having the field exclusively to ourselves, let me warn you, confidentially, against yielding any vantage-ground, (we have little enough,) by presuming too much on the indolence of the enemy. The parchment-men have resources at their command that enable them, with comparative ease, to achieve that which costs us protracted, and sometimes fruitless toil; and though we are often tempted to undervalue the prowess of an educated competitor, from the fact of his palpable indolence and inattention to medical studies, emergencies frequently occur, which confound and put us to shame, by the demonstration of his superior tact in diagnosis; his deeper and more just conception of pathology; and his more enlightened views of therapeutic agencies. Whence comes all this? We have, perhaps, long observed his indolent habits, and have seldom, if ever, witnessed his exhibition of intellectual activity or force; while we are conscious ourselves of diligence and effort in professional inquiries. It unquestionably comes of early training in the preliminary studies, which are essential aids to the effective study of medicine; no less, perhaps, than of systematic training in the principles of medicine itself. With equal natural endowments, with habits of application, comparatively indolent, our competitor will long eclipse us, in the estimation of intelligent observers; so long, indeed, that most of us will tire of emulating the perseverance of the tortoise, in his fabled race with the hare. Such a race is, indeed, a hard one, and victory even, seems an inadequate reward for a life of hardship and self-denial. But the victory is sure, nevertheless; sure to those who will run diligently, and for whose benefit I am thus exposing my own deficiencies, and, perhaps, making myself ridiculous; not sure to those who, like myself, defer their efforts to repair the evils of a deficient education till they are fifty years old; and hopeless, if even after this late repentance, they suffer, like myself, long intervals of sottish indolence

to intervene. With such, docility has not yet become an incompatibility; age has not yet benumbed their faculties with its petrifications; they are yet in the early years of professional life; or better still, within the precincts of medical pupilage. To all such, having fair capacities, and who will work heartily in their calling, the future promises all that is honorable or desirable.

Two examples occur to me which I cannot deny myself the pleasure of exhibiting, as forcible illustrations of the power of indomitable purpose to overcome obstacles, apparently insuperable, in the path to usefulness and just professional distinction. They are both furnished in the history of two medical students, pupils of my father, the late Dr. Benjamin Chandler; who was quick to discover and appreciate talent, and watched its developments with the gusto of an epicure. The first of these presented himself to my father, an entire stranger, in the rough garb of a back-woods-man; announcing his wish to commence the study of medicine forthwith. It was the custom of country physicians, in those early days, to receive pupils, boarding, and sometimes even clothing them, trusting to their future professional success for remuneration. He signified his wish to discharge his pecuniary obligations, as they accrued, by his daily labor on the farm, or in any other employment my father might furnish. He had traveled some thirty miles on foot, from a new settlement among the mountains, where he was reared, and where his ardor in the pursuit of knowledge must have been kindled. Yet his training had been all effected in the rough and brief terms of the district schools of that pioneer period, and mountainous region, usually taught and sustained by back-woods men themselves. His bearing was indicative of intelligence and good sense; of solidity, rather than of brilliancy. My father acceded to his terms at once. It was during my own pupilage; and though the only advantage I could claim over him was a superficial smattering of Latin, I affected profound amazement at his temerity, in presuming to enter on the study of medicine with so little preparation; especially with the drawbacks on his time, by the undignified employment of "his own hands," in catering for his daily support. My father replied to this sage announcement of my sentiments toward my fellow pupil, that I should soon be relieved from the burden of such regrets, by finding myself amply employed in following, at a respectful distance, my fellow student's lead in the acquisition of knowledge. My impartial and sagacious father's prediction was ruefully verified. With no special claims to genius, he had intellectual strength, and an iron will, to do what he purposed; the true secret, no doubt, of success in every department of human pursuit. His work, was to diligently study and understand the elementary books in medicine, prescribed by his preceptor; his pastime,

the entire fulfillment of his contract with my father; leaving him still many fragments of time, which were successfully appropriated in gleaning items of knowledge, from every department which could either directly, or indirectly facilitate the study of his profession. He is now an eminent, if not the most distinguished physician in a distant state; has been, I think, chairman on an important committee in our National Medical Association; at least, wrote the report of that committee, which was published in the Transactions of the association, and has given a volume to the profession which will be read and valued, long after his old chum is forgotten.

The late Dr. William Beaumont, of St. Louis, long distinguished as a surgeon in the army of the United States, and still more for his remarkable experiments and researches on the digestive function, was also the pupil of my father; of whom he was justly proud, and confidently predicted his future eminence in the profession. Dr. Beaumont also entered on the study of medicine under many disadvantages. He commenced somewhat later in life than is usual, and in addition to considerable deficiency in preliminary acquirements, labored under so great a degree of *deafness*, that serious apprehensions were entertained of its proving an insuperable obstacle to professional success. His own just estimate of these disadvantages may have given force and permanence to his efforts, working out, possibly, a higher grade of professional character, than would otherwise have been attained. The first years of his professional life were also consecrated, with rigid fidelity, to acquisition in such departments of science as he most needed; resulting in his early elevation to high rank in his profession, and ultimately leaving hundreds of his diplomated competitors immeasurably behind him.

For the deeper discoveries and the graver contributions to medical science, the profession must ever be mainly indebted to those who are fitted by *early* discipline, for vigorous and accurate thought. The analogies between physical and intellectual training are not mere matters of fancy, but have their foundation in truth. The country Jonathan, from very childhood wedded to his donkey, his plough, and his hoe; who covets no better pastime than a splinter of pine with his jack-knife, is not to be lightly esteemed. His individual service to his fellow men, who are nourished by the bread he produces, entitles him to no unenviable rank, as a public benefactor. But Jonathan may unwisely tire of his honorable employment, and choose to see the world. Some doggerel about "the wide, wide sea" may have caught his ear, and awakened a long dormant propensity; and he makes the sage discovery that he has "mistaken his mission;" that he has wasted long years in furrowing his father's acres, when he should have been ploughing "the

mighty deep." His stripling brother, whose intellectual and physical capacities merely equal his own at the same age, catches the infection; and leaving the paternal hearth, and its genial pursuits, they enter together on the training which is to fit them for the duties, the endurance, and the dangers of a sailor's life. The stripling begins with the cabin-boy's berth, and Jonathan goes before the mast.

Their first essays in seamanship may be quite satisfactory. The lusty "yeo-heave" is, perhaps, not ill adapted to Jonathan's sturdy arm, well braced and consolidated by many a jerk and tug at the plough-tail. The flexible muscle and youthful alacrity of the stripling fit him well for the labyrinth of the cabin-boy's duty. But ere long, the hand of Jonathan, moulded and hardened to the plough-tail, finds itself undocile in handling "the ropes." There are dizzy heights among the "masts," which are not only to be gained, but maintained. But "the top of his ambition" wobbles suspiciously. The unpliant muscle, staid and stark with its adaptations to the plough-tail and the rugged furrow, takes its lessons in agility hardly; the feet refuse to cling, and the fingers to twine, in their unwonted work. Jonathan looks upon the matter, however, as a sort of legerdemain, to be acquired by some mysterious method, which, no doubt, he shall master in due time, and he returns to his "yeo-heave" with redoubled energy; till his shipmates admit that his "yeo-heave" is unsurpassed, and he regards it himself, as the sum of seamanship. His comrades wink knowingly; or jeer, as he bestrides his hobby, whether in tempest or calm, nearing breakers, or in a clear sea; yet the incontrovertible fact that a good "yeo-heave" is an indispensable item in navigation, has secured his position as a sailor; and though he sports his tarpaulin unjauntily, he wears it with impunity.

Meantime the stripling's pliant fingers have become familiar with "the ropes;" his agile limbs and clear eye have been put in requisition, till he is at home and at ease, at every point in his "good ship," from mast-head to hold. His "yeo-heave" may be inferior to Jonathan's; but he wears his tarpaulin with unconscious jauntiness. On the next encounter of tempest and breakers, it would be no matter of surprise if the tug of Jonathan's sturdy arm, reinforced even with the "yeo-heave," should have less influence on the ship's course, than the agility, adroitness, precision and power, which is sure to characterize the stripling's execution of orders, in all emergencies.

"The crampy shackles of the plough-boy's walk
Tie the small muscles, when he strives to talk."

If disuse, or inappropriate adaptation in early life, disqualifies the tongue

and its associate organs for the euphonies of an easy "enunciation," will "the late-caught rustic" and his intellectual faculties be any less encumbered with "alackles?" Will not these, also, have become too obdurate and intractable, by disuse, or perversion, for the purposes of effective, accurate thought; pliancy being no less important to its objects, than strength!

Let us follow Jonathan and the stripling in another direction. Instead of the doggerel about the "sea," some prating Siren may have gained their ears with high-flown jargon about "the godlike apprehension of man! how noble in reason! now infinite in faculties!" Man's physical dignity and importance is dwarfed at a blow; hand-craft is banished in disgrace, and head-craft becomes the cynosure. Alas! for Jonathan. ("Et quorum pars magna *fu*." *Sub rosa*.) His flagging and baffled intellect, galled with its yoke, and wincing with the pressure, may covet, when too late, honorable release from its responsibilities; and yearn for the jilted plough-tail, where it reposed in happy contemplation of the well-turned furrow, and its grateful returns. The stripling has also tasted the Siren's heady cup, and the learned professions constitute the domain, where the future obelisk is already rising, in the dim distance, for the inscription of their own names and deeds! But in what department shall it tower? The stripling dreams of the Bar, the Bench, and the Senate, where he is to distance all competitors, and captivate every auditor! Jonathan leans to the sagacious, and the profound; and already, in anticipation, nods his gracious acknowledgment to his deferential admirers. And what should shadow forth the grand ideal of his aspirations, if not the mysteries of Physic? The stripling's eloquence succumbs to Jonathan's wisdom, and they seek the field of medicine, but by different routes; the one, apparently direct—the other, circuitous.

Jonathan, though not *in the 'sere*, is "bearded like the pard," and consequently must spurn the milk by which unfledged striplings are nourished into manhood. He enters at once upon the intricacies of organization and functions; of general, descriptive, and pathological anatomy; but the very words in which structure, form, relation, function, and derangement are described, or defined, have an import which his own knowledge of language is inadequate to comprehend; and which no lexical expedient, within his reach, can help him to make clear. The originals of the figures, and examples, and processes, by which these are illustrated, belong to matters wholly beyond the range of his former inquiries; and even in mere descriptive anatomy, the definite force and clearness of the text is half lost to him. Jonathan marvels! But he ponders till he finds himself greatly comforted with the discovery that *the books* are the mere vestibule, the labyrinth of dark

and winding passages, through which he is to grope for the *abracadabra*, the cabalistic key, which unlocks the great temple of medical science at once, and reveals all its mysteries, in full blaze. He resumes his courage, and encounters therapeutics. But here he is somewhat disappointed. Nature has comparatively so much, and art so little to do, in the prevention and cure of disease, that he almost takes it as a personal affront, and infringement on his own expected prerogative; and he regards Mistress Medicatrix, rather as a rival than a coadjutor. He inwardly thanks Heaven, however, that medicine is not wholly transcendental; that potions, pills, and powders, are veritable things, that can be tasted, touched, and handled; and he will triumphantly demonstrate that they can be swallowed.

Perhaps he may aspire to the honor of graduation in some metropolitan school of medicine? We might doubt his success; but the diploma will be forthcoming; for though his recitations may halt, and his thesis be a proxy, his *purse* is replenished from his father's acres. It will long remain a problem, whether his sojourn at the metropolis is for the better or the worse. The mind of the merest dullard doubtless, must feel the touch of intelligence from an attendance for months, on the instructions and demonstrations of the lecture-room, the dispensary, and the hospital. The principles of medicine, however, can no more be rightly taught, or apprehended, without certain prerequisites, than the philosophy of language and the graces of style can be taught or apprehended, without the previous knowledge of letters and words. His great deficiency in these preliminaries must of necessity result in his acquisition of superficial details, rather than principles. His pretension will outstrip even, his attainment in these, till it merges in temerity, and thus becomes all the more dangerous. Principles are the *ballast* of our imperfect *craft*; but temerity will stretch its canvas to the gale, inversely with its amount of deposit in the *hold*.

Jonathan is diplomated, and takes his place in the profession, where, to do him justice, he sometimes deserves his success, in supplanting a competitor of still more exceptionable claims. But what are his characteristics as a physician? Instead of delving the mine for ore, he traverses the surface, and is ever adding to his hoard of gathered trifles, the shapeless bricks and curious implements, which sound experience had already tested, and cast away as worthless. In the exercise of his professional function, instead of considering attentively the known laws of the animal economy, and quietly seeking for the evidence and nature of their disturbance, he hurries at once, from expedient to expedient; peers furtively, hither and thither, for *remedies*, all unconscious the while, that the *ailment* to which he ministers is yet a *terra*

incognita, in his own mind; and blind to the palpable absurdity of fabricating means, without the knowledge of ends. Hobbies in medicine, unfortunately, are more abundant, and more mischievous, than in navigation. If Jonathan the sailor bestrided his hobby on every emergency at sea, it will be no marvel if Jonathan the Doctor, should mount his "yeo-heave," for a steeple chase in medicine. It is no common continence that can refrain, when conscious impotence quails before pressing emergency. The windy jade, invitingly caparisoned, the very stirrup swaying as if by magic, to the fitting foot, may, under like circumstances, prove a sore temptation to us. It ill becomes us to scoff, while Jonathan rides. No doubt, he will improve. Intercourse with intelligent men, and familiarity with the practice of others will gain him the endurance of the profession, and the tolerance of his patrons. But "the crampy shackles" will "tie" him still, and mark the type of his whole professional life.

But what of the stripling? Happily, his chin was yet innocent of down, and consequently there were no incompatibilities between himself and the birchings which appertain to the school room, the seminary, or the college. Birch is fragrant; and where it enforces diligence, it sheds a grateful and refreshing odor. The stripling took his discipline kindly, and with such singleness of heart, that he came to be unconscious, even, of the obelisk and its blazon. I am in no mood to follow him, in his progress onward, from the preparatory schools to the university; and thence, through the halls of scientific medicines, to his profession. How should I? My foot is unused to such acclivities. *Kith and kin* forbid, and prompt me to another path. "The soul of Jonathan was knit with the soul of David; and Jonathan loved him as his own soul." To me, the stripling is an alien, and the history of his pupilage may be written, and his professional characteristics portrayed, by some kindred Bigelow, or Holmes, if they choose, but not by me. I merely chronicle the fact, that Jonathan was no churl in his welcome of the younger brother to a common field of labor. He was patronizing and protective in his bearing toward him, as became an elder brother, though it often occurred that the touch of the stripling's finger achieved the purpose for Jonathan's patient, that had long resisted the sturdy "yeo heave."

The effective study of medicine involving the exercise of the mental powers, some just conceptions of the constitution, or economy of these powers, must be necessary to their right use. I may be wasting words upon others, but I am conscious that what I now conceive to have been erroneous opinions on this subject, were serious obstacles to my own progress in professional attainment. Many distinctions have been attempted to designate the difference

between genius and talent, which I conceive are too vague to be of much practical value. My own perceptions are too gross to appreciate the transcendental chemistry by which the schoolmen have analyzed the human intellect, till each ultimate iota of its faculties is set apart; till the last barley-corn which found itself balancing doubtfully on *ultima thule* is subjugated, and falls discreetly into its place, with the prim precision of a nosological arrangement. With all deference to the Psychologists, in their attempts to anatomize the intellect; to dissect its several systems; to demonstrate each specific organ, they seem to have acted on the unwarranted assumption that the faculties of the mind, like the functions of the body, are each dependent on the agency of a specific intellectual organ; as the function of sight is dependent on the physical organization of the eye, or hearing on that of the ear. Physiologists have succeeded, in the main, in demonstrating the dependence of each particular function on its appropriate organ; and have been so distinctive in their definitions, that little danger remains of our mistaking the manifestations of one, for those of another. But it is noticeable that one faculty, or manifestation of mind is often defined by terms, or phrases, which are as often used, and with equal appropriateness, to designate another. I know not that the masters in psychology advocate such analogy between mental and physical organization, for I never read them. I simply know that the second-rate literature of the day, with which, I am sorry to say, I have been most conversant, and to which I fear young men are generally most addicted, abounds with loose phraseology, and crude opinions, leading to the conclusion that each separate act, or process of the intellect, is effected exclusively by some isolated or specific faculty of the mind, and not resulting from the action of the mental powers, *as a whole*. Analogies no doubt may be found, or fancied, between the most dissimilar things; but on the plea of analogy, we might as well ascribe the phenomena of vital action to the power of gravitation, it being the law which regulates the motions of the visible universe, as to claim the dependence of each intellectual faculty on a special mental organ, the several functions of the living body being dependent, each on its special organ. A better illustration would be, to liken the intellect to the *single string*, which the finger of Ole Bull has demonstrated to be adequate for unlimited variety and power of intonation.

The power of invention, which seems to have been claimed exclusively, as the definition of genius, from its very nature must include, and be identical with, the elements which constitute the power to improve, to adapt, to execute, being the definition claimed for talent, would therefore seem to favor the conclusion that genius and talent are mere properties, moods, or manifes-

tations of one intellectual principle. Cultivation of the mind, no doubt, is more effectual in the development of what is called talent, than of genius, though manifestly not inoperative on the latter. Indeed, I see not how it is possible to *cultivate* genius, except by the methods which all admit are indispensable to the development of talent; and while we are idly admiring and coveting the power of the former, we are wasting our resources, and insuring our own defeat, by spurning the humble achievements, which constitute the step-stone to the higher glory. The strength of talent is of more intrinsic worth than the brilliancy of genius.

I do not propose to offer a programme of subjects, nor of medical books, for the guidance of medical students, or the younger members of the profession. It is the province of educated men. My purpose is simply to suggest those aids and expedients, which separately may seem trifles, but in the aggregate prove invaluable, and perhaps, indispensable, to the full appreciation of the books and medicine. *Language* is the vehicle, and to some extent even, an instrument of thought. It might be too much to claim that a good thinker, of necessity presupposes an adept in language; but we may safely assume that, *other things being equal*, the accuracy and force of our thought will be in proportion to our knowledge and skill in language. Single words have frequently such diversity of meaning, and phrases such variety of import, depending on their relations with other words and phrases; and often, indeed, varied by the subject on which they are employed, that two minds, of equal capacity, and giving equal heed, may draw very different conclusions from the same lecture, or the same chapter, and yet both be wrong. A very little knowledge of Latin, my own experience has proved, greatly facilitates our apprehension of the force and import of English words. If so *much* is not already attained, it should be attempted. A little success will amply repay all the sacrifice it might require. A large amount of professional terms in medicine are derived from the Greek; and these often compounded from several roots, of diverse import. Being wholly ignorant of Greek, myself, as a consequence, I have probably expended more extra time, during my life, in turning the leaves of all sorts of Lexicons, to attain the required elucidation, than goes to the *legal* term of medical pupilage; and what was still more disheartening, often unsuccessfully. Though I am far from regarding our ignorance of Greek and Latin, as an insurmountable bar to fair attainments in our profession, I have little doubt that six months, devoted to the study of these languages, under a competent teacher, during pupilage, or even in the early years of practice, would be repaid by four-fold facilities in learning aright the principles of medicine. The benefit is not all

comprised in the disclosure of the literal import of terms, compounded from Greek and Latin roots; but in the subjugation of the mind to the power and significance of cultivated language, thus pervading and irradiating the whole range of study. Indeed, if there be one indispensable prerequisite for the successful study of medicine, it is knowledge and skill in the *language* in which it is presented to the mind of the student; the master-key to all the learning which the same language furnishes for its elucidation.

If the young practitioner, whose early training has been stunted, expects to repair the evil, he must secure facilities, both in regard to time and place, for study. He must also enforce upon himself a *habit* of study, which, unfortunately his training never can have fully formed. A habit of study in its appropriate time and place, will beget a habit of observation and reflection, without which, progress in professional knowledge and skill is impossible. When the appropriated hour arrives, professional engagements permitting, he should be found in his place, and at his table; which should be furnished, as its permanent and indispensable appendages, with the best dictionaries, "unabridged," and without stint; English, classical, medical, surgical; and the more the better, in each department. Compendis in medicine are dangerous toys, but compendis in other departments of science, needed for reference, and often indispensable for elucidating passages in medical books, are, perhaps, admissible. The medical periodicals should never be overlooked; indeed cannot be wholly disregarded by the medical practitioner, young or old, without loss, and even retrogradation, in his professional position. It might even be a judicious improvement in medical education, to add the exaction of some familiarity with these, to the pupil's programme.

It should be borne in mind, however, that the intellect can never be disciplined to practical efficiency in medicine, by exclusive professional habitude. The mental powers, wearied with protracted effort in one direction, are not merely rested, but refreshed with new accessions of vigor, by occasional employment in some other direction. The hyper-fecundity of the age in works of fiction, farce, and foolery, makes the proper selection of books a most difficult achievement. Nineteen-twentieths of the current literature of the day would be more fitly appropriated as fuel for the fire, than as food for the mind. Fortunately for us, right-minded and intelligent benevolence, coöperating with enterprise in trade, has provided the means of furnishing our table without danger of loading it with obtrusive frippery, mawkish sentiment, or moral pollution. The "Living Age," offers an example of sound eclecticism in literature, judiciously conservative, and worthy of all imitation. The young physician will soon have attained no small amount of the general

knowledge, and have done something in the effective mental culture, which, his professional necessities require, by the careful perusal of its weekly numbers.

The exercise of reducing our own thoughts to *written* language, will be found a useful method of cultivation. But it should be borne in mind that thoughts, to be written, must preëxist in the mind. It does not follow, however, that an attempt to write should always be deferred till we are conscious of the thought; for the effort itself may be the very stimulus required, to rouse the torpid intellect to activity. It may be well to consider the question, meanwhile, somewhat deliberately, whether our manuscript shall be dispatched at once, to a Medical Journal! Dr. J. Bigelow's just rebuke should first be pondered: "Medical journals are filled with the crude productions of aspirants to the cure of diseases." The pen should be used to minister to our own cultivation; not to our self-conceit. The same writer has condensed a volume into a sentence, on the subject of medical education, before which my own pretension should be dumb. "The usefulness of a medical school depends not so much on the length of its session, as upon the amount of education, primary and ultimate, which it requires, the fidelity with which it exacts its own professed requisitions, and the train of healthy exertion, active inquiry, and rigid, methodical study, to which it introduces its pupils."

ART. V.—*Epithelial Cancer*. By WILLIAM VAN PELT,
Williamsville, Erie Co., N. Y.

One of the oldest residents in our town, Mr. James Young, consulted me last autumn in regard to an epithelial cancer, upon the dorsum of the left hand. I advised amputation; but that he declined, making the request that I would make the cure in some other manner. Accordingly escharotics were applied, without producing any improvement; and becoming satisfied that nothing could be gained by a farther application of them, I desisted. Some fourteen years since I remembered to have seen a wart upon his hand and then advised excision. It then had the appearance of an ordinary wart, and at that time it gave no inconvenience other than its liability to injury, incident to its location. Frequent irritation gradually promoted its development. On the 30th of March, 1855, he requested me to perform amputation, having submitted to treatment by certain noted irregular practitioners, who make canceroid affections a specialty. The hand now presented an

irregular morbid growth, with an ulcerated surface, measuring more than two and three-fourths inches in diameter; edges elevated and involuted; granulations pale and coarse, interspersed with cells in every stage of development; the discharge was profuse. The patient complained of a burning pain, and was considerably emaciated. Three days after, in the presence of and with the assistance of my friend, Dr. Ham, I performed the amputation. The patient desired the administration of chloroform, which I refused, thinking his age might render apoplexy more liable, than its omission. Having in consideration the opinion of M. Lebert, and others, that the parts in proximity to the diseased integument, were equally infiltrated with the epidemic cells, and being therefore rendered prone to a relapse, therefore the point on the forearm, three inches below the elbow, was chosen for separation. I resorted to the flap operation, making the greater one before. But two vessels required ligation. The edges of the flaps were retained by sutures and adhesive straps, and the usual dressings.

On the twenty-second day after, the last ligature came away; and no untoward circumstance retarded the healing of the stump. At this time, one hundred and twelve days, he appears in sound health, with no return of the affection, and although seventy-five years old, looks much younger.

I think this instance will furnish additional evidence that Lawrence's opinion is true in regard to this form of disease, viz: "that it is locally malignant; but constitutionally innocent." Though so mild in the beginning, it acquires in time an energy which, by slow integration, destroys the firmest tissues of the body, as in this case the metacarpal bones of the first and second finger were severed. If epithelial cancer may be regarded as depraved action in the dermal structure, and seldom followed by secondary deposits, like the primary morbid growth; the surgeon may very properly give assurance of a medical cure, by amputation, when favorably.

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

TUESDAY EVENING, Aug. 7, 1855.

Society met at the office of Dr. Baker.

Present—Dr. Strong, the President, in the chair, and Drs. Treat, Wyckoff, Hamilton, Howell, Gay, Newell, Miner, Johnson, Rochester, Wilcox, Newman, Smith, Eastman, Root, Lay, Baker, Hunt, Gould, Flint, White, Burwell, Hawley, Hutchins and Mixer.

The minutes of the preceding meeting were read and approved.

Dr. Burwell proposed *Dr. Julius F. Miner* as a candidate for membership. *Dr. Miner* was invited to sit as an honorary member for this evening.

Dr. White proposed *Dr. Wm. Howell*. *Dr. Howell* was invited to sit as an honorary member till after the next meeting of the County Society.

Dr. Newman proposed *Dr. S. O. Almy*. *Dr. Almy* was invited to sit as an honorary member till after the next meeting of the County Society.

Dr. Flint, from the committee on pneumonia, reported progress, and stated that the committee would be prepared to report at the next meeting. He stated, in justice to his colleagues, that the delay was only attributable to his own preoccupation. In the meantime the committee would be glad to receive facts from members, particularly reports or collections of cases, with reference to injurious or favorable results following the use of blood-letting.

On motion of *Dr. White*, the explanation of the committee was accepted, and farther time allowed.

Dr. White presented, for examination, a human ovum, which had been retained within the uterus for some time after its own death. He gave the history of the case as follows:

Mrs. B., of *Ellicott St.*, menstruated last from the 10th to the 15th of December, 1854, after which she supposed herself entered upon her fourth pregnancy. She went on favorably till April, at which time the uterine enlargement ceased, the breasts became flaccid, she suffered from abdominal pains, and her general health became impaired. *Dr. Gould* was called to see her May 12th, at which time she had great oedema of the extremities. *Dr. White* saw her in consultation with *Dr. Gould*, on the 19th and 22d of June. The diagnosis then made out, was that the uterus was enlarged and the os sealed, and that it probably contained either a dead foetus or a morbid growth. None of the sounds of the intrauterine circulation were present, the abdomen was distended, the legs oedematous, and the patient very feeble and nervous. She was ordered to take quinine and iron, and to use a diuretic liniment of tr. iodine, tr. squills, and tr. digitalis, each equal parts. A considerable improvement in the general health followed the use of these remedies, and on July 27th the ovum, now presented to the association, was expelled entire. It had thus been retained three and a-half months after death, and was a good illustration of the effects of general treatment upon a local difficulty, and of the antiseptic qualities of the liquor amnii.

Cases of this kind were not infrequent. In the museum of the Medical

College, a specimen—one of a pair of twins—was preserved, where one child was born living, and the other had been dead for at least three and a-half months. Another specimen, in the same museum, had been retained for nine or ten months, while still another had been born in a completely mummified condition.

Dr. Hunt inquired what was now the prevalent theory of superfetation.

Dr. White thought that it was now agreed that superfetation might occur at any time while the ovum was in the oviduct, but not after the formation of the caducous membrane, or the sealing up of the os. Instances of mixed twins which had occurred in Charleston, the West Indies, and in Pittsfield, Mass., were sufficient evidence of the possibility of superfetation at a very early period after conception.

Dr. Rochester called attention to the occasional existence of bifid uterus. Of course in such cases superfetation might occur at any time.

Dr. Burwell, referring to the case reported by *Dr. White*, inquired whether there had been any flooding at the time of the supposed death of the fœtus, and upon what *Dr. White* supposed the dropsical condition to depend.

Dr. White stated that there was, perhaps, room for question as to whether the death of the fœtus depended upon the health of the mother, or *vice versa*. It would be recollected, however, that the mother was in good health up to the time assigned to the death of the ovum.

Dr. Rochester reported a case of hæmaturia. A gentleman, 47 years of age, of full and plethoric habit, had had slight diarrhœa for a fortnight. Yesterday (Monday, 6th Aug.) he had in the morning some diarrhœa, and about 4, P. M., was seized with a sudden desire to urinate, so irrepressible that he was obliged to evacuate the bladder in his counting room. The discharge of water was immediately followed by a copious flow of blood. *Dr. R.* saw him about 7, P. M. There was still some blood discharging, but with the exception of some strangury, there was no pain about the kidneys, urethra, or bladder. He had never had hæmaturia before.

Dr. R. directed an enema of cold water, to be followed in case of strangury, by one of starch and laudanum. By some mistake only the latter was given. The patient, this morning, is entirely comfortable, with no recurrence of the hæmorrhage.

Dr. Burwell mentioned a case which he saw two years since, in which there was a very profuse discharge of blood with the formation of a coagulum in the bladder. This seemed to have been redissolved, for he had no subsequent trouble from it.

Dr. Root related a case of an old and paralytic negro, where coagula formed within the catheter in evacuating the urine. This was avoided by warming the catheter.

Dr. Hunt mentioned two cases, neither of them followed by unpleasant results. One of them, seen within a week, seemed to be merely the premonitory stage of an intermittent.

Dr. Flint related two cases, accompanied by malignant disease. In one of them the patient died from hæmorrhage filling the bladder. It came from a large ulceration. The other case was that of a medical gentleman, who had large hæmorrhages, and died subsequently from malignant disease.

Dr. Eastman once witnessed an autopsy in a case of hæmaturia, in which extensive ulceration of the kidney had occurred, involving the artery, and so causing the hæmorrhage.

Dr. Gay mentioned a case of an old gentleman who had repeated attacks always relieved by venesection.

Dr. White remarked that as a general thing cases were not malignant. He described a case of a female supposed to have malignant disease of the bladder or kidneys, in which the result of treatment proved nothing but cystitis to have existed. She was treated for several months by injections of the nitrate of silver, resulting in a cure. She has since been pregnant.

Dr. Hamilton remarked that Prof. Gross's statistics proved malignant disease of the bladder to be very uncommon. The inference to be drawn from the frequency of hæmaturia is, that it cannot be malignant.

Dr. Strong stated that a case or two of malignant pustule, such as had recently created so much excitement in New York, were said to have occurred in this city.

Dr. Root, in reply, said that such a death was reported to the health office, by a German physician, last month.

Dr. Smith had seen two cases in Philadelphia, both resulting from tanners' wounds. They were treated successfully by free crucial incision, caustic, and poultices.

Dr. Hamilton stated that there had evidently been an error in the nomenclature of those cases occurring in New York. The true malignant pustule is always dependent on tanners' or similar wounds, involving local contagion. Beginning with a minute red point, a blackish vesicle arises, which becomes the center of a slough, surrounded by an indurated margin, which rapidly extends to the surrounding cellular tissue. There is always a hard nucleus in the center, which spreads out laterally.

He was informed, upon good authority, that the New York cases did not present these symptoms, and were evidently cases of carbuncle or erysipelas.

Dr. Treat had heard incidentally of a case happening near Goodell St., dying in forty-eight hours from the onset, and of another at Lockport, said to have lasted only twenty-four hours.

Dr. White said that the facts in the Lockport case were, that the patient, a lady, was indisposed on a Friday, attacked on Saturday, and died on Wednesday evening. From what he had learned concerning it, it was doubtless a case of malignant erysipelas. He had, however, seen during the past winter, an unusual number of cases of carbuncle, and those not as usual among debilitated, aged or intemperate persons, but among the comparatively young and healthy.

Drs. Hutchins, Hawley, Flint, Rochester, and Root, alluded to its prevalence in different localities, or to cases in their own practice.

Dr. White brought up the treatment of fracture of the clavicle by adhesive straps, as recommended by *Dr. W. C. Butler*, of Avon, N. Y., in the Buffalo Medical Journal, for July, 1853. He had treated several cases in children during the past spring. He varied somewhat from *Dr. Butler's* plan in using the axillary pad, and bringing the arm across the body, confining it there by adhesive plasters. He did not remove the straps, but merely snipped off portions which became loose, and applied new ones over the old. He found the treatment satisfactory, as it required very little attention, and the dressing never got out of place.

Drs. Treat and Hawley, each remarked that cases of children did not usually present much displacement or deformity, and got along well with slight care.

Dr. Burwell was so dissatisfied with the attempt to retain any ordinary bandage upon children, that in three or four cases he had simply pinned the sleeve to the waist of the dress. He had heard nothing from these cases as yet—did not know how soon he might!

Dr. Hamilton remarked that in the fractured clavicle of children he applied very simple, or no dressings. In most cases there was considerable provisional callus, which was always more largely thrown out in children than in adults, but there was usually little permanent deformity. He had tried the adhesive plaster in one case, but found it impracticable.

Some conversation between *Drs. Hamilton and Mixer* ensued, concerning crepitus in fractures of young children, when

Dr. Hawley alluded briefly to a remarkable case of malformation occurring in his own practice, where there was a great deficiency of ossific deposit, at birth, in the long bones, the epiphyses being movable upon the shafts, the movement being accompanied by distinct crepitus. It was not to be supposed that the bone was broken at the epiphysis, but that the crepitus was caused by the simple bending of the cartilaginous tissues.

In reply to questions as to the epidemic character of the month of July, it was ascertained that the city was remarkably healthy, that, however, whooping-cough was very prevalent, and that the amount of diarrhoea and dysentery was small for the season.

Dr. Rochester mentioned two cases of varicella, in which it occurred for the second time. He also alluded to spinal curvature as a consequence of whooping-cough. Had seen two or three instances of this sort.

Dr. Treat described a case of cholera asphyxia. The child was attacked at 8½, P. M. He saw it at six the next morning, and it died at 3, P. M., the same day. It was in collapse when he saw it, and had the characteristic discharges.

Drs. Hunt, Hamilton and Rochester, each mentioned cases (at considerable intervals of time from each other) all, however, terminating favorably.

Dr. Mizer saw a case of the cholera about June 1st, which was sent to the hospital and died there.

After the transaction of some miscellaneous business, the society adjourned, subject to the call of the secretary.

SANFORD B. HUNT, M. D., Secretary.

ART. VII.—*Clinical Lectures on the Diseases of Women and Children.*

By GUNNING S. BEDFORD, A. M., M. D., Professor of Obstetrics, Diseases of Women and Children and Clinical Midwifery in the University of New York. New York: S. S. & Wm. Wood, 261 Pearl St. 1855.

A large experience, and a long service as teacher in the specialties named in the title-page, have conferred on Prof. Bedford the means of framing a useful work upon this department of practical medicine. At the outset, however, we are compelled to find fault with the vehicle of communication.

Clinical lectures derive their value from the actual presence of disease. The oral instruction at the bedside is no dull didactic prelection, requiring close attention and concentration of mind to follow, it is a free off-hand com-

mentary on what passes at the moment beneath the eye, the touch, the smell, the hearing. All the senses lend their aid to the instructor, and give to him in a certain sense, a secondary importance. He is not now the historian, the philosopher of disease—he is the guide, the *cicerone* who points out objects of interest and importance.

To our sense a written out, printed, clinical lecture, read by lamplight five hundred miles away from its place of delivery, is about as instructive as would be the well conned speech of the *cicerone* of Naples, delivered on the corner of streets yet unnamed, in some western embryo city. It is Hamlet, with the part of Hamlet omitted; a clinical lecture without the clinic, demonstrative teaching without the demonstration.

So with these lectures of Dr. Bedford. The presence of disease, the one fact which gave his teachings their life and interest, is wanting, and the imagination painfully endeavors to fill the deficiency by conjuring up for the minds eye the appearance of the patient. She was Irish, of course; probably pock-marked; short and thick, perhaps; maybe gaunt and skinny. Had she black hair or red? did they bring her into the room, or did she walk in with the tramp of a grenadier? All these, and a thousand other questions, arise to confound all hopes of that intelligent appreciation of this individual case, without which it is not worth while to inquire about the treatment.

These are radical faults which will certainly destroy the value of any book constructed on the plan of a verbatim report of clinical remarks. We do not mean to assert that the lectures at the time they were delivered, were not extremely valuable to the students who attended them. He must have been stupid, indeed, who could not profit by the exhibition of such an array of disease, but one cannot keep his dinner and eat it at the same time, and once delivered, Dr. Bedford's remarks were spent powder.

It seems to us that Dr. Bedford has fallen into a grievous error in supposing that his teachings could maintain their value when stripped of both accessories and essentials. He was, doubtless, to some extent conscious of this, but admiring followers had reported his lectures, the *American Lancet* had printed them, and to make a book he had but to hand over a file of the *Lancet* to his publishers. These circumstances made it easy to get up the volume, and the advertisement of his clinic and school which would result from its publication, would make it profitable. The temptation was a strong one, as neither labor nor risk were to be met; but, alas, good books are not so easily put together.

The only manner in which clinical instruction can be made profitable to

the *reading* public, is by making a series of cases the subject of classification and philosophical induction. Two months ago we published a clinical lecture by Dr. Bedford's colleague, Prof. Metcalfe, in which this end was admirably accomplished, and the cases were as interesting to the reader as to the witness of them. But here it was Dr. Metcalfe who was the essential thing, the cases were secondary, tributary to an idea, and worthless except from the light thrown by the teacher from them to the subject.

Another and a serious objection to this style of book manufacture, is the entire want of arrangement or classification of cases. Take, for instance, the programme of a single lecture, selected at random. Its multifold subjects succeed one another in the following order: "Mucous discharge from vagina—Vaginal discharges generally—Importance of accurate diagnosis—Whites—Intestinal worms—Origin of worms—Vascular tumor of the meatus urinarius—Ulcerative carcinoma of the cervix uteri—Human credulity—Heartless exactions of the quack—Suppression of the menses—Cholera morbus."

This is a curious *olla podrida*, not wanting in garlic to give it a relish. But, as might be expected, a book so arranged offers few inducements to the student. Take up any one subject and you find it scattered through the thirty chapters indiscriminately, in juxtaposition with all manner of irrelevant odds and ends. As might be expected, some subjects get little notice, while others have an undue share. Leucorrhœa receives two pages of consideration only, out of five hundred and fifty.

We have been betrayed into a wider range of comment than we had anticipated. Thus far our objections have referred to manner rather than matter, to the faulty and imperfect style in which Prof. Bedford has chosen to bring himself before the profession, rather than to what we may consider errors of doctrine. And we may confess at once that we feel hardly at liberty to set up our small authority against a teacher so widely known. More than this, there is very little in the way of doctrine or pathology to consider. In his anxiety to make a thoroughly practical work, Prof. Bedford has confined his remarks to the causation, aspect, and treatment of disease. In all these subjects he is necessarily somewhat superficial, while in pathology, especially, he is remarkably loose and incorrect.

This is, probably, the result of the style of teaching. Few clinical lecturers can be always prepared to stand by and defend all the dogmata hurriedly and inconsiderately thrown out at the bedside. The greater the necessity, then, of care in publishing. Doubtless in his formal didactic lectures before his class, Dr. Bedford was not wanting in these points—at any rate we are

content to assume this as a fact, and so avoid what might otherwise be our duty as a critic, viz: to examine carefully the scholarship and accuracy of Dr. Bedford's teachings.

We do not base any opinion as to Dr. Bedford's talents, as an author, on this volume. We should be very sorry to judge him by it alone, in the hope that in a book constructed more in accordance with the necessities of scientific teaching, and not so utterly wrong in conception as the one under review, he might do far greater honor to himself and to the science in which he has so long been a distinguished teacher.

For sale by PHINNEY & Co.

ART. VIII.—*Medical Lexicon of Modern Terminology; being a complete Vocabulary of Definitions, including all the technical terms employed by writers and teachers of Medical Science at the present day, and comprising several hundreds of words not found in any other dictionary. Third Edition.* By D. MEREDITH REESE, M. D., LL. D., Resident Physician of Bellevue Hospital, N. Y., Editor of Cooper's Surgical Dictionary, &c., &c. New York: S. S. & Wm. Wood, 261 Pearl St. 1855.

The fact of a third edition implies that this little handbook of medical terms has found favor with the profession. Its own preface expresses so well its design and object, that we can best inform our readers of its claims by quoting from it:

"The design being to bring this Lexicon within the smallest possible compass, and adapt it to the use of students, as a Pocket Companion, the briefest possible definition has been given in every case, consistent with perspicuity; omitting all reference to the etymology of the terms, for which larger works may be consulted, and which will still be needed in every medical library. In the department of derivation, the late work of Professor Dunglison leaves nothing to be desired.

"It is simply as a vocabulary of definitions that the present vade-mecum is commended to the profession and the public, without any claim of novelty or other merit, except convenience, brevity, simplicity, and accuracy. If in these attributes it shall be deemed worthy of approval, it cannot fail to be useful as a help to students and junior practitioners, for whose benefit it has been prepared, and to whom it is affectionately inscribed by the author."

For sale by PHINNEY & Co.

ART. IX. — Record of Meteorological Conditions at Buffalo, for July, 1855. By SANFORD B. HUNT, M. D.

Date.	DAILY.			At 7. A. M.				2. P. M.				9. P. M.				REMARKS.										
	In. of Rain.	In. of Barom.		Force and Course of Wind.	Temperature.	Dew Point.	Humidity.	Am't of Clouds.	Force and Course of Wind.	Temperature.	Dew Point.	Humidity.	Am't of Clouds.	Force and Course of Wind.	Temperature.		Dew Point.	Humidity.	Am't of Clouds.	Mean Temperature.	Mean Dew-Point.	Mean Humidity.	Greatest Temperature.	Greatest Range.		
1	.470	30.		02. S.W. 79.	65.4	664	732	8	0	79.	688	732	10	1. N.E.	77.	698	805	78.3	68.	732	2					
2		30.		10.4. S.W. 66.	61.	859	722	10	0.4. S.W.	74.	648	722	10	2. S.W.	66.	61.	713	68.	60.2	679	8					
3		30.1		01. S.W. 68.	54.	642	682	9	1. S.W.	77.	648	682	0	1. E.	73.	61.9	713	74.	64.7	787	6					
4		30.		10.3. S.W. 71.	63.	783	77.	66.5	75.	77.	66.5	77.	0													
5		30.2		10.1. S.W. 66.	53.8	689	72.	58.9	0.3. S.W.	72.	58.9	72.	0	62.	62.	58.5	902	66.6	57.1	755	10					
6		30.2		02. S.W. 66.	59.2	810	68.	63.	0.3. S.W.	74.	63.	68.	0	01. S.W.	66.	59.2	810	68.6	60.5	779	8					
7		30.2		8.3. N.E. 64.	55.1	764	57.	62.5	3.3. N.E.	72.	57.	62.5	0	0	62.	53.8	781	66.	55.3	723	7					
8		30.3		00. S.W. 65.	56.3	769	57.	63.	3.3. S.W.	72.	57.	63.	0	0												
9		30.3		8.3. S.W. 65.	56.3	769	57.	63.	10.3. S.W.	74.	63.	716	10.4.	S.W.	72.	64.2	797	70.3	61.2	761	9					
10		30.1		10.3. S.W. 73.	51.3	493	9.2.	68.8	9.2. S.W.	79.	68.8	732	0	0												
11		30.1		12. S.W. 71.	64.7	897	71.2	839	0.1. S.W.	77.	71.2	839	0	1. S.W.	70.	65.3	869	74.	61.5	696	9					
12		30.1		5.2. S.W. 77.	66.5	730	69.3	730	8.3. S.W.	78.	69.3	730	0	0.2. S.W.	71.	66.4	870	75.3	67.4	789	7					
13	.575	29.9		10.2. N.W. 71.	66.4	870	67.5	795	0	75.	67.5	795	0	0	65.	61.7	902	70.3	65.2	856	10					
14		30.1		6.1. S.W. 65.	60.	860	62.9	670	0	76.	62.9	670	0	0	65.	60.	860	68.7	60.9	797	11					
15	.490	30.2		5.1. S.W. 74.	66.4	784	72.2	867	10.4.	86.	72.2	867	10.4.	S.W.	75.	70.6	864	78.3	69.7	772	12					
16		30.3		0.3. S.W. 78.	70.8	802	73.3	733	0.2. S.W.	83.	73.3	733	0	0												
17		30.4		0.2. S.W. 79.	73.4	845	72.6	695	3.2. S.W.	85.	72.6	695	21.	S.W.	73.	68.5	871	79.	71.5	806	8					
18		30.3		10.2. S.W. 73.	71.6	958	74.8	787	0.3. S.W.	83.	74.8	787	0.2.	S.W.	74.	71.	910	76.6	73.5	885	10					
19	.393	30.1		0.2. S.W. 79.	73.4	845	76.3	824	3.3. S.W.	83.	76.3	824	10.1.	S.W.	75.	70.6	864	79.	73.4	844	8					
20		30.2		10.2. N.E. 65.	60.	860	56.7	686	10.3. N.E.	62.	56.7	686	10.1.	N.E.	59.	55.3	866	62.	51.3	867	6					
21	.411	30.3		10.2. N.E. 64.	58.8	857	62.	55.9	10.2. N.E.	62.	55.9	857	5.1.	N.E.	61.	53.4	812	61.5	55.2	824	1					
22	.400	30.3		10.2. N.E. 64.	62.3	947	68.	64.7	10.1. N.E.	68.	64.7	907	10.1.	E.	65.	63.4	947	64.	59.3	871	2					
23	.091	30.3		10.1. N.E. 69.	64.3	870	69.	68.	9.1. S.W.	75.	69.	832	9	1. S.W.	66.	64.4	947	66.	63.8	967	4					
24	.731	30.3		10.1. N.E. 69.	64.3	870	69.	68.	9.1. S.W.	75.	69.	832	10	0	69.	67.4	948	71.	66.9	883	6					
25	.477	30.2		10.1. S.W. 69.	71.6	946	73.4	79.	3.2. S.W.	79.	73.4	79.	75.	72.	910	74.3	70.9	901	10	10						
26	.066	30.2		10.2. S.W. 73.	71.6	958	74.8	787	5.3. S.W.	79.	73.4	845	3.2.	S.W.	74.	69.6	870	75.3	71.5	891	6					
27		30.1		5.1. S.W. 77.	71.2	839	76.3	824	5.2. S.W.	83.	76.3	824	6.2.	S.W.	75.	70.6	864	78.3	72.7	842	8					
28	.296	30.1		10.2. S.W. 71.	68.	912	91.2	10.3.	3.3. S.W.	76.	76.3	910	2.3.	S.W.	72.	69.	912	73.	70.	911	5					
29	.127	30.1		0.2. S.W. 75.	70.6	864	79.	78.4	4.2. S.W.	79.	78.4	845	2.1.	S.W.	74.	71.	910	76.	71.6	873	5					
30		30.2		*1. W. 68.	63.2	868	67.7	677	0	81.	68.	677	0	1. N.	73.	66.9	830	74.	66.	792	13					
31	.527	30.17			70.6	638	818			76.3	67.3	764			69.9	65.1	863	72.3	65.7	815	7.01					

* Fog.

ART. X.—*Report of Deaths in Buffalo for the month*

DISEASES.	AGE.						
	Males.	Females.	Total.	Under 1 year.		1 to 2 years.	
				Male.	Female.	Male.	Female.
Atrophia,	1	1	1				1
Apoplexy,	1	1	2	1			
Brain Disease,	1		1				
Burned,	1		1				
Consumption,	6	9	15	1	1		
Convulsions,	2	4	6	2	4		
Congestion of Brain,	1		1			1	
Cholera,		1	1				
Croup,	1		1			1	
Cholera Infantum,	5	1	6	4	1	1	
Child Bed,		1	1				
Cholera Morbus,	1		1				
Dropsy,	1	2	3				
“ of Brain,	1	2	3	1	1		
Diarrhœa,	8	3	11	5	3		
Delirium Tremens,	1		1				
Drowned,	5		5				
Debility,	3	5	8	2	4		
Disease of Bowels,	1		1			1	
Dental Hæmorrhage,	1		1				
Dissipation,	2	1	3				
Dentition,	2	5	7	2	4		1
Degeneration of Kidney,	1		1				
Dysentery,	1		1				
Epilepsy,		1	1				
Fever Typhoid,	1	2	3				
“ Scarlet,	3	1	4				2
“ Typhus,	1		1				
“ Febris Nervosa,”	1		1				
Gangrena Oris,	1		1				
Heart Disease,		1	1				
Hydrocephalus,	3	1	4	3			
Inflammation of Bowels,	1		1			1	
Murdered,	1		1				
Marasmus,	2	1	3	1	1	1	
Measles,	1		1	1			
Malignant Pustule,		1	1				
Old Age,		2	2				
Pneumonia,		1	1		1		
Premature Birth,		1	1		1		
Still-born,	3	2	5	3	2		
Spinal Meningitis,		1	1				
Stricture of Colon,	1		1				
Sun Stroke,	1		1				
Softening of Spinal Marrow,		1	1				
Scrofula,	1		1				
Unknown,	9	6	15	5	6		
Ulceration of Bowels,	1		1				
Whooping Cough,	4	3	7	1	2	3	
Totals,	81	61	142	32	31	12	2

NATIVITIES.—American, 70. German, 28. English, 11. Irish, 16. French, 2.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS

Extracts from the Minutes of the New York Pathological Society. Specially Reported for the New Jersey Medical Reporter, by E. Lee Jones, M. D., Secretary.

REGULAR MEETING, Feb. 28, 1855.

Rupture of Uterus.—Dr. Conant presented a specimen of lacerated uterus, with the following history: Eliza McGovern was taken in labor on Tuesday, Feb. 13, and at three o'clock in the afternoon the husband applied to the Demilt Dispensary for a physician. He was there informed that such cases were not provided for by the Institution. Still, to relieve his great anxiety, and by his own consent and request, a student of medicine, from a neighboring boarding-house, was called and went with him to the house, 223 E. 20th Street, and took charge of the case. After about an hour's delay, upon making an examination, this student discovered that the funis was prolapsed. He immediately informed the friends that there was a complication in the case, and that they must call the best physician that could be found, as he did not like to take the responsibility. When the husband arrived, some time in the evening, he went directly for a more experienced practitioner. Dr. Longrigg being called, expressed his belief that he should be able to deliver the woman in a very short time. He succeeded in bringing down the right foot and hand; but, failing in his efforts to deliver anything more, he called in a medical friend. After holding a consultation, Dr. L. says, "I demanded a fee, knowing that one would not be paid, and as I expected, we were discharged." Dr. L. ceased all efforts at delivering the woman at about 11 o'clock, Tuesday night, after which time the patient had no labor-pains at all, but commenced vomiting every thing taken into the stomach. She sank very rapidly, so that in two hours the friends thought her dying. The student remained by her all the time, to see the termination of the case. After the departure of Dr. L. and friend, the young gentleman went with the husband to nearly every physician's office in the vicinity, but failing to secure the services of any one, the young man was finally sent to Dr. Fimmel, and the husband called on Dr. Conant, who immediately attended. Dr. F. arrived a few minutes later, about 11 o'clock on the morning of Wednesday. The patient was in a deplorable condition, the pulse being 150 per minute; the respiration about 50, and labored; the countenance having the anxious and pinched appearance peculiar to one suffering under rapid exhaustion; the abdomen was very tympanitic—in fact there was every indication of speedy dissolution. Upon further examination, Dr. C. found the right foot and leg as far as the knee, protruding through the vulva; the funis prolapsed some six inches; after which Dr. F. discov-

ered the laceration of the womb. After a short consultation, Dr. C. proceeded to turn, and delivered the child in about half an hour, without much inconvenience to the patient, who expressed herself as decidedly relieved when the child was removed.

The child was known to be dead before delivery, as there was no pulsation in the cord.

Dr. C. continued in attendance until her death, which occurred twenty-four hours subsequently. After the child was removed, from twelve to eighteen inches of the intestine protruded into the vagina; these were returned, and the placenta was found to have passed through the rupture into the abdominal cavity.

The *post-mortem* examination was made the next day, and revealed a rupture, extending some three inches up the cervix uteri, and about the same distance down the vagina, upon the left side of the organ. The alimentary canal was excessively distended with gas. There was no sign of inflammation except upon the intestine, which was opposite the laceration.

Dr. Batchelder inquired what length of time after commencement of labor, ruptures most generally occurred. In his experience, it was usually within fifteen or eighteen hours. Dr. Finnell mentioned one case, where rupture took place three days after commencement of labor, and others within twenty hours.

Dr. Clark asked the usual seat of rupture. Dr. Finnell said, at the junction of the os uteri and vagina.

Dr. Isaacs mentioned four cases through the cervix, and one partially in body.

Hip-Joint Disease.—Dr. Isaacs next presented a specimen of disease of the acetabulum, head of femur, &c., in a female, aged 25. The history of this case is very imperfect. She was seized with severe pain in the hip and groin, gradually increasing, and extending to the leg and foot. After some weeks, the limb could not be moved without great suffering. In about six months after the attack, an abscess formed under Poupert's ligament. Pus continued to be discharged till the time of death. On tracing up the fistulous track of the abscess, it was found to reach upwards along the inner margin of the psoas muscle, and under the fascia iliaca, nearly to the second lumbar vertebra, but had no connection with the vertebra of this region. Tracing the fistulous track downwards, it passed over the inner portion of the brim of the pelvis, down to the acetabulum, through which there was a carious opening, of the size of a sixpence, into the cavity of the hip-joint. The whole surface of the acetabulum was greatly eroded—the head of the femur was also in the same condition, and much of its substance has been destroyed. The cavity of the joint was filled with pus, which also could freely pass through into that of the pelvis. The tendons of the rotator muscles were still adherent to their points of insertion about the neck of the femur, and were floating in an immense abscess, which existed among the glutei and hamstring muscles. The uterus contained in its cavity a large, fibrous polypus; the left ovary had been converted into a fibrous tumor, about the size of a large orange.

Enlarged Prostate Gland.—Dr. Isaacs next exhibited a specimen of an enormously enlarged prostate gland taken from a black man, about 60 years

of age; the third lobe was about the size of a musket-ball, and so placed as to shut up completely the orifice of the bladder. It yielded, however, very easily to the point of the catheter, when that instrument was introduced, and probably presented no great obstacle to its passage during life.

Cancer of Colon.—Dr. Cochran presented a specimen of *cancer* of the *transverse colon*, taken from a woman 62 years of age. Three years ago, he was consulted for a diarrhoea, which continued for two months; on examining the abdomen, he found a hard mass about and below the umbilicus. From the existence of this mass, and the persistence of the dysentery, he was induced to infer malignant disease existed. The autopsy showed cancer, involving the colon, stomach, bladder, and peritoneum.

REGULAR MEETING, Feb. 14.

Bright's Disease.—Dr. Clark presented several bottles of urine containing a considerable amount of blood, and a small quantity of albumen; there was nothing else worthy of notice. The patient had been passing blood from the kidney for three weeks. In his opinion he was laboring under the first stage of Bright's disease; the blood being the result of functional congestion of the kidney. Another specimen was exhibited of the same color, taken from a gentleman, who, for the last two years, had passed bloody urine. On being placed under the microscope, it was found to be of a different nature. There were numerous cells visible, which seemed to be formed on variable laws; a few could be declared cancer cells; a few epithelial cells of the bladder. A few days (three) after the present specimen was passed, the urone presented an entirely different appearance, having lost its deep red color; the deposit, however, was found the same in character.

Pathology of Inflammation.—Dr. Clark then presented three specimens possessing some interest as showing modifications of the inflammatory process. The first specimen exhibited consisted of the lungs, trachea, and larynx of a child eight years of age, who died of croup. False membrane is seen extending down to the third division of the bronchial tubes; the trachea and larynx are also lined by the same tissue. On the fifth day (Sunday) after the commencement of the disease, tracheotomy was deemed necessary. The operation was accordingly performed by Dr. Buck, for whom the case is presented by Dr. Clark. From Sunday to Saturday the patient's condition was satisfactory, and hopes of recovery were entertained. On Saturday, however, she became restless, and respiration difficult, the tube being filled with false membrane. Dr. Mitchell, of Brooklyn, the patient being under his immediate care, was called during the night, and removed the inner tube; a piece of membrane was violently ejected six feet from the patient; a few hours after, a portion six inches in length was thrown out. No improvement followed, and the patient died on Sunday. On examination by the microscope, the membrane (from the internal surface of the trachea) seemed as if newly formed, and composed of small cells, markedly granular, arranged in lines; a series of cells were connected by structural material; occasionally a little thread was actually formed. Magnified four hundred diameters they appeared one-quarter of an inch apart. A grayish exudation occurred on the surface of the wound, thirty-six hours previous to death; the croupous membrane seemed as if coming through the opening. The structure of

this exudation was entirely different, there being no cells, no fibres, but numerous minute granules; the muscular fibres were also surrounded by minute granules. For six days after the operation, the deposit was diphtheritic, composed of protein compounds and fatty matter. In the same connection, Dr. Buck inquired of Dr. Clark, if the grayish exudation found occasionally on the surface of the wounds, refusing to heal kindly, was not of the same character? He (Dr. Clark) found on examination that it was of the same general nature; portions of the exudation contained minute granules, others a few fibres further in the same connection.

Dysentery.—Dr. Clark presented the large intestines of a patient, who died of dysentery, lasting thirty days, extensively ulcerated. Everywhere on the surface of the membrane, between the ulcerations, was a grayish exudation, which, on microscopic examination, was found to be constituted as the membranes just described, being composed of granules, and some portions containing fibres. These three exudations, Dr. Clark considered as products of the inflammatory process; there not being, in either case, sufficient inflammation, or *viability*, to produce a more highly organized tissue. Dr. Batchelder remarked that such exudations were more apt to be seen in cases of burns, and in feeble subjects.

Aneurism of Heart.—Dr. Clark then exhibited for Dr. Cox an uncommon form of aneurism—an *aneurism* of the *heart*, at the base of the mitral valve of the left ventricle, about the size of a pullet's egg; the sac was lined with coagulated blood; the tissue of the heart around it was fibrous. The history of the case is incomplete. No physical examination was held. She had been in bad health for about one year, being troubled with cough, accompanied with expectoration. The immediate cause of death was double pleurisy, with effusion. Dr. Clark next presented a heart, weighing 27 oz. It was taken from a person who had passed through an attack of pneumonia, and was convalescing. There was an inconsiderable charge of the aortic valves.

Fibrous Tumors of Uterus.—Dr. Finnell presented the uterus of a woman, far advanced in gestation, 25 years of age, containing 25 fibrous tumors, varying in size from a pea to the fist. She had been suffering for four days from cough and pain in the side. Coming out of church, she became sick and died during the night. The *post-mortem* revealed the lower portion of the right lung congested—the other portions were healthy; the fetus was of full size. Dr. Clark considered it unusual for pregnancy to occur under such circumstances. Dr. Dalton called attention to the condition of the cervix uteri, the canal being perfectly distinct from the body of the womb. He considered it interesting, as disproving the old opinion that the canal gradually became obliterated as gestation advanced.—*N. J. Med. Reporter.*

Professional Etiquette.—If the duties which physicians owe to their own patients are the most imperative, their mutual relations and intercourse, pro-

professionally, are of the greatest importance, and never to be made subservient to mere selfish purposes.

We believe it is undeniable that our own medical community is remarkably free from those occurrences which constitute breaches of professional etiquette. This should be so everywhere, among those whose aim is to diffuse comfort and the means of health. A truly high standard of feeling and practice can hardly be maintained unless the honorable estimation of brethren and the real wish "to do unto others as we would they should do unto us," be cherished and regarded as the rule of action.

There are many ways of injuring a *confrère* besides overt detraction or explicit assertion of incompetency, &c. The shrug of the shoulders, or the incredulous aspect, if anything be said in his favor; the hints of small experience, want of opportunities for observation, personal peculiarities made prominent, &c., &c., often go further toward injuring another's prospects, than any specific charge detrimental in itself. If an older physician be asked about the qualifications of a younger one, it is clearly his duty to give him the benefit of his own good opinion if he honestly have one. A generous man would often go farther;—he would not allow mere *youth* to prevent success—but would say (what is now the truth,) that our younger physicians are nearly all highly educated—that their acquirements, in general, entitle them to the full confidence of the public, &c. It cannot diminish either the reputation or the income of the established physician to extend to the comparative neophyte a welcome, and a helping hand; it will only render the latter more deserving, if he be at all so, and will, through the years of weary waiting, inspire him with hope and give him an agreeable and elevated idea of his superiors in acquirements and experience.

The reverence for years and distinguished abilities is, we think, quite observable among our younger medical men, and while many may be mentioned who worthily inspire this sentiment, there is one for whom all seem, instinctively, to feel a genuine affection, and who affords us an eminent example of that professional courtesy which accords both to the advanced and the youthful practitioner, the consideration merited by each.

Skill, judgment, science, and a spotless name
 Are not the only trophies of his fame;—
 While Honor's seal on every action shines,
 And Dignity with Gentleness combines;—
 With learning's light the social virtues blend,
 And wondrous magic to his teachings lend—
 Peculiar beauty round his paths is shed,
 And young and old call blessings on his head!

There are those, we regret to say, who by thoughtlessness often—sometimes, it is to be feared, intentionally, throw out opinions or insinuations which materially injure the prospects of others who would fain rise in the scale of success as well as of merit. The rashness of the tongue is rarely ever more mischievous than in such instances.

It is hardly worth while to specify much; most physicians are well aware how much good or evil a word, "fitly" or otherwise spoken, is capable of doing. We should not judge one another too freely, nor should we draw conclusions from mere appearances. If a member of the profession be fond of its literature, or has been led to its cultivation by particular or fortuitous circumstances, hardly to be avoided, it does not follow that he has not a wish

to practice, and others should not form such an opinion, much less promulgate it, unless they know it to be the fact *from his own mouth*. Otherwise, his laudable hope for a share in active professional labors and remuneration may be essentially thwarted: every man's word has influence; let it be exercised as he believes the persons under remark would themselves wish, at least with regard to their professional intentions.

It is by no means always true, that because a physician is living in comparatively easy circumstances, he is therefore careless of occupation. He may often, on the contrary, both earnestly desire, and really need it, to enable him to live. Because he has certain means, it should not be decided for him that he requires no more. Moreover, no one, especially no physician, should be an idle man—and can one, in these days, work for nothing? Too many do so for a long time. Professional etiquette demands that no one pronounce his fellow practitioner a drone until he is *very sure* of it. We conclude that every man in regular standing, who writes himself Doctor, and places an intimation to that effect upon his door or the corner of his house, thereby signifies his intention to offer his services to the public, and his wish not to be considered a "retired physician," as we once heard remarked of a practitioner in this city, very erroneously supposed to be rich and indifferent to practice, because he had been twice to Europe (upon both occasions devoting most of his time to medical and surgical studies) and did not live at the corner of a noisy thoroughfare!

We do not think it worth while to do more than refer to the paltry tricks and unscrupulous measures, most frequently intangible and secret, by which patients are sometimes filched from those who have long devoted themselves to their welfare. In many nameless ways is this done by some, but, as we conclude that such persons cannot understand even the meaning of the word etiquette, and are sure that they ignore, practically, the terms right and wrong, honor and injustice, we leave them to their shuffling and grovelling courses.

In consultations there is peculiar opportunity for the exercise of true courtesy. These meetings of physicians are of two sorts—necessary and unnecessary—pleasant or disagreeable. They are necessary whenever the practitioner in attendance is in doubt and anxiety about his patient, and if the conduct of all the parties concerned be what it should be, they are then pleasant and advantageous. Frequently, however, there is no real occasion for them: the family physician feels competent to manage the case, and apprehends no danger. If a consultation be forced upon him, it is somewhat trying; the adviser may make it less so—very probably even delightful; or he may, by his manner, increase any embarrassment or unpleasant feeling already awakened. He has it in his power to advance or injure the reputation and skill of the one whom he meets. In both instances, how much depends on the etiquette observed. Perfect ease, however, is wholly consistent with its due observance; and such consultations not infrequently result in the formation of life-long friendships, while those of an opposite character beget everlasting dislikes. The junior practitioner has his part to play in rendering consultations agreeable, and this duty should sit gracefully upon him. More importance attaches to these arrangements than may generally be believed. The rule is easy of application; let all, in their frequent and needful intercourse, refer each particular set of circumstances to themselves as the persons interested, and consult the *heart* as well as the reason in these matters; we

will answer for the good effect which will be visible in the exercise of high professional etiquette.—*Boston Med. and Surg. Jour.*

Cholera in New Orleans.—The following extract of a communication by a physician, in the New Orleans Medical News, represents the prevalence of cholera in that city as much more extensive than we were led to suppose by the action of the city government alluded to in this Journal last week:

“Notwithstanding the fact that some of our daily newspapers are constantly proclaiming our city in the enjoyment of almost unprecedented health, all who do not wilfully close their eyes and ears to existing facts, *must* be aware that the cholera is in our midst, and is doing its sad work from one end of the city to the other; it is not true that ‘the cases are principally confined to the upper and lower portions of the city, and are mostly attributed to the drought, which forces a change from rain water to the meagre supply by the hydrants;’ the disease is to be found everywhere throughout the city, and although it seems to attack more children and negroes, still it is to be found amongst high and low. Editors of newspapers may attempt to deceive the people in the country, and, by their strangely mistaken policy, may succeed in throwing the unwary of our population off their guard, but the sad experience of every hour in the day teaches the mass of our citizens but too truly that the cholera is in our midst, and in all its strength.”

Hospital for Women in New York.—A meeting of the friends and promoters of this new Institution, in Madison Avenue, was held on June 2d. There were present several distinguished clergymen and members of the medical profession, and nearly a hundred ladies. Addresses were made by the Rev. Dr. Francis, (Chairman,) Dr. Horace Green, Dr. Gillman, Rev. Dr. Knox, Dr. E. H. Dixon, Dr. Sims and others. The hospital has been open about a month, and contains nineteen patients.—*N. Y. Times.*

Treatment of Nocturnal Incontinence of Urine in Children.—Dr. Blaschko, of Freyeawalde, asserts that he has always succeeded in this infirmity by the use of a mixture of equal parts of *tr. nucis vomicæ* and *tr. ferri acetici*, in the dose of from ten to thirteen drops, twice every evening. In one case which resisted all treatment, he resorted with success to a rotary battery; the conductor, a fine copper wire, being introduced into the meatus urinarius.

Dr. Hüber, of Zurich, recommends a mixture of *ex. nuis vomicæ* one part, and *oxyd. ferri nigri*, 48 parts, made into 24 pills, of two grains each, one of which is to be taken night and morning. Naegele recommends tannin in the dose of a grain, morning and evening.—*Gazette des Hopitaux*, collected by *Boston Med. and Surg. Jour.*

EDITORIAL DEPARTMENT.

Functions of the Brain.—Among the original communications in the July number of the "British and Foreign," we find one entitled "Further Researches into the Functions of the Brain. By Thomas Laycock, M. D."

Dr. Laycock is a man long distinguished for his scholarship in this department of physiology, and is widely known as the translator of "Unger and Prochaska on the Nervous System," one of the publications of the Sydenham Society. Dr. Laycock is a warm admirer of Unzer, and that with no little reason. Unzer's principal work was published in 1771, at a period when the Stahlian philosophy (under which he was educated) was in vogue, and when a true physiology, based on experiment and anatomy, was hardly known. Valsalva, Spallanzani, Haller, Hoffman, Willis and a few others, should indeed be excepted from this statement, but even to those most familiar with the philosophical spirit that animated these men, it is a matter of no small wonder that Unzer should have promulgated doctrines so far in advance of his age; doctrines which only acquire new force in the progress of experimentation, and which even yet remain unexhausted. A quotation or two from Unzer would show, had we space, that not only was he in advance of Marshall Hall in the appreciation of reflex action, so far as the spinal cord is concerned, but that he took a deeper view of the functions of the cerebrum, and was the first to fully appreciate that class of phenomena now known under the name of "involuntary cerebration," or reflex actions of the brain proper.

We have taken occasion thus to mention Unzer, from the fact that his doctrines seem to have greatly influenced Dr. Laycock, whose reasoning runs parallel with Unzer's theory.

Dr. Laycock, in the article under notice, handles the subject of cerebral reflex action in the most forcible and logical manner. It will be recollected that Marshall Hall in a manner divides from each other the brain, the spinal cord, and the ganglionic system, assigning to the first the intellectual actions and the harmonizing muscular movements; to the second, the control of reflex actions, and to the last the guidance of organic or involuntary life. Thus

we have three distinct nervous systems, each in a manner independent of each other, and as a corollary, endowed with a special *vis nervosa* or mind.

Carpenter enlarges upon this. He recognizes the fact that many muscular movements originating in the brain, are as purely reflex or instinctive as those attributed to the spinal cord. Associated with this, also, is the identity of structure of the brain and spinal cord, and the unity of their ganglionic arrangement.

It is some months since we have looked at his pages; but, if we recollect Carpenter aright, he traces the phenomena of motion and thought in this wise:

An impression is produced upon the periphery of a nerve; this conveyed to the cord results in a sensation and the sensation in a motion—always conservative and instinctive, and accomplished by the forces of the cord alone, without implicating the consciousness.

Should the brain, however, be called into action, the sensation results in an entirely distinct phenomenon—an idea—the perception causes an emotion, the emotion an intellectual operation, which finally calls into action the will.

It is Dr. Laycock's object to prove that, not only is the brain itself the recipient of impressions and the subject of sensations without any result further than unconscious reflex action, but that perception and emotion are themselves reflex actions, not necessarily implying consciousness, but entirely dependent on that conservative nervous force, which, beginning with the first cell of the embryo man, watches over and repairs his body till the final withdrawal of life.

It is upon this point that Dr. L. differs from Dr. Carpenter, who asserts that there is an essential distinction, anatomical and physiological, between the *sensory* and the hemispheric ganglia—that is, the laws of reflex action do not apply to the latter.

What is reflex action? It is the intelligent but unconscious responsiveness to stimuli. Under this broad definition it will be seen at once that reflex action is common to all forms of nervous arrangement, and not only to animal tissues, but to vegetables. Many of these latter manifest in the fullest degree that unconscious intelligence which guards from injury, shrinking from the touch, or opening in one case, closing in another, to the sunlight. It is proper to call this force an intelligence, inasmuch as it acts uniformly with regard to the good of its possessor. It is the *Archæus*, the *vis mediatricis*. It is, according to Dr. L., an endowment of the primitive cell, beginning with the first contact of the sperm-cell and germ-cell, a power which

governs all additions to that cell up to the period of full growth, and after that guides the repair and waste of tissues, and is still identical with the power of reflex action.

Another feature of the intelligence of reflex action, is its *inspiration*, the uniform accuracy of its movements, and the wonderful knowledge it displays of the laws of nature. The tree turns its leaves to the sun to realize the same change wrought by the photographer upon sensitive paper, the spider spins its web with the most scientific adaptation to the laws of tension; the bee constructs its cell with such reference to geometrical laws, that, according to Sydney Smith, "it would take a senior wrangler at Cambridge, ten hours a-day, for three years together, to know enough mathematics for the calculation of these problems, with which not only every queen bee, but every undergraduate grub, is acquainted when it is born." Here is the wonder—with the bee it is not example or education, it is intuition.

It is a singular reflection that as the hemispherical ganglia increase in size, as the cerebrum becomes more and more the organ of the will, and subject to the control of reason in the increasing scale of creation, that this *constructive* faculty is lost. As we come to use tools, the capacity for instinctive architecture is diminished.

This instinctive use of the apparatus used by the unconscious mind (*vis nervosa*) is usually considered as distinct from the instructive construction of new or more fitting apparatus. Aside from the conclusions readily drawn from foregoing facts, it is evident that the adaptation of the form of plants or animals to new conditions or circumstances, and their ready return to their original form on the withdrawal of those conditions, is a fact going far to prove the identity of the unconscious mind with the reparative force, or *vis medicatrix*. Analogous to this is the fact that natural instincts, though suppressed, are never eradicated. The horse, who for many generations has known no danger from wild beasts, still preserves his instinctive fear of them.

Perhaps the most striking train of ideas supported by Dr. Laycock's article, is that which supposes immense, and, perhaps, perfect knowledge of all natural science on the part of the unconscious mind. It is seen that this force always acts in accordance with the dictates of philosophy, that its creations combine—always—beauty with utility, that it confers upon the bee the benefit of exact knowledge of geometrical rules, endows the insect with all that foresight necessary for reproduction and provision for the necessaries of its young, and confers upon the unconscious, unreasoning, and unexperienced infant all the powers necessary to its sustenance, while it imparts to the mother the sacred and inviolable impulse to cherish it, an impulse wisely

removed from the action of the intellect; for who can doubt that were reason alone to settle the question, few mothers would preserve their young?

The existence of these and a thousand similar unconscious powers—inmate and inseparable from nature—implies the existence of an unconscious reason, removed from our perceptions. Such an existence also implies mind, knowledge, foresight, precaution, fear, pleasure, all the phenomena of the conscious mind except perception, ideas and memory.

And what a knowledge must this be which builds the human form upon a model strictly geometrical as to strength, purely æsthetic as to beauty, which balances it in locomotion with the nicest appreciation of the laws of gravity, which constructs the tissues here firm, there soft, with closest regard to resistance, tension, and compression; which surpasses the optician in adaptation to the laws of light, or the engineer in hydrostatics, and which in its marvellous laboratory works out the most difficult analyses, or combines the most unwilling elements, with an accuracy unattainable by rational chemistry.

These are the *substrata* of mind, the source of knowledge. In this sense nothing can be said to transcend the human mind. Could the mine of the unconscious mind be developed, every problem of science would be capable of solution at a glance; in the twinkling of an eye, and without resort to that succession of ideas which we call reason. We should solve our present enigmas as the natural arithmetician adds, subtracts, divides, or multiplies the largest masses of figures, in a moment, with unerring certainty, but without knowing how he does it.

Let once the connection between the conscious mind be perfected, conveying instantaneously to the former the conceptions of the latter, and books would be useless, the superiority of intellect would be gone, and universal equality competent to seize the advantages offered them by nature, and profit by them.

The present inequality in the powers of races and individuals would seem in this light to depend upon two causes:

1st. The differences in the perfection of the material organism in its size, shape, and molecular construction.

2d. The differences in the degree of intercourse and relationship between the unconscious and the conscious mind, that is, in the capacity of the latter to appreciate and use the intuitions of the former.

In the first class the absence or malformation of the hemispherical ganglia, as in acephalous infants, leaves the subject of it entirely to the instinctive faculties. The child breathes, suckles, swallows, starts at noise, or shrinks from pain, like any other; but it is utterly shut out from communication

with the outer world, and can never appreciate the powers which it momentarily applies. Not far different are those cases where, from some error in the molecular arrangement of the brain, consequent upon scarlatina or other infantile disease, the once bright child sinks down to idiocy. Here only the instinctive powers remain, the uses of language or the hundred ways in which the ordinary child takes advantage of its innate knowledge of natural science are wanting, and lead us to regret that the idiot could not share in the early death allotted to the acephalous child.

This is only looking at a well known phase of life from a new stand-point, it involves no new theory, and is the simple enunciation of the axiom that the functional power of an organ depends upon its physical integrity.

The other proposition involves the idea of cerebral activity. Aside from those powers of mind due to "acquired knowledge," it implies an intrinsic fruitfulness of the brain, such as is usually designated "genius" or "talent." But as it is evident that the law of healthy exercise applies as well to the brain as to other organs, it follows that the cerebral organ cannot be in an advantageous position for realizing the benefit of the knowledge of the unconscious mind, without it is itself in an active and healthy condition. The stimulus of this health is acquired knowledge, and though genius or talent may in themselves occasionally develop results, it is evident that without acquired knowledge to call it forth, intuitive knowledge—genius—must, in most cases, lie dormant.

Dr. Laycock, then, (for it should be recollected that we are not writing our own but condensing Dr. L.'s opinions) acknowledges the existence of genius as a distinct power of the mind, which he would probably define as a capacity on the part of the reason to profit by the intuitions of the unconscious mind.

There is, at least, comfort for the blockheads in this theory. The unconscious mind of the idiot may be as great a magazine of knowledge as that of Newton, but like the starling, "it can't get out"—it has no tools to work with.

Obituary.—Died of consumption, at sea, on the passage from New York to Liverpool, Charles Ap A. Bowen, M. D., Assistant Surgeon in the British Army, and lately Professor of Anatomy in the Geneva Medical College, aged twenty-three years.

Thus brief and imperfect is the announcement of the early death of one

who had many friends among those who knew him, and whose professional anticipations were more than usually brilliant. Born in England, Dr. Bowen's parents removed, when he was a child, to Canada. He passed his medical pupilage under Prof. Austin Flint, of this city, graduating in the spring of 1853, at the University of Buffalo. Immediately on receiving his degree he accepted the position of Demonstrator of Anatomy in the Geneva Medical College. On the reorganization of the faculty of that school, in 1854, he was appointed Professor of Anatomy, a position which his zeal and attainment enabled him to fill with ability, though he was then but twenty-two years of age.

In May last, we were surprised to receive a letter from him announcing his resignation at Geneva, and his acceptance of the place of Assistant Surgeon in the British Army, to go to either the Baltic or Crimea, and offering at the same time to correspond with the Journal relative to medical matters at the seat of war. It was upon his voyage thither that his health, previously feeble, failed, and he was buried at sea.

In this the last letter we ever received from him he says, "I am about entering on a hard and dangerous service, and if I do not see you before I leave, the probability is that we shall never meet on 'terra firma' again."

The laughing, but half-serious prophecy is fulfilled; the hopes and ambitions of a warm, enthusiastic nature, are defeated by "the Conqueror Death." We will not write his eulogy, but those who read the record of his brief professional life—of two years only—will recognize the marks of an energetic and a manly nature, which would doubtless have secured a high distinction had time been given it.

Medical Department University of Buffalo.—With reference to the convenience of *Physicians*, many of whom, it is believed, are desirous of reviewing their studies, and of becoming familiar with the progress of their profession, the Faculty of the University of Buffalo have set apart the month of January for Lectures upon subjects especially interesting and important to the medical practitioner. The Lectures constitute a portion of the regular course, but will be delivered, as selected, and at the least busy season of the year, in order to accommodate those who cannot, for a longer time or at another period, be spared from the active duties of their profession.

This course is *free* to all duly authorized practitioners, upon the payment of the matriculation fee, (\$5,) for which a ticket will be given, admitting the

holder to all the Lectures at the College, as also to the medical and surgical clinics at the Hospital.

Circulars will be issued before the course commences, announcing the subjects to be taught, which will be selected with especial reference to the wants of practitioners. By thus condensing within a month those matters of greater practical interest, ordinarily scattered through the entire term, physicians will be enabled to refresh themselves on important subjects, without being obliged to listen to those elementary lectures which are valuable only to students.

It is the wish of the Faculty to establish the most intimate relations between themselves and the profession at large, and we know of no way so likely to secure this result, as the personal acquaintance—profitable, we trust, to both parties—which would follow the collection of a large number of physicians in Buffalo next January. The unrivalled clinical advantages of the Buffalo school—indisputably better than those of any other city in the Union—will add great interest to the contemplated course.

Porcelain Teeth.—The following note explains itself. It is time that some method was invented that should remove the annoyance caused by the retention of food in the interstices of the ordinary plates, and we have no doubt but a feasible plan would meet with encouragement from our present class of thorough going educated dentists:

Editor of the Buffalo Medical Journal.

SIR:—Allow me to ask you to publish in the Journal the following, which I think worthy the attention and patronage of the profession; it being a great improvement in the mode of making and setting artificial teeth.

They are made to fit individual cases, of one solid piece of porcelain, without the aid of metallic plate of any kind. This mode was invented by Dr. M. Loomis; and a manufactory is now established in Cleveland, Ohio, where full sets, and any considerable parts of sets are being made, and give the wearers universal satisfaction. It is carried on by Drs. Loomis, Wright & Company.

The advantages of this mode are very apparent. It is more cleanly—there being no places for the lodgment of food; more natural—as in this way almost any desired form may be given to the mouth and lips. The

absorption consequent on extracting teeth can be entirely remedied; more useful and apparently durable—for no chemical action can, by any possibility, injure them; and much less liable to injury by accident than those set in the usual way. They are cheaper, and we see no reason why this plan will not be universally adopted when understood. *

Cleveland, O., July 30, 1855.

The above I believe to be strictly correct, and have no doubt you will oblige the profession by placing it in your Journal.

H. A. ACKLEY.

Cleveland Med. College, July 30, 1855.

Anecdotal.—Sir Richard Jebb used to tell a story of himself which made even avarice comical. Attending a nobleman whom he thought ought to pay him five guineas at each visit, he received only three. Suspecting some trick on the part of the steward, from whom he received it, he, at the next visit, contrived to drop the three guineas. They were picked up and again deposited in his hand; but he still continued to look on the carpet. His lordship asked if all the guineas were found. "There must be two still on the floor," replied Sir Richard, "for I have but three." The hint was taken, and his trick was successful.

Prof. Chapman.—Harper's Magazine has gathered some of the best of the witticisms of Chapman, but we do not recollect to have seen in print any report of the conversation between him and the veteran Dr. Francis, of New York. Dr. F. was saying that maternal serpents would swallow their young on the approach of danger, and stated that he had himself seen a brood of seven infantile black snakes disappear down the throat of the mother for protection, when alarmed.

"I think," said Chapman, "that that is a very large dose of *Serpentaria*!"

"Oh no!" said Mr. Bogg, "Our friend can't live long, poor fellow! His constitution is all gone."

"But if his constitution is all gone, then how does he live at all?"

"Oh! ah! yes! ahem! *he is living on the by-laws!*"

We have often thought of some very sick people that they ought to be arrested under the vagrant act, for living "without visible means of support."

Correction.—A curious perversion of sense and truth, by the error of a single letter, occurs in our last. In speaking of the means of clinical instruction afforded at the University of Buffalo, we described a method—first proposed and carried out by Prof. Rochester—in which to quote ourselves: “cases are assigned, upon which they (students) are required to give a written prognosis, diagnosis, and treatment, to be handed in a thesis to the professor of practice on surgery.” The word “on” should, of course, read “or,” this change of a single letter restoring sense to an otherwise senseless sentence.

Ranking's Abstract, for July, is received from the publishers, Messrs. S. S. & Wm. Wood, and is for sale at the bookstores. It seems to be a very good number, maintaining its former excellent character as an *omnium gatherum* of the choicer and more valuable portions of our current medical literature.

From the same source we also receive that most valued of our exchanges, the British and Foreign Medico-Chirurgical Review. The splendid ability with which the “Review” has been edited, has given it an influence and a name beyond that of any other medical periodical. Dr. Johnson and Forbes, successively, have wielded an immense power over the profession through its pages. For a few years past it has been under the control of Dr. Parkes, who has now gone to Constantinople to assume the supervision of the immense hospital now in process of construction, for the wounded and sick of the Crimea. His place is filled by Dr. E. H. Sieveking, one of the authors of Jones and Sieveking's Pathological Anatomy—at least we judge that Dr. Sieveking is the new editor, from the fact that he furnishes the quarterly report on pathology and medicine, formerly the department of Dr. Parkes.

Explanation.—In our article in the August number, in review of the recent transactions of the New York Academy of Medicine, we use the following language, on p. 184, under the head of “Facility of the Operation”:

“By some different method of calculation, Dr. Barker throws out a part of the cases as reckoned by the majority, and says that ‘Twenty-two patients were subjected to the experiment with the tube.’”

In justice to our friend Dr. Barker, we wish to say to our readers, that this rejection of a part of the cases was confined only to those cases presented at the last meeting of the committee (from the 35th to the 38th inclusive) the record of this meeting not having been furnished to Dr. Barker until

after his report was made. The tube was tried in only two of these cases (the 35th and 37th) and in both successfully. It would, therefore, have strengthened Dr. Barker's report had they been included.

We make this explanation not that we suppose any charge of unfairness to be implied in our comment, but because it explains an apparent discrepancy. We may as well add that we do so at our own suggestion and not at the request of any other party.

To Correspondents.—Our present number is so filled with original matter, as to exclude most of the eclectic department. The value of the original articles is such, however, as to leave us no regrets on this score. The paper on opacities of the cornea, by Dr. Glück, is one of unusual merit. It will be concluded in our next. That upon medical education, by Dr. Chandler, is equally welcome.

We allude to these, especially, as coming from new contributors of established reputation as writers. It will be our aim to increase the number of our able collaborators, in the conviction that thus only can we make a good journal.

For our next number we have, besides the continuation of Dr. Glück's article, a case from Prof. White, of spina bifida of the anterior fontanelle, illustrated by a beautiful lithograph from Compton; a case of cyanosis, from Dr. E. Delany, of Fond-du-lac, Wisconsin; and an analysis of cases of onychia, from Mr. Austin Flint, Jr., of this city.

We congratulate ourselves upon the high character of our original department, as well as the substantial support rendered to our subscription list of late. To some of our new subscribers we have been unable to send the June number. The edition for July is also very nearly exhausted. That for August being larger than the preceding months, we hope to be able to furnish it to all new subscribers until October, by which time we expect to be warranted in a further increase of the edition.

Geneva Medical College.—We are requested to state that Prof. Wm. Sweetser has resigned the chair of Institutes and Practice of Medicine in this institution, and that Prof. Charles A. Lee is no longer connected with it.

Elisha Bartlett, M. D., the distinguished author and teacher, died in Rhode Island, on the 12th of July last.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 11.

NOVEMBER, 1855.

NO. 6.

ORIGINAL COMMUNICATIONS.

ART. I.—*Clinical Lectures on some of the Principal Diseases of the Eye.* Delivered before the Class of the New York Medical College. By ISIDOR GLUCK, M. D., Chief Surgeon to the Hungarian (Vilmos) Hussars, and to various Hospitals during the late war in Hungary; Cor. Fellow Med. Soc. of London, etc.

(Continued from page 210.)

GENTLEMEN, — You see here the satisfactory result of the operation performed twelve days ago. Whereas before the operation the patient was annoyed by the blue and incorrect sight caused by the opacity in the right eye, he can now distinguish objects correctly with the right as well as the left one, and perceives, as you hear him say, no difference in the sight of both eyes. This marked improvement, calculated as it was before the operation, gives you an instance how the optical equality of the cornea may be restored by the operation of *abrasion*; although the opacity existed for many years, and the elements constituting it always underwent an exchange, like those of the normal part of the cornea, and thus the stationary appearance was preserved, and it shows you at the same time how little reaction follows the operation, so that the subsequent inflammatory process may be restricted to a small extent, and is easily controlled; while remedies hitherto applied

VOL. XI, NO. VI. — 21.

for inducing absorption act on the whole extent of the cornea mechanically or chemically, thus jeopardising often the transparent part of the cornea, and thus adding to the optical inequality, by rendering the cornea more opaque in extent and depth.

The principle on which you perform this operation, is entirely different from that of cutting off slices in order to make the part thus transparent; successful cases of this kind are also recorded, and some thus operated upon even retained the transparency of the cornea, still it happens only too often that the opaque cornea made transparent by thinning it, will subsequently turn again optically unequal, and thus frustrate your exertion and render your tantalized patient more miserable than he felt before the attempt of restoring his sight was made.

It would be difficult to state to what an extent the abrasion in general should be performed, as the local deposit varies so much, not only according to its origin, but also to its nature; although it is pretty certain that in many if not in the most instances, the circumference of an opacity is easier resorbed than its center; but in those opacities in which many smaller ones are confluent and touch each other with their respective borders, so much as to present a uniform appearance, an interstitial resorption may take place, which may render the parts corresponding to the center of the opacity perhaps sooner transparent than the extreme border of the whole opacity.

In this instance I removed, as you observe, the lower part of the opacity, in order that the upper part of it corresponding to the pupil should be resorbed; the upper part of the opacity evidently presented a different aspect from the center; the exudation located there appeared much thinner, and to all appearance easier of transformation, losing itself, as it did, gradually between the healthy structured lamellæ of the cornea. Nature, by its intention of replacing the epithelium taken off from the center and lower portion of the opacity, used for that purpose the superfluous morbidly deposited exudation. The reparative process, in restoring the lost protecting epithelium, causes the nearest material capable of transformation, to enter into the completion of the normal constituent part.

I have purposely abstained from repeating this operation on this individual, presuming, as it turned out justly, that the *single* removal of the epithelial layers might be sufficient for the purpose of absorption of the transformable exudation.

Whenever a repetition of this operation is necessary, which frequently occurs, and is certainly preferable to the removal of thicker slices at once, it should not be performed until the excavation thus caused be filled up, or the

epithelium covering it restored, in order to engage in the reparative process the surrounding parts, without eliciting a high degree of inflammation.

In the young lady, as some of you witnessed, I removed twice the superficial layers of the cornea, and will probably have to repeat the same operation several times in order that a resorption, of the desired extent, should take place; my expectations, also, for the restoration of good sight are, for many reasons, by no means as sanguine as they were in the present instance. I nevertheless entertain the hope, and even firmly believe, to succeed in it eventually.

The removal of the local deposit depends upon many circumstances, general as well as local: tender age is more favorable to it than the advanced; the constitution, if healthy, is more calculated of permitting an adequately speedy absorption than the cachectic one.

The capacity of transformation, being dependent upon local and general circumstances, will be facilitated if the product be more transmutable, on account of its diminished density, or in general will be more or less dependent upon the state of consistency of the product; provided the process of absorption is adequate to remove the mass softened, and thus ready to be carried off. The process of resorption will be most influenced by the nerves regulating the nutritive process in the eye. The disturbance of several physiological organic processes, constitute the character and nature of the hence resulting opacity, and may be differently modified by the numberless variations and possible combinations of such disturbances, creating and causing transformations into heterogeneous unserviceable masses, instead of being anatomically assimilated to serviceable and optically equal elements forming parts permeable to light. Although the process is one of a marked nature, based on laws conflicting with each other, the disturbed harmony may be, and often is, influenced by *accidental* external or internal circumstances, which decide upon the form and nature of such a morbid deposit *on* or *in* the cornea, or in any other part of the body, where the new formation depends upon the impeded physiological process, admitting an influence from within or without.

In inflammation, an excessive action may yield, by resolution, to proper treatment and to the efforts of nature, but if allowed to run its course, the issue will be new deposit, and hence resulting opacity or destruction of the parts healthy before the operation.

An interesting circumstance worthy of remark, is, that in individuals, although otherwise apparently healthy, inflammation of the eye will sometimes elicit symptoms characteristic of a latent disease which may not only essen-

tially interfere with the reestablishment of the sight, but the exudation may materially differ in aspect from products deposited in order to replace lost substances.

The exciting cause must be controlled and checked in its effect, and carefully watched throughout.

If I introduce to you now, two children afflicted with one and the same eye disease, it is, gentlemen, less from the intention of delivering us at once from the plaintive noise of both, but more from the fact that a simultaneous aspect of both will enable me to point out to you the different forms of one and the same eye disease, the possible result of which may be similar in its effect to the eye disease of the patient just discharged.

Clean and neat as the face of the *girl* looks, so ragged and sore appears that of the *boy*, covered on the chin and left cheek with an eruption half red and moist in its upper part, and half brown and dry in its lower part, denoting thus the different periods of apparition and evolution of the herpetic exanthem in the various spots of the face.

Both turn *from* the light, catch a glimpse and bury themselves in their respective mothers, perhaps not to show their faces again, as it often happens when children will not, or cannot listen to persuasion. The boy opens readily the right eye, but contracts the left orbicular muscle so far as to preclude the possibility of gaining a view of the left one. While the obstinate boy refuses to be persuaded to open the eye in the subdued light produced by shading it, the willing girl, one year younger (the boy being three years old) tries very hard to open either, but fails in her attempt of doing so, evincing excruciating pains by it; the tumefied heavy eyelids on the ciliary margin are richly covered with meibomian and ciliary glandular, partly hardened and crusty secretions, sticking together the eyelashes in bundles.

Both mothers, although living in different parts of the city, answer, as you hear, affirmatively the question, "whether the children suffered from measles?" The boy did so six months ago; while the girl had the measles about nine weeks ago; in both the eye disease occurred after, as they say, the measles left them. The boy, a French barber's son, sleeps in a basement not very lofty, his mother says, admitting but sparingly light and air; the little girl plays and sleeps together with several other children (all of them suffering more or less from sore eyes) in a basement, which, although situated in a healthy part of the town, in our neighborhood here, is neither large nor lofty, and only accessible by a smoky kitchen.

I now lift the upper and depress simultaneously the lower eyelid, in order to give you an opportunity of taking a glance at the left eyeball in the boy.

A rapid examination will be necessary, on account of the great intolerance of light. You observe vessels coming from different parts of the folds of the conjunctiva across the margin of the cornea where they terminate in the neighborhood of vesicles around which the cornea is dull; whilst you observe in the right eye of the girl but a few vessels, and none besides the bundle coming from the internal angle toward the border of the cornea, and no vesicles, but dullness, with excavations. You observe in the left one numerous vessels running to vesicles directly on the margin of the cornea, scattered on the upper part of the circle. The appearance is a characteristic one, although somewhat modified in form. This affection is called by Stellwag *Herpes cornea*.

Herpes in general is a disease of an acute and typic character simulating, by frequent successions of the product generated thereby, a chronic character; it originates with stinging and burning pain in the peripheral end of a sensitive nerve branch, and only subsequently becomes objectively perceptible by the appearance of solitary or of groupose conglomerated exudated products, localized on the extreme ends of a sensitive nerve branch, on the surface of the cutis or mucous membrane, and presenting themselves according to their character, sometimes as vesicles filled with serum as you see it on the chin of this boy; sometimes as nodules, without ever appearing in the stroma of a follicle.

All those symptoms you meet with in that form of ophthalmia which* Stellwag denotes with *Herpes cornea*. The modifications under which it appears are merely the consequences of the circumstances under which a deposit forms and exists on the conjunctiva and cornea.

A more or less violent burning or stinging pain, together with intolerance of light, precedes the eruption on the cornea. The cornea appears brighter than in its normal condition; the secretion of tears and the epithelial desquamation of the conjunctiva is increased. After a day or two, sometimes later, arise on the limbus conjunctivalis or on the corneal surface itself, one, or several vesicles, or grayish nodules of poppy seed or millet size. The exudation, however, may not establish itself to that extent, and a jellylike equal or nebulous opacity may form itself. The nodules may appear as solitary

* Mackenzie phlyctenular ophth.

(Hasner) Keratitis exanthematica.

Ophthalmia scrophulosa (conjunctivitis scrophulosa.

Ophthalmia pustularis.

(Hancock) Ophth. intermittens.

on one or another point of the limbus conjunctivalis, or may appear simultaneously grouped together on a portion of the circle formed by the limbus conjunctivalis around the cornea itself. The vesicles contain at first a limpid fluid, which appears curdy and dull from the change in the raised epithelium; but soon the fluid turns turbid-grey or whitish-grey, which changes and becomes yellowish pus-like, while at the same time a narrow halo is formed (by the dullness of the epithelial portion and of that part of the cornea that surrounds the base, and by deposit of a jelly-like gradually inspissating exudation) on which halo the vesicle is situated prominently. If several groups exist, the confluence of their several bases produces a common basis on which sometimes arises and distributes a net rich of vessels, in the loops of which the vesicles elevate themselves and are conspicuous.

If instead of vesicles, *nodules* appear at first, greyish-white elevations are visible, changing to white or yellowish white, and thus increasing in bulk protrude more, forming small cones situate with their base on the cornea or like plugs entering deeper in the cornea, and are surrounded by a greyish transparent halo of an opaque epithelium, and by an opaque exudation in which new vessels anastomosing, surround the cones on their base and now and then appear also on their surface. In those instances in which vesicles or nodules are not developed, herpes cornealis appears under the form of a *superficial vascular keratitis*.

The symptoms associated with the eruption are as manifold as the exanthem itself. They are partly of a nervous character, and are produced by a disturbance of the circulation in the parts of the eye carrying blood.

The disease beginning with burning and stinging pain, together with intolerance of light and its constant accompaniment of palpebral spasm and copious secretion of tears, shows itself under different degrees of the above symptoms. In many instances pain abates and intolerance of light diminishes; as soon as the peculiar efflorescence forms itself, the exudation goes through its metamorphoses without further trouble to the patient. Mostly, however, the pain and intolerance of light exists (as is the case when the eruption of the vesicles and nodules are protracted) for a long time, and the disease thus simulates a *vascular superficial keratitis*. With the appearance of the peculiar efflorescence the nervous excitement subsides. The pain and the intolerance of light being caused by one and the same source, both appear, increase, decrease and subside simultaneously.

Pain and intolerance of light denote one and the same symptom: the first by want of objective light, the last by the effect of light. They vary in the most different degrees from slight pain during the brightest light, to the

intolerance even of the smallest quantity, and the most excruciating pain may be felt even by total absence of light, so much that the patient locks out in the obscure room for the darkest spot, and presses with force his eyes against an object, thus to find some relief. Pain and intolerance of light are always remitting, sometimes perfectly intermitting; without that no regularity could be traced in the intermission and the exacerbation. Mostly, however, they show a quotidian type, by being more exacerbating and violent in the morning; it occurs, however, that the symptoms intermit for a few days and thus present a tertian or quartan type, or even one of eight days or a fortnight. The disturbance in the circulation of the conjunctiva and in the epithelial texture are often characteristic. Soon after pain and intolerance of light sets in, before the efflorescence is yet visible, new vessels develop themselves in the conjunctiva, coming toward the margin of the cornea from the folds of the conjunctiva passing from the lid to the eyeball, the vessels multiplying and extending themselves from a bundle assuming the form of a strip, or oftener, as you see it in this boy, of a fan, the base of which is situated in the folds, and its apex on the margin of the cornea. If the efflorescence is localized on the limbus conjunctivalis, its base and the apex of the vascular bundle constantly meet, and the efflorescence develops itself in the central end of the vascular bundle. If, however, the vesicle or nodule is localized on the surface of the cornea, the bunch of vessels appears chopped off and a bridge of a jelly-like opaque corneal substance leads to the efflorescence. Soon after, a few hours after the appearance of such an opacity, vessels develop themselves, exist and appear like continuations of conjunctival vessels; the bunch of vessels seems to extend over the corneal surface on to the exudation. Frequently, however, not *one* bundle of vessels presents itself, but the conjunctiva of the eyeball is in its whole extent covered by enlarged vessels and bundles taking a centripetal direction, and then usually several efflorescences are visible on different parts of the cornea, as you see it in the girl. At the same time the conjunctiva is evidently infiltrated with a serous fluid, and a little swollen, not unfrequently similar small vesicles are visible which have been formed by infiltration of lymph and subsequent raising of the epithelium; the conjunctiva of the palpebra almost always shows catarrhal symptoms. The follicles are swollen, presenting, as here, the appearances of a slight partial trachoma, and the secretion formed in the conjunctiva is morbidly altered. It consists chiefly of mucus mixed with tears, which, under the microscope, presents itself as a structureless viscid, transparent, thin, and light granulated mass. It contains much meibomian fat, in form of

larger and smaller coagula, and epithelium of recent formation. Pus cells and nuclei are met with only when catarrh attains a higher evolution.

The conjunctiva covering the sclerotic coat is congested to a smaller or larger extent, and swollen from infiltrated serous, often also jelly-like, and more consistent masses. In a partial congestion the pink net of vessels exists on those spots on which the superficial conjunctival vessels take their course, and therefore but a strip of the subconjunctival texture is altered. In the region of the sclerotico-corneal junction the congestion is the greatest, a portion of the circle, a segment of the sclerotical edge, appears in form of an elevated pink wall, the middle of which the vascular bundle crosses. From its central margin proceed small vessels branching off dichotomically forming a smaller or larger circle around the cornea, and at last inosculate in the limbus conjunctivalis, in order to communicate with the vessels of the corneal opacity. The injection and swelling of the episclerotic texture is more constant than even that of the conjunctiva itself. The former is never absent when the latter exists; often, however, in the conjunctiva are met with only single branches, or none at all; while in the subconjunctival texture impediments of circulation are evident.

The congestion and infiltration of the conjunctiva, and of its subjacent cellular texture, is not always proportionate to the nervous excitement. Pain and intolerance of light may vary exceedingly, and the congestive symptoms may scarcely be apparent; and often the congestion and injection of the episclerotic texture is enormous, while the nervous symptoms subside with the appearance of the efflorescence. But if both nervous excitement, and impediment of circulation or congestion are associated simultaneously, the mutual causal nexus must be recognized, as with the exacerbation and paroxysm of pain and photophoby constantly appears an increase of redness produced by the injection of the vessels. There are, however, instances in which the exanthem of the cornea is neither accompanied by nervous symptoms, nor by impediments of circulation in the blood-carrying organs, the pain disappears with the eruption of the efflorescence, and the latter stands isolated surrounded by entirely normal corneal parenchym, and is the only symptom of an existing morbid process in the cornea. Each efflorescence runs typically. The cycle of the specific process causing it terminates within eight days. The subsequent metamorphoses after that time are no longer typic, they are the same which take place under existing circumstances in other products of a morbid process, and it depends upon the constitution of the exudation generated by the specific morbid process, and upon the circumstances under which the exudation is placed during and after the course of

the specific process, and thus is influenced the form and appearance of this disease. We meet, therefore, with herpes cornealis assuming a form and a course not common to a herpes of the cutis, but finding its analogue in the center of localization on the mucous membrane.

The herpetic exudation is, according to Stellwag, never deposited in the stroma of a follicle, but is localized in the peripheric end of a nerve tubule, and appears, therefore, on the skin and mucous membrane in the region of a papilla. The herpes cornealis equally localizes its product on the surface of the cornea where it appears conglomerated, and raises the epithelium in the form of vesicles and nodules. The subtlety of the corneal epithelium causes deviations in the specific form of the herpetic exanthem, chiefly if the exudation is fluid, and the epithelium raised to a vesicle. The herpetic vesicle form a single cavity, the increase of deposit in it multiplies the pressure which each particle of the raised epithelium has to sustain, and a laceration is followed by an elimination of all the contents of the efflorescence, and thus a total change of form is produced. Sometimes a vesicle will burst at the outset of an exudation before it terminated, and before a metamorphosis of the exuded mass has taken place. A shallow excavation results from it, which is surrounded by epithelial rags; and if the exudation was situated on the limbus conjunctivæ, it shows a gelatinous base; whereas it presents a limpid base if situated on the surface of the cornea. The exanthem appears, under such circumstance, like a slight abrasion of the cornea—like what is called an ulcer of *resorption*. It is nothing but a destroyed herpetic efflorescence with a watery product. The localization of the peculiar herpetic product on this abrasion continues till the completion of the cycle peculiar to herpes; the corneal herpes is, in its course, similar to an ulcer of resorption. In other instances the exudation is, from its beginning, a more plastic one and more prone to differentiation or separation, or the vesicle bursts later, after the originally rough serum resembling exudation has already separated its plastic elements by coagulation. These localize like all centers of exudation on the walls of the cavity, and after destruction of the efflorescence the base of the ulcer is found covered by a more or less dense stratum of a turbid viscid mass, which gradually increases in thickness by new deposits, if the process is not finished yet, and thus after the completion of the typic course, appears like a lardy deposit on the place of the efflorescence. It rarely happens that the exudation can have time for being transformed into pus before the vesicle ruptures. If the rupture ensues, the base is covered by a pus-like exudation; herpes appears under the form of a small ulcer. In certain cases the vesicle does not burst, the contents metamorphose further and

inspissate through the exosmose of the fluid parts, the vesicle bursts and appears as a nodule. The nodule has, in consequence of the greater plasticity of the product forming it, a greater duration, the further metamorphoses appear only later after the typic process terminated. The same is applicable to herpes appearing as keratitis with formation of vessels. Thus the herpes cornealis terminates the cycle of its specific metamorphoses under various forms, and enters in the order of non-specific forms, the course of which is a most different one, as well in relation to time as to its consequent stages.

The herpes cornealis is liable to reappear, which modifies the acute typic course of the corneal herpes, and protracts it indefinitely. Not unfrequently, in a short time, one vesicle or nodule appears after the other, or a specific efflorescence varies with a diffuse deposit, by which it appears as if the efflorescence would wander from one place to another, and would assume a chronic course. But those are but successions, exact observations show that the place of the efflorescence is *unalterable*, and its course a *typic* one, but its terminations *vary* exceedingly according to circumstances.

Usually the first eruption is a rich one, a whole group of efflorescence develops itself on a more or less extended common ground. The herpetic eruption is situated partly on the cornea or on the corresponding portion of the conjunctival limbus and the conjunctiva. It consists partly of vesicles, partly of nodules, which undergo changes peculiar to them, and are connected with each other by a diffused, at first jelly-like, and then vascular, even granulating exudation. The mass becomes increased by steady successions, a large portion of the cornea appears pannous, and subsequently it is changed to a tendon-like texture, on which a number of vessels run, and new vesicles, nodules of different standing, and ulcers are united with each other. The conjunctival limbus becomes irrecognizable, the exudative mass of the cornea is in immediate connection with the entirely metamorphosed adjacent part of the conjunctiva and subconjunctival texture; the limit between both disappears. The last textures are swelled by imbedded exudation; often they are several lines high, elated over the surface of the remainder of the conjunctiva, and form a kidney-like swelling, the hilus of which enters in the altered corneal texture, while the convex irregular ragged margin looks outward and often terminates abruptly in the normal conjunctival texture. This limbus occupies a greater or smaller circle of the cornea, is darkened in consequence of the development of numberless vessels, and is covered with a number of nodules of millet or canabis seed size, which sometimes are sago-like, transparent jelly; sometimes whitish-gray-like cartilage; now and then they appear yellowish pus-like, and prominent; and not unfrequently they

are mixed together with watery, turbid, and often with vesicles containing pus, and more or less extensive ulcers of the most different form. Out of the convexity of that limbus run several bundles of thick widely dilated vessels, in a centrifugal direction to the corresponding portion of the transitory fold in which they inosculate and disappear.

The metamorphoses of that portion of the exudate which is used for the formation of the common ground of the efflorescences, are always constant ones. In the cornea it develops itself in the way of splitting into fibres, partly in the manner of cell formation in the conjunctiva, however, and its subjacent cellular tissue exclusively as cells to higher degrees of organization.

Disturbance of sensibility is one of the first and one of the chief symptoms of herpes cornea; the characteristic burning and lancinating pain appears before the disturbance of the circulation, and before the exudation takes place, and disappears often with the exudation; and if the pain is not persisting it is in no way proportionate to the intensity of the injection of the vessels or to the exudated mass, and frequently the pain is excruciating while the disturbance of the circulation is slight, and no exudation of any consequence had been deposited. An alteration of the nervous state can, therefore, in this instance, not be the consequence of a morbid alteration of the blood circulation, and there exists no connection with the appearances of the exudation; the *pain and intolerance of light must, therefore, be regarded* as the expression of a primary morbidity of single branches of the ciliary nerves, the more so as they retain this character, in most cases, by the obvious typic intermissions. On the contrary, however, there exists many circumstances tending to prove that the disturbance of circulation and the exudation is attributable to a nervous affection. We are forced to that conclusion even in such cases in which injection of the neighboring blood-carrying vessels is visible, as the exudation does not as usually, in inflammations, establish its center in the middle of the congested center, but almost always on its margin and extreme border, and mostly on places in which the most branches of nerves terminate, that is to say, in the limbus conjunctivitis.

The congestion and infiltration of the conjunctiva and of the subconjunctival texture is a frequent accompaniment, and is like the disturbances of circulation and œdemas occurring in the region of radiation of hypersthætic nerves, as met with in neuralgia frontalis or that of the face. The extent of the congestion and of the œdema is here proportionate to the number of the affected nerve tubes, and its seat is confined to the part in which the hypersthætic nerve radiates; in the same way may the congestion and infiltration of the cornea be attributable, in herpes, to the alteration of

distinct branches of the nerves of the eye. The morbid alteration of the conjunctiva and its subjacent cellular texture may depend from the affection of those branches of the fifth nerve which radiate in the mentioned parts without touching the ophthalmic ganglion, a supposition which gains probability by the fact that the herpes in the eye, if accompanied by intense congestion and infiltration of the conjunctiva, and of the episclerotic texture often appears associated with herpetic efflorescences on the periphery of the frontal, lachrymal, and infraorbital nerve; the alteration causing herpes existing in a larger branch of the trigeminus. The branches of the fifth nerve running internally in the eyeball may be unaltered, and, therefore, pain and intolerance of light recede, and only an increased secretion of tears is observed in consequence of an irritation of the sensitive branches of the nerves in the orbit.

Cases in which no congestion of the conjunctiva is observable, and in which only a portion of the sclerotic margin is injected, are caused by an alteration of the *ciliary nerves* coming out of the *ciliary ganglion* piercing the sclerotic wall, and running between the sclerotic and choroide coats to the ciliary muscle, in order to distribute partly in the latter, partly in the iris and the cornea. These nerve twigs have naturally little or no influence over the conjunctiva and its subjacent cellular texture, their morbid alteration can therefore take place without visible redness, or at the most cause an injection and swelling only in the sclerotic margin. It is obvious, for that reason, that the efflorescences caused by those nerve twigs are always nearer to the center of the cornea and usually affect deeper the cornea; and it may be understood why the greatest intolerance of light is observed in cases in which the redness produced by congestion of the conjunctiva and of the episclerotic texture is small or does not exist at all.

The changable form of herpes cornealis finds, therefore, its explanation in the anatomical distribution of the affected nerve twigs; on the other hand the external objective symptoms of herpes are calculated to explain the great influence the nerves have on the vegetative life of the single organs, and chiefly to show the dependence of the exudations and new formations in the cornea from disturbances of the normal nervous impulse. Corneal herpes proves best that the ultimate cause of keratitis is to be looked for in disturbance of nervous activity, and that the same is to be considered as an exudation independent of disturbances of the circulation. The intimate connection existing between the nervous function and the exchange of elements in the cornea, is evident, not only from the dullness and softening of the cornea if the communication of the nerve or capacity of transmitting its nervous influ-

ence is impeded, but is also convincing from the appearance of keratitis and corneal ulcerations if the trigeminus is morbidly irritated.

HERPES CORNEA

Is one of the most frequent diseases of the cornea; it is mostly caused by a morbid alteration of a *branch of a sensitive nerve*; young individuals, from two to seven years of age, are chiefly affected by this disease; easily irritable, spirited children, with great volubility, are mostly subject to it; it decreases in the development and severity of its nervous symptoms, the stronger the constitution and the more advanced the age.

Acute exanthematic diseases, as *variola*, *measles*, and *scarlatina*, mostly dispose the eye to the formation and development of herpes on it, where it appears frequently *after* those exanthematic diseases existed on other parts of the body. It is to be presumed that not only the general debility arising during that disease, and the *invariability* hence resulting; but also the intrinsic connection of the membranous coverings of the surface of the body, contributes to the establishment of herpes in the eye. The intimate relation in which the several symptoms are, by means of the sensitive nerves, accounts for the appearance of herpes in the eye as a *consecutive* disease. This is chiefly the case if the exanthem exists in the face, consequently in the region of radiation of the fifth nerve when herpetic efflorescences occur, not only in the mucous membrane and in the cornea of the eye, but also on the mucous membrane of the nose and mouth. The sympathetic irritation of the ophthalmic branch may be caused, not only by the inflammation producing the exanthem, but also by the influence of the sharp and often corroding secretion at the peripheral ends of the cutaneous nerves, a circumstance much favored by the *rare* use of water, which many avoid, out of fear to suppress the exanthem, and thus give opportunity for a chemical change of the product that then becomes *acid* and *rancid*, and the more easy is this process if salves and plasters are applied as local remedies. The sympathetic irritation is not only produced in neighboring trunks, often the body is covered with different efflorescences, although the original seat of the exanthem may have been restricted to a single circumscribed spot. These eruptions are entirely sufficient for keeping the patient, by their constant stinging, burning and pruritus, in a continued excitement. The patient scrapes day and night, his body is deprived of rest, and thus the nervous system becomes disposed to herpes, the more so as the vegetative life is also altered by it morbidly. An improper treatment with vesicants and setons, together with a repletion of

the stomach with drugs of different kinds, will then easily contribute to the production of dyscrasia with consecutive grave diseases hence resulting.

The cases of herpes cornealis are more frequent in the spring and fall than at any other time, which may be attributed to the circumstance that the children, during winter restricted and confined to warm rooms, are, in the spring, brought in the open air and are exposed to many circumstances giving rise to the development of the disease, and after having been accustomed to the free open air, are again retained in the fall in the rooms, perhaps not over neat, many of them damp, dull and smoky abodes.

Every traumatic excitement, a foreign body impinged in the eye or between the lids, irritating substances, smoke, sharp and acid gases, may produce herpes, chiefly if it existed already before in the eye; indeed even a cool wind may, by a predisposition in the eye, produce herpes. If, in consequence of cold, catarrh develop itself in the mucous membrane of the nose and the eye, the herpes may reappear in young individuals, as well as in adults. The frequency of a simultaneous eruption of herpes on the lid of the eye by suppressed transpirations, is striking.

It is the trigeminus that transplants the sensibility occurring during *dentition*, in children, to the *eye*, and thus causes the herpes so frequent under similar circumstances.

Alterations of single nerves in the eye transplant themselves easier on the other branches of the ophthalmic portion of the trigeminus, than from the rest of the branches of this nerve. We meet, therefore, frequently with herpes cornealis, as a complication of the most different inflammatory forms of the eye and its surrounding parts. It usually occurs together with the inflammation of the ciliary glands in the eyelids.

Herpes cornealis may leave opacities which are absorbed under favorable circumstances by nature, or by assistance of remedies, while under less favorable conditions it may leave opacities that may require the operation for abrasion.

*You recollect, gentlemen, the opacity in the left eye of the young lady of Morrisania. The sight of the young lady is now rapidly improving; the removal of the epithelium and of some of the subjacent tissue, was effected four times in five weeks. The young patient is not only capable of walking alone in the house, but finds her way, without apposition of the hand to the face: in the street a hood, advised for the purpose, is used. Although the excessive light in these hot days produces, of course, a great diminution of the

* Delivered six weeks later.

pupil, I had this morning the satisfaction to hear from her, joyfully relating that she had recognized a pin on the ground, which afterward she picked up. I held several small objects before her eye, which she recognized and could name correctly. I was not a little puzzled, as I found, a fortnight ago, that she could recognize objects even smaller than the largest letters of Jäger (No. 20), and still to my question, whether she could name the letters of No. 20, she answered, after considerable exertion of bringing the book variously nearer to or from the eye, "No." Even the assistance of the hood could not make her tell the letters, for the simple reason, which I learnt after a long trial, that she had forgotten her A B C's, having been blind for so many years. Now there is but a central speck, also diminishing in circumference; it will take a long time for its resorption, if it should take place at all.

However, the young lady can now distinguish perfectly, larger and smaller objects and learns, also, how to read. The middle sized letters of Jäger's numbers she easily recognizes; the exertion for reading the small letters would be an injurious effort and possibly might give rise to inconvenience if continued. I, therefore, advised the exclusive use of the larger letters until the accommodation of sight admits of the use of the smaller print. The young lady, satisfied with the success she now enjoys, not only presents a happier countenance, but shows, also, by seeing correctly, a marked improvement in her movements, which, in consequence of the exertion of seeing, were less graceful.

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

TUESDAY EVENING, Oct. 2, 1855.

Association met.

Present—Drs. Strong, Newman, Rochester, White, Hamilton, Root, Wyckoff, Hawley, Lay, Ring, Hubbard, Wilcox, Hunt, Mixer, and Miner.

Dr. Hamilton presented a case of fractured clavicle:

I ask the attention of the society to the case of "bending of the clavicle," to which I made allusion at the last meeting. I remarked then, that it was not merely as a case of bending that I had thought it worthy of your notice, but as a case in which the bone, after being bent and partially broken, had immediately resumed its form. This is the peculiarity to which I wish also now to call your attention.

The child is present with his mother, and will submit to an examination. It is now eleven weeks since he fell down stairs, striking upon his right

shoulder. The following day the mother noticed a swelling on the collar bone, and on the third day she took him to a physician, who applied a complete dressing, with axillary pad, sling, &c. On the fourth day she brought the child to me. The bandages, although they had been carefully and skillfully applied, as I believe, had already loosened and had been entirely removed by the mother.

I found a node-like projection on the clavicle at about the junction of the inner two-thirds with the outer third. It was three-quarters of an inch in length, hard, distinctly defined, and embraced the anterior and superior aspects of the bone: whether it extended around the entire circumference I could not determine positively, but I think not. The integuments above it were not discolored, no motion of the fragments was visible, nor was a motion perceptible to the touch, but only a very slight crepitus, which was, however, sufficiently distinct. The line of the bone was the same as in the opposite clavicle, and as if it had never been disturbed.

I applied no dressings, but have been permitted to see the child, from time to time, and these are the results:

On the ninth day crepitus had ceased. On the sixty-seventh day the node-like swelling (provisional callus) was nearly gone, and to-day, at the end of the eleventh week, you may still discover feeble traces of the callus, but the bone remains perfect in its form and length.

I have seen other similar cases, some of which you will find in the first part of the report on "Deformities after Fractures," made to the American Medical Association, including, also, a case reported to me by Caleb Green, Prof. of General Pathology, etc., at Geneva. I have under my care an infant in whom the same phenomena have occurred. The case before you only differs from most others in the fact that there was here present a slight crepitus. Only once or twice before do I remember to have found a crepitus where the bone has resumed its position spontaneously. This case is, therefore, the more valuable for our purpose, inasmuch as it is accompanied with conclusive evidence that the bone was bent, and in fact partially broken, while in other cases the evidences were less satisfactory.

It seems to establish the existence of a form of bending, or of partial fracture which I do not remember to have seen described: namely, a form in which the bone immediately resumes its original position by its own elasticity: and which will be recognized by a swelling or projection at the seat of fracture, seldom, if ever, discoverable immediately after the accident, and perhaps not very manifest until the second or third day; by the smooth, defined, hard, node-like character of the swelling; by its being limited, I think,

generally to the anterior and superior parietes of the bone, or to those surfaces in the direction of which the fibres of the bone have given way; by the complete disappearance of this swelling in a few weeks, or months, and by the natural line of the bone remaining, from the first and throughout, unchanged.

NOTE.—In an article entitled "Fracture of the Skull in Children," published in this Journal, Dr. Hamilton has called especial attention to the spontaneous restoration of the *cranial* bones. See Buff. Med. Jour., vol 2, p. 347.

Dr. Hubbard reported a similar case in which no dressing was used, and which resulted very favorably.

Dr. Wyckoff reported a case to which he had been called that day. The patient, a child, fell from a high chair the day previous. No injury was discovered at the time. Dr. W., when called, found a slight protuberance (such as that in the case presented by Dr. Hamilton) at the point of fracture, near the middle of the bone. There was no displacement. He placed the arm in a sling, and confined it to the breast by a bandage around the body.

Dr. Hamilton, in answer to an inquiry from Dr. Hubbard, stated his general preference for Fox's apparatus—that he found it simple, and as effective as any other.

Dr. Rochester exhibited a pathological specimen of the larynx of a child, presented to him by Dr. Wm. Newell.

The history was imperfect. The child had been ill for a few days with sore throat and difficult respiration. When Dr. Newell was called he found it moribund, and it lived only four or five hours, during which time Dr. N. administered emetics with some stimulants.

The specimen, as presented, exhibited a narrow but long strip of false membrane floating in the larynx. It was not large, and was so loosely attached, that it would seem that the introduction of the probang would have detached and removed it.

The child, however, was so small that it could not have been induced to give the necessary consent, and, again, the opening of the rima-glottidis was so small that it was difficult to introduce even a catheter. The false membrane presented the usual microscopic appearances.

Dr. White reported a case of glossitis. A youth, aged 13 years, came a week since to his office with the tongue somewhat swollen, the muscles being pushed out laterally but not much elongated. In the hope of producing resolution, he prescribed a saline cathartic, and ordered tincture of iodine to be applied about the base of the tongue externally. He did not hear from

him again until Friday, when he asked Dr. Hunt to accompany him on a visit. He found the tongue very much swollen and protruding from the mouth. Both sides were swollen, but the left side was soft, while the right was very dense and hard, it being evident that the inflammation was mostly on the right side.

The patient being by no means robust, the pulse being soft and not frequent, and no febrile reaction existing, it was decided to confine the treatment to a simple incision of the tongue, which was accordingly freely opened by a longitudinal incision a little external to the middle of the right side. It bled freely and was followed by much relief to the swelling, the patient being able to articulate much better. The decrease in swelling was most upon the external border of the tongue, and the incision was displaced by the diminution in size, so as to be quite upon the edge of the tongue.

On the succeeding day the tongue was found as badly swollen as before, with a circumscribed elevation upon the right of the median line, which excited the confident expectation of suppuration. This was disappointed. The incision was carried even more deeply than before through the hardened tissue, until the knife met with little resistance, but no pus was obtained. The incision, however, was followed by considerable relief, but the tongue was again swollen on the next day. He had not repeated the incision, and though the boy is now better, convalescence is not fully established. In the cases reported by Dr. T. D. Strong, of Westfield, who had had an unusual amount of experience in this very rare disease, the incisions had been followed by more permanent benefit.

Dr. Miner gave an account of an epidemic disease which prevailed two or three years since in the town of Athol, Mass., near which he was then residing. Some twenty or thirty children died with symptoms resembling croup, and other cases occurred in adjoining towns. There was, however, no formation of any false membrane. There was, uniformly, sore throat, and as the inflammation progressed downward, they proved rapidly fatal. In some cases the inflammatory action extended to the tongue, which became very much swollen, and in some cases protruded from the mouth. The progress of the disease was very rapid, many dying in from twelve to twenty-four hours. It was quite as fatal as membranous croup. It was not considered contagious, though some families had several cases. It was mostly confined to children, but he knew one instance in a young man of 18 years. *Post-mortem* examination revealed a highly inflamed condition of the trachea and bronchi.

Dr. Wilcox mentioned a case of glossitis to which he was called, but the

patient refusing to have his tongue incised, it passed into other hands, and, as he understood, suppurated.

Dr. White related several cases as illustrative of the value of the microscope in the diagnosis of malignant or non-malignant disease of the uterus—a subject to which for a few years past he had devoted much attention. This means of diagnosis is usually more readily applied to uterine than to other disease.

CASE I. Mrs. P., from Canada, had what had been called cancer of the uterus. The os was very much swollen, with extensive ulceration, accompanied by acute pain, sanguinolent and muco-purulent discharges, and the usual train of constitutional symptoms, sallow skin, debility, etc. She was just passing the turn of life.

The speculum and the general symptoms, indicated cancer, but relying on the negative evidence of the microscope, which exhibited no cancer cells, she was placed under treatment, remained here for two or three months, and recovered her health entirely.

CASE II. Mrs. B., from Ohio, had suffered from uterine hæmorrhage for two and a-half years, and was rapidly sinking from loss of blood. She had an ulcer as large as a large almond upon the os, resembling cancer in its appearance. In this, as in the other case, the microscope afforded no evidence of cancer. She was under treatment but a few weeks, when the ulcer was entirely cured and cicatrized. There was still some leaking of blood from the cavity of the womb, but not one-tenth the previous quantity.

Two other cases from Genesee and Wyoming counties were mentioned, as similarly situated, and in which the negative evidence of the microscope was of great value as leading to a favorable prognosis.

In the treatment of these cases *potassa cum calce* was usually applied once or twice, the parts adjoining being guarded by a pledget of lint soaked in acetic acid, and carried up the speculum to neutralize any of the mixture which might flow down and do injury. An eschar was produced by this means, which, falling off, left the parts more disposed to heal. Nitras argenti was then usually applied, or tincture of iodine was used, or in cases where there was hæmorrhage the tincture ferri murialis.

In the general treatment he made use of the iodides, tonics, the recumbent posture, and as early as it was admissible, exercise. A favorite prescription was

℞ Sulph. Ferri, ℥ij.
 Iod. Potassii., ℥iv.
 Fl. Ext. Conii., ℥iv.
 Syrup Zingiberis, ℥viii. M.

Dose one teaspoonful, three or four times daily.

As all the above cases had been called cancer, the value of the microscope was evident. Last Thursday (he would mention as showing the tolerance of the uterus) in attempting to check a hæmorrhage by carrying a stick of nitrate of silver into the uterus, he was so unfortunate as to break it, and leave a piece weighing as much as 10 grs. in the cavity. No disagreeable symptoms followed.

Dr. Hamilton reported a case of staining of the conjunctiva from long continued use of the nitrate of silver, which had been applied to the eyes for a period of about two years.

Dr. Lay had seen a similar case.

Dr. Wyckoff mentioned a case of obstinate retention of urine in an unmarried servant girl. She had been in perfect health until she had had intermittent fever, having also taken cold during her menstrual period. The retention was very obstinate, and required the catheter, which needed to be introduced with some force, owing to resistance. The catheter is now introduced twice a day. *Dr. W.* can assign no cause for the retention.

Dr. White recommended cantharides.

Dr. Mixer had seen a case attended by complete paralysis of both extremities. It terminated fatally.

Dr. Rochester proposed *Dr. J. N. Brown* for membership.

Dr. Newman moved that "when we adjourn, we adjourn to meet two weeks from this evening." Lost.

And the association then adjourned.

SANFORD B. HUNT, Secretary.

ART. III.—*Pneumonia*. By WM. VAN PELT, M. D.,
 Williamsville, Erie County, N. Y.

The recent discussions, by the Buffalo Medical Association, on the subject of pneumonia, have afforded much interest. The different views entertained in regard to the importance and propriety of venesection, the value of observing the buffy coat of the drawn blood, and the abstraction of blood after

solidification has supervened, are worthy of notice, as affording indications of the wide difference in practice which may be found in one small city.

If anything can be said to be established in the practice of the medical art, it is that anti-phlogistic remedies are the only proper means by which acute phlegmasiæ can be successfully subdued, and suppuration or effusion prevented, and that pneumonia particularly demands venesection to effect a perfect cure.

Such are the teachings in our medical schools, and such are the instructions of all systematic writers on physic. In connection, it is worthy of remark, that about the only places where this general rule can be fully carried out, is in hilly or mountainous countries, in which intermittent and remittent fevers are seldom seen. It is undoubtedly worse than folly to abandon general principles; but the adoption of no treatment is quite a different thing from applying an imperfect one. Soda, Varrentrap, and Diets, in the treatment of pneumonia, claim even a greater amount of success, than that of the usual course, by very simple means. Notwithstanding their almost no treatment may have been equal to the successful management of the disease as it is found in their respective locations, I imagine it would be difficult to prove that a judicious medication would not have hastened the recovery, in many of those instances that were left to the power of nature, for, such was essentially the fact.

It is no new idea that certain local causes exert an influence over the diseases developed within their sphere. It is probably true that New York, Buffalo, and very many other places, may have peculiarities, terrene and atmospheric, that will justify frequent departures from the ordinary course, similar to that followed by Prof. Metcalfe. But that method adopted as general, will undoubtedly be attended with a proportionable number of failures, because all the cases presented will not be of a character to be relieved by it as they might be were the usual method employed.

Due allowance must always be made for the peculiar views presented by authors, and claimed as being most proper, because the individual experience in a particular place, establishes them in opinion thus; therefore the method must be world-wide in application. Medical literature abounds in instances of the sort.

The admission that venesection is proper in severe cases, is a powerful argument for its employment in a proportionate degree in the milder. The propriety of its use, or other means, must be a matter for the medical attendant to decide as circumstances of condition appear to demand.

Neither is it a question, of how many cures can be effected in any given

number, by following any particular method; but rather what will best restore this individual case to a normal condition. Such is the general problem presented.

It is affirmed that the power of self-limitation in pneumonia, in contradistinction to the general teachings, will cure nearly all cases, and instead of the malady being of a nature to threaten life, it is a very trivial affair. It is also claimed to furnish an easy explanation why the success that attends opposite methods of practice, have been about equal, which, by the by, has not been established. It is not easy to understand how any one could be justified in saying that other measures than those adopted, would have done better or worse, particularly when an equal success attends. The tendency is to reduce practice to a uniform standard; or rather to establish principles for general application. Exceptions there must be, and it is to be expected that exceptions will be more difficult to understand, and furnish more particular points for study than the general rule. No writer pretends to explain the *modus operandi* by which miasma affects the human organization in all places within its sphere of influence. The miasmata originating intermittent and remittent fever, yet remains undefined in its constitution. We only know that certain topographical conformations of country maintain peculiar pyrexia, and modify its phlegmasia. No truth in medicine is better established. If we needed an instance, illustrative, I would adduce the mixed practice, that obtains within a circle of fifty miles around Buffalo. As you approach the mountainous country to the south, and south-east, you will find the uniformity in practice to increase in regard to the treatment of thoracic affections. Pneumonitis among the hills, in Buffalo, and the once Tonawanda swamp, is not the same disease, requiring the same management. In the former, repeated venesection, and all other antiphlogistic means, are required; in the latter, it becomes often but little more than congestion, and the bloody sputa, and sense of tightness, are the occasion of calling the attention. The recumbent posture, rest, diet, counter-irritation, diaphoretics and laxatives, will remove it. In a large share of the cases the intermittent type is so plainly visible that no one hesitates to prescribe quinine; and it will generally remove the physical signs indicating the presence of pneumonia, with an astonishing rapidity. The obstacle to the adoption of a uniform method of treatment in this locality, is the occurrence of about ten per cent. of the cases in which the pure unmodified inflammatory character is manifest; they demand an energetic antiphlogistic treatment, which local experience fully justifies. These, tonics invariably exasperate. In proof that this method of treatment is required, may be adduced the perfection of the cures, the imme-

diate cessation of the pain, and the expectoration of bloody sputa, and the instantaneous improvement that follow a proper venesection, such as is manifest after the employment of no other remedy.

Between these extremes, we have an infinite degree of complexure that make it no small task to adapt the treatment to the two-fold nature of the malady. The proneness of certain diseases to "anastomose" or wear each other's livery, is remarked by many writers. It is shown that when the paroxysm of intermittents, and its kindred diseases, suffer a "transfer of functions," the emunctories refusing to act so as to bring about a crisis, the internal organs are affected with congestions and inflammations. It is hardly proper to call them inflammations, because they are so different in a therapeutical aspect.

Although attended with heat, redness and tumefaction, nevertheless they are not so liable to suppurate, as idiopathic inflammation. They are a distinct species of inflammation, isopathic with intermittent fever.

Occasionally writers, living in places in which intermittents are common, introduce peculiar notions, which can be satisfactorily accounted for by a clear, geographic, and climatic knowledge pertaining to that count y. This apparently discordant practice can be made to harmonize.

At times it is quite impossible to distinguish inflammations of this modified character, so closely do they simulate the pure variety; particularly, phrenitis, pneumonia, and dysentery. Not unfrequently this similarity has been the cause of bitter disputes between physicians, because they were not aware of the nature of the complication. It is to an error in this respect that the great mortality that attended the entrance of the French army into Algiera, is to be attributed; the surgeons supposed it was gastro-cephalitis they had to treat, and adopted severe antiphlogistic means, when they should have followed an opposite plan.

It would seem, in this view of the question, that we need some other pathognomonic symptoms in addition, to guide unerringly in relation to these characteristics. Very often the tending to periodicity and exalted neuralgic character of the pain which belongs to the intermittent form, afford sufficient indications. We think the physical signs accompanying pneumonia and pulmonic affections of the intermittent type, are not so marked in degree, that the solidification in pneumonia is not so firm, and the stages into which the disease, on account of utility, is divided, are more protracted in duration.

The buff is quite a sure guide in the real or acute pneumonia; but fails just in proportion as the case is influenced by that unknown, mysterious miasma. The less firm solidification, all circumstances being equal, would

naturally lead to the opinion that venesection would be more beneficial in the intermittent variety; but it is not so; undoubtedly the power which produced the transfer of functions, also affects the absorbents so as to prevent the same degree of absorption of the lymph, that unquestionably takes place in pure pneumonia after a judicious venesection.

We have, in accordance to certain conditions in disease, the terms *sthenic* and *asthenic*, which indicate the character of any case to which they may be applied; but they throw no light on the mysterious difference or parallelism which exists. Neither is it certain but that they generally show the presence, or otherwise, of these same troublesome miasmatic influences.

After all that can be said, the universal test by which the necessary course of treatment to be adopted in epidemics, is to borrow a phrase from another science, by "trial and error." Consequently an increase of mortality will follow a change in the "epidemic constitution," for the reason that the adopted practice is not simultaneously changed in its coördinate relations to answer the new condition. Did we possess more accurate knowledge in regard to the laws governing miasma, and their power to modify disease, we should not have the mortification of reading notices which proclaim the disgrace of medicine, such as appears in the Bulletin Général de Therapeutique, as follows, to wit: "Within the last six months there have appeared a number of cases of masked aguish neuralgia, which so simulate other diseases as not infrequently to be mistaken." From time to time, similar statements appear from other sources equally respectable.

It appears, therefore, in relation to this subject, that it needs a revision, which may consume years in its accomplishment; but if successful it is not too much to say, that in many respects the art of medicine will merit a claim to perfection beyond most of the sister sciences.

Being perfectly aware that there is nothing new presented in the foregoing remarks, I am constrained to make them because some gentlemen, of no mean capacities, entertain views in relation to pneumonia, so utterly at variance with my own, as your Journal reports show.

WILLIAMSVILLE, Sept. 30, 1855.

ART. IV.—*Yellow Fever, considered in its Historical, Pathological, Etiological, and Therapeutical Relations. Including a Sketch of the Disease as it has occurred in Philadelphia from 1699 to 1854. With an Examination of the Connections between it and the Fevers known under the same name in other parts of Temperate, as well as in Tropical, Regions.* By R. LA ROCHE, M. D., Member of the American Philosophical Association; of the American Medical Association, etc., etc., etc. In two volumes. Blanchard & Lea, Philadelphia. 1855.

The Cause and Prevention of Yellow Fever, contained in the Report of the Sanitary Commission of New Orleans. By E. H. BARTON, A. M., M. D., Chairman of the Sanitary Commission, President of the Louisiana State Medical Society, and of the New Orleans Academy of Sciences, etc. Philadelphia: Lindsay & Blakiston. 1855.

When, a month since, we promised to devote more space than we could then spare to the second of these two important works, we did not anticipate that we should so soon have the pleasure of examining the masterly work so long in preparation by Dr. La Roche. When we of the north, spared by a gracious Providence from the visitation of that terrible plague, the yellow fever, reflect upon the devastations it is even now inflicting upon the doomed cities of Virginia, it should arouse us from that apathy which we are too apt to feel concerning a disease which is not likely to come under our immediate notice. Even should we from selfish indolence forego the consideration of the morbid phenomena and the therapeutics of yellow fever, we should still recollect that in all its bearing upon sanitary police it comes home to us. The closest study of its causation serves only to prove that it, like our own epidemics of cholera and typhus, are but the rod of punishment for a wicked defiance or neglect of sanitary laws.

With the scope and argument of Dr. Barton's work our readers are already familiar. With that of Dr. La Roche it is desirable that they should be acquainted, if for no other reason than the example of its scholarship, research, and industry. In enumerating the bibliography of yellow fever, the author devotes forty-five pages of close print to the titles of books or pamphlets, which he has consulted. Following this we have nearly one hundred pages of preliminary observations, devoted to the medical topography of Philadelphia, and to the history of its various epidemics. In perusing this, with the map before us, we have solved one enigma, at least, which has hitherto puzzled us, viz., the presence of that rams horn, 'yclept Dock St., among the regular squares of the Quaker city. It is interesting, also, to recognize the fact that in the course of fourteen different epidemics, all have begun at nearly the same point, and infested the same localities.

As far back as the early epidemics we find two parties existing on the question of importation. As in New Orleans and elsewhere, a class of persons has always been found to ignore the putrescent sources of disease under their noses, to deny the deadly efficacy of filth and impure air, and to cast the whole murderous responsibility of a sweeping epidemic upon a single cotton bale or sugar hogshead. It is so easy to shoulder the blame upon Providence, so difficult to accuse ourselves of fatal negligence, that this doctrine will never want supporters. In the epidemic of 1793, Dr. Rush opened an issue with the College of Physicians (many of whom distinguished themselves by early flight from the epidemic) on the question of domestic origin. He told the truth fearlessly, and was warmly supported by the impetuous Charles Caldwell. Rush himself, at that time, advocated the doctrine of contagion coupled with that of domestic origin, a position which he afterward abandoned, and became a decided non-contagionist. And the number of pure contagionists has year by year diminished, until we now find but few leading minds in the profession willing to defend that doctrine.

It is gratifying to find that the two men most competent to speak upon the contagious character of yellow fever have reached the same conclusion by different routes. Dr. Barton, devoting himself to the study of atmospheric conditions, looks to them for his argument. Between the doctrine of causation by heat and humidity combined with local filth, and that of contagion, there is a natural and, to some extent, necessary antagonism. Dr. B. finds that one of these conditions being withdrawn, yellow fever ceases to exist; and with a pardonable air of triumph he drives home the argument in a few energetic sentences:

"No one pretends," he says, "that *sporadic* or *endemic* yellow fever is contagious? *Do these differ from epidemic yellow fever in their natures?* No one has the hardihood to make any such pretensions. A change of air which suddenly lowers the dew-point to near 58 degrees (here) if continued, puts an end to epidemic yellow fever; a crowded population may enter the city, occupy the houses, rooms, nay, the very beds, which lately reeked with yellow fever, yet not an instance, which can be attributed to contagion, occurs. The filth, the miasm, the terrene matters, are just as before. *But one change has occurred*, the connecting link, the combination, has been broken — *the meteorological element is wanting* and the *effects* are no longer present. Can anything be more conclusive? Where is the contagion now?"

Dr. La Roche makes it a matter of evidence. Collating from various sources the arguments for contagion, he presents them for the consideration of the student. Then, turning to the argument for non-contagion, he gives

us 330 pages of proof arranged in such logical style, with every condition so fully discussed and fairly presented, that his is a stubborn mind who refuses his credence.

After giving an account of the *origin* of the doctrine of non-contagion, he supports it by adducing the number and ability of its believers; the age of the doctrine; the number of conversions from contagionism; the fact that contagionists are not particular in their choice of facts; that the disease appears at determinate periods of the year; that truly contagious diseases are not so regular in their period of outbreak; that yellow fever, in contradistinction to contagious diseases, is particularly under the influence of meteorological conditions, and is commonly associated with malarial fevers; that it absorbs other diseases, therein differing from contagious diseases; that it is a disease of hot weather and climate only; that is markedly influenced by atmospheric vicissitudes; that its malignity is increased by continued residence in infected localities; that its epidemic influence is felt by those who have avoided the sick; that it is often accompanied by unusual phenomena in vegetable life; that it is local in its habitation; that its area is circumscribed; that it is not communicated beyond that infected locality, and is not contagious in country districts; that its local origin is proved by sporadic cases; that it originates in low and impure localities, and so on for chapter after chapter, for hundreds of pages, he states his proposition, and goes on to prove it by an array of testimony such as we have never seen equalled in a medical work.

In considering *acclimatization*, Dr. La Roche does not differ from the established views. A prolonged residence in the yellow fever zone he considers as protective in the same manner that inhabitants of paludal districts are less liable to malarial disease than strangers. Second attacks are rare, and are evidently a process of acclimatization. The *temperaments* most liable to attack are those differing most widely from the bilious phlegmatic disposition, so peculiar to natives of tropical countries. The sanguine and robust form the victims. In *sex*, the female is less liable to attack from various causes which will suggest themselves. In childhood the same causes operate as a protection. *Race* has a marked influence. The pure negro is little liable to attack, the creole negro less so than the black of the north, and the liability to the disease, as well as its malignity, is increased with the amount of white blood in the individual. The dark complexioned Celt is also safer than the fair-haired, sanguine Saxon.

Sleep is mentioned as predisposing to attack—a fact allied to the known

habits of malarial fevers everywhere. All *excesses* of diet, regimen, or exercise, as well as exposure to vicissitudes of weather, are also causes.

Passing for a moment to the consideration of light, electricity, and atmospheric pressure, we find that our author reckons the stimulus of a strong light as one of the causes, that little is known of the effect of variations in electrical conditions, and that so far as concerns atmospheric pressure the facts are contradictory. Dr. Barton, it is true, assigns a positive increase in the weight of the atmosphere as an epidemic cause. Our own limited observation confirms this view, but in many other cases the facts are precisely opposite.

We have purposely deferred to the close of our review, the discussion of that which we deem the most important element in the causation, not only of yellow fever, but of kindred malarial diseases—*the combination of heat and humidity*.

Dr. Barton, who must be considered the impersonation of the positive side of the question now arising, gives a *resumé* of the principles he deems established, as follows:

"1st. That the epidemic yellow fever has never occurred here* (at its commencement) but during a high dew-point (the minimum being upward of 74° .) In Savannah, last year, it was almost 2° less, and continued for some time.

"2d. That it has always ceased, as an epidemic, before it descended as low as 58° . In Savannah, last year, it terminated when it was a fraction less than 65° . In 1848, here, it ceased at about 1° higher, although the average of a series of years was, when it reached $62^{\circ} 12'$.

"3d. That at temperatures of the dew-point below these, sporadic or epidemic yellow fever may occur, but it is not known to have existed here, with any certainty, as an epidemic, when the dew-point differed from that above stated.

"4th. That what is miscalled the **CONTAGION OF YELLOW FEVER**, or its liability to spread, exists *only with the first condition*.

"5th. That the main controlling influence, in all unhealthy situations, is **MOISTURE**, whether in cities, towns, countries, ships, or dwellings, although filth and heat are to be deemed correlative.

"6th. That **MALARIA** is not any one specific thing, but that all impurities of the air, and organic matter in decomposition, are liable to influence, inju-

* New Orleans.

riously, the organism, and particularly the worn out excreta of human beings may be so denominated, and are particularly incompatible with healthy action, and when in combination with the meteorological condition, may produce yellow fever."

Let us examine in what, how far, and with what reason, Dr. La Roche differs from these principles of causation.

The element of heat is conceded by all parties as essential to the generation of malaria, and the existence of yellow fever. As there is no difference of opinion as to its necessity between Drs. La Roche and Barton, it is unnecessary to pursue it further, except as Dr. La R. may give a higher importance to it than Dr. B. Neither does any difference manifest itself in their several views of malaria, Dr. La Roche using the word "infection" in a sense almost or quite identical with the "terrene causes" of Barton. His definition of infection is so restricted, and removes it so far from contagion, that we quote it, in the hope that it may become the fixed and settled meaning of the word.

"By infection, on the other hand, the reader will understand that power or poison which results from the decomposition of dead animal and vegetable substances, or other putrescent materials, if such exist, and through means of which a morbid state is induced in the system of individuals exposed to its action."

This "infection" is what Dr. La Roche considers the "efficient and immediate cause" of yellow fever. In discussing the influence of humidity, he admits the presence of a high hygrometric condition throughout the yellow fever zone, and the intimate relation existing between that condition and the production of disease. He states, however, that yellow fever does not *always* prevail when high heat and humidity are combined, and that it *does* prevail, sometimes, in dry seasons with an absence of these conditions. The first statement Dr. Barton can afford to admit, as it is possible that the terrene conditions were wanting. It should be recollected, moreover, that these terrene conditions can only exist in towns of considerable density of population. So far as we can speak with knowledge of the instances (Demarara, Pernambuco, and others) adduced by Dr. La Roche, as proving that high heat and humidity do not necessarily imply fever, they are small towns, and as little likely to afford the terrene cause as a valley in the country. Neither, so far as we can learn, does Dr. La Roche afford any positive information as to several very important points—such as the number of the foreign or unacclimatized population, or, except in two or three instances, the actual hygrometric condition of the atmosphere as derived by experiment. In all cases

he assumes that insular position and tropical rains *must* produce high humidity. — So far as insular position is concerned, it is a constant condition, and the inhabitants must be so accustomed to it as to deprive it of all force as a cause of disease; and in regard to the rains they are by no means a positive index. During the months of June, July and August, of 1855, in the city of Buffalo, there have fallen nearly fourteen inches of rain, while the atmosphere has been far drier, and the dew-point lower than during the drought of the summer of 1854, when only about four and a-half inches fell during the corresponding time. The immediate effect of a shower is to lessen the moisture of the air—it can only increase it indirectly by the succeeding accident of a hot sun, or a still air.

The second statement that it (yellow fever) does prevail, sometimes, with a positive absence of humidity, is, if correct, entirely fatal to Dr. Barton's theory, for we cannot in this instance fall back on the supposition that the terrene condition was at fault. We must, however, carefully except from this application the cases of Demerara, Charleston and New Orleans. To the former we have already objected as having a population by no means dense, and in all three of the towns cited the hygrometric condition existed; the only unfavorable circumstance being the fact that the dew-point was, though very high, very little or no higher in the epidemic, than in the healthy years. Now it has been repeatedly proven that, in the epidemic years, both New Orleans and Charleston had been subjected to great upheaval of the soil, and, moreover, it should be borne in mind that no one claims a high humidity *alone* to be a competent cause.

Thus far Dr. Barton's postulates remain untouched by the objections of Dr. La Roche. As it is admitted that only actual observation ought to determine the hygrometric condition, we can conscientiously assume that none of the instances as yet adduced ought to impair the value of Dr. B.'s theory.

It is in Philadelphia, however, that Dr. La Roche makes his strong point against the essential connection of high dew-point with fever. We shall follow his line of argument:

"The summer of 1699" (at Philadelphia, says Dr. La R.) was, as we have seen, one of the hottest, or, of course, one of the driest experienced—men died at harvest," &c. It does not follow, "of course," that it was "one of the driest," because it was one of the hottest. It might have been the counterpart of the year 1854, in Buffalo, and we have good reason for believing that men do not die at harvest in a dry heat. A high dew-point seems a necessity for *coup de soleil*.

"In 1762, it (yellow fever) prevailed after a hot and dry summer." He

speaks, also, of the great epidemic year of 1793, as being very hot and dry. But in none of these, or in succeeding epidemics up to the year 1853, do we know anything positively about the real hygrometric condition of the atmosphere, except what Dr. Rush says of that of 1793, "that it was observed that while showers of rain lessened, moist, or damp weather, without rain, increased it"—*i. e.* the fever.

It is, finally, upon Professor Kirkpatrick's tables of the climatic conditions of 1853, that Dr. La Roche relies to disprove the humid theory, or, at any rate, this is the only ground which in our opinion he ought to rest upon, inasmuch as it affords the only positive evidence given.

Prof. Kirkpatrick gives the mean dew-point of several months, in 1853, as follows: May, 49.3°; June, 54.2°; July, 57.2°; August, 59.3°, and September, 54.2°.

We admit at once that these are not epidemic dew-points, that they are not at all above what would be expected in ordinary seasons. But we propose to suggest an explanation for this also. Noticing that Prof. Kirkpatrick obtained lower dew-points than any other observer within our knowledge, we obtained (last spring) from him, through Dr. Hollingsworth, of the Phil. Med. Examiner, his method of reduction. It is simply that furnished with Mason's Hygrometer by the manufacturers. It directs the dew-point to be obtained by doubling the observed dryness, and adding one-third the difference, the sum to be subtracted from the temperature, the remainder being the dew-point. In common with all other observers with whom we have exchanged views, we believe this to be far too large a constant. But what is more to the purpose, we know that the constant used by Dr. Barton is the number 105, his method being comprised in multiplying the difference between the thermometers by 105, dividing the product by the temperature of evaporation, and deducting the quotient from the temperature of the air. We have at hand a very few of the details of Prof. Kirkpatrick's observations.* In one of them, for a period of ten days in June, 1853, (the year in question) Prof. K. gives the average temperature of the air at 2, P. M., as 89°, and that of evaporation as 77°. Let us compare his results with those Dr. Barton would obtain from the same data.

Kirkpatrick's Formula. The observed dryness (12°) multiplied by 2½, gives the absolute dryness as 28°, which deducted from the temperature (89°) leaves the dew-point 61°.

* Taken from Prof. Blodget's paper on "Clinical Conditions of 1853," in *N. Y. Journal of Medicine*.

Barton's Formula. The observed dryness (12°) multiplied by the constant 105, gives a product of 1260, which divided by the temperature of evaporation (77°) gives an absolute dryness of 16.4° , which deducted from the temperature of the air gives a dew-point of 72.6° .

The only other detail we have of Prof. K.'s observations, is a period of six days in August, 1853. The average temperature of these days, at 2, P. M., was 91° , and the average wet bulb temperature was 80° : $91 - 80 = 11$, the difference. The dew-point of this period by Prof. K.'s method would be 65.4° , while by Dr. Barton's it would be 76.6° .

It seems to us that our explanation solves the enigma. If it does not, we must concede that Philadelphia is an exception to all other climates.

Having advanced these reasons for believing that—contrary to Dr. La Roche's supposition—Philadelphia had a high dew-point in the only year really in question, we are in duty bound to give our reasons for preferring Dr. Barton's formula to that of Prof. Kirkpatrick's, for if Dr. B. should be wrong in this vital point his whole theory requires remodelling; while it is equally evident that no comparison should be instituted between the results of the two observers, unless they used the same formula.

Regnault's formula, derived from actual experiment, is the one adopted by all meteorologists, and especially sanctioned by the labors of such men as Blodget and Guyot. It is, however, so laborious, that it is not in common use, and the formula we have called "Barton's" (though we believe it originated with the American Philosophical Society, of which Dr. La Roche is a member) is largely substituted for it, as being the nearest convenient approximation to Regnault. The authority on which that used by Prof. K. is based, we have failed to learn. It approximates to Regnault's only at low temperatures—say about 40° —and becomes increasingly faulty as we reach higher temperatures.

We confess to a little pride in having picked a flaw in so faultless a work as La Roche on Yellow Fever. The evident fairness of the author's intention, the earnest desire for truth which marks every page, will give it a permanent influence in the medical world. And it is only on this question of the effect of combined heat and humidity that we differ from its author, and to this we have devoted the more attention, as it is a familiar subject to us, and one of vast importance in other epidemics than those of yellow fever.

To the medical scholar we commend both the works under notice as full of matter, which, though devoted to a special subject, is of wide application in almost every epidemic of hot weather. The coupling of the two together has enabled us to do that full justice to Dr. Barton's report which we were

anxious to render, by placing it in a degree of antagonism with the labored work of the best medical scholar of our country. At the same time we have found abundant merit in that of Dr. La Roche. Upon the subjects of importation, contagion, and prevention, it points out the only safe course for the public or the profession.

We have purposely avoided any discussion of symptoms or treatment, which, though fully discussed by Dr. La R. would possess little interest for the majority of our readers, while at the same time we are saved the necessity of making an exhibit of our scanty information on those subjects.

NOTE.—Inasmuch as Prof. Kirkpatrick's formula is correct at 40°, and incorrect at higher temperatures, it is evident that any other fixed constant must also be faulty at given points. We make no apology, therefore, for appending the following letter from our friend Dr. Wm. Van Pelt, of Williamsville, Erie Co., N. Y., for whose kindness and mathematical skill we have been much and often indebted. It furnishes a sliding scale of constants, which must approximate very nearly to entire accuracy.—*Ed. Jour.*

Dear Doctor,—Excuse me for demanding so much of your attention. The following table of factors was established by actual observation made at the Greenwich Observatory, London, to convert wet bulb thermometer observations to Daniell's hygrometer dew-points. I think they are just what we want:

Dry Bulb Thermometer.	Factors.	Dry Bulb Thermometer.	Factors.	Dry Bulb Thermometer.	Factors.	Dry Bulb Thermometer.	Factors.
20°	8.5	40°	2.4	59°	1.8	78°	1.5
21	8.5	41	2.4	60	1.8	77	1.5
22	8.5	42	2.4	61	1.8	80	1.5
23	8.5	43	2.4	62	1.7	81	1.5
24	7.3	44	2.3	63	1.7	82	1.5
25	6.4	45	2.3	64	1.7	83	1.5
26	6.1	46	2.3	65	1.6	84	1.5
27	6.1	47	2.2	66	1.6	85	1.5
28	5.7	48	2.2	67	1.6	86	1.5
29	5.0	49	2.2	68	1.6	87	1.5
30	4.6	50	2.1	69	1.5	88	1.5
31	3.7	51	2.1	70	1.5	89	1.5
32	3.1	52	2.0	71	1.5	90	1.5
33	2.8	53	2.0	72	1.5	91	1.4
34	2.6	54	2.0	73	1.5	92	1.4
35	2.6	55	2.0	74	1.5	93	1.4
36	2.6	56	1.9	75	1.5	94	1.4
37	2.5	57	1.9	76	1.5	95	1.4
38	2.5	58	1.9	77	1.5	96	1.4
39	2.5						

Ex.—The temp. of air being 80°, the wet bulb 68°, dew-point required.
 $80 - 68 = 12$
 $12 \times 1.6 = 19.2$
 $80 - 19.2 = 60.8^\circ$ Dew-point.

The above differs a little at certain temperatures, of course, when the barometer is higher or lower than usual, but for utility* it is near enough. I think, on the whole, the long formula I have used is the only one mathematically correct, but for use the factors vary enough to meet the requirements so far as meteorology is concerned.

Yours truly,

WM. VAN PELT.

ART. V.—*Clinical Lectures on Paralysis, Disease of the Brain, and other Affections of the Nervous System.* By ROBERT BENTLEY TODD, M. D., F. R. S., Physician to King's College Hospital. Philadelphia: Lindsay & Blakiston. 1855.

This is, we believe, the first appearance of Dr. Todd as author of a premeditated book; though he is well known to the reading public as the writer of many valuable fugitive papers on subjects connected with practical medicine.

The present volume is made up of clinical lectures. In remarks which we have hitherto made, depreciatory of clinical teaching as forming subject matter for books, we did not include that class of clinics in which the case is merely brought in to illustrate enlarged views of the disease under comment—where it becomes the accessory and not the essential part of the lecture. In this form printed clinical lectures may be readable and valuable; in any other their value is confined to the class which listens.

We are happy to include Dr. Todd's book in the former category.

Under the head of paralysis, our author considers first that form produced by the poison of lead. In accounting for the great frequency of wrist-drop as the prevalent form, he ignores the usual explanation that the hands being most exposed to direct contact with the poison, their muscles and nerves are the first to suffer. Asking why it is that the muscular and nervous tissues are chiefly affected, why the extremities rather than the trunk, why the extensors rather than the flexors, he answers that the poison enters the circulation chiefly by the lungs, "that those tissues in which the nutrient changes are most active receive the largest proportional supply of blood, and that blood, being loaded by a poisonous material, would impregnate them with it to a greater degree than other tissues in which the circulation is less active; that for this reason such highly nourished structures as muscle and nerve become poisoned early; that as the muscles of the upper extremities

* Regnaults.

are used more, and probably on that account experience more active nutrient changes than those of the trunk and lower extremities, the former are poisoned first. Moreover, in painters, the extensor muscles, as well as the muscles constituting the ball of the thumb, become principally paralyzed, because they are most exercised during the practice of painting; and as they are more exercised are consequently more supplied with blood—poisoned blood—to repair the waste that is going on in them.”

This explanation seems to us more satisfactory than the commonly received opinion.

In the treatment Dr. Todd states that he has seen much benefit result from the sulphur bath. His formula is from two to four ounces of the sulphuret of potassium, mixed with twenty or thirty gallons of water. The use of iodide of potassium, in large doses, as a means of elimination, is also recommended, and he also ascribes much virtue to galvanism.

Another case illustrates that form of hysterical paralysis which is so common. The diagnostic symptoms were the absence of cerebral trouble, the suddenness of the invasion, and especially the method in which the paralytic extremity was dragged along, instead of the circumduction incident to cerebral paralysis. In speaking of this form, Dr. Todd is remarkably clear in pointing out the distinctions between it and the more serious cerebral lesion.

All the cases described exhibit much shrewdness in diagnosis. Some of the differential symptoms of paralysis seem to us more forcibly presented than we have elsewhere seen. Tonic contraction of the muscles with decrease of size, or firmness with no diminution in bulk, are considered as indicative of inflammatory action and antiphlogistic treatment, while complete relaxation with little or no galvanic irritability present the opposite indications.

On apoplexy our author affirms that a vast number of the cases which occur about or subsequent to the fiftieth year of life depend upon atheromatous deposit in the arteries, a condition which holds out small inducement for the formerly universal practice of bloodletting. With reference to this question of depletion in apoplexy, he refers the student to Mr. Copeman's tables. “Of 155 cases 129 were bled, and only 26 were not. Of the 129 bled, 51 recovered, and 78 died—the recoveries being about 1 in $2\frac{1}{2}$, the deaths 1 in $1\frac{3}{8}$. Of the 26 not bled 18 survived, and 8 died, the proportion of recoveries being 1 in $1\frac{1}{2}$, and of deaths 1 in $3\frac{1}{4}$.”

In no disease is the temptation to heroic measures more strong than in apoplexy, and in none is greater discrimination required as to the use of the lancet.

We have not space to follow Dr. Todd through his consideration of brain disease, renal coma, delirium, hemiplegia, (on which he is particularly full and satisfactory in the forms of epileptic, chronic, spinal and hysterical hemiplegia) of epileptic coma, lead palsy, syphilitic disease of the dura-mater, trismus, chorea, local hysteria and catalepsy. This catalogue embraces, we believe, all the subjects treated. We commend the book to our readers with a full confidence in its practical value at the bedside. It partially fills a vacuum in our works on practice, and is one of that now rapidly series of monographs on special subjects, which are so much better suited to the wants of the practitioner than the barren details to be found in works on general practice.

ART. VI.—*Elements of Medicine: a Compendious View of Pathology and Therapeutics; or the History and Treatment of Diseases.* By SAMUEL HENRY DICKSON, M. D., LL.D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina. Philadelphia: Blanchard & Lea. 1855.

We have often expressed the opinion that a good work on general practice was a desideratum which amounts to an impossibility. Since the publication of Wood's Practice on this side, and of Watson's on the eastern shore of the Atlantic, we believe that no writer has attempted the task.

Premising that Dr. Dickson is a well known and experienced teacher, that his opinion on practical matters bears with it great weight at the south, and that he is probably as competent as any man to write a useful work on general practice, we must still be permitted to doubt even his capacity to force into seven hundred and fifty octavo pages any sufficient statement of the history and treatment of the long catalogue of diseases recorded in his index.

The arguments in favor of works of the present intention and scope, are that allowance must be made for the limited time and purse of the student or practitioner, that we should not expect too high a scholarship in books adapted to a profession largely made up of uneducated men, and that our medical writings must be adapted to our present brief course of study.

As it is impossible for us to pass through the subjects treated by Dr. Dickson, *seriatim*, and moreover as this is the first time that it has been our duty to review a work of this sort, we propose to discuss rather the merits of the class than the book itself, and to use Dr. D.'s "Practice" only in illustration of our general argument.

Are we right in assuming that allowance should be made for the limited

time and purse of the student? We think not, for in doing so we concede that the profession is one which will not pay for the study required to practice it well, and as a consequence that it must remain ill-paid and ignorant.

It is evident that the question involves great difficulties, but we are very unwilling to impale ourselves on that horn of the dilemma thus briefly stated.

What is worth doing at all is worth doing well. A person assuming to practice medicine is not justified in saying to himself that he will only attain to the same degree of excellence as that possessed by Dr. A. or B. He is bound to give the *best* efforts of his mind, and to *excel* Dr. A. or B., if Providence has given him the necessary brains. Neither is he justified in saying to himself that as he is ill-paid he cannot afford to purchase books, and that he can only be required to furnish good skill when he is paid for good skill. If the profession will not support talent, it should not support ignorance, and the only honest alternative is to abandon it. There is no law of ethics requiring a man to practice physic against his conscience.

We presume that no one will seriously dispute the logic of these assertions, and we shall take no pains to prove them. But if we admit them, a logical necessity at once arises, and it is evident that the literature of the profession should be adapted to the most advanced stage of excellence. Nor does this view carry us beyond an entirely rational and practical result. The knowledge required for the highest excellence in the practice of medicine is within the reach of fair talent. It need not be required that the practitioner should be a Faraday in chemistry, but he should be competent to a qualitative analysis of the excretions. He may be privileged to ignorance of the teleosaurus and of that transcendental vertebra 'yclept the streptospondylus, provided he can avoid the anomalous obturator in operating for femoral hernia, or knows enough of cell-life to rectify a disordered nutrition.

The attainment which is thus demanded can never be reached if the practitioner confines his reading to Bell and Stokes, Watson, Wood, or Dickson. The very reasoning on which these learned writers base their practical conclusions is an unknown tongue to him, and the premises being deficient, a blunder in their application follows as a matter of course.

Another phase of the same fault in works on general practice, is the attempt to condense a page into a sentence. Turning to page 601, article "Bronchitis," of the work which, if not under review, serves as a text for our remarks, and we find the following—comprising all that is said of the diagnosis of chronic bronchitis:

"*Diagnosis.* The distinction between chronic bronchitis and tubercular phthisis is often difficult. In the latter, there is less crepitus or râle, less

soreness of the trachea and thorax, more tendency generally to hæmoptysis and less expectoration in the early stages. In their advanced stages, we can draw no line between them, except from their previous history."

Suppose a young practitioner with this book as the only one on practice in his library, what a marvellously intelligent diagnosis he would make! and how comfortably he would rest his conscience on Dr. Dickson's assertion that a correct diagnosis is impossible in the advanced stages!

As equally illustrative of this inherent vice in "works on practice," we give *entire* his account of the physical signs in tuberculosis:

"The *physical signs* of the successive stages of phthisis have been carefully studied. In the incipient condition they are negative rather than positive. (?) Tubercles are situated chiefly at the apex of the lung at first; there may (*will*) be dullness just under the clavicle on percussion. When softening occurs, the surrounding inflammation consolidates the tissue, and we have loss of vesicular murmur and marked dullness; (*never before!*) these spread with the spreading infiltration and deposition. (*Rather loose description.*) When a vomica is formed, and a cavity more or less emptied, we have resonance and pectoriloquy; to which are added the metallic tinkling, (*perhaps*) and when the cavity grows large, amphoric resonance. Ulceration may perforate the pleura, when we shall have pneumo-thorax."

And this is all that is said of the physical signs of that disease, upon the early diagnosis of which so many lives are at this moment depending!

We must go back to our starting point. Dr. Dickson is a scholar and competent to teach, but not in the strait jacket of a work on general practice. Is he himself willing that his capacity to diagnose tubercle should be judged by his own words as we have given them? Believing as we do that the highest order of talent must fail in an attempt like this, that the multiplication of such books must deteriorate the standard of medical learning, we trust that, as in our short career as a critic this is the first, it may also be the last volume on the "Practice of Medicine" we shall have occasion to review.

ART. VII.—*A Manual of Pathological Anatomy.* By CARL ROKITANSKY, M. D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, etc. Translated from the last German Edition by WILLIAM EDWARD SWAIN, M. D., EDWARD SIEVEKING, M. D., CHAS. HEWITT MOORE, GEORGE E. DAY, M. D., F. R. S. Four volumes in two. Philadelphia: Blanchard & Lea. 1855.

The great work of the great pathologist has hitherto been a sealed book

to the English reader. Its translation and republication had been a task several times attempted, and as often resulting in failure. Finally that noble institution, the Sydenham Society, took it up, and assigned a volume to each of the four gentlemen whose names appear as translators on the title-page. First volume 2 appeared, then volumes 3 and 4, and, ending with the beginning, in this year the first volume was completed.

Messrs. Blanchard & Lea, with a commendable promptness, have reissued it for American readers, condensing, for the sake of cheapness, the four volumes into two, a change, however, which involves only the binding and not the matter of the work.

The profession is too well acquainted with the reputation of Rokitansky to need our assurance that this is one of the most profound, thorough, and valuable books ever issued from the medical press. It is *sui generis*, and has no standard of comparison. We shrink from the task of attempting a review of these twelve hundred closely printed pages, for were we to essay a careful notice few would thank us for our pains. It is only necessary to announce that it is issued in a form as cheap as is compatible with its size and preservation, and its sale follows as a matter of course. No library can be called complete without it.

One word of the author himself and we leave the book to the pockets of our readers: "Charles Rokitansky, the founder of the German (it should rather have been called Austrian) medico-anatomical school, was born at Königsgratz, in Bohemia, was educated at the Gymnasium of Leitneritz, and graduated at Vienna, in 1828. Shortly afterward he was appointed assistant in the pathologico-anatomical department of the University, and in 1854 Professor of Pathological Anatomy. At the same time he was instituted Prosector at the General Hospital, at Vienna, and also sole medico-legal Anatomist for the examination of all doubtful cases of death throughout that metropolis.

"The immense fund of materials thus placed at his disposal (the number of corpses dissected is summed up at 30,000) was almost entirely reserved for the elaboration of that grand work on pathological anatomy, which, in the consciousness of having thoroughly mastered the subject, he gave to the world between the years 1842 and 1846; which has passed, *unaltered*, through three reimpressions; and which, under the auspices of the Sydenham Society, has been translated into the English language.

"In 1849, Rokitansky was appointed Dean of the Medical Faculty, and, in 1850, Rector of the University of Vienna."

ART. VIII.—*A Practical Treatise on Diseases of the Eye.* By WILLIAM MACKENZIE, M. D., Surgeon Oculist in Ordinary to Her Majesty; Lecturer on the Eye in the University of Glasgow, and one of the Surgeons to the Glasgow Eye Infirmary. To which is prefixed, an Anatomical Introduction explanatory of a Horizontal Section of the Human Eyeball. By THOMAS WHARTON JONES, F. R. S., Professor of Ophthalmic Medicine and Surgery in University College, London, and Ophthalmic Surgeon to the Hospital. With one hundred and seventy-five illustrations. From the fourth revised and enlarged London Edition. With Notes and Additions, by ADDINELL HEWSON, A. M., M. D., one of the Surgeons to Wills Hospital for Diseases of the Eye; Lecturer on Surgery in the Philadelphia Association for Medical Instruction, etc., etc. Philadelphia: Blanchard & Lea. 1855.

So comprehensive a title takes the wind out of the sails of the reviewer, were it indeed possible for us to give any sufficient account of the contents of this large octavo, which is fully equal in size, and we presume in merit, to that by Sir Wm. Lawrence, recently republished.

It is said of this work of Dr. Mackenzie's, that "it indisputably holds the first place abroad among the valuable systematic treatises published there on diseases of the eye, and forms, in respect of learning and research, an encyclopædia unequalled in extent by any other work of the kind, either English or foreign."

We are disposed to give credence to this high praise bestowed upon it by Dr. Dixon, himself a distinguished oculist and a thor.

We have been particularly interested in the account given of the various eutozoa which infest the human eye and its appendages. Very handsome illustrations are given of the cysticercus cellulosa, while full descriptions are afforded of the other hydatids of this locality.

The volume bears throughout the impress of that thorough scholarship which characterizes the Scotch as a people. The mere fact of its being a Scotch production is an argument in its favor, as we believe that race publishes as few useless books as any other.

ART. IX.—*The Diseases of the Heart and Aorta.* By WILLIAM STOKES, Regius Professor of Physic in the University of Dublin; author of the "Treatment and Diagnosis of Diseases of the Chest," etc. Philadelphia: Lindsay & Blakiston. 1855.

We have not found time to examine critically, and do justice to what seems, from a casual glance at its contents, to be a very valuable work. The

author (well known to our readers as the writer of a most useful work on Diseases of the Chest) has thrown out this book to the profession as embodying the clinical observations of more than a quarter of a century. It is not arranged on the numerical plan, neither does it embody all his cases, but it is to be taken as an effort on his part to express opinions resulting from observation and long experience, even though he is not in every instance able to refer that opinion to the facts on which it was originally founded.

To adopt his own language "The work is not intended as a full treatise on Cardiac Pathology, nor yet on Physical Diagnosis, but it aims at the rational application of these branches of knowledge to practical medicine."

While we are not authorized of our own knowledge to fully endorse this volume, we doubt not that it is really a valuable addition to practical knowledge of heart disease, and as such we feel safe in commending it to our readers.

ART. X.—*Principles of Human Physiology, with their chief applications to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., etc., etc. A new American from the last London Edition. Edited, with additions, by FRANCIS GURNEY SMITH, M. D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, etc. Philadelphia: Blanchard & Lea. 1855.

This is the beginning of a new arrangement of Dr. Carpenter's well known works on physiology. As all our readers are familiar with the merits of the author as a physiological author, it is only necessary that we should announce this new edition and arrangement, that purchasers may govern themselves accordingly.

It will be recollected that Dr. Carpenter has heretofore published numerous editions of two works, separately entitled "Principles of Human Physiology," and "Principles of General and Comparative Physiology." In the course of numerous revisions and additions, the latter work has become so overgrown and cumbersome that it is now to be divided into two distinct treatises on "General" and "Comparative Physiology," respectively. In preparing a new edition of the "Human Physiology," it became evident that it was already too bulky to bear additions, and the constant additions to knowledge in this branch making some additions necessary, the matter has been arranged by transferring from the "Human" to the "General Physiology," all such parts of the former as could properly be incorporated with the latter.

Thus Dr. Carpenter's works will now arrange themselves into three separate treatises on "Human," "General," and "Comparative Physiology," separately.

As this work is the standard one on the subject in this country, and as undoubtedly very many of our readers will supply themselves with it, we have taken the pains to inform them fully of the new arrangement.

It is only necessary to add that the active mind of Dr. Carpenter is evident in the changes and advances to be noticed in the present volume.

ART. XI.—*A Dictionary of Terms used in Medicine and the Collateral Sciences.* By RICHARD D. HOBLYN, A. M., OXON. A new American from the last London edition. Revised, with numerous additions, by ISAAC HAYS, M. D., Editor of the American Journal of the Medical Sciences. Philadelphia: Blanchard & Lea. 1855.

The most unpretending of lexicons—a neat duodecimo volume of 520 pages, closely printed and presenting great exactness, with brevity in the synonyms and definitions. The editor's preface so well describes the work, that we avail ourselves of its language:

"Believing that its republication in this country would be useful, the Editor consented to revise and adapt it to the wants of the American practitioner. With this view he has added, not only the terms recently introduced, but also the names of our native medicinal plants,—the formulæ for the officinal preparations, &c.,—and has made the work conform with the latest edition of the Pharmacopœia of the United States. For the greater convenience of reference, he has also inserted in the body of the work most of the interesting articles placed by the author in an *Appendix*; and also the Terms contained in the "*Supplementary List*" to the last London edition, with the exception of those under the first few letters of the alphabet, which have been appended in a separate list. To accommodate these additions, not only has the size of the page been materially enlarged, but also the number of pages has been increased by more than one hundred.

"The aim of the Editor has been to render the work more complete, not by incorporating in it obsolete words, but by adding such as modern investigations and doctrines have introduced, so that the student should be afforded an explanation of all the terms at present in use."

ART. XII.—*A Manual of Clinical Medicine, and Physical Diagnosis.*
By T. H. TANNER, M. D., Licentiate of the Royal College of Physicians;
Physician to the Hospital for Women, etc. To which is added the Code
of Ethics of the American Medical Association. Philadelphia: Blanchard
& Lea. 1855.

This is a reprint of a clever little duodecimo, after the fashion of "What to observe at the Bedside." As tending to promote system and care in the examination of patients, it is deserving of encouragement, and we hope it may have a large sale.

No person feels the necessity of some system of clinical examinations and records, more than the editor of a medical periodical. Cases, in themselves deeply interesting, are often reported for his pages with facts of the utmost importance to its appreciation omitted. Vague and indescriptive terms are used in such a manner as to convey no definite pathological idea. These faults arise from a habit of careless clinical observation, and from the want of that order and system which belong *only* to him who records his cases. Such books as these, if largely distributed among the profession, would go far to correct this serious evil.

ART. XIII.—*Transactions of the Medical Association of Southern Central New York, at the Ninth Annual Meeting, held at Elmira, June 5th, 1855.*

The annual appearance of a handsome volume of transactions from an association entirely voluntary, and dependent on the zeal of its members only for its success, owing nothing to state aid, and having no possible object except the mutual improvement of its members, and the elevation of the dignity of the profession, is, in itself, a matter well worth our notice and attention. When we add to this that this local body produces a series of papers of intrinsic merit usually far exceeding those of the parent state society, and always richly repaying perusal, we say a good deal—and that with justice—for the character of the Southern Central Association.

The papers in this volume are numerous and from equally numerous sources, a feature indicative of vitality. Among the names with which we are familiar, we notice those of Prof. Caleb Green, of Homer, Prof. Hyde, of Cortlandville, and Dr. John G. Orton, of Binghampton, as attached to papers of much interest. The growing demand upon our space is our apology for this entirely insufficient notice of this energetic and progressive association.

ART. XIV.—*Report of Deaths in Buffalo for the month*

DISEASES.	AGE.						
	Males.	Females.	Total.	Under 1 year.		1 to 2 years.	
				Male.	Female.	Male.	Female.
Abdominal Hæmorrhage,	1	1	1				
Accident,	2	2	2				
Atrophia,	2	2	2	2			
Anasarca,	1	1	1				
Abscess of Lungs,	1	1	1				
Burned,	2	2	2				
Convulsions,	11	7	18	7	7	4	
Cholera Infantum,	6	7	13	4	3	2	4
“ Morbus,	1	1	1	1			
Cholera,	2	1	3				
Congestion of Brain,	1	2	3				
“ of Lungs,	1	1	1				
Consumption,	13	14	27	2	1	2	3
Child Bed,		2	2				
Croup,	1	1	1				
Colic,	1	1	1		1		
Cancrum Oris,	1	1	2			1	
Dentition,	2	7	9	2	3		3
Diarrhœa (summer complaint),	39	27	66	2	12	11	8
Dysentery,	4	7	11	1	3	1	1
Drowned,	4		4				
Debility,	3	4	7	3	4		
Dropsy,	1	2	3				
“ of Brain,	1	1	1				1
Disease of Stomach,	1	1	1				
Epilepsy,	1	1	1	1			
Fever,	4	1	5	2			
“ Bilious,	1	1	1				
“ Typhus,	1	2	3				
“ Typhoid,	4	1	5				
“ Scarlet,	5	1	6	1			
“ Intermittent Malignant,	1	1	1				
“ Febris Nervosa,	1	1	1				
Gangrene, succeeding circumcision,	1	1	1	1			
Hydrocephalus,	7	1	8	4		2	2
Inflammation of Bowels,	2	1	3	1	1	1	
Inflammation of Brain,		1	1				1
Inflammation of Womb,		1	1				
Laryngitis,	1	1	1				
Marasmus,	1	1	1			1	
Old Age,	2	1	3				
Opium Eating,	1	1	1				
Pneumonia,	2	1	3	1			1
Premature Birth,	1	1	1	1			
Still-born,	3	3	6	3	3		
Sea Sickness,	1	1	1			1	
Typhoid Pneumonia,	1	1	2				
Unknown,	10	7	17	7	4		1
Whooping Cough,	6	4	10	3	1		2
Totals,	151	115	266	70	43	26	27

NATIVITIES.—American, 113. German, 91. English, 3. Irish, 24. French, 4.

of September, 1855. By J. Root, M. D., Health Physician.

		2-5		5-10		10-15		15-20		20-25		25-30		30-40		40-50		50-60		60-70		70-80		80-90		90-100		100 and upward.		Not given.			
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.		
13	1																																
12	2																																
11	1																																
10	1																																
9	1																																
8	2																																
7	1																																
6	1																																
5	1																																
4	1																																
3	1																																
2	1																																
1	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																
0	1																																

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Lectures on General Physiology. By CLAUDE BERNARD.

SUMMARY: Secretion—Cells—Secretion independent of nervous action—Experiment demonstrating the independence of cell action—Products of secretion—Two orders of secretions—Non-absorption of secretions—Hepatic sugar—Distinctions of secretions and excretions.

In studying the chemical phenomena which takes place in the economy, the property of secretion, or that aptitude which certain tissues possess for producing certain liquids, is one of the most important of the functions offered for our consideration.

Herein, especially, we shall perceive how the chemical phenomena of living beings present characteristics which are not observed elsewhere; how they differ from analogous phenomena out of the organism; and form, as it were, a connecting chain between living beings and the inorganic world.

The property of secretion belongs, in general, to all things endowed with life, animals and vegetables; the tissue in which it is accomplished may always be reduced to the simple cell.

Whatever the animal or vegetable examined; whatever the character of the secreted product, we always find this cell; which proves that the form of a tissue is not always sufficient to indicate its function.

As I said that the fibre was the essential element of contractile tissue, so I can say that in the cell resides the property of secretion. The cell consists of two parts; the envelope or cell-wall and the nucleus. Physiologists have discussed whether the property of secretion resided in the envelope or in the nucleus. To us this problem is of slight interest. We may be satisfied to know that the cell creates certain products. The cell has the property of maintaining its suitable organic condition, by attracting certain substances from the medium by which it is surrounded. It secerns certain elements from this medium, and so acts on them that they leave it under a different form. This is a creation, not of elements, but of the form in which they are aggregated. Albumen is transformed into sugar; the transformation is the work of the glandular cell. I have said that this property is inherent in the cell as contractility is inherent in the muscular fibre. The nervous system reacts on both these tissues. It does not endow them with their properties, but it sets them in action. The *woorara* destroys the properties of the nerves, but it spares the muscles, as we have shown (Vol. iii., p. 498, *experiment*.) Glands also escape its influence. If we poison a leech by *woorara*, and replace the stimulus of the nerves, we shall find the secretion of mucus going on as if the nervous system was in full activity.

[The professor here exhibited a leech that had been poisoned on the preceding night. It was motionless and incapable of motion. The *galvanic forceps* was then applied to its body, and immediately mucus was observed, abundantly secreted, and flowing toward the two extremities of the forceps. This was the first occasion on which M. Bernard had exhibited this experiment in public.]

If we admitted that the nerves endowed glands with the property of secretion, we should be forced to admit as many different varieties of nerves as there are varieties in the products of secretion. The nervous system, then, is an exciting agent. The glands are independent, as to their property of secretion; as to the *time at which they secrete*, they depend on the nervous system.

The products of secretion, in the two kingdoms, are various. Sometimes in animals, they are a species of new agents, which we call *fermenting principles*. The glands of the stomach, for example, secrete a liquid, the gastric juice, composed of acidulated water and *pepsine*; the pepsine is a fermenting agent. Farther on, the pancreatic juice is secreted, which is a chemical agent. Poisons are secreted, both in the animal and vegetable kingdoms. Some serpents secrete active poisons, analogous to ferments in their action. In the animal, secretion is influenced by nervous power; in the vegetable, it is affected by general atmospheric and other agencies. Analogous products, nevertheless, are found in the animal cell and in the vegetable cell. Starch and sugar are vegetable products, but the liver also produces sugar, as the pancreas secretes the pancreatic juice, and the stomach secretes pepsine. Albuminoid matters, also, are secreted by vegetables; milk, an animal product, is composed of caseine and fat.

As secretion takes place, we see the product deposited in the cell; then the cell breaks up, and the product is discharged. I cannot pretend to enumerate, at present, all the products of secretion. What it is important to know is, that these products are derived from the cell itself,—that *the glands produce and are not mere agents of elimination*. According to old theories all products of secretion were contained originally in the blood, and the glands only separated and excreted them. This notion is entirely erroneous. The *elements* of secretions are in the blood, not the secretions themselves. The hepatic cell finds the elements of sugar in the blood, but it does not find sugar there.

I make two orders of secretions:

I. *Intestinal Secretions*. Pepsine is produced by the cells of the stomach; it is not found in the blood. The blood which enters the pancreas does not contain pancreatic fluid; the elements of the secretion are there; the blood contains oxygen, hydrogen, carbon, nitrogen, etc., but the perfect product is not contained in the blood. The venifacient glands of serpents furnish another, and a striking, example of this truth. Is the poisonous product contained in the blood of the serpent? Surely not; and if his own venom is introduced into his circulation, the animal dies.

Not only are these products of secretion, not to be found in the blood, but they cannot enter the circulation except by artificial means. If the serpent swallows his own venom, he does not die. Savages eat the flesh of animals killed by the woorara. The South American Indians use woorara as a med-

icine, as M. de Humboldt informs us. The poison cannot be absorbed by the intestine. Take a dog, and introduce woorara into his stomach,—he suffers no harm thereby. Introduce the same poison in a vein, and he dies instantly.

The general characteristic of all products secreted in the intestinal tube, is that they are not reabsorbed in the digestive canal. If it was otherwise, these products would have no time to act on substances coming from without, which they are designed to modify. The digestive tube is a closed cavity as far as these products are concerned. We must abandon the old ideas, therefore, knowing that these products of secretion are not formed originally in the blood, and that they cannot return into the circulation after they are formed.

II. There are other products of secretion, which are poured into the blood, and which do not leave the circulation. I only speak now of what takes place in animals. It is to be regretted that this question has not been studied as regards the vegetable kingdom, and that general physiology is not more advanced on this point. I desire, however, to treat only of what is really ascertained, and shall confine myself to the narrow limits of positive facts. The products I now speak of are called *immediate products*. The liver, for example, secretes sugar in all vertebrate animals, and in many vertebrata; an hepatic cell, bathed in blood destitute of sugar, selects from the blood the elements of its secretion, and groups them under the form of sugar. We can demonstrate that the blood that enters the liver contains no sugar, whereas sugar is constantly present in blood issuing from the liver; the blood that has passed through the liver, is, moreover, deficient in albumen and fibrine; whence we may conclude, that it is at the expense of these two substances that sugar is formed. Here, again, there is a nerve that influences the cell, and we may increase or diminish the secretion of sugar by stimulating this nerve more or less. In vertebrates, the sugar is not emptied into an excretory duct, it enters the blood immediately: the veins, in fact, are the excretory ducts of the liver. Moreover, the sugar is not separated from the blood; it remains in it to subserve the purposes of respiration. This, then, is an example of a secretion emptied into the blood. I should mention, however, that in invertebrates, the sugar leaves the blood and is reabsorbed. It is carried into the intestine by the choledoch duct, which is alternately a canal for sugar and bile. This arrangement is made necessary by the differences in the circulation of these animals.*

There are many products of secretion in the same category with sugar, with which we are as yet unacquainted. In former times, nothing was considered a secretion unless it issued from an excretory duct. We now know that secretions occur where there is no excretory canal. It is in this way, in all probability, that the thyroid body, the supra-renal capsules, the spleen, and some other organs, modify the blood. We do not know their products as yet, but sooner or later, they will be discovered. Perhaps albumen and fibrine are secreted and poured into the blood in like manner as sugar.

We make, then, two orders of secreted products:

* In the number of this journal for August, 1855, (vol. I, p. 343,) Dr. H. L. Thomas published a translation of a very complete paper on the secretion of sugar by the liver, by Dr. Vernois, in which the subject here referred to is treated in detail.

1. Those which are emptied without the circulation and are not reabsorbed into it.

2. Those which are emptied into the blood, and do not leave it.

If products of the second class leave the blood, it is in consequence of some abnormal state, as, for example, diabetes or glucosuria.

Physiologists for a long time, confounded excretion with secretion. And it was chiefly with arguments based on the urinary excretion, that the doctrine of the products of glands existing primarily in the blood was maintained. The following experiment was adduced in support of this opinion. Urine was analyzed and found to contain urea and uric acid. It was then asked, whether the kidney secreted these products as the stomach secretes pepsine.

Prévôt and Dumas devised an experiment to determine this problem. They removed the kidneys of dogs, and on analyzing the blood subsequently, they found in it urea and uric acid. It was naturally concluded, that these products were formed in the blood and by the kidneys. By an erroneous idea generalization has been based on this fact. It has been asserted that glands are not *formative*, but exclusively eliminative in their action. Now, what is true of the kidneys, is not true of the glands. Pressure exerts no influence on the secretion of glands,* but a very great influence on the urinary excretion.

A product of *secretion* is a substance elaborated for a certain purpose; pepsine, pancreatic fluid, sugar, and venoms, have certain peculiar uses. A product of *excretion* is no longer of any use in the economy; its presence is deleterious. Carbonic acid is not elaborated anywhere in the organism. It is produced by the decomposition of hydro-carbonaceous materials. Uric acid results from the decomposition of azotized matters. The lungs eliminate the carbonic acid; the kidneys expel the urea and uric acid.

The secretions are always effected by special organs, and cannot take place elsewhere; the excretions, in the failure of one organ, can be accomplished by another. This vicarious action is remarkable in dogs, and remained unexplained for a long time.

Urea accumulates in the blood, when the kidneys are removed, as I have already stated; but after a short time has elapsed, only a small proportion of it is found in the blood, for it is eliminated in a great measure by the intestinal canal. This is an example of a displaced excretion. The digestive tube takes the place of the renal system. The system throws off, by a different channel, the injurious products, that would otherwise accumulate in the blood. If you cut the nerves of the stomach, the secretion of gastric juice will cease, and nothing will replace it. There may be metastases of excretions, but never of secretions.

Excretion cannot, therefore, be confounded with secretions.—*Virginia Med. and Surg. Journal.*

On the Glucogenetic Functions of the Liver.—It has been generally acknowledged, for some years past, that Bernard's discovery of the formation

* See the experiment in the Seventh Lecture. Vol. V., p. 125.

of sugar in the liver, has been demonstrated by incontestible experiments. The *Medico-Chirurgical* Reviewers, and the sceptical Todd, and Bowman, so slow to accept truths that have other than an English origin, long ago accepted Bernard's results, which have since been substantiated by experimenters in every country. "There can be no doubt," say Todd and Bowman, "that sugar is formed in the liver independently of the food," (*Phys. Anat.* p. 605). Opinions varied as to how sugar was formed, and as to what became of it after its production, but physiologists accepted the facts, however they differed in their interpretation.

It was a bold step, therefore, in M. Figuier, a young and promising physiologist and chemist, of Paris, author of an *History of Modern Discoveries*, to deny altogether the conclusions of Bernard, and facts which are now taught in all schools of medicine. M. Figuier presented his lengthy and well-written memoir to the French institute, on the 29th of January last. He attempted to prove that sugar was a normal ingredient of the blood, and was simply stored up in the liver. M. Bernard replied by a lecture at the College of France, in which he demonstrated, by a careful repetition of his experiments, that in animals fed on meat, there was no sugar in the blood of the portal vein, whereas the blood of the hepatic veins abounded in it. Consequently, sugar was formed somewhere between these points, that is, in the liver. The journals having published some experiments in favor of the views of the professor of the school of pharmacy, M. Figuier, on the 12th of March, M. Bernard presented to the Institute a paper by the eminent physiologist of Leipsig, Professor Lehmann, entirely corroborating his own experiments. On March 26th, M. Figuier rejoined by a detail of experiments, proving that the blood of the portal vein does contain sugar even in animals fed on meat. We have laid before our readers, in a recent number, (*ante*, p. 126) an analysis of the experiments of Lehmann and Figuier, extracted from our cotemporary the *Medical Times and Gazette*. The latter part of that article contains an abstract of the next document in the polemic, the history of which, we now briefly sketch: M. Bernard, growing indignant, contemptuously denies the accuracy of the statements of M. Figuier, and asks to be discharged from the committee to which his papers were referred. On the 16th of April, M. Leconte, who has latterly conducted M. Magendie's experiments, laid before the Academy the details of the analyses of the blood of five dogs, which he had sacrificed in M. Bernard's behalf. At the same meeting, M. Poggiale, professor of chemistry at the military school of medicine, at Val-de-Grace, communicated two series of experiments: the first, on bitches, proved that the lacteal secretions contained sugar, when an animal was fed on meat diet; the second, on dogs, confirmed the conclusions of Bernard in respect to the absence of sugar in the portal veins, and its presence in the hepatic veins. M. Poggiale also demonstrated that meat contained no sugar, and attempted to account for the origin of this principle in the liver, by a supposed transformation of fatty matters.

All these documents were referred to a committee, MM. Dumas, Pelouze and Rayer. On the 13th of June, Dumas brought in a report. As an authoritative decision on this important point, we translate this report *verbatim* from the August (1855) number of the *Archives g n rales de M dicine*:

"The Academy has desired MM. Pelouze, Rayer, and myself, to report on the recent experiments of MM. Figuier, Poggiale, and Leconte, in regard to the true functions of the liver. Your committee has thought best to restrict

their duties to a simple verification of facts, setting aside all theoretical considerations whatever. It has endeavored to perform this task with the utmost precision attainable in the present state of science.

"One of our colleagues, M. Bernard, has announced, in conjunction with M. Barresevil, that the liver contains a notable quantity of sugar. M. Bernard has proved that sugar exists in the livers of all animals; that its presence is consequently an indication of the nature of the function of this important organ.

"Thus far, the noble observations of M. Bernard and the consequences he deduces from them are contested by no one; they constitute one of the greatest advances of modern physiology. But whence comes this sugar that is constantly found in the liver? What is its use? Here opinions diverge, difficulties present themselves, and experiments are contradictory.

"M. Bernard thinks that sugar is formed in the liver. He does not deny that it is also formed during digestion, in the stomach, at the expense of the amylaceous constituents of the food, not that glucose or its analogue enters the veins of the stomach and intestines; but he claims that, in addition to this occasional source, of glucose in the blood, there is a permanent and special source, at which sugar is elaborated; that sugar, in short, is fabricated in the liver.

"This formation is demonstrated, he asserts, by the absence of sugar in the vena portæ of an animal restricted to a meat diet, and its presence in the hepatic veins of the same animal.

"M. Figuier raises numerous objections to this doctrine. He first advances an opinion already offered by Mialhe, that it is more natural to consider the liver an eliminative organ, like the kidneys, than a creative organ. According to his hypothesis, the liver is a regulator of the composition of the blood, and arrests in its passage the sugar derived from digestion, when it is in excess, just as it arrests certain metallic poisons, and restores the sugar to the blood, little by little, when, during the hours of fasting, the proportion of sugar falls below the mean.

"The function attributed to the liver by M. Bernard, is based on four principal facts: 1. The constant presence of sugar in the liver of carnivorous and herbivorous animals; 2. The not less constant presence of sugar in the veins leading from the liver; 3. The absence of sugar in the blood of the portal veins of animals fed on meat; 4. The temporary presence of sugar in the portal vein during the digestion of saccharine or feculent food. It was the duty of your committee to examine whether these data were contested, and, if they were, on what grounds.

"The first and fourth facts were not questioned. It is admitted that the liver always contains sugar, even in carnivorous animals; it is equally admitted that the portal veins contain sugar during the digestion of amylaceous matters. It remains to inquire whether the portal vein contains sugar in animals fed exclusively on meat.

"On this point the experiments of your committee appear perfectly decisive; *it could find no appreciable traces of sugar in the blood of the portal vein of a dog fed on raw meat.* It still remains to determine whether the hepatic veins contain sugar independently of alimentation by vegetable food; if, lastly, the hepatic veins contain sugar when there is none in the blood of the portal veins.

"It suffices, to clear up these points, to examine the blood of the portal

and hepatic veins on the same animal, as M. Bernard has done, the animal being engaged in digestion, after a meal of raw meat, eaten either after protracted abstinence, or after several days of animal regimen.

"Your committee has satisfied itself, that, in an experiment conducted on these conditions, the portal vein contained no sugar, whereas the presence of sugar was very manifest in the hepatic veins.

"As the difficulty centered on this point: Whether the blood of the portal vein of an animal fed on meat exclusively, contained sugar during digestion? your committee has examined, with all possible care, the products extracted by M. Figuier from the vena portæ of an animal sacrificed under these circumstances, in which M. Figuier believed that he had detected sugar by the Fromberz test (copper and potash.) Your committee could find no sugar in these products, employing, it is true, the fermentation test.

"Thus all the facts announced by our colleague, M. Bernard, in relation to the function he attributes to the liver, have been verified by us, and we cannot refrain from expressing our admiration for the rare skill with which the learned physiologist has demonstrated them.

"Your committee does not feel called on to discuss this question in its doctrinal aspect. Does the liver produce sugar? Does it fabricate sugar at the expense of the albuminous constituents of the blood? Is sugar a product of digestion or an elaboration of the elements of the blood during its circulation which is masked by some foreign principle until it reaches the liver and is liberated? These questions assuredly merit discussion; but experiment alone will solve them; and it is with pleasure that we observe the perseverance of the young *savants* who have undertaken them.

"Thus far, the doctrine by our colleague is not invalidated. We desire to say to those engaged in researches on this subject, that they *should not accord absolute confidence to such chemical reactions as, for example, are obtained by solutions of tartrate of copper and potash. All these phenomena of reduction and coloration are uncertain and deceptive.* When we cannot isolate sugar in nature, we should at least assure ourselves of its presence by fermentation and the development of carbonic acid produced thereby, as was done by the academic committee which originally examined the investigations of M. Bernard.

"Your committee, then, establishes:

"1. That sugar was not present in appreciable quantities in the blood of the portal vein of a dog fed on meat.

"2. That sugar was easily detected in the blood of the hepatic veins of the same dog, the blood being collected from the different veins at the same moment.

"As MM. Figuier, Poggiale, and Leconte have published their papers, the Academy, in accordance with its rules, will not pronounce on the respective merits of these memoirs. Your committee, however, have felt it their duty to lay before you the result of its experiments on the question which is the essential point of the subject these learned gentlemen have examined."—*Virginia Med. and Surg. Journal.*

EDITORIAL DEPARTMENT.

Will soon be published, from the press of Messrs. Blanchard & Lea, of Philadelphia, "The Principles and Practice of Physical Exploration, as applied to the Diagnosis of Diseases of the Respiratory Organs. By Austin Flint, M. D."

Octavo of from 400 to 500 pages.

The well known ability of the writer is a sufficient guarantee that this work will be a valuable contribution to that department of medical research. We hope that it may meet with a warm reception among the author's old friends, the subscribers of the Buffalo Medical Journal.

Socialistic Theories in their Medical Aspect.—The advent of a new novel is hardly a matter for comment in the pages of a medical monthly, and this consideration has induced us to forego an intention we had deliberately formed, of writing, for the pages of the Journal, a full review of "Mary Lyndon," a new novel just published from that fountain of all indecency, the press of Fowler & Co., Nassau-st., New York.

But, in thus abandoning a well considered purpose, we have been actuated rather by the fact that the New York Daily Times has given this book of infamy the benefit of a review, which sufficiently exhibits its moral tendencies, and which has probably met the eye of the larger portion of our readers.

The authorship of Mary Lyndon is avowed by Mrs. Mary Gove Nichols, *M. D.*, one of that crew of belligerent sisters who have invaded our profession, and gone out to the world from the Female Medical Colleges recently established. Connecting herself in a half-way matrimonial manner with Dr. T. D. Nichols, one of the elite of the Water Cure fraternity, she has taken to the practice of medicine, eking out her income by writing sisterly advice upon the generative organs, and finally by issuing this book, Mary Lyndon.

We can hardly be wrong in supposing that the medical profession has an immediate interest in this discussion. The warmest and most influential advocates of these new revelations in social philosophy write their names with the suffix of *M. D.*, obtained in some of those piratical institutions newly

chartered by stultified legislatures, as Eclectic, Homœopathic, or Hydropathic Colleges. One of their favorite methods of teaching is by infusing their moral poison into pretended physiological works. Marriage as a divine ordinance, is especially their aversion. They openly contend that, a marriage becoming distasteful to either of the parties, it is the duty of that party to dissolve the connection, and enter upon a new one with some more congenial spirit. In "Mary Lyndon," Mrs. Nichols, in her medical capacity, asserts that the offspring of unhappy marriages are physiologically imperfect, liable to early death, or, living, to become the prey of disease and passion. Not only this, but we are taught that such a marriage entails ill health and suffering on the parties themselves. From this stand-point an attack is made—not on hasty, ill-considered, or unnatural matches—but on the institution itself, on the Bible as recommending it, and on the legitimate profession of medicine as the well-known opponent of promiscuous intercourse.

In this our profession shares with all other established institutions. In religion, our new-lights vary from the foggy pantheism of Swedenborg, to the gross communism of the Prophet Brigham Young, or the atheism of the Owen's and Fanny Wright.

In politics they are uniformly Socialists in one or another form; that of Individualism, as advocated in the Free Love doctrines of Mrs. Nichols and the Ceresco Union, where each individual must protect his own individual happiness (the logical inference from which is, that as women have no individuality in the marriage relation, that relation is in itself a wrong) or as pure communists or Fourierites, teaching the "higher harmony" of bestial promiscuous intercourse. Such are the doctrines of the New York Tribune—not openly proclaimed, but logically necessary to its theories.

In medicine we find them asserting their natural affinities. The conservative press of our country is firm in its advocacy of legitimate medicine; but wherever we find the advocacy of any of these latter-day doctrines, there do we also find a constant and consistent depreciation of our profession. At the risk of startling the prejudices of some of our readers who have not studied this subject, we shall individualize the New York Tribune as a source of more evil to the profession, and support to quackery, than any or all the attacks of our open enemies. Never losing an opportunity to traduce the fame of the true physician,* it has ever been the organ of quackery. The advocate of spiritualism, mesmerism, Fourierism, Free Love, and especially

* Our readers will recollect its malignant attack upon the medical advisers of President Taylor in his last illness.

of the hydropathic and homœopathic delusions, it has never stickled to puff any other form of humbug. For a time it was the mouthpiece of chronothermalism, and, inconsistent to the last degree in its advocacy of antagonistic theories, it has been only consistent in its undisguised attacks on the true physician.

We believe that we are right in asserting that a gross sensualism is one of the prevailing characteristics of quackery in its modern form; educated to a refinement that gilds rascality to a scanty semblance of love for the race. We have learned to look upon no man or woman as a thorough, irredeemable, and totally depraved quack, until he has written a book on "Matrimony," or "Love, Courtship and Marriage." All of this pestiferous brood of books inculcate doctrines analagous to those of the Ceresco Union. We could give—did we dare—the private histories of their authors and authoresses, to a large extent—histories of profligacy such as would cause shame itself to blush. Looking, however, among the irregulars, we recognize Mr. L. N. Fowler, author of books which prurient boys keep hid in barns, prudently concealed from the inspection of their parents; Mrs. Joel Shew, author of "Water Cure for the Ladies," of whom we might say not a little; Dr. Lazarus, author of "Passional Hygiene," "Comparative Psychology," and "Love versus Marriage;"* T. L. Nichols, editor of a smutty paper in New York, superintendent of a Water Cure, author of "Esoteric Anthropolgy" and "Woman in all Ages," and, finally, husband of Mrs. Mary Gove Nichols, a she-professor in some female medical school, author of "Marriage," and who has recently attained to the bad eminence of writing "Mary Lyndon;" Henry C. Wright, a lecturer on the congenial subjects of Hydropathy and Woman's Rights, who utterly repudiates the marriage bond; Mrs. Love, (what a satire in the name!) a prominent sister in that precious band who meet in convention at Rochester and Syracuse to discuss Woman's Rights and Spiritualism, with a petticoat doctor from Boston as their President—ess, and who has recently swindled a divorce from her husband through the courts, that she might connect herself—we will not call it marriage—with Andrew Jackson Davis, the Poughkeepsie Seer, himself author of some remarkable medical works—a name with which we may fittingly close our lengthy list of advocates of MEDICAL REFORM! What a catalogue of infamy!

* Dedicated "To all True Lovers—to the modest and brave of either sex, who believe that God reveals to the instinct of each heart, the laws which he destines it to obey; who fear not to follow the magic clue of charm, but defy the interference of all foreign powers!"

In the so-called medical works of these writers may be found the impersonation of all heresy and schism; of hatred to that medical profession which it cannot bend to its doctrines; of advocacy of water cure, homœopathy, and spiritualism; of a monstrous and spurious physiology, whose insane teachings lead its followers over the ruins of the social fabric, morality, and religion; of a debasing sensualism, which in the name of friendship to the gentler sex, would sink them to concubinage.

What does Free Love mean? Simply that the nominal wife may be at any moment, for any whim, deserted and thrown, with her offspring of shame, upon the charities of a world which never forgives a fallen woman.

Such are the doctrines which have mingled with the therapeutics of Hahnemann and Priessnitz, till they are now inseparable from them. The textbooks of homœopathy are filled with stupid transcendentalisms, which befog and prepare the mind for that farrago of nonsense to be found in the writings of the spiritualists and communists; that balderdash about "higher harmonies," "marriage of the affinities," and "passional attraction." The very nosology of Hahnemann makes vice a disease, and "a disposition to lie," or "steal," or "murder," is gravely described as cured by "thirtieth potencies." In this view it would be well to confine the practice of homœopathy to penitentiaries and jails!

However wicked may be the tendencies of the infinitesimal delusion—however great an upsetting of all power to discriminate between right and wrong the mere adoption of such a theory must imply—it is in the ranks of hydropathy that rascality has attained to its utmost development. We have shown that most of the water-cure lecturers, and physicians in charge of cures—a number of whom we have mentioned—are also the shameless teachers of doctrines, so infamous that even the liberal use of language permitted in medical writing is insufficient to describe their enormity; doctrines which would make all women concubines, all property plunder, all religion an irresponsible pantheism, and would constitute the "higher law" of the seared conscience of the adulterer the only guide to right and wrong.

It is to the upholders of this heathen creed that pious citizens commit their wives and daughters when they send them to water cures for restoration. We have heard some talk of revelations of the sins against female virtue and modesty committed within the unanswering walls of these places, but whether they are made or not, is a matter of no moment. We cannot, however, resist the impulse to embody here a quotation from Miss Catherine E. Beecher's *Letters on Health*, just published by the Harpers. As this is a book espe-

cially devoted to the advocacy of water-cure, we shall not be charged with unfairness in the source of our selection :

"In my travels I have met persons of both sexes, of the highest cultivation and refinement, whose conduct was every way reputable, and whose morals were never in any way impeached, who freely advocated the doctrine that there was no true marriage but the union of persons who were in love; that such union needed not legal or religious rites, and that it was those only who were held together by such restraints, who, having ceased to love each other, were guilty of adultery in the only proper sense of the word. I have seen books and papers freely circulated that advocate the same view by the most plausible arguments.

"Then, again, there are articles on physiology circulated freely, that maintain that the exercise of all the functions of body and mind is *necessary to health*, and that no perfectly-developed man or woman is possible, so long as any of the functions and propensities are held in habitual constraint. With these creeds is usually combined an entire want of reverence for the Bible as *authoritative* in teaching truth or regulating morals.

"Let us now suppose the case of a physician, neither better nor worse than the majority of that honorable profession. He has read the writings of the semi-infidel school, till he has lost all reverence for the Bible as *authoritative* in faith or practice. Of course he has no guide left but his own feelings and notions. Then he gradually adopts the above views in physiology and social life, and really believes them to be founded on the *nature of things*, and the intuitive teachings of his own mind. Next he has patients of interesting person and character put under his care, and he very naturally takes the means, which these books and papers in his reach afford, to lead them to adopt *his views of truth and right* on these subjects. Then he daily has all the opportunities indicated. Does any one need more than to hear these facts to know what the not unfrequent results must be?

"I will now state, in the first place, that in *no single instance* did I ever know any wrong transpire in any one of the institutions for health in which I have resided, *during the time of my residence there*. Though I had often heard suggestions and intimations, yet never, by the strictest scrutiny, could I ever learn that there was any just ground for want of entire confidence in the professional honor of any one of the medical gentlemen in whose institutions I have resided. At the same time, all the ladies with whom I conversed were unanimous in the same opinion. For, of course, a contrary opinion would immediately banish every respectable person who held it.

"In regard to the health establishments implicated, only one of them was

a *Water Cure*, and that one has come to an end. So that every institution now known to me of this description is, so far as I know, free from any such imputation.

"These things being premised, I would state that, *during the last two years*, facts have been brought to my knowledge of a most shocking nature, and from the most unimpeachable sources. The information relied on was not received at second hand, but from ladies of the highest character and position, and involved narratives of their own hazards and escapes.

"In other cases most mournful histories were given from direct and reliable quarters of the most terrible wrongs perpetrated without any possibility of redress, except by a publicity that would inflict heavier penalties on the victims than on the wrong-doers.

"So numerous were the instances that came to my knowledge *unsought*, and from so many different and unsuspected directions, and these cases involved so many guilty perpetrators, not only of those connected with health establishments but in private practice, that a most difficult and painful responsibility became apparent.

"After extensive consultation as to what should be done, it has been decided that these intimations and an article from a medical source prepared for the purpose, would furnish sufficient warning without any details.

"A terrific feature of these developments has been the *entire helplessness* of my sex, amidst present customs and feelings, as to any *redress* for such wrongs, and the reckless and conscious impunity felt by the wrong-doers on this account. What can a refined, delicate, sensitive woman do when thus insulted? The dreadful fear of *publicity* shuts her lips and restrains every friend. And it would seem, from some of the cases here indicated, as if it was the certainty of this that withdrew restraint, so that the very highest, not only in character but in position, have not escaped. When *such as these* have been thus assailed, who can hope to be safe?

"Another alarming circumstance has been the character of the physicians implicated. After intimate acquaintance with some of them, I was impressed with the belief that they were, at least, men of benevolence and professional honor, while in some cases their conversation and deportment led to the hope that they were persons of consistent piety. Of course the painful inquiry has arisen, how can a woman *ever know* to whom she may safely intrust herself or her child in such painful and peculiar circumstances? No doubt the medical profession embraces multitudes of persons of the highest delicacy, honor, and principle, and those who are in long and close proximity can be sure of their rectitude. But how can *the public* discriminate? Some of

these guilty men were receiving patients sent to their care by the *regular* physicians, while the great body of their patients, who had escaped all knowledge of their guilt, were earnest in their representation of their high character."

The statement at the close, that "some of these guilty men received patients from the *regular* (italica *not* our own) physicians," is a gratifying proof that Miss Beecher's charges are not intended for regular physicians, but only for the graceless scamps with whom she has unwittingly associated herself, and whom she still supports by her forcible pen.

Did we lack all proof of the actual commission of crime, we might well appeal to the publications of the keepers of these houses, and ask if they are safe men to be entrusted with the control of female honor? But we have said enough of this.

One thing is proven. Between all the various forms of quackery and those of religious and social infidelity, there is such a bond of affinity that we find the same class of minds attracted by both. Those who daintily tamper with the one, are extremely liable to be entrapped by the other. He who admits the propriety of female physicians, asserts female equality. Believing this, he is bound to concede to the equal female her equal rights, and in doing this, he does away with marriage, for in Christian marriage, ordained by God, there is and can be no equality. *Facilis descensus Averni*. The weak chain of reasoning thus traced, has beguiled many a feeble mind.

The truly just and conservative position of the medical profession proper, was never more forcibly impressed upon us, than by the remark of a friend, that all "medical reformers," so far as his acquaintance—a large one—extended, were men of low morality. The honest seeker after truth in medicine finds field enough for labor in the furtherance of reform in the treatment of disease, to be attained by steadfast study and effort, not by abuse and detraction of those who have labored before him.

Error is never barren. One heresy begets another, until the public mind, pleased with the first of the chain, starts back in horror at beholding the natural results of the theory it had sanctioned. Such, we trust, may be the tendency of the developments of the present day—developments which make it manifest that the especial fondness for medical tinkering, characteristic of the "reformers" of the time, is not so much due to faults in medicine itself, as to great truths which it maintains, and which must be overthrown before the contemplated object of their desires can be reached—that object being the overthrow of the present social system, the abolition of marriage, and the creation of a Utopian Republic, a freedom from all law save the "higher

law"—the law of the individual—where selfishness would eventually become the highest charity, where health would be sought in a return to the habits of the beast, and Passional Attraction become, what its advocate, Parke Godwin, calls it, the "pivotal idea" of social life.

It is with a feeling of melancholy pride that we give place to the following gazette of the deaths of physicians, in Norfolk and Portsmouth, with the accompanying tribute to their memory from the Virginia Medical and Surgical Journal.

All honor to names like these! Year by year it has been our lot to record the death of faithful soldiers at their posts of danger, battling with the pestilence that walketh at noonday. Ours is a profession of heroes! That cowardice which would shrink from the path of professional duty is unknown among us! We have no renegades! But here at Norfolk, is something nobler even than that sacred impulse which prompts the physician to stay by his home and friends in the hour of danger. Among these forty gallant names are those of many from abroad, from the North, from the far Southwest, and from the inland cities, who have gone down to the fever-smitten coast with their lives in their hands, to offer them up upon the altar of our common humanity. The great world, the noisy crowd which never fails to honor the memory of him who dies upon the battlefield, will pass these names in silence. No funeral pomp, no wailing requiem, no turbid eulogy is theirs, but in the light of that coming morn when the motives of all hearts shall be known, these soldiers of humanity shall outrank and outshine all the gilded heroes of bloody wars!

THE MEMORY OF

SYLVESTER,	TRUGIEN,	GOOCH,	CRAYCROFT,
CONSTABLE,	PARKER,	HOWLE,	MIERSON,
HALSON,	LOVETT,	GELBARDT,	HANDY,
SYLVESTER, Jr.,	WALTERS,	BLOW,	COLE,
HIGGINS,	THOMPSON,	JACKSON,	MORSE,
BRIGGS,	FLIESS,	DE BERANE,	RIZER,
UESHUR,	BOOTH,	OBERMULLER,	SMITH,
TUNSTALL,	HOWE,	DE CAPRY,	MARSHALL,
SELDEN,	BACHE,	HUNTER,	GRAVEN,
BURNS,	DILLARD,	SCHELL,	BERRY.

"At the close of a long and bloody battle, it is the custom to present a list of the killed and wounded; that sad record of the lamented dead, who have gone down to the grave midst the smoke of the conflict; that glorious record of the heroic dead, whose gallant deeds are painted on the pages of history, whose names are cherished in all hearts.

"We, too, have now to tell of like men with these; of some who have fallen at the post of duty; of others who have died whilst serving as volunteers in a deadly campaign. With no hope of victory, with no pomp and circumstance of war to animate the heart, our brethren in Norfolk and Portsmouth have calmly, firmly discharged their duty, and have met their fate. The slaughter is now over, and we record a mortality unprecedented in history.

"Forty physicians have fallen in the hopeless contest. Exhausted with fatigue and watchings; dispirited by their want of success; pressed down with the weight of responsibility resting on them, they have sunk, easy victims to an enemy whose ravages they faithfully labored to resist. Many of these men were residents of the infected cities, and though all was consternation around them, they flinched not at that trying hour, whilst others from all parts of our country, ardently rushed to the scene of danger, and sacrificed their lives in the vain attempt to check the fearful pestilence.

"No pompous funeral accompanied our brethren to their silent grave. No music, sad and mournful, rings upon the ear. They lie quietly now, but they have not died in vain. Faithfully have they fulfilled the sacred duties of their calling, and their memories remain an imperishable legacy to the profession they have ennobled and adorned."

Value of Medical Services.—All things have their price, and some things go very cheap. The greatest sacrifice with which we are familiar, has been lately offered up on the shrine of economy, before that august body, the Board of Supervisors of Erie County. We give the plain figures, confident that they will call forth the earnest sympathies of our readers for the poor sufferer in question.

Dr. J. D. Hill (our amiable friend who is trying to squeeze blood from a turnip by a libel suit against the Buffalo Medical Journal, whereof this is a specimen—how do you like it reader?—if well, dun your neighbor to subscribe!) was, sometime about a year ago, inducted into the Erie County

Penitentiary as Physician thereof. It is understood that he accepted the office principally from motives of patriotism, a fact sufficiently set forth in the figures which follow.

He made (at a distance of about one and a-half miles) 97 visits, and also 1365 prescriptions. So his report informs us. The report of those liberal and high-minded gentlemen, the Commissioners of the Penitentiary, sets forth that they have paid him therefor, the magnanimous sum of \$53.25, being at the rate of \$00.54 cents and 9 mills per visit! or \$00.03 cents and 9 mills per prescription.

Now we do n't care a straw what price the aforesaid Commissioners may set on this man's services. They probably estimate them as highly as we should. But we do wish to point out to the profession the manner in which these county authorities help and reward a man who took the Penitentiary when not another physician could be induced to accept it at less than the tariff price of our county society. The office went begging for weeks.

Does not this picture of the profits of privateering hold out strong inducements for further violations of the fee bill — *supra sinister?*

To talk seriously: we do fervently exhort our brethren of the Erie County Medical Society to stand by the tariff. Under the present régime it *does not pay* to violate it, and the signs of the times indicate better things after election. If we possess our souls a little longer, and hold the lash *in terrorem* over any weaker brethren—if such there be—we shall soon have the pleasure of seeing the whole plan of the society fulfilled, and its members recognized as units in an honorable profession, and not as county paupers, set up to be sold to the lowest bidder.

Scenes in the Practice of a New York Surgeon. By EDWARD H. DIXON, M. D., Editor of the Scalpel.

This book was sent us for notice, and we received it with a premonitory feeling that we should be compelled to notice it unfavorably. We did not like the source from whence it came. We have always looked upon Dr. Dixon as a man of talent and professional attainment, but one grievously gone astray in his ideas of what was due his profession and its character. The abuse he has heaped upon the physicians of New York was too lavish to be truthful—we could not believe that his harsh opinions were fully justified. Admitting that they were, we did not recognize the propriety of the manner of the attack.

With such preconceived notions it was with no favorable impression that we opened the pages of this book. A perusal, however, leads us to other ideas. Aside from occasional ebullitions of feeling against his old enemies, (and these are deprived of all personality) he has given us a volume containing much of that sad and truthful pathos which marks the physician's life; much graphic description of different phases of human nature; much indignant remonstrance against the shams of American society, and much advice to general readers, of a good and wholesome character.

We hope it may have a general circulation. It is calculated to do us—the profession—good with the people, and to convey correct ideas of our position and duties. Aside from all this it has the merit—indispensable to a book for the general reader—of a fine, easy, and graphic style, which charms and interests the mind. It is for sale by BURKE—under the Mansion House.

We again offer to our readers a number almost entirely original. The demands upon our space are such that we would willingly enlarge our size did other circumstances warrant it. The expenses of the Journal, however, are now much larger than heretofore. We have thus far made a very handsome and encouraging addition to our subscription list. But we want more. Will not our readers constitute themselves agents? We are constantly receiving letters assuring us that we are satisfying our patrons. If each of our present subscribers were to throw in his influence in our favor, and mention us kindly to his neighbor when he meets him in consultation, we should be better able, than now, to furnish a good Journal. We may be extravagant in our notions, but we believe that by spending a few hundred dollars more, per annum, on our Journal, we could make it the *best monthly in the country*.

Subscribers remitting money are requested to do so, hereafter, by "registered letter." Our losses by mail are so large that we are willing to try even this plan of prevention.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 11.

DECEMBER, 1855.

NO. 7.

ORIGINAL COMMUNICATIONS.

ART. I.—*The Independent Vitality of Blood, and the Comparative Merits of the Humoral Pathology.* (An Essay read before the Detroit Medical Society.) By L. G. ROBINSON, M. D.

In the second chapter of Genesis and seventh verse, we read as follows, viz: "And the Lord God formed man out of the dust of the ground, and breathed into his nostrils the breath of life, and man became a living soul."

All who give credence to these words of inspiration, find no difficulty in accounting for the origin of the human race. And taking it for granted that none of us are skeptical on this point, I find at once a premise or basis for reason, or deduction, worthy of anthropology in its application to scientific research. This graphic history of man's origin, mythical as it may appear to some, is strikingly verified in the analysis of his component parts—the ultimate elements of his integral body, as well as in those laws which resolve his symmetrical proportions into the dust of the earth. The successive steps of our Creator, in the work of man's formation, clearly indicate the two great divisions of his compound nature. The first step was the organic arrangement of those particles, called forth by the "fiat" of Omnipotence from the dust of the earth. This being accomplished, the framework and machinery of man was completed; and like every other work which is the work of

Omniscient design, it bore the stamp of perfection. Here, then, we first find man's physical nature—beautiful and perfect in its form, and in the adjustment of all its organs, but only a mass of inert matter, waiting the “fiat” of his Creator. The second step of this “crowning work of creation,” was to breathe into his nostrils the breath of life, when “man became a living soul.” He may here be compared (and not inaptly) to the “fœtus in utero,” who, like the first man, is waiting for “the breath of life” to establish its independent vitality. The fœtus, however, is unlike the first man in this respect, that it has enjoyed for a time a state of vitality: not breathing itself, but being the recipient of the product of respiration in the arterialized blood derived from its maternal source. The phenomena presented by the fœtus receiving the breath of life, is familiar to every practitioner of midwifery. No sooner is the head born, than there is a rush of air down the air-passages, by which the cells of the lungs are suddenly and forcibly distended. From the violent crying of the child, it may reasonably be inferred that this act is a painful one, although the crying doubtless facilitates a first inspiration. Now who can say that the breath of life, as first given to man, differed, in any respect, from that given to his offspring? Hence, we see, that the communication of an atmosphere was all that was necessary for the evolution of vitality. And no reference is made, either directly or indirectly, in the sacred writings, to any other species of vitality than that derivable from the respiratory function alone.

To understand the respiratory processes upon the first man, we must suppose that the blood was *venous blood*. The action of the atmosphere upon it necessarily converted it into *arterial blood*; and as soon as this began to circulate (the lungs being the motive power) man awoke into being.

The venous blood in the capillaries became converted into arterial, the blood began to move and passed into the pulmonary veins; the pulmonary veins conveyed it to the left side of the heart, and this organ, as soon as the quantity was sufficient, contracted upon its contents and established the systemic circulation. Thus blood was universally distributed throughout the whole body, exciting and stimulating the brain, and conveying life and warmth to every organ. Such must have been, so far as our philosophy extends, the vivifying processes of the first man. This statement may at first appear startling to those who are inclined to a more spiritual than physiological view of the subject. A little investigation of it, however, will fully justify this belief, for, if the blood were all arterial, the lungs at the moment of inflation, would have no function to perform, and it would be some time before they could have, inasmuch as the blood must at first circulate at least

once through the body. If the arteries were filled with arterial, and the veins with venous, blood, that pre-supposes a circulation without the aid of the lungs as a consequence, therefore we are led to conclude that the veins were filled with venous blood, and the arteries were empty. We cannot but imagine, in truth, that the first man, prior to the inhalation of an atmosphere, in all respects simulated death. The body was well and beautifully formed, but as in death, so in this man, the arteries were entirely empty, because in this instance they had never been filled, and circulation, therefore, would begin simultaneously with the first development of the respiratory function. The direct action of the air received into the lungs would be to oxygenate the blood, which by its agency would now be rendered vital, and, as a consequence, would begin to move. The heart would not be implicated in this first circulation of the blood, and there need be no difficulty in understanding this part of the supposition, because we know that the blood circulates in all animals, not excepting man, at some period of their being, prior to the formation of a heart. In this instance the circulation must have existed only between the lungs and the heart.

Now let us go back to the first development of a blood-vessel and its contents, and see what it is.

In the initial development of the ovum, we see a number of nucleated cells, arranged in a lineal series, and it is important here to observe, that these cells differ, in no respect, from the remainder of the cells of which the yolk is composed. These cells begin to absorb at their points of junction, so that two cells become formed into one, and by continuing this principle of operation a tube is gradually formed and indefinitely extended. It will be well to observe, also, in passing, the remarkable parallelism existing between the development of the tissues of the higher plants and animals. The lower plants consist of a more or less dense congeries of simple nucleated cells; but the higher plants require the development of *organs*, by means of which the several compound functions of the organism may be fitly carried out. These super-added organs are for the most part a system of tubes. Thus we have spiral vessels, which constitute the vascular system of plants and super-added milk vessels, &c. Now in all instances these tubes have resulted from a process precisely similar to that in which blood-vessels originate in the animal kingdom, viz., by the absorption of the points of contact, of a system of cells arranged in a lineal series, and a much *elongated cell*, or tube, is the result.

One of the examples in the animal kingdom, where the tissue retains its primitive type of organization through life, is worthy of special mention. This tissue is cartilage, which firstly formed on the principle of true devel-

opment from cells, continues to be maintained throughout life: on the same principle, as fast as a portion of the cartilage is removed by the action of the absorbents it is renewed by the development of cells from exciting cells. But to return to the development of blood-vessels, we will inquire what becomes of the *nuclei* which the original cells contained?

They here become the first blood-corpuscles, and by the law of spontaneous division, which so eminently characterizes the nuclei of cells, continue to produce other blood-corpuscles; and the process goes on, in all probability, until the period of the first circulation of the whole fluid, which very speedily follows the above-described processes. Up to this point we clearly see that the blood is certainly *vital*, because it possesses the power of propagation. But it is only a *vegetable vitality*. There is no more vitality in any part of this fluid than in any other cells of which the vitelline mass is composed. In other words, it is *as vital*, but *no more vital*, than the rest of the structure; and I would here ask, if this condition of things changes, at any time, or under any circumstances?

The same remark applies with equal force to another most important organism, which certainly controls, to the greatest degree, the whole of the vital processes—the *nervous system*. If we derange the balance between the brain and the circulatory apparatus, that brain sustains a death, which is more or less temporary, as the circumstances may direct. The nervous system is at least as vital as the blood, and yet if the circulation be arrested, its vitality ceases. No one will be disposed to repeat the testimony which the *microscope* affords in its positive relations upon this question. Examine, then, microscopically, fresh drawn blood. Do we see any evidence of independent vitality? Immediately, 'tis true, we see motion; but what causes it? simply the motion of the solid corpuscles in the liquor-sanguini, produced by the agitation and disturbance of the whole, differing in no wise from what takes place with solid particles of matter suspended in water, and subject to the like agitation of the mass. In the same time both fluids will become equally quiet. It is obvious, then, that this motion alone can furnish no just claim to the appellation of a vital phenomenon. That either it is not an essential attribute of vitality, or can only exist as such, when associated with other attributes. In all its definite and descriptive analysis of blood, the microscope fails to furnish any better proof, or higher evidence of vitality. On the contrary, it shows that, removed from the influence of the nervous system, like the amputated limb, it dies instantly. The more we investigate this subject the more conclusive it will appear that there is no such thing as independent vitality in any organ. That vitality depends upon

the due combination of all the vital organs; and if there be only the slightest separation of them, death is the immediate consequence. Amputate a portion of a nerve, as in operations of neurotomy, and it becomes a dead, and no longer a living nerve. Remove blood from the body, and it also is dead. I have already referred to the strictly vegetable character of human organization at a definite period of time. I have also shown how immediately animal structures die when separated from their connections. The question may now fairly be asked, does the same reasoning apply to vegetable tissues? To which we can but answer in the negative.

Vegetable tissues, unlike animal structures, consist entirely of congeries of cells, and especially in the lower orders of plants, each cell constitutes the plant, each cell under any circumstances maintains its own individual vitality, irrespective of the health of surrounding cells. This fact may be well illustrated by example: An apple falls from a tree, and one portion of it comes in violent contact with the ground. All those cells subject to concussion die, but the vitality of those cells which compose the remainder of the apple, remains unimpaired, and to consume it for food we are compelled to masticate, that the saliva may destroy the vitality of the cells, in order that the stomach may digest it; for it is a well-known fact that so long as vegetable cells or living animals retain their vitality, the stomach has no power for them: its function only begins when the vitality of the food ceases. And here we are met with another and important query. How is it that vegetables can maintain their living principle for so long a period of time, when an animal, or portion of an animal, dies instantly? The sole answer to this question will be found in the possession of a nervous system which belongs exclusively to the animal kingdom.

Such is the amount of controlling power, which even the most obtuse nervous system possesses, that all the vital processes are directly subject to its impulses. The more energetic the nervous system, associated with a high condition of the respiratory function, and a perfect aeration of the blood, as we find it developed in the warm blooded animals, the more readily is life destroyed. Whereas in the cold blooded reptiles, and many fishes, in which the nervous system and respiratory organs are but lowly organized, and the blood therefore impure, it is difficult to know when life is extinct.

If we remove the heart and chief blood-vessels from a frog, he can as well jump from the table—and with his stomach and intestines trailing on the floor, will continue hopping about with apparent unconcern. If we descend still lower in the scale of being, we can do as *Tremblay* did, mince a polyp to atoms, and each fragment will become a perfect animal, forming another

illustration of the vegetable character of animal life. I have mentioned these facts with a view to establish the great significance of the nervous system, and also to show that it is entitled to preëminence as compared with the blood. That vitality exists in direct ratio to the development of the nervous structure, and that the degree of vitality, inherent in the blood of any animal, is dependent upon the sensibility of the nervous system alone.

Now if these facts be admitted, let us see how far they can be applied to sustain the doctrines of the humoral pathology. The great argument of the humoralist, is the *independent vitality of the blood*; and to this he attaches the utmost importance. According to his theory, when a man is inoculated with any poison, the blood instantly becomes vitiated, as by some spiritual affinity, and with great activity transmits the obnoxious substance throughout the body. Now may we not find a more rational theory for this phenomena by making the absorbent system responsible solely for taking up and diffusing morbid matter? What are the absorbents, and what their relation to the circulation of the blood?

We hear enough about them in the discussion of medical questions to entitle them to more respect than we are apt to pay them. They are, as we know, universally distributed throughout the whole body, and to such an extent as to vie in number with the blood-vessels themselves. Dissections even by the microscope, fail to detect them. Their contents are diaphanous to the highest degree, and the injecting syringe has scarcely more power over them than the scalpel. A very minute and successful injection will display the vessels of the lymphatic glands. But the only mode of exhibiting the absorbent vessels at all is through the agency of mercurial injections. The absorbent system of a frog, as we learn, is remarkable for the possession of four distinct cavities, called lymphatic hearts, and these may be seen distinctly to pulsate through the external skin. How many such corresponding sacs there are connected with the absorbent system of man, we know not, still the fact is interesting and valuable as confirming the complete identity and isolation of this important system. While conveying a poison through the body the absorbents become most conspicuous, and appear to be in a state of inflammation. Their parieties are enlarged, and those which are most superficial, are readily seen through the skin, as a series of intensely red lines. In the case of a dissecting wound, for example, the absorbent system of the arm up to the axilla, is clearly demonstrable and beautifully displayed by the intense redness which characterizes it during the transmission of the poison. The veins, under the same circumstances, are not influenced by the poison, and of course those in immediate connection with the

capillaries are small enough to display the effect if it existed, they being much smaller than the trunks of the absorbents themselves. There is no evidence, therefore, that the vascular system is at all implicated in the general effect, and if the blood be examined by the microscope, neither *does it* exhibit any more in this than any other diseased condition of the body, the slightest evidence thereof.

Again, the introduction of morbid matter into the blood must necessarily increase the specific gravity of the liquor-sanguinis, whereby the corpuscles of the blood would have great difficulty in circulating at all; and if the degree of absorption were sufficient, circulation would be altogether suspended. Whereas we know that under such circumstances the circulation is accelerated.

What takes place in fever? The nutritive function is arrested. The liquor-sanguinis, for want of its necessary pabulum, becomes thin and watery, and the flow of the solid particles is greatly augmented, which can only result as a consequence of disturbing the equilibrium of the liquor-sanguinis. Under healthy circumstances nature, as we know, provides against the contingency of increased specific gravity of the liquor-sanguinis by too great a supply of fibrin and albumen held in solution, by rolling them up into discs, and in this condition they constitute the colorless blood corpuscles. To this argument I attach much importance, showing the improbability, if not the impossibility, of the blood-vessels being the recipients of any contagious or other morbid materials. That the blood is not always and equally healthy, we admit. We know that in a languid and prostrate condition of the nutritive function, that the blood gradually deteriorates: that there is a want of fibrinous and albuminous elements; that the liquor-sanguinis is thin and watery; that the colored corpuscles are paler in color, and fewer in number.

But with regard to the consequence of poisons, at best the blood can only be remotely affected, for the process is clearly the following: the poison is taken up and extensively distributed by the absorbent vessels. These vessels ramify to all parts of the body, everywhere along their course are to be found the so-called lymphatic glands, and they, in the aggregate, amount to millions. Now who knows what is the function performed by these glands? Who can say what is the modifying or other influence which they exert? It can only with certainty be said, that hitherto their function has altogether eluded detection. They remain as a sealed book to the physiologist. They possess, however, one obvious and striking peculiarity, that while they transmit through their interior the vessels of the absorbent system, their external surface is covered with a most minute capillary plexus derived from the systemic vessels.

But while we know nothing of the specific action of lymphatic glands, which must be very peculiar, we do know the function of the absorbent system as a whole. To the absorbents is delegated the power of constantly renewing the body. Every tissue is so far subject to their influence that it is in all its parts gradually annihilated, the product being conveyed into the general circulation by the absorbent vessels, transmitted to the lungs and then thrown off and also discharged by exhalations from the skin secretions, &c. Simultaneously with the destruction of parts, is the deposition of new matter by the same organs—still we know nothing of the share which lymphatic glands take in these processes. We can only suppose that every form of matter submitted to them is subject to considerable elimination, and this fact we derive from their pathological rather than their healthful condition. In scrofula, for example, these glands are prone to extensive disease, and oppose themselves more to curative means than any other structures. But the best example of the capabilities of lymphatic glands is met with where a scrofulous patient contracts venereal disease. Once inoculated with the virus, they digest it, so to speak, and retain it, continually circulating through the connecting absorbents an evil influence, that almost, and often does, defy human skill. Commencing in the genital organs the poison is transmitted from one cluster of these glands to another, till remote parts are implicated in the mischief, and in such condition the natural function, as we may reasonably infer, is much interfered with. One of the most common effects of the venereal virus, is a removal of *bones*, or parts of bones. Now upon what physiological action is this to be accounted for?

As I believe only upon the following: That while under any circumstances the absorbent system retains its power to remove parts, it has lost the capacity of renewing them by the deposition of healthy material. In other words, the lymphatic glands being themselves diseased through the venereal poison, necessarily confer a taint upon every thing with which they come in contact, and as old bones cannot be repaired with morbid material they must suffer loss. Also in diseased mesenteric glands they must necessarily wholly stop the transit of nutrient material. It matters not how nutritious the diet, the patient must die by a slow lingering death, for these glands as much interfere with the flow of nourishment, as in the explanation already given of the destruction of bones in venereal diseases.

But to return to our illustration of the poison imbibed from a dissecting wound merely to show what becomes of it. It appears that the poison is conveyed by the absorbents to the *thoracic duct*, and then for the first time it comes in contact with the general circulation: but whether the grosser

particles of morbid matter, or some equally fatal, though ethereal emanation of it, we know not, we can scarcely doubt, however, that the poison is subject to a process of elaboration in its transit through the lymphatic glands. The chemical principle is undoubtedly there, but its presence is *amorphous*, so that as already observed, even the microscope fails to detect it.

In what manner the mind of man is connected with the body, "doth not yet appear;" but that a great part of the nervous system is subservient to and under the control of the mind, is clearly demonstrable. Indeed if we could believe that any one part of the body was made expressly, and exclusively, for the mind, we should say it was the nervous system, the subtilty of its laws seem so nearly to simulate the silent workings of the mental faculties. The mind furnishes to disease many avenues, and invites it to exercise its laws and carry on its destructive operations in the body through the agency of the nervous system.

For example: anger, which all will admit is a mental phenomenon, communicates primarily with the nervous structure, through it increases the circulation even to a degree of inflammatory action. Grief acting upon the nervous energies prostrates the action of the vessels and undermines the whole body. In short, the exercise of all the attributes of the mind, when excessive, may so disturb the equilibrium existing between the mind and the body, as to be partly regarded as the primary exciting cause of diseased action.

If, then, all diseases have their origin in the blood and other fluids of the body, the mental emotion must be of humoral origin, a conclusion as absurd as the premises from which it is drawn. The light which the science of physiology clearly throws upon this question, leads us to the conclusion that when our Creator first gave to man "the breath of life," He gave vitality not to the blood alone, neither made *it alone* the dispenser of life, no more than to the nervous system and other tissues of the body, but He gave it to the body-corporate, the harmonious union of all in one.

ART. II.—*Lectures on Diseases of the Skin.* By AUSTIN FLINT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisville, Ky.

LECTURE II.

GENTLEMEN: In the diagnosis of cutaneous affections, the first question which arises whenever a case comes under notice, is, to which of the eight orders does it properly belong. Having the distinctive character of each order before the mind, we are to determine whether, on the one hand, those distinctive of any one of the orders are present, and, on the other hand, those distinctive of the other orders are absent. Here, as in the diagnosis of other affections, we are to take into view positive and negative facts; in other words, to reason from what is actually observed, and, by way of exclusion, also from what we do not observe. One source of difficulty in the diagnosis lies in the fact that the disease generally has existed for a greater or less period, and it is not always easy to determine what were the characters presented at its development, or early stage. In the progress of cutaneous affections not only do they come to resemble each other in their external characters, but, in some instances, they actually verge one into another, or become complicated by union with each other. Thus vesicles not only become in appearance, at least, pustules, but, after a time, pustules may be developed as such from the beginning, so that the affection is in reality both vesicular and pustular. It is important in such cases to obtain from the patient, or intelligent friends, as good a description as practicable, of the earliest appearances of the eruption. Without giving leading questions, we are to endeavor to ascertain the form which the affection at first manifested, whether water pimples, pus pimples, solid pimples, etc. It is usually the case that fresh developments of the original form of the eruption successively occur from time to time, so that by careful examination, and perhaps waiting a few days, the primitive or elementary characters are observable. The late Dr. Worcester, of Cincinnati, who compiled an excellent treatise on diseases of the skin, directed attention to a practical point which will often assist in locating, in their proper orders, cases in which, from long continuance, the distinctive characters of the affection are obscured. The point to which I refer, relates to the disease having been in its early stage *moist* or *dry*. This can generally be ascertained with certainty, and without much difficulty, when it might be unsafe to rely on the descriptions

by the patient or friends of the particular appearances which the eruption presented. The *squamæ*, *papulæ*, and *maculæ* are *dry*, while the *vesiculæ*, *bullæ*, and *pustulæ* are *moist* eruptions. In other word, a liquid exudation characterizes the latter, and is absent in the former. Much importance is attached to this point by M. Devergie, one of the physicians at St. Louis Hospital, Paris. He makes it, indeed, the basis of a grand division of cutaneous affections into two classes, viz: *secreting* and *non-secreting*, the first embracing moist, and the latter dry eruptions. In a conversation with the highly intelligent *interne* in M. Devergie's wards, M. Fremineau, he claimed this division as an original feature of the work by M. Devergie, recently published. The treatise, by Dr. Worcester, was published ten years ago. Whether the point was original with Dr. W. I am not prepared to say, but, at all events, I had availed myself of it in practice, and been in the habit of inculcating its value in clinical instructions (being indebted for the suggestion to Dr. Worcester's treatise) for many years before I enjoyed the opportunity of studying skin diseases at St. Louis Hospital in the summer of 1854, the date of the publication of M. Devergie's work.

The discrimination of cutaneous eruptions does not rest solely on the primitive characters which are peculiar to each. Certain distinctive traits also pertain to the secondary appearances which they respectively present. Knowledge of these is therefore highly important with reference to diagnosis.

Some forms of cutaneous disease evince predilection for certain ages, and localities of the body. Some, in addition to appearances addressed to the eye, or characters ascertained by the touch, have a peculiar odor. The latter is said to characterize *favus* for example. Some are communicable by contact, in other words contagious, while the majority are never extended or reproduced in that mode. The presence of a peculiar insect distinguishes one species; and several species, it has been lately ascertained, are distinguished by the production of a cryptogamous plant proper to each. All these circumstances enter into the diagnostic criteria of the different forms of cutaneous disease.

It is seldom very difficult to trace an affection to the order to which it belongs. After this, the diagnosis relates to the localization in its proper genus, species and variety. To determine the genus, ordinarily does not occasion much trouble, with the advantage of a tolerable acquaintance with the subject; and to determine the species and variety is frequently of little practical consequence. It is in the diversity of species and varieties instituted by dermatological writers, that the charge of needless refinement and complexity is mainly admissible—but this topic we will defer till we can speak

of it in connection with the respective orders of their subdivisions; and we will now proceed to treat severally of these.

Taking up the several classes in the order in which they have been enumerated (Sec. 1st,) the first which presents itself is the class of vesicular eruptions, or the *vesiculæ*.

The generic subdivisions of the *vesiculæ* are four in number, named as follows: *Eczema*, *Herpes*, *Scabies*, *Miliaria*. Rayer enumerates an additional genus consisting of the vesicular eruptions occasionally produced by mercurials. He calls them *Hydrargyria*, and divides them into three species, which he designates *Hydrargyria mitis*, *febrilis*, and *maligna*. He has only met with three cases. It is quite unnecessary to burthen the memory with these names and distinctions. It is only desirable to bear in mind that a vesicular affection has been known to be occasioned, apparently, by mercury. If Rayer, with his large experience, has met with but three cases, it must be rare at least in France. It may possibly occur oftener in countries in which mercurial remedies are employed more indiscriminately, and with greater freedom.

Eczema, the name of the first of the four genera comprising the different forms of vesicular eruptions, has a Greek derivation signifying heat or effervescence. A popular epithet applied to the affection which it designates is *tetter*. The French use a term synonymous with *tetter*, viz: *dartre*. *Eczema*, however, is only one of various eruptions included within the popular appellation of the *tetter*s. Some of its varieties have received, in some parts of our country, the title of *epidemic itch*. Other varieties are familiar to medical men by the name of *crusta lactea*, or, vulgarly, *milk crust*.

Eczema is characterized by minuteness of the vesicles. They are always very small, and closely crowded together, forming irregularly defined patches of greater or less size, sometimes with, and sometimes without a reddened or inflamed base. The minuteness of the vesicles is sometimes so great that it is difficult to distinguish them with the naked eye, and the common pocket microscope is useful in demonstrating their presence. In form they are orbicular and flattened, not acuminate or sharp pointed.

The contents of the vesicles, at first transparent, shortly becomes opaque. They may be absorbed, in which case the eruption disappears without much moisture, the walls of the vesicles being thrown off, followed by more or less subsequent desquamation of the cuticle. But generally a rupture of the vesicles takes place, and their contents escape, and by concretion and desic-

cation crusts are formed, giving rise to the secondary appearances of the eruption. Coalescence of the vesicles frequently takes place; the eruption becomes confluent, leading to excoriation of the surface, which may furnish a constant exudation of sero-puruloid matter, concreting into laminated scabs. In some instances superficial ulceration succeeds. Successive eruptions generally occur, so that after it has continued for some time, all the stages of the affection may be presented in the same case at the same moment. The disease may be of brief duration, or persist for an indefinite period. It may be simple or diversified, complicated or uncomplicated.

With this general description I will proceed to call your attention, first, to several circumstances pertaining to the natural history of the disease which are distinctive; and next, to those on which are based subdivisions into species and varieties.

In the majority of instances, before cases of eczema come under our observation, rupture of the vesicles has taken place, and we find the part or parts affected more or less covered with incrustations. These incrustations, except in one variety of the disease, and provided it be uncomplicated and the eruption have not given place to an ulcerated surface, are of a dirty white, or ashy color, not yellow, and not thick and laminated like *scabs* formed by the concretion of purulent matter, from which they are to be distinguished. On the other hand, they differ from the mass of epidermic scabs occurring in squamous affections, to which they bear sometimes a close resemblance. They adhere to the surface with considerable tenacity, except at their margins which are generally detached. This circumstance distinguishes them from the scabby crusts succeeding pustules (in impetigo); and the scaly crusts of a squamous eruption (psoriasis). In both the affections just mentioned, the crusts are more loosely adherent, being easily detached. The base of the eczematous patches is usually reddened, and the redness extends for a greater or less distance around the patch. The redness in the latter situation is insensibly lost in the surrounding whiteness of the skin. It is gradually shaded off, not ending abruptly, having a well defined border like other eruptions in which an areola surrounds the affected parts, *e. g.*, herpes, psoriasis. The redness at the base of the patches persists after the parts have healed. The surface then presents a smooth and polished aspect. In this respect, it differs from the pustular affection impetigo, to which, in some characters, it bears a resemblance. In consequence of the excoriation or slight ulceration which frequently ensues, a superficial cicatrix is left after the parts are healed. In this particular it differs from ordinary impetigo.

The liquid contents of the vesicles are at first transparent like water, or

citron colored. It differs from water, or the serum of the blood, however, in being more viscous, admitting of being drawn out into threads. Linen saturated with it is stiffened as when soaked in gum water or starch. These circumstances distinguish it from pus. The liquid is alkaline, and possesses irritating properties.

If the excoriated surface be closely examined after the incrustations are removed, it is found to be studded with numerous red points. These are seen distinctly, on close inspection, with the naked eye, but more satisfactorily with a pocket magnifying glass. Frequently small drops of liquid may be observed to ooze from these minute *puncta*. Each of these points is, in fact, the base of a vesicle which has been ruptured, and its walls exfoliated; and it is from orifices opening here that the exudation escapes which furnishes the matter of the solid incrustations. The appearances just described are distinctive of eczema, and, in fact, are sufficient of themselves for the diagnosis.

Eczematous patches are very slightly tumefied. This is a circumstance somewhat distinctive. An exception to this rule obtains when the affection is seated on the ear.

The pruritus is usually a distressing symptom. It is tingling, burning, and frequently intense, and constant whenever the attention is not strongly diverted. The desire to rub, and scratch the affected parts is irresistible, but adds to the local irritation without effecting even temporary alleviation.

If the affection persist in the same situation for a long time, fissures or cracks are apt to occur, attended with more or less escape of blood. These circumstances serve to modify the secondary appearances.*

The subdivision of eczema into species and varieties is based on deviations from the ordinary characters in acuteness, duration, situation, extent of surface affected, and combination with the characters of other cutaneous affections. The point of departure for the subdivision, is the mildest and simplest form of the disease, called *eczema simplex*. In *eczema simplex* the eruption is in the skin at the base of the agglomerated vesicles. The contents of the vesicles, if not absorbed, concrete into a thin incrustation, very little or no excoriation succeeding, and the affected surface is healed in a few days. In this, its most simple form, however, the eruption is apt to be reproduced, successively, either in the same part, or in different portions of the body, and, in this way, the disease may be perpetuated for a greater or less period.

* The varied appearances presented in this, as well as other eruptive diseases, were illustrated in the lecture-room, by plates, and the excellent models of THIBERT.

Eczema rubrum is the designation applied to a species characterized by notable redness of the surface on which the eruption appears, the redness preceding the development of the vesicles. In this species the distinctive feature consists in the addition, as a prominent element of the local affection, of erythema of the skin; and this element, it will be observed, precedes the appearance of the vesicles. This, like simple eczema, may run a short career, but is more apt to persist, and eventuate in the chronic form of the disease.

Acute eczema is another species, differing from that last mentioned in the fact that the part or parts in which the eruption is seated present, in addition, the characters of true inflammation. In erythema rubrum the affected parts present an inflammatory aspect, but the redness does not necessarily involve more than hyperæmia. It may be unattended by acuteness of symptoms, either local or general. In acute eczema, on the other hand, the surface not only presents an inflamed aspect, but the morbid actions are more intense. It is also frequently associated with some febrile movement, and general disorder of the system, which is not true, as a general remark, of other species of the disease. Moreover, in eczema rubrum the erythema exists antecedently to the vesicles, while in acute eczema the inflammatory condition is developed simultaneously with the vesicles. These circumstances suffice to mark the distinction between the two as distinct species of the disease.*

The vesicles, in some instances, rapidly assume the characters of pustules, in other words, their contents quickly become opaque or puruloid, and under these circumstances it is not always easy at once to determine whether the eruption be primitively or essentially vesicular or pustular. The fact shows that a relationship exists between these two classes of eruptions: and this relationship is expressed in the name by which the species thus characterized is known, viz: *eczema impetiginodes*. The latter term is derived from the name of a genus of the order pustulæ, viz: *impetigo*. Eczema impetiginodes is not, strictly speaking, a combination of the two affections eczema and impetigo. The eruption is at first vesicular, but the contents of the vesicles very quickly assume the appearance of a purulent fluid. It does happen, however, not infrequently in the progress of eczema, that true primitive pustules become intermingled with the vesicles. This is apt to be the result of

* Eczema rubrum is, in fact, a combination of eczema and erythema, the latter taking precedence in point of time.

mechanically irritating the affected parts by scratching, or otherwise; and of the injudicious use of certain local applications.

These varied forms of eczema are frequently more or less associated in the same case, at the same time. Even the different portions of a single eczematous patch sometimes present illustrations of the different species of this affection: in one portion representing eczema simplex; in another eczema rubrum; in another acute eczema, and in another eczema impetiginodes.

In a large proportion of the cases which come under the observation of the medical practitioner, eczema has either become, or it eventuates in a chronic affection. Fresh vesicles appear from time to time; the excoriated surface left by the coalescence and rupture of the vesicles, furnishes an exudation, which, from its irritating properties, tends to keep up, and enlarge the boundaries of the local disease. The skin takes on an ulcerated condition; or it presents a raw, softened aspect retaining the impression of linen cloths if applied to it. Fissures or cracks take place, giving rise to more or less hæmorrhage. If the parts become partially healed, the new surface is smooth, red, and glistening, and a fresh eruption speedily breaks out. Thus it continues for weeks, months, years, and sometimes during the remainder of life. Of the many cases which I saw at the St. Louis Hospital, in most the affection had existed for several months, and in one instance for the space of ten years.*

Varieties of this affection are based on differences of locality. It receives from dermatologists different names according to the part of the body on which it is seated. There is scarcely any portion of the cutaneous surface which is exempt from a liability to this eruption, but some portions are more predisposed to it than others, and its tendency to particular situations varies in different periods of life. It frequently occurs on the face and scalp, constituting *eczema faciei* and *eczema capitis*. In infancy and childhood, and in females, it evinces a preference for these localities. It appears very often behind the ears, and in this situation swelling of the parts affected is more marked than in any other situation. Situated on the head and face it is commonly known as *crusta lactea*, or milk crust. It is to be distinguished, when seated on the scalp, from *favus*, an affection embraced in the order *pus-tulæ*, from which it essentially differs. The hair does not fall in eczema as in favus, and it is not, like the latter affection, highly contagious. For these

* M. DEVERGIE gives the following statistics relative to the duration: Of 561 cases, the disease lasted 1 month in 19; 2 months in 28; from 2 to 6 months in 106; from 6 months to 1 year in 51; more than 1 year in 292; more than 10 years in 57.

reasons, and also with reference to appropriate measures of treatment which are quite different in the two diseases, it is highly important to make the discrimination in practice. This may always be done, although in some of the external, superficial characters, there is a resemblance between the two. It will be more convenient, however, to point out the means of discrimination in treating of favus. In adults, and especially in aged persons, it is apt to attack the legs; and it is frequently associated with varicose veins.

The scrotum is sometimes the part affected. Situated here it is apt to be particularly rebellious to medical treatment. The exudation is copious; the parts are irritated by the friction incident to walking, and very great annoyance is occasioned by the burning heat and pruritus. Occurring on the hands, between the fingers and upon the wrists, it is liable, in its simple form, without due knowledge or care, to be confounded with scabies or itch, an unfortunate mistake in several points of view. Acquaintance with the distinctive characters of each eruption, will, with proper attention, enable the practitioner to avoid the error of confounding them. Frequently the affections appear to be determined to the hands by the action of external irritating causes. Thus it is observed in bakers whose hands are constantly covered with flour, and in grocers who handle sugars, &c. Hence the names that have been applied to eczema in this situation, viz: grocer's itch and baker's itch. Washerwomen are liable to it from having their hands constantly wet. The following fact shows the connection between the local affection and the action of an external local cause; if the affection occur in a person whose hands are in contact with an irritating powdered substance, the eruption will generally be most abundant between the fingers, because the powdered substance accumulates and remains longer in contact with the skin in that situation; but if the irritating substance be a liquid, the dorsal surface of the hands will be most likely to be affected. This fact was fully illustrated by the cases under observation at the St. Louis Hospital. Chronic eczema situated on the hands, as well as other forms of cutaneous eruption, generally goes by the name of *salt rheum*.

Other parts of the body for which the affection has a preference are the vicinity of the umbilicus shortly after birth; the neighborhood of the nipple in the female; also the vulva, and in both sexes around the anus. In the two latter situations, viz: the anus and vulva, it is apt to be peculiarly obstinate and distressing.*

* M. DEVERGIE (*traité pratique des maladies de la peau*) gives the following statistics respecting the locality of this affection: Of 600 cases, it was seated on the legs

Eczema is sometimes complicated with other cutaneous affections. I have seen it associated with the papular eruption called lichen; with the squamous disease, psoriasis, and with rupia, one of the genera of the order *bullæ*. In each of these instances the affection presents mixed characters, those which are primitive and predominant belonging to eczema, and the others to the affection existing as a complication. I can only make this general statement here. To give the characters of the different eruptions existing in combination with those of eczema would involve an anticipation of subjects to be treated of hereafter.

Finally, eczema is generally local; that is, a portion, or disconnected portions of the cutaneous surface only are affected. It usually, as already stated, extends over patches of the skin, of greater or less size. The patches affected are rarely regular in form. They may be large or small. A single patch only may exist, or it may be seated in different parts of the body at the same time. The disease, however, may be general; in other words, it may extend over the entire surface of the body, excepting the soles of the feet and the palms of the hands. Instances of this variety are extremely infrequent.

I have thus mentioned the more prominent of the circumstances entering into the natural history of eczema; and, of the several species and varieties of the disease, I have noticed those which it is of practical importance for the physician to recognize and recollect. Let us now rehearse, in a few words, the distinctive traits which are diagnostic. It is a moist eruption. If examined early it is found to present minute vesicles, scarcely visible to the naked eye, closely crowded together; and at different stages new vesicles are frequently appearing which are typical of the order and genus, and by which it is to be discriminated from other eruptions. But these criteria are not always available. The diagnosis must then be based on the secondary appearances. These offer certain points which are highly distinctive, viz: an exudation, gummy, capable of being drawn into threads, stiffening linen, thin, ashy-colored crusts adhering with considerable firmness except at their margins; numerous red points dotting an excoriated surface, and frequently drops of liquid standing upon them which have just exuded; an areolar redness insensibly lost in the white color of the skin; slight swelling; a burning pru-

in 446; on the forearm in 155; on the arm in 133; on the face in 114; on the scalp in 86; on the genitals in 68; on the neck in 63; on the chest in 54; on the abdomen in 50; and on the back in 45. These statistics were collected in the hospital St. Louis, where children are not received. This fact will explain the relatively small number of cases in which it was seated on the face and scalp.

ritus; persisting redness, and sometimes a superficial cicatrix after healing is completed. These few diagnostic criteria, taken in connection with negative points, that is, the absence of characters distinctive of other eruptions with which this is liable to be confounded, will suffice for a positive and easy diagnosis in a large proportion of cases. The cases in which there is a real difficulty in the diagnosis are those in which the disease is complicated with other cutaneous affections, and presents the mixed characters of different eruptions. The cutaneous affections to which it bears more or less resemblance, and from which, in practice, it is to be distinguished, are impetigo, psoriasis, lichen, a form of pityriasis, scabies, favus. To consider the differential diagnosis with respect to these several affections, would render it necessary to anticipate a description of the distinctive characters entering into the natural history of each. Bearing in mind the characteristic traits of eczema, I shall point out the circumstances which negatively are involved in the discrimination, hereafter, in connection with the consideration, respectively, of the affections just mentioned.

With respect to the particular anatomical element of the skin specially involved in eczema, opinions are not uniform. Rayer regards it as an affection of the follicles. Cazenave, with more reason, thinks that it is seated in the sweat ducts. The red points so characteristic of the disease he supposes to be the inflamed orifices of these ducts. This is probable, but not established beyond doubt.

Like most of the cutaneous eruptions, this undoubtedly proceeds from some ulterior morbid condition; in other words, from a constitutional disorder, which here, as in other instances, scientific research has not as yet unfolded and explained. Whatever may be the internal pathological change, it is usually not accompanied by any marked symptoms irrespective of those which pertain to the local affection. In fact, so far as concerns any appreciable evidences of general or constitutional disorder, persons attacked with eczema, in the majority of cases, seem to be in good health, and to continue in good health notwithstanding the existence of the local affection. Moreover, in much the larger proportion of instances, the subjects of the disease are persons with good constitutions.

From what has just been stated, it follows that our knowledge of the causation of eczema must be far from complete. Some facts, however, are to be stated under this head. It occurs so often in children during dentition, and weaning, that it evidently sustains some relation to these events of infantile life. Under these circumstances its occurrence is by no means sufficient evidence of a strumous taint, although it is perhaps oftener met with in scrofu-

lous subjects. After infancy, young persons are more liable to the disease than the aged. The larger number of cases occur between twenty-five and forty-five.* It not infrequently occurs in females during pregnancy, and is often connected with derangement of the menstrual function. It is not to be regarded as a contagious affection, although occasionally instances appear to favor the opinion that it may possibly be communicated from one person to another. It is apt to affect different members of a family simultaneously, or in succession; but the most rational explanation of this fact is, that they have all been equally exposed to some unknown cause. Cases, especially among children, are much more frequently observed in some seasons than in others. Thus, in the city of Buffalo, in 1845,† it was a matter of common remark among the physicians of that place, that eczematous eruptions were singularly rife. From this fact the possibility of an epidemic predisposition is presumable. As already stated, in some instances it appears to arise from the action of local irritating causes. It is probable, however, that in these cases the local causes simply determine the situation of the eruption, and perhaps also the time of its development, the internal or constitutional morbid condition already existing. So far as season exerts any influence in predisposing to the disease, it would seem, from the statistics given by M. Devergie, that Summer and Winter are more favorable for its production than Autumn or Spring. Of 384 cases, 60 occurred in spring, and 28 in autumn; while 127 occurred in summer, and 169 in winter.

As regards the prognosis, it is not a disease involving danger to life, or serious danger to the general health. The most to be anticipated, as a general remark; is, that it will become chronic, and persist for an indefinite period.

Before speaking of the treatment of eczema, I may take occasion to make a few remarks which, with some exceptions, will be applicable to all cutaneous diseases, and their introduction in this connection will save the necessity of repetition hereafter. I have already said (Lecture I.) that the treatment of these diseases is, in a great measure, empirical. As a general rule, when this is true of any disease, it follows that the remedies recommended by different authors and practitioners are numerous and varied. This is emphatically the case with respect to diseases of the skin; and it is often difficult to decide what are the remedies, the merits of which are based on the most satisfactory proof of success. Published results of experience on this point are seldom presented in the shape of deductions from analysis of the facts

* Devergie, *op. cit.*

† And equally so in 1853.—*ED. JOUR.*

contained in extensive collections of carefully recorded cases—in other words, the therapeutics of this class of diseases is not based on numerical investigations. In selecting empirical remedies, therefore, we have to be guided, in addition to the notions formed from our own experience, by the testimony of those who have had the largest opportunities for experimental observations, and in whose judgment and integrity we have most confidence. Such is the obstinate character, however, of many of these diseases, that we often have abundant opportunity to make trial of a variety of remedies in the same case.

The principles of treatment in nearly all cases resolve themselves into three divisions, viz:

1st. Obviating suspected remote causes by changing habits, etc.

2d. Meeting the rational indications derived from the local symptoms, such as the degree of inflammation, the existence of excoriation, ulceration, etc., and the general symptoms, or the state of the system irrespective of the local disease. Thus, if there be febrile movement, with fullness of the vessels, and the patient be robust, depletory measures will be indicated whatever be the character of the eruption; but if, on the other hand, the powers of the system are below the standard of health, an opposite course is called for.

3d. Employing entropic or alterative remedies which effect some constitutional change, and also local applications to modify the morbid action of the affected part.

Applying these general principles to the treatment of the affection under consideration, the first point is to search for remote causes. A large proportion of cases occur in infancy, and involve, to a greater or less extent, as we have seen, causes which are appreciable, but not altogether removable. The irritation from teething must continue for some time, but it may be relieved by free scarifications, and division of the gums. The change of diet incident to weaning in some instances involves disorders which we cannot always prevent, but which may be mitigated, if not obviated, by careful adaptation of the food to the power of the digestive organs and the wants of the system. In the treatment of this, and other eruptions in children, exercise in the open air is a measure of great utility. Confinement to heated rooms has appeared to me to contribute to the development of the disease, and I am in the habit of enjoining daily exposure out of doors in all cases occurring in childhood.

Deficient exercise also may enter into the etiology in adults, and without going into details, which would be out of place in this connection, it is sufficient to say that the diet and regimen, both in children and adults, are to be carefully and properly regulated. We are next to endeavor to advance a step farther, from remote, toward proximate causes. The different functions

of the body are to be surveyed. Are the digestive organs disordered? Is costiveness present? Is the urinary secretion normal? Does the healthy skin perform its proper functions? These and other similar questions are to guide our investigations, and any functions which may be found to be disturbed, are to be corrected, if practicable, by appropriate means.

We are then to consider the local and general indications. If the patient be of a full habit, the circulation active, the constitution vigorous, and the disease acute, reducing measures, consisting of bloodletting in some cases, and in other cases remedies which deplete by increasing the secretions, viz: cathartica, and diuretica, are indicated, and the diet is to be suited to this condition of the system. But if, on the other hand, the patient be feeble, the body badly nourished, the constitution cachectic or broken down, a plan of treatment directly opposite is to be pursued. Tonics and cordials may be required, and a highly nutritious diet.

The local symptoms, in the acute form of the disease, in its early stage, may indicate local measures to abate inflammatory action, or at all events, the avoidance of applications which will tend to increase this action. But in a later stage local stimulants will often prove important means of cure.

Finally, we may find it necessary to resort to general and local remedies designed to exert in some special manner a curative influence. The general remedies of this class are mercury, sulphur, iodine, alkalis, arsenic, cantharides, etc.

Directing attention somewhat more in detail to the therapeutic measures which may be employed in the management of cases of eczema, we will consider, *first*, the local, and *second*, the general treatment.

The local treatment appropriate to eczema, differs according to the form or species of the disease; to the stage, acute or chronic, and to conditions of the affected surface irrespective of species or stage. In the early stage, and in the acute form, measures, as already stated, to allay the symptoms of inflammation, and exert an antiphlogistic effect are indicated. Warm fomentations and poultices are frequently directed by practitioners under those circumstances, but it is now generally agreed by those who have given special attention to this class of affections, that such applications are injurious save when the disease has become chronic. I have myself seen the local symptoms of simple eczema apparently much aggravated by a flax-seed poultice. If the inflammation be considerable, refrigerant lotions are of service. M. Devergie advises in strong terms irrigations with water, at first slightly tepid, but gradually lowered to the natural temperature, continued from an hour to an hour and a half, once, and sometimes twice daily. This measure is

most conveniently resorted to when the extremities are affected. A bucket of water, into which a cock or faucet is inserted, is to be adjusted a little above the part, and the limb placed on India-rubber cloth so disposed as to conduct the water to a vessel, placed below. A piece of cloth is then attached to the faucet and spread over the affected surface; and the water allowed to escape slowly. M. Devergie states that remarkable results sometimes follow these applications, the disease being rapidly deprived of its acuteness. It is, however, only to be resorted to in the summer season, and in persons of good constitutions in whom no unpleasant consequences are to be apprehended from its general refrigerant influence. An emollient application consisting of the *ulmus campestris*, or slippery-elm, ground, and mixed with cold water, I have found useful. Simple cold water applied constantly by means of a linen compress, or lint, produces, by evaporation, a refrigerant effect which in some cases is highly useful. At the St. Louis Hospital whenever cooling lotions are not employed, in the acute stage of this and other cutaneous eruptions, much importance is attached to the application of powdered starch. It is useful by absorbing the irritating fluid which escapes from the vesicles, or exudes from the excoriated surface; but, in addition to this, it is supposed to exert a positive antiphlogistic influence. Ointments or cerates, even of the mildest character, are of doubtful propriety during the acute stage; and all stimulating applications in this stage are injurious.

After the acute stage is passed, other indications are presented. The affected surface is now more or less covered with incrustations, which are speedily renewed after they are thrown off, or their removal effected by means adopted for that purpose. To effect daily the removal of these incrustations is an important part of the local treatment, in order to obviate their irritating effect, and that whatever applications we may wish to make may come into contact with the diseased surface. The crusts are to be removed by prolonged fomentations. A poultice may be applied occasionally for several hours, or, what answers as well, and is more cleanly, the water dressing; and, afterward, the parts bathed, until the morbid deposits are completely removed, with tepid water in which a little alkali (sub. carb. soda or potassa) is dissolved. Soap and water answers the purpose of an alkaline wash. These ablutions are to be repeated twice daily, and care is to be enjoined not to irritate the parts by rubbing, or making forcible attempts to detach the crusts. The alkaline water is to be applied by means of a soft sponge. Considerable patience is requisite on the part of the patient, or friends, in carrying out these directions faithfully, but it is necessary to the successful treatment of the disease. Simple attention to perfect cleansing of

the affected part, or parts, in the manner just mentioned, and the use of an absorbent powder, together with attention to diet and a short regimen, will suffice, in many instances, for the cure of eczema in a short period. I have often, especially in children, resorted to these measures alone. Even in cases of long standing, whether in children or adults, in which there has been neglect of cleanliness and hygiene, with perhaps trial of many mercurial applications and internal remedies, it is frequently surprising to observe what may be accomplished in a short time by the mode of treatment already described. This was illustrated before the medical class of the University of Louisville during the winter of 1853-4, in some chronic cases which were treated by me at the Louisville Marine Hospital.

Local applications, however, are undoubtedly necessary to effect a cure in certain cases. Here the question arises, is it always prudent or safe to effect a cure by topical means? Although the fears formerly entertained of the repercussion and translation of these diseases were doubtless exaggerated, we cannot repudiate altogether the correctness of the views on which they were founded; and it seems to me clear that a certain degree of caution is to be observed with reference to this point. Instances of unpleasant sequels of the speedy cure of cutaneous eruptions are too frequent to be attributed merely to coincidence; and the popular notion that the disease, if not manifested on the surface, will be likely to appear elsewhere in some situation less favorable, is not wholly devoid of a pathological basis. Under what circumstances, then, shall local applications designed to arrest the progress of an eruption be made? We cannot answer this question as definitely and clearly as could be desired. We may say that such local applications are admissible whenever the internal morbid conditions which have determined the local affection, have ceased to exist. But often we have no positive knowledge of these conditions beyond the existence of the local affection. Experience tells us that when a chronic cutaneous disease has continued for a long time its very duration enforces caution, as respects the efforts to produce a cure. This is a consideration which renders it desirable not to defer curative applications too long. In general terms we should wait for the results of diet, regimen, and such general treatment as may be rationally indicated, together with the simple local measures that have been already detailed. If this plan prove unsuccessful, local applications with a view to excite a curative process should be employed with a certain amount of circumspection, and frequently conjoined with internal remedies intended to remove the constitutional causes maintaining the eruption.

The local applications designed to be curative act by stimulating, or in

some way modifying the morbid condition of the affected surface; those which are found serviceable in chronic eczema, or in other eruptions, are various. I will content myself with merely mentioning some of the most useful, which it is often necessary to employ successively in the same case.

The oxide of zinc, in ointment, is sometimes useful. Mercurial ointments, such as a small proportion of citrine ointment combined with the *unguentum aquæ rosæ*, or cold cream; or calomel contained in simple cerate, will frequently prove efficacious. Whenever an ointment is used, care should be taken that it be not rancid. The ointments prepared by apothecaries are often objectionable on this score. The tar ointment I have in many instances found to produce a very happy effect. At the Hospital St. Louis the empyreumatic oil derived from the juniper berry, called the *Huile de Cade*, is much used in this, and other cutaneous affections. It is applied in some cases pure, and in other instances combined with cerate. Its action is analogous to the tar ointment, but it is supposed to be superior to the latter. So far as I know, this remedy is not as yet in use in this country. It is used as a stimulating and modifying agent in preference to most others, by M. Devergie. Dr. Bennett, of Edinburgh, attaches great importance to the constant application of an alkaline solution, consisting of two drachms of the carbonate of soda, or potash, to a pint of water. A cloth wet with this solution is applied to the affected part, and covered with oiled silk. He assured me that he found this so efficient a mode of local treatment, as to render other applications generally unnecessary.

If the eczema be seated on the scalp the hair should be cut as closely as possible, but not shaved. Without observance of this rule, it is impossible to effect satisfactorily the removal of incrustations, and bring medicinal applications into contact with the diseased surface.

The intense pruritus which is a source of much distress frequently in this affection, claims attention. In their efforts to obtain relief, infants and children sometimes, unless restrained, rub and wound the diseased surface, giving rise to more or less bleeding, and increasing the local inflammation. Camphor, either combined with any ointment that may be used, or in the form of a wash, will in some cases relieve this symptom. A few drops of kreasote added to the ointment, is also useful. The chloroform combined with cerate, is another useful remedy for this purpose. Acetic acid, or vinegar largely diluted is still another.

At, or near the period of cure, the tannin ointment is generally employed at the St. Louis Hospital, with a view to give greater firmness to the newly formed cuticle, and obviate the tendency to relapse. While the skin remains

red and glistening, as is often the case for some time, there is constant danger that new vesicles will break out. Light exfoliation of the cuticle is apt to take place for some time after the integrity of the skin is restored. This is true of all cutaneous eruptions. The tannin ointment is supposed to expedite the recovery of the normal tone and vigor of the integument.

The *general*, as well as the *local* treatment varies with the species and stage of the affection. In the acute form at the early stage, sometimes there are present the indications for depletion even by bloodletting. If there be febrile movement, and the patient be an adult, of robust constitution, and full habit, venesection will be proper. In other instances depletion by saline purgatives will suffice. In feeble subjects, and children, of course, neither are judicious. A restricted farinaceous diet is to be enjoined for a short time, except when contra-indicated by existing debility. Acid drinks are useful at this period. M. Cazenave recommends half a drachm of sulphuric or nitric acid in a pint of barley water, to be taken as a beverage.

In the chronic form of the disease numerous remedies are advised. The evidence of their utility is derived from experience, and they are, therefore, using the term in its proper sense, *empirical* remedies. The internal use of alkalis is recommended by several practical writers. Dr. A. S. Morrison advocates particularly the liquor potassæ given in doses of from ten to thirty drops three times daily, administered in the infusion of hops, sarsaparilla or taraxacum. Dr. Bulkley, of New York, speaks highly of this remedy.* The bicarbonate of soda is also used, in doses of from fifteen to thirty grains. The iodide of potash I have known useful, particularly in the case of a patient who suffered from repeated attacks, and in which it was several times followed by a speedy cure when other measures proved inefficacious. The iodide of sulphur is much esteemed by Devergie. Mercury, especially the bichloride, is extolled by some. It is generally, however, given dissolved in the compound decoction of sarsaparilla, or some analogous vehicle in which it undergoes partial decomposition. Arsenic has been found useful in this, but less so than in other forms of cutaneous disease, more especially the squamous affections. What is called Donnivan's solution, which combines mercury, iodine and arsenic, has been much employed in England and this country for several years past, in many obstinate cutaneous eruptions, and in eczema among the number. The tincture of cantharides is another remedy which may be tried, if others fail.

• I do not profess to have mentioned all the remedies, local or general, which

* New York Journal of Medicine, January, 1846.

have been found useful in the treatment of eczema; but only the more prominent of them. I have not discussed their relative merits, or taken pains to present the evidence on which their claims respectively rest. To undertake to do this would involve a more extended consideration of the subject than the limits of a few lectures will permit. Moreover, in treating of therapeutics here, as in connection with other classes of diseases, to consider at length individual remedies, would be to encroach on the province of my colleague and friend, the professor of materia medica. I shall only aim to present leading general principles, simply enumerating the more important of the particular measures which are recommended by practical writers, and of the value of which I can speak, measurably, from personal experience.

Eczema is, of all cutaneous diseases, the one most frequently met with in practice. This is shown by the following statistics: Of 1800 cases received at the St. Louis Hospital, precisely one-third were cases of eczema.* Of 807 cases treated at the dispensary infirmary of the city of New York during two years, 226 were cases of eczema.†

* Devergie.

† New York Journal of Medicine, July, 1846.

ART. III.—*A Case of Congenital Stricture of the Vagina, Complicating Labor.* By WM. C. BUTLER, M. D., East Avon.

The limited opportunity for medical research possessed by most country practitioners, leads them, no doubt, into the frequent error of supposing that they have to do with anomalous cases, when, if they were more conversant with medical literature they would find those very cases not only common but trite. An humiliating truth I confess. But truth is said to be often stranger than fiction. Such may be the fact with regard to the following case, and the only inducement for me to offer it you, is the vain imagination that perchance there be one of the numerous readers of your valuable Journal who may be as much in the *fog* as the one who resides in dark and benighted Avon.

A very limited ride in this locality for a few years, has not as yet presented a parallel case. How unfortunate others may have been I know not.

CASE. Was called, Dec. 1, 1844, to see Mrs. R., aged 34, in labor with her first child. Learned that she had been in labor thirty-six hours, and

that for the last twenty-four hours the pains had been regular, and averaging once in ten minutes. Also learned that she was one of that peculiar class that did not believe in a male accoucheur, and had sternly resolved up to the time of my being sent for, to carry out her prejudices.

On entering the room, I found a short, thick set, strong, muscular woman, who had had her neck, some eight years previous, slipped (unconsciously I suppose) into the hymenial knot, and whether she considered herself as then slipping it out, I know not, but do know that her appearance exhibited strong mental and physical excitement. Pulse 90, full and strong. Face flushed as is frequently the case in the last stage of labor. Countenance anxious and exhibiting much suffering. Still no particular organ suffering from congestion; when free from the pain of labor was quite easy and inclined to rest. Upon making a digital examination, found nothing unusual until about one and a half inches from the labia pudendi. I at first supposed that it was the os uteri dilated to the size of the index finger; but upon carrying it still farther up to make out the presentation, found that it was still surrounded by what felt like the cartilaginous rings which compose the trachea. Still farther on I could detect the membranes distended by each pain, and also that some portion of the cranium was presenting. The mobility of the parts would not admit a more correct diagnosis. The os uteri, I had no doubt, was fully dilated, and the only difficulty to the progress of an otherwise natural labor, was this stricture. I could not learn by the mother, who was present, that there ever had been any mechanical or chemical causes which could produce it; or by the patient herself.

Taking her liege lord aside and inquiring minutely into the peculiarly mysterious powers and *properties* of coition, the poor soul told me, with tears in his eyes, that he must confess that after eight years of patient, persevering, and unwearied toil, he had been unable to pass the Rubicon; but supposed that it was the end of all *terrestrial* things, as he had one of the fairest of Eve's fair daughters, as well as the embodiment of perfection itself.

After being fully satisfied that the effort of nature was doing nothing toward dilating the stricture, I stated to them the nature of the impediment, prospects, &c., and requested counsel. To this she would not for a moment listen; said she would submit to anything I might wish save having another man around her; and sagely came to the conclusion that she had had two too many already.

Such being the situation of matters at this period, I concluded to open a vein in the arm, and reduce the action of the heart, not in the vain hope that it would relax matters somewhat, but sure that I could, according to Beck,

get the full effects of an anodyne to better advantage. Bled her 24 oz., and gave her one gr. sulph. morph. in half a tumbler of water. She soon felt the effects of the opiate without effecting the labor pains.

Upon examining the case still more carefully, I found that the rugous folds of the mucous membrane gave it the appearance, in feel, of the fibrous rings like the trachea, and that the fibrous band was undoubtedly of uniform thickness, and gave me the impression—for it could be but an impression—of being a line in thickness, and two inches in length.

Such, then, was the congenital impediment to an otherwise natural labor. How was it to be overcome at that day, age and stage of labor? Or in other words, how was she to be safely delivered? This was the only query of any importance to me just then.

After looking my thick storehouse carefully over in vain for a precedent or authority, I threw that matter all one side (a slight all, for I could not recall a case nor any authority) and came down to the case itself.

It will be seen at a glance that there were but two horns to the dilemma: 1st. To overcome the stricture; 2d. That formidable operation, the Cæsa-rean section, which must ever be considered a dernier resort.

Again. If we look at the case with a view of overcoming the stricture, it will be seen at a glance that the knife alone has any properties worthy of consideration at this time.

I said I could not think of any authority that would assist in this dilemma. This I will recall. Prof. Willard Parker, who stands preëminent as a teacher and surgeon, in 1840 gave this rule as the rule of all rules in surgery: "Gentlemen, know well the anatomy of the parts with which you have to do, and be sure that with it you are familiar; then let the first principles of common sense (no mean ingredient you see) dictate you, and my word for it, you will have no cause to regret. Believe me it is worth volumes for your guidance." Unfortunately your humble servant was, and is, destitute of the second ingredient in this important compound. Endeavoring to act upon this principle, I took a long straight bistoury, and with the aid of a grindstone destroyed the cutting edge to within about half an inch of the point, and, then by winding this with a thread, protected it from injuring the soft parts. My impressions were, that if I could divide the stricture into three or four nearly equal parts, the mucous membrane would dilate so that the child could be dissected and delivered, *per vias naturales*.

As she had felt no motion for the last two weeks, and the stethoscope did not show any evidence of fetal circulation, I came to the conclusion that the child had been for some time dead. Strange as it may seem, both these im-

pressions proved to be correct. Placing the patient on her back in the usual position for instrumental labor, I ordered two females to sponge the soft parts as dry as possible up as far as they could, and then making two convenient and beautiful spatules of the index and middle fingers of my fair assistants, had those spatules introduced as far as possible, drawing the vagina forcibly externally. With this assistance I carried the index finger of the left hand to the edge of the stricture with the flat side of the knife upon it. As soon as I felt the fibrous cord-like band, I punctured the mucous membrane, keeping the point of the finger in advance of the point of the knife, carrying it with caution, in the interim of pains, through to the farther side of the stricture, endeavoring to keep the mucous membrane between the finger and the knife. I then turned the cutting edge from the finger and resigned its farther direction to the middle finger and thumb of the same hand. I then introduced the index finger of the right hand into the rectum, and carried it up opposite said point. Fancied that I could in this way tell nearly the depth of the incision, or at least whether the rectum was in any danger. By careful pressure with the point of the index finger of the left hand, carried the knife through the desired depth, and gradually withdrawing it found I had made a complete section of that side, which was a little anterior to a parallel of the symphysis pubis externally. In the same manner made one upon the opposite side by changing the operating hand, and also one posteriorly. Found in the first one blunder, viz: having the thread upon the knife; and in the last section a most egregious blunder in not making this first. The merest tyro in the profession, with one ounce of reflection in his boots, should have known better. The two lateral sections left the posterior portion floating directly over the rectum, and it required no small amount of care to cut just far enough, and no farther.

The patient soon began to rally from the effects of the anodyne. The pains were stronger and more expulsive. The membranes protruding, I then without any trouble could make out the presentation, which was the first of M. Baudelocque. From this time on had the pleasure of seeing the labor progress favorably until the head entered the lower strait, when the pains began to die away, and the progress of the head seemed to be arrested from mere weariness of the uterus; fancied that it had got simply tired out like a jaded horse, and knowing that I had added nothing to the encouragement of the rest necessary by the vessels which had been divided in relieving the stricture, and the necessary effusion which must ensue, I applied the forceps (here another blunder you will say, and I not dispute) and delivered her of a large sized child (eleven pounds) which had given up the idea of

vitality some time previous. The effusion of blood in the cellular tissue was much more than I had hoped it would have been; so much so that it rendered the extraction of the placenta somewhat analogous to an easy labor.

Dec. 2d. Found Mrs. R. this morning apparently quite comfortable; had had a somewhat restless night, but now the skin was cool, pulse 80, soft and full; had been unable to urinate; introduced a catheter and relieved the bladder. Found the bladder nearly closed from sanguineous effusion.

Treatment. Bled her thirty oz. in the horizontal posture; gave her sulph. morph., $\frac{1}{4}$ gr., tart. ant. one do., every four hours, and ordered warm fomentations to the vulva.

Dec. 3d. Appearance of the patient satisfactory; less feeling of fullness and tension of the vagina.

Continue treatment of morph. et ant. Bled her 16 oz.

From this to the tenth day treatment continued, minus venesection, and the patient gradually improving in local matters, no constitutional symptoms of any magnitude having supervened. Found suppuration had taken place to a limited extent, and opened it by way of the posterior puncture. From this time on withdrew the medication and gave her a generous unstimulating diet.

A small amount of pus was discharged, which gradually lessened from day to day, until three weeks from the time of confinement, when it ceased, and she was consigned to the benign care of the butcher.

Remarks. It will be seen at a glance, that Mrs. R. lost at the three bleedings, no less than 80 oz. of blood, and this, too, without any very strong constitutional symptoms. Why, by some it will be asked, was it necessary to deplete her to such an extent? The rationale, if it had one, to the treatment, I fancy is this: The anodyne kept the nervous system unconscious of the local disease, thereby continuing it as such. Prof. John Delemater, that perfect encyclopædia of medical literature, first suggested the idea to me at least, that sanguineous effusion was more rapidly absorbed when the patient was under the influence of tart. ant. Such, at least, were my impressions at the time, and such the medication from those impressions.

The query will arise in the minds of many, with regard to the anatomical relation of parts subsequent to labor. I regret to say for the edification of the profession, that with returning health also returned an unusual amount of modesty, which had been under the influence of an unusual amount of Israelitish leaven for the last few weeks, and consequently from this source

could learn nothing, and all the information which her liege lord could give, was that the *peculiar* process of parturition had enhanced the properties of coition in an untold ratio. There are many things, as a little reflection will teach any one, that would render the subsequent condition of the vagina a source of much anxiety to the medical philosopher. The facts farther than stated I was unable to learn.

Some four years subsequent Mrs. R. left my ride. Two years after she again became pregnant, and died at the sixth month of gestation, in convulsions. Did not learn that an autopsy was obtained.

Should any orthopædic surgeon flatter himself for one moment that the above operation, as simple as it may appear on paper, is in any way analogous to the division of the tendo achillis, it will require no extensive amount of practice to teach him that there is a wide difference between the division of a muscle which he can command, or cutting, as it were, in the dark with a relative change in the position of parts with each uterine pain.

EAST AVON, Oct., 1855.

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

TUESDAY EVENING, NOV. 6, 1855.

Association met.

Present—Drs. Newman, Wilcox, Mixer, Burwell, Almy, Baker, Wyckoff, Rochester, Hamilton, Samo, Hunt, Lay, Strong, White, Eastman, Hawley, Treat, Gould, and Howell.

The President, Dr. Strong, being absent at the opening, Dr. Hamilton was appointed chairman *pro tem*, but Dr. Strong coming in subsequently, Dr. Hamilton resigned the chair.

The minutes of the preceding meeting were read. The following corrections were made: In the prescription mentioned by Dr. White, reverse the quantities of sulph. ferri and iodid. potassii, so as to read *sulph. ferri* ℥iv., iodid. potassii ℥ij. Dr. Wyckoff also corrected his case of fracture of the clavicle. Instead of being called on the first day after the accident several days had elapsed.

Dr. J. N. Brown was elected a member of the association.

Dr. Baker reported from the committee on the subject of procuring a charter that the association can incorporate easily and at small cost. It remained for the association to decide on the propriety of so doing.

Dr. Wilcox moved to accept the report.

Dr. Newman moved to amend by laying on the table. He wished to leave the labor of organization in the hands of the present committee, and thus save the appointment of a new one.

Dr. Wilcox accepted the amendment, and the motion as amended passed *nem. con.*

Dr. Burwell then read the following paper on pneumonia:

I respectfully ask the attention of the society to the histories of two cases of sthenic pneumonia, as follows:

CASE I. Charles Harper, aged five years and ten months, of slight frame for one of his age, and of general good health, was taken sick on the afternoon of Oct. 1st, last. No cause could be given for his sickness. He got feverish without any chill. He had a high fever all that night and complained of pain in his bowels. Took physic Tuesday morning (Oct. 2d) which operated three or four times. I saw him first that night. He had then a dry, burning skin, a highly flushed countenance, rapid breathing and pulse, great thirst and a short, hacking cough.

Prescribed antimony, to be given until vomiting or purging supervened.

Oct. 3, 8, P. M. No amelioration of symptoms whatever, although he has been vomited freely and repeatedly by the antimony. Coughs more, and complains of pain low down in the right side in the region of the liver. Pulse 150, full and hard; respiration 60. I took four ounces of blood from the arm. It produced palor of the face, but did not sensibly affect the hardness of his pulse. The blood had a firm clot, but was without a buffy coat.

To continue the antimony, but not in doses to vomit him. To take also some small powders of *•Dov.* powder and calomel.

Thursday, Oct. 4, 8, A. M. The high febrile symptoms of yesterday lasted all night, without the least apparent abatement, as a consequence of the bleeding. But about 7 o'clock this morning, he became much paler and broke out into a light sweat. Pulse 120; respiration 60. There has not been, until now, any physical sign of pneumonia. This morning there is a dryness, or clearness, or a higher pitch, however it may be described, of the respiratory murmur at the root of the right lung.

8, P. M. The fever has been quite moderate to-day, until about 4, P. M., when it got higher. Pulse now 120; respiration 56; cheeks flushed; marked palor around nose and mouth. Complains to-night of pain in the right shoulder.

There is to-night, for the first time, a distinct bronchial respiration at the

root of the right lung. It extends downward toward the base of the chest, but not into the axillæ. No crepitus. A coarse crackle of a thick mucous rhonchus heard occasionally.

Prescribed Dov. powder in a large dose, to procure quietness, and antimony regularly every hour.

Oct. 5, Friday, 8, A. M. Rested well last night with one Dov. powder only. He is pale, has a moderately warm skin; had some fever all night. Pulse 120, active; respiration 52, catching. Had quite a severe pain in right side for an hour this morning. Coughs more; it is quite loose. The bronchial respiration distinct in middle lobe, right lung, posteriorly, and faint in the lower lobe. No crepitus; has the mucous rattle. Percussion quite dull over the inflamed lobes. Bowels have moved twice this morning.

Continue the antimony.

4, P. M. Find both cheeks highly flushed, and the white circle around the nose very distinct; pulse 120, active and hard; skin hot and dry; no tendency to sweating; is restless; complains a good deal of pain in the shoulder and side; has not slept much to-day. The physical signs of pneumonia in the lower lobe very marked, much more so than this morning.

Prescribed venesection to four ounces. Some degree of faintness was produced, but no very marked effect upon the pulse.

The blood had the thickest, toughest buffy coat I have ever seen upon blood taken from a child: full $\frac{1}{4}$ of an inch thick. The clot was soft, would not support its own weight on attempting to lift it out of the serum.

8, P. M. Dr. Wyckoff in consultation. After the bleeding the boy became immediately easy, and has dosed all the time since. He says his pain is all gone. He looks pale and quiet; is sweating quite freely across his chest; coughs much less than before the bleeding.

The bronchial respiration at the root of the lung is as in the afternoon; that in the lower lobe less distinct, especially at the base of the chest. Pulse 120, full; respiration 48.

To take a Dover's powder, if restless, and no antimony unless feverish.

Oct. 6th, 8, A. M. Pulse 112; respiration 40, without fever. Has had altogether the best night he has had yet. Wants to get up and have his clothes on this morning. Coughs much less. Has complained of pain in side but once since last visit, and that was on coughing.

Took one Dover's powder and one dose of antimony last night.

The bronchial respiration is still heard at the root of the lung but less clearly. The inspiratory sound is beginning to take on the character of the

respiratory murmur. The crepitus redux is heard in the upper part of the lower lobe.

4, P. M. General symptoms as they were this morning, but the physical signs would appear to indicate a slight effort at exacerbation on the part of the disease; the bronchial respiration being a shade more distinct, with a disappearance of the crepitus.

Oct. 9th. The boy is fully convalescent. Pulse 92; respiration 28. He is sitting up in bed with his lap full of playthings. There has been a rapid decrease in the physical signs since yesterday; a faint bronchial respiration in the middle lobe, posteriorly, and dullness on percussion, being the only signs left of consolidation.

Oct. 12. Called to see my patient. He had slipped out of doors and was found in the street playing. A physical examination showed still a rude respiration at root of right lung, with some coarse mucous rhonchus.

Duration of the case five and a-half days. Bled on the second and fourth days. From first bleeding to confirmed convalescence, three and a-half days. From last bleeding to the same time, one and a-half days. The yielding of the disease was instantaneous on the last bleeding.

CASE II. Lewis Vandalippe, aged 17 years, was taken suddenly ill Oct. 25th. I first saw him Oct. 27th. He then had fever, with a weak, almost jerking pulse of 112, and a scanty bloody viscid expectoration; respiration 24; pain in right side. He had had physic before I saw him.

I prescribed antimony in free doses.

On an evening visit I found his pulse reduced to 96, and respiration to 22. The antimony vomited him freely, and he was pale and faint; expectoration still viscid and bloody. There is no evidence, by the physical signs, of the seat of the pneumonia.

Oct. 28th. Coughed considerably during the night; was otherwise tolerably comfortable. Expectoration rusty; pulse 88. Has some febrile action.

Continue the antimony.

Oct. 29th. About dusk last night got an exacerbation of fever. He is in every respect worse this morning. Pulse 112, soft; respiration 24; expectoration viscid and more bloody; cheeks flushed. There is a distinct dullness on percussion, over the lower lobe, right lung, posteriorly, with marked feebleness of the respiratory murmur. There is neither crepitus nor bronchial respiration.

Prescribed venesection to fifteen ounces. The blood was taken in two ves-

sels. The clot was firm in both. That in the first vessel had no buff; that in the second had a decided but thin buffy coat.

Oct. 30th. There is no improvement in any one symptom. Pulse 116, of more strength than yesterday; respiration 24; expectoration viscid and more abundant and bloody than heretofore. The physical signs largely increased in intensity, there being a clear bronchial respiration at the root of the right lung extending downward, but disappearing before reaching the base of the chest. It does not extend into the right axillæ. Percussion correspondingly flat.

I bled again to fifteen ounces. The boy looked pale, and called for water before the blood was stopped. It was taken in two vessels. The first had such a buff as yesterday's blood; that in the second vessel, all of which had trickled down the arm, had no buff. The clot in both vessels was firm and tenacious.

Oct. 31st. There has been no reaction since the bleeding yesterday; the expectoration almost entirely checked by the bleeding, and with but little blood staining it. Patient had a better night than usual. Pulse 92; respiration 22. The bronchial respiration at the root of the lung, middle lobe, is less clear than yesterday, while that in the lower lobe is louder and extends over a larger surface.

Nov. 1st. Pulse 84; respiration 20. Is very comfortable. Expectoration becoming more abundant and thinner; no blood in it. The physical signs have neither yielded nor increased, being this morning about as yesterday.

Nov. 2d. Pulse 72. General symptoms all good. The physical signs have changed. There are only faint traces of the bronchial respiration; percussion still dull. Expectoration quite abundant and frothy, not bloody.

Nov. 5th. The boy is up about the house. There is rude respiration at the root of the lung, with considerable mucous rhonchus.

Duration of the disease eight days. Was bled on the fourth and fifth days. From first bleeding to full convalescence, four days; from last bleeding to same time, three days. The general symptoms in this case were at first so much those of congestive pneumonia, that it was only on the third day of my attendance that I decided to bleed him.

Doctors Lay and Wyckoff visited the patient with me at different times during his illness.

The society will please indulge me in a few remarks upon the pathology, prognosis and treatment of pneumonia in connection with the report of th

chairman of the committee (Prof. Flint) upon that subject, made at its September meeting.

As the committee was appointed for the express consideration of the papers I had read before the society, I can with propriety claim their attention while I notice (if indeed it be not expected of me to do so) a few of the matters of fact and opinion which the investigations and experience of the accomplished writer of the report has led him to adopt, but to which I cannot in all points give my concurrence.

I am happy in being able to agree with him in most he says upon the pathology of pneumonia. In the classification I should go one step farther than he does. That into primary and secondary pneumonia I consider as a generic division, necessary for description. Of equal importance pathologically and therapeutically is a correct classification of the varieties. That which accords with my experience is the one into typhoid, congestive and sthenic pneumonia. The propriety and importance of this classification is made manifest by the fact that a pneumonia may be primary or secondary, and yet be either typhoid, congestive, or sthenic in its character or type.

The congestive variety I do not see described or recognized in any of the standard works on pneumonia, yet I have often heard it spoken of by practitioners of medicine.

I look upon its pathology as consisting of congestion in the lungs with the addition of an inflammatory element of a light grade. I will not attempt to give any description of the symptoms. This should only be done from recorded cases which I have not got. I will only say that its invasion is sudden, generally with a chill, followed by fever of only moderate severity. The expectoration is bloody, but not the viscid, rusty sputa of sthenic pneumonia. A marked distinction between this form and sthenic pneumonia will be noticed in the blood if any be drawn, and this distinction I look upon as pathognomonic. In congestive pneumonia the crassamentum has little or no buff, and the clot but little consistency beyond that observed in healthy blood, while in sthenic pneumonia it has a buffy coat and the clot is firm and tenacious.

In the only case of this variety I saw last summer, I took 17oz. of blood on the fifth day, which answered the above description, although the lung was sufficiently advanced in the stage of consolidation to give a well-developed bronchial respiration. I suppose it to prevail more in large cities, in hospitals, and in malarial districts, than in healthy, hilly, country villages and towns; and unless made dangerous by some complication or by malaria, I look upon it as uniformly ending in recovery.

A point in my opinion of the highest importance to a correct understanding of the pathology and treatment of pneumonia, has not been referred to in the report. I refer to the fact of the excess of fibrin in the blood so long ago pointed out by Andral and Gavarret.

In every case of sthenic pneumonia I have bled this summer this element of the blood has been greatly in excess; and this fact so fully accords with all my previous experience, that I think I am warranted in asserting, not the fact of this excess of fibrin, which has long been known, but, what has not to my knowledge been heretofore asserted, that it is so uniformly so, that within certain limits it may be made the gauge and measure of the severity of the disease, and a valuable guide corroborative of other indications in the use of bloodletting.

Another question of fact which has strongly impressed itself upon my mind, is, whether in typhoid pneumonia the fibrin in the blood be not really below the normal quantity. If this should be so (of which I feel a strong assurance) the proposition could be laid down that in pneumonia, as the quantity of fibrin in the blood may be in decided excess or at about the normal standard or below it, will the disease be sthenic, congestive, or typhoid in its type.

However this may be, whether true or false, the great importance of the excess of this element of the blood in pneumonia is shown by the fact that it adds to the viscosity of the blood thereby obstructing its free and easy circulation through the capillary vessels of the lungs; that it is the source from whence the fibrinous deposits in the lungs is derived, and is therefore a direct support, a "*corps-de-reserve*," to the inflammatory action going on in the lungs; and that in some instances (if not more or less so in all) it is for days largely in excess in the blood before the lungs are sufficiently implicated to yield any of the physical signs of pneumonia; giving some probability to the idea that pneumonia may be primarily a blood disease, of which the alteration in the lungs is but the physical expression. Whether these ideas of the humoral pathology of pneumonia be or be not true (I have some proofs of their correctness, and hope, one of these days, to have more) this large excess of fibrin shown by Andral to be so common in the sthenic forms of this disease, ought not, I think, to be overlooked in the consideration of its pathology.

I would here beg to be understood that when I speak of an increased quantity of fibrin in the blood, I refer to that found in the clot as well as that in the buffy coat.

Another point in the pathology of pneumonia which I wish to notice, is

its limitation and diffusion. I refer in what I say entirely to sthenic pneumonia.

It is stated in the report that "the inflammation in the adult in the great majority of cases, extends over an entire lobe at least;" and again (in the fourth proposition under the head of treatment) "that there is reason to believe that where the inflammation invades other lobes than the one originally attacked, it is due to an internal tendency which, with our present knowledge and resources, we are unable to control."

My observations would not have led me to these conclusions. In the first place, I have almost uniformly seen pneumonia show itself first in a spot on one surface, of one lobe, of one lung, and from this spot as a centre spread centrifugally, and, in bad cases only, inwardly into the substance of the lungs. Indeed, if my observations are correct, the disposition of the disease to overleap the sulci between the lobes, and to extend itself on the periphery of an adjoining lobe, is much greater than its disposition to extend inwardly. It is very rarely indeed that I see an entire lobe affected; and the fact of its occurrence always fills me with the liveliest apprehensions for my patient's safety. But one instance of the inflammation extending over an entire lobe occurred in the eight cases I have seen this summer; and in that the extension had taken place before bleeding had been practiced. If these cases be any criterion to judge of other cases (and they fully coincide with all my previous observations) then either, it is not common for the inflammation in the adult to extend over an entire lobe; or if this be the natural tendency of the disease, then, in the early and vigorous use of the lancet, we have a resource abundantly competent, in the large majority of cases, to its limitation and control.

For the same reason, the ability to prevent, in the great majority of cases of pneumonia, the extension of the inflammation over an entire lobe even, I cannot concur in the opinion that we have no control over its diffusion from the lobe originally attacked; for, of course, the power of limiting the inflammation to a part of a lobe carries with it the question of our power of preventing its diffusion to other lobes and to the second lung.

There is another statement made in the report which I think needs some qualification. It is that "double pneumonia, *i. e.* the inflammation seated in both sides of the chest, is exceedingly rare in the adult." I know of no observations upon this point but those of M. Grisolle. From an examination of 1430 cases, he says that the inflammation was double in 18 per cent. of them, *nearly one-fifth*, a proportion certainly large enough, I think, to shake one's confidence in the opinion that pneumonia tends intrinsically to recovery.

If this be the result in cases subjected to treatment, how much larger would we naturally expect the per centage to be in the same number of cases left without treatment? I leave each one to frame his own answer.

Another question suggested by the report is, the propriety of calling the consecutive inflammation of the second lung a complication. I fully understand the writer of the report to do this; and I am not clear whether he does not also consider the implication of a second lobe as a complication.

I cannot acquiesce in the propriety of so doing, for the reason that in almost every case where two lobes or both lungs are affected, the inflammation in the beginning of the attack is for a while confined to one lobe. It is then, certainly primitive, uncomplicated pneumonia. Does, then, the extension of the inflammation, in a case, uncontrolled by treatment, change the nature of the attack and become a complication? Is it not more natural to consider the varying extent of the diffusion in different cases, as due to a like variation in the degree, force, vitality of the attack, than to refer it to an unknown internal tendency, separate and distinct from the original attack in the lobe first affected? This last opinion involves the necessity of invoking, in the explanation of the pathology of pneumonia, of two laws or forces when the sliding application of one would do just as well; one law to explain the attack in cases where one lobe only is affected, and a second to account for those where an entire lung, or both lungs, become inflamed.

It also makes necessary the unscientific course of waiting until the termination of the disease before making up an opinion as to the character and pathology of the attack; for as the diseased action may or may not extend beyond one lobe, so is or is not the case one of complicated pneumonia; is it compound or simple in its nature.

If, then, my views are correct, the term uncomplicated pneumonia ought not to be thus limited in its signification, but it should include all cases of pneumonia not complicated with inflammation of other organs, or with some adventitious circumstances not directly connected with the original attack.

To the histories of cases of pneumonia I read on a former occasion, I added as an appendix, some statistics showing the high rate of mortality from the disease. These of course included deaths without reference to age, or severity. Any mortuary table which excluded them would not give a truthful idea of pneumonia as we daily see it in children and the aged, the feeble, the destitute, the sickly, the inebriate, as well as in the middle-aged, the healthy and the temperate.

I well knew that a large proportion of the deaths from inflammation of the lungs were among children, and there was therefore a propriety in my

comparing it, as I did, with some of the most fatal of the diseases of childhood. But my object was not to inquire into the influences of age, destitution and intemperance upon its mortality, but simply to show that in its totality it was one of the most fatal of diseases. The figures I gave, so far from having been directly invalidated, have among other authorities had the carefully and accurately prepared mortuary tables of England brought to their support; pneumonia in them ranking third in degree of mortality.

My colleague also directly asserts that in these statistics "the ratio of mortality ascribed to the disease is uniformly large."

But leaving the question of the general mortality of pneumonia, he states that his "present object is to endeavor to determine the intrinsic tendency of pneumonia to a fatal result disconnected from complications, associated morbid conditions and incidental circumstances," and he comes to the conclusion that primary idiopathic, uncomplicated pneumonia intrinsically tends to recovery.

This being a new position, it is right before entering upon the examination of the authorities cited for sustaining it, that I should state my own opinions. I believe that the statement or proposition is correct as to the congestive variety of pneumonia; but not entirely correct as to the typhoid and sthenic types of the disease. In what I have to say I shall, as usual, have reference entirely to sthenic pneumonia.

The author of the report arrives at the conclusion above referred to, by an indirect method of examination, that of citing the results in private and public practice, and under different methods of management. A short examination of these citations will show what degree of value should be given them for the two purposes to which they are applied; first, as showing the intrinsic tendency of pneumonia to recovery, and second, their bearing upon the subject of the treatment of pneumonia by bloodletting.

The first citation made is the author's own cases. They amount to thirty-eight. Six of them died. In two no autopsy was made, and it was not known whether they were idiopathic and uncomplicated; one had pericarditic, and three were cases of double pneumonia. By excluding all these the author concludes that he has not had an instance of death from primitive, uncomplicated pneumonia; and thence infers that primitive, uncomplicated pneumonia, confined to a lower lobe, as is the case in the vast majority of instances, invariably ends in recovery." This brings up the question before discussed, whether it is right to exclude from our calculation cases of the consecutive inflammation of the second lung where the inflammation was originally and for a time confined to one lobe, but from the severity of the

attack, or want of treatment, extended itself beyond the lobe first attacked. I have already expressed my views upon this question and there is no need here of repeating them.

But however this point is decided the fact stands that of thirty-eight cases of pneumonia, six died, a mortality of one in six nearly, and thus it must stand in the mortuary and statistical tables. Does not this statement confirm rather than throw doubt upon these tables? The mortality was 16 per cent. Are we warranted in affirming that degree of fatality as compatible with the opinion of the intrinsic tendency of the disease to recovery?

The cases of Dr. Ames, of Alabama, are next cited by my colleague, to prove the light mortality of pneumonia. They were fifty-five cases with only one death, having an average duration of nine days and treated by quinine, phosphorous and tr. of aconite, and without bloodletting. The disease, we are told, prevails "in an epidemic form, associated frequently with phenomena distinguished as miasmatic." I would respectfully suggest that the fact last stated destroys the appropriateness of their citation as illustrative of the tendencies or treatment of primitive sporadic pneumonia.

The results from the British army and navy, show remarkably well. Only 3 per cent. in the former, and 4 per cent. in the latter, died of those attacked with pneumonia in those two services.

As a citation showing the small mortality from English practice in pneumonia (as all know, that of early and free bleeding) the most inveterate stickler for bleeding could ask nothing better. But if it be intended, from the small mortality, to draw the inference of the intrinsic tendency of the disease to recovery without bloodletting, I plead the *non-sequitur*. It does not follow unless it is shown at the same time that they were not bled.

The remarks just made respecting the British army and navy statistics, may also be made of Laennac's cases which are cited, as for any inference against the utility of bloodletting. His practice was, as stated in the report, to bleed once moderately and then to give antimony after the Italian method.

A fact stated by M. Louis invalidates in part the value of any deductions made from Laennac's cases, whatever the treatment or result. He says that "Laennac made his diagnosis in a certain number of cases by auscultation alone, and that he considered crepitation independently of every other local symptom to be an infallible guide; so that he must have admitted many as cases of pneumonia in whom there existed crepitation only, without rusty, semi-transparent sputa, without a more or less alteration of the respiratory sound, and any degree of dullness on percussion at the part affected. In

this case he must have confounded acute pulmonary catarrh with pneumonitis."

M. Louis thinks that other physicians, since Laennac's time, have fallen into the same error, for "in no other way can we account for the fact that double pneumonitis terminating successfully, is so frequently met with by some men, and so seldom by others." I cite this as a commentary upon the fact (unless otherwise explained) of the recovery of all but one of Dr. Ames' cases of double pneumonia.

The results obtained from the Vienna Hospital have, in my opinion, a truer value in determining the natural tendency of pneumonia to recovery than any of the citations made, for no active treatment was adopted. All were limited to gum water and *tisanes* containing opium. Their fatality was a little over 9 per cent. If the cases of secondary pneumonia had been excluded and the remainder correctly classified, we should have had a statement of great value. But lacking these, and believing as I do, that a majority of them were cases of congestive pneumonia, they have no great weight with me in deciding upon the question of bloodletting. The per centage of deaths is nearly three times as great as in the English services; a difference, I think, not accounted for by the explanations made for that purpose.

There is another thing to be considered in determining the value of these cases from hospitals upon the question of bleeding in pneumonia. It is that from the peculiar depressing influences with which those who seek general hospitals in their sicknesses have been previously surrounded, their diseases have not the high frank inflammatory character of the same diseases met with in private practice. I bleed my hospital cases very rarely in comparison with what I do my private patients. Their sicknesses do not call for it, and they would not tolerate it if practised. It is for this reason that deductions from hospital practice relative to the uses of bloodletting in acute diseases are not wholly reliable in their application to private practice.

At the commencement of the discussion of the subject of the treatment of pneumonia, in the report, the following principles are stated:

1st. That in determining the importance of active interference in the management of any disease, a point, first to be considered, is the intrinsic tendency of the disease to recovery or otherwise.

2d. That as a general rule the necessity for powerful remedies in the treatment of any disease, is inversely in proportion to its tendency to recovery.

3d. That in diseases which have an intrinsic tendency to a favorable issue,

the proportion of recoveries is not a test of the success of particular modes of treatment.

I am happy in giving my fullest concurrence to the above propositions; but when they are applied to the treatment of (sthenic) pneumonia by bloodletting, to show that bleeding does not contribute to recoveries, I wish, with every respect for the opinions of those who do not agree with me, to interpose an emphatic negative; for it has not yet been shown, I think, that sthenic pneumonia has an uniform intrinsic tendency to recovery. All cases of this variety of the disease should be included, not merely those in which the inflammatory action has that degree of force just sufficient to involve one lobe before spending itself.

Grisolle has shown that one-fifth, nearly, of all cases of pneumonia go to the extent of involving both lungs; and we may rationally conclude that in a still larger proportion, inflammation must have extended over an entire lung. If these facts and suppositions are as I have stated and believe, it can be affirmed neither that primary pneumonia is in the vast majority of cases confined to one lobe (that is, would be if left without any treatment) nor that it has an intrinsic tendency to recovery.

The *coup-sur-coup* system of bloodletting of Bouillaud, as marked out by him to be practised in all cases indiscriminately, is not a fair exposition of the practice of those who employ this remedy. He has not, to my knowledge, a single supporter or imitator in his own country, or in this: a fact which demonstrates the universal opinion which prevails of the extravagance of his system. I would here express my deep repugnance to any such system of formularizing the treatment of pneumonia to be practised in all cases, whatever the type of the disease. Bouillaud's extravagance in bleeding, on the one side, is only equalled, on the other, by that of those "medical heretics," as they have been called, who wholly deny the necessity or propriety of ever practising venesection in pneumonia.

The investigations of M. Louis are quoted in the report to show the limited influence of bloodletting upon the duration of pneumonia. To prove any such point it is of the first importance that the bloodletting should be properly and judiciously practised.

M. Louis's first set consisted of 78 cases, which were "all in a state of perfect health at the time when the first symptoms were developed;" and yet such was the wonderfully injudicious use of bloodletting (for no other cause can be given to account for it) that 28 died; a mortality so fearful as greatly

to weaken, I think, the value of any deductions from the cases as guides either to principles or practice.

M. Louis' second set of cases had a better result. It contained 29, of which 4 died. He is evidently at a loss how to account for this great difference in the fatality; and while drawing general conclusions against the utility of bloodletting, he, curiously enough, admits that it was in part the more copious character of the early bleedings in these cases which made such a difference in the mortality.

M. Louis is correct in one thing. He apparently does not compare cases of different types; but draws his conclusions from the comparison of cases of the same variety. He does not institute comparisons between cases not bled (cases so mild as to be thought not to require it) and cases bled. He bleeds all his cases, puts those bled, on or before the fourth day, into one class, and those bled after the fourth day of the disease, into another; and as much as the average duration of the first class is less than that of the second, so much is the course of the disease shortened by the bleeding. This difference amounted in his cases to about two and three-quarter days.

All of M. Louis' cases having been bled, the results cannot, of course, be so satisfactory as though he had compared two sets of cases of the same type; those in one set treated by judicious bleeding, and those in the other allowed to take their course without the abstraction of blood.

Dr. Ames' cases are again quoted to show that at least bleeding is not essential to a brief duration of pneumonia. I would suggest that their malarial, epidemic character should preclude their application to the therapeutics of sthenic sporadic pneumonia.

The cases mentioned in the report as occurring in the Massachusetts General Hospital, amount to thirty-four. Of these 29 were bled and 5 were not bled. The cases bled lasted 13 days, and those not bled $14\frac{1}{2}$ days; but as Dr. Jackson candidly observes, "this would not be representing the subject in a light sufficiently favorable to our remedy (bloodletting), for in truth, the cases in which bloodletting was not employed were much less severe than the others, taking an average on each side;" and he concludes, "the advantage derived from bloodletting in our practice is greater than that derived from the same treatment in the hands of M. Louis."

The cases of our associate, Dr. Gay, may be advantageously referred to in this connection. These were 26 cases, 15 were bled on or before the third day; in no case more than once; average amount of blood taken nearly fifteen ounces. Four were bled on the fourth and fifth days; average amount

of blood taken from each, six ounces; ages, averaging from 18 to 23 years. Eight cases were not bled.

I would respectfully suggest to Dr. Gay, and to the society, that the small amount of the bleeding in those bled on the fourth and fifth days could have had only a moderate effect upon the course and duration of the disease. They may, therefore, be considered almost as mild cases as those not bled. These and the cases not bled give an average duration of 13 days; while of those bled the average duration was 8 days, or nearly one-half better.

These figures do not, any more than Dr. Jackson's, show at first sight the full benefits of bleeding in proper cases; the cases bled being more severe than those not bled, and yet convalescing in nearly half the time, showing, as Dr. Gay very justly remarks, I think, that "so far as these cases are of any worth, that venesection abridged the duration of the disease, that convalescence, instead of being retarded, is accelerated, and the proclivity to typhoid symptoms warded off."

The undeniable conclusion from these cases of Drs. Jackson and Gay, is, as it seems to me, that severe cases of pneumonia, with prompt and sufficient bleedings, have a better chance of a speedy convalescence than mild cases which are not of a character or type to justify bloodletting.

Dr. Flint compares six cases treated by him during the summer without bleeding, with four cases I bled, and correctly shows that their average duration exceeds mine by a fraction less than a day. He asks whether the abstraction of blood was necessary in my cases; "in other words, whether the favorable progress of the disease was not due to its natural tendencies, irrespective of treatment."

Now in comparing cases for the purpose of ascertaining the influence of treatment upon the duration, it is absolutely necessary, for safe and reliable deductions, that they be of the same type.

Among the cases I reported to the society in September, were two I did not bleed; but it was the last thing that occurred to me, that as these did so well without bloodletting, I was, perhaps, bleeding the others unnecessarily. The wholly different aspect of the cases forbid any such idea.

I will examine our cases in the light thrown upon the subject by the cases of Drs. Jackson and Gay, already quoted.

Cases Bled.	Duration.	Average No. of Bleedings.	Average amount of blood taken from each patient.
Dr. Jackson's cases, -	13 days.	2	30½ oz.
" Gay's " -	8 "	1	15 "
My " -	8½ "	2	33 "

As far as my practice goes, the number of bleedings and the amount of blood abstracted with benefit (having due reference to the age of the patient) are always good guides by which to judge of the severity and persistence of the disease. By this rule my cases were more severe than Dr. Jackson's, which again are evidently more severe than Dr. Gay's.

I will now compare the cases not bled of Drs. Jackson, Gay and Flint. This will be fair, for it is not probable that any controlling or disturbing treatment was employed in any of them. Dr. Jackson's cases averaged $13\frac{1}{2}$ days; Dr. Gay's, 13 days; and Dr. Flint's, $9\frac{1}{2}$ days. The inference is clear that these cases of Dr. Flint's were considerably (fully one-third) milder than those of either of the other gentlemen.

The impropriety of comparing the cases bled with those not bled, of Drs. Jackson and Gay, for the purpose of determining whether the cases bled would not have convalesced just as well and quickly without the bloodletting; or for ascertaining the effect of venesection upon the duration of the cases, will, with their statement borne in mind of the mild character of the cases not bled, be very evident, I cannot but believe, to every one who carefully examines the statements I have just made. Nor do I think that any one would be justified in concluding that as the cases Dr. Gay bled convalesced in eight days, the cases he did not bleed would have had a duration equally short had they been similarly depleted.

Equally inappropriate do I consider it to be to institute similar comparisons between my cases and the six of Dr. Flint's. His are shown to be much milder than the mild cases of Drs. Jackson and Gay, while mine were probably more severe than either of the sets of severe cases.

Would Dr. Flint's cases have borne, without injury, an equal average depletion as mine did? Would the blood have shown an equally inflammatory character? Were they in fact of the same type? a necessity I have so much insisted upon in making comparisons for pathological or therapeutical inferences or deductions. All these questions must be answered in the affirmative, I submit, before any just comparison between them can be made.

It is said that bloodletting does not possess the power of arresting the progress of pneumonia. This depends upon what is meant by an arrest. If it be demanded that on venesection all local symptoms and signs shall immediately disappear, without reference to the general symptoms, then pneumonia cannot often be arrested.

But if it be asked, only, that all the general symptoms shall immediately and permanently subside, leaving the repair of the injuries done to the lung

to be afterward accomplished, then it is often possible, and as if by magic, to arrest pneumonia by bloodletting.

If in case after case of pneumonia, with severe general symptoms, it is found that all these subside after two, or three or more bleedings, within three days after the first bleeding, and within the first week of the sickness, it can justly be said that they were cases of arrest.

If my ideas are correct concerning the limitation and diffusion of the inflammation, and a case can be limited by early and sufficient venesection to a portion of a lobe, where it would otherwise have invaded the entire lobe, or two lobes, or both lungs, then it is truly a case of arrest.

I think I have, many and many a time, accomplished, by bloodletting, an arrest in this meaning of the term.

If this be granted, I must at the same time have fully succeeded in abridging the duration of the disease, in limiting its diffusion, in lessening its local morbid effects, in promoting rapid convalescence, and the complete restoration to health. All these follow as corollaries to success in arresting the disease.

But, contradictory though it may seem, all these objects just stated, are not the immediate ones sought in practising venesection. The primary object in bleeding is to lessen the power of the circulation; and in the early stages of the disease this remains a primary object until the force of the heart's action be permanently reduced.

In accomplishing this we lessen the blood within the circulating system, to the reduced capacity of the lungs; and thus give rest to the diseased organs, relieve the gorged capillaries, and remove from the system some of the surplus of fibrin I have heretofore mentioned as always being present in true sthenic pneumonia. These are the proximate objects which present themselves to the mind preliminarily to the detraction of blood; and in accomplishing them is achieved the really secondary, although very important objects I have cited from the report, and which are erroneously stated, I think, as being the primary objects sought for in bleeding.

In thus advocating bloodletting in sthenic pneumonia, I wish especially to be understood as not going one step beyond the careful directions given by Wood, Swett, Watson, Marshall Hall, and Williams, in their treatises.

I grant the great power of the remedy, its liability to be misused, and the terrible effects which sometimes follow its use in cases not adapted to it. I know very well that a single injudicious bleeding may, during the few moments required for its abstraction, set a man ten years ahead in the journey of life; and that life itself may be sacrificed by copious, ill-judged bloodletting. But a physician has no right to make any such improper venesection.

tions; and a cautious, prudent one very seldom does. There are sufficient guides to its use, if observed, to prevent its misuse. It only requires a knowledge, such as every physician ought to possess, of the general course and tendencies of the disease in which it is proposed to employ it, a knowledge of the varieties and indications afforded by the pulse, and a clear idea, not only of what is expected to be obtained by bleeding, but of the manner in which it will accomplish it; and rarely, indeed, will it then happen to one to bleed, in acute diseases, not merely uselessly but unsuccessfully.

Dr. Hamilton asked the indulgence of the association that he might say a few words of deserved compliment to the manner in which the Committee on Pneumonia had discharged their duties. The reports had been elaborate and learned, in every way creditable to their authors; but he referred especially to the extremely gentlemanly and courteous manner in which a discussion so interesting and exciting, and involving such wide differences of opinion, had been conducted. No personalities, no recriminations had marked its course, and he considered it as creditable to the profession in the calmness and fairness which had characterized it.

Dr. White concurred in the remarks of *Dr. Hamilton*, but moved that the report should lie on the table unpublished for the present, to be called up at a subsequent time.

The motion having been seconded, *Dr. White* proceeded to review the discussion, and the manner in which it began. He spoke of *Dr. Flint's* report as covering the whole subject, and equal to anything in the language upon it. That *Dr. Burwell* had also reported on the same evening with *Dr. Flint*. That the present paper—which he willingly admitted to be an extremely able and ingenious argument—came before the association after *Dr. Flint's* departure for Louisville, and when he was placed in a position where he could not be here to reply, and sustain the positions he had advanced. It was then in courtesy and justice to *Dr. Flint* that he wished this paper to lie on the table until *Dr. F.'s* return, and until the subject had been rediscussed.

Drs. Treat, Hawley and *Newman* spoke to the motion. The general opinion expressed by these gentlemen was that the subject should be left with the secretary, who had power to publish or not, that it could not be discussed until the paper had been read, and that by publishing we should give *Dr. Flint* an opportunity to read and reply, with the whole argument before him. The fact of publication did not commit the association to *Dr. Burwell's* views, and his paper should not be considered as ending the discussion.

Dr. White withdrew his motion by permission, and in doing so stated that his objections were not made to the character of Dr. Burwell's paper; he considered it fair and courteous, but he had offered the proposition in justice to the feelings of an absent friend.

Dr. White then reported a case of some obscurity in diagnosis. He was called on the 5th of November, to a case in Wyoming Co., supposing it to be one of labor. Its history was as follows:

CASE. Mrs. F., aged 34 years, had borne four children. In August, 1854, she had an abortion, after which she menstruated regularly to November 8th, from which time she presented the symptoms of pregnancy until March 1st, when the menses returned and continued regular to date. During this time there was moderate abdominal enlargement, morning nausea, etc., and labor was expected last August. Pains came on Sept. 1st, were severe for one night, and she thinks the liquor amnii escaped. After this she was comfortable for six weeks, at the close of which time she sent for Dr. Amsden, of Gainesville, who found her suffering from acute peritonitis of a grave character. This Dr. A. treated successfully, but the cause of the uterine enlargement remaining obscure, Dr. White was called. He found her with the abdomen considerably distended at the hypogastrium, and tender; the pulse 120, and feeble; and the stomach irritable. On vaginal examination he found the os uteri pressing against the posterior pubic surface, and a large tumor, hard, and which felt as if it might be a child's head within the uterus, occupying the concavity of the sacrum. One practitioner who had seen the case, had endeavored to drag it away. Dr. Amsden had introduced a catheter within the uterus and found its cavity considerably enlarged.

Dr. White, after examining, introduced a trocar into the tumor. Finding pus present, he opened with a scalpel, and a large quantity of very offensive pus escaped. The result was that the tumor was lessened and the fever abated.

Dr. W. then proceeded to remark upon the diagnosis. The existence of pregnancy was not *proved* by any of the symptoms; but the totality of the symptoms, the age and experience of the patient, the cessation of the menses, and the presence of other rational signs of pregnancy, the enlargement of the uterus for a time; after which this ceased, the occurrence of fruitless labor pains, and finally the peritonitis, created a strong impression that this was a case of extra-uterine pregnancy.

Dr. White, after some conversation, remarked that he had just been

urging Dr. Wilcox to report a case in which he (Dr. White) had been called in consultation. Dr. Wilcox declining, he would do so himself.

CASE. Mrs. P., of Franklin street, a patient of Dr. Wilcox, called him to attend her in labor, at 2, A. M., of the 28th of October. The waters had drained off thirty-six hours previously. Dr. Wilcox found a presentation of the head in the first position, with the left foot lying beside it. The uterus was very firmly contracted, and he found it impossible either to turn or return the foot. The periodic pains were frequent and forcible. Dr. Wilcox feeling unwell, he called in the assistance of Dr. White, who also found turning, or the restoration of the foot, impossible. After waiting three hours he applied the forceps and delivered very readily. The child was partially asphyxiated, but was restored, and both mother and child are now doing well. The point of interest in the case was the unusual complication of presentation.

Dr. Burwell reported an analogous case. He was called to a German woman who had been long in labor with a head presentation. He applied the forceps, but though the head was movable to the touch, he could not deliver. Removed them, and after a time reappplied them with the same result. The woman bearing down vigorously at the time, the cord came down. Dr. B. finding it did not pulsate, he proceeded to turn, when he found, on pushing back the head, that the foot was presenting beside it, so that the presentation was one of the head, foot, and funis. The foot was not as low as in Dr. White's case. The child was a large one, presenting no deformity.

Dr. Rochester presented some pathological specimens, and remarked that members would recollect that at a previous meeting he had exhibited two specimens of perforation of the intestine at the appendix vermiformis, for one of which he was indebted to Dr. White. In one of these cases perforation had occurred from impacted fecal matter, while in the second it was consecutive to peritonitis, the perforation taking place from without inward. He had now a third specimen.

CASE. James Rose, a coachman, of robust aspect, was taken sick on the 19th of October, and took oil to relieve what he supposed to be an attack of gravel, taking in all ζ iv. On the 20th he was well enough to drive the carriage down town. In the afternoon he had a sharp chill, with pain and dysuria, and again took oil and went to bed, stating that he had gravel which a cathartic would relieve. On the 21st Dr. Rochester was called to see him.

Found him suffering with spasmodic pain, the urine scanty and stained with blood. On introducing catheter found the bladder empty. There was also nausea and vomiting, with great tenderness of the abdomen, and well-marked signs of peritonitis. In reviewing the symptoms the most probable diagnosis seemed to be that he had been suffering from renal calculus, that the calculus had perforated the ureter, and the peritonitis was the result of urinary infiltration. Morph. gr. j, was given, to be repeated in an hour, and fomentations ordered. In the afternoon found him easier, and tossing about the bed, or lying on his side without the usual suffering attendant on change of position in this disease. On the 22d found his pulse diminished to 100. The morphine was continued with the addition of calomel. On the afternoon of the 23d he became collapsed and pulseless, and died that night.

Post-mortem. Present, Drs. Rochester and Hunt. The kidneys, ureters, and bladder were healthy. The peritoneum exhibited a grade of peritonitis more severe and extensive than either of the gentlemen had ever met before. Large patches of gangrenous peritoneum were scattered over the visceral surfaces, some of them several inches square, but the center of inflammatory action was evidently about the caput coli. The smell being extremely offensive, the abdominal contents were removed to the dissecting-room of the college for examination.

The appendix vermiformis was found firmly glued down to the caput coli, so much so that it required the knife to release its distal extremity. On turning it up, the perforation was found at the inferior surface of the junction of the appendix to the colon. *Within* the appendix was found a bean, which was the evident cause of death.

His specimen having been exhibited Dr. R. presented another of hypertrophy of the heart.

CASE. A man of dissipated habits, aged 70 years, was admitted to the hospital on the P. M. of Nov. 3d. Dr. Rochester did not see him till the P. M. of the 4th, when he found him apparently suffering from asthma, and moribund, cold and pulseless. On examination found the region of cardiac dullness extending far to the right of the sternum, and presenting great dullness in an increased vertical diameter. Learned that he had had repeated attacks of inflammatory rheumatism, but had never suspected himself to have heart disease—never had palpitation. He died that night.

Post-mortem. Found an enormously enlarged heart weighing 46 oz.,

being four times the usual weight. Both sides were equally enlarged. Extensive and firm adhesions of the pericardium existed, on the right side of the heart, none on the left. All the valves were diseased and studded with ossific deposit—in no case very large—but in the auriculo-ventricular valves sufficiently great to cause regurgitation. A large deposit of ossific matter was found in the texture of the pericardium.

Dr. Baker inquired if the Committee on Organization should move in procuring a charter at once.

Dr. Newman moved that they be instructed to prepare a form of incorporation according to the act of 1848, and explained the details. *Carried.*

Dr. Newman suggested that the property of the association should be insured.

Dr. Hamilton moved that the Room Committee have power to insure. *Carried.*

And the association then adjourned.

SANFORD B. HUNT, Secretary.

ART. V.—*Fracture of the Clavicle.* By Prof. F. H. HAMILTON.

DOCTOR HUNT:

Dear Sir,—Will you do me the favor to call the attention of your readers, and especially of the Editors of other medical journals, to an error in the "Transactions of the American Medical Association" just published, for which, however, I wish to say, the publishing committee are not responsible.

On page 436, 19th line from the top, substitute for the word able, *unable*; so that it shall read "it is unable to prevent a riding of the fragments."

If you cannot use your space more profitably you may add, also, the following opinions as to the prognosis in fractures of the collar-bone.

Very truly yours,

FRANK H. HAMILTON.

"As to the Reduction of this *Fracture*, it must be own'd the same is often easier replaced, than retained in its place after it is reduced: For its Office being principally to keep the Head of the *Scapula*, or Shoulder, to which at one end it is articulate, from approaching too near, or falling in upon the *Sternum*, or Breast-Bone, it happens that on every Motion of the Arm, unless great Care be taken, the *Clavicle* therewith rising and

sinking, the fractured Parts are apt to be distorted thereby. Besides, even in the common Respiration, the *Costæ* and *Sternon* aforesaid, where the other end of this Bone is adnected, together with the Motion of the *Diaphragm* rising and falling, especially if the same be extraordinary, as in Coughing and Sneezing, are able to undo your Work: Not to mention the Situation thereof, less capable of being so well secured by *Bandage* as many others. All which duly considered, 't is no wonder that upon many of these Accidents altho' great Care has been taken, these Bones are sometimes found to ride and a protuberance is left behind, to the great regret particularly of the Female Sex, whose Necks lie more exposed, and where no small Grace or Comliness is usually *Placed*." * * * * * — *The Art of Surgery, by Daniel Turner. Vol. 2, p. 256. London Ed. 1742.*

"Restituitur facile tractis humeris a ministro posterius, dum simul suo genu locato ad Spinam dorsi, dorsum sustentet minister, nam tunc Chirurgus folis digitis claviculam fractam reponere potest. *Difficilius autem in reposita sede retinetur, sed loca cava supra et infra claviculam spleniis implenda;*"—*Johannis de Gorter: Chirurgia Repurgata, p. 79. Lugduni Batavorum. 1742.*

"The Reduction of a broken Clavicle is not very hard to be effected, especially when the Fracture is transverse; nor is it usual for the *Humerus*, with the Fragment of the Clavicle, to be so far distorted as not to be easily replaced with the Fingers: *but the Difficulty is much greater to keep the Bone in its Place, when the Fracture is once reduced, especially if the Bone was broken obliquely.*"—*Heister's Surgery, vol. 1, p. 134. London Ed. 1768.*

Amesbury, after having exposed the inefficacy of all previous modes of dressing, and especially of the figure of 8 bandage, Desault's, Boyer's, and an apparatus recommended by Sir Astley Cooper, proceeds to describe his own apparatus and to affirm its excellence. It is, however, not much unlike a multitude of others, and is liable, I have no doubt, to the same objections. But the author thus writes:

"The clavicle-bandage once properly applied, enables the surgeon to resist the action of all those powers which tend to produce displacement, and puts the fractured bone entirely under his control, without being productive of any of those evils which, I have endeavored to show, arise from the usual modes of treatment. I am not prepared to say that every fracture of the clavicle, treated in the manner which I have thought it expedient to advise, admits of being united without deformity; but, I am fully convinced that, if such cases should occur, they will be found very rare. I have had this

bandage in use now about eight years, and, in the course of this time, I have used it in a large number of cases, many of which have occurred in the St. Thomas Hospital. The result of these cases has been very satisfactory to myself, and to those surgeons by whom the treatment was witnessed."—*Treatment of Fractures, by Joseph Amesbury, vol. 2, p. 527. London Ed. 1831.*

"The direction the fracture takes is generally oblique, and in one place only, more particularly when it is caused by the indirect force: and this obliquity is one great reason why it is so difficult to treat this kind of injury without some slight deformity (*and often a very great one*) existing afterwards." * * * "One satisfactory result in the treatment of fracture of the clavicle is, that although it is very difficult to prevent deformity afterwards, the motion and free use of the limb do not become much impaired; *for the bone is often shortened an inch or more*, and still the limb possesses free motion and strength. This shortening causes the neck of the scapula to fall forwards, and makes the base of it project backwards, giving the person the appearance of having the chest contracted in front; by which the extent of range of action in the upper extremity will be diminished, although sufficient motion remains for the ordinary uses of the upper extremity. Where the fracture occurs in females, in whose dress the clavicle is exposed to view, it becomes an additional object to get the bone to unite as evenly as possible, to guard against the formation of an unsightly lump that will remain for ever afterwards. The more the deformity is prevented in these cases, the more credit the surgeon will get for the cure."—*Practical Treatise on Fractures, by Edward F. Lonsdale, p. 207 and 209. London Ed. 1838.*

M. Mayor, of Lausanne, thinks that up to this day no successful mode of treatment had been devised. "Here every thing appears as yet so little determined that each day sees some new propositions and different proceedings," &c. He believes, however, that in his simple handkerchief bandage, with straps across *each* shoulder, the indications are most fully accomplished and the most successful results are obtained. If, however, it were to be treated *without* apparatus, the horizontal position, lying upon the back, would in the end make the most perfect unions.—*Nouveau Systeme de Deligation Chirurgicale, par Mathias Mayor de Lausanne, p. 384, etc., (also Atlas, plate 3, fig. 23.) Paris Ed. 1838.*

Says M. Malgaigne, "The prognosis, considering the trivial character of this fracture, is sufficiently difficult. For, little as may be the displacement, the surgeon ought not to promise a reunion without deformity; and cer-

tain successful results, proclaimed from time to time, betray, on the part of those who relate them, the most extravagant exaggerations."—*Traité des Fractures et des Luxations, par J. F. Malgaigne. Tom. premiere, p. 473. Paris Ed. 1847.*

M. Nelaton having spoken of the various plans which have been suggested to retain this bone in place, and of their inefficiency, comes at least to speak of the handkerchief bandage of M. Mayor, and remarks:

"This apparel is very simple; but neither will it remedy the overlapping."

* * * * "Of all the apparels which we have passed in review, there is, then, not one which fills completely the three indications usually present in the fracture of a clavicle. None of them oppose the displacement; they have no effect, with whatever care they may be applied, but to maintain immobility in the limb. We think, then, that it is useless to fatigue the patient with an apparatus annoying, and, perhaps, even painful; a simple sling, secured upon the sound shoulder will be sufficiently severe. Nevertheless as this does not assure so complete immobility as the bandage of M. Mayor, it is to this that we think the preference ought to be given in all cases of fractures of the clavicle, whether accompanied with displacement or not, whether they occupy the middle or the external part of the clavicle. If the fracture presents no displacement we shall obtain a cure which will leave nothing to be desired. If there is a tendency to displacement, the consolidation will be effected with a deformity more or less marked; *but since this deformity is inevitable, at least with adults, whatever may be the apparel which we employ*, it is evident that the apparatus which causes the least constraint ought to have the preference. We may remark farther, that this union with deformity in nowise impairs the free exercise of all the movements of the member."—*Éléments de Pathologie Chirurgicale, par A. Nelaton, Tom. premiere, p. 720. Paris Ed. 1844.*

ART. VII.—*Report of Deaths in Buffalo for the month*

DISEASES.	AGE.							
	Males.	Females.	Total.	Under 1 year.				
				Male.	Female.	Male.	Female.	
						1 to 2 years.		
Apoplexy,.....	2		2					
Asthma,.....	1		1			1		
Atrophy,.....	1	1	2	1			1	
Abscess Pleuritic,.....	1		1					
Abdominal Tumor,.....	1		1					
Consumption,.....	16	11	27	4	2	1	1	
Cholera,.....	1		1					
" Infantum,.....	2	1	3	2			1	
Croup,.....	3	3	6	2	2	1	1	
Convulsions,.....	3	5	8	2	3		2	
Congestion of Lungs,.....	1		1			1		
Disease of Liver,.....	1		1					
Diarrhœa,.....	5	5	10	1		2	1	
Dysentery,.....	3	1	4			1		
Delirium Tremens,.....	1		1					
Debility,.....	1	3	4	1	3			
Drowned,.....	4		4					
Dentition,.....	2	5	7		1	1	4	
Erysipelas,.....	1		1					
Fever Scarlet,.....	3	3	6		1	3	1	
" Nervous,.....		1	1					
" Typhoid,.....	1	1	2					
" Intermittent,.....		1	1					
" Brain,.....	1	1	1			1		
" Bilious,.....	1		1					
Hydrocephalus,.....	1		1			1		
Hæmorrhage Internal,.....	1		1					
Inflammation of Bowels,.....	2		2					
Inflammation of Brain,.....		1	1		1			
Intemperance,.....	1	1	2					
Measles,.....	1	1	2					
Marasmus,.....	2	2	4		1	1	2	
Old Age,.....	3	2	5					
Pulmonary Apoplexy,.....		1	1					
Paralysis,.....	2		2					
Premature Birth,.....	1		1	1				
Scrofula,.....	1		1	1				
Still-born,.....	2	2	4					
Typhoid Pneumonia,.....		1	1					
Ulcer,.....	1		1					
Unknown,.....	8	6	14	3	5	2		
Whooping Cough,.....	2		2	1				
Totals,.....	84	58	142	20	22	16	15	

of October, 1855. By J. Root, M. D., Health Physician.

		AGE.																													
		2-5		5-10		10-15		15-20		20-25		25-30		30-40		40-50		50-60		60-70		70-80		80-90		90-100		100 and upward.		Not given.	
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
10	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

EDITORIAL DEPARTMENT.

Will soon be published, from the press of Messrs. Blanchard & Lea, of Philadelphia, "The Principles and Practice of Physical Exploration, as applied to the Diagnosis of Diseases of the Respiratory Organs. By Austin Flint, M. D."

Octavo of from 400 to 500 pages.

The well known ability of the writer is a sufficient guarantee that this work will be a valuable contribution to that department of medical research. We hope that it may meet with a warm reception among the author's old friends, the subscribers of the Buffalo Medical Journal.

Card of the Committee on Prize Essays of the American Medical Association.—At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a committee to receive voluntary communications on Medical Subjects, and to award prizes in accordance with regulations of that body.

Each communication intended to compete for a prize, must be addressed to the Chairman of the Committee, at Ann Arbor, Michigan, before March 20th, 1856, and must be accompanied with a sealed packet containing the name of the author, and marked anteriorly by a sentence or motto corresponding with one upon the essay belonging to it; the packet to remain unopened unless is successful in obtaining a prize.

Unsuccessful papers will be returned, on application, after the adjournment of the association, at Detroit, in May next.

A. B. PALMER, M. D., Chairman.

S. DENTON, M. D.,

A. R. TERRY, M. D.,

A. SAGER, M. D.,

S. H. DOUGLASS, M. D.,

C. L. FORD, M. D.,

E. ANDREWS, M. D.

Letter from Dr. Smelfungus.—It is with no small pleasure that we give place to the following letter from our ancient friend, Dr. Smelfungus:

Editor Buffalo Med. Jour.

DEAR SIR: The recent discussion of the subject of pneumonia in the Medical Association of your city, is my apology for breaking my long silence, and trotting myself out as a party in the argument. Please turn to page 666, of vol. viii., of your monthly, and find my views, and “when found make a note of it.” Speaking of the tendency of pneumonia to self-limitation, I there remark that “As Ollapod says, ‘hence we view,’ that you do not in every case cut short the disease with your routine of bloodletting, calomel, antimony, and blistering. *It cuts itself short*, and therein only manifests its natural tendency.”

So much for the natural history of the disease, and now for my views as to treatment, which I believe to be “excelled by few and equalled by none,” in point of pith and brevity:

“Shall we, then, abandon bloodletting in pneumonia? Even so; for it is generally unnecessary. Not so; for cases there be when the delirious mind grows rational, the swollen countenance natural, and the choked and labored pulse grows soft and easy, from the lancet.

“Shall we abandon calomel and antimony? Again yes; and again no; for cases will occur when every means that science can prompt or art direct, are necessary to guide and govern the lava-tide of inflammation, to prevent effusion and abscess and the whole dark array of sequelæ.”

“And blistering;” and Smelfungus speaks tenderly as a lover of his mistress: “blisters are always good, and never disappoint us.” If in all the nauseous scented armamentaria of physic there is one thing that Smelfungus is willing (metaphorically speaking) to take to his heart, it is Emplastrum Cantharidis! He loves his blisters as fervently as old Dr. Clysterpipe his syringes, for the old man based his claim to Christian character *on the love he bore his enemies!*)

* * * * *

“Listen, then, to the truthful lesson! Pneumonia is still, and ever will be, a disease eminently requiring the guiding hand of the physician. It is, in a majority of cases, a self-limited and little dangerous disease; but it should be closely watched, lest, as sometimes happens, the diseased action may not stop at the usual point in the lower lobe, but rage on unchecked throughout its utmost borders. And mark you, man of the lancet! He who cures a pneumonia predestined to occupy a whole lung, does a goodly

thing, and may congratulate himself. Here come in your whole catalogue of remedies. The God Antiphlogos alone is mighty to save!"

After mature reflection I am convinced that the sentiments above quoted are grounded in the sure word of prophecy. But, gentlemen of the association! *Perge! Go ahead!* Your discussions are moderate in tone but weighty in argument. Out of your much discourse shall come order and settled views. As for me—*inveni portum!*

Valete.

S. SMELFUNGUS, M. D.

The Pronouncing Medical Lexicon, containing the Correct Pronunciation and Definition of most of the terms used by Speakers and Writers on Medicine and the Collateral Sciences. With Addenda. By C. H. CLEVELAND, M. D., Member of the American Medical Association, of the American Association for the Advancement of Science, Professor of *Materia Medica* and Therapeutics in the E. M. Institute, &c., &c. Cincinnati: Longley Brothers. 1855.

The "E. M. Institute" mentioned in the title-page as honored by the author's holding in it a "professorship," is the Eclectic Medical Institute of Cincinnati. "Eclectic" means to select, to choose from, and C. H. Cleveland, M. D., is a true eclectic, inasmuch as he has * * * * * (not knowing what word to use we substitute *stars*) the whole of this little book from Reese's Medical Lexicon, only impairing its value by changing the title-page, and interpolating a "phonetic pronunciation." We recommend its purchase to our readers if they will but buy it under the old title of Reese's Medical Lexicon.

Introductory Address delivered at the College of Physicians and Surgeons, New York, Oct. 16th, 1855. By JOHN C. DALTON, M. D., Professor of Physiology and Microscopic Anatomy.

We would be sorry to promise a notice to *all* the introductorys sent us, but this by our friend is one of such point and common sense that we cannot withhold our word of approbation. To describe its qualities negatively, it has no "big fat words," no *soaring*, no nonsense. Positively, it possesses acumen, neatness of style, freshness of thought, and logical accuracy. These are qualities belonging by birthright to the author, who has already acquired an enviable distinction as the foremost teacher of physiology in this country.

The Anatomical Remembrancer; or, Complete Pocket Anatomist: containing a Concise Description of the Structure of the Human Body. Second American, from the Fourth London Edition. With corrections and additions by C. E. ISADACS, M. D., Demonstrator of Anatomy in the University of New York. New York: S. S. & W. Wood. 1855.

The plan of this little manual seemed to us so faulty that we were inclined to condemn it at first sight. It is surprising, however, to notice the compactness of the descriptions. A single sentence is made to do double service, every word has a meaning and a place. No person could learn anatomy from it, but it would be really useful as a remembrancer for speedy reference. This is all it claims to be.

How to Nurse Sick Children: intended especially as a help to the Nurses at the Hospital for Sick Children; but containing directions which may be found of service to all who have charge of the young. New York: S. S. & W. Wood. 1855.

It was no itching for authorship that dictated this publication; a neat little manual not too long to be read, which teaches not how to physic and doctor, but how to *nurse* sick children. It is just such a little book as the physician might place in the hands of a young mother with a certainty of its usefulness. We commend it to the kind offices of the profession, not so much for themselves as for their patients.

For sale by PHINNEY & Co.

Our Libel Suit.—We had hoped to have informed our readers, in this number, the result of the suit brought against us for libel, by J. D. Hill, of this city. This pleasure being denied us, (for the Journal will be mailed before the cause is reached) we hope that our delinquent subscribers, especially those easy souls who have favored us with their *patronage* for from three to ten years without contributing one cent to our finances, will immediately, upon the receipt of this admonition, forward to us our due. *That* being done we can pay our lawyers and any probable damages, with “a perfect looseness.” Take heed, ye slow coaches! The Journal is now strong enough to lose a certain portion of its subscribers with profit to itself.

To our Readers in Michigan.—Mr. Frederick Stearns, for a long time connected with the firm of A. I. Mathews & Co., Druggists in this city, is about to establish himself in Detroit as a partner in the firm of Higby & Stearns.

We understand that the new firm, like the Buffalo house alluded to, will refrain from the sale of patent medicines, and looking to the patronage of the *profession* for support, will offer for sale only the purest and best medicines.

Mr. Stearns, by a long course of honorable conduct here, has made many friends. He has also the merit of being a skillful pharmacist, educated to, and thoroughly possessed of, the minutæ of his business. We commend him to our numerous friends in Michigan, as reliable and worthy of their support.

Death of T. Romeyn Beck, M. D.—This distinguished man died at Albany, on the 20th of November. At the time of his death he was Secretary to the Board of Regents of the University of the State of New York, and held a professorship in the Albany Medical College. His best fame is perhaps derived from his work on Medical Jurisprudence, which has been honored by several reprints in Europe.

Books Received.—The “Transactions of the American Medical Association,” “Transactions of the State Medical Society of Pennsylvania,” “Nelaton’s Clinical Lectures on Surgery,” “Simpson’s Obstetric Works,” and “Beasley’s Prescription Book,” are on our table and shall have speedy notice.

To Correspondents.—We have received several articles for publication, which we shall endeavor to publish in our next. We must beg the patience of our friends. Our eclectic department has dwindled to nothing under the pressure of original matter, and we find ourself lacking elbow-room for editorials. We have given up all hopes of ever editing our Journal with a pair of scissors.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 9.

JANUARY, 1854.

NO. 8.

ORIGINAL COMMUNICATIONS.

ART. I.— *Cases of Pericarditis masked by Delirium.*

By AUSTIN FLINT, M. D.

In a former volume of this Journal,* I reported a case of pleuro-pneumonitis complicated with pericarditis, unaccompanied by a peculiar form of delirium, the local affections, so far as concerns the rational symptoms, being remarkably latent. The fact that pericarditis is occasionally so masked by cerebral symptoms that the latter (without knowledge of this fact) are likely to engross the attention of the practitioner, leading him to regard the affection as seated within the head, has but recently been pointed out. Dr. Watson, in his printed lectures on practical medicine, speaks impressively of this fact. But in the late work of Dr. George Burrows, on disorders of the cerebral circulation, is a fuller consideration of the subject. Dr. B. gives an account of its literature, adducing a number of cases which have been communicated, within a few years past, by different writers. In connection with the report for this Journal referred to, the reader will find extracts from that portion of Dr. Burrows' work which pertains to the subject.

* No. for April, 1850. Vol. V., page 505.

Since that report was made, two cases illustrating the coincidence of delirium and pericarditis have fallen under my observation.

One of these cases was observed at the Buffalo Hospital of the Sisters of Charity in 1851. The notes of this case, at the time I am writing, are not available, and an account of it must therefore be given from memory. It will not be difficult to do this sufficiently for all practical purposes, as the patient was seen by me but once. At my morning visit at the hospital, I found that, on the evening previous, a patient had been admitted greatly prostrated, and in a state of delirium. Nothing was obtained relative to the previous history of the case. The patient had not spoken since his admission. He lay with his eyes open, fixed, most of the time, in one direction, taking no notice of things or persons around him, making no reply to questions. A peculiarity in this case was, that the patient frequently ejected saliva, with force, and without any regard to its destination. His bed, and the floor in proximity thereto, was covered with spittle. Persons in proximity to him were in danger of receiving it on their persons, not from design, but because it was scattered at random, the patient not changing his position, but lying constantly on the back. Under these circumstances I deferred an examination of the case, and at my next visit I found the patient had died. The circumstances pertaining to the mode of dying I am unable to state from recollection. At the time I was observing the patient, the idea of pericarditis did not occur to me, but in thinking of the case afterward, a resemblance in the character of the delirium to that in the case of Crotty, formerly reported by me, led me to suspect this disease; so that, before the autopsy was made, I ventured to predict that it would be discovered. My predictions proved to be true. Recent pericarditis existed, and the heart was preserved as a specimen of that affection. With respect to the condition of other organs, I am unable to state without reference to the record made at the time.

Another case illustrating the occurrence of pericarditis masked by delirium has recently been under my observation at the Louisville Marine Hospital. In this instance, much to my surprise, considering the gravity of the symptoms, the patient emerged from the delirium, and, at the present moment, is convalescent, with, as I suppose, a heart permanently damaged. An account of this case I propose to give, with as much detail as shall seem advisable, taking the facts from the daily records at the bedside.

John Maher, aged 24, Irishman, laborer, admitted October 24, 1853. On attempting to obtain the previous history of the case, Dr. Dickinson, resident physician at the hospital, found him too dull to give any connected account

either of past or present symptoms. So far as he could gather any information from his disconnected replies to questions, he thought his disease was intermittent fever, and directed twenty grains of the sulphate of quinia to be given in divided doses during the following twenty-four hours.

At 8 or 9 o'clock, P. M., he had chill and rigors, followed by febrile movement and sweating.

On the 25th he appeared delirious, frequently getting out of bed, and appearing to be bewildered. He talked but little. During the night of this day he got up several times without any apparent object, and was taken back to the bed by the ward attendant. Once, after getting out of bed, he fell to the floor apparently from weakness.

On the morning of the 26th he was found to be in a state of unconsciousness. On this morning, for the first time, my attention was directed to the case. The description recorded by me at the bedside was as follows:

The patient has lost one eye. The other eye remains open. He takes no observation of persons or things around him. The pupil is dilated. He winks frequently, and always when the finger is brought into close proximity to the eye. He maintains the dorsal position. Remains taciturn, and cannot be roused to reply to questions, or take notice of any thing. The skin is bathed in perspiration, sweat standing in drops on the face. Urine has been emitted freely in bed. The salivary fluid collects and escapes at the angles of the mouth. He does not swallow when drink is placed in the mouth. Respirations 36 per minute, and somewhat labored, but rhythm normal. Pulse 108, and moderately full.

The impulse of the heart extends over an area of from two to three inches in diameter; the lower boundary being about half an inch below the nipple. The nipple is nearly the center of the area of impulse. The impulse is forcible. There is dullness on percussion below the lowest point of impulse, and over an abnormal area in the precordia, the precise extent not determined. The heart sounds are unattended by *bruit* of any kind.

A blister, 6 × 6 was directed to be applied over the precordia.

The foregoing is all that was recorded at this period in the history of the case, relative to physical rigors. The examination was not so complete as, afterward, I could have desired. With reference to physical explorations, too, I had occasion, for some time afterward, to regret that the precordia had been vesicated, inasmuch as they were precluded by the condition of the surface. I may add that at this time, and for some time afterward, I supposed that the nature of the affection would soon be determined by an autopsy. The death of the patient was daily expected. To the reader practically

acquainted with the subject of physical diagnosis in its relations to pericarditis, it is submitted now, for the physical signs already stated indicate the existence of that affection. The demonstrative physical proof of its existence, viz., a friction sound, was not discovered. The physical signs existing at a subsequent date will be presently stated.

Oct. 27. The patient remained through the afternoon of the 26th inst., in the same condition as that described in the morning record; but at 9 in the evening he had a partial return of consciousness. He was tolerably quiet during the night, occasionally changing his position. This morning he has been very restless, tossing about, and throwing himself from the bed, so that it became necessary to transfer him to a bed on the floor. He frequently groans and mutters. He has taken neither food nor drink since yesterday. Fluids introduced repeatedly into the mouth were neither swallowed, nor voluntarily ejected, but remained in the mouth until they run out. No dejection, but urine passed freely in bed. At the time of the daily record he lay with his eye open, frequently winking, the pupil dilated. The eye did not close on approximation of the finger till the eye lashes were touched. The respiration was labored, the expiration somewhat prolonged. The skin was cold. Pulse scarcely appreciable.

The blister on precordia produced good vesication.

Oct. 28. Patient was quiet during the night. He has taken no drink or nourishment since the 25th inst. He has lately resisted the introduction of fluids into the mouth by closing firmly the teeth. On making efforts to cause him to swallow, at the time of the examination, he resisted, but he swallowed a portion of the liquid introduced into the mouth. The skin on this morning was warm; the pulse more developed than on yesterday, and 80 per minute. Respirations 28, and somewhat labored; inspiration abnormally intense, with dilation of *alæ nasi*. Occasional moaning with expiration. No dejection. Has urinated freely in bed.

Spirit and water, and beef essence prescribed, to be given as freely as practicable.

Oct. 29. Marked improvement, the patient lying tranquil, eye opened, taking some notice of persons and things around him. Respiration normal. Skin warm and mellow. Pulse tolerably developed, soft, and not accelerated. During the latter part of preceding night he talked much, and loudly, frequently shouting. Took food this morning, viz., tea and bread. Had a dejection, and urinated freely—both in bed. Was not rational. Did not reply coherently to questions. This peculiarity was noticed, viz., he directed his vision to some point, now a portion of the pillow, and now his hand,

protruded his tongue toward it, and then slowly grasped it with his lips and teeth. This he repeated several times during the examination.

The precordia was quite sore from the blister, preventing physical exploration. At the inferior portion of chest, posteriorly, the percussion sound was clear.

Treatment had consisted of diffusible stimulus, carbonate of ammonia, and the essence of beef. The spirit and ammonia were suspended on this day, and nutritious diet continued.

Oct. 30. Through the previous day and night, patient, most of the time, was restless, throwing himself about, getting up, calling names of different persons. On this morning his expression was idiotic. His eye was open, and he looked about with a vacant stare. He resisted, moderately, attempts at a physical exploration. Twice he said, while the record of symptoms was being made, "I beg pardon." These words were uttered spontaneously, with great slowness and hesitancy. He did not reply to questions, and was taciturn the greater part of the time. He did not utter any connected sentences. Protruded his tongue very slowly when requested. No dejection, but free trination in bed. Took food and drink when presented, eating very slowly and looking at the attendant with an expression devoid of intelligence.

The blistered surface in precordial region prevented a satisfactory physical exploration. The action of the heart, denoted by the sounds, was irregular. A point of impulse is neither seen nor felt, but, owing to soreness from the blister, palpation could be employed but imperfectly.

Clearness of resonance on percussion existed at the lower part of the chest, posteriorly, on both sides.

Marked tenderness on pressure (irrespective of the blister) existed at the lower part of the chest in front.

Skin cool. Pulse 48, and quite feeble. Respirations, 13.

Diffusible stimulus, in small quantities, was directed, with nutritious diet. No other treatment.

Oct. 31. Had an attack of convulsions in the night time, and another at 10, A. M. Pulse, 66. Respiration, 16. State of intellect not materially altered. Could not be made to protrude the tongue.

Nov. 1. Attacks of convulsions recurred three times during the preceding day, and once in the night. During these attacks the upper and lower extremities, and the muscles of the face, were convulsed with considerable violence. They were about an hour in duration. There was no foaming at the mouth, nor did the attendants notice any marked disturbance of the respiration. Urine passed in bed. No dejection. He frequently got out

of bed, and appeared as if he fancied persons were in pursuit of him intending violence. He endeavored to break the walls of the room, and his hands were accordingly placed in a restraining apparatus. Protruded his tongue when requested, and kept it protruded till told to withdraw it.

Talked and shouted incoherent words much of the night.

Respirations not accelerated, and normal in rhythm. Pulse, 78 and feeble, Resisted efforts to examine the precordia.

Nov. 2. Restless night, rolling about the room, and shouting.

Copious dejection in bed. Asks for nothing, but takes food and drink readily when presented. Pulse, 90 and quite feeble. Skin cool. Respirations, 20.

Nov. 4. On the 2d instant he continued wakeful, shouting, with occasional manifestations of hilarity. But on this day he became quiet, and slept most of the time. Took food and drinks readily, and asked for bread. Did not reply to questions generally, but, in answer to how he felt, said he felt well. Protruded tongue after repeated directions to do so, as before, very slowly. Pulse, 108. Skin warm and moist.

The blistered surface was nearly well, but tenderness on pressure existed, not only over the sore surface, but in the neighborhood.

Nov. 6. Patient rational, replying to questions readily. Said he felt well, except that he had some pain in left breast above the nipple, sharp, and felt on taking a full inspiration.

Nov. 7. Physical Signs. Over precordia transversely through the line of nipple flatness on percussion as far as the nipple. Vertically dullness distinct but not marked over second rib, flatness from third rib.

Impulse extremely feeble, being just appreciable between fourth and fifth ribs, about half an inch below, and the same distance to the right of a vertical line passing through the nipple.

Nov. 8. Reported feeling quite well, without pain, but had had pain the previous night in left side over the third rib. Placed his hand in that situation when requested to indicate the seat of pain. Said that the pain was short, and particularly acute when he coughed. Had no recollection of the events of the previous fortnight. Stated that he was ill for two days before he came to the hospital, and that he suffered chiefly of pain in the left breast.

Physical Signs. Percussion-sound clear over both sides, exclusive of precordia; and the respiratory sounds on both sides healthy.

The heart impulse between the fourth and fifth ribs, half an inch below the level of the nipple, and the same distance to the right. Impulse at th i

examination distinctly seen and felt. The point of impulse not materially changed by assuming the sitting posture. Action of heart quickened by this change of position. Notable dullness, amounting nearly to flatness, below third rib. Above third rib percussion-sound clear.

Flatness transversely from sternum of nipple, and dullness to the left of nipple. Breathing movements on both sides presented no disparity.

No bearing impulse in precordia. Sounds of heart normal.

Diarrhoea was somewhat troublesome at the date of this record.

Nov. 15. Improvement in intellect and strength had continued. He was now up and dressed, and able to walk about the ward.

Physical Signs. A movement seen in precordial region extending from the third to the fifth ribs. The visible movement not uniform at different points of the space over which it was apparent. There appeared to be an impulse between fourth and fifth ribs, and simultaneously, a visible depression (not impulse) between the third and fourth ribs, and just below the fifth rib. By palpation no impulse was appreciable except between fourth and fifth ribs, nearly on a level with the nipple, and half an inch to the right. In this situation the impulse was marked but not strong. Above, between third and fourth ribs, and below, between fifth and sixth ribs, there was no appreciable impulse, but evidently a *drawing in*, with the action of the heart, of the intercostal spaces.

On percussion, flatness existed transversely to about half an inch to right of nipple, three and a half inches from median line, and marked dullness to about an inch to the left of the nipple. Vertically, on line falling about an inch to the right of nipple, marked dullness over third rib, and flatness over fourth rib, and extending to lower part of chest. No friction, or any abnormal sounds discovered on auscultation.

At the time I am writing this report, Nov. 25, the patient is still in hospital. He complains of nothing but weakness. His appetite is good, and bowels regular.

I have given the history of this case, with a minuteness which may to some seem tedious, in order, *first*, that the reader may be able to judge of the correctness of the diagnosis. The interest and importance belonging to the case, depend, of course, on there being sufficient evidence of the existence of pericarditis. The points on which the diagnosis are based, to recapitulate briefly, are as follows: Increased area of dullness in precordia, together with abnormal degree of dullness, or flatness; elevation and diffusion of the impulse; irregularity and feebleness of heart's contractions, and,

at the time of convalescence, in connection with persistence of the elevated impulse, depression in the intercostal spaces with the heart's action. I am free to admit that the results of more complete explorations during the progress of the affection would be desirable. But the condition of the precordia, and the state of the patient, rendered it difficult to make satisfactory examinations at that time. Farther efforts for this object, however, would have been made, had it seemed probable that the case would have terminated so favorably as it has done. In connection with the physical signs denoting pericarditis, it is to be considered that acute pulmonary disease was excluded by the absence of marked signs, as well as symptoms pertaining to the lungs. The symptoms (in distinction from signs) pointing to pericarditis were pain in precordia, which was the prominent symptom before the patient entered the hospital, and was experienced after his consciousness returned, together with tenderness in the same region evidently not dependent on the blister; and, during the severity of the disease, notable oppressions or embarrassment of the circulation.

Assuming the diagnosis to be correct, a *second* object of the report is to describe fully the cerebral symptoms, which were the prominent features in the case, and were well calculated to mask the cardiac affection. If the reader will take the trouble to refer to the case previously reported by me for this Journal, he will find a striking resemblance in the character of the delirium in that case, to that of the case now reported; and in both the distinctive traits are those observed in the cases referred to by Drs. Watson and Burrows. The peculiarities are so striking, that, after having observed a case, the practitioner is afterward led, at once, therefrom to recognize, the disease. The characters of the delirium are, stupor and wakefulness combined, the patient lying with the eyes opened, and fixed in one direction, not replying to questions, and insusceptible of being roused by any exertions for that end; this state followed by paroxysms of active delirium, the patient shouting, and apparently laboring under the fear of harm, with occasional manifestations of hilarity.

A striking point of resemblance in the present case, to that of Crotty, formerly reported, is, that each appeared to imagine he had committed some offence for which he was to be punished. In the case of Crotty, this was shown by his uttering, at one time, in reply to questions of any kind addressed to him, the word "guilty," and afterward asking why he was not hanged. In the case of Maher, among the first words spoken were, "I beg pardon," which were repeated several times, and nothing else said.

The delirium which characterized both cases was entirely different, so far

as my observations go, from that belonging to other affections attended by mental aberrations. It was not like the delirium of delirium tremens, of continued fever, or of encephalitis; and, if the peculiarities which distinguished these two cases exemplify an uniform kind of delirium occurring in certain cases of acute pericarditis, its character is so *unique* and striking, that it should not only suggest the disease, but is entitled to be considered presumptive evidence of its existence.

In view of the consideration just stated, I trust that I shall not be thought to have devoted in this article too much space to the report of a single case, more especially when it is considered that similar cases are rarely met with,

LOUISVILLE, Nov. 27, 1852.

ART. II.—*Does the Prophylactic Power of Vaccination after a certain time become inoperative?* By WM. G. MEACHAM, Dale, Wyoming Co., New York.

This is a query that has oftentimes presented itself to the inquiring medical mind, and one which has never irrefutably been answered. The amounts of argument adduced in support of the affirmative and the negative of this interrogatory which I have discovered in my examination of the subject thus far, are so evenly balanced, that were the question now put, and I required to give a positive, decisive "Aye," or "No," I should feel nearly as ill-prepared to open my lips as when I first began this interesting investigation. My labors, however, though they have not permanently, immovably settled the matter in controversy, though they have not conducted my mind into the clear, unclouded light of indisputable truth, though they have not removed every obstacle from the path to certainty, have yet dispelled many clouds from my mental canopy, have yet removed many impediments to my advance toward fixed, undoubted verity.

My principal object in now addressing this communication to you, Messrs. Editors, is to direct your valuable attention to the subject, and to call forth, if practicable and agreeable at the present time, your opinions and experience in relation to the matter *in lite*; as also to lay it before the numerous patrons and readers of your Journal, and thus possibly elicit their combined knowledge and experience.

The corner-stone argument upon which the advocates of the affirmative build their superstructure, seems to be this: The human physical system undergoes a complete change, a thorough renewal, in a period of about seven

years' duration, as taught and believed by the profession generally. "Now," say they, "how can vaccinia perpetuate its protective, antivariolous efficacy in a bodily organization for a greater length of time than the actual, *identical* existence of that organization on which the disease exercised itself? The body, it is true, has the same form and symmetry at fifty years of age that it had at thirty, modified by time of life, accidents and other circumstances; but, *materially*, it is totally different, its substance, its particles are completely other. Now, can vaccination practiced on a certain aggregation of particles, continue its virtue longer than those particles remain in the man? Reason emphatically answers, 'No.'" I have here presumed the friends of the affirmative to be speaking personally—to be pleading their cause *propria persona*.

Let us see what can be offered in reply on the negative side. Even admitting the almost universally-accredited notion of the renovation of the system in a limited number of years, the foregoing argument is not unanswerable *in toto*. If the power of the cow-pox is exhausted in a certain time, by parity of reasoning, that of small-pox should be equally as well. If the one should fail, so should the other for precisely similar reasons. But, does observation prove this to be indeed the case? Does variola, or, more correctly speaking, its impression, leave the physical structure? Do we not well know that the truthful reply to this is, no? Are we not well convinced that this eruptive fever does not a second time invade the human frame? It is indeed asserted that a second and even a third attack of this scourge are occasionally endured by the same individual, but such cases, if any there are, are "like angels' visits, few and far between." In truth it is not impossible that those cases reported as second and third sieges of small-pox, may have been improperly diagnosticated, may have been confounded with one or other of those congenerous affections, varicella, rubeola, and scarlatina. But it is not essential here to question the assertion, for, if true, it does not militate against the *generalness* of freedom from more than one invasion of the *pustulous* monster; for what rule, not even barring the laws of nature, is without its exceptions? Now, if variola, scarlatina, and rubeola, exert an influence, make an impression on the corporal constitution, which are not limited to the self-same particles of matter on which that influence is primarily exerted, that impression first made, but which are transmitted to future fresh particles in the same individual, which are continued through his entire existence, if such be the case, I say, why should not their *sister* disease, vaccinia, prolong its efficacy through life?

Those who maintain that it is impossible, or at least improbable, that any

disease can have an effect upon the human system for a greater length of time than the actual being of the matter composing that system at the period of the attack, seem to forget a plain, a universally-acknowledged law of our natures, the transmission of certain diatheses, peculiarities of constitution, normal or diseased conditions, &c., not only through the various stages of the person's life, but even to his descendants, his remote posterity. It is hardly necessary to direct attention to instances, for they are as familiar to the medical man as household words, and the school-boy even has often heard them referred to, and receives them as fixed facts with no less confidence and faith than he gives to the dicta of his master. The scrofulous or tuberculous cachexia and insanity are notable examples; also, as maintained by some, the arthritic fevers. In fact, for my own part, I see nothing so passing strange, so far beyond the reach of faith, in this doctrine of the continued protective agency of kine-pox during a lengthened period, it may be man's natural life, nor any incredibility in the hereditary opinion. To me they do not appear as "mystery, dumb amazement all."

The continued efficiency of vaccinia, if it exist, might be explained in this manner: When the disease has finished its course in the physical structure, it leaves an impression, sets its seal upon not only the material particles, but also the functions of the body, and particularly that of nutrition, so that the nutritive process is so modified that all future particles bear the same signet mark, antivariolous protection. We well know that a cicatrix is retained through life, as, for instance, that resulting from vaccination; why should not also the peculiar agency of vaccination in the system be preserved?

Again, the supporters of the affirmative of this question refer to the fact of the successful workings of a second, a third, a fourth, and other vaccinations at different periods in man's life, as evidence of the destruction of the vaccine virtue in a limited time. They say that if the effect of the original insertion of the virus were paramount, no succeeding insertions would be effectual. Is this a natural deduction, I will here inquire. May not a second, a third, or other operation *superadd* its effects to those of the former, which we may suppose to be still in activity? May not the army, vaccina, willingly receive reinforcements to assist it in resisting the powerful onslaughts of the *pitting* enemy, variola? But in reality the susceptibility of the system to the thorough impression of cow-pox is never as great after as before the first attack. Probably no larger proportion than one-half of the revaccinations made, ever induce a well-formed course of vaccinia. So far as my individual experience extends, I can, I *must* say that revaccination is very unsatisfactory. Upon not one of thirty or more previously vaccinated subjects

upon whom I recently operated, did the virus produce any reliable effects. In some of the cases slight redness and swelling around the punctures were perceptible for a few days, and then died away. In others, no sensible results, local or constitutional, followed. It is, indeed, possible that the virus may not have been of the best quality; but I have reason to credit its virtue, for it operated successfully on several *unprotected* subjects, thus demonstrating that it had efficacy on the unvaccinated, and none on those who had previously undergone an assault of kine-pox. This isolated, this sporadic (pardon this anomalous use of the word, for medical terms are uppermost in my mind) experience does not, of course, prove or disprove the doctrine of permanency of the prophylactic power of vaccination; but it is not utterly valueless, for all experience is but the aggregation of individual experiences. The failures above mentioned are not due to faulty or imperfect insertion, but are attributable either to deficient energy in the virus, or (which is the most probable) to the still active efficacy of the former vaccination. That they are not due to defective strength in the virus seems demonstrable by the fact, as before stated, of the successful insertion of the same virus in several unprotected persons. We therefore seem necessitated to attribute them to the still operative force of prior vaccinia, as a *dernier resort*. It is quite evident that these thirty persons did not possess constitutions unsusceptible to the peculiar agency of cow-pox, for they had all had vaccinia at an antecedent date; and it is quite improbable that the virus made its exit from the punctures in all these thirty cases before it had been absorbed. I therefore seem instinctively impelled to take hold of the still efficient virtue of the first cow-pox as a solution of the mystery, somewhat as a drowning man catches at a straw.

The conclusion to which my investigation of this subject has led me is this: The effect produced by vaccination on the system is not limited in duration to the continuance in the body of the identical particles on which the effect was primarily made, but extends down to a more remote period, perhaps through life. I do not maintain, however, that its influence endures *unimpaired* through all this time. It doubtless gradually diminishes in activity, and perchance eventually forsakes the body, or at least is so far gone as to be of little utility. Hence, it seems the part of wisdom to have recourse again and again to vaccinia antivariolosa, for it cannot, as I conceive, possibly do harm, and may result in great, invaluable good.

But, whether the protective virtue of vaccinia is transient or permanent, whether it continues for seven years, or for that number doubled, or trebled, or quadrupled, or for life, what praises are due unto thy great name,

immortal Jenner, for the inestimable blessings which thou hast conferred upon mankind by introducing into general use the practice of vaccination, by which that pustulous monster which once so terribly ravaged the earth, has been shorn of his strength, by which his power has been crushed, and his fury checked! The gratitude and adoration of unnumbered millions, and the approval of Him whose favor is better than life, and whose frown is destruction, are thy rich reward!

ART. III.—*Two Cases of Puerperal Peritonitis.* Treated by Opium at the Lying-in-Ward of the Buffalo Hospital of the Sisters of Charity. By JAMES P. WHITE, M. D., Professor of Obstetrics in Buffalo Medical College.

CASE I. Elizabeth Wilson, aged 22 years, entered the hospital in July, expecting to be confined in September. Is unmarried—has been seduced by promise of marriage—is very desponding. Quickened May 1st. Fœtal heart in left iliac region—a left occipito-anterior presentation is predicted.

Sept. 12, 1853. Membranes ruptured at M. At 5, P. M., pains were sharp; occiput presenting in the left anterior position. At 7, P. M., the pains were so severe that chloroform was administered, and its influence kept up during each pain with much relief. At 8, 30, P. M., was delivered of a large boy, weighing 10½ lbs. At 10, P. M., took 8 grs. Dover's powder; the pulse was at that time 108.

Sept. 13. Slept none from pain, which is very severe, in the abdomen. Countenance very much flushed; skin hot; some distention of abdomen from flatus; pulse 108.

℞ Pulv. Doveri, grs. viij.

Morph. sulph., grs. ¼, every four hours, and spts. nitre dulc. ʒj. every four hours, given two hours after the powder.

9, P. M. Pulse now 112. A fomentation of brandy, laudanum, and water, has been used during the day.

14th, 11, A. M. Pulse ranges from 118 to 130. There is great tympanitis. The pain is very severe when the uterus is pressed, but slight pressure does not cause pain; thus showing that the inflammation has not extended to the peritoneum lining the abdominal parietes.

℞ Morph. sulph. gr. ¼, every hour till on the verge of narcotism; also

Quiniæ sulph. gr. j, every two hours.

Continue the fomentations.

15th. Drs. Flint and White in consultation at 10, A. M. Slept well; is comparatively easy this morning. Face is pale and anxious; pulse 118 to 130.

℞ Increase the morphine to gr. $\frac{1}{2}$, every hour. Give also quinine, gr. j, every two hours; each to be taken in spts. nitre, dulc. ℥j.

16th. Drs. Flint and White in consultation. Pulse 118 to 124; abdomen not so much distended as on the evening previous.

℞ Morph. sulph. gr. $\frac{1}{2}$.

Quin. sulph. gr. jss. every two hours, in spts. nitre dulc. ℥j. Use the hop fomentation constantly; change it hourly, covering it with oiled silk.

18th. Pulse is now 100. She is quite easy.

℞ Quin. sulph. gr. xij.

Morph. sulph. gr. iv.

Spts. nitre dulc. ℥xij.

Give a teaspoonful every two hours.

At evening her pulse was 90.

19th. Pulse the same, feels much better.

21st. Pulse 86.

℞ Morph. sulph. gr. $\frac{1}{2}$, every four or five hours.

22d. Pulse 88. Some pain in rectum, but none elsewhere.

℞ Enema of water, Oj.

This brought away a very little feces.

23d. Pulse is now 100, which is attributed to irritation in the rectum. There is no pain in the abdomen. The enema was repeated at evening, procuring two copious evacuations, which afforded much relief.

24th, A. M. Pulse is still 100, but patient is comfortable. At 6, P. M., the pulse had receded to 86.

25th. Pulse 84.

26th. Pulse 72. The patient is now sitting up some of the time, and convalescence is established.

CASE II. Catharine Close, a German, aged 22 years, lost her husband on shipboard four months since.

Sept. 16. Was delivered by forceps, at 10, A. M., after seventeen hours

labor. Dover's powder was given every four hours during the remainder of the day.

17th. Says she feels pretty well. Pulse 100, abdomen somewhat tender. Continue the Dover's powder and apply warm fomentations.

18th. Has had chills this morning. Pulse 110; tenderness increased.

℞ Morph. sulph. gr. $\frac{1}{2}$ in spts. nitre dulc. ℥j, every second hour, unless relieved.

19th, 9, A. M. Pulse 120 and soft; abdomen tympanitic and tender; respiration hurried; thirst urgent; lochia entirely suppressed, and breasts flaccid.

℞ Morph. grs. iv.
Spts. nitre dulc. ℥j. M.

Give a teaspoonful every two hours unless she is narcotized. Apply warm fomentations under oiled silk.

8, P. M. Pulse 130, soft and compressible; countenance anxious; perspiration copious. Give a teaspoonful of the following mixture every second hour:

℞ Quin. sulph. grs. xvij.
Morph. sulph. grs. vi.
Spts. nitre dulc. ℥jss. M.

Continue fomentations, with mustard to the epigastrium to allay retching, which now annoys her.

20th. Pulse 114 and feeble; abdomen greatly distended.

Give the morphia and quinine every hour unless narcotism is induced. Continue fomentations, and give her brandy and beef essence as she can bear it. Evening—Patient is a little heavy, though easily aroused. Suffers less; pulse the same.

21st. Has slept considerably; has taken the medicine and nutriment as directed. Pulse 140. Continue treatment.

22d. Has taken the morphine every hour; has slept nearly all the time, only as aroused to take her medicine and drinks. Pulse 130, with more firmness. Continue treatment.

23d. Pulse 120. Seems better; abdomen less distended, and tenderness diminished. Continue the anodyne and tonic every second hour, with nutriment as she can take it.

24th. Pulse 108, and general appearance greatly improved. Decrease the anodyne to $\frac{1}{2}$ gr. every four hours.

The patient now went on to recovery, and on the 30th the lacteal secretion was fully established, and she free from danger. It is worthy of remark that in neither of the foregoing cases were the bowels moved during the first week. One had a spontaneous movement on the eighth, and the other on the tenth day after the attack; but not until the tympany was greatly diminished, and the tenderness relieved.

Two cases treated before the adoption of the anodyne plan, proved fatal.

BUFFALO, 6th December, 1853.

ART. IV.—*Bite of a Rattlesnake treated and reported.* By E. STANLEY, M. D., of Sandusky city, Ohio.

On the 9th of August, 1851, Patrick Burne, a young man, came to my office about 4 o'clock, P. M., seeking medical aid. I found him partially delirious; pulse very much excited ranging from 115 to 130; difficult and hurried respiration; skin hot and dry; eyes red and fiery; the hand, arm, and shoulder, swollen to a great degree; pain of the limb almost insupportable.

On making inquiry into the history of this case, I learned that the patient had been bitten about ten hours previously, and some forty miles from this city, by a rattlesnake.

This venomous reptile was concealed beneath a stick of timber which was intended for a tie on a railroad, and as the man was in the act of moving it, the wound was inflicted upon the index finger of the left hand, near the second joint.

Taking into consideration the length of time which had elapsed after the infliction of the wound, the general excited state of the system, and the poisonous appearance of the limb, I immediately ordered depletion by applying as many cups at one time to the arm and shoulder as would cover the surface, continuing this course for a number of hours without intermission, until about three quarts of blood was taken.

Prescribed poultices over wound, and ammonia and ether internally.

10th. Patient no better; delirious, pulse about the same, slept none, and suffered excruciating pain every moment during the night; slight nausea; no abatement of the swelling of the limb; arm, shoulder, and the upper portion of the left side, were thickly covered with small blisters, filled with a fluid of a yellowish color. In addition to former treatment, ordered whisky ad libitum, till the system was under its influence.

11th. Slight improvement; pulse about 100; swelling of the arm and shoulder a little diminished; still delirious, anxious and uneasy; very restless, dozed occasionally; skin hot and dry.

Same treatment with the addition of opium.

12th. Patient better; pulse less frequent; more quiet, and but little pain; slightly delirious; occasionally slept a few moments. Continued same prescription by adding to the whisky, capsicum, and administered it without regard to quantity, until the patient was fully under its influence. Ordered morphine to be given when symptoms indicated it.

13th. A decided improvement; has passed the "crisis." Skin moist, pulse quite natural; enlargement of the arm and shoulder subsided; delirium had ceased, talked rationally, and is speedily recovering his usual health.

ART. V.—*The Treatment of Erysipelas Analyzed.*

By SANFORD B. HUNT, M. D.

I propose to bring the various remedies employed in the treatment of erysipelas to the test of a critical analysis, based on the ascertained facts of the disease; laying down first the proposition, that we should exhibit no remedies without knowing why we do so.

When a few years since malignant erysipelas first prevailed to an alarming extent in this section of country, the views of medical men both as to its pathology and tendencies, and as to its treatment, were unsettled and unsatisfactory. The epidemic of 1844 and '5, was exceedingly fatal, as might have been expected in this state of medical opinion. Sundry points of pathology were at that time settled in the minds of thinking and observing men. Among these the following may be laid down as propositions, then verified and placed among the facts of the profession:

1st. Erysipelas is a contagious exanthem, originating in the presence of a specific blood poison, either conveyed into the system by contagion, or developed there by certain morbid processes not understood.

2d. The tendency of erysipelas is toward recovery by the self elimination of the blood poison.

3d. The action of this poison depresses the vital powers, but not usually to a fatal degree. When the poison is directed from the surface toward the nervous centers, we shall have symptoms much more alarming than when it expends itself in cutaneous inflammation.

Probably these propositions are no novelties, and will be readily acceded to by all who have carefully watched the disease in question. I shall not, therefore, enforce them by any argument, but shall confine the scope of this article to sundry deductions as to treatment, devised from these data.

1st. If erysipelas is a contagious exanthem, analogy would lead us to suppose that its management should be governed by the same rules which guide us in the other principal exanthemata, viz., scarlatina, rubeola, variola, varicella, and continued fever. All these disorders belong to the same family, and are subject to the same laws. All have their origin in contagion, though some of them may be self-developed. All of them depend upon blood poison as their cause. All are self-limited; in all of them an abortive treatment is perhaps impossible; in all of them the degree of danger depends upon the degree to which the nervous centers are affected by the poison; and in all of them that treatment will be most successful which most favors the elimination of the specific poison. These analogies are worthy of consideration. We may argue with tolerable certainty from one to the other, and may readily conclude that one principle of treatment should govern the whole. And in the whole art of therapeutics no principle is better established than that depletion is inadmissible in all this class. Erysipelas is a blood poison. Therefore any merely local treatment must be generally insufficient. I say *generally*, because there are many cases in which this poison expends itself almost as locally as does vaccinia in its usual mild career. Of course, in such cases local treatment will be not only sufficient but superfluous. Prof. Bennett saw in the Hotel Dieu, a number of cases which were receiving no treatment—M. Louis asserting that erysipelas of the scalp was never fatal. And this accords with all our preconceived notions of eruptive disease. When the eruption comes out fair, thus affording the best chance for elimination, when it occupies only its natural locality, the skin, and is thus uncomplicated with visceral inflammation, we expect a recovery *tuto, citoque, jucunde*, without much, if any medical interference, and the only judicious treatment in any of these diseases, is that which directs the morbid matter in common with the whole tide of circulation toward the surface.

The elimination of the specific poison of erysipelas is conducted by the usual emunctories—the skin and the kidneys. Free diaphoresis exerts a most favorable influence upon the progress of the disease, tending to shorten the process of elimination. The occurrence of desquamation, even when no bullæ exist, indicates the effusion of fluid beneath the cuticle, and it is not improbable that this effusion subtracts its quantum from the sum total of disease. The relative quantity of urea in the blood seems to have in this,

as in all other exanthemata, an influence upon the severity of the disease. But what this influence is we do not know, though we may hope that with our present means of investigation, the thing may soon become clear.

In erysipelas, as in other desquamative disease, we find frequently—not always—the accompanying sign of albuminuria. This occurs at the period of declination, and depends upon the solution of the renal epithelium in the urine. That this is a part of the process of elimination is not proven, and it may be found to depend upon a local disorder of the kidneys, incident to the increased secretion of urea occurring at the period of declination. The plain indications of treatment derived from these natural phenomena, are to encourage the secretions of both the skin and the kidneys.

2d. The tendency of erysipelas is toward recovery. This is proven by the small average of deaths—the recovery of very many cases in which the disease has run its course uninfluenced by medication, and finally by the analogy derived from the natural history of other eruptive diseases.

3d. Whenever the symptoms become alarming it is not from the acute or destructive character of the inflammation, but from a depression of the nervous energy. Gangrene is of extremely rare occurrence. Abscess is more common, but still so unusual as not to be classed among the natural sequelæ of the disease. When erysipelas assumes a bad type, we find the inflamed surface loses its lively red, and acquires a dark, purple hue; the skin is dry; the urine suppressed; the tongue has a dry brown crust; the teeth are covered with sordes; the pulse grows frequent and fluttering; delirium and coma are present; in a word, we have typhoid symptoms. All this retinue of bad signs have their origin in a morbid impression on the great nervous centers, and we readily draw the indication of a supporting treatment. If the disease pursues its natural course, finding outlet by the skin and kidneys, we shall have the vital powers unimpaired, the reason clear, and the pulse—the great indicator of nervous disorder—undisturbed. But when from any cause, the poison is retained in the circulation, and goes on increasing by zymosis, we shall find that the brain becomes congested—that the disease has left its wonted channels, and is expending itself upon organs more important—upon the great moving power—the *nodus vitæ* itself.

It seems to me that if what I have advanced be true, we have a sufficient basis for a scientific and successful treatment of erysipelas, which by a parity of reasoning will apply to the other eruptive zymotics. It is not probable that those things yet unexplained will have the same important bearing upon treatment as the facts already in our possession.

Treatment. Most of our systematic authors speak of bleeding as admissible, and even praiseworthy, in the country, but not admissible in the form of the disease seen in cities. But if what has been said about the tendencies of the disease to typhoid action, the little danger of an unfavorable result from the extent or violence of inflammatory action, and the importance of maintaining the nervous system in full vigor be of any moment, then is a bleeding in erysipelas as unphilosophical as in continued fever, variola, or any other exanthem. The safety of the patient lies in the activity and lively character of the local inflammation; for the extent of the inflamed surface is only an indication of the amount of blood poison and the activity of zymosis.

The diaphoretic treatment seems, at first view, to be theoretically and practically correct, as indeed it is. But to secure diaphoresis, we should not administer those drugs which, by their depressing influences, lessen the nervous energies — *e. g.*, antimony. There are, however, diaphoretics of a different class to which no such objections can apply, as the acetate, and carbonate of ammonia. Whisky punch, which at first view would seem a good stimulant diaphoretic, is objectionable on account of the reaction and torpor of the nervous system following its use.

Diuretics are also indicated, but the antagonism of the skin and kidneys renders it difficult to meet both these indications at once. Perhaps colchicum, tending directly to the removal of urea, might be found the best of diuretics.

But even these indications, important as they are, yield to the necessity, in serious cases, of supporting the nervous powers. Quinine is thus valuable, and here do we find what I conceive to be the true theory of Hamilton Bell's treatment by the Tinct. Ferri Murialis. He himself argues that the capillaries are in an atonic state, and that the system being rapidly saturated by this powerful astringent, the atony is removed. Evidently if this were true, cold affusion would be equally successful. In the only case in which I have had the opportunity to observe the action of this remedy, it was commenced twelve hours after the appearance of the eruption. The pulse was 100, full, and firm. Fifteen drops of the muriated tinct. were given every two hours. A cathartic was given with the first dose. The patient was a blacksmith, aged 35. There was no other treatment, either general or local. Under the remedy he sweat profusely, and forty-eight hours after the treatment commenced, the pulse was 72 and soft, and the swelling, which had occupied the whole face above the mouth, closing both eyes, was declining. He convalesced rapidly. This is a single case. Perhaps a collection of cases might

give a different result, though this case is similar to those reported by Dr. Bell in all particulars. In attempting to explain the action of the remedy we may say this much: The iron is a good tonic, and is *prima facie*, as well adapted to the disease as quinine. Perhaps by the action of the iron, the nervous system is exalted to a pitch which enables it to exert its whole energies in throwing off the poison.

Cathartics. Probably there is no case of erysipelas which will not at some time in its course, be the better for cathartic action.

Another corollary to our proposition is, that all local applications further than those tending to relieve itching and pain, are unnecessary and mischievous. If by local applications you cut short the inflammation, you lengthen correspondingly the disease. This may not hold true in a far advanced stage of the disease.

It will be seen that by this process of analysis from established facts, we rather subtract from, than add to our armamentaria against this disease. The whole treatment is reduced to a simple combination of tonics, diaphoretics, and diuretics. The peculiar remedies which have my preference I have indicated, viz., iron, colchicum, and the acetate of ammonia; but it is probable that other articles of the materia medica may fulfill the same indications, nearly, if not equally as well.

ART. VI.—*Thoughts on Medical Theories. No. 2.*

By RUSTICUS.

MESSRS. EDITORS,—In some old Latin text book is written a bit of hepatic pathology, "*In jecore est officium fellis*," which some neophyte in Latinity translated, "in Jericho is the workshop of cats." This was a somewhat free translation, but it is not the only free rendering given to the functions of the liver.

While our entire knowledge of the liver could be summed up in the meagre statement that it was an organ located in the right hypochondrium, which secreted a fluid called bile, it was a very favorite locality for hypothesis. I have long since come to the conclusion, that it is most easy to talk learnedly on subjects which nobody understands. Many men have written deeply on mental philosophy, and from some essays that-wise, my own experience teaches me that it is a very easy matter to theorize about, so long as one maintains a comfortable ignorance as to certain ugly and contradictory facts.

which do not gear in well with hypothesis. Thus it was with our hepatic pathologists. The more confused a man's knowledge of the anatomy and physiology of that organ, the more learnedly could he talk about it, "putting on the livery of science like a monkey dressed in regimentals."

It was a singular circumstance that the liver, which was so often diseased *during life*, should so uniformly present a healthy *post-mortem* appearance. But your true theorist never stumbles at facts. When we start with a theory, we see facts "through a glass darkly"—a smoked glass which sometimes smuts our noses. In this latter day M. Bernard has made sad havoc with hepatic pathology. We talk now of M. Bernard's *theory*. But I do not like the term. It is better to say his *facts*. He has no theory about the matter; he shows, by chemical analysis, that what goes into the liver as starch, comes out as sugar; that the fatty emulsion which the pancreas has prepared, goes unchanged into the liver to be there saponified, and rendered assimilable. He brings it down to a matter of organic chemistry. Jericho is no longer the workshop of cats, it is a sugar house.

People blunder upon truth sometimes, and our juvenile Latinist was an unconscious satirist. I am disposed to see a special providence in that translation—"Jericho." When we knew not what ailed a man, we referred the trouble to the liver; in a word, we sent all puzzling facts to Jericho.

All this talk about the liver is only a sort of opening illustration to my notions of theory. *A theory is a bridge of reasoning placed between two facts, or sets of facts, connecting them together.* Ergo, mine Editors, if you have not facts to start from, you can have no *true* theory. And there lies the pith of my objection to medical theory. We must have a perfect physiology, before we can have any basis for theoretical reasoning. We must have *all* the facts. I have no hope of living to see that day.

There is another consideration in this connection which is consolatory. I claim the preemption right to a new discovery which I believe to be a *fact*, and that is, that when we get a theory, or a set of principles in medicine, no matter how true they are, they will do us less good than we anticipate. I can understand the longing of the older physicians for a theory. I can feel within me the fire of enthusiasm which dictated their labors. I can appreciate, how, wearied of the cumbrous pile of facts which lay before them, defying all order or arrangement, they should wish for some guiding principle—a touchstone which should test their value—a shibboleth, at the utterance of which they should fall into rank, a disciplined army ready for the war against disease. Thus they toiled for that which was an apple of Sodom in their grasp.

“*Eheu! quantus, ***** quantus erat sudor viris!*” Suppose that the dreams of theorists were realized—that from all the conflicting testimony, the myriad of facts, the annals of all recorded experience, were framed a theory brief, simple, comprehensive—a great first principle, which should govern the treatment of all disease. Even then we should have trouble in applying our principle. Divine Wisdom can enunciate, but human strength cannot profit by such a guide. The Sermon on the Mount contains the whole secret of happiness in life, and safety in death—the Golden Rule is the brief unailing index for all our actions—the *theory* of Christianity is as perfect as the God who made it; but men live unhappily, cheat their neighbors, and Heathendom covers three-quarters of the world. All things must come at last to the judgment of the individual practitioner, and when we have a Golden Rule of medicine, we shall halt between two opinions, as to what is right, and what is wrong.

To come back to medical theories. Probably no one of these is more tangible, or promising, than that of the unity of disease. It is argued that all disease is in some one essential feature the same. This unity, (as one remarks who has written learnedly upon it,) is not an unity of organ, as Broussais would have it, nor of symptoms, nor of outward appearance, nor of treatment, but of pathology—and that pathology is congestion. That is, in disease, nervous, inflammatory, or poisonous, congestion is the one ever present phenomenon. Admitting this to be true, I ask “*cui bono?*” Shall we not still bleed a pneumonia, and stimulate a typhus?

Or we will suppose, (though that is an effort of the imagination!) that Mrs. Willard’s theory of the circulation is true, to what practical purpose can we apply it? A sister schoolm—educator—of Mrs. Willard’s, attempted its application, once upon a time, with a patient dying of cholera. She trundled the bed of the dying man to the open window, and implored him to keep breathing; “do make an effort!” said she. If he could only keep breathing the heart would keep beating, and if the heart beat, why of course he would not die. But he did die, and so will everybody else who depends on theory for life. * * * It is pleasant to find in Mrs. Willard’s theory an old acquaintance—to recognize in it an idea as ancient as its real author, Dr. Malachia Thruston, who published at London, in the year 1670, “*De Respirationis Usu Primario Diatriba.*” The Dr. Cartwright of that day was Will. Musgrave, M. D., who, having no alligators, experimented on dogs. I omit the experiment, but refer for its analogue to the New Orleans or Boston Medical Journals, of a year or more ago. But here is Dr. Musgrave’s *sequitur*: “This Experiment proves, that *Respiration* promotes the Passage

on this Account, of perpetual Necessity. This Acceleration of the Blood in that Passage, seems to be the principal Use of *Respiration*; no other is of such Consequence to Life, or stands in Competition with it."

The Hindoo mythology of the transposition of souls holds good in medical theories. They are perpetually reappearing on the stage of human action. This old notion was killed, almost two centuries ago, by one whose name stands mysteriously on the title page, as "Auth. *Georgio Entio Equ. Aur., M. D., Lond., 1671, in 8o.*" I recommend the republication of the learned knight's "autadiatriba," as apropos to the discussion now progressing.

There is something very funny in the solemn owliness with which a new-old theory is propounded. One cannot help laughing at their odd appearance, and although it is very wrong to sneer at error in decrepitude, I am irresistibly reminded of the lines of the poet-physician concerning one who had outlived the fashions of his times:

" I know it is a sin
For me to sit and grin
At him here;
But the old three-cornered hat,
And the breeches, and all that
Are so queer."—*O. W. Holmes, M. D.*

It is growing late in the night, mine Editors. I have had a long ramble among the "black-letter lore" in search of Mrs. Willard's theory, since I first took up the pen. So good morning, for we are in the short hours.

ART. VII.—*General Therapeutics and Materia Medica, adapted for a Medical Text-Book.* By ROBLEY DUNELSON, M. D., Professor, etc., etc. Fifth edition, revised and improved. Two vols. Philadelphia: Blanchard and Lea. 1853.

We have expended some time in looking over and perusing those portions of this work, which would be likely to contain expressions of opinion which might furnish the usual matter for a review of its merits. As a text-book for students, it possesses many valuable qualities. Its arrangement is not too complex, its descriptions are clear and concise, and it is not very much overloaded with theory.

As a reviewer, we look upon a book with different eyes than as a practitioner. The reviewer likes to see some salient points, some distinctive

doctrines to serve as landmarks, and which may give tone and character to the book. Such a point we thought we had found in Dr. Dunglison's remarks upon the *vis medicatrix naturæ*. On page 37, speaking of recuperative power, he says: "The existence, then, of such an instinctive power can neither be denied nor lost sight of in the treatment of disease. The error has been, that undue weight has been attached to it, so that the practitioner was guided by its manifestations—or fancied manifestations—in laying down his indications of cure; and if no such manifestations existed, he waited vainly—and too often unfortunately—until the time had, perhaps, gone by for the successful administration of efficacious agents. * * * * There are but few cases, however, in which trust can be safely placed in such a power."

In the foregoing extract would be some matter for the critic, were he not saved the labor by the perusal of succeeding chapters. It is, perhaps, a hypercriticism to say, that Dr. Dunglison is too little liable to the attacks of the critic. The sum of this idea may be recognized, in the fact that the advocate of theoretical medicine, the opponent of statistics, and the veriest numeralist in the French School of Observation, may alike quote this work as supporting their peculiar views.

This is easily enough understood by those accustomed to medical writing, and that without imputing to Dr. Dunglison any time-serving proclivities. In writing of medical theory, he reasons from agriculture and the arts as to the necessity of theory. When he comes to the investigation of imaginative cures, of homœopathy, and of hygienic regimen, he gives to the facts as they present themselves their due importance, and ascribes to nature a very large share in the curative process. We submit that "what is sauce for the goose, is sauce for the gander."

We should like to see a work on *Materia Medica* from M. Louis, or Elisha Bartlett. The teacher of *materia medica* naturally magnifies the powers of the agents he handles. Louis, or Bartlett, being strict empiricists, (in the true sense of that misused word,) would be apt to require more exact and definite proof of the action of drugs. They would be perpetually questioning between "*post hoc*," and "*propter hoc*." Undoubtedly they might carry the matter too far, but what they did assert as proved, we might believe confidently.

"*Marcus dixit, ita est*," might be applied to them without satirical meaning.

S. B. H.

ART. VIII.—*Letters on Syphilis*. Addressed to the chief editor of L'Union Medicale. By P. H. RICORD, Chirurgien de l'Hopital du Midi, etc., etc. Translated by D. D. SLADE, M. M. S., etc., etc. Boston: Printed by David Clapp.

This volume is a collection of those translations which appeared, from time to time, during the past year, in the pages of the Boston Medical and Surgical Journal.

It is said that the style of M. Ricord is one very original, abounding in idiomata, and of course very difficult to translate. This is a comforting assurance to that large class who have no especial fondness for the peculiarities of our author. We think, however, that the translator has sufficiently succeeded in rendering into English the somewhat luxuriant verbiage of his original. We see no necessity for apologies on that score. Youthful students of medicine will read it with avidity for the sake of the very spicy anecdotes with which it abounds.

Aside from its ornate style—its ornaments drawn from singular sources—this work is one of real and intrinsic value. It analyzes the causation and prophylaxis of syphilis, together with its modes of propagation, in a very able manner. Dr. Slade has added an analysis of the subject matter of the letters, which is brief, comprehensive, and intelligible. There is also an appendix which contains the formulæ of the Venereal Hospital at Paris.

For sale by DERBY, ORTON & MULLIGAN.

S. B. H.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS

We have read the following extract with pleasure. It is a defense of the purity of our mother tongue, a vindication of its strength and capacity for expression. No class of writers are more open to criticism on the use of bastard and unlineal words, than those who fructify the medical profession. A man would need the gift of tongues to comprehend the manifold words which may be found in medical literature, but not in any lexicon. While we not

unfrequently abandon in despair the perusal of some of these stilted essays, written in Carylese run mad, we turn with pleasure to the straight-forward, manly and *English* style of others, who write because they have something to say; something which they wish to be understood; and whose "every word weighs twelve pounds."

S. B. H.

FAULTS OF MEDICAL WRITERS.—In the discourse by Dr. Samuel Jackson, before the Philadelphia County Medical Society, at its last annual meeting, we find the following remarks on a subject which deserves the attention of the profession generally—especially those who are in the habit, as all should be, of writing occasionally for the press:—

"Let the young doctor do his very utmost in acquiring a habit of writing with *perspicuity, propriety and precision*. Let him seek no other ornament, for medical language is, like Thompson's loveliness, when 'unadorned, adorned the most.' No merit will make amends for the want of perspicuity. I can show whole paragraphs in our American books which have no meaning whatever, being similar in this respect to those verbose letters that Queen Elizabeth used to write when she had pre-determined to say nothing. Medical diction ought to use as few words as possible, thus going the shortest way to the end of a thought. An English writer on morbid poisons, wishing to describe the daily progress of the variolous pustule, uses the following verbosity: 'You receive from a long distance, from Dublin or from Edinburgh, a lancet, on the point of which there is a little dry animal matter. This lancet has pricked the pustule of a patient suffering with smallpox, and the contents of the pustule have been suffered to dry on the lancet. Now with this lancet you make a single puncture in the arm of a healthy person, not previously defended by vaccination or otherwise, and what results?'

Now suppose this author, Dr. Simon, had wished to describe also, the effect of a rattlesnake's bite; he might have begun thus: You receive from a long distance, from Utah or California, a rattlesnake, which Linnæus calls *crotalus*, it may be the species *horridus* or *durisus*; this dreadful animal has a sacculus of poison at the root of each fang, and when he bites, these sacculi pour forth their deadly contents along a groove in each fang. Now you permit this animal to bite a horse, for an experiment, or perhaps it bites one of you, and what results? In this multiplication of useless verbiage, a great amount of time is wasted without any compensation.

In a celebrated medical journal, we have this circuitous way of saying that a certain medicine was probably useful in rheumatism; the disease was cured in eleven days; "and lemon juice, if it was not the principal remedy, certainly exerted an important influence toward the production of that end." What think you, gentlemen, of *producing* or *leading forward* an end or a cure? One might suppose that the writer was a cobbler, and that he was talking about the *producing* or the *pulling forward* of his waxed-end. And then he has lemon-juice *making an exertion, and exerting an influence*.

Why should a writer say, "I had recourse to a medicine," if he had not previously used it in the same disease? This word means a running backward. The simple English word to *give*, is often supplanted by the Latin word to *exhibit*; that is, to make a show of the medicine. A shopkeeper *exhibits* his goods, a physician *gives* or *orders* his medicine. Celsus took nearly all his ideas from the Greeks, but he did not copy their words. I

perhaps he never uses the word *adhibere*, but *adhibere* is. Sometimes he says *adhibere*, but this does not mean to *make a show*; moreover, it is pure Latin. His own language was sufficient for him, except in the mere naming of diseases; and hence one reason that his style and manner are universally approved.

It is of no little importance that our young author should not practise the coining of words. A new idea may require a new word, but old ideas will always be most intelligibly introduced by known terms; hence the great English lexicographer, whose head might well be fancied as swarming with words, introduced only four in all his writings. His rule was, "to admit only such as may supply real deficiencies, such as are readily adopted by the genius of our tongue, and incorporate easily with our native idiom." If a little license be granted, how will you define its limits? How will you definitely measure the old vulgar phrase *too much*? A little liberty will prove like moderate drinking, and lead to intemperance. If every writer of the present time should coin words at his pleasure, and the next generation should adopt them and add to them, what odious gibberish would then fill the air! It is told of Sir John Mandeville, that, when far in northern Asia, with his retinue, their words were all frozen before they could be heard, and that, on coming south, they were suddenly thawed, and filled the air with their liberated voices. I can hardly credit this fact, as the amiable author does not relate it himself, and yet something similar may happen to the jargon of the present generation; while confined to books it may pass without much notice, but our successors may find the accumulated vocabulary to become a clattering of unmeaning voices, the mere echoes of our vanity, and as unintelligible as Sir John's thawed vocables.

In the Transactions of the American Medical Association you may find some animating specimens of these important additions to our deficient language. *Numerism, socialism, sensationalism, subjectivity, progressionist, therapeutication, truths eliminated, annexes of the heart.* A writer in vol. iv., p. 59, calls impressions "*intuitively-felt relations*," and then inquires, "Are not all the felt relations based on immediacy and intuition, and not on representational and transmitted impressions." Truly, if men in high places continue to pour forth such floods of impurity, men in low places may well complain; hence I have ventured to notice the subject; it pertains to *self-education*, which is our present topic.—*Boston Medical and Surgical Journal.*

Contributions to Pharmacy. By JOHN P. METTAUER, M. D., LL. D., of Virginia, Professor of the Principles and Practice of Medicine and Surgery, in the Medical Department of Randolph Macon College.

It will not be denied that the operation of therapeutical agents is essentially influenced by the mode by which they are prepared.

This fact, so generally true, is particularly exemplified in the preparations of cinchona, cantharides, colchicum, guaiacum, and several other medicinal substances of which I shall speak presently.

For more than twenty-five years, my attention has been particularly directed to this subject, and, during this period, I have adopted several new methods of preparing some of the articles of the materia medica, and have satisfied myself, by repeated practical trials, that these preparations possessed superior efficacy to those generally employed.

Many years ago I prepared an acetous infusion of catharides,* for blistering purposes. This infusion was first designed for vesicating the scalps of infants, without removing the hair; and its action was very satisfactory. It was applied simply by wetting the surface of the head, and the hair nearest its roots, and then carefully covering the parts with a cabbage leaf, or oiled silk, to prevent the too sudden evaporation of the blistering fluid. When other parts of the body were to be blistered, a thin compress of bibulous paper, or cloth saturated with the infusion, was applied to them, and carefully covered with oiled silk. To insure speedy and effective vesication, I usually re-applied the tincture two or three times, after intervals of half an hour. I found this agent equally as efficient and certain in its action with adults as with infants. It rendered the removal of the hair unnecessary, as it blistered every part of the surface, even when a very thick head of hair existed. This preparation has been used by many of my medical friends, and with entire satisfaction. Within the last ten years, I was induced to prepare an æthereous solution of cantharides† as a vesicant, and have found it far more prompt and certain in its operation than the acetous infusion. It may be applied in the same manner as the latter. Frequently, merely wetting the skin with the solution, without covering the part, will blister; especially in infants. When adults are to be blistered, the preparation should generally be applied with a thin compress, and carefully covered, as already suggested—moistening the compress from time to time, until the skin is decidedly reddened. I have found this by far the most convenient and reliable means of blistering that I have ever employed. This æthereal tincture of cantharides is also an efficient internal remedy. As an emmenagogue and diuretic it has greatly exceeded my expectation. The æthereous menstruum seems not only to promote the operation of the cantharidin upon the genito-urinary organs; but at the same time to guard against strangury. I now use this preparation of cantharides almost exclusively, both externally and internally, when the lytta is indicated, and have done so for seven or eight years.

The remarkable efficacy of the æthereous preparation of the Spanish Fly induced me, five years ago, to employ spirits of nitric æther as a menstruum for cubebs, colchicum, guaiacum, squill, ergot, gossypium, sanguinaria, ipecacuanha, digitalis, nux vomica, and some other articles of less importance. The æthereous tincture of cubebs‡ is a most valuable remedy in all the sub-acute inflammations of the bladder, of the urethra, of the uterine cavity, and of the mucous lining of the stomach and intestines. It should be administered in some mucilaginous vehicle.

The tincture of colchicum§ is applicable to the treatment of all of the cases demanding the use of the colchicum, and is decidedly preferable to the vinous seminal tincture now in use, by reason of its tendency to act on the

*R. Canth. contus., 2½ oz.; Acid acet., 2 pts. Digest for 14 days, and filter.

†R. Canth. contus., 3 oz.; Spirit. æth. nitric, 2½ pts. Digest for 8 days, and filter.

‡R. Pip. cubeb. contus., 4 oz.; Spirit. æth. nitric, 2 pts. Digest 8 days, and filter.

§R. Sem. colchic. contus., 4 oz.; Spirit. æth. nitric, 2 pts. Digest 10 days, and filter.

urinary system. It is very well adapted to the treatment of sub-acute rheumatism, gout, œdema, and neurægic rheumatism, especially if the urinary secretion is materially diminished in quantity. In the bloating occasionally connected with the dysmenorrhœa, a combination of this tincture with the æthereous tincture of cantharides, sanguinaria and gum guaiacum will be found a most valuable remedy. It should be taken three or four times daily, in an infusion of pine tops, in doses of ten to twenty drops each. The same combination will also be found valuable in the sub-acute stage of gout and rheumatism.

The æthereous tincture of gum guaiacum* is superior to the preparations of that article now in general use in the treatment of rheumatism, by reason of its tendency to act on the urinary system; and the same may be said of it as an emmenagogue when there is rheumatic irritation of the uterus as an associate cause of dysmenorrhœa.

The æthereous tincture of squill† is adapted to all cases in which squill is indicated, and is an elegant preparation. In dropsy, œdema of the mucous lining of the larynx, and of the lungs, in asthma, and as an expectorant and diuretic it will be found a most convenient and valuable preparation. A combination of equal parts of this tincture and of the syrup of lobelia inflata taken three or four times daily, in doses of ʒss. to ʒj. each, is the most efficient remedy I have ever used in asthma.

The æthereous tincture of ergot‡ is best suited to cases of inaction or torpor of the uterus connected with debility or exhaustion; it may be used either as an emmenagogue or as a parturient. In uterine hemorrhage, or menorrhagia dependent on debility, or exhaustion of the uterus, it will be found a valuable remedy. Its action upon the uterus is greatly influenced by the æthereous menstruum. It is best to give it in some diuretic vehicle, such as pine tops tea, or flax seed or elm tea; and it may be taken in doses of ʒss. to ʒij., once in four or five hours.

The tincture of gossypium§ is possessed of properties very similar to that of ergot and may be employed in like doses with it, and in similar diseases.

The tincture of sanguinaria¶ is valuable when combined with the tinctures of cantharides, guaiacum, colchicum, cubebs, and indeed any other emmenagogue, in the treatment of dysmenorrhœa. It is also a valuable expectorant and diaphoretic in pneumonia, bronchitis, and œdema of the mucous lining of the air passages. It is administered in doses from ʒss. to ʒij., once in three or four hours. This tincture may also be employed alone as a diaphoretic and expectorant.

The æthereous tincture of ipecacuanha|| is so closely assimilated to the tincture of the sanguinaria in its therapeutical properties, as to be applicable to the treatment of the same diseases. It is an elegant and most convenient preparation. In typhoid fever it will be found far superior to the ipecac pill as a diaphoretic, especially when the tongue is dry and the thirst urgent. It

*R. Guiac. gum. resin, 4 oz.; Spirit. æth. nitric, 2 pts. Digest 8 days, and decant.

†R. Seill. maritum. contus., 4 oz.; Spirit. æth. nitric, 2 pts. Digest 8 days, and filter.

‡. Ergot. contus., 2 oz.; Spirit. æth. nitric, 1 pt. Digest 10 days, and filter.

§R. Gossypii. herbac, 4z.; Spirit. æth. nitric, 2 pts. Digest for 10 days, and filter.

¶R. Sanguinar. canadens. contus., 4 oz., Spirit. æth. nitric., 2 pts. Digest 8 days and filter.

||R. Cephæl. ipecac. rad. contus., 2 oz.; Spirit. æth. nitric; 2 pts. Digest 8 days and filter.

may be used also in typhus fever, or indeed in any febrile affections during the sub-acute stage. This valuable preparation acts both as a diaphoretic and diuretic in these cases, as well as an expectorant.

The æthereous tincture of digitalis* is a far better preparation than the alcoholic, on account of its greater activity; and this it derives chiefly from the æthereous menstruum. In doses from ℥ss. to ℥j., in some diuretic infusion, taken three times daily, it will be found well adapted to all such cases as require the foxglove.

The æthereous tincture of nux vomica† is especially indicated in the treatment of seminal debility, or to speak more properly, debility of the generative organs. In this, the gravest of human ills, after such preliminary treatment as may be demanded for the correction of constipation, and prostatic tenderness, this tincture will be found a most excellent means of restoring the erections. It is also valuable in exciting appetite for food, and in the invigoration of the digestive organs. This preparation is well adapted likewise to the treatment of paraplegia, especially when the bladder and rectum are implicated, as well as such other forms of paralysis as demand the nux vomica or its alkaloid. It may be given in doses from ℥ss. to ℥iss. three times daily, before or after meals, in some bitter infusion. The cold infusion of wild cherry bark I have generally preferred as the vehicle for it.

The æthereous solutions or tinctures are more readily prepared, requiring to be digested for a less time than the alcoholic, and keep without the least deterioration. They are also adapted to these conditions of the constitution in which alcoholic menstrua would be objectionable.

Hydrargyrum cum creta. This valuable preparation of mercury is usually formed by triturating ℥iij. mercury with ℥v. of prepared chalk, until the globules are extinguished. This is a tedious process, and the resulting powder is not of uniform strength, nor is the mercury completely rubbed down. Indeed, it is questionable whether the powder, when apparently well formed, always contains mercury, as a compound may be readily formed by uniting other coloring substances with chalk, to imitate blue mercurial powder; and I think I have met with such imitations several times. The blue powder that I have procured from the shops has generally disappointed me; and for a number of years I have prepared it myself according to the following method:

Take one part of pure starch; eight parts of prepared chalk; and sixteen parts of mercury. Reduce the starch to fine powder. The chalk may now be added, and after being well mixed, the mercury can be united. The powder must next be moistened with water, but not to the extent of wetting it; and the whole rubbed until nearly dry, when the mass should be again moistened and rubbed dry. In this manner the process must be repeated from time to time, as may be convenient, until the powder assumes a uniform bluish appearance. After the chalk seems to be saturated with the mercury, rub the mass perfectly dry, and then moisten it sufficiently to make it adhere to the surface of the mortar by pressing with the pestle. By carefully passing the pestle over the adhering mass, so as to render its surface smooth, the superfluous mercury will now escape from it in small globules and fall to the bottom of the mortar, and the separation may be facilitated by striking

*R. Digital. purp. fal, 1½ oz.; Spirit. æth. nitric, 2 pts. Digest 10 days, and filter.

†R. Nucis vomicæ pulv., 2 oz.; Spirit. æth nitric, 2 pts. Digest 10 days, and filter.

mercury over the surface of the mass where any globules appear. The mercury may now be removed from the mortar; and as soon as the mass becomes sufficiently dry, the trituration must be renewed and continued until the mass becomes a smooth, dry powder. Prepared according to this method, I have used blue powder in my practice more than twenty-five years, and have uniformly found it far more certain in its operation than that obtained from the shops. I prescribe it in the ordinary doses, or nearly so, and yet I am satisfied it is stronger than that in general use. I invariably direct it to be administered nearly dry, united with brown sugar, and to be mixed in a cup, by stirring the powder and sugar together with a straw or the point of a knife. The dose may then be taken into the mouth and swallowed, first with the saliva, and afterwards with a mouthful of water. This powder should never be mixed in a silver spoon, or any other utensil possessing an affinity for mercury, or the powder may be rendered entirely inert; and such an accident once befel a patient of mine, who nearly lost her life before the cause of failure of the medicine in producing its proper effects was discovered.—*Virginia Med. and Surg. Journal.*

On Iodide of Potassium. By J. W. CORSON, M. D. Cases testing the Iodide of Potassium, as an antiodoe to the injurious effects of Mercury, and corroborative of the experiment of M. MELSENS, (read before the Medical Society of the N. Y. Dispensary.)

CASE I.—*Remittent Fever; Hepatic Congestion; Anasarca; Recovery.*
Mr.—, æt. 35, trunk-maker, slender, pale, having previously suffered from a chronic cough, suspected to be phthisical, was under my care during a severe attack of bilious remittent fever, in September, 1842.

With other febrile symptoms, there was a slight jaundiced hue of the skin and conjunctiva, a yellow fur upon the tongue, unusual thirst, nausea and irritability of the stomach, highly-colored urine, a teasing, dry cough, unaccompanied by any appreciable lesion of the lungs, but with decided tenderness *over the region of the liver*. He was ordered cooling diaphoretics, warm sponging, and grain and a half doses of calomel, with Dover's powder, every four hours, until, more readily than usual, very severe and protracted pyalism supervened. His recovery was tedious, and some very free lay discussions on the treatment of the "Calomel Doctor," gave the case unusual interest. Under the use of quinine and bitter infusions, he rallied feebly, but the hepatic tenderness and jaundice remained for some time, and he finally relapsed with extensive anasarca.

In consultation with a medical friend, it was decided not to push the mercurial farther in an apparently strumous habit, but to trust to counter-irritation, and the exhibition of five grains of iodide of potassium three times a day. The dropsical effusion soon after disappeared; the remedy was continued for several weeks after, till recovery was perfect.

He has since enjoyed improved health, and has suffered no permanent ill effects from the mercurial treatment.

CASE II.—*Obstructive Ulceration of Throat; severe Ptyalism; Tedious Recovery.*—Mrs. —, æt. 30, dress-maker, of good character, pale, delicate and of a strumous family, was placed under my care in Nov., 1843, with extensive ulceration of the throat, of two years' standing, involving principally the pharynx and upper portion of the œsophagus, and so severe as to prevent her from swallowing solids, for months, and to limit her to soup and liquid food, and incapacitate her, and confine her to her room. Her appetite was poor; the menses were suppressed, and her spirits prostrated with the apathy of despair.

The fauces were red and extensively ulcerated; the teeth quite blackened, to use her expression, with the "powerful medicine" of my predecessors, and the profuse flow of saliva, the fetid breath and spongy gums, indicated that she was suffering from mercurial ptyalism. A strong solution of the nitrate of silver, acid gargles, and the usual topical remedies, had already been faithfully tried.

With slight hopes, I kept her upon five grains of the iodide of potassium three times a day, with rich broths and gentle exercise, and after several weeks, slight amendment was perceived. The granulations very slowly healed; her strength returned, and she was at last enabled to take long walks, and swallow and digest beef-steak and other solid food. She continued to take the iodide of potassium, in five-grain doses, three times a day, with slow, but visible improvement, and with little intermission for *eleven months*.

She entirely recovered; resumed her occupation, and, till lost sight of, some three years since, continued in good health, suffering none of the constitutional ill effects of mercury.

CASE III.—*Pleuritic Effusion; Displacement of the Heart; Gradual Recovery.*—Mr. —, æt. 36, shoe-dealer, slender, and of a scrofulous family, having been exposed to cold, was seized in December, 1851, with excruciating pain in the left side of the chest, accompanied with great difficulty of breathing, dry cough, fever, and a hard, bounding pulse.

In spite of prompt bleeding from the arm to twenty ounces, and full doses of antimony, followed by cupping and hydragogue purgatives, and blisters to the side, effusion soon supervened, accompanied by the usual physical signs, viz: want of motion, bulging, flattened intercostal spaces, dullness on percussion, and absent respiration.

The heart was finally pushed to right of the sternum.

Notwithstanding the strumous taint, I was at length obliged to resort to a mercurial course, and trust to correct its injurious effects by the subsequent use of iodide of potassium. With free mercurial ptyalism, absorption soon commenced. It was continued for many weeks, and with the use of a succession of blisters and the iodide of potassium, with the extract of conium, till the following spring. The effusion was completely absorbed, the heart returned to its normal position, and the patient escaped with slight contraction of the side affected. He continues in his usual good health.

CASE IV.—*Suffocative Laryngitis; Ptyalism; suppression of Urine; Recovery.*—Mrs. —, æt. 40, respectable, of good constitution, having been exposed to cold, was seized in October last with chilliness, succeeded by hoarseness, cough, sense of constriction, tense, quick pulse, and fever, which

increased, till in a few hours the face grew dusky, the features anxious, and she seemed ready to suffocate with acute laryngitis.

It was necessary to be in constant attendance upon her, and I resorted promptly to emetics, leeches to the top of the sternum, with antimonials, warm inhalations, and three grains of calomel and five of Dover's powder every three hours, till the breathing grew easier, the pulse softer, and the face more tranquil. Two days after, she began to flag a little; the pulse grew small and soft, and she had turns of faintness, accompanied by a sort of hysterical panting and choking, evidently nervous and spasmodic, which were relieved by draughts of carbonate ammonia, with tinct. valerian and hyoscyamus. In a few hours the breath grew fetid, the gums tender, and she was seized with most profuse and painful ptyalism. From this time the dispnoea, cough, and laryngeal symptoms abated, while the prostration and nervousness continued. She was really a most pitiable object. The tongue was largely swollen, and indented in its sides, the cheeks were extensively excoriated and tender, and the saliva ran profusely down the chin. She could neither eat, drink or speak, for pain, and conversed by writing on a slate. Even the assurance of a thoughtful consulting medical friend, and my own, that the sore mouth had probably saved her life, seemed small comfort. After trying in vain mild saline purgings, opiates, free ventilation, astringent and sedative gargles, and powdered sulphur, I succeeded in mitigating her sufferings a little by carefully brushing over the ulcerated spots on the tongue and cheeks with a forty grain solution of the nitrate of silver by means of a camel's hair brush, coating them immediately after with a brush dipped in olive oil and laudanum. She had been subject, for years, to turns of dull pain about the kidneys, nausea, and excruciating headaches, (possibly from the retention of urea,) and a very scanty secretion of urine, and this latter symptom became very serious during the present attack. To relieve the ptyalism, and produce a mild diuretic effect, she was ordered five grains of the iodide of potassium in solution, with an equal quantity of the extract of taraxacum, and two grains of the extract of conium three times a day. The effect was delightful; the mouth, rapidly healed; the urinary secretion increased; the nervous symptoms abated; in a few days she regained her lost strength and appetite, and has been since that period, to use her own expression, "better than she has been for years." As a sure ofsafety, she continued to take the iodide of potassium for nearly a month.

CASE V.—Puerperal Fever; Severe Ptyalism; Recovery.—Mrs. —, set. 35, dress maker, with blue eyes, light strumous complexion, of a phthisical family, and subject to chronic cough, was safely confined of her fifth child by a rapid, easy labor, early in January last. The after-pains were rather severe, but she did otherwise well till the evening of the sixth day, when I was suddenly summoned to relieve a somewhat severe abdominal pain, tenderness on pressure, with headache and some fever, which had been preceded by chilliness; the tongue being moist, the lochia and milk still free, and the pulse not much accelerated. She was not bled, but simply ordered warm fomentations, and fifteen grains each of calomel and Dover's powder, to be followed by a purge of castor oil, and oil of turpentine in the morning. She slept tolerably, and the purgative operated very freely, producing some temporary relief. She had suffered a teasing cough some time, had recently lost two sisters with consumption, and I was unwilling to salivate. *Sinapiens*

were freely applied, and she was directed to take half a teaspoonful of o turpentine in sweetened mucilage, with two-and-a-half-grain doses of op every four hours. The uterus being enlarged and tender, and some uml cal pain remaining next day, eight leeches were applied. On the fourth of the attack, all the symptoms became aggravated; the lochia ceased, milk rapidly diminished, the pulse rose to 130, and became small and wi the features anxious and sharp; the pain and tenderness were more ac She was immediately bled from a large orifice twenty ounces, and put up two and a half grains each of calomel and opium every three hours.

The pulse grew softer and slower, the features more calm, and the p soon ceased to disturb. She started in a sort of stupor occasionally duri the night, and muttered a few incoherent sentences, apparently from the opiate, but otherwise was much quieter. She continued thus until the s ond day after, when profuse ptyalism occurred, all her symptoms improv and her entire attention was diverted to her mouth. I lost no time in usc ing to the local treatment mentioned in the former case; penciled the ulcer tongue and cheeks with a forty grain solution of the nitrate of silver, follow immediately with olive oil, washing the mouth at intervals with a we gargle of extract of conium, and tannin and honey dissolved in water. commenced immediately, as a *remedy for the ptyalism*, and an antidote the dreaded constitutional effects of mercury in a strumous habit, to gi five grains of the iodide of potassium with two grains of the extra of conium three times a day. She rapidly recovered; the teasing coug ceased, and she continued the medicine for a few weeks, accompanied b porter and beef-steak, which she discussed with a ferocious appetite, and soo permanently regained her lost strength.

Remarks.—In common, doubtless with many others, I have for year been in the habit, especially in scrofulous constitutions, of always termina ting a mercurial course by the protracted administration of the iodide c potassium, both as a remedy for the immediate effects of mercury, and as a prophylactic against its future injurious consequences. And I have gradn ally ventured to be far less apprehensive of the ill effects of the mercurial in cachectic habits, when judiciously managed, than formerly.

These views came as quiet, practical teachings from the bedside. But the peculiar mode of action by which the iodide of potassium neutralized the slow poison of mercury in the system, was to me, as doubtless to others, a mystery, till the recent clear and satisfactory experiments of M. Melsens, of Paris, explained the whole matter. The observations of M. Melsens were first embodied in a remarkably interesting paper, published not long since in the *Annales de Chimie et de Physique*, and recently translated by Dr. Budd, of Bristol, and republished in the *British and Foreign Medico-Chirurgical Review* for January, 1853. Those who are not already familiar with it we would refer to the original paper, as a master-piece of medical observation, strengthening the patient deductions from the experience of the bedside, by the most rigid chemical analysis.

In the hope of directing more attention to these researches, and somewhat confirming them, we have selected the above cases out of many others that might have been quoted. Some of them have the advantage of having been watched for several years, during which time they have exhibited no wonder ing pains, or undue sensitiveness to cold, and no cachectic appearance or

of the five cases had legitimate evidence of scrofulous or tuberculous taint, and were, therefore, specially liable to injury, and better proofs of the efficacy of the antidote. In the single exception, too, *case No. IV*, there was a chronic renal affection, and it is well known that in Bright's disease, and other chronic difficulties of the kidney, mercury is particularly apt to act at times with fearful violence. The suffering in this case from ptyalism, was most severe of all, and the prostration amounted almost to that of mercurial erethism.

Yet, with these constitutional tendencies to hinder us in the administration, they all belonged to that desperate class of cases in which, from change of structure, or effusion of lymph or serum, life itself was immediately jeopardized, and apparently could only be saved by the resolvent effects of mercury. The simple enumeration of the cases would tell the practical physician that, when menacing life, he had, in duty to his patient, no other choice. They consist, it will be recollected, of extensive dropsy with hepatic congestion, threatening obstructive inflammation of the throat, immense pleuritic effusion, suffocative laryngitis, and severe puerperal paritonitis. In all these cases mercury appeared the *only remedy* capable of meeting the exigency. It succeeded most happily; and through the singular, and as we firmly believe, efficient, counteracting agency of the iodide of potassium, in a class of subjects most liable to injury, it left no sting behind. How the iodide of potassium acts in thus neutralizing the slow poison of mercury, the varied experiments of M. Melsens seems clearly to explain.

He lays it down as an admitted principle, proved by the well-known fact, that years afterward persons who have once freely taken mercury find gold coins discolored by the mercurial in the perspiration of their bodies, and that mercury has been sometimes detected in the body after death, *that mercury as well as lead combines with the animal tissues*, and remains, so to speak, fixed in the system for years. Secondly, that in the body as well as out of the body, the iodide of potassium acts as a *powerful solvent to the compounds of mercury and lead; disengages them readily from the animal tissues*, and drains them off through the kidneys. Many ingenious chemical and clinical experiments are given to establish these propositions. M. Melsens first proved that the iodide of potassium passes off principally in the urine, by taking large quantities himself, and then analyzing the different secretions of the body. The *feces* contained scarcely a trace, while the urine was loaded with it. It passes off through the kidneys with great rapidity. A person took 77 grains of the iodide of potassium, and in a few minutes the urine was charged with it. The compounds of mercury and lead, with the iodide of potassium, pass off by the kidneys in the same way.

An extraordinary cure of a looking-glass maker, with severe mercurial paralysis, is given, in which the patient took the iodide of potassium in very large doses for several months, and repeatedly during this period the iodide of mercury was detected in the urine by chemical tests.

The great efficacy of the iodide of potassium as an antidote to the slow poison of lead and mercury, were proved by M. Melsens, by experiments upon several dogs, which were fed with the carbonate and sulphate of lead till paralyzed, emaciated, and nearly dead, and then in a short time restored to health and flesh by the administration of the iodide of potassium.

Three cases of severe lead paralysis among house-painters and workers

in lead, were entirely cured, and a fourth greatly relieved, by the same remedy. In five cases of mercurial paralysis and severe suffering among gilders and workers in quicksilver, the iodide of potassium, in a few weeks, accomplished great relief, or a perfect cure.

It happened in some cases that the poison seemed to be liberated so rapidly by the remedy that it was badly borne. Sometimes profuse re-salivation was the consequence. I had under my own care a gilder, aged 65, a few weeks since, suffering from mercurial tremors and paralysis, in whom eight grains of the iodide of potassium, three times a day, produced distressing ptyalism, and so added to his sufferings that he refused to continue the remedy.

Does the iodide of potassium ever salivate, except by *liberating* mercury?

We believe not. In the few cases in which salivation occurs from preparations, of iodine, we think it will always be discovered that mercurials have, at some previous time in the patient's life, been taken.

From the experiments of M. Melsens, it appears that the iodide of potassium, when taken with mercurials, sometimes acts as a preventive to injury from the latter. We have for years been in the habit in strumous syphilitic cases, of giving blue pill at night, and the iodide of potassium by day. Or we have *neutralized*, as we imagined, the too severe effects of the prot. iodide of mercury, in syphilitic and scrofulous, throat affections, by combining with it the iodide of potassium. We have very lately witnessed excellent effects from this combination, in a case of tubercular syphilitic eruption.

Might not the exhibition of the iodide of potassium, in seasons of special exposure, be a protection to painters and workmen in lead, against lead colic and paralysis?

It is curious to notice what immense quantities of the iodide of potassium may be often safely borne. M. Melsens took, himself, for two months, from half a drachm to a drachm and a half per day, or more than two thousand grains in the whole period, without any inconvenience, except temporary coryza, and a few pimples, and with a decided increase of appetite. One of the most severe cases of mercurial paralysis, related as cured by him, took 2,314 grains of the iodide of potassium, between the 21st of March and the 23d of June.

Of the cases of our own, given above, No. 2 took five grains. three times a day, for eleven months, with the greatest benefit. M. Melsens recommends, in cases of mercurial, or lead poisoning, to begin with fifteen grains in solution, three times a day, and to increase the dose as the patient will bear it.

Dr. Budd thinks such large doses require two conditions—*First*, to be given on an empty stomach; and *secondly*, in a state of large dilution.

The cases we have narrated above, seem to prove that in milder forms, where mercurial paralysis is not induced, and the system is not highly charged with the noxious mineral, smaller doses of the iodide of potassium, if continued sufficiently long, are highly efficacious.

In conclusion, these researches of M. Melsens explain, we think, why the iodide of potassium is so serviceable in certain broken-down syphilitic patients, in whom the quantity of mercurials previously taken, finally form an important element in their disease. We have not sufficiently tested the iodide of potassium in lead disease, to speak as yet with confidence from personal reference. We may, however, as a supplement to this paper, at a future

period, report a few cases of lead paralysis, now under treatment, and hope in the mean time, to promote the principal object of this paper, by eliciting from the profession further observations on this important subject, and exciting a deeper interest in the original memoir, from which we have so freely quoted.—*New-York Journal of Medicine.*

Albumen in Urine—Its Value in Diagnosis. By CHAS. A. LEE, M. D., &c. In a Letter to the Editor.

MY DEAR DR.—It has become very common, of late, with certain practitioners, if they detect the presence of albumen in the urine, by heat or nitric acid, to pronounce, at once, an unfavorable diagnosis, on the ground that the patient is laboring under albuminuria, or Bright's disease of the kidney. Many persons have been unnecessarily alarmed, and their disease, whatever it may have been, greatly exasperated by the influence which such an opinion has had upon the mind, and, through that, upon the disease. While I have no doubt that the danger of that disease (albuminuria) has been greatly exaggerated, I have still less, that a false diagnosis is often made, and that patients are told that they labor under this disease, when there is no good foundation for such belief. There are many circumstances under which albumen exists in the urine, independent of every structural change in the urinary organs, and these circumstances should be more generally known. Simon tells us that albumen is often found in the urine of persons in *perfect health*, and though this statement, perhaps, needs confirmation, by more extensive experiments than have, as yet, been made on healthy urine, there is no good reason to doubt its correctness. Observation has been hitherto chiefly limited to diseased urine, or urine secreted during some other disease, and I think there is no good reason to doubt that albumen will yet be found to be not an unfrequent ingredient in the urine of perfect health. At any rate, we know that the urine of pregnant females often contains albumen, especially in first pregnancies, and in cases of twins, owing probably to unusual congestion, produced by the pressure of the impregnated uterus, and temporary congestion from any cause, even short of disease, will be likely to produce the same result.

Since I have made it a rule to examine the urine in all diseases, I have often met with albumen in it in acute diseases generally, as well as some chronic ones, independent of any disease of the kidneys themselves, and I believe it will yet be found, that in a majority of acute diseases, albumen, in greater or less quantity, will be found during some period of them; to febrile and inflammatory affections, these periods will be about the commencement of the febrile excitement, and just after the crisis, when convalescence is about to be established. This is well observed in all the exanthematous fevers, especially measles, scarlatina and small-pox, and the presence of albumen in these cases may actually be regarded as a favorable symptom. It neither indicates the presence of organic disease in the urinary organs nor any tendency thereto. It is the result of a series of changes, which seem essential to a restoration to health, and is of no more consequence than the desquamation and exfoliation of the cuticle. I do not mean to say that

albumen is always present in these diseases in their early stages, but, as a general rule, it will be found during the desquamative stage. Martin Solon says, "in twenty-two out of twenty-three cases," according to his observation; and Simon says it is "commonly" found. It may not last for more than two or three days; for the most part, it does not, and will generally be found to be associated with a considerable amount of kidney epithelium, but no fibrinous casts. The quantity of urine secreted will not vary far from the normal standard, and in other respects it will be nearly natural. It is possible that, in some epidemics of scarlatina, as stated by Christison, albumen may not be found, as a general rule, in the urine, just as we find some one particular feature or symptom absent, but these varying results may, in some cases, be owing to want of care in making the observation and experiments. The examination of the urine should be made daily, or several times a day, and then the treatment may have considerable influence in preventing its presence in the urine, as the warm bath, and other revulsive means, which determine the blood to the surface, and thus relieve renal and other internal congestions, and then it should be recollected that the presence of albumen in the urine is often limited to a short time, as one day, or a few hours, and unless we daily examine it, we shall be liable to be deceived. These remarks will apply also to small-pox and measles. I have observed, also, and the same observation has often been made by others, that during the acute stage of *erysipelas* the urine will be found highly albuminous, as well as during the stage of desquamation, when it may last for several days, and contain an abundance of epithelium scales. This state of the urine is more common, it is true, in idiopathic erysipelas, where the disease involves a considerable extent of surface, but it will probably be met with more or less frequently in every form; but then the urine must be frequently examined. So, too, during the stage of reaction in *cholera*, the urine will generally be more or less coagulable; at the same time the urine will be absent, or in small quantity, while there will be present biliary coloring matter and epithelium scales. The presence of renal epithelium shows the occurrence of desquamation, and probably, as Dr. Bigbie has suggested, the passage of the albumen from the blood is closely associated with, or depends on, this process; and that too, independent of renal congestion. But this yet remains to be proved. It must be admitted, however, that we often meet with albumen in the urine in scarlatina, where there is no other evidence of renal congestion, as lumbar pain or uneasiness, or diminished urinary secretion. In the dropsy that follows scarlet fever, we find albumen in the urine in a large majority of cases, while, at the same time, the urine is scanty in quantity, sometimes tinged with blood, and usually charged with exudative corpuscles, epithelium, and fibrinous casts of the small tubes. Here there can be no reasonable doubt of the presence of renal congestion, for we have, in connection with the diminished secretion, pain and a sense of weight in the lumbar region, with occasional vomiting, and whether organic renal disease may not grow out of such congestion, when severe or long continued, is a question to be determined by future observations.

In variola, in the few cases in which the urine has been tested, albumen has occasionally been discovered in the early stage; also, in the supplicative or critical stage, but more frequently in the stage of desquamation, and not unfrequently tinged with blood, with amorphous or crystalline urates and epithelium,

pneumonia, about the period of the resolution of the disease. Simon observed it in twenty-two out of twenty-four cases, at this period, and sometimes during the inflammatory stage. I believe it is, however, generally connected with the absorption of the pulmonary exudation, and it may, perhaps, be, as Schonlein has suggested, that the kidneys act as the chief emunctory for the escape of such matters from the blood, which are chiefly albuminous, although the urine also abounds with lithates in such cases. Albumen has also been detected in the urine in *pericarditis*, *endocarditis*, *pleurisy*, *carditis*, *peritonitis*, &c., and after the application of blisters.

In regard to chronic diseases, there is good reason to believe that, in most organic and structural diseases of the kidneys, the urine will be albuminous, though such is not always the case, even in Bright's disease, at certain periods. It may, however, be stated, as a general rule, that in a majority of organic diseases, whether of the abdominal or pelvic viscera, the urine will, at times, coagulate by heat or acid. I have known this happen so often in a hepatitis (recent) carcinoma of the liver, and enlargements of the spleen, that I have come to regard it as a common occurrence. In some cases where albuminous urine is associated with dropsy, as ascites it is possible that the urine may become albuminous from the influence of stimulating and irritant diuretics, as squill, turpentine, juniper, cantharides, &c. In all cardiac or other affections, calculated to produce congestion of the portal system, and a reflux of blood through the mesenteric and renal veins, we may expect to find more or less albumen, at times, in the urinary secretion; and the same remark will apply to pulmonary diseases, as phthisis, pneumonia. The influence of stimulating diuretics in causing coagulable urine has long been known, but it is too often lost sight of in treating those affections in which albuminous urine is apt to occur, independent of their action, as Bright's disease; any person can easily test this point by taking a few doses of cantharides, and then test the urine; or juniper, which also tends to produce temporary renal congestion, will produce the same effect. So, also, will blisters, when they cause strangury, and sometimes when they do not. In dyspeptic cases, too, the urine will often be found albuminous, and in temporary fits of indigestion produced by eating pastry, hot rolls, &c., the same happens. Recent observations in the Royal Infirmary of Edingburgh prove that albumen is found in the urine in a majority of cases of typhus fever, about the sixteenth day of the disease, and continuing four or five days; also, in a vast majority of cutaneous affections, where a large portion of the cutaneous surface is affected.

These remarks will suffice to show that we are, as yet, ignorant, in a great measure, in regard to the diagnostic value of this sign. It is significant, doubtless, of something, but what that something may be, we cannot always determine. We generally connect it, and no doubt truly, with renal congestion, temporary or permanent; but, whether that congestion be associated with structural changes, we have no means of deciding. That it often is, we know, and we know with the same certainty that it often is not—whence then the propriety, in chronic cases, in basing an unfavorable prognosis on this alone? We do not proceed thus in other cases, and I see no good reason why we should do so in this. The fact is, that renal pathology is yet in its infancy; it is only within a few years that any considerable attention has been paid to the constitution of the urine, or that chemical and

microscopic science have contributed their aid to elucidate renal diseases. I no doubt have that many anomalous cases of disease, whose pathology has hitherto been obscure, and unknown, will yet be found to have their origin in the retention of *urea* in the blood, and this is only to be ascertained by a careful and repeated analysis of the urine, with due regard to all the circumstances which modify the condition of this fluid. I have recently treated some cases of obstinate head-ache, on this hypothesis, with diuretics, and with complete success; colchicum and turpentine, with hydriodate of potash, increase the quantity of lithates and urea in the urine, and thus relieve the system of a *materies morbi*, which is productive of a great number of anomalous and painful symptoms, including, probably, rheumatism and gout.

But I did not sit down to write you an essay or monograph, but merely to throw out some hints in regard to albuminous urine, and to show that it is not so grave a sign as some pathologists are disposed to regard it, and much remains to be learned, and many more observations to be made before we shall be able to understand its true diagnostic value.

Truly yours,

CHAS. A. LEE.

Impalement upon a Pitchfork-handle, entering per Vaginam. Recovery.

[At the meeting of June 13th of the Boston Society for Medical Improvement, Dr. Sargent, of Worcester, related the following extraordinary case, which occurred in his practice, nearly two years ago.]

A lady, of about 37 years of age, who had borne several children, the last about three years previous to the injury about to be mentioned, and whose last menstrual period had been about a week before, her bowels also being in good lax condition, in sliding down from a hayloft, impaled herself upon the handle of a pitchfork, which passed in at her vagina to the length of *twenty-two inches*, when her feet struck the ground. The handle was immediately withdrawn, the patient carried into the house, and Dr. S. sent for. He found the patient, half an hour after the injury, lying on her back, with the thighs flexed, and the skin cool, pale, and moist (as if from fright,) and the pulse not much accelerated. There was no external injury, and no physical evidence of effusion into abdomen or thorax, and no urine nor *fæces* on the garments, nor about the person, nor on the field of the accident, nor on the handle of the fork. There was some blood flowing from vagina. Patient passed water during the visit, and it was not stained with blood. She complained most of pain in the left thorax, on a line with the scapula. Dr. S. saw the handle of the fork, which was rounded, a little larger at the end than elsewhere, perfectly smooth, two inches in diameter, and showed distinctly the stain of blood up to an abrupt line, twenty-two inches from the end.

Dr. S. theorized, in this case, that the instrument must have perforated the vagina at its upper part to the left, and gone between the uterus and rectum. [If it had gone to the right it would have perforated the *cæcum*.] The form of the instrument would make it much easier for it to pass between than to perforate organs, and Dr. S. supposed that it passed in front of the kidney, behind the spleen and between the diaphragm and

June 1850, probably up the costal pleura and it reached the scapula muscles.
The subsequent history of the case, which showed a fracture of the first rib, while also, there was at no time any effusion into the chest, proved this diagnosis correct. Supposing that the greatest safety of the patient was in what might be called *forced rest*, Dr. S. gave her one grain of morphia (by estimate), and bound her chest firmly with a broad bandage of new flannel, placing a towel, wet in cold water, between this and the skin. The morphia was repeated in an hour, and one-third of a grain three hours after. Patient passed water repeatedly in first twenty-four hours, without trouble and without blood, and passed coagula from the vagina. The day following, there was emphysema above left clavicle; and, the day following, crepitus in left axilla high up, as if from fracture of bone. There was at no time any evidence of pneumonia or pleurisy, though there was deficiency of respiratory murmur in left chest from the pain in its expansion, the percussion remaining good.

The pulse stood at 120 for several days, and the opiates were continued about as long.

The injury was inflicted the 7th of August, 1851, and Dr. S. was in daily attendance for nine days; and, occasionally, afterwards, for three weeks. The recovery was entirely favorable, the patient being left only with an ill-united fracture of the first rib, over which there was some painful swelling for several weeks, which ultimately subsided, leaving an osseous prominence in the supra clavicular region, in intimate relations with the scaleni muscles.—*Am. Jour. of Med. Sciences*, October.

[In another part of the same Journal, we find the following somewhat similar case, communicated by Prof. Meigs, and reported by Dr. G. S. Bryant, formerly of Virginia.]

"During my residence in Amherst county, Va., in 1850, I was called, on the 25th of April, at about 3 P. M., to see Phoebe, a slave, at 25, black, smooth skin, small stature, and the mother of three healthy children.

"On arrival, learned that, at about 2 P. M., patient had leaped from the height of ten feet, and alighted upon a tobacco stick, which had been driven firmly in the ground and was concealed by some loose fodder. The stick was four and a half feet long, and one inch square. The vagina was entered without doing much injury to the vulva; the stick passed up the canal, and perforated its walls on the right side of the os uteri, entered the cavity of the abdomen, and passed in an oblique direction upward, and finally lodged against the twelfth and eleventh ribs of the right side.

"4 P. M. Hæmorrhage quite subsided, but at the time of accident it was very profuse from vagina; pulse 120, and very small; extremities cold; countenance anxious; pain in abdomen distressing; nausea and frequent vomiting; mind clear.

"*Treatment.*—R. Tinct. opii ʒj; brandy ʒij. To be given at once, and repeated every hour or two until reaction, or relief was obtained; warm applications to the extremities, and a poultice to the entire abdomen, constituted the principal treatment.

"26th, 4 P. M. Slept during the latter part of last night, and has been sleeping, occasionally, during the morning, but is not altogether free from pain. Reaction took place about 12 o'clock last night; pulse now 110, quick and hard; abdomen much swollen, hard, and tender to touch; complains a

good deal of the side, about the point where the stick lodged, and the lower region of the liver. The swelling and contusion externally are considerable, and she cannot bear the part to be handled; vulva very much inflamed; passes water with much pain and difficulty.

"Dover's powder, grs. x, at bedtime, to be repeated during the night if necessary; effervescing draught every two hours; continue poultices.

"27th, 10 A. M. Rested pretty well last night; pulse 112, hard; skin dry; abdomen very much distended and painful to touch; eyes very red; has vomited some bilious matter; passes her water still with difficulty; bowels have not been moved since accident. R. Hyd. chlo. mit grs. vj; rhei, grs. x. Make iv pills; to be given at once, and followed by an enema of soap and water in six or eight hours, if no action is had by this time; anodynes and poultices continued; vulva to be frequently cleansed with Castile soap and warm water.

"28th, 11 A. M. Pulse 100, and softer; has had several bilious discharges; some discharge of pus from vagina; no other material change. R. Blue mass, grs. xvj; Dover's powder, grs. xi. Make into viij pills. One to be given every six hours. Continue effervescing draught, poultices, &c.

"29th, 10 A. M. Abdomen enormously distended, dull on percussion and painful on pressure; bowels have been moved twice, discharges of bilious character; pulse 118, small and quick; rested badly last night; skin dry, tongue coated over with a brown fur. Continue treatment.

"30th, 10 A. M. Had, about 2 o'clock last night, a copious discharge of grumous blood from the bowels, which discharge continued to occur every hour or two until 9 A. M., this morning; could not ascertain the exact quantity; nurse supposed it to be from seven to eight quarts; *this is no doubt a too liberal estimate.* Abdomen has gone down very much; pulse 130, small and feeble; skin dry and cool; she seems quite exhausted; vaginal discharge continues. Ordered half a grain of sulph. morphia at once; infusion of serpentaria ℥j, to be given at intervals of two hours. Continue pills and poultices, but discontinue draught.

"May 2d, 9 A. M. Abdomen much flattened; had two bilious discharges yesterday, free of blood; pulse 112, small and soft; vaginal discharge more profuse; passes her water freely; skin dry; has some appetite. Continue treatment.

"4th, 10 A. M. Has done well since last visit, until last night. Nurse thinks she was alarmed by a conversasion which took place in the room upon the subject of death and her probable recovery. After an hour or two she was better, and again expressed her belief that she would get well, never before having any doubt about her recovery. Bowels have been moved once this morning; biliary secretions improving; skin continues dry; pulse 108; appetite better. Continue treatment; is allowed a more nutritious diet.

"6th, 10 A. M. Pulse 108, soft; skin moist; bowels in good condition; appetite good; vaginal discharge diminishing; complains of little else than soreness in the right side.

"Ordered tonics and better diet; mercury discontinued; no appearance whatever of its constitutional effects.

"8th, 12 M. Convalescing. Continue tonics.

"11th, 11 A. M. Convalescing rapidly.

"Recovered fully by the middle of June following."

Credit System.—The credit system, so prevalent in this country, falls with peculiarly oppressive weight upon young professional men, and especially upon young physicians. Many estimable representatives of this latter class spend their all in acquiring medical knowledge, and, upon entering the profession, while they are compelled to pay cash for their board, office rent, and other necessary expenses, are bestowing gratuitous service on those capable of remunerating them, or waiting a year for more honest competent patients to discharge their dues. Consequently many sink under a load of debt, and recruit the ranks of cab-drivers and California miners, or are only saved from this fate by the helping hand of friends.

The members of the Burlington Medical Society have recently resolved that after January 1st, 1854, they will present their bills for professional services at the conclusion of each case of sickness.

The editor of the *N. J. Medical Reporter*, in noticing and advocating the general adoption of this important reform, makes the following judicious remarks:

“The present credit system is objectionable, because the services rendered are personal services; and as the obligation of the physician to the patient ceases with the termination of the illness, the obligation of the patient to the physician should be discharged at the same time. * * *

“The merchant, in disposing of a bill of goods on time, say six or twelve months, calculates that the purchaser will sell at a profit, in order to get the money to pay the creditor, and remunerate himself. Merchandize is the seal of the purchase — and it is often within reach of the seller, even when out of his possession, in the event of the buyer's default. We have no such security. The *commodity* (if such a term is allowable) rendered by us is *advice*, and as it is not, like the merchant's goods, to be bartered or sold again for a profit, we are entitled to its estimated pecuniary value at the time of its bestowal.”

We need hardly say how fully we agree in the foregoing observations. We trust the profession will take the matter into consideration.—*Virginia Med. and Surg. Journal.*

On the Effect of Coffee. By DR. ZOBEL.

In a long and interesting article, Dr. Zobel discusses the effect of coffee as well as, incidentally, other dietetics. He denies that the use of coffee (and of tea) is to be estimated by the quantity of nitrogen it contains, and shows by calculation how comparatively small a quantity of nitrogen could by this means enter the system. He also denies the accuracy of Rochleder's opinions, that coffee gives rise to the formation of creatine, or if it does so, he questions whether this may not result from its action on the nervous system, and not by immediate transformation of its own substance. With respect to the influence of coffee on the health, he refers to the opinions of a few enthusiasts, such as Jury and Thierry, who have supposed it to be most prejudicial to life. He then inquires what are the chemical changes which occur in the caffeine when introduced into the blood? The first change he states to be as follows:

Small Pox.—Mr. Marson, resident surgeon to the small pox and vaccination hospital, London, has published an "Analytic Examination" of the cases which occurred during four epidemics of this disease in the years 1838, 1844, 1848, 1851; of these, 3,094, rather more than one-half, had been vaccinated at some period in their lives. We have only room for the author's conclusions, which were.

1st. That natural small pox destroyed about one-third of all whom it attacked.

2d. That small pox after small pox, was of comparatively rare occurrence; that a second attack of natural small pox was rare, but not often fatal, and that protection seemed to be the law. That after inoculated small pox, an attack of small pox had more frequently led to fatal results; but there is reason to presume that the virus used for inoculation, like a great deal of the lymph used at the present day for vaccination, was often taken at too advanced a period of the disease, and thus did not afford the full measure of protection it was capable of affording, if taken at a proper time.

3d. That vaccination performed in infancy afforded almost complete protection against the fatality of small pox, to the period of puberty; that a variety of circumstances conspired to make it almost impossible to ascertain exactly in what proportion to the vaccinated cases of small pox subsequently occurred, or might occur, if all persons lived to an advanced age.

4th. That, as a matter of safety, it would be well for all persons who were vaccinated in infancy to be re-vaccinated at puberty; this measure being more especially requisite for those who were either indifferently or doubtfully vaccinated in infancy, and still more necessary for those who, though vaccinated, had no cicatrix remaining. Finally, as a matter of precaution, it would be desirable that all persons should be re-vaccinated, on small pox existing in the house where they were residing.

Dr. Chowne alluded to the neglects of vaccination in the country districts, which he stated to be a fault "of the government, by whom no efficient arrangements for vaccination was made, and consequently thousands lost their lives."

Mr. Marson stated, that, "amongst the persons who had only been vaccinated in one place, and the cicatrix was imperfect, twenty per cent. took the small pox; whereas, when there were four cicatrices, and those were good, the number who took small pox, after vaccination, was only one per cent."—*From the N. H. Journal of Medicine.*

Alum as an Emetic.—Dr. C. D. Meigs used alum successfully to rid the stomach of opium taken to destroy life. An ounce of powdered opium had been swallowed; thirty grs. sulphate of zinc had been given without the slightest effect; two hours after, "the patient was in a somnolent condition." "One ounce of powdered alum was immediately procured, and one-half of it mixed with a little syrup, was given to the patient, and followed in a few minutes by two or three tumblers of warm water, when copious vomiting ensued, by which a free discharge of the contents of the stomach was induced." The remedy was repeated, and the patient entirely recovered.—*From the N. H. Journal of Medicine.*

Irritable Stomach.—Dr. Robertson recommends “painfully flexing little finger of the patient, to compel his irritable stomach to retain medicine. He says they cannot “throw up the medicine” while the painful flexus maintained. Dr. T. S. Bell uses a tumbler, applied as a dry cup over stomach. The N. O. Med. and Surg. Journal recommends good champagne and ice. Dr. Bowling, of the Nashville Journal, considers *fr* champagne as the remedy; he says, “in the case of a sound stomach, feel authorized to say, that one that would reject ice-champagne, under circumstances, might be set down as unreasonably fastidious and refractory.”—*From the N. H. Journal of Medicine.*

Amenorrhœa.—Dr. Plumer, of Richmond, Va., reports the successful treatment of Amenorrhœa with half-ounce doses of the lig. acet. ammonia, properly prepared with dilute acetic acid.—*From the N. H. Journal of Medicine.*

Chapped Nipples.—Take of olive oil, ℥x.; venice turpentine, ℥ij.; yellow wax, ℥j.; alkanet root, ℥ss.; boil together, strain, and add balsam of Peru, ℥ijss.; camphor, gr. x.; stir constantly until cold. This is highly esteemed for chapped nipples and broken chillblains.—*From the N. H. Journal of Medicine.*

Strangury from Blisters.—Dr. Anderson, of Alabama, believes that strangury can uniformly be prevented “by smearing the plaster with oil of turpentine” before applying it.—*From the N. H. Journal of Medicine.*

Fœtus in Utero killed by Lightning.—Dr. Carithes reports, in a number of the Southern Medical and Surgical Journal, a case of a woman, 40 years of age, in good health, who was struck with lightning, and on the tenth day after was delivered of a dead child, which, from the appearance, had been so from the time the mother felt the shock.—*From the N. H. Journal of Medicine.*

Oil of Turpentine as an Excitant of Uterine Contraction.—Dr. Archer, of Va., recommends emenata of oil of turpentine, (℥j in gruel, q. s.) to reproduce labor pains which have subsided, or to strengthen those which are inefficient. Two reasons present themselves in favor of this remedy—safety and the ease with which it can always be obtained.—*From the N. H. Journal of Medicine.*

In the Peter Paul Hospital of St. Petersburg, in Russia, occurred a case of atrophy of the heart, where the organ was only two and one-half inches long, and two inches wide, and the pericardium contained one pound of clear serum. The patient, 35 years old, had died of general dropsy, the urine containing a considerable amount of albumen, while the kidneys were found normal.—*Mediz. Zeitung, Russland's*, 1852, No. 27.

Dr. Heinrich denies, according to his experience, benefit being derived from paracentesis, where there is considerable amount of exudation in the pleura, or in the pericardium, but convinced himself, in such conditions, of the great efficacy of an infus. flor. arnicæ with tartar emetic.—*Mediz. Zeitung, Russland's*, 1852, No. 30.

Parise found in his practice the following three remedies as reliable for severe epistaxis, viz: 1. Dossils of lint, saturated with alcohol, put into the nostrils, after the patient has cleared them and cleansed them as much as possible. 2. The blowing of a powder, consisting of equal parts of alum and gum arabic, into the nostrils, and the introduction of dossils covered with the same powder. 3. The filling up of the whole cavity of the nostrils with clean cotton.—*Bulletin de Therap., Tom 13.*

EDITORIAL DEPARTMENT.

Medical Specialities.—We have seen in the New York Daily Times, an article on this subject, discussing it fairly enough, and with considerable ability. To whom to ascribe its authorship we do not know, but presume it should be credited to the medical editor of that very able daily. The fact that a daily paper has a medical editor, is one of the signs of the times, to which we always mentally refer, when we see or hear those Jeremiads on the fallen condition of the profession, which are so frequent.

That we may afford our readers some notion of the article to which we refer, we quote from it at considerable length—cutting out from it, as it were, the heart of its argument.

“The student should indeed be posted in all the facts of the text-books of every chair. The applicant for a diploma, however skillful he may be in

surgery, should be driven back to the ranks until he knows the principles and practice of medicine as well, else he will be merely a skillful butcher. Or, though he have great facility in prescribing, and be a marvel in diagnosis, he should be refused his "*pro auctoritate mihi commissa*," until he is equally familiar with anatomy, and able always to trace back his path to plain English, from among the mazes of the chemical symbols. But to require that he should keep each of those collateral sciences marching on with equal pace, when circumstances have shut him up to the treatment of a narrow circle of diseases, is simply absurd. If he is dealing mostly with coughs, let him devote himself to the investigation of such troubles with his whole heart. He knows enough of chemistry to analyze the sputa—let him forswear, if need be, all chemistry that does not throw some light on his speciality. If retention is not easy, let him allow the crooked-named bones which seem like mere surplusage in the bony system, and the origin and geography of the nerves, on which ambitious students so much pride themselves, to slide into oblivion. Men who thus act may not be in perfect order to compete for all chairs in a Medical School successively, but they will make monographs and books worth reading. They keep their burning-glass fixed long enough to melt out the difficulties of the object placed in its focus. They gather upon one point heat-rays enough to reduce compounds to simples, and dissolve out the non-essentials. Men who make the eye and its diseases their sole study, must come at last to know more of its normal and morbid states, than if they had spent much of their time in tooth-pulling, and much more in watching the crises of fevers and the pointing of abscesses. If they study the eye out of its connections with the whole animal economy, of course they are not better than tinkers. We are as ignorant about the diseases of the ear, and the cures of deafness, as we were only excusable for being, a century since; and it is much because the profession frowns on its members who meditate a special attention to the ear and its ailments. So quackery has been allowed to poach on this manor, and bag all the finest game. The best treatises on uterine disorders come to us from men who spend their lives in hospitals devoted to the relief of such, and are daily familiar with the speculum. Dentistry was a subordinate art until medical men who loved it, stopped prescribing for general disorders, and, devoting all their attention to the care and cure of diseased teeth, developed a noble science for the relief of suffering humanity."

After the portion which we have quoted follows a lively description of the numerous functions, (some of them "vicarious,") which are included in the daily routine of the country doctor. As the writer states the case, they are multiform enough. We can recall the memories of a certain day in our own practice, when we commenced with a post-mortem, and during the day reduced two broken thighs, removed one testicle, dressed a lacerated wound, pulled a tooth, attended an obstetric case, prescribed for syphilis, scarlatina, erysipelas, and ulcer of the cornea, and finally, for a case of poisoning by corrosive sublimate. Whether any one head has available knowledge enough to do all these things *well* at a moment's notice, our modesty forbids us to say.

any man do any one of these things well, without such general knowledge as in some measure qualified him for the whole? Take, for instance, the case of poisoning. When we saw it, it had continued a week, had been treated by calomel and Dover's powder, and, of course, was moribund. We will, for the sake of argument, leave out the latter condition, and suppose that the patient was not moribund, and that a mere toxicologist was called. He would find that the poison had left the stomach, and was generally diffused throughout the system. He could not give an antidote, because the stomach was in a very active acute gastritis. Call, then, the doctor who takes the stomach for his specialty. Suppose that he has the skill to cure the gastritis; then is there a mercurial tremor left, and a half paralytic condition. The poor patient (an Irish girl at service, at six shillings per week, wages) must now call in the aid of him who practices in the diseases of the nervous system—a chemist must be added to the consultation, and they must together devise a cure. We fancy that the patient would prefer the services of any single physician, always excepting the "experienced" gentleman, who prescribed originally the Hg. Chl.², to cure the mischief caused by Hg. Chl.²

Take a case of syphilis: For the chancre (we suppose that our specialist confines his practice to the disease of certain organs) he must go to Ricord, for the ulceration in his throat to Dr. Horace Green, for his rupia to the dermatologist, for his corneitis to the oculist, and to we know not whom for his node.

The advocates of specialties lose sight of the fact that an organic disease is, not unfrequently, the mere representative of a constitutional condition. It often happens that a single disease mutates in its course. In alluding to the number, or rather the variety of diseases for which we once prescribed in a single day, we purposely omitted to mention that one of the fractures, the lacerated wound, and the removal of the testicle, occurred in a single patient; while the ulcer of the cernæa accompanied an erysipelas, which came on during the decline of a scarlatina.

To which of the specialties did this latter case belong? Or would it not be better to confide it to the case of a single educated physician, who was orthodox on zymosis and blood poison, and familiar with the local lesions accompanying general disease? Such instances would occur daily, and families would be much at a loss to know to whom to apply for aid.

Again the plan is certainly not applicable out of large cities, while in but few of these, could the practitioner of a specialty find business enough fo,

his support. To do this he would be obliged to draw his patients from the surrounding region of country, and thus decrease the too slender income of country practitioners.

The last consideration we have to name is one which, while its interest is principally confined to the profession alone, would soon react upon the community.

Law, Medicine, and Divinity have long existed as the three black girdles. To split up and subdivide into sections the medical profession, would decrease its influence, with its unity. Let us rather remain as one body, knit together by the ties which centuries have woven; let us maintain that organization as a republic of science which has so long endured, devoting a combined energy to the healing of infirmities; let us remain a body, strong *because united*. S. B. 1

Observations on the Medical Platform.—This is the title of an introductory lecture, delivered at Ann Arbor, by Prof. J. Adams Allen, a gentleman who holds several professorships—permanent and acting—in the medical school located at that place.

In complying with the request of a correspondent to notice this production, we do not feel at liberty to dismiss it with the usual words of vainglorious commendation bestowed on introductory lectures. On the other hand, in attempting to analyze it, and otherwise to perform the usual offices of the critic, we are placed in a somewhat unpleasant position. First let us inform our readers of the intent of the lecture.

So far as we can discover, it foreshadows the inauguration of some new movement in medicine—some comprehensive reform, which is to issue from the peninsular school of the prophets—and is to accomplish great purposes in some unexplained way. That is, if the lecture has any meaning, it means this.

Now we are aware of a propensity, which is endemic at the west, to a certain style of oratory, vulgarly called, "high falutin." It is possible that this may be the proximate cause of this overflow. Everything is attacked. We are told that legitimate medicine is a very rickety framework; that medical books are collections of errors; and medical ethics and codes are arrant humbugs; that there is an outward pressure upon the profession that will assuredly crush it; that *sauve qui peut* is the wise man's game; and that, if the temple of Esculapius is to be torn down, we may as well side with the movement, and join in what will be inevitable.

We quote: "What matters it that Hippocrates, and Aristotle, and Plato, Galen, Rhazes, Avicenna, Aetius and Celsus, Harvey and Boerhaave, Hunter, Broussais, Sydenham and Rush, have aided in the erection of this pyramid, if all their labors have converged to an apex upon which our modern temple finds insecure support? It is not men, nor time, nor circumstance, which evoke of necessity the clear and warrantable body of truth. For truth as such is utterly independent of the media through which it is transmitted to us; our acceptance or explanation of it, are in nowise its measure or its proof.

"Medical veterans may rage with awful front, and as they exhibit their honorable scars and mutilated limbs, may denounce the ingratitude and monstrous perversion of the times, but this outlay of vital force may as well be husbanded for other purposes."

And again: "What matters it that mest grave and reverend doctors in the law of medicine, in solemn conclave declare, 'These are the highest deductions of human reason; these, the strongest teachings of experience; these, the ultimates upon which the human mind must rest?' So other arts and other sciences have been enclosed, the outward pressure has burst the feeble barriers, and Antiquity, and Precedent, and Opinion, and the assumed Results of Experience have been commingled in confusion worse confounded, until Order, Heaven's first law, has called the living productive forms of eternal truth out of the wreck of foolish wisdom."

"Ridentem dicere verum."

What is to happen? We are in a most painful condition of solicitude and uncertainty. In the general crush which must follow this bursting of the barriers from outward pressure, may we and ours be preserved!

Seriously, we are weary of Jeremiads and diatribes, directed by medical men at medical science. Just at present, no profession or occupation is accomplishing more in the paths of true progress, or doing more every-day good to humanity in its ministrations, than is medicine. It is a mistake to suppose that the profession is system-ridden. Its organization has for its vital principle the freedom of opinion of the individual practitioner; and there are no creeds or doctrines to which he is bound to subscribe. If legitimate medicine is at a discount in Michigan, such prelections as this will furnish very specious arguments to its enemies. But perhaps it is necessary in a government school, to adapt its teachings to the pleasure of the appointing power—the sovereign people.

We find in a Detroit newspaper a criticism, which has in some measure suggested this notice, which we close with a brief quotation from the aforesaid criticism:

"The Dr. has evidently solved that grand Pilate-question, 'What is truth?' entirely to his own satisfaction, and has come to the conclusion that, my *thinking* a thing to be true, makes it true; and that this is the only kind of truth at which we can arrive or which can exist. This is a very purifying and ennobling doctrine for a teacher of youth in the University of Michigan to inculcate before a class of the hopeful youth of that establishment. It is calculated to increase very considerably our respect for, and confidence in, state education, and to diminish our fears that it will be productive in the end of an all-disastrous and all-engulphing atheism.

"We regret that our space is too valuable to allow us to devote more of it to the Dr. and his lucubrations. The style of the lecture is entirely too magnificent to admit of criticism; we should as soon think of making a critical examination of the crown jewels used by an actor in personating King Richard or King Lear. The Dr.'s phrase 'stand point of view,' seems to us to savor somewhat of redundancy, and reminds us of a classmate of our own who with a heart full of Paschal joy, exclaimed one Easter morning: Resurrexit—*est!* Some of the Professor's puns, too, are rather excruciating—as when he talks about 'ponderous (*not tombs*, but) *tomes*.' These, however, are but minor blemishes—mere spots on the sun." S. B. H.

The Seventh Annual Meeting of the American Medical Association, will be held in the city of St. Louis, on Tuesday, May 2d, 1854.

The secretaries of all societies and all other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed*; and it is *earnestly* desired by the committee of arrangements, that the appointments be made at as early a period as possible.

The following are extracts from Art. 2d of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

Delegates representing the medical status of the United States Army and Navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the last annual meeting of the association, held in New York, in May, 1853.

E. S. LEMOINE,

One of the Secretaries, St. Louis.

The medical press of the United States is respectfully requested to copy the foregoing.

Monthly Periscope. — Fistula Lachrymalis. — We notice in a letter from Paris, appearing in the Boston Medical and Surgical Journal, an account of a new operation for this surgical affection. The unsatisfactory results attained by the style, have previously suggested the trial of other modes of cure. Among these, the introduction of a small sound, and catheterism, appeared most likely to succeed. The dilatation of a bony canal is, however, no easy matter. In a conversation with Prof. Hamilton, a few days since, relative to the dilatation of the Eustachian tube, he assigned as reasons for its failure, the bony nature of a portion of that passage, and the consequent fact, that a sound could only press the mucous membrane against the bone for the moment, leaving it to resume its swollen condition as soon as the instrument was removed, with the added irritation due to the presence of a foreign body.

These remarks will apply with equal force to fistula lachrymalis, and furnish a sufficient reason for the failure of the usual and authoritative means of cure.

An operation is now practised by M. Desmarres, of which we furnish our readers a brief account, leaving them to judge of the propriety of its adoption.

He "makes a somewhat circular incision down upon the sac, dissecting laterally, so that it may be fully exposed, then applies the actual cautery, which completely destroys the sac—the wound healing without any very noticeable deformity—and in twenty to forty days the patient is cured of an affection that may have lasted him many years."

The question now arises as to what becomes of the tears. Of this the letter-writer in question argues, that the ordinary evaporation from the conjunctival surface will be sufficient to keep the cheek dry under ordinary

circumstances, but that when the secretion of the lachrymal gland is increased by the action of the passions, or by the presence of an irritation in the eye, it will, of course, flow over upon the cheek. This, however, occurs under the healthy condition. The propriety of the operation can be settled, by deciding as to whether it is more conducive to comfort to do without a nasal duct, or to suffer the inconveniences of fistula.

Salines in Dysentery.—The Ohio Medical and Surgical Journal attributes the causation of many cases of dysentery and serous diarrhoea, to torpidity of the liver, owing to deficiency of the alkalies, as compared to the fatty acids for the production of bile. This is a practical development of Bernard's physiological discovery. It is only necessary, first, to prove that a torpid liver is a cause of dysentery, This we believe ourselves, but other wiser men do not. We suppose, however, that all observers are agreed, that due attention to the chemical wants of the blood is a greatly neglected therapeutical necessity. It would seem from some casual investigation of this matter, that there was a deficiency of the salines in all that class of zymotics represented by dysentery and intermittents.

It should be recollected that the Ohio Journal advocates, not the saline cathartic, but the use of small doses of the neutral salts with a view to their absorption. If this theory be true, it is, perhaps, as well to the chemical, as to the cathartic action of this remedy, that the well known efficacy of the saline cathartic may be attributed. Of one thing we are assured, by a somewhat extended observation of many cases of dysentery in different localities—the Rochelle and Epsom salts are two of the most valuable of our remedies in that disease.

We submit that the following prescription, spoken of by the Ohio Journal as most efficient in dysentery, is hardly capable of accurate estimation of its results:

℞ Chloride of sodium, ℥ss.
Sulph. morph., gr. ʒ.

Repeated every four to six hours.

Those who advocate the pure opiate treatment of dysentery would ascribe greater efficacy to the one-third grain of morphia, than to a quantity of common salt, less than most people consume with their daily dinner.

Expectant Treatment of Rheumatism.—Can we jugulate an acute rheumatism? Those who are settled in the belief of the self-limitation of disease will readily answer no. But it is by no means proved that even self-limited

to the remedies employed. There is, or should be, a distinction between a natural and artificial limitation of disease. If we had any faith in logical medicine, we should argue that, if by the officious and improper use of medicinal agents we are able to kill our patients, thus breaking in upon the natural process of cure, we are also able, by their skilful and judicious employment, to hasten the progress of development, elimination, and cure.

These ideas are suggested by the perusal, in the *Virginia Medical and Surgical Journal*, of a translation from the French of J. Delwalsche, of a paper on the expectant treatment of acute articular rheumatism, pursued at the Military Hospital of Antwerp.

A reference to the opinions of writers, and to the pages of journals, will show a remarkable difference of opinion as to the proper treatment for this affection. In this connection, M. Delwalsche quotes from his predecessor in this movement—M. Gouzee—as follows:

“Of late years, there have been recommended the most violent and disproportionate modes of treating acute articular rheumatism. Tartarized antimony, nitrate of potash, blood-letting, opium, iodide of potassium and sulphate of quinine, have been employed in frightfully enormous doses; and, surely, it cannot be asserted, that a large proportion of the patients subjected to these various modes of treatment have been cured *tuto, citoque, jucunde*. It is even said that sulphate of quiaia, administered in Rasorian doses, has occasionally jugulated the patient instead of the disease.

“I have long employed a simple expectant treatment in this disease, and a year has never elapsed without my having cause for astonishment at the facility and promptitude with which my patients recovered.”—(*Archives Belges*, Jan. 1844, p. 7.)

Our own experience would lead to a somewhat different conclusion; but, as he who has only witnessed disease under the operation of medicine, knows little of its real tendencies, we waive any objections on that score, and will give to this new idea a place in the record, as furnishing, at any rate, some information as to what may be the tendencies of rheumatism when left to hygiene and nature.

The clinical notes of six illustrative cases are given, all of them resulting in a cure in from eight to fifteen days after the attack. The treatment was purely expectant, consisting of diluent drinks, taken cold, or warm, as the patient preferred, with fomentations, or baths to the affected parts. The whole array of active medicinal agents is ignored, and the disease left to the curative operations of nature, aided by diluents, diet, and the recumbent posture.

It is claimed that this has been an eminently successful management—that even in those cases where cardiac symptoms supervened, it was sufficient for every emergency.

Some years ago we had some experience in the antimonial treatment. It is proper to mention here, that whenever we have employed the tartar emetic in an acute inflammation, we have limited its use to a few—usually six—hours. During this period, just enough of tartar-emetic was given to keep the patient constantly and thoroughly nauseated. On coming out of this extremely disagreeable treatment, we have repeatedly witnessed a subsidence of the articular swelling and pain, followed by convalescence in two or three days. Warm fomentations were diligently applied as adjuvants, and usually a large Dover's powder was given at bedtime.

The conclusion which we derive from these apparently opposite experiences is: that the treatment in either case rests on a similar *rationale*. M. Gouzee regards rheumatism as a blood poison, to be eliminated by unaided nature. The antimonial treatment is supposed to fill the several indications of depressing the hearts action, and eliminating the poison by increased secretion from the skin and mucous membranes.

We subjoin the conclusions arrived at by the writer under notice:

“1. Acute articular rheumatism has a natural tendency to terminate in the course of one or two weeks.

“2. Treated on an expectant plan by simple hygienic and expectant precautions, it pursues its march without danger, and ceases as soon, if not sooner, than when combatted by active measures.

“3. It is not proven that the active treatments recommended in this disease are useful, or even innocent.

“4. The cardiac murmurs which are frequently observed in the course of rheumatism, disappear spontaneously in the great majority of cases, in proportion as the disease ameliorates, and under the influence of the simplest treatment.

“5. It is far from being demonstrated that these sounds are always the signs of endocarditis.”

The Physiology of Gaseous Absorption.—It is daily becoming more evident, that to a clear and rational physiology must we look for further advances in medical art. With this conviction strong within us, we watch with a lively interest those developments which are, from time to time, making in the chemistry of the human system. Foremost among those devoted to this section of inquiry, we recognize the name of M. Claude Bernard, of the Collège of France.

that we must look for information regarding these researches. Two years since, this Journal contained a series of letters addressed to it by Prof. Jno. C. Dalton, then in Europe, detailing the very interesting experiments of M. Bernard, on the physiology of digestion. These experiments and vivisections have since been reproduced in this country, with such additions and variations as were suggested by increased experience; first, at the Buffalo Medical College, and subsequently, (during the present winter,) at the College of Physicians and Surgeons in New York, by Prof. Dalton, of the Buffalo Medical school.

M. Bernard is now engaged—as we see by published letters from Paris—upon the subject which constitutes the heading of this sketch. We find in the Boston Medical and Surgical Journal, an account of sundry experiments furnished to it by a Paris letter-writer, and of which we furnish a brief *resume*, as is the custom of our Periscope department. Oxygen is a large constituent in the organization, it being necessary to it, not only as a nutrient, but to support that combustion which maintains the vital heat. Its absorption is universal, both in the animal and vegetable world; without it development cannot progress, or germination be accomplished. The spawn of a frog, or the egg of a bird, deprived of contact with oxygen, no longer germinates, and experiment proves that, during the germination of the ova we have mentioned, oxygen is absorbed by them.

A mode of ingress for this gas is provided in the lung, where an immensely large area of absorbing surface is presented to its contact. It is a chemical property of many liquids to absorb gases presented to them. Water possesses this quality. 1000 volumes of water will, when agitated in the air, absorb $9\frac{1}{2}$ volumes of oxygen. But the absorbent capacity of different liquids varying, it is found that the same quantity of blood, thus agitated, will take up 180 volumes of oxygen.

In stating that so much blood will absorb so much oxygen, we by no means occupy the whole ground. It is not probable that all the constituents of the blood absorb a like proportion. The theory of Liebig assigned to the blood globules alone this affinity. Others have ascribed to the iron of the globules a part of the *role*. Again is this addition of oxygen to blood, a mere solution of the gas, as happens in sundry other instances, or is it properly a chemical combination, modified by the condition and constitution of the absorbing fluid? These changes of the constituents of the blood, are constantly occurring. It is found, that in the presence of certain elements, more oxygen is taken up than in their absence. This is illustrated by the

chemical fact, that some salts of iron impart to water a greater capacity gaseous absorption than it naturally possesses. It is argued, that if absorption is a mere dissolution of the gas, like that of carbonic acid gas water, compression would increase the amount taken up, as it does in the instance of the carbonic acid. But it is found that compression exerts appreciable influence upon the absorption of oxygen by blood.

It was estimated by Lavoisier and Seguin, that during twenty-four hours 20,000 grains of oxygen might enter the blood of the healthy adult. This quantity—sufficient in itself for all the purposes of life—is, however, found to vary very considerably. The conditions of digestion, of abstinence, of different qualities of food, and as it now occurs to us, of pregnancy and lactation, exert a material influence on this process. Thus, during abstinence there is a more rapid absorption of oxygen, with a less copious evolution of carbonic acid gas than during digestion. In pregnancy and lactation, (we write from recollection of some experiments made in France some years ago relative to the vicarity of the functions of menstruation and respiration,) the proportion is reversed, more carbonic acid being exhaled during pregnancy than during menstruation.

Before detailing the influence of different articles of diet upon gaseous absorption, let us inquire what effect the presence of these articles has upon the absorption of gas by blood withdrawn from the system.

M. Bernard fills two tubes, or syphons, with an equal quantity of blood drawn from the jugular vein of a dog, a syringe being used to prevent atmospheric contact. To one of these tubes a small quantity of undissolved grape sugar is added. The blood in this tube absorbed twelve divisions of oxygen—by the tube not sugared fourteen divisions were absorbed. The sugar having subsided, on a renewed agitation, eight divisions were absorbed in the sugared blood, and eleven divisions by the other.

Other savans have placed this experiment in a different and more satisfactory shape, but confirmatory of Bernard's experiment. It is found that rabbits, living on their natural food, which contains much sugar, for every 100 parts of oxygen absorbed, expell 91.9 of carbonic acid gas; leaving only 8.1 to be assimilated. While fasting, on the other hand, 31 parts were assimilated, and 59 evolved in carbonic acid.

It is thus proved that the presence of sugar in the blood gives rise to a marked decrease of absorption of oxygen.

It is supposed (though no experiments have been directed to this point especially) that the presence of saline ingredients in the blood will increase gaseous absorption. This is *analogically* proved by certain experiments,

ing of forage for the use of horses. The result of this experimentation brought out the very rational conclusion, that salt stimulated the appetite, and induced the cattle to consume bad forage, but that it did not add to the nutritive qualities of the food.

M. Bernard has nevertheless tested the effect of chloride of sodium on gaseous absorption out of the body. The result is, briefly, that salt augments the absorption of oxygen, in the proportion of 32 parts of 100 absorbed by saline blood, to 20 parts of 100 absorbed by pure blood.

We have thus—as briefly as the importance of the subject permitted—given a *resume* of those facts in this connection which are already proved by experiment. It is not difficult to see that these facts, with others, linked in the same chain but yet to be drawn forth, must have an important therapeutical bearing. Thus, in diabetes, a disease in which the blood is surcharged with sugar, and in which it is proved that there is a deficient absorption of the “air vital,” we should look—secondarily to the primary lesion in the nervous system—to the introduction of such elements into the blood, as will quicken the absorption of oxygen, and decompose the free sugar in the circulation. It is believed that the first indication may be attained by the use of salines. The second we have, in some previous number, mentioned as already attained and proven, in the use of rennet, which converts the free sugar into lactic acid. M. Bernard supposes that the use of salt in increasing the absorbent properties of the blood, does also increase the rapidity of combustion, and consequently of emaciation.

We have already extended this sketch to a greater length than we anticipated. But before leaving it, it is proper to mention, as bearing on the causation of epidemics, the modifications which the oxygen of the atmosphere may undergo from meteoric causes. During the prevalence of cholera, a few years ago, its origin was ascribed to the presence of ozone, which is oxygen electricized. Its properties are those of an irritant gaseous acid; its respiration producing bronchitis. It has been found, on subsequent investigation, that ozone, so far from having a tendency to the excitation or development of putrefaction, or marsh miasms, is actually an antiseptic.

The Sympathetic Nerve and its Correlate Functions.—In addition to the theory of gaseous absorption, of M. Bernard, we find also in the St. Louis Medical and Surgical Journal, a letter from Paris, detailing his recent inquiries into the functions of the great sympathetic nerve. We therefore (in continuation of our last month's essay on Nervous Sympathy) will, in this sketch,

take up the subject of the ganglionic system in its relations to reflex action.

The theory of Marshall Hall, now generally received, assigns to this claim of ganglia a function dissimilar to that of the brain or spinal cord. It is in part a motor nerve, governing the muscular actions of the thoracic and abdominal viscera. It has also a sensory function, analogous to cerebral sensibility, but capable of only one expression—that of want, as hunger, *besoin de respirer*, or the disposition to evacuate an excretory reservoir. It is probable, or perhaps it is proved, that all sensations of pain, referable to these viscera, are the results of cerebro-spinal action. We are aware that this is not essentially the theory of Marshall Hall, but will allow the discussion of this argument to merge into the history of Bernard's experiments. Dr. Hall insists upon a filamentous connection, a nerve of reflection, existing between the anterior and posterior spinal roots; not because such a nerve has ever been demonstrated, but because it was necessary to prove some connection.

Those who have witnessed the experiments of Marshall Hall upon the frog, will recollect that the pinch of the forceps, though applied to a limited space, was able to put in action the muscles of an entire limb. M. Bernard urges that so limited an irritation could not act on all the motor nerves of a limb, and argues thence that the movement is the result of a sensation.

Where does this sensation reside? Not in the brain, for the communication is cut off. To find, then, some answer to this question, is important.

If the spinal cord of a frog be cut, it loses volitional control of the muscles. They will, however, contract on an irritation applied to the foot. Destroy the sensory ganglion of the posterior root, and you destroy all motion. Irritate them, and you increase the motion. Here, then, resides this sensation. Strychnia acts upon these intervertebral ganglia, and tetanus is developed within them.

The cutting of the spinal cord involves the actual destruction of the *nodus vitalis*, which is assuredly a fault in any experiments directed to the sympathetic nerve, inasmuch as it only isolates the brain, leaving the intimate connection between the spinal and ganglionic systems unimpaired. It is desirable to avoid this—to destroy the action of the brain and cord, leaving the ganglia of the sympathetic susceptible to impressions. M. Bernard tells us that it had been hoped to find in chloroform such an agent. This poison, however, does not meet the indication. It overwhelms alike all nervous functions. In people who have been hanged, a ciliary motion of the epithelium of the trachea has been observed for thirty-six, or even forty-eight, hours after death. But in animals dying from chloroform, this motion stops

on the ganglionic system. Hence the failure of artificial respiration to recover those dying from it. There is an instantaneous paralysis of the nerves of heart and lung motion, which cuts off hope of recovery in proportion to its completeness.

The writer whose monograph forms our text, says, that M. Bernard uses "*curare*" as a toxic. What "*curare*" is we do not know, but as it is precisely similar in its effects to *woorari*, we fancy that *curare* is a typographical fiction, an idea confirmed by sundry other translators and printers' errors, among which we find the grey fibres of the sympathetic, mentioned as the "fibres of remark," without any regard to the memory of the illustrious Remak.

There is such a minute interweaving of the ganglionic with the cerebro-spinal system, (for the posterior ganglia of the spinal cord belong to the former, and are uniformly mentioned by Bernard as such, without specification,) that it seems well nigh impossible to isolate it. This M. Bernard has done with the *woorari*. Under the operation of this poison, the cerebro-spinal axis is deprived of any functions, while, the sympathetic still acting, we have organic life going on. This condition of things opens the way to new and varied experiment. Of course respiration is stopped, depending, as it does, on cerebro-spinal action; but the chain of chemical and physiological changes, which constitute the objects of respiration, remain excitable by artificial respiration.

Thus M. Bernard is able to appreciate what portion of the chemical changes in the fluids is due to the ganglionic system. He can voluntarily diminish or increase the lachrymal or urinary secretions. He can so exaggerate the secretion of sugar in the liver, as to cause diabetes to be manifested in one hour. We quote one experiment with the *woorari*, which, though it lacks the test of chemical experiment which is applied in some other cases, goes to show, that while the motion of muscles of organic life may be destroyed by the poison, the germ of their reproduction, and the power of governing and changing those secretions which are the final cause of that motion, is due to the sympathetic nerve.

Experiment.—A dog, of middle size, poisoned before the lesson with *curare*, was on the point of breathing his last. M. Bernard placed him upon the table, opened his trachea, and adapted to it a tube communicating with a bellows. The blood had become black, and respiration had ceased; then insufflations were commenced in a manner to imitate and replace the movements of respiration. The blood became again sensibly red, the eyes, which

were dull, reappeared, animated, and sensible to sight. The insufflations were suspended, the phenomena of death manifested themselves anew, the blood reassumed its dark color. The manometer of M. Majendie was applied, and it was proved by the elevation of the mercury, that in proportion as the insufflations were resumed and continued, the pulsations of the heart returned, and acquired a greater intensity; the heat persisted, the muscular contractions manifested themselves, the phenomena which pertain to the secretions were seen to return."

Some practical deductions remain to be considered, which we shall postpone to a future number.

S. B. H.

Wolfe's Schiedam Schnapps.— We have received a pamphlet containing a laudation of this form of the "Batavian Elixir," with a number of certificates from physicians and the press, as to its purity and medical virtues, which is perfectly overwhelming. We have entire confidence in the sincerity and good faith of these endorsers; they were undoubtedly good judges of the article.

As the Schiedam Schnapps are nothing less than very good *gin*, we can understand their popularity. A lively friend informs us, that their free use during the excessively warm weather of summer, prevents profuse and unpleasant perspiration by increasing the secretions of the kidneys, and obviates some of the dangers of cholera, by maintaining the activity of those organs—a long-sought desideratum. We shall wait for further evidence before we express an opinion.

S. B. H.

We have received the "Family Dental Journal," edited by D. C. Estes, Dentist, Albany, N. Y.

Dentistry is one of the specialties to which the objections of a previous article do not particularly apply; albeit, we have known a dentist engaged for a week in plugging, pulling, and filing the teeth, in the vain attempt to relieve, thereby, the pains of one who was suffering from inflammation within the antrum of Highmore. We fear, too, that the dental art is guilty of some sins against facial neuralgia.

The "Family Dental Journal" is to diffuse dental information, and urge upon the American people the importance of those "grinders," which they hardly ever use. *Perge et vale!*

S. B. H.

the Buffalo Medical College, is now in Columbus, Ohio, where he fills, temporarily, the chair of Surgery in the Starling Medical College, made vacant by the dangerous illness of Prof. Howard.

The sickness of Prof. Howard will be a subject of regret to those who know that gentleman, or who, like ourselves, have been in the habit of perusing his writings in the Ohio Medical Journal.

The class who have expected to listen to his teachings, will find his place most ably supplied by Prof. Moore, who carries with him the hearty good will, and sincere respect of the associates and students whom he has left in Buffalo. S. B. H.

New Hampshire Journal of Medicine.—This contemporary has changed hands, a change made necessary, by the appointment of Dr. Edward H. Parker, its former editor, to a Professorship in a New York school. Dr. Geo. H. Hubbard now assumes the charge. We trust that he may find his labors both pleasant and profitable. S. B. H.

Franklin Festival.—The Buffalo Printers' Union hold their second annual festival in honor of Franklin's birth-day, at the American Hotel, in this city, on Monday evening, Jan. 16, 1854.

By a liberal and charitable construction, all editors are ranked as printers—an honor to be coveted. There is so much good feeling, genuine wit, and sound sense among the disciples of Faust as a class, that we have no doubt that their reunion will be one of the pleasantest of the season. S. B. H.

Paget's Surgical Pathology, received from, and for sale by Derby, Orton & Mulligan, will be noticed in our next issue.

The New Year.—Not only in accordance with honored custom, and not merely to comply with a required formality, but with a full sense of the meaning of the wish, and a hearty hope that it may be realized, we invoke for all our readers, "A Happy New Year."

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 9.

FEBRUARY, 1854.

NO. 9.

ORIGINAL COMMUNICATIONS.

ART. I.—*Treatment of Typhoid Fever.* By C. D. ROBINSON, M. D.,
Almond, N. Y.

At the risk of being thought affected with typhoidism, I propose to give you a short statement of the treatment in the following cases of typhoid fever.

I will premise by saying that I have been in practice twenty years in this region of country, and that the disease appears to be on the increase, decidedly, of late, as few will deny who have paid the least attention to the subject.

Having, with many others, doubted the efficacy of the treatment usually adopted, my mind was directed to the subject by reading Dr. Flint's remarks on the abortive treatment of typhoid fever, in the Buffalo Medical Journal of Feb., 1852, I determined to contrast the different modes of treatment with a view to satisfy myself of their comparative merit.

CASE I.—Mrs. O., aged 48, of good constitution. Saw her Oct. 19th; had been sick about a week; had typhoid fever complicated with pneumonia. The typhoid symptoms were well pronounced.

orange and water.

Continued this mode of treatment about ten days, when convalescence took place. She continued improving until Nov. 7, when she was found dead in her bed, supposed from an old cardiac affection. A post-mortem was no held.

CASE II.—N. O., aged 19, son of Mrs. O., was sick when I first visited his mother. Complained of chills, headache, pain in back and limbs, skin dry and hot, tongue slightly coated, pulse about natural.

℞ Cathartic. Adopted the expectant plan of treatment, gave small doses of pulv. Doveri and sup. tart. potassa, liq. ac. ammo. and spts. nitre, &c.

Continued the above plan, with such modification as appeared necessary, in conjunction with small doses of Hyd. C. Creta, and frequent showering the head and sponging the body with cold water, for three weeks, when an apparent amendment took place, but which was soon followed by an aggravation of all the symptoms. Tongue became dry and dark; sordes collected about the mouth; pulse very frequent; low muttering delirium; diarrhoea and tympanitis were present. To these were soon superadded epistaxis to an alarming extent. Simultaneously blood oozed from the entire internal surface of the mouth. The breath and exhalations from the patient were very offensive, having a putrescent smell. Petechiæ appeared on the back and legs, commingled with large discolored patches, having the appearance of interstitial hæmorrhage. He was now put upon the use of remedies calculated to restore energy to the vital powers, as quinine, brandy, mineral acids, chlorate of potassa, &c., and the application of astringents to the bleeding surfaces. Notwithstanding the vigorous use of the above remedies, the bleeding continued for six days, when he began to amend. Convalescence was very protracted, as he required close attention till the last of November.

CASE III.—D. O., aged 22, brother of the above, was attacked with chills on the 15th Nov. First visited by Dr. J. W. Black, my partner, on the 16th. He reports his condition as follows: Patient complains of intense headache; pulse 120; great thirst; urine scanty and high colored; tongue covered with a thin coat, a dark streak through the center; face and eyes suffused; skin dry and hot; feels stupid and inclines to doze.

℞ Oleum Ricine.

The oil had moved his bowels freely.

quinine, gr. xx.

, gutt. xxx.

water, followed next morning by liq. ac.
part—a tablespoonful every two hours.

otherwise the same.

ne, ℥ss.

xl.

as above.

at freely; skin soft, and tongue
nd soft; face and eyes suffused;
s; less headache than the day
the thorax; slight expectora-

mint water.

3.

sweat profusely; com-
the edges; roaring in
nill; skin soft; urine

, extending to

ta and pulv-

Passed a

Opii,

not

ee

Cough less severe, expectorates no blood, tongue moist.

From this time he began slowly to improve and was discharged about the fifteenth day. Since then we have heard but little of him until about four or five days ago, when he came into the office complaining of cough and shortness of breath, and œdema of the lower extremities. Since then he has expectorated a large quantity of purulent matter, evidently showing the existence of an abscess in the left lung, for which he is now under treatment.

CASE IV.—L. O'C., aged 25, was attacked, Oct. 26th, with the usual symptoms of typhoid fever of mild character.

℞ Cathartic of castor oil, followed by a powder of quinine, gr. v., sulph. mor., gr. ss., ipecac, gr. j.; every six hours, alternated with spts. nitre and liq. ac. ammo.

This treatment was continued four or five days, with an occasional exhibition of a cathartic. The patient not improving we fell back upon the expectant method. This fever continued twenty-one days, when he began to amend. Convalescence has been very protracted, as phlebitis of one of the lower extremities followed, attended with great debility.

CASE V.—Miss E. H., aged 17, was attacked with the usual symptoms of typhoid fever. Saw her first Nov. 8th; had been sick four days.

℞ Cathartic, followed by opii, gr. iv., *at once.*

Nov. 9. Feels better; sweat freely through the night; tongue moist and losing its redness.

℞ Opii, gr. ss.

Ipecac, gr. $\frac{1}{4}$.

Pulv. gum Arabic, gr. iv., in powder, every six hours, alternated with a weak solution of super. carb. soda.

She was discharged on the eighth day, perfectly recovered, and was soon able to engage in her daily avocations.

CASE VI.—J. W., aged 20, was attacked on the 20th Nov. with chills, headache, thirst, pain in back and limbs, and other symptoms denoting typhoid fever. Dr. Black visited him on the morning of the 21st.

gr. v., liq. ac. ammo. and spts. nitre, equal parts—a tablespoonful every two hours through the day.

Saw him again at 9 o'clock, P. M. Found him sweating; tongue moist; pulse reduced from 100 to 90; complains of pain in the chest; hacking cough; less headache, and has slept some through the day.

℞ Repeat the opium at 11 o'clock. Continue liq. ac. ammo. and spts. nitre, as before.

Nov. 22. Passed a good night; had two copious evacuations from the bowels, two hours after taking the opium; says he feels weak and prostrated; skin soft; tongue moist; urine free; pulse 108, small and weak.

℞ Sulph. quinine, gr. ij.
Carb. ammo., gr. ij., and
Pulv. glyc. gr. ij. every four hours, and occasionally
a little Port wine and water.

Nov. 23. Bowels open; complains of pain in the right side; pulse 108, soft and compressible; skin moist; urine free.

℞ Ipecac. gr. $\frac{1}{2}$, opii, gr. j., and super. carb. soda, gr. ij., every four hours, alternated with spts. nitre, combined with syrup of squill and senega.

Nov. 24. Appears better this morning; pulse 96, and full; tongue moist and cleaning; slight cough; free from pain; countenance looks decidedly better. From this time convalescence may be dated, as he continued rapidly to improve, and was discharged on the 29th.

CASE VII.—Mrs. B., aged 48, was attacked with typhoid fever, complicated with pneumonitis. Saw her first on the 14th Nov.; had been sick three days. As the pneumonia symptoms were urgent, bled her from the arm, and prescribed cathartic, followed by a solution of tart. emetic and pulv. Doveri, alternately every two hours. Continued the above treatment until typhoid symptoms began to show themselves, when she was put upon the use of opium and quinine, stimulating expectorants, and Port wine, when an amendment soon took place, and was followed by complete convalescence about the fifteenth day.

CASE VIII.—Miss C., aged 20. First visited her on the 23d Nov. Found her with the usual symptoms of the prevailing fever.

℞ Cathartic, followed by opii, grs. iv.

Nov. 24. Improved.

℞ Opii, gr. j., and pulv. gum Arabic, grs. iv., every six hours, alternated with liq. ac. ammo. and spts. nitre.

Continued the opium treatment for a day or two, and discharged her convalescent on the tenth day.

Being at a neighboring village on business, I visited, in company with her attending physician, a young lady just attacked with typhoid fever, which was then prevailing in that place to a considerable extent; by my advice he gave her opii, gr. iv., followed by the plan of treatment as above stated.

I have since learned from him that all symptoms of fever disappeared in the course of four or five days, as was the case in one or two other patients to whom the opium was administered.

L. S., aged 20, was attacked with symptoms of the prevailing fever; saw him on the second day.

℞ Castor oil, followed at bedtime by opii, grs. v.

All traces of fever disappeared during the next twenty-four hours, and in a day or two he resumed his usual occupation.

Perhaps our experiments do not sufficiently establish the fact that opium may be regarded as a specific in typhoid fever, yet I am satisfied it is a remedy of *great* power, frequently arresting the disease in the onset, and in all the cases in which it was given, exerted a marked influence, materially shortening its career and rendering it more manageable. Convalescence after its use, was rapid, and recovery more complete, than is usual after the other modes of treatment. When given early in the disease, it appears to arrest its progress, by destroying the virus upon which it depends. If not given until the disease is fully established and the system completely imbued with the poison, it appears to shield the vital powers from its effect. Perhaps its operation, in this respect, may be somewhat analogous to that of chloroform in protecting the system from the shock and prostration of a surgical operation.

Our experience with the quinine was not as satisfactory, although, perhaps, we failed to give it a sufficient trial. Case 3d, in which we adopted the heroic treatment recommended by Dr. Fenner, of New Orleans, the fever was evidently arrested in the course of four or five days, but symptoms of

pneumonitis soon supervened. Could the large quantity of quinine given him have had any agency in producing the thoracic inflammation?

As regards the usual modes of treatment in this disease, I am satisfied that, except when complicated with inflammation of a vital organ which cannot be considered as an element of the disease, blood-letting is positively injurious,—the same remark applies to purgatives and the alterative treatment with mercury, as it exerts no control whatever over typhoid fever, and, indeed, as is the case with purgatives, it tends to aggravate the follicular inflammation and the pre-existing irritation of the mucous surface of the intestinal canal, always present. But whatever may be the opinion of the profession in regard to opium and quinine as remedies in typhoid fever, certainly great praise is due to Drs. Henry, of Ill., and Fenner, of New Orleans, for their efforts to find a remedy for this disease, the treatment of which, hitherto, has been justly considered among the *opprobria medicorum*.

ART. II.—*Cases illustrating the use of Iodide of Potassium in the Cerebral Affections of Children.* By SANFORD B. HUNT, M. D.

If we assume that chronic hydrocephalus includes only that class of cases when the disease comes on slowly, and is accompanied by tubercular deposit upon the brain or its membranes, the cases following will not come under that designation. In all cases of hydrocephalus occurring in strumous children, or at the close of exhausting illnesses, it has been my fortune to witness a fatal result.

So universally has this held true, that it was common with the older authors to assert, that no case of dropsy of the brain had ever recovered; and that all such reported recoveries were cases of simulated cerebral disease, dependent on irritation elsewhere.

This opinion owes its origin to the fact, that no distinction was made between scrofulous hydrocephalus (tubercular meningitis) and that form produced by the retrocession of tumors, the translation of disease, or by idiopathic cerebritis. This distinction is now widely known, and it is freely admitted that cases of this latter kind may often recover.

It is still, however, a dangerous, and, in a large proportion of cases, a fatal disease. Coming on, as it often does, very suddenly, but little time is furnished for the exhibition of remedies. The prognosis must depend almost entirely on the amount of effusion, and particularly the degree in which the

seen applied to this sudden form of effusion, the name of "water-stroke," and consider it a very expressive designation for that sudden coming on of symptoms of effusion, which so rapidly destroys life.

But "water-stroke" is not confined to the simple or non-malignant form of hydrocephalus. I have seen it in one case of tubercular meningitis, occurring with a rapidity which merited the name. A little lad, aged seven years, of remarkable personal beauty, and possessing that precocity of intellect and mildness of disposition common to undue cerebral development, had for thirty-six hours, during which I attended him, the symptoms of mild remittent fever. He made no complaint of his head. I visited him at four in the afternoon, and found him sitting on a lounge, perspiring freely, having just had a smart fever. He took some light food during my visit. Two hours after, having been playful in the mean time, he asked for water in a strangely altered tone of voice. When it was brought him he was unable to drink, having already become insensible. I saw him at once. He was comatose, with irregular pulse and respiration, and his right side evidently paralyzed. In this condition he lived twenty-four hours, having some slight convulsions of the left side. I learned subsequently, that my little patient had complained to a neighbor of headache, but he had never mentioned it at home. No autopsy was had, but from his peculiar organization, and from serofulous difficulties for which I had previously treated him, I have no doubt of the tubercular cause of his sudden death.

I have mentioned this case, only as an illustration of the marked form of tubercular meningitis.

It is doubtless true that many cases of simple effusion may terminate with equal rapidity. It is known that after certain eruptive diseases involving temporary albuminuria, effusions of serum occur very rapidly in the serous cavities. The thorax and abdomen are the more usual localities of these effusions; but it is at least probable, that the brain may likewise be their seat. The cases reported in this Journal two years since by Dr. Flint, though not verified sufficiently by post-mortem appearances, can hardly be explained on any other supposition. I have seen such deaths in several instances. In one case a child had recovered from measles without any treatment, and was standing at six o'clock, P. M., at the window, looking out; suddenly it had difficult respiration, and became at once insensible. I saw her at 11, P. M. She was moribund, the pulse was regular, while the respiration occurred only at rare intervals.

I have once attributed a sudden death to a similar cause. A man, aged

50 years, had had neuralgia of the fifth pair, following an insensibility few hours, of which I know nothing save the fact. While convalescing, still suffering much from neuralgia, he died very suddenly before a phys could be obtained. There is, in this case, room to doubt as to wheth was not true apoplexy.

In other cases, however, I have had reason to predicate the mann death, from the existence of neuralgic symptoms with great organic dis and debility. I once predicted to the friends, that a lady suffering : tubercle would die in this way. Six weeks after she complained of pa the nuchæ, and the side of the head, and died almost immediately.

I could mention other cases of this kind, but they are somewhat for to the intencion of this paper, and all of them lack the verification c autopsy.

The cases which I shall now describe, will present some features in : mon with these fatal cases. In two of them there was a previous zyr disease, of such form as to be readily transferable by metastasis. In third there had been a cutaneous eruption.

CASE I.—A. C., a boy, aged twenty months, had cynauche parot leaving the gland swollen and tender. He did not seem much ill, until, several hours of fretfulness, his voice assumed that peculiar shrill and ping tone known as the *cri hydrencephalique*. I found him soon after head symptoms. The head was hot, the pupil of the eye contracted, but slightly sensible to light; he lay moaning and tossing his hands upv

As his bowels had been previously constipated, I prescribed an al enema, a warm bath, cold to the head, and iodide of potassium, gr. j, e two hours. The symptoms did not vary much for two succeeding c The treatment was continued unvaryingly, a warm bath being given e six hours, while the aloetic enema was administered twice daily. No n cine was given by the mouth except the iod. pot. A profuse secretio urine followed, and on the third day there was considerable amendn He passed through a tedious and fretful convalescence. Before his ill he had walked with great firmness, but now he seemed to have lost all trol of his limbs, and was in a semi-paralytic condition. This continer two months, when, as warm weather came on, I ordered him to be exp to the direct rays of the sun, in a simple chemise, and to be allowed to in the fresh earth of the garden. He soon became healthy under the in ence of these natural tonica.

The two following cases I will transcribe nearly verbatim from the daily record, made during the progress of the cases:

CASE II.—22d Jan., A. F., aged 5 years, is lively in the morning, but grows sleepy and stupid toward noon. He has had a pustular eruption on the surface, which, within a day or two, has disappeared. Moans in his sleep, throwing his hands to his head, which sweats profusely; lies with one hand pressed against the left temple. Extremities cold and dry; head hot. Strawberry tongue; bowels costive; no appetite.

Treatment. Cold to the head, draughts to the feet and wrists, warm bath.

℞ Calomel, grs. v, follow with castor-oil and spts. terebinth.

23d. Cathartic operated freely with a greenish stool. He appears lively and playful.

Continue the revulsive treatment.

℞ Hg. biniodid, gr. j.
Iod. potass., grs. xx.
Aqua, ℥j.

Take 10 drops every three hours.

24th. Appearance the same as yesterday morning. During last night was delirious, and complained of his head. Gave an infusion of pink and senna, as he was subject to worms, but without effect.

25th. Morning. Had a restless night. There is a profuse discharge from the nostril. Gave a cathartic, which operated freely.

Evening. Head is very hot; hands cool and husky; but one discharge of urine in twenty-four hours. The pupil of the eye vacillates, and is on the whole somewhat dilated. Pulse intermits occasionally.

℞ Emp. Vesicat to the nuchæ. Substitute 3 grs. of iod. potass. for the solution of the biniodide, which has been given every three hours. Give two warm baths during the night, and keep a bladder of snow upon his head.

26th. Sleepy; has had a very disturbed night. Had two urinary discharges this morning. Pupil of the eye dilated. Countenance fatuitous. Pulse regular, slow, and full. Head not so hot. There is a copious discharge of purulent mucus from the nose and ear.

Continue treatment.

Evening. Says he feels better. Eye looks natural. Had a stool and urinary discharge this morning.

Continue.

27th. Appeared considerably better.

Continue treatment.

Evening. Feverish and restless. No operation.

28th. No movement of the bowels for the last forty-eight hours. Gave an aloetic enema, which was followed by an evacuation.

Continue the iod. potass.

On the 30th the case was discharged from treatment, with directions to keep the bowels open. He took for five days 3 gra. iod. potass. every three hours. The daily record of symptoms is imperfect, as not conveying a due sense of the gravity of the symptoms.

CASE III.—Edwin S., aged 2 years. Feb. 6th, was called to see him. Up to Feb. 15th, the symptoms were of a shifting febrile character, with cough, hurried respiration, some stupor, and occasional intolerance of light.

On the 15th he had symptoms of bronchitis, with a tight ringing cough. Some expectorants were given. On the 16th there was an extremely profuse secretion of mucus in the lungs, in such quantity as to materially impede respiration. He had a profuse perspiration, and also a diarrhoea; was pale and exhausted, and had hardly strength enough to free his lungs of the constantly rising mucus.

The treatment consisted of carb. ammon., quinine, and other supports. Under these he improved until the 18th, when he had an accession of fever, with two well-marked dysenteric discharges. For this (although he was very drowsy) opiates were given. He had, all this time, only such head symptoms as might be accounted for by the irritations elsewhere. The dysentery was checked by the opiates.

20th. Morning. Head symptoms more marked; pupils somewhat contracted; head hot. He screams occasionally with a very shrill voice—*cri hydrecephalique*.

℞ Potass. nitras, gr. ij, every two hours.

3, P. M. Head symptoms are increasing. Pupils of the eyes very much contracted; head very hot; respiration labored and interrupted. There is general coma, and the pupil is entirely insensible to light.

℞ Iod. potass, grs. v. every three hours. Ice bladder to the head, and warmth to the feet.

21st. Still insensible; chin quivers; pulse unsteady in volume, but cannot

be called intermittent. Pupils of the eyes no larger than last night. Some diarrhœa.

Continue treatment.

Evening. Pulse slower and steady; head cooler; opens his eyes, and recognizes those around, apparently. The pupil of the right eye is very much enlarged. That of the left eye is enlarged, but is not more than one-half the size of the right.

Reducé the dose of iod. potass. to 3 grs.

Continue the revulsives.

22d. Has his senses; skin cool; head getting quite cool. In the right eye the pupil is so much dilated that a mere rim of the iris is visible.

℞ Emp. vesicat. to the nuchæ.

Continue the previous treatment.

23d. My patient is extremely cross and fretful, but has quite an appetite, and appears every way better. Objects to the ice bladder for the first time; pupils less dilated, and nearer of a size.

Omit the ice. Continue the iodide.

Evening. Pupils answer in some degree to the light; are both still enlarged, but nearer of a size, the right one having decreased, while the left remained stationary.

On the 24th I considered him convalescent. He was for some time extremely peevish and irritable, and two months elapsed before the iris regained its natural contractibility.

The iodide was continued, in smaller doses, for some time. The record gives 112 grs. ioidid. potass. as consumed in four days. As is usual in bedside pharmacy, the quantity was guessed at, and was really much larger than is stated, as I subsequently ascertained by weighing a bulk equal to that consumed during this period. In all these cases the large dose was tolerated by the stomach, and I discovered no unpleasant effects from it.

I have published only these three cases, because I have no doubt about the fact of effusion having occurred in them. In other cases I have prescribed the ioidid. potass. for apparent cerebral disease, but as some doubt exists upon their true pathology, I do not instance them.

In Case I the subsequent loss of power of locomotion, and in Case II the continued paralysis of the iris, were subsequent symptoms, which confirm my previous diagnosis. The rationale of the remedy is simple.

I have long considered the iodide of potassium as a most serviceable

diuretic, while its acknowledged action of stimulating the absorbents, peculiarly qualifies it for serous effusion. In cases of cerebral disease, we are usually unable to check them before the period of effusion, which sometimes comes on with astonishing rapidity. Those medicines—*e. g.* calomel—given with the view of controlling the inflammatory action, have not sufficient time to reach the difficulty, even if we admit that they have the power to control it. The use of drastic cathartics, so long and so strenuously urged, is, to my sense, not only unphilosophical, but injurious. The irritation of the alimentary mucous membrane is added to existing difficulties, and complicated, without relieving the case.

In an inflamed brain every irritation is felt with more than ordinary severity. It should be a maxim in these cases, to avoid unnecessarily distressing the patient. Consequently, blisters are less serviceable than in effusions elsewhere, and though the draft upon the fluids, which they occasion, is desirable, they should be avoided until the effusion is evident, and the capacity of pain in the cutaneous nerves is obtunded by the loss of cerebral sensibility.

To the iodide of potassium none of these objections apply, for no pain or irritation follows its use.

The theory of simple hydrocephalus would seem to be comprised in the following indications:

1. To combat the local inflammation by cold to the head, and the warm bath.
2. To promote the action of the kidneys, and thus to hasten the absorption of effused fluid.
3. To maintain a soluble condition of the bowels without the use of drastic or irritating medicines. For this purpose I prefer the aloetic enema, attributing to it a revulsive, as well as cathartic effect.
4. To counter-irritate and set up artificial discharges of serum.

While I have a reasonable conviction of the real efficacy of the iodide of potassium in simple hydrocephalus, the question must remain unsettled until a large number of cases is obtained. I am, however, convinced that should it be proved that it exerts no influence upon the disease, it will be found, also, that the previous modes of treatment are objectionable on other and stronger grounds, and treatment will be finally limited to the employment of external revulsives only.

ART. III.—“*De omnibus rebus et quibusdam aliis.*”

By RUSTICUS.

MESSRS. EDITORS:—One might have deemed, from the tone of my last epistle, that I considered a resurrected theory worthless—that because an idea had once figured on the current of opinion, and then disappeared, that it was *de facto* unworthy of a subsequent consideration. From any such interpretation of the drippings of my brain, excuse me. I have an honest veneration for the labors of that medical period when Sir Christopher Wren and others were engaged in vivisection and experiment. It is true that these old worthies proved, sometimes, too much. Their ignorance of absorbent action generated some queer blunders.

Thus, in a paragraph upon Hydrops Pectoris, by Natt Fairfax, about A. D. 1670, he argues of pleuritic effusion, that “’T is probable that the Liquor proceeded from the falling down of the *Chyle* from the *Axillars*.” In a paper on the same subject, by Mr. Samuel Doudy, he suggests the operation of paracentesis thoracis in pleuritic effusion, in these words: “Perhaps it may not be impracticable to use the *Paracentesis* in the like case, when the disease is certainly known, and without it death is most likely to ensue.”

The light of auscultation has given to us, at last, the power of “certainly knowing” the disease; and Dr. Bowditch is, by argument and reports of cases, urging it upon the profession, and now, after a lapse of nearly two hundred years from the first proposal of this operation, it is likely to become an approved means of cure in those cases supposed by Doudy, where “death is most likely to ensue.”

It was after these publications of Fairfax and Doudy, viz., on “Jun. 21, 1683,” that Dr. Will. Musgrave (the endorser of the Haematokinetic doctrines of that day,) injected water into the thorax of a dog. The water was absorbed, and the dog recovered; whence our accurate experimenter derives the following bit of theory:

“Perhaps, as nature has furnished us Vessels to bring off that humour which is thrown into the *Ventricles* of the *Brain*, and by tarrying there would prove fatal to us, so likewise there may be some *Ductus* yet unknown (to me at least) which belonging to the Thorax, may convey off thence what Liquor arises (either from the Condensation of Vapours, or from the Rupture of *Lymphaticks*, or any other Way,) in the cavity, mediately or immediately, into the Blood: Certainly these Experiments, as also the Hystories of *Empyemad’s*, and *Dropsies of the Breast*, mention’d by Physicians as cur’d by

Evacuations by Urine, do, in some measure, argue the Probability of such a Passage.”

It would seem that Musgrave was here upon the verge of the discovery of the absorbent system. The lymphatics were already known, but it was thought that they were employed, not in the collection of surplusage in the system, but in the distribution of nutrient matter. M. Louy de Bill's discourses theranent.

“ * * * * most of the Juice of the *Milky Vessels* is discharged between the *Tunics* of the *Veins*, *Arteries*, *Lymphaticks*, *Membranes*, and the *Vessels* in the *Mesentary*, to be conveyed into all the parts of the Body, both Internal and External. * * * * The remaining and least Part of the *Juice* of the *Milky Vessels* is transmitted through the *Ductus Thoracicus* by the *Jugular Vein* into the Blood.”

The subject of dropsies was to the old physicians a very interesting one, and the distinction between ovarian and abdominal dropsies was early made.

Dr. Robert Houstoun reports an operation for ovarian dropsy, made in August, 1701, which may well rival any of those since performed. If boldness and daring are the highest qualities of the surgeon, then does this Glasgow chirurgeon deserve high mention for his “achievement.” *Seipse dicit.*

“ * * * * with an Imposthume Lancet I laid open about an inch; but finding nothing issue, I enlarged it to two inches, and even then nothing came forth but a little thin yellowish Serum; so I ventured to lay it open two Inches more. I was not a little startled, after so large an aperture, to find it stopp'd only by a glutinous Substance. All my Difficulty was to remove it; I tried my Probe, I endeavored with my Fingers, but all was in vain; it was so slippery that it eluded every Touch, and the strongest Hold I could take.”

“I wanted, in this Place, every thing necessary, but bethought myself of a very odd Instrument, yet as good as the best, because it answered the End proposed. I took a strong Firr-Splinter, wrapped some loose Lint about the End of it, and thrust it into the Wound, and by turning and winding it, I drew out above two Yards in Length of a substance thicker than any Gelly; or rather like Glue that is fresh made and hung out to dry; the breadth of it was above ten Inches. This was followed by nine full Quarts of such matter as I have met with in Steatomatous and Atheromatous Tumours, etc.”

This woman recovered. It is, so far as I know, the earliest successful operation for ovarian dropsy by removal of the organ. He states further on, that he removed “several large Pieces of Membrane which seemed to be part of the distended Ovary.”

I hardly know why I am thus detailing to you these histories of long ago. They teach their lesson however, but each reader must search it for himself; for I am in no sermonizing mood, and am only wandering at my own sweet will among the curiosities of medical literature. If your readers are not interested in all this, they can turn to the abundance of wiser articles, among which my own jottings down are embalmed in your pages.

Among the most curious of medical edicts extant, is one which my pen hesitates to copy, lest it break its limbs upon the ancient Gaelic words. It has, however, its bearing upon a disputed point in medical history, viz: the introduction of syphilis into Europe. The antiquity of the disease is here fully vindicated, and the old opinion, that it was brought from America by the companions of Columbus, and propagated by them at the siege of Naples, in 1495, is disproved by the fact that the *Grandgor* was prevalent in Edinboro in 1497. Communication, in those days, was so slow between Scotland and southern Europe, that is impossible that syphilis could have traveled that distance, and invaded so large a share of the population as it evidently had at that time.

“22 Sepr. 1497.

“It is our Sovereance Lords Will and the Command of the Lordis of his Counsale send to the Provost and Bailies within this bur’t that this Proclamation followand be put till execution for the eschewing of the greit appearand danger of the Infection of his Lieges fra this contagious sickness callit the *Grandgor* and the greit uther Skayth that may occur to his Lieges and Inhabitans within this bur’t; that is to say we charge straitly and commands be the authority above written, that all manner of personis being within the freedom of this bur’t quilks are infectit or hes been infectit uncurit with this said contagious plage callit the *Grandgor*, devoid, red and pass furt of this Town and compeir upon the sandis of *Leith* at ten hours before none (10, A.M.) and thair sall they have and fynd Botis (*boats*, gentle reader!) reddie in the havin ordanit to them be the Officeris of this bur’t reddely furneist with victuals to have thame to the *Inche*,* and thair to remane quhill God provyd for thair Health:”

Furthermore, this proclamation orders all curers of this disease to go with their patients, and if they cure any one suffering with it anywheres “in Edinboro town,” “ilk ane of them salle be brynt on the cheik with the marking Irne that they may be kennit in tym to cum, and thairafter gif any of tham remains that thai sall be banist but favors.”

* An Island in the frith of Edinboro, opposite Leith.

This humane, and to the medical profession, highly honorable proclamation, is from James the IVth, as appears in the records of the Town Council of Edinboro.

An older document, preserved in the Bishops' Court of Winchester, dates still farther back. It was written about A. D. 1430, and is conclusive that syphilis was well known more than sixty years before the siege of Naples. In the easy morals of those days, the Church derived a goodly income from the licensing of stews, and the sums received in fines from them. Some earlier regulations of the Lord Bishops, dating some time in 1162, gave directions as to all the sanitary precautions to be observed in stews. The document first alluded to as dating in 1430, commences: "Here begyne the Ordinances, Rules, and Cusstumes as well for the Salvation of Mannes Lif, as for to aschieve many Myschiefs and Inconvenients, that dayley be lik there to fall owte, to be rightfully kept, and due Execution of them to be dou unto any Personne within the same.

"*Item.*—That no Stew-holder keep noo Woman wythin his hous that hath any Sycknesse of BRENNING, but that she be putte owte upon the peyne of makeit a fyne unto the Lord of a hundred Shyllyngs."

I had intended, Messrs. Editors, to write this essay on the subject of Transfusion of Blood, its history, and its claims to confidence as an important and neglected therapeutic means. Some other time I may do so; but now, in making the necessary inquiries as to its early history, I have stumbled upon so many quaint specimens of early medical literature, that I have sketched them for you, without regard to the patience of your readers. I was puzzled for an appropriate heading to these pages, and have, at last, scored out the original, and placed another there, which assuredly covers the "whole entirety" of my scribblement.

— X Roads, Jan. 1, 1854.

ART. IV.—*Displacement of the Cartilages of the Knee-joint.* By EDWIN R. MAXSON, M. D., Adams' Centre, Jefferson county, N. Y.

The little I can find written on this subject, together with the length of time the difficulty had continued, at the time of relief, is my apology for offering the particulars of the following case for publication:

During the month of April, 1853, a Mrs. S., aged about 35 years, while standing, and resting mainly on one foot, turned the body suddenly to

empty a pail of water, which she held in her hand. The motion twisted the knee-joint of the limb on which she stood, which snapped sharply, and she suddenly fell to the floor. She suffered severe pain in the joint, but after pressing and rubbing it for a time the pain grew less. Thinking the joint had been displaced, and that she had reduced it by her manipulations, she called no surgical aid at the time, thinking it would get well. She went about on crutches, but could not use the limb. It was bent a little at the knee, she swinging it as she walked. She had no power to raise the foot without grasping the limb with the hand. Thus she continued, from her own account, for about three months, with little pain or swelling of the joints. During this time she had applied two or three blisters, and used iodine ointment for a while, by medical advice.

As it grew no better, I was called, July 1st, about three months after the injury. I found her walking, as described above, by the aid of crutches without touching that foot to the floor.

On a close examination I discovered a slight prominence under the lower angle of the patella, between the inner condyle of the femur and the head of the tibia. This, with some swelling and slight tenderness about the joint, together with the history of the case, led me to the conclusion that the difficulty consisted in a displacement of the semilunar interarticular cartilages of the joint: a case of which I remembered to have read in Dorsey's Surgery. I accordingly followed out Dorsey's directions as follows: I had her seated on a board, elevated about three feet from the floor, and then, seating myself on a stool in front, and straightening the limb forward, I made counter extension with one hand above the knee, and with the other hand below the knee, I made extension; and then with both hands firmly grasped as above described, I flexed the limb, carrying the foot suddenly back under the board on which she was seated. This was repeated twice, with very little pain, when she got up and walked about the room for the first time in three months, without crutches, and with only a slight limp. There was a freedom of motion in the joint. She could raise the foot like the other, and step in at the door. The only application which I directed was a weak infusion of opium, which was continued for a few weeks. She continued to improve so that she was able to do all her work for a large family of workmen, in two months, and now, Jan. 1st, is nearly or quite well.

ADAMS' CENTRE, N. Y., Jan. 1, 1854.

ART. V.—*Case of Chronic Peritonitis modified by Scrofula.*

By H. M. T. SMITH, M. D., Dunkirk.

I send you the following sketch of a recent case, which may be of benefit to the profession:

Dec. 18, 1853. Called to see Miss O. R., girl aged $9\frac{1}{2}$ years, dark hair, eyes, and complexion; countenance dull, listless, inexpressive; tongue coated with a thin whitish fur; pulse 90, irritable; appetite invariably poor, over-eating causing severe pain in the stomach and bowels. These attacks are often brought on by exercise, exposure to cold and wet. Epigastrium tender and full; abdomen excessively tender throughout its whole extent. This tenderness is of four years' standing. The bowels are obstinately costive, requiring active cathartics to effect a movement. The abdomen has a rigid feel, as if the peritoneum was too small for the support of the abdominal muscles. The case was originally treated as a case of acute peritonitis, very improperly, with active cathartics.

Gave an anodyne to allay the present paroxysms of distress. Ordered a pill of 2 grs. aloes, $\frac{1}{4}$ gr. ipecac, 1 gr. rhei, 1 gr. Cayenne pepper. To take 1 pill every four hours till a movement was effected, and, afterward, to take just enough of the pills to keep the bowels regular. These pills were given to determine how far the abdominal tenderness was dependent on functional derangement of the digestive organs. The costiveness was relieved, but the abdomen remains as full and tender as ever.

Dec. 20. Ordered the entire abdomen to be painted with strong tincture of iodine. Put it on with a paint brush.

Dec. 22. A nice crop of pustules; countenance brightening, as the costiveness is disposed to yield. Suspend the pills and give a fig occasionally. Abdominal tenderness less.

Dec. 26. Abdominal tenderness wholly relieved, will bear firm pressure on any part without any pain. Countenance bright, intelligent; appetite good, better than for four years past. Bowels move once a day. Fullness of abdomen diminishing.

Continue iodine externally.

Dec. 30. Patient apparently cured. Abdomen has shrunk to its natural size, and in comfort and personal appearance, the girl is well. Indeed the change every way is so marked that one would hardly recognize the girl; is preparing for a New Year's party.

In my humble opinion this is a case of chronic peritonitis modified in its

character by a scrofulous tendency and habit. Had the inflammation involved the mesenteric glands at its commencement, the girl would have been emaciated, and perhaps, have died of marasmus. The iodine has done good in two ways, by counter-irritation and by its specific effect. This cannot be a case of simulated peritonitis, described by Sir Benj. Brodie, as the pain was real, of long standing, and was full as severe when pressure was made without the patient's knowledge, as with it.

ART. VI.—*Lectures on Surgical Pathology*, delivered at the Royal College of Surgeons of England. By JAMES PAGET, F. R. S., &c., &c. Hypertrophy; Atrophy; Repair; Inflammation; Mortification: Specific Diseases; and Tumors. Philadelphia: Lindsay & Blakiston. 1854.

When we received this work from the publishers, we handed it to a surgical friend for review, in the hope that his superior knowledge of the subjects involved would enable us to furnish a better review than any we could ourselves produce. The lack of time incident to busy professional life has disappointed this hope, and thrown the work back upon our less competent hands.

We are, however, unwilling to pass it by with a casual word of commendation. Surgical pathology, as here treated, is a subject of too great importance, and too much interest. In the work before us we have embodied a clear, intelligible *resume* of existing knowledge. In all the different subdivisions enumerated in the title page, the revelations of the microscope are brought to bear, and an attempt has been made—to our sense a successful one—to render the knowledge thus gained, available in a practical way. While, of course, the treatment of surgical disease has no direct mention, the operative surgeon will find in it an aid in deciding as to the propriety and prognosis of operations, aside from the valuable assistance it will render in cases of doubtful diagnosis.

In the consideration of the subject of nutrition, (which lies at the foundation of all knowledge of disease, and its reparative processes,) our author instances the gradual growth, perfection, and decay of the hair, or deciduous teeth, as going to show that each variety of organization has its appointed time of life, varying in length with the different tissues, and with the retarding or hastening influences of disease, but ever pursuing the same course of development from the cell, to perfection, and subsequent degeneration and absorption, or death and casting off.

To the perfection of this process of nutrition the following conditions are necessary:

- "1. A right state and composition of the blood, or other nutritive material.
- "2. A regular and not far distant supply of such blood.
- "3. (At least in most cases) a certain influence of the nervous system.
- "4. A natural state of the part to be maintained."

The author uses the term "right state," rather than "purity" of the blood, for the reason that the term "purity" implies a condition of uniformity in the constituents of the blood and their proportions which does not exist, inasmuch as the blood and tissues are adapted to each other, to their necessities, and to the outward circumstances which surround them, so that health depends, not so much upon any definite proportion of blood elements, as upon the maintenance of this adaptation of the parts of the blood to the wants of the tissues, and *vice-versa*. A quotation will illustrate:

"The necessity for this right or appropriate state of the blood, as a condition of healthy nutrition, involves, of course, the necessity for the due performance of the blood-making and blood-purifying functions; it requires healthy digestion, healthy respiration, healthy excretion. Any one of these being disturbed, the formative process in a part or in the whole body may be faulty, for want of the appropriate material. But, important as these are, we must not let the consideration of them lead us to forget that there is something in the blood itself, which is at least as essential to the continuance of its right and healthy state as these are, and which is, indeed, often occupied in correcting the errors to which these, more than itself, are subject: I mean the power of assimilation or maintenance which the blood possesses, in and for itself, as perfectly and at least as independently as any of the tissues. By this it is, that notwithstanding the diversity of materials put into the blood, and the diversity of conditions in which the functions ministering to its formation are discharged, yet the blood throughout life retains, in each person, certain characters as peculiar as those of his outer features, for the continual renewal of which it provides appropriate materials. And by this assimilative power of the blood it is that the tissues are continually guarded; for by it many noxious substances introduced into the blood are changed and made harmless before they come to the tissues; nor can any substance, introduced from without, produce disease in an organ, unless it be such an one as can escape the assimilative and excretory power of the blood itself.

"In this maintenance is the chief manifestation of the life of the adult-blood; a life, in all essential things, parallel and concurrent with that of the tissues. For in the blood we may trace all those which we recognize as

signs and parts of life in the solids: we watch its development, its growth, its maintenance by the assimilation of things unlike itself; we find it constituting an adapted purposive part of the organism; possessing organic structures; capable of disease and of recovery; prone to degeneration and to death. In all these things, we have to study the life of the blood as we do that of the solid tissues; the life, not only of the structures of the blood, but of its liquid also; and as, in first development, the blood and tissues are made, of similar materials, in exact conformity with one another, so, through later life, the normal changes of each concur to maintain a like conformity and mutual adaptation. I cannot now dwell on these points;* but they will be frequently illustrated in the following lectures, and some of them at once, in what I have to say of the precision of adjustment in which the "right state" of the blood consists.

"Notwithstanding its possession of the capacity of maintenance, the blood is subject to various diseases, in consequence of which the nutrition of one or more tissues is disordered. The researches of modern chemistry have detected some of these changes; finding excesses or deficiencies of some of the chief constituents of the blood, and detecting in it some of the materials introduced from without. But a far greater number of the morbid conditions of the blood consist in changes from the discovery of which the acutest chemistry seems yet far distant, and for the illustration and discussion of which we cannot adopt the facts, though we may adopt the language and the analogies, of chemistry. It is in such diseases as these that we can best discern how nice is that refinement of mutual influence, how exact and constant that adaptation, between the blood and tissues, on which health depends.

"I know no instance so well adapted to illustrate this as the examples of symmetrical diseases. The uniform character of such diseases is, that a certain morbid change of structure on one side of the body is repeated in the exactly corresponding part on the other side. In the lion's pelvis, for example, which is sketched in the annexed diagram from a specimen, (No. 3030,) in the College Museum, multifiform as the pattern is in which the new bone, the product of some disease comparable with a human rheumatism, is deposited—a pattern more complex and irregular than the spots upon a map—there is not one spot or line on one side which is not represented, as exactly as it would be in a mirror, on the other. The likeness has more

* They formed the subject of the course of Lectures delivered at the College in 1848, an abstract of part of which is given by Dr. Kirkes in his "Handbook of Physiology," p. 64, ed. 2.

than Daguerreotype exactness, and was observable in numerous pairs of the bones similarly diseased.

"I need not describe many examples of such diseases. Any out-patient's room will furnish abundant instances of exact symmetry in the eruptions of eczema, lepra, and psoriasis; in the deformities of chronic rheumatism, the paralyzes from lead; in the eruptions excited by iodide of potassium or copania. And any large museum will contain examples of equal symmetry in syphilitic ulcerations of the skull; in rheumatic and syphilitic deposits on the tibiae and other bones; in all the effects of chronic rheumatic arthritis, whether in the bones, the ligaments, or the cartilages; in the fatty and earthy deposits in the coats of arteries.

* * * * *

"Now the evident and applicable truth in all these cases is, that the morbid substance in the blood, be it what it may, acts upon and changes only certain portions of what we might suppose to be all the very same tissue. Such a substance fastens on certain islands on the surfaces of two bones, or of two parts of the skin, and leaves the rest unscathed; and these islands are the exactly corresponding pieces upon opposite sides of the body. The conclusion is unavoidable, that these are the only two pieces that are exactly alike; that there was less affinity between the morbid material and the osseous tissue, or the skin, or the cartilage, close by; else, it also would have been similarly diseased. Manifestly, when two substances display different relations to a third, their composition cannot be identical; so that though we may speak of all bone or of all skin as if it were all alike, yet there are differences of intimate composition; and in all the body the only parts which are exactly like each other, in their mutual relation with the blood, are those which are symmetrically placed upon the opposite sides. No power of artificial chemistry can, indeed, detect the difference; but a morbid material can: it tests out the parts to which it has the greatest affinity, unites with these, and passes by the rest."*

* Some of the differences here noticed are not permanent, but may seem to depend on the several parts of a bone, or of the skin, of a limb (for example) being in different stages of development or degeneration. The symmetrical parts of the tissue, being exactly alike, may be simultaneously and equally affected by a disease, while other parts of the same remain unaffected, till, in the course of time, they attain, by development or degeneration, the very same condition as the parts first affected. Then, if the morbid material still exist in the blood, these parts also become diseased: and so in succession may nearly the whole of a tissue. This view agrees very well with the fact that symmetrical diseases often spread, and so prove that a part which, in one week or

Whatever may be the true explanation of the symmetry of disease, it is becoming evident with advancing chemico-physiology, that we are to look for the cause of changes in tissue, not so much to the quantity or character of elements assimilated through the food, as to the influence which those elements may have upon other sources of supply than that implied in the word food. Gaseous absorption plays an important part in nutrition.

The researches of M. Bernard, mentioned in the *Periscope* of our last Journal, have a bearing on this. Thus the relative salinity of the blood exerts an important influence on the absorption of oxygen, and the combustion of the tissues. With blood rendered highly saline, a more rapid absorption of oxygen occurs, a consequent increased consumption of carbon, and finally, a waste of the adipose tissue. Now this condition of salinity, while it will increase the appetite, and amount of food consumed, will nevertheless decrease the weight of the body. Thus it is not only the amount of food, but the proportions of inorganic elements, and their action upon the gases, that fill the measure of the necessary conditions of blood changes. The constituents of nutrition may be present in large supply, but the presence of other elements, and chemical reactions, may retard, or hasten the development of tissues, as well as their waste, degeneration, or death.

It will be seen from the turn which this inquiry takes, that surgical pathology does not differ in its ultimate causes, from those lesions confided to therapeutic art, and that surgery is in reality the most readily accessible field for the study of all causation. Turning from this more general view of the subject, we come down to those particular actions which are of immediate interest to the surgeon.

Relative to the repair of wounds, Dr. Paget adopts the idea, first promulgated by Macartney, that wounds closing by "immediate union," do not require that preparatory process of inflammation so long considered necessary. This, he asserts, holds true not only in slight wounds, but often in large incisions, union taking place without the intervention of effused lymph.

"One of the first specimens I examined well illustrated the healing that may now ensue. It was taken from a woman thirty-three years old, whose breast and several axillary glands were removed for cancer. Her general health seemed good, and all went on well after the operation. The flaps,

month, is not susceptible of the influence of a morbid material, may, in the next, become as susceptible as that which was first affected. This susceptibility, however, may be due not to normal changes, but to the influence which the diseased portion of the tissue exercises on those around it.

which were of course very large, had been carefully laid down, strapped with isinglass plaster, and well tended. They appeared to unite in the ordinary way, and there remained only a narrow space between their retracted edges, in which space granulations arose from the pectoral muscle. Three weeks after the operation, these were making good progress toward cicatrization; but erysipelas and phlebitis ensued, and the patient died in four or five days.

"I cut off the edges of the wound with the subjacent parts, expecting to find the evidences of union by organized lymph, or, possibly, blood. But neither existed; and the state of parts cannot be better described than by saying that scarcely the least indication remained of either the place where the flap of skin was laid on the fascia, or the means by which they were united. It was not possible to distinguish the relation which these parts held to each other from that which naturally exists between subcutaneous fat and the fascia beneath it. There was no unnatural adhesion; but, as the specimen, which is in the museum of St. Bartholomew's, will still show, the subcutaneous fat which did lie over the mammary gland was now connected with the fascia over the pectoral muscle, just as (for example) the corresponding fat below the clavicle is naturally connected to the portion of the same fascia that lies there. The parts were altered in their relations, but not in their structure. I could find small points of induration where, I suspect, ligatures had been tied, or where, possibly, some slight inflammation had been otherwise excited; and one small abscess existed under the lower flap. But with most careful microscopic examination, I could discover no lymph or exudation-corpuscles, and only small quantities of what looked like the debris of such oil-particles or corpuscles of blood as might have been between the cut surfaces when the flaps were laid down. In short, we cannot otherwise or more minutely describe this healing than by the term "immediate union:" it is immediate, at once in respect of the absence of any intermediate substance placed between the wounded surfaces, and in respect of the speed with which it is accomplished."

He suggests that modern surgeons do not often enough employ those means of bringing solutions of continuity in contact (such as padding the parts to exert gentle pressure) which the old surgeons advocated. Some observations on immediate union in even lacerated wounds by firm compression with adhesive straps, and the treatment of old ulcers by compression, lead us to suppose that this suggestion is a valuable one, and could often be followed without those dangers of inflammation from over-heating, which we so much dread.

It is in the department of morbid growth, and deranged or defective nutrition, as manifested in tumor, cancer, etc., that our author has contributed most to current knowledge. There is a chapter on painful subcutaneous tumors of considerable practical interest. Aside from the ordinarily recognized "painful ganglion," or neuroma, a form of the growth is mentioned where the tumor is so small as to be found with difficulty. It is still a subject of discussion as to whether this disease consists in true growth, or in the entanglement of nerve fibres upon an ordinary tumor. Upon some of these it is impossible to trace the nerve, while in other cases it is found expanded over the surface of the enlargement.

It is, to our sense, not improbable that these cases may exist without actual growth, or tumor, but consisting in some abnormal arrangement of the terminal loops. The tumors are found chiefly upon the lower limb, sometimes as large as a filbert, though generally smaller. Their growth is slow, and they have not much disposition to return. They seem too, to be independent of the general health of the nervous system.

Dr. Warren, of Boston, has recently described a series of cases, all of them, we believe, existing in the fingers, where there was a condition resembling tic-doloureux, and which was relieved by excising the nerve leading to the painful part. A similar case has recently fallen under our notice. For some sixteen years a lady had been subject to daily paroxysms of pain about the root of the nail of the right thumb. Its painfulness depended very much upon uterine, digestive and mental conditions. It first appeared after the birth of a child, and was extremely annoying during subsequent pregnancies, and also whenever a dyspeptic condition, or excitement of mind existed. There was no perceptible tumor, except a little induration from a constant habit of biting the part during paroxysms of pain. The sensations were neuralgic, and though pressure would excite them, they were oftener referable to gastric conditions. For the cure of this, we excised the two dorsal nerves of the thumb, with a good prospect of success, if we may judge from the present relief.

We have already extended this notice to an unusual length, but we wish, before closing, to introduce the author's opinions on the characteristic features of cancer. To this subject large space is devoted.

The recent doubts which have been expressed relative to the uniformity of cancer structure, give to the subject a new interest. The caudate cells have been regarded as peculiar to this disease, until recently, when they have been recognized in other tumors. We quote, somewhat at length, a summary view of this question which it seems to us is (when accompanied

by the demonstrations preceding) conclusive as to our ability to recognize cancer by its microscopic structure:

"The developed cancer-structures, if we except the few cases in which they are fibrous or osseous, may be generally described as formed of nucleated cells, or of such corpuscles as are rudimental of, or degenerate from, the nucleated cell. Herein, and in the fact that the corpuscles are neither imbedded in formed intercellular substance, nor orderly arranged, lies one of the characters by which cancers are distinguished from other tumors, and from all natural parts. Their chief heterology, in respect of construction, is in this disorderly crowding of their elements; and I believe it is constant, unless when they imitate the plan of some adjacent natural gland-structure.

"We observe, in the large majority of cancers, two primary or foundation-forms of cells, of which the respective types may be found in gland-cells, and in epithelial or epidermal cells. Of the former, we have examples in the ordinary cells of scirrhus and medullary cancers; of the latter, in the ordinary epithelial cancer-cells; and it is, perhaps, very significant of the meaning of cancer, that the forms which its structures are most prone to assume are after the pattern of those belonging to the natural structures, whose office is to separate whatever is refuse or abnormal from the blood.

"I say, the cancer-cells are formed on the types of excretory gland-cells and epidermal cells; yet, without deviating from the general type, they have special characters by which it is seldom difficult to distinguish them. The question is often asked, What are the characters of the true cancer-cell? or, Has the microscope discovered any structure which is decisive of cancer, wherever it is found? The answers may be:

"(1.) Where cells are found alone, or chiefly composing a tumor, we may be certain that the tumor is a cancer: we may, therefore, regard these as especially cancer-cells.

"(2.) When a tumor is composed, chiefly or alone, of corpuscles, such as the nuclei, or any others which we can trace as rudiments or degenerations of the cancer-cells, the diagnosis of cancer is not less certain: structures such as these are found composing none but cancerous tumors.

"But if the question be changed to,—Are there any cancers which are not formed of structures such as these?—the answer must be affirmative: for there are rare tumors which present the whole clinical history of cancers, and which should, therefore, be called by the same name, though they have not these peculiar cancer-structures, or have them in very subordinate quantity. I do not refer, here, to cancers of which all the structures are imperfect, or degenerate, or diseased; but to such as the fibrous cancers, the

osteoid, and certain varieties of the medullary.* These all deviate from the assumed specific cancer-structures; and two of these, the fibrous and osteoid approximate to the characters of natural tissues.

"Together with the disorderly construction, and the peculiar cell-forms, we may often observe, as characteristic of cancers, the multiformity of the structures composing their mass. It is not equaled, I think, by any tumors, unless they be the cartilaginous or the mixed glandular and cartilaginous. The variety of forms appears due, in part, to the mingling of the perfect structures with such as are in various stages of development and degeneration; and, in part, to what seems like a disorderly overgrowth and endogenous increase in cells and their contents. All these forms have been already described; but they may be thus enumerated and arranged:

"(1.) The chief of those to be referred to incomplete development are the free nuclei, and abundant undeveloped liquid or other blastema.

"(2.) The chief forms due to the degeneration are the transitions from cancer-cells or nuclei to granule-masses; the withering corpuscles with fatty degeneration found in the material like tubercle in cancers; the calcereous deposits; the abundant granular matter; and the occasionally mingled melanoid cells.

"(3.) Overgrown or abnormally developed corpuscles are seen in the various extensions of cell walls into angles and processes; and in the enlargement of free nuclei and their assumption of the characters of nucleated cells.

"(4.) The endogenous increase in cells is exemplified in all that is described of the blood-cells and laminated corpusculés of the epithelial and colloid cancers."

From the space which we have devoted to this notice, it will be gathered that we attach to the work a corresponding importance. Those who add it to their libraries will find its peculiar feature in the adaptation of physiology to the history of diseased structure, a fact which gives the work a high intrinsic value. Messrs. Lindsay & Blakiston have issued it in a substantial form, with many illustrations.

For sale by DERBY, ORTON & MULLIGAN.

S. B. H.

*Some pathologists would exclude from the name of cancer all these tumors, and all which are not composed of the "specific" cancer-structures; but I feel sure that we shall do right if (when a choice must be made) we choose modes of life, rather than structures, for determining the affinities of morbid products, and for arranging them under generic names. As of all tumors, so, especially, of cancers, the true nature is to be apprehended only by studying them as living things.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS

The late Epidemic in New Orleans.—In another page will be found our record of the mortality for the year ending on August 30th. The large increase of deaths over that of the previous year is startling, and chiefly confined to our class of zymotic diseases, among which fevers, and pre-eminently, yellow fever, exhibited the most marked gain. Another feature is obvious, on comparing our table of the year just closed with its predecessor, in the wide difference exhibited by our endemic yellow fever—while we record in the latter 10 deaths from this fever for July, and 68 for August, we, for the same months of the present year, show an increase beyond, we had almost said, the power of figures to express—an increase, at least so astounding, as to fix the attention with a view to the elucidation of the causes of this enormous difference. Why is it that, in 1852, on the same soil, among the same population, under the same climatic influences, the same disease, felt in its most benign forms, and scarcely attracting notice among the current events of the passing hour, became, in 1853, a deadly pestilence, scattering death, dismay and suffering among our affrighted population? What is it that has so changed the character and increased the fatal influence of this terrible scourge? The true and satisfactory solution of this question involves, to a greater degree than is generally believed, the future interests and well-doing of this community, while it offers a point of purely professional interest, which we trust to see fully investigated and determined. There must be some great and powerful influences in operation to produce results so unequal and contrasted. What these are, and what their origin and mode of action become to us, under the present circumstances, scarce yet recovered from the shock of such appalling mortality as we have lately witnessed, matters of general and momentous interest. They surpass in the importance of their claims on the intelligence and humanity of our citizens, on the spirit and devotion of our public authorities, and on the skill and knowledge of the medical profession, all other matter of public or general concernment. For it must be obvious, even to the most casual observation, that unless the salubriousness of our city keeps pace with the efforts making to widen its points of contact with our interior country, to multiply its resources of trade, and to augment its wealth and industry, we shall be destined to reap the disastrous fruits of wasted labor and capital, and to see hopes wither, which, in view of the felicitous changes the future was garnering up, reconciled us to the exactions of a heavy and burdensome taxation.

These sacrifices will all have been incurred in vain, if the future is to be rendered uncertain by the recurrence of such cruel visitations of disease, and life and health hazarded in so inhospitable a clime. So apparent is all this, that we cannot see how the capitalist who has risked his money in investments, or the merchant who has effected his plans for the demands and

supply of trade, or the laborer who counts on making his labor and time valuable, or the professional man who finds the true theatre for his skill and learning in an active, busy and progressing community, can fail to discover in our late disastrous affliction a common and overshadowing evil adverse to the hopes and calculations of each, and appealing to a common sense of self-security for its abatement. Emphatically, at such junctures in the history of social bodies, do questions relating to their physical health and well-being rise to a magnitude beyond all others, claiming consideration at the hands of the wise and philanthropic. We hope, therefore, to see this matter so pressed upon the public attention, as ere long by the anxieties it will awaken, and the inquiries it will cause to be instituted, we shall be better prepared to encounter another summer solstice with assurances that will give quiet to apprehension, and such guaranties to the public health, as are within the province of a high moral probability and the deductions of a rational science. Until something like this is done, until the origin of the late pestilence is fully and fairly traced, and its line of march and mode of diffusion determined upon such evidence as would satisfy a candid and unbiased mind, all hasty and precipitate action should be deprecated. Opinions formed under the excitement of great public distress are apt to be partial and defective. When the causes of a destructive pestilence, and even its essential nature lie so deep, and beyond the general experience of those best informed in matters of this nature, it would be the last act of folly on behalf of the authorities to institute measures of prevention or relief that may prove inadequate or unsuited to the end sought. And here occur the first and main points to be settled in our investigations of this subject; viz., what is yellow fever? and, secondly, is it contagious? We are not going into a discussion, at present, of either of these issues. Neither our space or inclination, in the absence of all the main facts touching the late pestilence, will warrant this. We are free to admit, however, that there is much to be said, and cogently and logically said, on points that have been heretofore regarded as the *res adjudicata*, the settled doctrines of the profession thereon. If at a blush, and confining our view only to the phenomena we have just witnessed of its origin, (such as is commonly believed, but which needs the most thorough scrutiny, in our judgment, before it is accepted,) and its modes of spread in our city and those places in daily and direct communication with it, we should venture the notion of its being something beside, something in addition to, our ordinary form of endemic yellow fever, and that in diffusing itself slowly and surely along the common routes of travel and intercourse, it claims alliance to contagious disorders; we should hardly do violence to the truth of first impressions. Yet the question returns upon us, if this be so, wherein lies the difference between it and our endemic yellow fever, which, in the months of July, August, September, October and November last, numbered only 464 victims, which showed no power of self-multiplication, nor agency in its spread that could suggest any property in common with contagious disorders. Both forms commenced alike, ran their course alike, and terminated alike — both presented the same symptomatology and the same morbid results, death with black vomit and yellowness of the skin — sensible changes in the condition of the body, which suppose a common pathology for both. Have we not encountered here, at the very threshold as it were, a difficulty which can only be overcome by patient investigation and by impartial sifting of all the evidence relating to the subject? If they be different diseases, in what

consists this difference? Surely not in the fact of a difference in origin, or manner of diffusion, or both. This would be assuming as true the very point at issue — an error in logic, but too common with those who reason from a partial and limited number of facts. Is any one prepared to show the origin of the late pestilence, to give us the history of the first case, its communication with an admitted source of infection, and the spread from it, as from a centre, of its deadly energies throughout our community, our State, our entire Gulf Coast, from the shores of Florida to the bays and harbors of Texas? If, after all this has been done, can the next step in the proof of its distinctive character, and its possession of a contagious property, be as satisfactorily determined, viz., to show an authentic example of its having been communicated by the transmission, mediately or immediately, of a virus derived from the diseased, by inoculation with the blood, or with the morbid secretions from the fluids?

Yet all this is essentially required by the defined and accurate professional judgments of the day, in order to meet the condition of diseases in themselves contagious and as contra-distinguished from epidemic disorders. Again, in becoming so wide-spread, so literally and truly epidemic, as we observe of the late pestilence, are there not involved in the very terms themselves conditions external to the disease, conditions of atmosphere favorable to its diffusion, and without which the disease would assuredly cease? How else and with what seeming propriety can we limit its duration to periods of time marked by high temperature, or recognize the power of cold or violent atmospheric commotions to arrest it? If the virus exists and it be thus subject to atmospheric states for its very powers of increase and spread, are we not met by difficulties greater and more obscure than that which concerns the proof of its contagion? Obstacles of this nature meet us at every step, and suggest the wisdom of duly weighing every title of evidence that may be brought to bear on its investigation. We have thrown out these detached observations in the hope of eliciting a full and ample statement of all that may be positively known by any of our citizens bearing on this matter. It should be calmly and philosophically studied as a great question of social economy, affecting the arrangements and relations of society in their most extended sense. It concerns directly the present happiness and moral being of every individual of us, and remotely and in the future, the destinies and welfare of our children's children. As a purely professional question, we have no cheering or abiding hopes that it will be discussed in a spirit so as to insure harmony and uniformity of opinion among the votaries of the profession. The nature of medical evidence is such as to forbid this. But whatever be the differences of opinion, it is but proper we should have all the facts pertaining to this issue. To do this fully and satisfactorily, our public authorities should institute a commission of competent persons, to collect all the incidents of its recent outbreak. It should be authorized to summon witnesses and to compel attendance, just as in matters of preliminary investigation, before a committing magistrate. It is essential that the whole truth be known, if it be desirable to base on the results of the investigation, measures at once novel and contradictory to our past usages and experience. Wise and proper as this caution may be, however, it must be borne in mind that duties of a character altogether different devolve upon us. If it should be determined upon ample and accurate evidence that the peculiar virus of yellow fever is something transportable with the body of the sick, or with

his clothes, or through the medium of merchandize, or in any tangible shape whatsoever, it must not be forgotten that the virus must find accessories in the localities of communities, in their meteorological states, and in the susceptibility of their population, in order to multiply and diffuse itself. Carried to latitudes beyond its prescribed and accustomed geographical limits, and it dies out or becomes inert and inoperative. This is but too apparent to all who are conversant with the history of the pestilence — in fact it is but one example of what seems to be a law of nature in regard to epidemic disorders. We should no more expect to see yellow fever prevail in high and northern latitudes, than to see typhus rage in intertropical lines; the cold of the one like the heat of the other region, at once and effectually extinguishing them. Our inquiries may then be said to have only begun when we shall have ascertained that we owe to a foreign source the origin of our pestilence. We must turn our eyes inward, and learn if a sanitary police cannot be made useful in the removal of offals and the general filth common to large cities — in the institution of ordinances, regulating the manner of draining and filling vacant lots, of paving streets, providing ample and pure supplies of water — of cleansing privies, of building shanties, the destined abode of our poor and needy population, and of closing the wretched rookeries, whose every hole and corner is crowded with human beings, to a degree and manner shocking to every sense of decency and propriety, and alarming from the gross infraction of the most essential rules of health. No one can deny that duties of this kind are within the province of our governing authorities. We have a fruitful element of disease annually accumulating in our midst, in the growth and increase of our foreign population. They bring with them not only bodies susceptible by their foreign birth to our endemic disorders, but habits and customs as unlike and unsuited to our climate and usages. They come from wretched and crowded hovels, where want and filth produce pestilence, to our cities and towns, where they cluster in numbers as thick and live amid filth as gross as that they have escaped from. They come to find employment and ready remuneration for their labor, and they live like persons just released from the pains of famine. They eat and drink to excess. They violate, by day and night, every maxim of prudence, every safeguard of health. Surely this is most serious matter for consideration, for amendment, for reform. The fault may not be theirs; poverty and oppression at home may have caused much of this huge evil. They know no better. All the traditions of home and family record no variety to their woes. It was want, and privation, and suffering, and filth before their day. It is the heritage they derive from their parents and friends — it is the sole accompaniment, the invariable attendants upon them in their pilgrimage to our shores. We must therefore look to their domestic relations, we must subject their social irregularities to control and discipline, if we wish to do them good service and to exempt ourselves from the destroying ravages of a cruel pestilence. They must be taught to value not only the blessings of political freedom which they gain by coming to our shores, but to learn how to value the higher blessings and comforts of a good, well ordered and salubrious home. One means to insure this will be to discourage, by stringent laws, the habit of sub-leases to tenants, which leads to over-crowding, and to all the consequent ills which attend on this. This is become too common an abuse of property among that class. A landlord rents his house and lot to one person, who sub-leases to a dozen or more families, the more

h e better for the original lessee — no matter what abuses result therefrom and how the general and other interests are made to suffer. And generally, too, it is the old and decaying property, whose rafters are undermined by time and grown green with mould, that thus falls into the occupancy of this class. As long as it continues decent, or comfortable, or safe, they are excluded by high rents and a better class from its use. But let it wear by time and neglect till it totters, let it grow dank and unwholesome, let it become but little less than the sheds which house our cattle, and then it becomes the fit habitation for that portion of our population who are content with all these discomforts, and who seek shelter there as naturally as bats do crannies and dark holes. But enough have we said on this topic. It makes the heart sick to witness the great suffering among this unhappy class. The neglect of society, the indifference of our laws, the aversion of our people to them, conspire with their disorganized condition and mischievous habits to keep perpetual the elements requisite to give malignancy to disease and facility to its spread. But there are other mischievous and hurtful usages which we tolerate, apart from our foreign population. We have space to allude to but one, and that a huge and monstrous one. This is the manner in which our city authorities sanction the filling up of the land reclaiming by the changes of our river bed. A vile compost, one more abounding in disgusting, offensive nuisances, cannot be found anywhere. Standing on an evening after sunset, on any portion of our levee, one might realize something of the disgust of Coleridge at Cologne:—

“He might count two-and-seventy stenches,
All well-defined and genuine stinks,”

so thick and reeking are the odors escaping from those foul spots. They are the burial places of all dead animals, from a mouse to a horse, the common receptacle of the offals from every cook-shop and kitchen, of the refuse vegetables, bones and garbage of our market houses, and the sweepings of our streets. If the art of man could contrive anything worse than this, we should like to see it. Yet we breathe this foul air, worse than the abattoirs of Paris, and wonder that we sicken and die. Rouse up we must, and set our household in order, if the future is to be spanned with brighter hopes and stronger assurances. We will have to look more intently at home, more closely into our domestic habits, more narrowly into our social vices, more determinedly on the negligence of our laws, if we are to be anything besides the immense lazar-house the late pestilence has made us.—*New Orleans Medical Register.*

On the use of Adhesive Plaster in the treatment of Fracture of the Patella. By JOHN NEILL, M. D. Surgeon to the Pennsylvania Hospital. From the Notes of Dr. JAMES DARRACH, House Surgeon.

The frequency of fracture of the patella and the difficulty attendant upon its treatment, are sufficient grounds for calling attention to any plan of dressing which is supposed to have some claim to utility as well as to novelty.

The necessary separation of the fragments in transverse fractures by

muscular contraction, the great force necessary to produce coaptation, and the inability to maintain it without inducing great pain and sometimes excoriation, are points with which every one is familiar who has had the management of injuries of this kind.

Until a comparatively recent period it was supposed impossible to produce a bony union of the patella, and that there was something peculiar in the tissue of this bone that prevented it; therefore some of the older surgeons made little or no effort to approximate the fragments. Even at the present day, although the possibility of a perfect bony union has been demonstrated over and over again, there are some who consider the pain consequent upon the use of a retentive apparatus, and the excoriation liable to occur from tight bandaging, as too serious evils to be endured when the chances are so slight for a bony union.

It is unquestionably true, that many cases occur in which it is impossible to effect a bony union; when the periosteum is completely torn and the fragments separated for a great distance, and the soft parts contused considerably, perfect consolidation is not to be expected; at the same time it should be borne in mind, that the closer the approximation, the shorter will be the ligamentous connection, and consequently the more perfect will be the use of the limb subsequently, and therefore, under all circumstances, an effort should be made to approximate the fragments, provided it can be done in a manner which is effectual, comfortable and without risk to the patient.

A retrospect of the various means employed to carry out the well known indications in this accident, will be not an inappropriate preliminary to the treatment employed in the two following cases.

Malgaigne has classified the different modes of treatment under three heads, which will be perhaps as easy a mode as any other, of giving a clear and succinct account of the matter.

The *First*, includes all means which effect bony union by producing complete immobility of the limb.

Position is the only means recommended by some distinguished writers on the subject. Paul of Egina and Ambrose Paré contented themselves simply by *extending* the limb and maintaining it in that position.

Elevation was not contemplated by J. L. Petit in any other light, than that of effecting extension and favoring venous return, although he recommended the leg to be placed on a pillow. It was in 1772, that Valentine clearly announced that simple *extension* was insufficient, and that *elevation* was necessary to overcome the contraction of the rectus muscle, and directed the heel to be elevated as high as possible. This he accomplished by numerous pillows placed under the thigh and leg, and three cords fastened to a slipper and reaching to the body of the patient. Richerand used merely the pillows, but rejected the slipper and cords. Sabatier having observed that extreme extension produced pain in the ham, directed the knee to be slightly flexed, and having placed the leg on a pillow to the corners of which strings were attached, he suspended the limb by fastening the strings to the curtain rods. Finally, Sheldon, in 1789, insisted that the simple extended position was insufficient, because he had found by experiment, that there was a difference of $2\frac{1}{2}$ inches in the length of the rectus muscle in a tall person, dependent upon the horizontal or vertical position of the body, and his advice to keep the trunk in a somewhat vertical or inclined position has been followed by most English surgeons, and also by Langenbeck. ~~Desart~~ was

the first to apply a splint to the under surface of the limb, reaching from the heel to the buttocks.

But in addition to position, many kinds of apparatus have been used to effect the more complete apposition of the fragments.

Those acting by circular compression.—Albucasis used an apparatus of this kind. It was a circular splint with a hole in it, sufficiently large for the fragments of the patella, to which it was secured by a bandage. This was modified by Guy de Chauliac, J. De Vigo and Bassuel, and was in use as late as the latter part of the 18th century, at the Hotel Dieu. Purman used a ring made of twisted iron wire and covered with leather. The *pileolus* of Meilom, a little cap stuffed with cotton, and the wooden cup of Kaldschmidt, acted on the same principle.

Those acting by parallel compression.—The first machine of this kind was constructed by a mechanic of Leyden, named Muschenbroek, described by Solinger, reported in France by Blein, and afterwards copied by Arnaud, who gave to it his name. It consisted of a hollow splint of iron or tin placed under the ham, and two concave plates, one of which was placed above, and the other below the patella. The edges of the splint were perforated, and corresponding holes existed in the plates, and by means of screws they were retained firmly in the proper position. This is the type of numerous machines subsequently constructed by Bucking, Evers, Botcher, Aitken, Lampe, Morgridge, Mayor, &c., in which the shape of the splint is modified, and the material employed, wood or leather; or the modification consists in altering the shape and material of the plates and the manner in which they are secured. Vidal uses a splint made of iron wire. The uniting bandage was first used by Hiester, and adopted by Larrey and Dupuytren, and is still seen in use; but the yielding of the bands which composed it, renders it the most unreliable of all applications.

Those acting by concentric compression.—The origin of this kind of apparatus is the figure of 8 bandage, applied by a roller with two heads, and described by Lavanguyon. A simple roller applied in this form with the addition of compresses above and below the fragments, has many advocates, but when used alone is liable to give by the stretching of the bandage. But the figure of 8 employed with a straight or curved hollow splint is much more secure, and is the basis of the apparatus of Ravaton, d'Allouel, de Boyer, de Buirrez, d'Assalini, &c. Boyer's apparatus, which has been much used, consists of a straight, hollow splint or long box, on the sides of which were placed nails with large heads, for the purpose of securing the padded straps which were used in place of the bandage. Recently Velpeau has returned to the figure of 8 bandage, which he applies as a starch bandage.

Those acting only on the upper fragment.—This is the principle of Pott, who considered the lower fragment as essentially immovable. And all the more complicated apparatus of B. Bell, Botcher, A. Cooper, Amesbury, &c., carry out this idea. Bell and Amesbury, nevertheless act slightly on the lower fragment, by a strap surrounding the fragment below it, but the great object of the apparatus is to bring down the upper fragment. Bell acted on the upper fragment by a long strap fastened to the shoe. Botcher made this strap surround the foot like a stirrup. Sir A. Cooper applied above the superior fragment a leather bracelet, which could be tightened by buckles, and from one side of this bracelet there descended a long strap under the sole of the foot, which was then attached to the other side of the

bracelet. He also recommended another arrangement consisting of a leather bracelet above and below the fragments, and these to be drawn together by bandages on each side.

The *Second* mode has in view the prevention of the stiffness of the knee, and contemplates a mobility of the joint long before the union is firm. This method of treatment takes its origin in England about the middle of the last century. Warner speaks of it in 1754, as being adopted by most of the London surgeons. Camper introduced it into Holland, and Flajani into Italy.

The *Third* plan of treatment may be called the mixed method. Solingen, according to the report of Camper, although he advocated the close approximation of the fragments, nevertheless recommended the flexion of the knee occasionally to prevent ankylosis. Bromfield, still more prudent, delayed the application of the apparatus until all inflammation had subsided, and commenced flexion at the end of the third week. B. Bell, on the contrary, applied the apparatus early, and made passive motion as soon as the twelfth day, and repeated it every other day. Ravaton, carefully holding the fragment in situ, made flexion at the 25th day. In addition, we may mention the apparatus of Malgaigne, which consists of two double hooks, one of which is placed in each fragment, and then they are approximated by a screw. I shall now give my own plan of treatment.

CASE I.—Samuel Edwards, a colored man, aged 30, was admitted into the Pennsylvania Hospital, August 1st, 1853. The patella had been fractured by a severe fall from the rail of a ship, and the upper fragment was separated from the lower by a distance of an inch and a half. The contusion was so severe, that great pain and swelling followed, which required leeches and cold applications, and no approximation was attempted until two weeks after the injury.

On the 17th of the month, the treatment by adhesive plaster was commenced in the following manner. The plaster was cut in strips about $\frac{3}{4}$ of an inch in width. The first strip was applied by its middle, immediately above the upper fragment, and the ends were firmly brought obliquely downwards and under the knee. After applying two or three more in the same way, so as fully to secure the upper fragment, then a few strips of the plaster were applied immediately below the lower fragment.

By repeating the application of the strips alternately above and below the knee, the fragments were made to approach each other quite closely.

The muscles of the thigh were compressed by a few strips of plaster $1\frac{1}{4}$ in breadth, which were applied circularly. A short hollow splint of binder's board was then applied to the ham and retained by a roller. The limb was elevated and the trunk placed in an inclined position. This treatment was continued until October 14th, when the strips were removed. Until this time I had hoped that the union would have been bony, notwithstanding the severe nature of the injury, but was disappointed in this respect. He was discharged from the hospital, November 14th, at which time his knee-joint was perfectly movable, and he walked without limping. The fragments were separated about $\frac{3}{8}$ of an inch.

CASE II.—John Morgan, aged 40, was admitted September 9th, 1853, with transverse fracture of the patella, from being violently thrust out of a house and falling on the pavement.

There was much swelling and tenderness of the knee, and the fragments were separated an inch and a half. The limb was elevated, and cold lotions applied for ten days, until the inflammation had subsided. The strips were then used, but on account of the great tenderness of the parts, pressure could not be borne as well as in the preceding case.

The strips were removed on November 4th.

Nov. 18th. He was permitted to move about with the aid of a cane.

Nov. 29th. He was discharged with considerable stiffness of the knee, and fragments separated about three-fourths of an inch.

The advantages to be derived from the use of plaster in the treatment of this fracture, are, the simplicity and comfort of the dressing, the ease of its application, the power to produce approximation, and the permanency of the retention of the fragments.

The patella is exposed, its condition can be inspected, and cold applications made if necessary. Should the strips become relaxed by the subsidence of the swelling, the application of a few additional ones is all that is necessary to tighten the dressing; and it seems to me that it is free from many of the objections to which other applications are liable on the ground of complication, pain, excoriation and relaxation; and that it is particularly suitable in cases of comminuted fractures of the patella.

After these cases had been treated, and whilst the materials for this paper were being collected, I found that I had been anticipated in a great measure, if not entirely, in this mode of dressing, as will be seen by the following quotations:

"J'ai vu également appliquer le huit de chiffre par M. Gama, à l'aide de moyens plus simples encore et bien autrement puissants. Au lieu de bandes ordinaires, M. Gama se sert de tres-longues bandelettes de sparadrap, qui, une fois appliquées sur les compresses gradués, ne laissent pas cette crainte de relâchement, qui subsiste dans l'appareil dextriné, au moins jusqu' à l'entière consolidation du bandage; et de plus permettent de laisser la rotule à découvert, et de resserrer ou relâcher la pression suivant le besoin." *Malgaigne, Traité des Fractures et des Luxations, Paris, 1847, p. 764.*

"The apparatus may be very simple: the writer has generally used strips of plaster of about an inch in breadth, and a foot long, crossing obliquely from the integuments immediately above the patella to the upper and back part of the leg, the patella being within the angle formed by the crossing. This, he has believed, rendered the bandage less liable to slip; but he *does not consider the plaster essential.** A moderate sized compress has been then placed immediately above the patella, the ends bending down on each side, so that the bandage has rested upon it, and has produced an equable and steady, though moderate compression in a direction opposite to that of the extensor muscles, thereby counteracting any contraction which, under the previously detailed circumstances, they may be likely to exert. A narrow, double headed, &c., &c."—*Practical Observations on Fractures of the Patella and of the Olecranon.* By Thomas Alcock, F. R. S., p. 296.—*Medical Examiner.*

* These italics are our own.

The following plain spoken and truthful article from the pen of Professor Charles A. Lee, is a response to one which appeared in this Journal for October. The error of attributing its authorship to our senior, is of small moment, as we believe that nearly the whole medical press of the country would, if called out, unite in condemning the system of government schools.

S. B. H.

Medical Colleges.— Our able cotemporary, the *Buffalo Medical Journal*, for November, contains some very judicious remarks on Medical Colleges and Medical Teaching, from the pen of its respected editor, Prof. Flint. We fully agree in the opinion that the complaints against our medical schools are, for the most part, unfounded, and that our present educational system, having free competition for its basis, and resting on the good will of the profession, is the one best adapted to the situation and wants of the country. We have watched the establishment and management of schools depending on government patronage, and we have had opportunities of knowing something of the manner in which medicine is taught in these institutions, and of the position they occupy in public opinion, and we do not hesitate to pronounce them, thus far, decided failures, altogether unsuited to our political institutions, placed as their faculties are above the reach of those motives and stimulants for exertion, which actuate other teachers. We have seen men selected, in such schools, merely from political motives, because they had done good service as party hacks and unscrupulous politicians, to teach branches of science they had never studied, and when elected they have sunk down into a state of very comfortable torpor, under the anaesthetic influence of regular salaries promptly paid, and beyond the reach of all contingency of numbers. We hold that the government system is unsuccessful even in Europe, where social organization and political systems are wholly diverse from our own, but where, if under any circumstances, such a system would be likely to succeed. At Oxford, for example, there are two or three medical professors supported by the State, or by endowment from private bequests, and they rarely have as many as half a dozen students attending their lectures. The cheapness of subjects in Paris, and the great attractions of that city, with its numerous and well managed hospitals, draw together great numbers of students, but the same would happen if the professors were paid by their classes instead of the government. As it is, probably as many students annually assemble at the different schools of Philadelphia, as are to be found in the city Paris. But when it is attempted to establish a government medical school in a small inland country town, away from hospitals, and all opportunities of clinical teaching, paying the professors fixed salaries, whatever may be the number of their students, it requires no great foresight to see that such schools must very imperfectly subserve the objects for which they were established, and that the sooner they are abandoned the better it will be for the interests of medical science. Elected by political influence, the professors hold their offices by the feeble tenure of party supremacy, and when a political change occurs, they are liable to be superseded by another set of political adventurers, who, in their turn, experience the anaesthetic influence of government pay. Besides, the salaries are too small to command

men of first-rate talent, for no physician of much eminence would bury himself in a government school, even to gain the title of *Professor*, with an annual income of one thousand dollars only.

We also agree with Prof. Flint in the opinion that the opening of free schools of medicine would have little tendency to improve the character of the profession; and we go still further, and say that nothing would more certainly tend to degrade its character than this. We have now free colleges and others next to free, and what is the character of the graduates who annually go forth from these schools to practice the healing art? Are they not often such as are wholly unfit to make a respectable living in any other calling? Young men too lazy to follow the plow, and too stupid to excel in any other profession, resort to these quack manufactories, where they go through the miserable farce of listening to still more stupid teachers, only to be let loose on the community—a set of ill-mannered, charity empirics, who may be tracked through life by the disgrace which they bring upon an honorable calling. The ranks of quackery, we doubt not, are constantly replenished from such schools as these. To reduce the fees for lectures below a remunerating standard, thus depreciating the value of medical instruction, and inviting into the profession the half-educated, the indolent, those who have failed in other pursuits, who are unable to gain a decent support by any other calling, too stupid for the bar or the pulpit—those who are quacks by nature, and wish the shield of a diploma to cover their charlatanism—this is what some consider the proper mode of elevating the profession, and raising the standard of medical education. We acknowledge that in one point the faculties of these cheap schools are in the right: they seem to have a just estimate of the value of their instruction, and if, instead of half a fee, their teaching was wholly gratuitous, the profession would agree that, if they lacked other acquirements, they had attained a very satisfactory amount of *self-knowledge*. We have a very poor opinion of medical charity scholars, and when we see a young man, willing to accept these proffered advantages, generally delusive, without pay, or at a nominal fee, we look upon him as lacking in self-respect, that sentiment of manly pride and independence which chooses to pay for what is worth paying for, and to work his way honestly by the proceeds of his own labor.

The west as well as the east is becoming flooded with half-educated young men, graduates of Eclectic, Homœopathic, Reformed schools, (so called, which need reforming,) State schools, and half-pay schools, and a majority of them turn out arrant quacks sooner or later, while well educated men of real acquirement and approved skill, are thrust aside by the artifices of these knaves, and the community suffer in consequence. Let free competition prevail in medical teaching, but let it be fair and honorable. Let it be deemed as dishonorable to reduce the fees for lectures below a just remunerating point, as it is for a private practitioner to reduce his charges below the established tariff, and underbid his competitors. Let the States which have entered the race of competition with private enterprise, abandon the field, and adapt their legislation in accordance with the spirit of our institutions, which are hostile to monopolies, and governmental appointments, and leave medical education where it should be left, in the hands of the profession itself. Were it possible to avoid political and partizan influence in making the appointments in State institutions, which it is not, yet the fact that the professors are not dependant on the respect and good will of the profession, but are

secure of support, however remiss or negligent in the discharge of their duties, is sufficient to show the impolicy of such a system of medical education, while it is amply confirmed by past experience.— *Ohio Med. & Surg. Jour.*

Infection and Contagion.—We find in the *Revue Therapeutique du Midi*, the organ of the once celebrated, and still highly respectable, school of Montpellier, the following judicious remarks upon the difference between infection and contagion, from the pen of Dr. Saurel, editor-in-chief of that excellent periodical.

“I desire to present to my readers what I consider the true medical doctrines in regard to infection and contagion, by briefly analyzing the opinions advanced by M. Anglada, in his work on contagion, and by M. Jaumes, in his course on pathology and general therapeutics.

By the term *infection*, we designate the morbid action, that air, impregnated with certain heterogeneous principles of organic and non-virulent origin, produces on a healthy subject. We cannot give the name infection to the morbid effects of air charged with inorganic principles, such as arsenic, mercury, carbonic acid, etc.; in these cases there may be poisoning, but there is no infection. Nor is this epithet more appropriate to the effects of air charged with heterogeneous virulent principles; under these circumstances contagion and not infection is the result.

The effluvia of marshes, putrid emanations, and miasmata, constitute three categories of causes of infection, which include all others, and which differ as much in their origin as in their degree of intensity.

The *effluvia* derived from the decomposition of animal and vegetable matters in the water of swamps, are very volatile; they cannot be detected by our instruments or modes of analysis, and they extend to great distances from the localities in which they originate. The diseases which they produce are diverse in their character; their effects are rarely confounded with those of contagion.

Putrid emanations are principally disengaged from decomposing animal substances; they remain, so to speak, concentrated in the places where they are formed; their effects are most rapid and most pernicious, and very often they constitute the vehicle of contagion.

Miasms are of animal origin; they are given off from living bodies, whether healthy or unhealthy, when they are crowded together in a confined atmosphere. Their action is more energetic than that of effluvia; they produce diseases of a typhoid character; they extend to a small distance only, and their effects resemble those of contagion.

Such are the sources of infectious diseases. It will be observed that although each category occasions more particularly a certain class of morbid effects, there nevertheless exists no direct relation of cause and effect; thus, a miasm, for example, may give rise to typhus, or hospital gangrene, or dysentery, or to other equally distinct diseases; whereas contagion, as we shall see presently, can only occasion a disease similar to the one in which it originates.

What now is contagion? “It is,” says M. Anglada, “the transmission of a morbid affection from a sick person to one or many individuals, by the

medium of a material principle, which, being the product of a specific morbid elaboration, induces, in those it attacks, either mediately or immediately, a disease similar to that from which it proceeds, provided predisposition exists,"

Contagion cannot be admitted without admitting *virus* also; the virus is, in fact, the material principle which transmits the disease. Every contagious disease, therefore, produces a virus. But if, in variola, syphilis, hydrophobia, the glanders, etc., this is admitted without debate, it is quite different with other species of virus less easily demonstrated. Thus the viruses of plague, of yellow fever, of typhoid fever, of hooping cough, are by no means universally admitted. In these cases the material principle being intangible, and invisible, is denied by men who perceive only infection in what in reality is contagion. If every virus had been concrete, solid, or liquid, the quarrel between the contagionists and the infectionists would have ended long ago. It is solely because many kinds of virus exist in a gaseous or æriform state, that the contagiousness of certain diseases is still a debatable point. But can the form, or physical condition, of a virus change in any way its mode of action? Water in the state of vapor, however diffused it may be, is it not always water? The virus of small-pox does not cease to be a virus, when instead of being solid, as in crusts, liquid, as in the matter of pustules, it encompasses the patient with a virulent atmosphere. Whether you respire the morbiferous atmosphere in the patient's chamber, or whether you touch the virus with the finger, is there not contact always, is there not contagion?

Thus, in principle, the distinction between infection and contagion is easy: contagion occurs whenever, a virus having been elaborated, there is transmission by mediate or immediate contact, of a morbid affection from a diseased to a healthy person; in all other cases there is no contagion; there may be infection.

A most important question here arises. Can we establish a class of contagious diseases? Is contagiousness a characteristic which may distinguish certain diseases? We do not hesitate to reply in the negative. It is perfectly true that certain diseases are usually transmitted by contagion, as, for example, syphilis, measles, scarlatina, etc., but there is nothing to prove that these affections may not be spontaneously developed. The diseases which are most contagious must have had a commencement—an origin. The diseases which are most generally contagious are not necessarily so; it is not only requisite that there should be sufficient morbid capacity in a healthy subject in order that he may contract a disease, it is also necessary that the virus elaborated by the sick man should have sufficient activity. If, from any cause, this activity diminishes, contagion will either become rarer, or it will not take place at all; in this way is explained the cessation of contagious diseases. Certain circumstances, on the other hand, such as epidemic influence, and infection more particularly, may lend increased energy to the virus, greater activity to the contagious principle.

We have said that a class of contagious diseases cannot be set apart. Does this mean that all diseases may become contagious? Such a proposition is evidently an exaggeration. There are certain diseases which can never assume this character; nervous diseases are of this number. Although convulsions often occur successively in a great number of persons, there is no contagion in such cases; there are instances of *morbid transmissions by*

imitation, to which M. Anglada has devoted an interesting article in his work. Some acute diseases, as pneumonia, hepatitis, and encephalitis, appear insusceptible of assuming a contagious character; but we should be reserved on this point, for other affections, quite as acute and inflammatory, have appeared at times to be transmitted by contagion.

Daily observation teaches that contagiousness is especially developed in those diseases accompanied by an alteration of the fluids; the co-existence of a febrile condition and of abundant excretions seems to favor the development of a virulent principle.

In practice, it is not always easy to distinguish contagion from infection; indeed the two influences are often mingled. The following facts may throw some light on this question. It cannot be denied that certain diseases usually arise from infection, while others are generally produced by contagion. If a great number of individuals are simultaneously or successively attacked by the same disease, in order to discover whether the disease is propagated by contagion or infection, it is sufficient to recall its usual origin. If it is a disease of infectious origin, although it has accidentally assumed a contagious character, the indication is not at all modified by this circumstance; it is requisite to destroy the infectious cause, if this is possible,—to purify or evacuate the focus of infection and to disperse the sick, taking precautions against contagion at the same time. If, on the contrary, the disease is usually contagious, the indication is totally different: the isolation of the patients is the first condition to be fulfilled.

In these cases the duty of the practitioner is plain. But suppose several healthy individuals enter an hospital in which some infectious disease is prevailing; a short time afterward, some are attacked by dysentery, others by typhoid fever, others by typhus. Among the persons who have contracted typhus, is one, living in a salubrious and well-ventilated locality, far from the centre of infection, whose attendants one after the other contract the same disease. Does the transmission still occur by infection? Certainly not; in this case there is contagion. We are well aware that our explanation of infection in the one case and contagion in the other, may be criticised; but practically, this is of no consequence. Whenever contagion is suspected, we should act as if it existed, and advise precautions. Thus, in practice, infection is distinguished from contagion by producing many distinct diseases, while contagion can only give rise to one disease similar to the one from which it arose.

We wish to say a word before concluding upon another question, namely, the relation of contagion to disease. Many physicians consider contagion a *morbid element*. They term whatever throws light either on the diagnosis or treatment of a malady the *elements* of that malady. Contagion, say the partizans of this opinion, fulfills these two conditions. Contagion might elucidate the diagnosis of a disease if it was constant, and could be produced at will and without danger; but this is not so, and it is well known that the in-oculations of which M. Ricord and his followers have made such great abuse, have thrown but little light upon the diagnosis of syphilis, the most contagious of all diseases. For a still stronger reason, contagion will not elucidate those diseases in which it is not an invariable quality.

As to the treatment, when we recognize the contagious nature of a disease, we prescribe what is necessary to prevent its propagation, but this is not therapeutics, but prophylaxis or hygiene. The patient gains nothing by

these precautions. What is it to him whether his disease be contagious or no? Does the idea of contagion suggest to us a single remedy, a single method of treatment? Contagion therefore, elucidating neither the diagnosis nor treatment, is not a morbid element. It is a quality—a property of a disease, which it may assume or lose without its other characters being in any way modified.

Therefore, to sum up, let us say with M. Anglada, "that in the majority of diseases, contagion is not a condition *sine qua non* of their nature; that far from being indissolubly associated with them, it is only added as a sort of complication, and that the actions of the economy preserve in these as in all other cases, their independence."—*Virginia Medical & Surgical Journal*.

Epidemic Cholera.—Hon. Hamilton Fish, Senator from New York—the same gentleman who, many of our readers may remember, so hospitably entertained the members of the American Medical Association, during its session in that city in May last—on the first day of the session of the present Congress, before that body was fully organized, and before the reception of the President's Message, and other public documents, offered the following resolution, which was afterwards adopted:

Resolved, That a select committee of five be appointed to consider the causes, and the extent of the sickness and mortality prevailing on board emigrant ships, on the voyage to this country, and whether any, and what further legislation is needed for the better protection of the health and lives of passengers on board such vessels.

Our readers may remember that in the Reporter for September 30th, in announcing the prevalence of cholera in its epidemic form, in some parts of Europe, we expressed the fear that it would, ere long, invade our shores, as it seemed to be pursuing much the same course it did in the memorable epidemics of 1832 and 1849. In England the scourge seems to have met with a temporary check, yet it still lingers in the purlieus of Cripplegate and St. Martin's-in-the-Fields, in London, and in other of the faubourgs of that, and other of the maritime cities of Europe. It would be well for us, if it would remain there; but, while such a tide of emigration, which for the past few months, has been at the flood, is pouring its thousands on our shores, from these very haunts of disease and pestilence, it seems hardly possible for us to escape. Nor are we likely to do so, in view of the terrible mortality on emigrant ships during the month of November, referred to in the resolution of Mr. Fish, quoted at the head of this article. Of the whole number of emigrant vessels that arrived at the port of New York alone, twenty-eight had cholera on board. Of 13,762 emigrants who took passage on those twenty-eight ships, no less than 1,141 died of cholera, while from four to five thousand were afflicted with it during the passage. The epidemic generally broke out when the vessels were two or three days out, and ceased when they reached soundings on this side.

We have no evidence other than newspaper accounts, that this plague is the true Asiatic cholera, but, if it is not, it is at least blazing a pathway, which may the coming year, be a highway for that pestilence to invade our shores. This, it certainly will be, unless the present awful mortality is arrested. That this condition of things on board our emigrant ships is not

without local causes, may be gathered from statements in the newspaper press, describing the condition of things on board those vessels. A writer in the *New York Daily Times*, of Dec. 1, gives the following description of the revolting state of affairs on board one ship, from which out of 700 passengers, 90 lives were lost on the passage—

“The place where these miserable 700 were suffering, was so dark that nothing could be seen without a light; the emigrants would not tell of a death, and in some instances, three or four would continue in a berth for two or three days beside a corpse, and the discovery was only made at last, by the nose of the sexton.

“The filth in this lower region was nearly knee deep, and to go through it with the screams and groans of the suffering, added to the offensive filth, gave you (as a minister on board remarked,) a distinct idea of hell.

“The filthiness of these emigrants, and their destitute condition, were described, but their recital would be too gross to repeat. It should however be made the subject of careful investigation, by the proper authorities. Talk of the horrors of a slave ship, when such horrors are at our very doors!”

It is a matter of sincere congratulation that Senator Fish, in bringing this important subject to the attention of Congress, has shown his determination to use his influence in legislating for the *health*, as well as the *pockets* of his constituency, and if there is any truth in the proverb, “Health makes wealth,” by promoting the one he will surely advance the other.

We believe that but few cases of this sea plague, be it cholera or no, have as yet occurred in any of our Atlantic cities, though large numbers have been sent to the Quarantine Hospitals; and it is to be hoped that such preventive measures will be adopted by our Boards of Health, as will effectually close the avenues to its appearance among us.

New Orleans has not been so fortunate; for it appears that that ill-starred city, which is just recovering from the effects of the recent severe epidemic of yellow fever, is now threatened with the horrors of cholera epidemic. We are not, however, without hope that the cool weather of the winter months, aided by the adoption of proper sanitary regulations, may have a tendency to avert the threatened danger.—*New Jersey Medical Reporter*.

Malpractice.—A suit was recently brought against Talbot Watts, the proprietor of a medicine known as “Watts’ Nervous Antidote,” by the mother of a girl 27 years of age, said to be afflicted with epilepsy, to whom Watts administered his medicine, with the promise that he would return the money if it failed to cure, which he afterwards declined doing. The medicine is said to have increased the frequency of the fits, and to have endangered her life.

The judge charged the jury among other things, that the same degree of skill ought not to be expected, and is not in law required in cases like this, as in cases where regular physicians are called in. Persons who take medicines from advertisements in newspapers, must, to a considerable extent, take the consequences.

The jury retired, and after deliberating about two hours, rendered a verdict for the plaintiff for *one thousand one hundred dollars*.—*N. Y. Medical Times*.

EDITORIAL DEPARTMENT.

The Dublin Medical Press vs. Dr. Flint's Prize Essay.—The Dublin Medical Press of November 6, 1853, has a review of the essay on "Variations of Pitch in Percussion and other Respiratory Sounds, and their application to Physical Diagnosis," to which the National Medical Association, two years since, awarded a prize.

This essay, which on this side of the Atlantic has been supposed, by competent judges, to be a real and valuable addition to medical science, is met upon the other side, with that "damning with faint praise," and assumption of superior and earlier knowledge, which invariably returns from John Bull-dom to greet the ears of the American discoverer.

We propose, in the absence of our senior, to give to the assumptions of the Dublin Medical Press such examination, as the real importance of the subject merits; and that our readers may have a full appreciation of the criticism under discussion, we shall, in this notice, introduce it in installments as they require to be met, but giving it, though divided, without subtraction, or change in the order of its sentences. We quote:

"This essay, which, it appears, was awarded a prize, consists mainly of a few observations on what the writer terms the pitch, that is, as we understand him, the received degrees of intensity of the sounds heard in percussion and respiration. Whilst we think the essay a good one, we must observe that the author has been forestalled in, we believe, every observation he has made. The pitch of the various sounds of both percussion and auscultation has been long familiar to us on this side the Atlantic. To the work of Walshe alone we need refer in proof; and though our author quoted this work, we think parts of it must have escaped his observation."

We prefer to consider this extract separately. First, in regard to the number of these observations spoken of as "a few." They comprise in all forty-one cases, a number sufficiently large when we consider the care with which they were made, the fact that the reality of the sounds was verified by other auscultations, that they include pneumonitis, pleuritis, gangrene and pneumothorax, small tuberculous deposit, abundant tuberculous deposit, tubercle advanced to excavation, and tubercle arrested; and that, wherever opportunity

was afforded, they were verified by autopsy. Aside from these pathological observations, explorations of the chests of twenty-seven healthy individuals were made, with the view of ascertaining the normal variations in pitch. The whole number is, then, sixty-eight, as many, we have no doubt, as were ever made by a single person, to elucidate a single symptom.

Secondly, *we do not* understand the pitch of a sound to have anything to do with its intensity. Intensity is a contingent, and not an intrinsic quality. A very feeble sound may have the same pitch as a very intense one—at least on this side the Atlantic. The assertion of the "Press" as to this point, implies either deficient knowledge of the subject, or great carelessness in ascertaining the opinions of the author whom he criticises. The real issue is involved in the question as to whether or no Dr. Flint has been preceded by Walshe or others in the observations of these sounds.

Upon the first page of the Prize Essay is a *resume* of the present state of knowledge, in which Dr. Walshe is mentioned as noticing "variations in pitch, and several important facts connected with them. But he apparently loses sight of their practical applications, making no reference to them in connection with the diagnosis of individual thoracic diseases."

Before examining Walshe on this subject, let us inquire, what is an observation? If it consists merely in the hearing of certain sounds, and the writing down that they were heard, then every new discovery is preceded by the *caveat* of some previous listener.

But if the discovery of a sound consists in separating it from other sounds, and in assigning to it its true place in the history of disease; in ascertaining its causes and true value; and in enabling succeeding observers to draw from it indications for diagnosis, prognosis, and treatment, then is the author of the Prize Essay entitled to the little that he claims, viz., not to have been the first to notice, but the first to explain these sounds—not the first to hear a foreign language, but the first to understand and interpret it.

We turn now to Walshe, and shall take occasion to examine *all* that he has said relative to the pitch of thoracic sounds.

The first mention he makes of it, is on pp. 57 and 58 of his work on the Heart and Lungs. We quote, and the reader will notice his opinion as to the identity of intensity and pitch, assumed by the Dublin Press.

"This is sometimes, but not always, correct; for there is, in point of fact, as intense noise in many so called dull, as clear sounds. It is not in *intensity* that the difference which impresses the ear consists, but in duration and in pitch: so long as they both last, one is as intense as the other. Hence it would appear that what is practically called clearness signifies continuousness

of sound; and dullness, non-continuousness. * * * * * Under certain circumstances it becomes possible, even, to assign rudely the pitch of the percussion-sounds of the chest,—they become notes.”

Nothing is here said concerning the practical application of these sounds. We are left in ignorance as to anything farther than the mere fact, that “under certain circumstances” which we are left to divine for ourselves, “it becomes possible, even, to assign *rudely* the pitch of the percussion-sounds.”

After considerable search in the volume of Dr. Walshe, we are unable to find any distinct reference to pitch in percussion-sounds, other than that quoted, except the following:

“So, again, equal portions of heart-substance and of liver-substance, when similarly percussed; will give out sounds, short, abrupt, and toneless, in no wise distinguishable from each other; yet the heart and the liver, *in situ*, sound differently: the pitch of the heart sound is perceptibly higher than that of the liver, and the difference depends on the hollow form of the former, plus the different properties of the cavities containing the two organs.”

This, while correct in point of fact, would never have been explained by the “hollow form of the organ,” had Dr. Walshe been familiar with the principle laid down in the prize essay of Dr. Flint:

“*An elevation of pitch always accompanies diminution of resonance in consequence of pulmonary consolidation.*”

Had the hollow form of the heart any influence upon its pitch, the pitch would be lowered instead of elevated. But the facts are, evidently, that the greater density of the walls of the heart, and the presence in its cavity of an unelastic, incompressible fluid, give to it its elevated pitch as compared to the liver, and that the hollow form of the organ has no influence whatever.

This explanation of the pitch of the heart-sound is, to us, sufficient evidence that Dr. Walshe, who is so confidently quoted by the “Press,” knew little of pitch save its existence; while its application to diagnosis was unseen, and its true philosophy evidently confused in his mind. To this conclusion we are forced by the fact, that in the whole of the remainder of the article on “percussion,” Dr. Walshe makes no mention whatever of pitch.

We find, however, under the head of auscultation, the following distinct mention of pitch of respiratory sounds:

“The *pitch* of sounds rises as the frequency of the vibrations in a given time of the sonorous body; the evident variations in pitch of the respiratory murmurs under different circumstances immediately depend on variations in that frequency—but why, or through what mechanism, the frequency is affected by different anatomical conditions is unknown.”

In speaking of the blowing sound, Dr. Walsh states that both inspiratory and expiratory sounds are of a higher pitch than natural.

The reader of the Prize Essay will recollect, that it is distinctly and prominently stated that in the sibilant and sonorous râles, the distinction as to pitch had been previously made, while Barth, and Roger, mention elevated pitch as a quality of bronchial sounds.

But the question is concerning percussion-sounds especially, though it might be extended to auscultatory sounds without impeding to any extent the tenor of our argument. For, in all works on auscultation-sounds, pitch is mentioned in so trivial and unsatisfactory a manner, that they afford no light upon the value of the sign.

We continue our quotations from the "Press":

"Besides we had, years back, the elaborate monograph by Fournet, which was the first to point out the existence of an expiratory murmur in all forms of respiration, and which puts in the clearest light the great importance of attending to this particular murmur both in health and in disease, and more particularly as a diagnostic of much value in the very earliest stage of phthisis, the point to which nearly the whole of this essay before us is devoted. We must take it for granted that our author has never seen this work; and hence as has occurred in so many other instances, his observations are, to a certain extent, original. We might allude likewise to the very able work by Skoda, which, however, it is possible, may not yet have reached America. It contains much bearing on the subjects touched upon in the essay."

We are ignorant of the "monograph by Fournet." He could scarcely, however, have been the first to point out the existence of an expiratory murmur, since that is a self-evident fact—it requires no *savant* to prove that every inspiratory must, of necessity, be followed by an expiratory murmur. If, however, Fournet has advanced anything relative to the *pitch* of the expiratory murmur, his monograph has some bearing on the subject. But the Press does not assert any such knowledge on the part of Fournet.

It is not, in any sense, claimed that Dr. Flint was the first to notice the expiratory murmur, or its importance in incipient phthisis. It does not occupy the "large part of the essay" assigned to it by the "Press," and it only mentions it, as it does œgophony, or any other well known sound, except to give it its due importance as an early symptom of pulmonary obstruction. We can, of our own knowledge, assure the "Press" that Dr. Flint has not only seen Skoda's work, but has actually perused it. That "it contains much bearing on the subject touched upon in this essay" is indisputable, and is equally true of all other works on physical diagnosis.

We finish with the following extract from the article of the "Press":

"At page 12 we have a point started by the writer, and one of much consequence to determine, we mean whether there be any natural difference in the strength of the bronchial murmur on the right and left sides. The writer says that on the right side the pitch was found to be distinctly higher than upon the left; in the proportion of three to one. He goes on then to state that Dr. Stokes, of Dublin, has arrived at the very opposite result, for he has made the pitch highest on the left side. Our author has here fallen into a mistake, for Dr. Stokes was not speaking of the bronchial respiration at all but of the vesicular, which, he says, is, in the majority of instances, distinctly louder at the apex of the left than the right lung. This point, if true, is one of much consequence. We believe, however, it requires further investigation."

The secret of this apparent difference of opinion, lies in the fact that the Dublin editor repeats here the error with which he started, and which he maintains with unwavering consistency. He does not recognize any difference between intensity and pitch, considering two very different qualities of sound as identical.

Again, Dr. Flint does not contradict Dr. Stokes. He reconciles a discrepancy between Stokes and Gerhard, by proving that both were right; in a word, that Stokes spoke of the murmur as *louder* on the left side, while Gerhard and Flint found it *higher as to pitch* on the right side. Both conditions might exist in the same patient.

We should not have given this notice so formal a consideration, were it not that our Americanism is somewhat interested in it. The cool assumption of higher attainment, the nonchalance with which European writers appropriate to themselves American discoveries, and the unwillingness with which they concede to transatlantic students the credit of their investigations, contrast so strongly with the liberality, and almost sycophantic eagerness with which European authorities are received by our medical public, that we confess to a feeling somewhat akin to indignation.

It happens, too, that the universal voice of medical opinion upon this side, had conceded some degree of originality to the prize essay in question.

In conclusion, we need only say that this reply to the criticism of the "Dublin Medical Press" is written without any knowledge of it on the part of the senior editor, and that the junior is alone responsible for its sentiments.

S. B. H.

The Annual Meeting of the Erie County Medical Society.—The annual meeting of the Medical Society of the County of Erie, convened in this city on Tuesday the 10th of January, at 10½ o'clock, A. M., the president, Dr. Strong, presiding.

Forty members were present during the morning and participated in the business of the day.

Doctors S. B. Hunt, C. L. Dayton, T. W. Wood, and T. F. Rochester were admitted to membership with the society.

The usual reports from the librarian and treasurer were made.

A committee appointed at the last annual meeting, to purchase books, made a report, recommending the purchase, for the society library, of the "Sydenham Society's Publications," and the volumes of Transactions of the American Medical Association, to complete the set.

The recommendations of the committee were adopted, the committee continued for the ensuing year, and the following resolution, proposed by Dr. White, unanimously adopted:

Resolved,—That all unexpended funds, left after paying all contingent expenses, be placed at the disposal of the committee on purchase of books for insurance, repairs, and purchase of additions to the library.

The following resolution was also offered by Dr. White:

Resolved,—That a committee of three be appointed to report a tariff of prices for medical services and appointments in and for the county of Erie, and city of Buffalo, below which it shall be dishonorable to do the business, or to accept the appointments.

The injustice suffered by the profession at the hands of the public authorities, and the unprofessional character, and the injurious effects resulting from physicians entering into a pecuniary competition, or *bidding* for appointments and business, were urged by the mover and seconded by many others. The resolution was unanimously adopted, and a committee appointed, consisting of Drs. Samo, House and Wyckoff.

Dr. Hunt was appointed orator for the semi-annual meeting.

A letter was read from Dr. Mackay, the orator for the day, stating his inability to perform the duty at this time, but intimating his willingness to do so at any future time. An invitation was extended to him to address the society at its June session.

Several appropriations were voted to meet current expenses.

The annual choice of officers were made, and the following gentlemen elected to the respective offices for the ensuing year:

Dr. J. G. HOUSE,	. . . . .	<i>President,</i>
" J. P. WHITE,	. . . . .	<i>Vice-President.</i>
" J. M. NEWMAN,	. . . . .	<i>Secretary.</i>
" S. G. BAILEY,	. . . . .	<i>Treasurer.</i>
" J. B. SAMO,	. . . . .	<i>Librarian.</i>

Primary Board:—Drs. S. Eastman, W. Ring, J. S. Hawley.

Censors.—Dr. F. H. Hamilton, *Exam. in Anat. Phys. and Surg.*

" J. B. Samo,	"	<i>Pract. Med. and Obstet.</i>
" W. Treat,	"	<i>Chemis. and Pharma.</i>
" W. Van Pelt,	"	<i>Mat. Med. and Botany.</i>
" H. M. Congar,	"	<i>Med. Juris. and Pathol.</i>

Delegates to the State Medical Society.—Drs. Congar, Rochester, White and House.

The *delegates* to the *American Medical Association* to be appointed by the president and secretary.

In consequence of the cold and uncomfortable state of the hall, the president's valedictory address was, on motion, postponed until after dinner, the committee having that *exercise* in charge, reporting that arrangements had been made for the entertainment of the members at the American Hotel.

At three o'clock the society convened in one of the parlors of the American, and was called to order by the president.

The following resolution was presented by Dr. Hunt:

Resolved,—That this society do earnestly urge upon the legislature of the state of New York, the passage of a bill legalizing the dissection of the human body, and making sufficient provision for the supply of convict and pauper bodies unclaimed by friends, to medical men applying for them.

The importance of this subject to the profession was discussed, and the resolution unanimously adopted.

A *move* was then made for the dinner table, and thirty gentlemen sat down to an admirable repast, spread in the best style of Mr. Hodge, the worthy host of the American. Ample time being allowed for the discussion of the good things set before them, and replenishing the wants of the physical man, the cloth was removed and the president read his valedictory address.

It was a paper admirably adapted to the occasion. It presented first, a rapid review of the principal events in the society's history for the past year, and then passed on to many a wholesome suggestion for improvement in medical knowledge, and the amenities of professional intercourse. The whole was replete with sound sense, and was favorably received by the society.

The balance of the session was pleasantly spent in the interchange of expressions of mutual good feeling, and of those generous sentiments engendered by such a festive occasion, and with toasts and speeches the members whiled away the hours until 8 o'clock, at which time, after having made arrangements for a dinner at the semi-annual meeting, the society adjourned.

J. M. N.

The following *errata* occurred in Dr. Flint's report of a case of pericarditis, in the January No. The correction arrived too late for that number, and is inserted in the present as the errors are important:

2d line, page 449, for "*unaccompanied*," read *accompanied*.

7th line from the bottom of page 451, for "*rigors*," read *signs*.

2d line, page 452, for the words "*now for*," read *how far*.

7th line, page 455, for "*bearing*," read *heaving*.

Monthly Periscope.—When the editor of the *Medico-Chirurgical Review* said the world would have been the better, or that it would have witnessed less disease had there never been a doctor, he said a severe and dangerous thing. It was severe because it was in some measure truthful; it was dangerous because it contained just truth enough to make it dangerous. Half the truth is not unfrequently a greater error than an entire falsehood—or if not a greater error, it does more harm.

A falsehood can be contradicted and disproved—a sophistry requires argument and an array of facts to controvert it. We are obliged to admit that "there is some truth in it," and the unthinking mind does not recognize the fact that this modicum of truth is the vehicle of the falsehood.

In a conversation—the other evening—with one who holds the interests of the profession very near to him, who has lived long enough, and thought and studied sufficiently, to place him on a high scale of medical attainment, he lamented what he considered the progressive deterioration of the profession, as manifested in the smaller number of men of talent who enter it now, as compared with his earlier days. It is quite common to hear such remarks from the older members of the profession, sometimes, as in the case of our friend, expressed quietly, and in tones of regretful conviction, and sometimes

roudly and angrily proclaimed from the lecturer's desk, coupled with declamation and fierce invective on the degeneracy of the craft. We have often expressed our dislike to the denunciations of these latter prophets of evil. To those who sincerely believe that medicine is on the retrograde we would commend the following page of statistics which we take from the Boston Medical and Surgical Journal:

Mortality of the Town of Hampton, N. J.—Rev. Mr. Hartwell, of Hampton, has furnished for the Portsmouth Morning Chronicle, some interesting statistics respecting the mortality of that town. It appears that during the last year, the number of deaths was 34—being 1 in 35 of the inhabitants. This is a very great mortality for the town, and more than has died in any year for ninety-nine years. In 1734, 68 died, 61 by throat distemper. In 1754, 51 deaths occurred, 37 by throat distemper. No epidemic has prevailed during the last year, as the following list will show: Of old age, 6; consumption 7; lung fever, 6; typhoid fever, 3; convulsion fits, 2; disease of kidneys, 1; disease of heart, 1; erysipelas, 1; abdominal abscess, 1; small pox, 1; drowned, 1; scalded, 1; nervous disease, 1; cholera infantum, 1.

It will be seen by the above, that lung diseases have prevailed largely over all others, proving that a damp atmosphere is unfavorable to those who may be predisposed to lung difficulties. The ages were as follows:—Between 90 and 100, 1; 80 and 90, 6; 70 and 80, 3; 60 and 70, 1; 50 and 60, 1; 40 and 50, 7; 30 and 40, 1; 20 and 30, 4; 10 and 20, 2; 5 and 10, 0; 1 and 5, 5; under 1, 2. If we should return the ages exactly, the united ages of ten of those who have died this year, would be 823 years and 6 months, averaging 82 years and 4 months to each one.

In 120 years, last past, commencing in 1734, 482 have died in town over 70 years old. The whole number which have died in 120 years, is 1847, not including any who have been lost at sea or in the wars. In these 1847 deaths, 230 have died between 70 and 80 years old—males, 90; females, 110. Between 90 and 100, 49 have died—males, 19; females, 30. Over 100, 1, and this a female, who died aged 104 years and 17 days.

In addition to the statistics which we have given above, from Mr. Hartwell's praiseworthy researches, he has gathered from them the following gratifying results, which corroborate the truth of Prof. Clark's affirmative answer to the question—"Has medical science lengthened human life?" Mr. H. says—"Another fact appears in examining the records of the town, that the average of life has been much lengthened in the period of 120 years. Diseases were once less complicated and severe than now, much less of sickness in proportion to the whole number of inhabitants, and anything like a contagion or epidemic rarely known. When such did occur, as in the throat distemper of 1734 and 1754, a large proportion of all attacked with it died; and those who died of the epidemic, constituted nearly all who died in 1734, there being 60 deaths by this disease, and 8 deaths by all other diseases. In 1754, in 51 deaths, 37 died of throat distemper, and 14 by all other diseases; showing that in the latter period this disease was better managed on the part of medical attendants than in the first instance. Taking the record of the town, and the testimony of several of the most aged persons, it is very evident that there is much more sickness in proportion, and

that, too, with complicated and dangerous maladies, and still many less in proportion die!—showing conclusively that life is being lengthened, and that medical science is on the advance, and on the part of medical attendants there is much more ability to ‘grapple with fell diseases and conquer.’ And whatever credit, in view of these facts, comes to the doctors, comes to the regular or allopathic course of treatment, for quackery of any sort in medicine has but little prevailed here, and in most instances where quacks and uneducated men have been employed, the diseases they have been called to treat have proved fatal in their hands.”

One such collection of evidence is worth a book of lamentations. It was very justly remarked by another who was present at the conversation which has suggested these remarks, that with increasing years and knowledge, the men and facts of the present grow small. The teachers who signed our diplomas were, to our youthful eyes, men of wondrous attainment and capacious intellect. This is because they were really far our superiors at that time, and the impression of their greatness is indelible. But when the former tyro is himself a savant when he sees men whom he knows to be his inferiors occupying positions once held by those who seemed so great to him in youth, he looks upon it not as it really is, a change for the better in himself, but as a change for the worse in those who fill the places which he once revered.

On the other hand, those still burning with the fire of youth, mistake not unfrequently, their individual advancement in knowledge for a real progress in the profession. But this can do no harm save as it feeds the vanity of youth. It stimulates research, and while it may deceive with a false hope it never utterly falsifies that hope. The sower of the seed returns at last bearing with him his sheaves. It is urged that the profession has fallen off in the public estimation—that quackery is more rampant than ever—that intellectual advancement does not increase the confidence felt in legitimate medicine.

We should not expect too much. When all men unite on Calvinism or any other religious dogma—when all men are constructed upon the same intellectual scale, with equal powers of analyzing evidence, and divining the truth—then may we have universal concurrence in some one medical doctrine. The great strength of quackery lies in the fact that weak minds require a creed to rest upon, some positive assurance of unfailling certainty. They yield to what is to their mental constitutions a necessity, they must have a distinct and declared theory. Thus it is that they cannot appreciate a purely eclectic organization—they cannot see the beauty of that scheme which leaves the whole field of doctrine and practice open to the judgment of the individual practitioner.

In the mean time there is a steady march toward truth. Knowing its own deficiencies, seeing with clearness the true but laborious path to progress, but recently furnished with the all-important aids of chemistry and an enlightened physiology, the profession never before stood so firm in its own capacities for advancement. It is as impossible to check medical progress as to impede the mechanic arts. It is a science, and while men are found who love science for its own sake, so long will the profession advance.

It can already point to its achievements, to vaccination, to etherization, to that better understanding of the laws of life and of disease which has lengthened human life in all civilized countries. Diseases lose their malignancy. The sore throat of 1734, which caused 61 deaths in a sparsely settled township, finds no record in the mortuary list of 1853. With habits of life less simple and less in accordance with hygienic law, with more numerous cases of more various diseases, with an actual increase of sickness in the town of Hampton, there is a decrease in the number of deaths, and a prolonged average of *human life*.

Natural Bonesetters.—There is in the Boston Journal a quaint and somewhat "old grannyish" article on this subject. The style indicates the pen of an old man, while its matter is evidently truthful in intention. A long residence in the same town with Benoni Sweet has furnished to the writer the means of knowing the real merits of this man's claims to skill in the adjustment of bones.

We are surprised to find that this writer, with such opportunities, resorts so largely to hearsay stories to confirm his opinions—which concede to Sweet the power which he claims. Nearly all of the miraculous cases he relates are from second-hand sources and unliable.

He asserts with some show of proof, that the original Sweet who emigrated to Rhode Island, had had the advantages of an English university education, and was probably purely scientific in his mode of operating. To be scientific in the setting of a bone requires many qualifications. The operator should know not only the anatomy of the part, but should understand the lever forces which may be brought to bear upon it. It is probable that all the leverage necessary to be employed, resides within the injured limb, and that a minute knowledge of the various mechanical actions of the muscles, and of the direction in which their force is applied, would obviate the necessity of complicated machinery. But to reduce a fracture well a man must be not only an anatomist and surgeon, but a mechanic.

We have wandered from the matter which we wished to introduce. The

writer of the article mentioned, relates the following curious history, without any comment, or apparent consciousness of its importance.

"Many years ago, when I was a student of medicine, I was riding past the house of Capt. Samuel Thompson, of Westerly, R. I., who seeing me, came out and invited me in, saying that the great Dr. Sweet was within and was going to set a bone. I went in accordingly and saw him operate. It was a case of dislocation of the right os femoris from the acetabulum. He operated without any assistant, by placing the patient, a boy of some 10 or 12 years old, upon a truckle bed, lying on his back. *He then elevated the limb, to a right angle, bending it at the joint of the knee, putting his own breast against it, and, making the os femoris act as a lever, gave a sudden push, and did no more. I afterward saw the boy walking the streets.*"

Here we can recognize Dr. Reid's method, which seems to have been wandering unappreciated through New England, no one perceiving its importance until, at last, a surgeon in western New York confers an inestimable benefit upon the profession, by clearly describing, and skillfully performing it. If the profession of New England knew, as they claim to have known, this method, and have kept it all this time to themselves, they deserve the reward of the servant who, having only a single talent, "went and hid it in a napkin."

Legalized Dissections.—We are able, at this writing, to inform our readers that the "Bill for the Promotion of Medical Science" has passed the senate of the state, and is now before the assembly. It is now probable that the profession is to obtain its long-sought rights in this matter. The provisions of the bill are sufficiently liberal to secure a sufficient supply of anatomical material for the profession of this state, from within its own boundaries.

This is an important point gained. It is a recognition of the claims of the profession; it acknowledges the injustice of the laws relative to mal-practice, and removes from them the old grievance of requiring anatomical knowledge in the surgeon, while it forbids it to the student.

Perhaps we are holding our celebration before the result of the election is known. It may be that there is not sense or wisdom enough in the lower house, to appreciate the humane and beneficent character of this bill. We do know of some, however, who are pledged to its support, and will give to it their best efforts. Let the profession remember these men for good, and reward them as best it may for their intelligent and honorable course. On the other hand, it is becoming a well-acknowledged principle in political action, that punishment for malfeasance should be as certain as rewards for services.

There is one provision we are most glad to notice. It is that clause which makes it a penal offense to send subjects out of the state to other medical colleges. Each state should supply itself in this matter. The state which cannot furnish sufficient anatomical material for its colleges, should have no schools.

This new law has become a necessity. The difficulty of procuring subjects illegally has been year by year increasing, until the supply has become entirely inadequate. Thus it is said that one of the metropolitan schools suffered, last year, a loss of twenty dollars each, on eighty subjects, making a total of sixteen hundred dollars to be deducted from the income of the school.

In all the schools the embarrassment has been more or less felt. At present, in some of the country schools, it is with great difficulty that any have been obtained. In the government school of Michigan, at Ann Arbor, there has been an almost complete destitution. We are credibly informed that only one dissection class had been organized there at the close of the third month of the term. The lecturer on anatomy had, at that time, no subject, and was at the last accounts waiting the arrival of one procured from a distant city, but which was delayed somewhere upon the route.

Of course this would not have happened in a school relying on its reputation for its support; and we can only look upon it as an indication of what all our schools would be under the same system. But there is an injustice connected with the supply of material from foreign sources. The attempt has been repeatedly made to procure material for distant schools in this city. Now whatever may be the abundance of the supply here, it will be very readily seen that any *emeute* arising here, from the violation of the present law, would fall, not on the heads of those in distant places who profit by it, but would be directed upon the school of this city, and it would be made to suffer for the sins of others, who would laugh at its calamities.

We trust that this will sufficiently account to sundry correspondents of our own for the prompt refusal which was given to their requests, as well as to others who have failed in the attempt to make this city the resurrection ground for western schools. While we of Buffalo have, in every instance, avoided and forbidden the violation of the grave for our own purposes, we shall hardly be willing to knowingly permit others to do that, which would most assuredly react upon the innocent.

Should the bill now before the legislature become a law, we can safely speak for the profession of this state, when we say that it will be rigidly observed by them, and that they would join in condemnation of any violation of it from any source, domestic, or foreign.

The Cholera.—From various sources, and from different countries, we hear of the approach of this dreaded epidemic. During the autumnal months it reached England, and immediately manifested itself in the great towns of London, Liverpool and Manchester, as well as in other localities of less importance. At no place was the number of deaths very large, and the disease seems likely to do as it has done before, to lay dormant, in a measure, through the winter, and, it is feared, to break out with its old malignancy at the coming of warm weather.

The public authorities have taken some measures to check the progress of the malady. Among the most important of these is the appointment of medical visitors, whose duty it is to ascertain, and report upon, all nuisances; to visit suspicious localities; to ascertain the health of their inhabitants, and to prescribe for all who may need it. This latter duty is extended to those who may not have applied for relief, although in need of it. Very many of the poor families have, in all these epidemics, manifested a strange apathy in calling for medical aid. This is now avoided by the personal visits of the visitor, who inquires into their health, and prescribes without waiting to be called upon. This measure is apparently doing much to curtail the ravages of the disease, as it insures treatment in that prodromic stage when treatment is most effectual.

In the mean time the cities of Scotland—Edinboro and Glasgow, especially—are suffering to a much greater extent than is England. The same sanitary precautions are not enforced—the “closes” of those towns are, as they ever have been, filthy beyond description—and the epidemic goes on unchecked. It is worthy of notice that the Presbytery of Scotland addressed, last fall, a letter to Viscount Palmerston, imploring Her Majesty the Queen, to appoint a day of fasting and prayer to God, that He might avert the coming pestilence.

The secretary, in reply, pointed out to them the filth of their cities, and urged upon them that they should first cleanse their streets and dwellings, and then, having removed all causes of disease within their reach, should these means be unavailing, they would be able to show sincerity in those prayers, which would be their only remaining resource.

This letter was an eminently sensible, and Christian rebuke to that Mohammedan fatalism, which would fold the hands, and cry “Allah is great!” forgetting that He is a God of Judgment, and not of vengeance; and that it is impious to ask for benefits while we neglect the reformation of glaring sins against life and health.

The cholera is now in Paris. As in England, the number is not large,

compared with the immense population of that metropolis, but still enough to demonstrate that the coming of spring will develop it in full force. They do not seem to be more successful in its treatment in Paris than elsewhere. No new facts have been developed, and we are only advanced in its treatment, inasmuch as we know that it is a zymotic disease, and subject to the usual laws of zymosis.

As yet no deaths from cholera have been reported on this side the Atlantic. The emigrant ships coming over, lose hundreds of passengers every trip, from what is supposed to be cholera, but the restoration to purer air upon landing, and the deliverance from the horrors of the steerage, seem to cut short the further development of the disease. That so many deaths occur in these passages is no wonder. The emigrants are huddled into the crowded steerage; in bad weather the hatches are battened down, and the air becomes, from these causes, extremely foul. Add to this, the fact that these people will not come upon deck when they can; that their habits are most shockingly filthy, and that their dead lie side by side with the living until the ship's officers discover them; and it is no mystery that the horrors of an emigrant ship equal those of a slaver on the "middle passage."

Senator Fish, of this state, has introduced a measure into the U. S. Senate, to check, if possible, this sacrifice of life. He has shown in this the qualities of the true statesman, as well as those of the humane gentleman. What he proposes we do not know, but some action of Government is certainly called for in this matter. Quarantines are ineffectual, but if government were to still further limit the legal number of passengers, it would tend to prevent the creation of floating pest-houses to be cast upon our shores.

But so long as our cities are left in a condition of filth which shall generate and nourish disease, it will be impossible to close the inlets, so that it shall not come among us. It is found in England, that the same neighborhoods, and the same houses where cholera was most fatal two years since, are again its chosen habitat. This fact indicates the efficiency of local causes in producing it, and is the strongest argument possible for effort and vigilance on the part of city authorities.

Effect of Chloroform in inducing narcosis from opium previously taken. Dr. E. W. Booth, of Miss., reports, in the Southern Medical Journal, a case of delirium tremens, in which he ordered grain doses of morphine to be given every hour. At his second visit his patient was raving violently, and evidently not at all under the influence of the opiates, though he had taken ten grains.

He gave, internally, a half a drachm of chloroform in a little water, which he repeated in ten minutes. Very soon after the second dose, he fell into an apoplectic stupor, "his breathing was not oftener than once in a minute; his eyes turned upward; his pulse about one hundred, full and regular; his respiration was loud and stertorous," and, in short, his patient was instantly and most dangerously narcotized. Several hours of exertion on the part of his physician rescued him from his condition.

In commenting upon this case, the editor of the Southern Journal attributes to chloroform a power of so obtunding the morbid excitement of the nervous system, as to subject it, for the first time, to the full influence of the enormous quantity of morphine which had been administered. He derives a practical conclusion from this case. When large doses of opium have been administered in cases of delirium tremens, or other disease where great tolerance of the drug exists, it is unsafe to follow them with chloroform, as that may at once give efficacy and narcotic power to the whole quantity. He mentions a case of tetanus, where chloroform had been inhaled during the free exhibition of morphine, and says that the patient evidently died narcotized.

H.

An Introductory Lecture. By BENJ. R. PALMER, M. D., Professor of Anatomy in the Medical Department of the University of Louisville.

This is a well written, and—what is better—a thoughtful production. Dr. Palmer urges the importance of *all* knowledge, in contradistinction to the notions of those who, calling themselves *par excellence* "practical men," can see no utility in the researches of microscopy, or in the attainment of isolated facts which have no direct bearing on therapeutic art. His argument in this connection is forcibly put, and illustrated.

We cannot avoid the conclusion, that the task of writing an "introductory," which Dr. Palmer speaks of in the opening page as so irksome and disagreeable, must have grown lighter in the fulfillment. No man writes well who writes unwillingly, and hence we draw the conclusion, that our lecturer must have warmed with his subject as he progressed; writing at least *currente calamo*, and with a hearty appreciation of the importance and interest of his theme.

H.

Dr. Knight's Introductory.—This lecture is a historical account of the rise and progress of the Medical Institution of Yale College. There is a Connecticut staidness about it that pleases us, and we were very much interested in marking the permanence of the professorships in that school, as contrasted with the changes and vicissitudes which characterize so many others.

Of the four original professors, three retained their places for forty years. Of others, subsequently appointed, two only have died, and one only has resigned. During all this period of forty years, we find but eleven names attached to its professorships. The size of the classes has never been large, and for the last ten years has averaged about forty. H.

Homœopathy—An Introductory Address. By CHARLES A. LEE, M. D.

Prof. Lee has here given the students of Starling Medical College a host of solid facts and irrefragable arguments, which may serve them well, hereafter, in their practice in quack-ridden Ohio. He goes to the fountain-head and shows a familiarity with Homœopathic doctrines and writings, which evinces his extensive reading. Dr. Lee is well known, both as a thorough scholar, and an honest hater of quackery in every form. He evidently assumes this task of flagellating the Homœopaths *con amore*.

But the grand secret of the success of this empty and superficial doctrine, lies, not in its own strength, but in the weakness of those who receive it. This fact is well stated in the following quotation from near the close of the lecture:

“A person who is ultra in one thing will be ultra in all; a believer in Homœopathy will be, most likely, a believer in spirit-rappings, and mesmerism. Six-sevenths of the followers of Emanuel Swedenborg, it is ascertained, are enthusiastic disciples of Hahnemann. A mystic in religion will be a mystic in medicine. Evidence has nothing to do in the making of such converts. *Homœopathicus nascitur non fit*. Here is not faith like a grain of mustard seed that is to remove the mountain, but it is the mountain of faith that is to swallow the mustard seed!”

Introductory, by Wm. M. McPheeters, M. D., of the St. Louis University, and by H. M. Bullitt, M. D., of the Kentucky School of Medicine, have also been received. H.

Spooneyism.—A new semi-monthly journal, to be devoted “to ancient and modern spiritualism,” is announced to be published in New York city, edited by Judge Edmonds and Dr. Dexter. The title has not yet appeared. We would suggest “Spooneyism,” and offer the following contribution for the ancient department:

April 3d, 1836. After dinner we stayed to see a curious half superstitious scene acted by the Malay women (natives of islands of the East Indian archipelago.) A large wooden spoon *dressed in garments*, and which had been carried to the grave of a dead man, they pretend becomes inspired at the full of the moon, and will dance and jump about. After the proper preparations, the spoon, held by *two women*, became convulsed, and danced in good time to the song of the surrounding children and women. It was a most foolish spectacle; but Mr. Liesk, (an English resident,) maintained that many of the Malays believed in its *spiritual movements*. The dance did not commence till the moon had risen.”—See Journal, &c., Charles Darwin, M. A., F. R. S., vol. ii., p. 250.

N. B. As it is gravely determined upon to beset congress to appoint a *scientific commission* to examine and determine upon the phenomena of what is termed spiritualism, why not, Mr. Marcy, send our unoccupied Japan expedition for Malay women, to be in and of this commission? T.

A Monograph on the Functional and Sympathetic Affections of the Heart, by John M. Corson, M. D., of New York, has been issued in pamphlet form. This paper has previously appeared in the New York Journal of Medicine. It is carefully written, and from the very cursory examination we have been able to give it, it seems a very faithful *resume* of the present state of information on that subject. H.

The American Medical Monthly is a new periodical just started in New York, published by Putnam, well furnished with capital, conducted by the Faculty of the New York Medical College, and under the special editorial supervision of Edward H. Parker, M. D. With such resources it can scarcely fail of success. H.

The Therapeutical Properties of Veratrum Viride. By WESLEY C. NORWOOD, M. D.

Dr. Norwood, in this pamphlet, has collected his various writings on the subject of American hellebore, together with the opinions of physicians expressed in letters to him. The pamphlet is distributed, gratuitously, by the druggists who have the tincture on sale. We know nothing experimentally of this drug. Mr. A. I. Mathews can furnish it to those inclined to test it.

H.

The Medical Application of Electro-Magnetism. By SAMUEL B. SMITH.

This is a substantial pamphlet, devoted to the laudation of Mr. Smith's electro-magnetic machine. The advertising is alone incidentally, and is interspersed with quotations from Matteucci and sundry other experimenters. It of course adopts the hypothesis that nerve-force and electricity are identical. We cannot commend the doctrines of the book, though we cheerfully acknowledge the ingenuity of the advertisement. If equal Yankee skill is displayed in the machine itself, it is, doubtless, a very good one.

H.

Our readers will notice, that our editorial department is this month devoted to the disposition of a portion of the flood of pamphlets, and introductions, which have reached us. Most of these it was an easy matter to read, and a pleasure to commend. Our annual introductory lectures before college classes are, in some measure, an index of the prevailing medical sentiment. This gives them value as a record of the times, and makes them—aside from their merits as literary compositions—worthy of the critics notice.

H.

Sold Out!—The private reputation, as well as that derived from a former connection with various medical schools, of Ex-Prof. James McClintock, has been put up at public sale. A druggist firm in New York are the happy purchasers of this extremely valuable property.

The ostensible value received in this transaction, consists of a number of

recipes for pills, cough syrups, and the like, which are now to be added to the armamentaria of "popular" medicine. These formulæ are, as we are informed, the result of vast experience, and profound science, and Dr. McClintock thus disposes of them, to rescue himself from the necessity of answering the myriad of letters from his former students, and the profession at large, inquiring their composition.

The real *quid pro quo* in the bargain, is the liberty to use the name and reputation of one who *might* have been a man, for the base purposes of open and shameful quackery. This is the only instance wherein a somewhat noted teacher of medicine has thus degraded himself. Had Dr. McClintock only sold the recipes, it would have been simply disgraceful; but when he sells himself—the little that was left of his former reputation—and, by implication, the good names of those formerly associated with him, there is no adjective which can describe the transaction.

The doctrine of original sin, and innate depravity are, in this, fully established. There are no other means of accounting for such a wofully mean exodus from an honorable profession. Men usually fall slowly; they come down, step by step, in their downward progress. But here, so far as we can see, the descent is sudden. The doctor falls to the base earth of quackery like a bear from a tree, and, apparently, with as little discomposure to his own *bon hommie*.

It cannot be that there is any great cause for mourning in this event. We do not look upon it as any indication of decreasing respectability in the profession. The Rev. Dr. Dodd committed forgery, but that has never been laid to his cloth, or referred to as a sign of the times. When a man by dishonesty, by intemperance, or other vicious habits, disgraces his associations, it is for the reason that we have assigned. The sin was in him. Circumstances, the ambitions of youth, the possession of talents, the influence of friends, may all make a man respectable for a season, but if he is naturally a quack, he herds at last with his fellows.

But, for the credit of the name of Professor, we hope that this speculation in the character and the names of those who have been so unfortunate as to be associated with its author, may fail, and that thus the public prints may not be daily trumpeting, at once, the fancied virtues of the medicines, and the disgrace of their compounder.

We have said more about this matter than its importance merits; but it was something new to see a man's character put up in pint and half-pint bottles, to be retailed in every country drug-store, and hawked about the land by itinerant peddlers.

H.

fourteen; the show
phal...

Journal 1854

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 9.

MARCH, 1854.

NO. 10.

ORIGINAL COMMUNICATIONS.

ART. I.— *Analysis of Twenty-one Cases of Articular Rheumatism.*

By AUSTIN FLINT, M. D.

I propose in this paper to give, as concisely as possible, the results of an analysis of twenty-one cases of articular rheumatism. Of this number I have histories recorded either at the bedside, or while the cases were under observation. The number is not large. It would have been considerably larger had I recorded the histories of all the cases that have fallen under my observation. The disease, however, is not of very frequent occurrence in this city, (Buffalo.) In proof of this statement, on referring to the register of the Buffalo Hospital of the Sisters of Charity, not a single case was admitted into that institution from January to November, 1849, the inmates in the medical wards, during that period, averaging from thirty to forty daily. Nor was even a single case admitted from Dec., 1849, to May, 1850. The same is true of the period from October, 1850, to October, 1851; the daily average number of inmates being much greater than before.

The infrequency of the disease in this region is interesting, considered in connection with the fact that the population of Buffalo embraces a very large proportion of young persons, and that the climate of this place is characterized by sudden and extreme changes of temperature. As respects climate,

NO. X., VOL. IX. — 37.

sudden alternations of temperature, and high winds, forms to be added to features. Without being able to state the average dew point, the atmosphere is remarkably dry, notwithstanding its proximity to the lake.

Of the twenty-one cases which I shall proceed to analyze, in seventeen the disease was, moderately or otherwise, acute, and in the remaining four cases, sub-acute.

Age. The ages ascertained, respectively, were as follows:—22, 40, 33, 30, 21, 15, 18, 16, 22, 30, 30, 23, 32, 32, 26, 23, 24, 21; in all, nineteen cases.

Mean age, $25\frac{1}{2}$ years.

Season. The cases occurred in the following months:—Jan., 4 cases; Feb., 3 cases; March, 4 cases; April, 2 cases; May, 1 case; June, 1 case; July, 0 case; August, 1 case; Sept., 0 case; Oct., 3 cases; Nov., 1 case; Dec., 1 case.

Previous Health. Of ten cases in which the facts with respect to the occurrence of previous attacks of rheumatism were ascertained, in six the patients had had the disease. One patient had had two previous attacks, and one had had several; the remaining eight had previously had the disease but once. One patient had been subject to frequent attacks of neuralgia; one had suffered long and much from spinal irritation, and two had had intermittent fever. In one instance, the disease followed close on the steps of intermittent fever; and in one, dysentery had shortly preceded it.

Mode of Attack. The invasion was sudden in nine cases, and in four of these the attack took place in the night time. In seven cases the disease was gradually developed.

Sex. Eighteen were males, and three were females; the greater relative liability of the male sex to rheumatism being thus illustrated.

Parts affected in combination and succession. Local symptoms. Under this head the first points of inquiry are: Of the different joints of the body, which are most liable to be affected in rheumatism; and in what order do the joints severally rank as respects this liability? The facts bearing on these points of inquiry are as follows:—In the twenty-one cases, the knee, or knees, were affected in seventeen; the ankle joint in fifteen; the wrist in

fourteen; the shoulder in eleven; the hip in nine; the elbow in eight; the phalangeal joints of hand in six; the phalangeal joints of foot in two, and the maxillary in one.

The ligaments of the cervical vertebræ were affected in two cases; of the back in five cases; of the dorsum of hand in one case, and of the foot in two cases.

A second point of inquiry is, what joints were simultaneously affected at the time of the attack? Both knees were affected in four cases; both ankles in two cases. The following combinations were each (with one exception) exemplified in a single case: Both wrists; hips, knees, ankles and wrists; ankles and toes of both feet; left hip and left knee; elbow and shoulder joints; both knees and both ankles; right knee and right ankle; left hip, knee and ankle; both shoulders; left ankle and left wrist (two cases); both ankles, knees and hips.

An examination of the combinations of joints simultaneously affected is interesting with reference to the *law of parallelism*. Rheumatism is one of the *symmetrical* diseases. Common observation shows that corresponding parts on the two sides of the body are apt to be attacked at the same time. Does this occur sufficiently often, or, in other words, are the exceptions so infrequent, that it may with propriety be regarded as a law of the disease? This question has bearings beyond simply the natural history of rheumatism. The existence of such a law is of importance in its relations to the pathology of the disease. It shows that the local manifestations of rheumatism involve, in the first place, an internal determining morbid condition; and that parts are affected, mainly or solely, in consequence of this ulterior condition, irrespective of external local causes. And, in the second place, it certainly favors the doctrine that this internal morbid condition, thus determining the situation of the local rheumatic inflammations, pertains to the blood. To suppose that there is a kind of elective affinity between the structures attacked and a morbid matter brought to them by the blood, is to account most rationally for the fact that a disease affects similarly corresponding parts of the two symmetrical halves of the body. And in support of this hypothesis, it may undoubtedly be affirmed that most symmetrical affections, irrespective of the law of parallelism, appear to be blood diseases. It will at once occur to the mind of the reader that were we authorized to say that a well-marked law of parallelism sufficiently establishes the blood pathology of a disease, it may be applied to settle the question of the pathological character of some affections in which other evidence of their dependence on a morbid condition of the blood is wanting.

Reverting to the combinations already given of joints simultaneously affected, in thirteen of the eighteen instances the same joints on the two sides of the body are associated. Of the five instances in which this was not the fact, the left ankle and wrist were here simultaneously affected in two; and in the remaining three instances the knee and ankle, and the hip and knee on one side were affected in combination. These are not properly exceptions to the law of parallelism; they are simply negative instances in this point of view. True, exceptions would be instances in which different joints on the two sides of the body are affected in combination. There are no such instances in the combinations already given, and we may, therefore, conclude that, thus far in the analysis, the law referred to is sustained by the majority of the instances in which different joints were attacked, simultaneously, and no positive exceptions are found. It may be remarked here, that in examining with reference to the point under analysis, it will be fair to consider instances in which corresponding joints of the upper and lower extremity are affected in combination, as certainly not deviating from, if, indeed, they are not exemplifications of a law of parallelism. The knee and elbow, the wrist and ankles, the hip and shoulders are analogues; and were, for example, the wrist on one side, and the ankle on the other side to be affected in combination, it would not form an exception to the rule of symmetry. This consideration has no reference to the facts already presented, but it may, perhaps, be applicable to those which are now to follow.

What joints were affected in combination subsequently to the date of the attack? The following are the enumerations developed by an examination of the histories with reference to this inquiry:

Parallel joints affected.

Both knees,	4 cases.
Both wrists,	5 "
Both shoulders,	4 "
Both elbows,	3 "
Both hips,	1 case.
Both ankles,	3 cases.
Great toes,	1 case.
Both knees and ankles,	1 "
Elbows and wrists,	2 cases.
Shoulders, elbows and hips,	1 case.
Total,	25

Single joints affected.

One knee,	3 cases
One wrist,	14 "
One shoulder,	6 "
One elbow,	3 "
One hip,	3 "
One ankle,	3 "
	<hr/>
Total,	32

Different joints affected on same side, and joints not corresponding on the two sides.

Right wrist, elbow and shoulder,	1 case.
Wrist and finger joints,	1 "
Finger joints of one hand,	7 cases.
Left ankle and right hip,	1 case.
All joints of right arm and mostly all joints of left arm,	1 "
Right hip, knee and ankle,	1 "
Left wrist and left ankle,	1 "
	<hr/>
Total,	13

The foregoing results show the number of instances in which a single joint was affected to be in the majority; next in the order of frequency, parallel joints were affected; and in a much less number of instances different joints on the same side, or not corresponding on the two sides, were attacked in combination.

Directing attention to the evidence for or against the law of parallelism, we find in the first class of combinations the positive exemplifications of this law. In the second division, viz., in which single joints were affected, the evidence is, as has been seen, negative. We are to look in the third class for the exceptions to the law. And the exceptions are instances in which different joints on the two sides of the body, not analogues, were affected in combination. There is but one instance of that character. In that instance the left ankle and the right hip were simultaneously affected. In no instance were joints different, but analogues, affected in combination. The consideration, therefore, with reference to the latter point, which was premised, is not applicable to the facts developed by this analysis. The other instances in

this division, viz., those in which different joints on the same side were affected in combination, are to be regarded in the same light as those in which single joints were affected. They are negative as respects their bearing on the law of parallelism. *In only a single instance, in all the combinations of joints simultaneously affected, both at the time of the attack, and subsequently, during the progress of the disease, in the twenty-one cases, was there a positive confiction with the law of parallelism.*

To present the facts in another aspect, the whole number of instances in which the joints were affected, in the twenty-one cases, either singly, or in the different complications, is eighty-eight. So far as the results of this analysis go, therefore, the ratio of exceptions to the law of parallelism in rheumatism, is as 1 to 88.

It is interesting to notice that certain joints are specially disposed to be affected in combination on the two sides, *e. g.* the knee, while other joints are apt to be affected singly, *e. g.* the wrist; and the joint most apt to be affected singly, viz., the wrist, is one of the least liable to be affected double.

With respect to the local symptoms, in no instance were swelling or redness present when the hip and shoulders were affected. These symptoms were generally, but not uniformly present when the knee, ankle, wrist and finger joints were the seat of the manifestations of the disease. Increased heat was sometimes present when the hip and shoulder joints were affected.

Heart complications. In fifteen cases the existence, or non-existence of heart complications, was determined. Of these fifteen cases, the heart was affected in six, and unaffected in nine. The evidences and history of heart affection in the six cases, respectively, are as follows:

CASE I.—On the fifth day after my attendance commenced, and the eighth day from the date of the attack, a soft, systolic endocardial murmur was observed. The action of the heart was not increased. The febrile movement had subsided. Some pain was felt in and below the precordia, and there was tenderness on pressure in the same situations. The patient was convalescent on the seventh day from the date of my attendance, and slowly recovered. The disease occurred in March, 1852. During the subsequent winter he had a second attack of rheumatism, having never had the disease before the preceding March. He was not under my observation during the second attack. He recovered from it, but the state of the heart, and of the general health, is not known. Age of patient, 15 years.

CASE II.—On the seventh day from the date of the attack, a loud and somewhat rough systolic endocardial murmur existed. At this date the patient came under my charge, and the previous existence, or non-existence, of the murmur had not been ascertained. The murmur was heard at, and above the base of the heart, not at the apex. There were no signs of enlargement. Patient had had an attack of rheumatism ten years before. Age of patient, 16 years. The case was pretty severe and protracted.

CASE III.—Patient came under observation on the sixth day after the attack, and on the ninth day a soft, systolic endocardial murmur was observed. The impulse was normal. The murmur diminished and disappeared after convalescence was established. He had slight pain in precordia on deep inspiration. The case was mild, and brief in duration. Subsequent history of patient unknown. Had not had the disease before. Age, 22 years.

CASE IV.—On admission into hospital about a week after the date of the attack, he had a soft, systolic endocardial murmur, low in pitch, maximum of sound at the apex, the heart's impulse somewhat increased. There was pain in precordia on deep inspiration, and on acts of coughing. The abnormal impulse ceased, but the murmur continued till his discharge. The case was mild and brief. It does not appear that he had had the disease before. Age, 17 years.

CASE V.—Admitted on the ninth day of the disease, and on the twelfth day was observed a systolic endocardial murmur, the maximum between the second and third ribs, high in pitch. The area of flatness of percussion sound in precordia was increased, and there was no apex impulse. The disease was mild. Patient was convalescent on the twenty-third day. History after discharge unknown. Age, 32.

CASE VI.—On the sixth day from the date of the attack, a soft, systolic murmur was observed, the maximum between second and third ribs. Action of heart not increased. No precordial pain. The disease was mild. Patient was discharged on the eleventh day from the date of the attack. Endocardial murmur at the time of discharge faint. Subsequent history not known. Age, 26.

In the foregoing six cases, as will be noticed, the evidences of endocarditis alone, were present in five, and of endo and pericarditis in but one.

The rheumatism was mild in all cases but one, and in the latter tolerably severe.

The endocardial murmur was produced at the mitral orifice in one case, and at the aortic orifice in four cases.

Precordial pain existed in four cases; it did not exist in one case, and in one case nothing is noted on this point. In no instance was the precordial pain severe, or prominent as a symptom.

In each case convalescence took place without leaving any consciousness, on the part of the patient, of a heart affection. In one instance the endocardial murmur disappeared, in one instance it became faint, and in the other cases it persisted without any notable change.

The maximum of the duration of the rheumatism in the cases complicated with heart affection, was twenty-six days. The next longest duration was twenty-three days; the next, twenty-one days, and the next, twelve days. The minimum of duration was seven days. The mean duration was sixteen $\frac{2}{3}$ days.

Comparing the mean duration of these cases with the mean duration of all the cases, the latter, as will be presently seen, was seventeen $\frac{5}{7}$ days. So that the mean duration of the cases with heart complication is somewhat less than the mean duration of all the cases! The duration in the facts just presented is considered to embrace the period between the date of the attack, and the date of convalescence. Calculating from the date of attack to the time of discharge, and the results in the two groups of cases are as follows: in the cases with heart complication, mean duration, twenty-six days; do, in all the cases, twenty-nine days! This shows, as in the former comparison, a shorter duration of the cases in which heart affection exists! So far as deductions from these facts are admissible, it is evident that heart complication exerts no influence to protract either convalescence, or apparent recovery from the disease.

Pain, and other symptoms pertaining to Nervous System. In all the cases, pain in the affected joints was more or less prominent. In some it was severe, in others slight. In several instances it is noted that more pain was experienced during the night, than in the daytime. Shooting neuralgic pains were noted in one case. Hysterical attacks, accompanied by neuralgic pains in the abdomen and chest, occurred near the time of convalescence in one case. Tenderness over the spinal column is noted in two cases.

Disorder of Digestive System. The appetite was generally either lost or

impaired, but was sometimes preserved when the disease was subacute, or moderately acute.

The tongue was usually more or less coated.

Constipation was present in the great majority of cases. Diarrhœa, occurring spontaneously in the course of the disease, is noted but in one case.

Thirst was frequently present.

State of Urine and Perspirations. The urine deposited, on cooling, the urate of ammonia in fourteen cases. In the remainder of the cases the state of the urine was not noted, or noted too imperfectly to determine the non-existence of this deposit throughout the disease. The uratic deposit was observed to disappear in several instances, at or near the time of convalescence, and after a marked improvement in the symptoms had taken place. Its continuance after convalescence was established, or after marked improvement, is not noted in a single case.

The sp. gr. taken in one case, once daily, for nine consecutive days, averaged 1.015, varying at different times from 1.012 to 1.017. In another case the sp. gr. at two observations was found to be 1.030, and 1.028.

The urine was albuminous in one case, and the histories contain information on that point in this case only.

Sweating, more or less frequently, and profuse, occurred in seventeen cases; and the absence of perspirations is not noted in the history of a single case. The sweating was slight, and persisted but for a short time in a case characterized by diarrhœa, this being the only case in which the latter symptom occurred. In this case the perspirations did not take place till after the diarrhœa had ceased.

In almost every instance in which perspirations are noted to have occurred, they were either confined to the night, or were more profuse at that time.

It does not appear that the sweating was ever followed by relief of the affection of the joints.

Pulmonary Symptoms. The absence of pulmonary symptoms is the chief fact pertaining to this head. In two cases only is it noted that any cough and expectoration were present, and in them these symptoms were slight.

Duration.

TABLE SHOWING DURATION OF DISEASE IN EIGHTEEN CASES.

	No. 1. DAYS.	No. 2. DAYS.	No. 3. DAYS.	No. 4. DAYS.	No. 5. DAYS.	No. 6. DAYS.	No. 7. DAYS.	No. 8. DAYS.	No. 9. DAYS.	No. 10. DAYS.	No. 11. DAYS.	No. 12. DAYS.	No. 13. DAYS.	No. 14. DAYS.	No. 15. DAYS.	No. 16. DAYS.	No. 17. DAYS.	No. 18. DAYS.
From attack to convalescence,...	5	11	16	7	7	31	7	8	26	12	32	12	23	23	21	9	0	47
From attack to discharge,.....	11	0	30	0	7	40	7	18	44	17	46	21	78	0	0	12	57	0

Mean duration to convalescence, $17\frac{2}{7}$ days.

Mean duration to discharge, $29\frac{1}{3}$ days.

In no instance did the disease prove fatal.

In no instance did the acute eventuate in the chronic form of the disease.

In two instances, only, did apparent convalescence take place, and a recurrence of the severity of the symptoms follow.

Causative influences. In the histories of 14 cases nothing is contained relative to causation, except in two instances it is noted that the patients were free livers.

In seven cases the patients attributed the disease to exposure to cold.

In one case the patient had been exposed to over-exertion, and mental anxiety prior to the attack.

In one case the rheumatism occurred as a sequel of dysentery; and in one case it followed intermittent fever.

Treatment. In fifteen of the cases the treatment was mixed, *i. e.*, it consisted of different remedies. Of the remaining six cases, in two the treatment consisted solely, or almost exclusively, of the nitrate of potash; in two, solely of colchicum and bleeding, and in one case the account of treatment is incomplete.

The following remedies were prescribed, severally, in the number of cases appended:

Colchicum,	3 cases.
Nitrate of Potash,	9 "
Bleeding,	2 "
Mercury	8 "

Opium, (in form of gum, sulphate of morphia, or Dover's powder,)	14 cases.
Citric Acid,	5 "
Sulphate of Quinia,	7 "
Iodide of Potash,	7 "
Digitalis,	1 case.
Lemon Juice,	3 cases.
Liquor Potassæ,	2 "
Phosphate of Ammonia,	1 case.
Vesication,	Several cases.

With respect to the apparent effects of these remedies, an interrogation of the histories develops the following facts and conclusions:

Colchicum. 1. This remedy was carried to the extent of vomiting and purging, with, apparently, marked relief, but the symptoms returned in three days with more severity than before. Duration of the disease not determinable. Colchicum and bleeding were the only remedies employed in this case.

2. Colchicum was carried to vomiting and purging, with apparent relief. Colchicum and bleeding were the only remedies employed. Duration of the disease to convalescence, five, and to discharge, eleven days.

3. Twenty drops of the tincture of colchicum were given every four hours. The apparent effect does not appear from the history.

4. Colchicum was carried to vomiting and purging. No relief of symptoms. Under its operation an endocardial murmur was first discovered.

Inference. Colchicum, carried to vomiting and purging, sometimes produces apparently marked relief, and sometimes none whatever. The relief which follows is not always permanent. Under the operation of this remedy endocarditis may become developed.

Citric Acid. Two cases were treated exclusively with citric acid.

1. Citric acid was given in doses increased to an ounce daily. Patient admitted into hospital three weeks after the date of the attack. Had taken, before his admission, only a purgative. Convalescent in eleven days, and discharged twenty-seven days after admission.

2. Citric acid in doses increased from two drachms to an ounce daily; and on one day two ounces were taken. Patient entered third day after date of attack, having had no medicine prior to his admission. Convalescent on the twelfth day after the attack, and discharged, quite well, on the twenty-first day.

Citric acid entered somewhat into the treatment of several other cases, but it is impossible to determine what effect it may have produced on the course of the disease.

In both the cases treated with citric acid, exclusively, the duration of the disease to convalescence and discharge was less than the average duration in all the cases.

Nitrate of Potash. One case was treated exclusively with this remedy. The patient entered two weeks after the date of the attack. He was convalescent and able to walk about twenty-three days after admission, and discharged shortly afterward.

Facts pertaining to the cases in which this remedy was employed in addition to other remedies, are as follows:

1. Symptoms relieved the day after the remedy was prescribed, but remainder of history defective.

2. Effect does not distinctly appear in the history, but it is presumed not to have been altogether satisfactory, as, after two days, the sulphate of quinia was added.

3. Continued through the disease in addition to the proto-iodide of mercury, and lemon juice. Convalescence in seven days.

4. Commenced on the fourth day in dose of two drachms daily. This constituted the treatment, with the exception of the sulphate of morphia at night, and the free use of lemonade. Patient had previously been purged with the sulphate of magnesia, and had taken the sulphate of morphia. Convalescence in seven days.

5. Entered six days after the date of the attack. Nitrate of potash, an ounce daily. Endocarditis developed four days after admission. He was then mercurialized. Convalescence in twenty-five days, and discharged thirty-eight days after admission.

6. Nitrate of potash an ounce daily, with calomel a grain hourly, endocarditis existing. Under this treatment daily improvement. Convalescence five days after admission, twelve days after the date of the attack.

7. Nitrate of potash and mercury continued to ptyalism. Case complicated with endocarditis. This treatment commenced on the fifth day after admission, and fourteenth day after date of attack. Previously treated with colchicum, under which endocarditis became developed. Under the use of the nitrate of potash and mercury, rapid improvement. Convalescence fourteen days after admission, and discharged in twenty-three days. This patient had ashort relapse after appearing to be convalescent.

8. Twenty-four days after the date of the attack, nitrate of potash half an ounce daily. Previously had had this remedy in small doses in conjunction with colchicum. Continued in the quantity above stated for ten days. Under its use the urine became clear, and the symptoms relieved. The urine was increased in quantity. After the continuance of the remedy for ten days, the sulphate of quinia, in doses of five grains three times daily, was substituted.

Conclusions. (a.) Duration of disease not always abridged by this remedy; see No. 5, in foregoing list, in which duration was considerably longer than the average.

(b.) In some instances relief follows the use of the remedy, and appears to be an effect of it. In other cases no decided relief follows, even when the remedy is continued for several days.

(c.) Endocarditis may be developed while the patient is under the use of this remedy. See case No. 5.

(d.) No unpleasant effects are noted, the remedy having been given, in several instances, in doses of an ounce in the twenty-four hours.

(e.) That the remedy possesses much power to control the disease is not apparent from the analysis of these few cases.

Bleeding. 1. Colchicum had been given, with transient relief, in this case. Four days afterward, the symptoms having returned with increased severity, bleeding was practiced, there being but moderate febrile movement, and the pulse not hard. Relief followed; but on the day but one afterward, the symptoms regained their former severity.

2. Bleeding was practiced on the evening of the second day. No improvement of the symptoms followed. On the next day colchicum carried to the extent of vomiting and purging. Relief followed this remedy. On the next day another bleeding, after which the relief became more decided. Febrile movement nearly gone, and from that date convalescence proceeded rapidly.

Summary. In the first case, transient relief only appears to have followed the bleeding. In the second the remedy appeared to contribute to the abatement of the disease, and the relief was permanent.

Mercury. 1. The proto-iodide of mercury was given, in doses of one grain three times daily, for several days, but not carried to ptyalism. The

use of mercury was preceded by the nitrate of potash and lemon juice. The precordia was blistered. Endocardial murmur existed. Convalescence in seven days.

2. Calomel, grs. ii, and opium, grs. ii, every four or six hours, was continued till eight doses were taken. Then suspended on account of the existence of diarrhoea. Case accompanied by endocardial murmur.

3. Patient had taken calomel for six days, in small doses, before admission into hospital. On the fourth day after admission, the existence of endocarditis being determined, he was again placed under the use of calomel, and it was continued till ptyalism was induced. Prior to the discovery of endocarditis, after admission, the nitrate of potash had been given. Convalescence in twenty-six days, and recovery from the rheumatism after thirty-eight days.

4. Endocarditis existed in this case. Calomel given at once, in doses of one grain hourly. Also inunction with mercurial ointment, and blister to precordia. Ptyalism speedily induced. Convalescence in five days, and the patient was quite well in ten days after admission.

Had been affected with the disease for about a week prior to his admission, but had kept the bed for two days only.

5. Citric acid was the only remedy given for twelve days. Pericarditis then suspected, and calomel, in doses of a grain, with Dover's powder, given three times daily. Continued till ptyalism was induced.

Intermittent fever supervened. Patient discharged seventy-eight days after date of attack, quite well.

6. Endocarditis determined on the fifth day after admission, and fourteenth after the date of attack. Colchicum had been the remedy employed up to the discovery of endocarditis. Calomel was then prescribed in conjunction with digitalis, squill, and Dover's powder; and a blister applied to the precordia. Mercury was carried to mild ptyalism. Convalescence on the fourteenth day after admission, and twenty-third after the date of attack. Had a brief relapse, but was shortly afterward discharged, quite well.

7. On admission, tenth day after the date of attack, calomel, one grain, with Dover's powder, ten grains, twice daily, was prescribed, and continued for four days. Citric acid was also given. At the end of four days all treatment was suspended. Convalescence on the eleventh day after admission, and the twenty-third from the date of attack.

8. On admission, fourth day of disease, calomel, one grain, with Dover's powder, ten grains, was given twice daily. Under this treatment the evidences of endocarditis appeared the second day after admission, and the sixth

day of the disease. Calomel, one grain, and Dover's powder, three grains, three times daily, were prescribed; a blister to precordia, and the nitrate of potash, three drachms in the twenty-four hours. Ptyalism was not induced. Convalescence on the fifth day after admission, and the ninth after date of attack. Patient discharged on the eighth day after admission, and the twelfth day after the date of the attack. Bellows sound scarcely appreciable at the time of the discharge.*

Summary. In six of the foregoing eight cases, endocarditis was presumed to exist from the presence of the bellows murmur; and in one of the two remaining cases, pericarditis was suspected.

In all the cases in which heart complication existed, mercury was prescribed.

In four of the cases ptyalism was induced.

Endocarditis became developed in one case in which mercury had been given for six days; and in another case, in which it had been given in doses of a grain twice daily for two days.

With the exception of one case, mercury was not prescribed (save as a purgative) unless heart complication existed, or its existence was suspected.

It has been already seen that the average duration of the cases with heart complication was less than the average duration of all the cases. To what extent, if to any, this fact is due to the mercurial treatment, cannot be settled by the data embraced in the present collection of observations.

Opium. 1. Dover's powder was given with apparent relief.

2. Opium, one grain repeated in three, four, or six hours, appeared to afford marked relief of suffering.

3. Sulphate of morphia, one-fourth of a grain, repeated every four or six hours. Apparent effect not noted.

4. Opium, and the sulphate of morphia, were given throughout the disease with apparently marked relief of suffering, but with no apparent effect on the progress of the disease.

5. Opium, with the phosphate of ammonia, constituted the chief remedy. The disease supervened on dysentery. Convalescence on tenth day, and quite well on eighteenth day.

* It is worthy of notice that in this case, in which the physical sign of endocardial exudation diminished in a notable degree, ptyalism was not induced, and a small quantity of mercury only was given.

6, 7, and 8. Dover's powder in combination with calomel.

9. Dover's powder, ten grains, and calomel, one grain, twice daily, continued for four days. No other treatment, save sol. citric acid for drink. Convalescence on the eleventh day, and discharged on the twenty-first day.

10. Dover's powder, ten grains, and calomel, one grain, twice daily, for two days. The existence of endocarditis was then determined. Afterward Dover's powder was continued in combination with mercury.

11. Sulphate of morphia, half a grain, at night. Relief of symptoms followed, but no apparent effect on the progress of the disease.

Conclusion. Opiates afforded relief of suffering, but these cases furnish no evidence of aught beyond a palliative effect.

Endocarditis became developed in one case in which Dover's powder, ten grains, twice daily, had been continued for two days.

Sulphate of Quinia. This remedy was given in several cases, in doses of one or two grains, repeated three or four times daily, at or near the time of convalescence. The instances in which it was given in larger doses, during the progress of disease, are as follows:

1. On the fifth day the iodide of potash was suspended, and the sulphate of quinia, twelve grains in the twenty-four hours, substituted. It was continued in this quantity for several days, but the patient not improving so well under its use as before, the iodide of potash was resumed, and the sulphate of quinia discontinued.

2. At the tenth day of the disease, the sulphate of quinia, four grains, three times daily, was prescribed, continued for three days, and then discontinued, no apparent effect being produced.

3. Sulphate of quinia, five grains, three times daily, was given thirty-one days after the date of the attack, the treatment preceding having consisted of the nitrate of potash. The remedy was continued for ten days, and the dose increased to eight grains, three times daily. It was continued in these doses for seven days. The improvement was very gradual, and at the end of the period just named, the iodide of potash was substituted.

Conclusions. No evidence is afforded by these few cases of the efficacy of the sulphate of quinia in controlling the morbid processes upon which rheumatism depends. The effect was wholly negative.

Iodide of Potash. 1. Six days after the date of the attack, the iodide of potash was prescribed. Commencing with twelve grains in the twenty-four

hours, the quantity was increased to thirty-two grains. It was continued in the quantity last named for four days. In this period moderate improvement had taken place. The sulphate of quinia was substituted, but the patient appearing not to improve under the latter treatment, the iodide of potash was again resumed, and the sulphate of quinia discontinued. Commencing with twenty grains, the quantity was increased to sixty grains in the twenty-four hours. Under this treatment convalescence gradually took place. The patient was sufficiently restored to walk about with crutches a month after the date of the attack.

2. The iodide of potash was given during the progress of the disease, in doses of five grains, three times daily. The nitrate of potash, and the sulphate of quinia had previously been employed. The patient improved about equally under each of these remedies.

In addition to the foregoing, the iodide of potash was prescribed in two of the cases, but with what effect does not appear from the histories.

It is evident that these few observations furnish no positive evidence of a controlling efficacy in the iodide of potash.

Lemon Juice. This was given as a remedy in three of the cases. In one case it had been given freely before the patient came under my charge. It was continued till diarrhoea occurred, and the stomach revolted against its farther use. No apparent effect on the progress of the disease was produced by it.

In the other cases it was not given in large quantity, and it was associated with other remedies, so that its effect could not be estimated.

Liquor Potassæ. This remedy was prescribed in two of the cases. In one no apparent effect was produced; nor in the other case could any remedial influence be fairly attributed to it, the improvement taking place very slowly.

Concluding Remarks. The results developed by the analysis of the few cases contained in this collection are of importance only as a small contribution toward the accumulation of facts by which it is to be hoped, the merits real and relative, of the several remedies that have been noticed, may be determined. As the true point of departure for studying the effects of any, or all remedies, our science lacks here, as with reference to most other diseases, knowledge of the average duration, etc., of a series of cases in which the disease was allowed to pursue its course undisturbed by medicinal

interference. This knowledge cannot be voluntarily and deliberately acquired. Facts bearing thereon can only be obtained slowly, as chance supplies them.

And, at the present moment, we cannot answer the question, what are the intrinsic tendencies of articular rheumatism as respects its continuance, its complications, and remote consequences in the organism? Were we able to answer this question by an appeal to facts, we should then have a criterion by which to estimate the favorable or unfavorable influences of different measures of treatment pursued in a series of cases. As it is, in bringing statistical information to bear on the therapeutics of the disease, we can only study the immediate apparent effects of different remedies, and institute comparisons, in this point of view, and also with reference to the duration of the disease, etc., in different series of cases treated by different methods.

So far as the few observations go which have been presented in this paper, they lead to a distrust of the efficacy of the several remedies employed, rather than tend to increase confidence in our ability to control, by means of them, the progress of the disease. Some of the remedies appear to possess more or less palliative power. This is true of colchicum, bleeding, and opium; but as respects the duration of the disease, it was in some cases short, and in other cases protracted, under different remedies. This being so, it is, perhaps, more philosophical to attribute these differences to variations in the tendencies of the disease, in different cases, rather than to the agency of the remedies used.

It is to be observed that under the use of several remedies supposed to possess more or less remedial efficacy in this disease, the complication most to be apprehended, viz., heart affection, became developed. This was true of colchicum, the nitrate of potash, calomel, and opium.

Inasmuch as the purpose of this paper is simply to give the facts elicited, by the analysis of the few cases, the histories of which I have recorded, discussion of any of the various questions which suggest themselves relating to therapeutics, as well as other branches of the subject, would be out of place.

BUFFALO, February, 1854.

ART. II.—*The American Hellebore—V. Viride.*

By RUSTICUS.

MESSRS. EDITORS,—It may be that you have heard enough of *V. viride*. Perhaps you have come to think its name appropriate—that it is not only *hellebore*, but a bore in every other sense of the word.

Be not offended, if I, too, bring up this shade of antiquity to your notice. It is an ancient and approved remedy, and though it, like many other drugs, has become a *caput mortuum*, an useless waif upon the stream of progress, cast ashore ages ago by the ebbing waters, yet when it again appears, like some weird ghost upon the stage, it should meet with becoming reverence.

Drugs have an individuality. Resident in some of them is a certain force, which attracts some minds, while it repels others. Thus between the hellebore and Dr. Norwood, of Cokesbury, S. C., there is an elective affinity. Dr. N. was made for hellebore, and it is becoming evident that hellebore was made for Dr. N. More than this. *It bids fair to make him*. The hills of Vermont have yielded up their simples; the veratrum is piled by hundreds weight in New York drug-stores, and manufactured into tinctures, put up in four ounce bottles, with the name and seal of Norwood on them—none other genuine—for sale at the principal drug-stores in all the states of the Union, where circulars may be had gratuitously. The profession may rely on the purity of the article if they purchase this brand, but—beware of counterfeits! Recommended by the faculty in coughs, colds, consumption, and liver complaints; pneumonia, typhoid fever, and the rest of antipodal diseases.

A medicine thus offered to our notice, demands a careful consideration. Such, Messrs. Editors, do I propose to give it.

I like to begin at the beginning. It happened a very long time ago, that the daughters of King Prætus were ill, and daily grew more thin and melancholy. Some sad humor (so the story runs) infected their brains, and they drew nigh to the very sill of the door of death. A certain shepherd-physician, named Melampus, cured these frail sisters, by giving them the milk of goats which were fed on hellebore. Thus it happens that some old books call hellebore, *Melampodium*, in honor of him who cured the princesses.

Having thus gained the favor and sanction of a royal family, hellebore had free course thereafter. But the first distinct notice of its medical properties, I find in the Aphorisms of Hippocrates:

“Sectio IV. Aphorismus 13. Ad elleboros, qui non facilè sursum purgantur, iis ante potionem corpora præhumectanda, copiosiore alimento, et quieta.”

"14. Ubi biberit quis elleborum, ad motiones quidem corporum magis ducito: ad somnos verò, et quietem, minus."

I omit the remainder of this, and the succeeding chunk of wisdom, because here, as in many other places, Hippocrates repeats himself.

"16. Elleborus periculosus est sanas carnes habentibus: convulsionem enim inducit."

That is, hellebore will give a healthy man fits. I appeal to this as an evidence of the progress of medical art. In the days of Hippocrates it caused fits; in the days of Dr. Norwood it cures them. O! mighty march of Intellect! which through the ages grows in wisdom and in stature! etc., etc., &c., &c.

That we may not be mistaken as to the true views of the Coan Sage, I quote another aphorism:

"Convulsio ab ellebori, lethale."

"A fit from hellebore—a dead man!" Pithy, that!

For many centuries hellebore was thought to purge the brain. It was considered exceeding good in distempers of the mind. Hence we find not unfrequent allusions to it in the satirical poets, and especially in the satires of Horace.

"Danda est ellebori multò pars maxima avaris:

"Nescio an Anticyram ratio illis destinet omnem."—Sat. Lib., 11, 3.

Here he recommends it to the avaricious, but doubts whether all Anticyras would furnish enough to bring them to their senses. The island of Anticyras furnished the principal supply of the root. The modern Anticyras is in Vermont, whither Dr. Norwood bends his steps from the far Carolinas, in search of that which may purge, not only the modern brain, but any other organ afflicted by the offspring of Pandora's box.

I have often expressed to you my conviction, that new things happen only once in a great while; that most of the fancied discoveries of modern days are but the reproduction of old time theories. What is new to us, is not necessarily new to the rest of the world. Our fancies, and our interest, lead us, not unfrequently, into extravagances. When, as in the instance of hellebore, we find that a remedy has previously undergone the test of ages, has been found wanting, and has disappeared from the scene of action, we should hesitate how we mount it as a hobby.

And now, Messrs. Editors, I wish to lay down a proposition, a kind of "stand-point of view," as the redundant men of the west have the phrase. No scientific man—no man decently versed in the laws of morbid action—

would claim for a remedy, equal virtue, and specific curative effect, in two such diseases as pneumonia and typhoid fever.

We should not suffer our good nature to lead us to endorse theories and medicines of doubtful value. The variety of diseases for which the *V. viride* has been prescribed; the unfailing certainty with which it cures them all, (if we believe its advocates,) and more than this, the fact that it is claimed to cut short diseases which depend upon blood poisons, should lead us at once to the conclusion, that the observers of the action of this drug are not trustworthy, because deficient in knowledge.

If the drug acts by lowering the heart's action, how is it that it succeeds not only in sthenic diseases, but in typhoid lesions, where the action of the heart is already enfeebled? If it exerts such a wonderful influence over excited conditions of the nervous system, such as convulsions, how is it that it is equally applicable in depressed nervous conditions?

It strikes me, Messrs. Editors, that the flowers of fancy bloom upon the stalk of *veratrum viride*; and that, as in the Augustan age, it works wonders with the brains of those who dabble in it. In its various forms of white, black, and green, it has been the subject of more absurd hypotheses than any drug in the whole catalogue of Wood and Bache. The ancients subjected it to all manner of analyses, and destructive distillations; they dissolved it in acids, and burned it in retorts; and at last gave it up as an uncertain and dangerous narcotic poison, which sometimes physicked and sometimes puked; which cured fits, and caused fits; until, at last, the whole value of their knowledge might be summed up in the short and spicy aphorism of Hippocrates: "Convulsio ab ellebore—*lethale*." I doubt whether that does not tell, as well, the story of modern knowledge.

The old writers divided the class purgatives into emetics, and physics. Thus Hippocrates speaks of "sursum purgante," and of "purgante deorsum." Mons. Bolduc (Phil. Trans. n. 278, p. 1099) makes some nice distinctions as to the resinous and woody parts of the hellebore, and recommends that it be prepared in an aqueous menstruum, to avoid its dangerous effects. Perhaps your readers will be interested in a learned account of sundry chemical analyses of the hellebore by Mons. Bolduc. "He said, that having put it in a Retort in a Reverberatory fire, he at first drew off an Acid Spirit, next an Oily Acid Spirit, thirdly a violent *Alkali* Spirit came over mixt with Oil of Tartar, and lastly a fœtid Oil."

I submit that any drug, containing such mysteriously horrible ingredients, should be never administered except in accordance with the following tables, invented to govern its use by Dr. W. Cockburn, in March, 1704, Old Style:

“By a further Disquisition into this Matter, we find that the Doses must not only be greater where the Thickness of Blood is greater; but that they must be encreas'd in a duplicate Proportion of their Viscidity. This is evident by the Tables in *Cassia*, viz., 9: 83 :: 4: 33, 1ϑ, 13 $\frac{2}{3}$ gr., and therefore *alternando* 9: 4:: 83: 33, 1ϑ, 13 $\frac{2}{3}$. Therefore the Doses are as the Squares of the Constitutions. So likewise 9: 83 :: 16: 143, 13 $\frac{2}{3}$ gr. and *alternando* 9: 16:: 83: 143, 13 $\frac{2}{3}$ gr. N. e. the Doses are as the Squares of the Constitutions.”

Hence, O Doctor Norwood! you have the following:

“*A Problem.*” } “The Quantity of Blood in any Person being given, together with the ordinary and extraordinary Effect of a Dose of a Purging Medicine, the Change of that Person's Constitution, and the Nature of that Change may be determined.”—*Q. E. D.*

—— + Roads, February 4, 1854.

ART. III. — *Report of the Committee on Medical Education.*

This report, embodied in the Transactions of the National Medical Association, is from the pen of the chairman of the committee, Dr. Z. Pitcher, of Detroit. Thrown out to the profession under the sanction of the highest medical authority in this country, it deserves from its own ability and intrinsic merit, as well as from the medium through which it is circulated, a careful consideration.

The subject of medical education is one which lies at the foundation of the honor of the profession. A false step in this beginning of medical life, the bias or feeling which the young physician may imbibe from his alma mater, will give tone to his subsequent conduct. His ideas of perfection in practice will be derived from the relative perfection of his teachers; the graduates of an inferior school will have lower ideas of professional excellence, than he, however unqualified himself, who goes out to the world from an institution of high character and tone. So true is this, that it is rare to see a mind, however shrewd and astute it may be naturally, recover from the negative results of poor teaching, and accomplish for itself, in the fields of practice, that task of improvement to which its student years should have been devoted. He who graduates high in a superior school, retains through life the superiority with which he started.

The American Journal of the Medical Sciences for January, in reviewing in detail the Transactions of the National Association, begins its notice of Dr. Pitcher's report in the following terms:

"It is marked throughout by a manly independence of thought on the important subjects involved in the general subject of which it treats, and much sound sense in the conclusions to which its author has arrived. It may, perhaps, disappoint, on the one hand, such as had formed for themselves an ideal model of a perfect system of medical education, which, without the slightest consideration as to the peculiar characteristics of our national character and institutions, and the state of society throughout a large portion of our widely extended territory, they had hoped to see speedily carried into effect, through the instrumentality of the American Medical Association; and, on the other hand, induce those who look upon the present condition of our leading medical schools as demanding little, if any, improvement, to exult in the supposed abandonment, by the Association, of the high ground assumed by it, in its outset, in respect to medical education. By a careful perusal of the report, however, it will be perceived, we think, to be as positive in maintaining the necessity of arousing 'the profession of the country to such an effort as shall shake from it the reproach of ignorance and of quackery, by which it has been humbled in its own estimation, and abased in that of its fellow-men,' as either of its predecessors."

While we cheerfully concede honesty of purpose, manly independence of thought, and true devotion to the interests of the profession, to this report, we are unwilling to accede to its doctrines, or join in the laudations of the American Journal of Medical Sciences, so far as they relate to the organization of medical schools in this country. Without any disposition "to exult in the supposed abandonment, by the Association, of the high ground assumed by it, in its outset, on the subject of medical education," and with a sincere regret if there has been any such abandonment, we are one of that numerous class, "who look upon the present condition of our leading medical schools, as demanding little, if any improvement," at the hands of government, or in the manner proposed by Dr. Pitcher. Indeed, we look upon his proposed improvements as a progression backward, a lowering of the standard of requirement, and a most decided injury to the profession at large.

We have already distinctly expressed our views upon the subject of government schools. We have, as we think, shown upon a previous occasion, that the success and efficiency of a school depended upon the motives acting upon its teachers; that private interest and reputation, stimulated by free competition, would be far more likely to make a good school, than would the

soporific influence of a fixed salary from government, regardless of success or efficiency.

We think we see, in the report of Dr. Pitcher, the result of that gentleman's propinquity, and *quasi* connection with the only government school in the country. Naturally these causes, together with the large influence Dr. P. has had in the organization of the school, and the warm interest he feels in its success, would, in some measure, bias his opinions. We only wonder that so strong a thinker, and so able a writer, has not made out a better case for his favorite theory.

The author, after alluding to the number of shrewd quacks found scattered through the country as a serious evil, suggests "the establishment of free colleges for the preparatory and professional education of the young men now scattered over the wide and half-cultivated domain of the West," as a remedy.

It is our task to inquire whether or no this would be a remedy, and to examine the affirmative arguments of the report.

"To show that such a measure can be carried into effect, notwithstanding the popular character of our political institutions," the report gives a succinct account of the organization of the University of Michigan. While we admit the theoretical excellence of this organization, and defer any objections to the tedium of a seven months' course, or the false policy of deducting a year from the term of study of those who have received a competent literary education, we are unwilling to acknowledge that the result hoped for has been obtained. All the merits of this school are easily attainable by other colleges; its demerits are inherent in it; it bears the constitutional taint of political influence in its appointments; of lack of clinical teaching; and, more than all, a method of paying its teachers which insures laziness, and avoids all responsibility, save to the political party in power. And nothing but the competition system can restore to it, or rather confer upon it, any health, or vigor.

It seems to have been necessary, in this report, to ignore, in some manner, the value of clinical instruction. We have demonstrated in a previous article, upon a kindred subject, that no success, or efficiency, has attended medical teaching in Europe, or America, except it afforded ample opportunities for the study of disease, in its presence. This difficulty is overcome in the report, by the statement of the question in the following language:

"We believe that this subject should be examined from two distinct points of view, one of which exhibits the character and qualifications of those who graduate in the best schools, and the other the character and influence in society of that other multitude, who choose to exclude themselves from these

advantages, but come, nevertheless, by some illegitimate entrance, into the great professional amphitheater."

The report argues that the first class do not derive any essential benefit from clinical instruction; that there is not a sufficient concordance between the lectures of the college, and the clinic at the hospital; that the sight of fistula in ano, and lues venerea, does not tend to elucidate a lecture just listened to on pleuro-pneumonia, and that the wards are crowded, and students see but little.

Were we to admit that these statements were exact — though we believe that they will apply to Philadelphia alone — we can see in them only a necessity of reforming clinical teaching. If it is not doing all the good of which it is capable, then let us make it more efficient, and not throw a good thing away because it is badly managed.

But of the second class of students — those lost sheep of Israel, "who choose to exclude themselves from these advantages." The argument is briefly this, and we trust our readers will pardon our abridgment of it:

They are cheap men — build them cheap schools. They will not pay for an education — ergo, give it them for nothing. They are first-rate scamps out of the profession — bring them among us, and they will be only second-rate scamps. The aggregate character of the profession will be lowered thereby — but quackery will be correspondingly enfeebled. People do not appreciate good physicians — give them, therefore, poor ones.

The author of the report quotes John Bell to show the futility of clinical teaching, until the student has arrived at a knowledge of anatomy. While we can see the advantages to be derived from such a knowledge, and can appreciate its necessity, we do not see as clearly, that clinical teaching is so worthless, even to the tyro in medicine.

Much of the success of the auscultator depends, not only on his quickness and erudite hearing of the sounds, but upon his method of manipulation in educing the sounds. Clinical teaching finds its highest good, not in any theoretical knowledge it confers, but in the numberless little things, which the most unobservant student must see, and which, in the aggregate, go far to make the skillful and *resourceful* physician. He learns the manner of holding a knife, of introducing a catheter, of the practice of physical diagnosis; he becomes familiar with the uses of the endless mechanical contrivances which so increase the usefulness of practical medicine; and becomes familiar, if not with the pathology, at least with the countenance of disease. He acquires firmness in danger, quickness in apprehension, readiness in

adapting means to ends. In a word, he has practice, and it goes far to make him a practical man.

A student who had applied the stethoscope to the epigastric region, to hear a bellows murmur of the heart, much to the amusement of older men, complained to us, as we left the hospital, that it was all fighting in the dark to him. He saw many things done which he could not understand; much of the lecture itself was unintelligible; he thought he was not far advanced enough in his studies to profit by the clinics.

But upon questioning him, we found that he had learned that morning, many negative, and some positive truths, which he was hardly conscious of himself. He had learned what was the hippocratic countenance; he had learned that patients sometimes die under the best of treatment; he thought he could dress a fracture of the tibia himself; and he was very sure he should never forget the region of the heart, or the sound of the bellows murmur.

It seems a work of supererogation to defend clinical teaching, but this report seriously underrates its advantages, and the *American Journal of Medical Sciences* "fully coincides" in its remarks "on the total inefficiency and absurdity of the system of clinical instruction, as now generally pursued in the hospitals of the United States." We believe that we are not alone—more—that the intelligent sentiment of a vast majority of the profession is with us, in conceding to clinical teaching the first rank in the means of the student's advancement.

If more colleges, and free colleges, are necessary; if they must be organized in out-of-the-way places, to catch out-of-the-way men, and where clinical teaching is impossible, why not state the question fairly, and say, "we offer to you an inferior school, but it costs nothing." The attempt to place the diploma of such schools upon an equality with schools of high advantages; to place state monopolies in competition with institutions depending on private enterprise and excellence; and to cast out into the world of practice a class of men who have studied medicine because its study cost them nothing, to compete with men who have given their time, money, and sacrifices, that they might enter an honorable profession, not as charity boys, but as men who had earned their foothold in it, requires better arguments in its favor, than any we have yet seen.

We notice this report thus formally, because it comes from a high source; it bears the apparent approval of the highest medical organization in our country; its author is a man of age and talent, who has earned a right to a careful consideration of any views he may promulgate, by a long and

distinguished career of honorable effort; and, finally, because it bears the endorsement—hasty and unconsidered we hope—of the great name of the *American Journal of Medical Sciences*.

In closing, we may say that, aside from the positions we except to, this report is characterized by ability. In all those parts of his report where his home associations do not bias it, the author maintains nobly a high ground, and enforces it by sound and logical argument. He seems, in urging the necessity of preparatory education, and the benefit which classical and literary knowledge must confer upon the medical thinker, to feel more at home than in depreciating clinical instruction. His sentences have an easier flow, and he shows a consciousness, that here at least, he was upon a high and noble theme.

H.

ART. IV.—*Monthly Record of Deaths in the City of Buffalo*. By JAMES M. NEWMAN, M. D., Health Physician.

MESSRS. EDITORS,—I propose, if you deem the subject of sufficient importance, to devote the space necessary to furnish your pages with a monthly abstract of the number and causes of deaths occurring in this city, drawn from the returns made to the Board of Health, and the records kept by the clerk of the Board.

The utility of such reports, from numerous considerations, are, I believe; pretty generally admitted. Their value, however, depends upon their accuracy, and deteriorates rapidly if doubts are permitted to arise of their correctness. The monthly reports heretofore published in this city, have been far from being reliable, and much complaint has, from time to time, been made by the authorities having the matter in charge, of their inability to obtain correct returns, or even an approximation to correctness, from the remissness of the sextons in reporting the number of their burials, and to not a little unpardonable negligence upon the part of physicians in furnishing certificates of the cause of death.

A remedy for these sources of inaccuracy was found by the last Board of Health, in the following ordinance, which was, upon their recommendation, adopted by the Common Council, on the 28th of Nov., 1853. The same is known and designated as sections 10 and 11, of chapter 4, of the ordinances:

“Chap. IV, Sec. 10. No person shall inter within the city of Buffalo, or remove from said city for the purpose of interment, the corpse of any person

dying within said city, without first having obtained a permit for that purpose from the city clerk, under the penalty of twenty-five dollars for each and every offense.

“ § 11. The city clerk may grant permission to any person applying therefor to bury the corpse of any person dying within the city, on receiving the certificate of a physician, provided for by the ninth section of this title, or in cases where there was no attending physician, evidence of the cause of such death.”

It was not only adopted, but its requirements even immediately, and rigorously put in force, during the balance of their term of office. The effects of its provisions were immediately manifested in the largely increased returns made to the monthly records of mortality in the city. Without any apparent cause of increase, or notable source of mortality in our midst, and, indeed, in a winter remarkable for its general health, the number of deaths reported for the month of December, was *one hundred and twenty-nine*, against *sixty-four* for November.

The *ninth section*, referred to above, may, with propriety, be given here, as comprising with the foregoing the whole of the municipal regulations upon the subject of interments within the city, with which physicians are particularly interested, and reads as follows: .

“ § 9. The city sexton and every person who may act as sexton in the city of Buffalo, shall obtain before interment, from the attending physician, a certificate of the cause of death, to every person interred by such sexton; and the said physician shall furnish such certificate to such sexton forthwith, after application shall be made to him therefor as aforesaid; and in case of refusal or neglect to comply with the requirements of this section, such sexton and such physician shall forfeit the penalty five dollars for each and every offense. The said certificates shall be filed with the clerk of the Board of Health by the sexton or other person so receiving them, as aforesaid, within one week after their receipt, or such shorter time as the said board may prescribe under a like penalty as aforesaid.”

It is, perhaps, unnecessary to add, it is the determination of the present Board of Health to exact as rigorous a compliance with the demands of the above ordinances, as that instituted by our predecessors, and, if necessary, to enforce obedience to its requirements, by the infliction of the penalties annexed.

Errors, it is believed, will now be guarded against, and every confidence may be felt in the perfect reliability of the returns in future.

The record for the month of January, gives the first returns of the city

under its new charter, and from within its enlarged boundaries; and forms, consequently, an appropriate period from which to date an effort at a systematic record.

This large increase of territory should be borne in mind by those who may compare the present returns with the last.

In connection with these reports there is a subject to which I would most respectfully beg leave to call the attention of physicians, and that is, to the exercise of greater care upon their part in the return of diseases, and to an effort to introduce a more correct and scientific nomenclature in their certificates. The value of returns so prepared, for future comparison and study, would be much enhanced by very little trouble on their part.

I have before me a copy made from the returns for December. There is not only great confusion in the terms used, and every variety of name employed, but a great proportion given, are totally inadequate to convey any idea of the nosology, or pathology of the disease, which caused death. In many instances the most common, vulgar name is given, which is, perhaps, sufficient to satisfy the public, but which conveys to the physician a very indistinct idea, and often none at all, of the particular cause of death.

Perfect accuracy in this matter, however much to be desired, is, of course, not obtainable, and not to be expected. Many of the returns are made by totally incompetent persons. Some of the dead have had no regular medical attendant; others have been treated by *very irregular* practitioners, and in a mixed population like ours, with many not speaking our language, the subject is environed with additional difficulties. But an approximation to correctness, at least, could be made with a little effort, and would seem worthy the attempt.

REGISTER OF MORTALITY, OF THE CITY OF BUFFALO, FOR THE
MONTH OF JANUARY, 1854.

DISEASES.	No.	Males.	Females.
Abscess, Hepatic,.....	1	1	
“ Psous,.....	1	1	
Ascites,.....	1	1	
Biliary obstruction,.....	1	1	
Burnt,.....	1	1	
Cancer of the Breast,.....	1		1
Cholera Infantum,.....	1		1
Congestion of Brain,.....	1	1	
“ “ Lungs,.....	1		
Consumption,.....	21	6	15
Convulsions,.....	14	9	4

Several of the certificates are imperfect in not containing a proper record of the age, sex, and nation of the deceased. A part of the diseases put down as "unknown," are so stated in consequence of the unreliability of the reporters, the certificates being given by unprofessional and unqualified persons.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

The Quarterly Review for September, 1853. Article, "Electro-Biology and Mesmerism."

We have ever opposed, to the utmost of our power, all those notions which ascribe to a new force, such as animal magnetism or tellurism, any effects on the animal body. Of the existence of such force we have no proof whatever. We also regard as unscientific and faulty the term electro-biology. By biology is understood the doctrine of life; and the great work of Treviranus on that subject should have been alone sufficient to prevent the application of a truly scientific term to a certain class of phenomena, not to speak of the improper exhibitions of perverted nervous functions which have been made in public. Such expressions as "biological," "biologized," "to biologize," etc., are altogether unmeaning and unwarrantable. Neither do we altogether approve of hypnotism introduced by Mr. Braid, for the obvious reason that sleep, in the ordinary acceptation of that word, is by no means essential for the production of the peculiar phenomena described. Still it is the best term yet proposed. As to clairvoyance, we need scarcely say, that no fact has ever come under our cognizance, which supports its occurrence, and that we utterly disbelieve in its existence, and the puerile fictions to which it has given rise. We are most anxious to impress upon our readers, our condemnation of all these expressions and theories, and this because there are certain *facts* mixed up with them, which we consider have not only been well established, but which are of a character that merit the most serious consideration of every medical man. These facts, indeed, have been constantly brought under the notice of mankind from the remotest ages, and it has simply been the difficulty of explaining them, according to the common sensations of men, and the prevailing opinions of the learned, that has given rise to all the imposture and charlatanism with which they have been connected. The article published in the last number of the "Quarterly Review," entitled "Electro-Biology and Mesmerism," was written by Dr. Carpenter, and will, we trust, go far to separate what is true from what is false connected with this

matter. We can unhesitatingly assure our medical brethren, that amongst what is true there is that which demands their especial attention.

The most important fact, and one which every physiologist who has investigated the subject has fully convinced himself of, is that about one person in twenty, after gazing intently for several minutes on any fixed object, is thrown into a peculiar mental condition, closely resembling somnambulism. In this condition, by suggesting to him certain ideas, all the nervous functions may be increased, perverted or diminished. There seems to be no limit to the variety and degree in which this may be effected. The person for the time being, is governed by a dominant idea, and thinks, acts, and feels according to its dictates, in exactly the same manner as a monomaniac does. Former pains are unfelt, or new ones produced; incapacity for exertion is overcome, and the muscular strength increased, or it is rendered irregular and powerless; all the sensations may, in like manner, be influenced, and the mental processes so changed, that even self-identity may be lost, and a woman be made to think herself a man, and talk and act as she has seen him do. To enter, as Dr. Carpenter and others have done, into a long description of these particular acts and perverted sensations is unnecessary, and we have no space for it. We are told, however, that he has investigated them, and is satisfied of their reality. In 1851 they were fully investigated by Professor Bennett, and the results published by him in a pamphlet.* Sir Henry Holland, of London, in his *Medical Notes and Reflections*, alludes to them, and admits them as well-known occurrences. Their accuracy has been tested by numerous parties of scientific men in Edinburgh; and on one occasion the most sensitive subjects were found, among the more advanced medical students at a meeting of the Royal Medical Society, when the subject was discussed there; and at another time, they were admitted to be true, and to be within the cognizance of the members of the Medico-Chirurgical Society, at a very crowded meeting. We hold, then, that all the facts which have ever been proved to exist, or are capable of demonstration by the mesmerists, have been fully admitted and recognized by the medical profession, and been conclusively shown not to result from the influence of an external force, or of the will of another, but upon the mind or imagination of the individual affected through the influence of suggestive ideas. The recognition of the facts, and the generalization of the law which governed them, constitute a very important step in nervous physiology, for which the scientific world are undoubtedly indebted to Mr. Braid, of Manchester. On this point, Dr. Carpenter says:

"The first important step was made by Mr. Braid, a surgeon in Manchester, who discovered, about twelve years since, that a state of coma passing into somnambulism (to which he gave the appropriate designation of *Hypnotism*,) can be induced in numerous individuals of all ranks, ages, and temperaments; and that the phenomena of this state are so essentially the same with those of the (so-called) Mesmeric somnambulism, as to afford the most valuable assistance in the analysis of the real nature of the latter. In both, the somnambulist appears to be incapable of controlling his ideas, his feelings or his actions; and is entirely amenable to the will of another, who may govern the course of his thoughts at his own pleasure, and oblige him to execute

* *The Mesmeric Mania of 1851.* Edinburgh: Sutherland & Knox.

any command. The clue to the marvel was soon found by Mr. Braid, in the concentrated operation of that principle of *suggestion* which has long been known to psychologists; and under the guidance of this idea, he has subsequently followed up the investigation with great intelligence, making no mystery of his proceedings, but courting investigation in every possible way."—p. 503.

Now, in point of fact, not only was the first important step taken by Mr. Braid, but the whole subject has been thoroughly worked out by him; for to the great generalization that these phenomena are due to suggestive ideas communicated to the mind, little has been added by Professor Bennett, Sir Henry Holland, or Dr. Carpenter. All these authors, however, have given new facts and illustrations, and have pointed out how much of our every-day thoughts, functions, and acts, are attributable to suggestions derived from without. Thus, to quote from Dr. Carpenter's article:

"No one can be ignorant of the fact, that we frequently experience sensations, which, originating in our own sensorium, instead of being called forth by impressions made by external objects upon their appropriate organs of sense, are designated as *subjective*. The ringing in the ears, the flashes of light before the eyes, the nauseous tastes or disagreeable odors constantly perverting the true savor of everything that is tasted or smelled, the feeling of cutaneous irritation excited by the simple mention of the unclean torments of our beds, are familiar examples. We may cite, as parallel phenomena, those renewals of past sensations, which are often excited, with all the vividness they could derive from the actual presence of the object, by the mere force of mental association. Thus, it is by no means uncommon for those who suffer acutely from sea-sickness, to experience nausea at the mere sight of an agitated ocean, especially if a wave-tossed vessel be within view; and a like feeling, we are assured, has been produced by the sight of a toy, in which the motion of a ship was imitated with peculiar fidelity. We have even known a case in which a lady, who witnessed the departure of a friend by sea on a stormy day, was affected with an actual paroxysm of sea-sickness. Such facts are so familiar as to have become proverbial; for the common phrase, 'it makes me sick to think of it,' is nothing else than the expression of a physical feeling excited by mental association. There are few persons, indeed, who have not experienced the vivid return of past sensations, pleasurable or painful, when the appropriate mental state had been renewed. A Roman Catholic, who had gone to confession for the first time, when a boy, with his mouth full of the taste of a particular kind of sweet cake in which he had been indulging rather immoderately, never went on the same errand for a dozen years or more, without the distinct recurrence of the same flavor.

"Most persons have heard of the exclamation of Dr. Pearson—'Bless me, how heavy it is!' when he first poised upon his finger the globule of potassium produced by the battery of Sir H. Davy; his preconception of the association between metallic luster and high specific gravity, leading him to attribute to this new body a character which the test of the balance determined to be the opposite of the fact. So Professor Bennett mentions a case of supposed child-murder in Scotland, in which, when the coffin was exhumed, the procurator-fiscal, who attended with the medical men to examine the body, declared that he already perceived the odor of decomposition which made him feel faint, and withdrew in consequence; yet, on opening the coffin it was found to be empty; and it afterward turned out that no child had been born, and consequently no murder committed. Another case, related

by Prof. Bennett, upon an authority which we know to be trustworthy, is yet more remarkable, as showing, beyond a doubt, the reality and intensity of pains, which had their origin in a mental delusion, and not in a physical lesion. A butcher, who had a shop in the market-place at Edinburgh, in trying to hang up a heavy piece of meat upon a hook above his head, lost his footing in such a manner that his arm was caught upon the hook. On being taken down and carried into the house of a neighboring surgeon, he expressed himself as laboring under the most acute agony; and the paleness of his countenance, and the almost entire absence of pulse at the wrist, were unmistakable evidences of the reality of his torture. His arm could not be moved without causing excessive pain, and he frequently cried out while the sleeve of his coat was being cut off; yet when the arm was exposed, it was found quite uninjured, the hook having only penetrated the cloth of the sleeve, and the skin being scarcely even grazed!"—p. 516-18.

Again:

"An extraordinary degree of power may be thrown into any set of muscles, by telling the somnambulist that the action which he is called upon to perform is one which he can accomplish with the greatest facility. One of Mr. Braid's hypnotized subjects—a man so remarkable for the poverty of his physical development, that he had not for many years ventured to lift a weight of twenty pounds—took up a quarter of a hundred weight upon his little finger, and swung it round his head with the utmost ease, upon being assured that it was as light as a feather. On another occasion he lifted a half hundred weight as high as the knee on the last joint of his forefinger. The impossibility of any trickery would be evident to an observant eye, since, if he had been trained to such feats (which few of the strongest men could accomplish without practice) the effect would have been visible in his muscular development. Consequently, when the same individual afterward declared himself unable to lift a handkerchief from the table, which he had been assured that he could not move, we saw no reason for questioning the truth of his conviction—based as this was upon the same kind of suggestion as that by which he had been just before prompted to a far more astonishing action."—p. 530.

Now, without citing any more passages, we would ask whether there is anything unreasonable or improbable in supposing that such an influence over the nervous functions, if judiciously exercised, may cure some diseases that have hitherto baffled the therapeutics of medical men? What practitioner of experience has not encountered hysterical females, who could not or would not walk, in whom various kinds of paralysis, convulsions, neuralgic pains, amenorrhoea, constipation, and a host of disorders have existed, which have bid defiance to every kind of drug and every kind of treatment; and yet who, on the occurrence of some mental excitement, some change in their domestic circumstances, or state of life, have suddenly become well? Is it too much to believe that functional disorders may be lessened or removed by suggestive ideas communicated to the minds of such persons, or that various secretions which are well known to be powerfully influenced naturally by the mind, may not, in like manner, be so governed by rules of art? To us this not only appears probable, but actually certain. In fact, not only are we indebted to Mr. Braid for a discovery of the law which regulates these nervous aberrations, but for its practical application to the relief and cure of diseases.

Here we quote again from Dr. Carpenter's article:

"It is found that the pulsations of the heart and the respiratory movements may be accelerated or retarded; and various secretions altered both in quantity and quality. A lady who was leaving off nursing from defect of milk, was hypnotized by Mr. Braid, and while she was in this state, he made passes over the right breast to call her attention to it. In a few moments her gestures showed that she dreamt that the baby was sucking, and in two minutes the breast was distended with milk, at which she expressed, when awakened, the greatest surprise. The flow of milk from that side continued abundant, and, to restore symmetry to her figure, Mr. Braid subsequently produced the same change on the other side; after which she had a copious supply for nine months. We are satisfied that, if applied with discrimination, the process will take rank as one of the most potent methods of treatment, and Mr. Braid's recent Essay on Hypnotic Therapeutics seems to us to deserve the attentive consideration of the medical profession."—p. 532.

The Essay on Hypnotic Therapeutics here so highly spoken of by Dr. Carpenter, was published in the last July number of this journal. We are aware that it excited considerable surprise, and difference of opinion, among some of our readers. But let us beg those who have not minutely considered this subject, to reflect, 1st, on the undoubted fact that certain persons are and can be made slaves of dominant ideas; and, 2d, on the equally undoubted fact that such mental ideas are known, by universal experience, to exercise a stimulant or depressing effect on all the bodily functions. If these propositions be admitted, what is there physiologically more extraordinary in bringing on a secretion of milk by suggesting the idea of suckling, than of causing a man's mouth to water by "bare imagination of a feast?" Is it not known that hypochondriacs, bed-ridden for years, have run with alacrity to escape from a supposed fire? and why may not an hysterical paralytic, in like manner, also walk, when the mind is stimulated by confidently telling her that she can and must do so? Is not pain always alleviated by directing the attention from the part complained of; why may not rheumatic and gouty persons be benefited by fixing their thoughts upon something else than their own ailments? The habit of going to the water-closet at a particular hour, is well known to be the best means of securing a daily alvine evacuation: why may not the command to go there, when the patient is in a certain mental state, produce relief from a temporary constipation? In short, we maintain, that so far are the statements made in Mr. Braid's paper from being incredible, that to the physiologist, and especially to one who has investigated the extraordinary power of dominant ideas, they bear inherent proofs of their correctness.

Far be it from us to check or oppose that rational skepticism in medicine which is one of its best safeguards from a too rapid revulsion, or to shorten one moment that period which is necessary to give authenticity and exactitude to alledged improvements or new facts. But this end once attained, and the alledged facts proved to be real by sober-minded men, whose interests are in no way concerned with their adoption, we are no longer warranted in ridiculing or despising them. The facts, principles, and mode of treatment brought forward by Mr. Braid have now been long tested, and are beginning to attract the attention of the profession:—and when we perceive a man of science, like Dr. Carpenter, telling us that he has personally investigated them; expressing his convictions of their truth, and endeavoring by their

means to disabuse the educated public, in the pages of the "Quarterly Review," of the popular superstitions which have hitherto been mixed up with them,—it is surely incumbent on medical practitioners to be as conversant with the subject as the well-informed patients they may have to converse with. Above all, it is their professional duty to relieve pain and cure diseases, and if it can be shown that this or that method of treatment can effect the one and accomplish the other, they are bound to give it a trial. For ourselves, we feel satisfied that a more careful examination of the influence of the mind upon the body, and more especially a close observation of the effects of dominant ideas, will clear away much of the confusion and uncertainty connected with our art, and free therapeutics from a large portion of that empiricism with which hitherto it has been connected.

After what we have said of Mr. Braid, he cannot consider us insensible to his just claims in this matter. He will, therefore, we trust, excuse us for saying that much of the opposition he has experienced has arisen from the egotistical style of his writings, and the continual repetition of I did this, or I did that, and of MY process, or my treatment. Many have looked with suspicion on the small size of his publications, in 12mo or 18mo, and have thought that they were reprints from the columns of provincial newspapers. We would hint to Mr. Braid, that it is at all times difficult to awaken the attention of a practical profession like ours to new modes of thought, and especially to new kinds of treatment, and that should he be subjected to misrepresentation or calumny, the best way of meeting it is by a calm representation of authentic facts, and by his neglecting no opportunity of convincing, by positive evidence, respectable men of independent thought. We can now congratulate him on at least having secured some attention to his views, and if he would abandon the newspaper press, arrange his facts, and publish a plain, unexaggerated, and condensed account of his researches in a readable 8vo volume;—in short, if he will hypnotize himself and act on the suggestive idea we thus give him, it may happen that he will be remembered by posterity as one who has usefully contributed to the science and practice of medicine.—*Monthly Journal of Med. Science—Edinburgh.*

Fatal Case from the Inhalation of Chloroform. By JAMES DUNSMURE,
M. D., Surgeon to the Royal Infirmary of Edinburgh.

As I consider it proper that every death from the inhalation of chloroform should be recorded, and as the first fatal case in Edinburgh has lately occurred in the Royal Infirmary, in a patient under my care, upon whom I was going to operate, I take the earliest opportunity of communicating the particulars of it to my professional brethren, and I do so the more readily as in some respects the manner of death differed from what has been observed in similar melancholy instances.

In a paper published by Mr. E. R. Bickersteth, of Liverpool, in the "Monthly Journal for September, 1853," on the mode of death from the inhalation of chloroform, he states, as his opinion, from experiments he has performed on animals, and from the observation of cases in which chloroform nearly proved fatal when inhaled for the purpose of producing *anæsthesia*,

that death begins at the lungs, and that the cessation of the heart's action is secondary. In other words, that the breathing stops before the heart has ceased to beat. But in the case which I am now about to relate, the pulse seemed to stop before the breathing. I cannot assert this positively from my own observation, as from the position I occupied when about to commence the operation, I was unable to see the respiratory movement of the chest; but from the evidence of my colleague, Mr. Spens, and Dr. Struthers, my house-surgeon, who watched the pulse, and could and did observe the breathing, there can be little doubt that the weakness of the pulse was the first cause of alarm, and that its complete cessation was noticed before the breathing stopped.

The history of the case is as follows:

John Mitchell, æt. 43, a tobacconist, of intemperate habits, was admitted into Ward No. 22, on the 20th of June last, for retention of urine, having been transferred to the Surgical Hospital, on account of urinary symptoms, from one of the medical wards where he had been under treatment for some time for an attack of pneumonia. No. 1 catheter, with some difficulty, was passed through the stricture into the bladder, and tied in, with the intention of allowing it to remain for twenty-four hours; but from the pain, severe rigors, and general febrile disturbance it occasioned, the instrument was withdrawn in twelve hours. He stated that he had suffered from stricture for eighteen years, that no instrument had ever been passed into his bladder, and that for many months before his admission into the Infirmary, his urine had come from him in drops, and during sleep was voided involuntarily. Every attempt to pass the catheter produced a shivering fit, and as his health was impaired from his previous habits, and likewise weakened by the attack of pneumonia, from which he had hardly recovered, I determined, as he could now micturate in a small stream, to discontinue, for a time, the use of the catheter, and merely endeavor to improve his general condition. He soon began to regain strength, and it was again resolved to pass instruments through his stricture, and to divide it by an incision made in the perineum as soon as No. 2 staff could be introduced. From the unyielding nature of the stricture, and from my unwillingness to persevere too long at each attempt to pass No. 2, from fear of producing rigors, which still threatened to come on after every introduction of No. 1, but which were kept off by warm fomentations to the perineum, I did not succeed in getting No. 2 staff passed until Wednesday the 28th of September. The nature of the proposed operation having been explained to the patient, and his consent obtained to its performance, he was removed to the small operating theater of the hospital. I was assisted by my colleague, Mr. Spens, my clerks and dressers. According to the practice in our Infirmary, the chloroform was given by Dr. Struthers, my house-surgeon; and I may here mention that this gentleman, before entering on his duties in the Surgical Hospital, had acted for eighteen months as resident and non-resident clerk in the obstetrical ward, under the charge of Dr. Simpson, where he had been constantly in the habit of administering it. While the patient was inhaling the drug, he struggled considerably, and became a good deal congested in the face and head. He seemed to take a slight convulsion, like an epileptic fit, and such as I have seen on several occasions in the people who have led an intemperate life. During the convulsion, the handkerchief, containing the chloroform, was removed to some distance from the face. In a short time the inhalation took effect, and he

began to snore, and although still violent, the chloroform was removed from the face entirely, and the handkerchief placed under the pillow. As soon as the patient became more quiet, he was pulled down on the table, and placed in the proper position for the operation. I then shaved the perineum, and was just going to make my first incision, when one of the assistants said that his pulse was becoming weak. The posterior tibial, Mr. Spence then remarked, was good, but in a second or two after, both gentlemen exclaimed that the pulse was gone. I rushed from my seat to the patient's head, and found that his breathing had ceased. Those present who had an opportunity of observing the respiration, which I had not, owing to the stool on which I sat being low, positively assert that the breathing did not cease before the pulse. The face was much congested, the jaws were firmly closed, and the pupils were dilated. I immediately forced open the lower jaw by means of the handle of a staff, and with catch forceps pulled out the tongue. Artificial respiration was had recourse to, and in a few moments he made a long inspiration. This was soon followed by a second, by a third at a longer interval, by a fourth at a still longer period, and then by a fifth, when all attempts at natural breathing ceased. No pulsation could be felt in the radial arteries. The chest was noticed to be much contracted, to have apparently lost its elasticity, and not to expand when the ribs were forcibly compressed during the artificial respiration. I had previously sent for a galvanic apparatus, which was in the flat below, and it arrived almost immediately after the patient had made the fifth inspiration. When the tongue was pulled out, and before the first breath was taken, I was on the point of opening the trachea, but this proceeding was then abandoned; it was now, however, had recourse to, in order to carry on artificial respiration more certainly; the external jugular was also opened, and about a couple of ounces of blood flowed. By the time the tracheotomy tube was inserted, the galvanic apparatus was in working condition, and it was applied on each side of the diaphragm. It acted remarkably well; at each application of the sponges, the muscle descended as if the patient was in life; air passed through the tube in the trachea, and for some time I was in great hopes that the man was to be saved; but the muscle gradually lost its contractility, and although the galvanism was kept up for an hour, it was evident that all our efforts were in vain—that life was extinct.

The post-mortem examination was made the following day at one o'clock, rather more than twenty-four hours after the patient's death, and I give the report of it drawn up by Dr. Gairdner, the pathologist to the Infirmary:

"John Mitchell, æt. 43, died 28th September. A very robust man; height five feet eight inches; diameter (lateral) of base of thorax, ten and a half inches.

"*External appearances.*—Considerable lividity of face and neck, and more than usual congestion of depending parts. Considerable amount of fat, but more in omentum and around viscera of abdomen than in external parietes.

"*Chest.*—Right pleura presents a few slight adhesions near the middle; left pleura free. No fluid in either pleural cavity. *Pericardium* contained about half an ounce of serum, and presented a few opaque patches on its surface. *Both* sides of heart contained blood, the right side rather more than the left. Blood more than usually fluid. External fat of heart considerable, about three lines on some parts of right ventricle. Muscular

t
 issue of heart generally flabby, and rather pale, but not distinctly disorganized to the naked eye. Valves perfectly healthy. Aorta presented very faint traces of atheroma. A few traces of atrophy of right lung toward its apex and anterior edge, but very limited. In all other respects lungs free from disease, but somewhat congested.

“Spleen soft but not diffluent.

“Liver congested, but otherwise normal.

“Kidneys congested, but otherwise healthy.

“Brain.—The subarachnoid fluid presents considerable milky opacity, and is of moderate quantity. Moderate congestion of the meninges generally. About half an ounce of fluid in the ventricles. *Substance of brain healthy. Arteries at base perfectly free from atheroma. Air passages.*—Glottis perfectly patent. Mucous membrane of larynx and trachea slightly congested.

“*Microscopic examination* showed the *fibres of the heart* to be nearly normal, though scarcely so distinctly striated as in some cases. The *minute vessels of the brain and pia mater* presented at some points a few clustering granules, but to no great extent.”

On a view of this most melancholy case, the questions that naturally suggest themselves are these:

1st. Was the chloroform bad?

2d. Was there any thing faulty in the way the chloroform was administered?

3d. Was there any peculiarity in the patient's constitution?

The first query is easily disposed of. The chloroform was procured from Messrs. Duncan and Flockhart, and is the same that I and my colleagues are constantly in the habit of using, both in hospital and in private practice, without ever having seen any cause for doubting its purity, so that I have not the slightest reason for thinking that the fatal event was owing to the impurity of the drug.

2d. The mode of administration. The chloroform was put upon a handkerchief, which was held at the distance of a few inches from the mouth, to enable the patient, during the inhalation, to inspire air along with the chloroform vapor, and I confess that I know no better method of administering it. The quantity used was about an ounce, which, considering the man's previous habits, was not a large dose. I have frequently seen administered, and given myself, a much larger quantity before a patient of like habits could be brought under its influence. I cannot, in fact, attach any blame to the mode of administration.

3d. Was there any peculiarity in the patient's constitution? There was nothing, so far as I could judge, to contra-indicate the use of chloroform. He had twice before inhaled it by my directions. On each of these occasions, he had a great deal of struggling, with congestion of the face and head; and it required as large a dose to make him insensible as on the day when the fatal event occurred. No bad effects followed the first and second inhalations, and I saw nothing to prevent me having recourse to it a third time. That it was a pure death from chloroform, no one can deny; but I have the consolation of feeling convinced that the ordinary precautions were had recourse to in the administration of the anæsthetic, and that there was nothing in our past experience of chloroform, or in the patient's history, to contra-indicate its employment. As far as I can calculate, several minutes

must have elapsed from the time the handkerchief was removed from the face, until the pulse was observed to become weak. He had to be pulled down to the end of the table, his limbs had to be bent, which, from his struggling, and complete relaxation not having occurred, took some time to do; his perineum had to be shaved, all which operations, I am confident, occupied four or five minutes. During this time he was observed to be breathing stertorously, and yet the influence of the chloroform was accumulating, as is evident from respiration not having become re-established, although five inspirations were made after the tongue was pulled out of the mouth. In several instances where I have seen chloroform very nearly prove fatal, the respiration became gradually restored after an inspiration had once been made; in this case, however, no such fortunate occurrence took place.

As mentioned in the account of the post-mortem examination, the glottis was found quite patent, thus showing that the opening of the trachea could not have been attended with any benefit. The patient seemed to take an epileptic fit, and the operation was had recourse to in case the larynx was partially obstructed with mucus; but if artificial respiration, by compressing the ribs and blowing into the mouth, when the tongue is held out, does not restore the breathing, I do not think that the chance of recovery is increased by tracheotomy. Great benefit, in cases similar to this, is likely to be derived from galvanism, and I feel almost persuaded that if, in this instance, it could have been had recourse to a few minutes earlier, the patient's life might have been saved. I would suggest that in a public hospital where there is always a galvanic apparatus, that it should be near at hand when chloroform is being administered.

I would recommend, also, when there is much struggling, and when apparently there is a tendency to convulsion, that the handkerchief be removed for a few seconds from the mouth, or, at all events, held at a greater distance from it than is generally done. The patient, no doubt, will be longer in coming under the influence of the chloroform, but its vapor will be more thoroughly mixed with atmospheric air before being inhaled. This caution, in my opinion, is particularly necessary in people who have led an intemperate life, as it is in them that the greatest struggling and tendency to convulsion are observed. They do not breathe freely, and if the handkerchief, as is too often the case, is forcibly applied over the mouth, there is great risk of half choking them, or, at all events, of preventing a sufficient quantity of air passing into the lungs, and thus producing the poisonous effects of the anæsthetic. That fatal cases, from some peculiarity of constitution, will occur, from time to time, I do not doubt, and I only trust that the knowledge that such cases may happen, will be the means of making those who use chloroform careful to watch for the first alarming symptoms either in the breathing or in the pulse.

EDINBURGH, 57 Queen street, 5th Oct., 1853.—*Monthly Journal of Med. Science.*

Bellevue Hospital.—Drs. Willard Parker and Wm. H. Van Buren have resigned their respective situations as Surgeons to Bellevue Hospital, which they have held much to the credit of that Institution; and Drs. Lewis A. Sayre and John J. Crane, have been duly appointed to the vacancies thus created.

Sudden Death from Plugging of the Pulmonary Veins in a Pregnant Lady. By E. SMITH, M.D. L.L.B.

This case is one of great rarity and interest, and its value is enhanced by the accompanying comments.

"On Sunday evening, April 24th, I was urgently summoned to see a lady who was reported to be delirious. On arriving at the house, I found that she was dead, and had been so fully twenty minutes. She was a patient of Mr. Bartlett and Dr. Jackson, of Notting Hill, and was altogether unknown to me. I found that she was about twenty years of age, a little above the middle size, well developed, and in good condition, and within a few days of the term of utero-gestation of a second child. She had been perfectly well until within ten minutes of her death, except that she had complained of some pain and tenderness on the inner side of the left thigh, and to relieve this, had been directed to lie in a recumbent position. She had eaten a very hearty dinner at three P. M., and tea at six P. M., and was full of spirits throughout the day, and up to nearly eight P. M. She had worn the stays used by pregnant ladies, even when lying upon the bed, contrary to the directions of her medical adviser; and it is probable that they were well laced. The child was known to be alive on Saturday evening, but nothing could be learned as to its vitality on Sunday. While lying upon the bed, dressed, and with her stays on, and in excellent spirits, she suddenly uttered a shriek, and flung her arms about wildly, and cried, "Oh, my head! I cannot breathe! I am going mad!" and also, "Give me my breath!" This continued for about five minutes, during which time her hand was placed upon her chest; and then she became calm for a moment, and said to her husband, "There, Charles, I am better," and expired. The face was deeply livid, and the body bent, so that the chin approached her knees. When I saw her, the face was blanched, and she lay stretched on the bed. Having learned several of these particulars within a few minutes after my arrival, I became anxious as to the propriety of performing the Cæsarian section, to save the child; but, since so long a period had already elapsed after the death of the mother, since I had neither stethoscope nor scalpel with me, having been summoned from church, since, moreover, I knew nothing of the case previously, and could not fully persuade the husband and friends of the reality of their loss, I determined not to perform it.

By the kindness of Mr. Bartlett, I had the opportunity of assisting Dr. Jackson and himself at the *post-mortem* examination, forty hours after death, and of making the requisite microscopic investigation of the tissues. The features had lost somewhat of their pallor, and a fluid, very slightly sanious, was exuding from the mouth and nostrils. The under part of the body, as it lay on the table, was not only greatly congested, but presented many well-marked, purplish-black petechiæ. The left leg was not swollen or inflamed. The blood was black, and fluid universally, except in the pulmonary veins, where the whole tube was filled by a cylinder of coagulum, having a central clot of blood, inclosed by two layers of condensed fibrin, the outer one of which was colorless, and the whole so firm in texture, that it could be handled and pressed with impunity. It was not strongly adherent to the lining membrane of the vein. The number of white corpuscles was

considerably beyond the normal standard. The heart was flaccid, and rather enlarged on the right side. The tissue was undergoing the process of granular degeneration, or the first step of the process of fatty degeneration, and more particularly on the right side. The left side was empty—without coagula, even. The right ventricle contained, and the right auricle was distended with, fluid black blood. The valves were healthy. The arteries were preternaturally small, so much so that the aorta at its bifurcation could not admit the end of a small little finger, and the capacity of the external iliac was not greater than that of a swan's quill. Neither blood nor coagula were found within any of them, nor were any of them ruptured. The veins were immensely and universally distended, and appeared to be as much larger as the arteries were smaller than the natural size. The inferior cava was fully an inch and a quarter in diameter. The most remarkable enlargement, however, was in the ovarian veins; but whether this enlargement was greater than is usual at the full term of utero-gestation, before labor has commenced I cannot tell. They were about twelve inches in length by three-quarters of an inch in breadth, and passed in a curved direction from the ovarian plexus in the broad ligaments, along the iliac fossæ, to the front of the vena cava on the right, and to the renal vein on the left side. The left was the larger of the two. The right one had thinner coats, so that the dark blood within it was more evident, and terminated by an opening so constricted that a crow-quill could scarcely be introduced into the vessel from the vena cava. There was a bulging of the vessel directly on the side of the vena cava, viz., close to the constricted opening into the cava; and the trunk of both vessels was of even diameter throughout. A careful examination showed that the inner coat of these veins had not given way. The stomach and intestines were enormously distended with flatus, and contained fecal and partly-digested matter. There was no odor of hydrocyanic acid. The uterus was normally developed and entire, but its parietes were flaccid. The placenta was very readily detached, and was bloodless, and had not undergone the degenerative process. The membranes were unbroken, and the os uteri perfectly closed. The child (a male) was somewhat small, and the cuticle peeled from the subjacent parts on very slight pressure; but there were no other signs of commencing decomposition. The ovaries were healthy. The diaphragm was pushed upwards to the level of the fourth or fifth ribs, thus greatly diminishing the capacity of the thorax. The lungs were much collapsed, and crepitus on pressure was but slight. Numerous bubbles of extravasated air were scattered over the surface, directly under the visceral layer of the pleura, and more particularly on the left lung, towards the base. The discoloration on the posterior and inferior aspects was much greater than is usually met with as a *post-mortem* occurrence. The tissue was somewhat readily broken upon pressure, but no rupture of the structure was evident. It contained very many granular corpuscles; but, since the blood was fluid, with no appearance of pus, and contained, in other parts, an unusual quantity of white corpuscles, it is probable that these cells were not exudation cells, but white corpuscles of the blood. The pleural cavity, on the left side, contained about three ounces of a deeply tinged sanious fluid, without coagula. On the right side, the quantity was smaller, and the fluid less discolored. The sinuses and larger veins of the brain were very turgid. The substance of the brain was of normal consistence, and had not been lacerated; it was slightly congested. There was no effusion at the base, or in the ventricles of the brain, neither

any remarkable congestion of the choroid plexus. The tissues throughout the body indicated a somewhat unusual degree of flaccidity.

On a review of the symptoms and *post-mortem* signs, the following thoughts naturally occur to the mind: The mode by which death supervened was that of suffocation. The general flaccidity of the tissues, with the degenerative process proceeding in the center of the circulating system, and the presence of an increased quantity of white corpuscles in the blood, indicate an atonic condition of system, one especially liable to take on deranged nervous action, and likely to succumb under the influence of a violent shock. May the enlargement of the veins be in any degree attributed to the diminished size of the arteries? The venous congestion was probably of some duration, and accompanied or caused by the absence of the accustomed degree of bodily exercise, the horizontal position in which she had of late indulged, the large size of the veins, the condition of the blood, the pressure of the gravid uterus, and the lacing of the stays. The congestion would be greatly increased, probably, by the two hearty meals which had been taken within the four and a half hours preceding the death, and the enormous distension of the intestinal canal. The extravasation of air under the pleura, the injection of the parenchyma of the lung with fluid venous blood, and the petechiæ on the skin, would be due to the violent death-struggles. The effusion of bloody fluid into the pleural cavity would arise from the last-mentioned cause, added to those of the fluidity of the blood and the congestion of the lungs. The cause of the fluidity of the blood is not very evident; but it may be owing to a combination of three attendant circumstances, viz., the condition of the blood, the rapidity of the process of dying, and the suffocation. The special exception to the fluidity of the blood observed in the plugging up of the pulmonary veins by coagula, accompanied by great distension of the venous system, and the venous side of the heart, and the emptiness of the arterial system and left side of the heart, cannot but attract attention. I am fully impressed with the inherent difficulty attending the solution of the problem, as to how far the formation of such coagula may be simply an attendant occurrence of the act of dying, or how far the coagula should be regarded as giving rise to those symptoms which indicate approaching death; that is to say, whether they be really a cause or an attendant of the act of dying. Since coagula are so frequently found as dying or *post-mortem* occurrences, we cannot but regard with suspicion any opinion favoring the supposition, that, under any circumstances, they are true causes of death. Without being dogmatical; however, I am inclined to think that the special exception formed by them in this case, the fact that the clot had time to form two envelopes of condensed fibrin, the outer one of which was quite free from the presence of red corpuscles, in a death so sudden and rapid, would almost suffice to induce us to regard them as a cause, and not an attendant occurrence of the death. The greatly diminished capacity of the chest, induced somewhat suddenly, perhaps, by the distension of the stomach and intestines, would impede the action of the lungs, and, by lessening the quantity of inspired air, cause a retardation of the sanguineous current, and thus tend to the formation of the coagula. If this view be a correct one, we may readily account for the sudden origin of violent and fatal symptoms. Without such an explanation, while I can see abundant cause for death, I cannot find the occurrence which gave rise to the fatal symptoms at a distance of two hours from the last meal, and not an hour and a half earlier.—*Medical Times and Gazette*.

EDITORIAL DEPARTMENT.

Departure of Prof. Flint for Europe.—Our Senior Editor, after only a few days' sojourn with us on his return from Louisville, where his duties as a teacher have detained him since October last, left town on the morning of the 23d of February, intending to sail for Europe about the 1st of March.

During his absence, which will continue till the coming fall, we shall be furnished with letters from him of professional interest. A period of prolonged and exacting labor will render this vacation a grateful relaxation to him, and though our readers will be deprived of his personal supervision of the Journal, we doubt not that they will be compensated by the pleasure and profit of perusing his letters.

One word of personal interest, only, may be excused here. When we mounted the tripod, less than a year ago, we were entirely inexperienced in journalism. Circumstances have thrown upon us, for many months, its entire conduct. These circumstances will continue through the coming volume.

With a more appreciative sense of the difficulties of medical journalism, and of the labor it involves, we do not find the task irksome. We have grown to a feeling of attachment to the Journal, its readers, and correspondents. Our best efforts will be directed to the maintenance of the good name of the Journal, and we may here be permitted to express the wish that many may be found to aid us in our task, by contributing to our pages the results of their experience. We know that a large modicum of the medical talent of the country is represented on our subscription list. Shall we not hear from it? H.

Lectures of Prof. Agassiz before the Young Men's Association, of Buffalo.—This distinguished scholar and philosopher has, during the past month, delivered a course of five lectures on the relations of Zoology and Geology, to large and deeply interested audiences.

Of course, in so brief a space of time, he did not attempt to teach either of these sciences in detail. He ran rapidly through them, seizing their salient points, and presenting them in the clearest light; or, when detail was

necessary to elucidate his subject, culling from his vast storehouse of facts precisely those illustrations most apposite to his purpose.

Prof. Agassiz has the most surprising facility as a lecturer, when we consider that he speaks in what is to him a foreign language. His accent is not, however, so marked as to interfere with intelligibility. But it is not so much his manner or language, which gives interest to his teachings, as the fact that he is not a mere man of detail; that immense as is his collection of facts, they are not isolated or dissevered from each other. He has them arranged with reference to each other, and is thus able to generalize from them. It is to this philosophical turn of mind that he owes his success.

In his last lecture he adduced those facts which go to prove the diversity of races, in contradistinction to the received doctrine of one common parentage. He gave rather the skeleton of an argument, than a full account of this subject, leaving much to be supplied by the minds of his hearers, and not distinctly avowing an opposition to the Mosaic record. It has occurred to us that a brief sketch of this lecture would be interesting to the medical reasoner, and for this reason we dot down such a report of it, as a somewhat leaky memory may furnish after a lapse of several days.

The different regions of the earth are peopled by different species and genera of animals. In the arctic regions we have animals which are found nowhere else; and this distinction extends, not only to variety of species, but to those great classes or genera which never merge into each other. Thus we have there no reptiles. In relation to fishes, they have their homes from which they never wander; specific regions of ocean, occupied by specific varieties of fishes. The fish of the Western Atlantic are entirely different from those on its European coast. Even those kinds which bear the same name, as the cod, and mackerel, are in reality very different fish. The same holds true of the fish of our streams. The trout occupies the mountain brook; and is never found in the large rivers in which the brook terminates.

So, too, of animals. Each zone of the earth has its own inhabitants. The lion, the tiger, the elephant, the rhinoceros, are denizens of Asia and Africa alone; and of particular portions of those continents. They are never found in Europe or America. Even in animals which bear the same name there is a specific difference. The bear, which inhabits all regions and countries, is subject to modifications in color and conformation peculiar to the region in which he dwells. He is the brown bear in Europe, the black bear to the east of the Rocky Mountains, the grizzly bear upon their western slope, and the white bear in the polar regions.

Those animals which have the greatest facilities for traveling, and seem to

be adapted to different localities from the one which they inhabit, nevertheless do not migrate. They have a native country from which they do not wander, for which they seem to have been created, and set apart from the rest of the animal creation.

The modifications in color are also remarkable. The monkeys of Southern Asia have a yellow color, like their compatriots the Malays. In Africa he is much darker, while among the white races, in Europe, he does not exist at all in a state of nature, if we except those which are found on the European side of the Straits of Gibraltar.

The same differences mark the varieties of the human race. The Esquimaux does not merge into the Indian of our Northern States. He preserves his individuality, and does not emigrate. The Tartar races of Asia are confined to the same boundaries which, through all historical time, they have occupied.* The Caucasian race has ever occupied the home of civilization; it has ever progressed, not by amalgamation with other races, but by their destruction. The Negro, after centuries of enforced residence in the temperate zone, does not change his color. All the characteristics of the different races betoken a separate origin, as well as their continued residence in the same regions — a residence unchanged for ages, and not dependent, merely, on their ideas of comfort, but on a peculiar conformation which specially adapts them to their dwelling-place.

We have given thus succinctly, though imperfectly, a sketch of this most interesting lecture. While many will be found to dispute the doctrines it infers, all will give due credit to the honesty of purpose which dictated its sentiments. Prof. Agassiz spoke, not as a propagandist of strange doctrines, but as one who, having observed much, related those observations, and left all deductions, so far as possible, to the minds of his listeners. H.

Dr. Dalton's Vivisections. — We owe an apology to our readers that we have not, in a preceding number of the Journal, informed them of these most interesting experiments. During the past few weeks, Dr. Dalton has, in illustration of his course of lectures upon Physiology at the Buffalo Medical College, performed a great number of experiments upon the living animal, illustrative of the natural functions. Many of the mooted points, as

* *QUERY.* Is not the Tartar invasion, and its usurpation of China, which has continued so many hundred years, form a partial exception to this rule ?

well as the received doctrines of physiology, have been subjected to the test of vivisection.

Our engagements have prevented us from witnessing so many of these as we should have been glad to do. Among the most interesting of those at which we have been present, was a series upon the function of the larynx, and the pneumogastric nerve.

Dogs were selected for vivisection. A middling-sized black slut was brought in under the influence of ether, the operation of exposing the larynx having been already performed. Upon everting the larynx so as to bring into view the chink of the glottis, the respiratory movements, which became more complete as the animal recovered from the influence of the anæsthetic, were seen to consist of a separation of the cricoid cartilages, and a consequent dilatation of the opening, synchronous with the act of inspiration, and a narrowing, but not entire, closure of it during expiration. As the animal recovered, and its cries became vigorous, the action of the cartilages was more distinct, though not as much so as in a previous experiment upon a larger dog, at which Prof. Agassiz and others were present.

The recurrent laryngeal nerve of one side was now severed, with the result of paralysis to the intrinsic laryngeal muscles of that side. On cutting the nerve of the opposite side, this paralysis became complete. The respiratory function was still perfect, except so far as the larynx was concerned. The cricoid cartilages fell together at the inspiration, impeding greatly the passage of air to the lungs, while the expiratory movement was attended by an opening of the fissure from the propulsive force of the air behind. The function of these nerves was now evident. They controlled the movements of the larynx, and by the contraction or relaxation of the vocal chords, they intensify and modulate the tone and pitch of vocal sounds.

The pneumogastric was now divided upon each side. The paralysis was then more complete; the inspiratory movement was labored, while the expiration was at once prolonged and forcible.

The animal was now killed by severing the spinal cord at its junction with the medulla oblongata.

A puppy, six weeks old, was now laid upon the table. The laryngeal nerves were severed, and the same result attended the respiratory movements; but it was evident that all the difficulty of breathing proceeded from the larynx, and that the function of the lung, as well as the sensations of the animal, were unimpaired.

The pneumogastrics were now divided. With greatly increased difficulty of respiration, there was no apparent increase in the distress of the animal.

The muscular tissues of the bronchial tubes were paralyzed; communication between the brain and lungs was cut off; the animal, though incapable of perfectly performing respiration, was at the same time unconscious of the wish to respire. The expiration was prolonged, and the inhalations grew gradually less frequent. He was then killed in the same manner as the preceding animal.

Another puppy, of the same age, was now produced, upon which the pneumogastrics had been cut five hours previously. His respirations, previous to the operation, were over thirty per minute. They were now about five per minute. The animal, though not unconscious, was indifferent to external impressions, and lay quietly upon the table, raising his head slowly with each inspiration. He might live some hours yet. Upon some very young dogs it had been found that division of the pneumogastric was followed by immediate death; but an older animal would sometimes live five or six days.

Death from division of the pneumogastric was caused, mediately, by imperfect hematosis, owing to the want of the wish to respire, the imperfect entrance of air through the larynx, and the very partial expulsion of old air from the lung. This air became gradually charged with carbonic acid, and the animal died by coma.

This animal died during the night succeeding the lecture, having lived some eighteen hours from the time of dividing the nerves.

On the succeeding morning a small dog was etherized, and his epiglottis excised. On recovering from the anæsthetic, he drank milk without difficulty, none of it finding entrance into the glottis. It is evident, from this experiment, as well as from beholding the close adaptation of the sides of the glottis to each other in the previous experiments, that the function of the epiglottis is not that ordinarily assigned to it. It may partially cover, but cannot close, the larynx. During the act of deglutition, the larynx is drawn upward and forward, the tongue is forced backward, and crowds before it the epiglottis, thus covering in and protecting the laryngeal orifice; but the cricoid cartilages are the efficient organs. It is probable that the epiglottis is rather an elegance than a necessity.

We close this brief and imperfect report by mentioning an experiment performed, on a subsequent day, on a large black slut, relative to the functions of the heart. The thorax was opened, under ether, and the motion of the heart maintained by artificial respiration. The main point of interest in this experiment, lies in the fact that Prof. Dalton has thus verified the phenomenon first announced by his colleague, the Prof. of Anatomy, Dr. E. M.

Moore, some twenty years ago, from his vivisections made at that time. It was found that the heart does elongate during its ventricular systole, having a spiral motion from left to right, which throws up the apex. The fact of elongation, which was sufficiently proved by Prof. Moore, *seems* so improbable, that many physiologists have disputed it.

In an edition of "Bellingham on Diseases of the Heart," just published in Dublin, for a copy of which we are indebted to its author, we find the following upon the ventricular systole:

"During their systole the parietes of the ventricles become pale, hard, and convex; the vertical and transverse diameters are diminished, *the apex is approximated to the base*, and describes a spiral motion from *right to left*, and from behind forward, coming in contact with the parietes of the thorax between the cartilages of the fifth and sixth ribs on the left side, when the impulse of the heart is felt."

Dr. Sibson, another observer, says: "Wherever the junction of the left ventricle to the auricle could be observed, the apex and base of the ventricle were seen to *approach each other steadily during the whole systole.*"

Mr. Bellingham further remarks, that "in the experiments performed by Drs. Pennock and Moore, the apex of the left ventricle was not observed to be approximated to the base during its systole. The expulsion of the blood from the ventricle (they observe) is effected by an approximation of the sides of the heart only, and not by a contraction of the apex toward the base; during the systole, the heart performs a 'spiral movement, and becomes elongated.' All other observers have, however, noticed the shortening from above downward of the ventricular portion of the heart during the systole, and from the manner in which the fleshy columns of the valves are inserted, such would appear to be essential to the perfect action of the auriculo-ventricular valves, when the ventricles contract."

So distinguished an anatomist as M. Cruveilhier, says, that during their systole "the ventricles diminish in all their diameters, the appearance of shortening being most perceptible in the vertical diameters."

Here is an issue between Drs. Bellingham, Sibson, and Cruveilhier, on the one side, and Drs. Pennock, Moore, Dalton, and Lee, upon the other. We have entire confidence in the powers of observation of all these American gentlemen. Dr. Moore's experiments were very numerous, and were confirmed by many intelligent bystanders. Dr. Dalton is so much in the habit of making vivisections that his faculty of appreciating rapid movements is cultivated, and gives his experiment increased value, as we thus gain confidence in his accuracy.

Our *amor patriæ*, as well as our judgment, inclines us to side with the Buffalo Professors. So far as it is a mere matter of observation, their eyes are as reliable as if they had first opened on the other side of the Atlantic. If we look a moment at the theory of Bellingham, we recognize, first, the error of assigning to the heart a motion from right to left during the systole. This may be a misprint, but it should be recollected that Dr. Bellingham is an Irishman, and is, therefore, entitled to his "bull."

It is difficult to explain the elongation of the heart in ventricular systole. The action of the columnæ carneæ would evidently go to shorten the ventricular cavity. The papillary muscles could have little influence, attached, as they are, to the valves, and only serving to prevent their being pushed beyond the point of complete closure.

But the mass of muscular fiber is either spiral, or, as we approach the interior, circular. Necessarily the contraction of these spiral and circular fibers could not shorten the heart. The packing together during systole of spiral fibers overlying the circular, seems to us to explain the elongation. If this would produce it, there are not longitudinal fibers enough to interfere very much in the process. The thing may be illustrated by placing the two hands together at their extremities, but with the palms separated. By bringing them together, the sides of cavity between them are approximated, while the cavity itself is elongated. H.

Meeting of the State Medical Society.—The society convened in its annual meeting, at the City Hall, in Albany, on the 7th of February, and continued in session till the afternoon of the 9th.

We were not present till the morning of the second day. We found a fair representation from the county societies and colleges, and a goodly number of permanent members. The attendance was somewhat larger than usual, owing, partly, to a better and more united feeling in the profession.

The proceedings were characterized by a good degree of harmony. Short speeches were the order of the day, except when the everliving subject of quackery was brought up. There was, we noticed, a general indisposition, on the part of the members, to stultify themselves by a long-winded discussion of empiricism. They seemed to think that it was as hopeless a task to abolish it, as to do away with original sin; and, finally, all resolutions offered were met with a cold reception, and either withdrawn or rejected—a sensible conclusion, we think, for yearly resolutions against quackery, are very

like a yearly confession of faith for a church member. Once for all should answer.

The morning of the second day, after the disposition of these resolutions, was mainly passed in listening to a report sent by Dr. Willard Parker, through the hands of Dr. Alonzo Clark, upon Croup. It was an analytic record of a large number of cases in Dr. Parker's practice, which had been collected and arranged with much care by Dr. Thos. B. Cock.

The results arrived at were very curious, and, to our sense, would not be justified by a larger experience. But it is fair to state what were the conclusions, and to say that they were inevitable from the character of the cases.

1st. The operation of tracheotomy in croup, was found to be unsuccessful in so large a proportion of cases, that Dr. Parker considers it "unsurgical."

2d. The treatment by the topical application of nitrate of silver was found to be singularly unsuccessful.

3d. The treatment by large, and even enormous doses of calomel, at frequent intervals, arrayed better results in its favor than any other course of management.

4th. Combined with this was given, in almost every case, a lobelia mixture, of tincture of lobelia, syrup of ipecac, and some other nauseant which we have forgotten. With it, vaporized air was breathed by filling the room with steam.

In regard to the operation of tracheotomy, the unfavorable results obtained did not surprise us much, knowing, as we did, that it was never performed until it might almost be considered a *post-mortem*. It was mentioned by one member present, that in one case where he had made a post-mortem examination, he found the larynx only covered with false membrane, the trachea being healthy. Now, in this case, it was very evident that an operation would have insured the life of the child. Many other similar cases may occur without our knowledge. We can recall, at least, two cases of death by croup, where the dryness of the tracheal and bronchial sounds did not indicate false membrane in those localities.

But it is well known that many operations have been successful where there was false membrane in the trachea. The greatest constriction of the tube must ever be in the larynx, and it is a point gained to find entrance for air into the large and unelastic windpipe.

We are sorry, therefore, that Prof. Parker has thus censured this operation. Undoubtedly it must, in a large proportion of cases, be followed by death, but the true questions are:

First, does it increase the probability of death? and, secondly, does it afford an additional *chance* to the patient?

If we answer the first query in the negative, and the second in the affirmative, as it would seem we must do, then is the operation not "unsurgical," but called for at an earlier period than usually performed.

In regard to the nitrate of silver, we can only say that the few cases of recovery from diphtheritic croup we have witnessed, or known, have been treated by the probang and caustic. A friend, in whose opinion we place much confidence, considers the sponge, and not the nitrate, as the efficient agent.

The calomel treatment, which was pursued in nearly all the successful cases, was also used, with equal energy, in those which died; and on this, as on all the other points discussed, there are conflicting opinions and testimony.

The discussion on croup was animated and able. When we have the Transactions, we shall take pains to give Dr. Parker's paper a careful examination. The high authority from which it springs, and the startling character of its results, call for a thoughtful insearch.

The afternoon was given to the election of officers for the ensuing year. A large number of votes were cast. Charles Brodhead Coventry, of Utica, was elected President upon the first ballot; a most excellent selection, and an honor worthily bestowed upon a deservedly eminent man. All the other offices were, so far as our knowledge goes, well filled.

Late in the afternoon, the Board of Censors appointed last year, at its previous meeting, to attend the examinations of the medical colleges in the city of New York, reported that the College of Physicians and Surgeons, in Crosby street, and the New York Medical College, in Fourteenth street, had invited and admitted them to their examinations of candidates for the degree of Doctor of Medicine. They reported that all the graduates of those schools were worthy of the degree.

From the University of the city of New York, in Thirteenth street, they reported that they had been refused the privilege or right of attending its examinations; that an answer from the faculty was deferred till a month after the time of graduation; and that, finally, a letter was received from Prof. Draper, assigning reasons for declining the supervision of the State society. The letter was read and embodied in the report.

On the third day the matter was called up. A very general expression of the opinions of members was given. The course of the college was considered derogatory to the society, and subversive of all restraints in the conferring of degrees. A resolution was unanimously passed, censuring the college

in strong terms, as being desirous of concealing its operations from the inspection of an honorable profession.

The Board of Censors were again appointed, with instructions to hold no intercourse with the University school unless specially invited so to do.

A Committee of Inquiry was then appointed to inquire how it was that the Geneva Medical College had conferred an honorary degree upon an advertising quack. This was done at the request of members of the faculty then present, and (also at their request) a resolution was passed requesting boards of trustees to confer no more degrees without consulting their professors.

The society visited the Albany Medical College, and were well pleased with the department of practical chemistry. It adjourned at 3 o'clock, P. M., of the 9th.

Dr. Hun entertained the members at his house on the evening of the 7th, and Dr. Armsby did the same, in a very pleasant style, on the evening of the 8th. H.

Close of Lecture Term in the Medical Department of the University of Buffalo. — Just as we write, most of the various medical colleges in our country are closing the labors of the season. To-day (22d Feb.) many hundreds of students have received their diplomas, and been sent out into the world of sickness, to fulfill their mission of healing.

The three years of student life, with their immunities from responsibility and care, their pleasant social intercourse, and their buoyant hopes, are here brought up against the dead-wall of a diploma. The transition state is over: the facts gathered, the theories received, are to come to the test of action. Few of those who have this day become M. D., can look forward with any kind of certainty to the path before them. Over it hangs a veil of mist, which conceals all distant objects, and only lifts as they advance, to show them the next step in their onward progress.

Most graduating students look sad upon commencement day. There is a feeling of doubt and unrest which troubles their hearts, and casts a shade over the hour to which they had looked forward with joyful anticipation. They have a problem to be solved—the great problem of every man's life—the question of their own success and usefulness. In the hurry and excitement of the lecture course it has been forgotten; but now it comes to them as a new thing, a sort of puzzle, a quiz for which they are not prepared, and which no grinding can enable them to meet.

Patience and endeavor alone can solve it. Work and study, life's hard

realities, the emergencies of practice, the struggles of competition, must be the touchstones of character. H.

Commencement Exercises.—The annual commencement of the Medical Department of the University of Buffalo, was held at the American Hall, on Wednesday evening, February 22d.

The attendance was large, the hall being nearly filled with the elite of Buffalo, although the night was very inclement. Probably hardly a hundred more could have been seated.

Prof. Jas. P. White, Dean of the Faculty, announced the order of exercises.

The Rev. Dr. John C. Lord then opened with a most impressive prayer, imploring the blessing of the Almighty upon the institution, its teachers, and alumni.

The Hon. Millard Fillmore, Chancellor of the University, then addressed the class in a tone of earnest advice, as to honesty and probity of purpose, in their future career; urging upon them the importance and dignity of the profession of their choice, and reminding them that it was no longer fenced in by restrictive laws—that it had no governmental privileges—and must rely upon its own worth and usefulness to make itself appreciated. A diploma conferred no rights which could not be obtained without it. It was a simple letter of recommendation, to be credited only as the conduct of its bearer vindicated its truth.

The presence of the distinguished chancellor, who has so long been separated from collegiate and Buffalo interests, by his tenure of the highest office in the gift of the nation, added grace and interest to the proceedings. The graduates received their degrees from one whose own life is a fit example to be followed by whoever would wish to rise through merit, industry, and probity of purpose.

The chancellor then conferred, in due form, the degree of Doctor of Medicine upon twenty-four young gentlemen, as follows:

Jerome Punderson Avery, Auburn, Cayuga Co., N. Y.;

Subject of Thesis—Typhoid Fever.

Perry Barrett, Kingsville, Ashtabula Co., Ohio.;

Influence of Mind over the Body and the Action of Medicines.

John Howard Cole, Wells, Bradford Co., Penn.;

Bilious Remittent Fevers.

William Henry Cruikshank, Ogdensburgh, St. Lawrence Co., N. Y.

Consumption.

- Horatio Nelson Caner, Warsaw, Wyoming Co., N. Y.;
Hæmorrhage in the Nervous Centers.
- John G. Collver, Simcoe, Canada West;
The Medical Profession.
- George Coatsworth, County of Kent, Canada West;
History of Human Life.
- Edward Hatch Davis, Parma, Monroe Co., N. Y.;
Reflections of a Candidate for Graduation.
- Waldow Curtiss Daniels, Buffalo, N. Y.;
Recent Sprains.
- Franklin Goodyear, Cortlandville, Cortland Co., N. Y.;
Dysentery.
- Fred. Gardner, Buffalo N. Y.;
Acute Rheumatism.
- John Wicks Heywood, Buffalo, N. Y.;
- David W. Hershey, Williamsville, Erie Co., N. Y.;
Omne Vivum ex Ovo.
- Robert James Johnston, Thorold, Canada West;
- Restcome Rogers Kirby, Monroe, Michigan;
Miasmatic Fever.
- Jonas Wellman Lyman, Waterville, Lycoming Co., Pa.;
The Genuine Physician.
- Duncan McLochlin, Caledonia, Livingston Co., N. Y.;
The Obstetrician.
- Dugald McKellar, Wardsville, Canada West;
Headache.
- William Andrew Newell, Buffalo, N. Y.;
Abortion.
- Luman Pettibone Lawrence Parker, Clarence, Erie Co., N. Y.;
Typhoid Fever.
- Joseph Warren Sawyer, Freedom, Cattaraugus Co., N. Y.;
Puerperal Peritonitis.
- Clark Smith, Hartford, Washington Co., N. Y.;
Scrofula and Scrofulous Ophthalmia.
- Joel Underhill, Buffalo, N. Y.;
Hypertrophy of the Heart.
- Joahua Whitney, Eagle Village, Wyoming Co., N. Y.;
Searlatina.

The Honorary Degree of Doctor of Medicine was also conferred upon the Hon. Daniel P. Bissell, of Utica.

The address to the graduates, by Prof. Thomas F. Rochester, we need not dwell upon, as we hope to present it, *in extenso*, to our readers, in our next number, the graduating class having requested its publication. We need only say here, that it was listened to with the deepest interest by the entire audience.

A benediction, from the Rev. Montgomery Schuyler, closed the exercises, which had been interspersed with choice music under the direction of Albert Poppenberg. H.

Increase of Small-Pox. — It is becoming too evident that this exanthem is on the increase in this country. During January there were 132 deaths from it in the city of New York, and during the first week of February it formed the largest item in the bill of mortality, excepting consumption, there being 47 deaths from variola, to 55 from tuberculosis.

It is prevailing, we believe, in every city of the land, and to no inconsiderable extent in the rural districts. It does not, however, manifest that tendency to rapid and wide spread propagation which marked its course before the days of Jenner. Still, the number of deaths by it is so large, that it is evidently only "scotched not killed," a disease still extant, alive and active, seeking every open avenue for spreading, consigning many to the grave, and leaving its mark on the faces of those who survive it.

This increased prevalence of the disease has given rise to the supposition that vaccinia is losing its efficacy in prophylaxis, and is no longer the sure preventive we have been accustomed to consider it.

Undoubtedly too much confidence has been placed in vaccinia by a portion of the profession. Very recently we saw a well-marked vaccine scar upon a patient then thickly covered with the discrete variety of small-pox. But we would not argue from this that this man had not, at some previous time, been thoroughly protected.

It has become very evident, that in order to insure the full benefit of vaccinia, it should be occasionally repeated, the manner of its pustulation forming the criterion of the individual's safety. The people, who rest secure in the safety of a single vaccination, should be taught that it is necessary, at certain intervals, to recur to the means of prevention.

It has been urged that this would be looked upon as a trick upon the part of the physician to add to his income, and that it would detract from

the faith of the people in the resources of professional skill. Such arguments should never apply. The physician has no right to consider consequences in such a case. It is his duty to inform his patients of the necessity of re-vaccination, leaving to them the responsibility of neglecting it. And it is further his duty to bear such a reputation as a man of honor, as would raise him above the likelihood of any such trivial imputations as that implied by the opponents of vaccination on politic grounds.

But vaccination is by no means so universal as to lead us to expect from it the entire extinction of small-pox. A very large proportion of the public are never vaccinated, while a still larger portion are still resting in fancied security upon a vaccination performed many years before.

The fatality of small-pox is worthy of note. That 132 cases of it should die, in a single month, in the city of New York, indicates, not only its prevalence, but its malignant character. It is, however, impossible to judge very closely about it, while we know nothing of the circumstances under which it was treated.

Our readers will, perhaps, recollect the brief notice we gave, some months since, of M. J. B. Cayol's attack upon "typhoidism," and the declaration that as small-pox was banished by vaccinia, its place was filled by typhus, by a certain law of compensation in disease. It is a little unfortunate for M. Cayol, that typhoid diseases are really on the increase in this country; and, on the other hand, it is no less unfortunate for the law of compensation, that typhoid and variola are both prevalent synchronously, and increasing *pari passu*.
H.

The New York Daily Times and the Dissection Bill.— We couple these two names together, because the course of that paper has entitled it to a favorable mention from the medical journalist, and, moreover, because when the dissection bill passes, as we hope and believe it will, the New York Daily Times will be entitled to a large modicum of credit for its services to the cause of science.

Ever since this bill came before the Senate, the Times has consistently, boldly, and forcibly advocated before the people and the legislature, the necessity and justice of its passage. It took the ground when it was unpopular. It did not wait for the public sentiment to declare itself, but it turned to with a will to mould and form that sentiment. It did not hesitate to state the thing fairly and without abatement. It took the open ground, asserting that the bill was a benefit, not to the profession, but to the people: that the

sanctity of the grave, and the abolition of the trade of the resurrectionist, depended upon its success.

We cannot help mentally contrasting this open and manly course of a secular paper, with the miserably mean attempt of a medical periodical in the same city, to depreciate the bill by calling it a college monopoly, and throwing out the hideous insinuation that medical schools will make a speculation of the trade in dead bodies, by selling them to the profession at high prices. Such an idea never came from an honorable man. It would never have suggested itself as possible to a mind of any sense of refinement or honor, and is but the pitiable evidence of a heart full of envy, malice, and all uncharitableness.

To recur to the pleasanter subject upon which we started. The N. Y. Daily Times has a medical department, conducted with considerable vigor, which is a common deposit for the floating medical news of the day. This evidence of a wish to adapt the Times to the wants of physicians, will, we hope, find its reward in a cordial support from the profession.

But the Times is not alone in this matter. Very many other of the daily papers have shown a proper appreciation of the rights of the profession, by giving their support to the dissection bill. Among these the Commercial Advertiser, of this city, has had numerous well-written and convincing editorial articles on the bill.

We mention these things with pleasure. The better and more independent portion of the secular press have shown a good spirit, at the expense of some obloquy and unpopularity. But a manly and plain-spoken press will always vindicate itself; and we have written these few sentences of just praise, only as an indication of our appreciation of the services rendered by these journalists.

H.

Death of Prof. R. L. Howard.—This distinguished gentleman, the late professor of Surgery in the Starling Medical College, has, since our last issue, been taken from the field of his labors by death.

His disease was albuminuria, and on the autopsy it was found that he had also fatty liver. The immediate cause of death, however, was double pneumonia, not of an active grade, but still too much for his enfeebled powers to recover from.

Dr. Howard's life was characterized by industry in his calling, and intense devotion to medicine as a science. No man labored harder for a good name among physicians; no man won his laurels in a fairer or more honorable

way. As editor of the Ohio Medical Journal, his writings were marked by force and vigor of style, and gave evidence of study in their preparation. We trust that some one familiar with his life, may prepare such a memoir as may perpetuate his memory and his good deeds.

Two men have died from the Starling faculty just at the moment when life was most desirable. All who knew Dr. John Butterfield, the first Professor of Theory and Practice in that school, must recollect the beauty of his life, the elegance of his writings, and his noble qualities as a teacher. Like Howard, his position was but fairly established—the fame for which he labored but just within his grasp—when that mysterious Providence, which regards not the plans of men, removed him from his usefulness.

The chair of surgery in the Starling school is now vacant. The hiatus caused by the illness and death of Dr. Howard, has been filled during the past winter by Prof. E. M. Moore, of the chair of anatomy in the Buffalo school, and, as we learn, most efficiently and satisfactorily to the class. But no voucher is required, for Dr. Moore's ability as a teacher, by those who know or have once heard him.

H.

Civic Honors to a Medical Editor.—Jerome V. C. Smith, M. D., Editor of the Boston Medical and Surgical Journal, has been elected Mayor of the good city of Boston.

We do not know upon what ticket, whether whig, democrat, or independent, the Nestor of the medical corps editorial, has thus been elevated to the civic chair, but we are strongly inclined to side henceforth with that same party, whatever may be its cognomen. It is an evidence of a return to republican simplicity, of a due deference to medical honor and attainment; more than all, it is an appreciation of the medical editor.

From this time forward we set an increased value upon ourselves. As a man and practitioner we mean to be affable and condescending, but henceforth when we mount the tripod, a new dignity shall invest us, and an awful solemnity pervade our presence.

Times *are* improving. It is only a little reflected luster of honor that we borrow from Dr. Smith's elevation, but even that we appreciate. Now let Dr. J. V. C. Smith show the people of the "modern Athens," what a medical editor can do. Let him enlarge the hospitals, clean the streets, and instruct the functionaries who audit accounts, to pay the doctors' bills as presented. There is a wide field for reform, even in Boston, and Dr. Smith can add to his professional laurels, by making his official career one of sanitary usefulness.

We hear that Dr. Smith is a good business man as well as a good editor, and we do not doubt that his incumbency will be one of honor to himself, and usefulness to his city. H.

We find the following pleasant waif of information in the pages of the New York Medical Times. Dr. Dalton's friends in Buffalo, and elsewhere, will notice with pleasure the announcement of so flattering a testimonial, especially as they never would have learned it from the Dr. himself:

Testimonial to Prof. Dalton.—We are gratified to learn that the students at the Crosby Street Medical College have presented Prof. J. C. Dalton, Jr., with a silver box containing one hundred dollars in gold, as a proof of their high appreciation of the course of lectures on the "Physiology of Digestion and of the Nervous System," recently delivered by him in that institution, in conformity with the arrangement made with him for that purpose, as mentioned in our number for December. We regret that our limits prevent the insertion of the highly complimentary note with which the gift was accompanied, and the characteristic letter written in reply. The affair is highly creditable to both parties. Prof. D. is fast earning for himself a high reputation among us, both as a man of science and as a lecturer.

Dr. Daniel Brainard, of Chicago, is now in Paris. He is urging upon the French Academy the use of the lactate of iron as an injection in aneurismal tumors. At the same time French surgeons are discussing the use of the Proto-chloride in the same lesion. Probably there is not much preference between them, but it is also probable that this use of styptic injections into the pulsating or aneurismal tumors is a valuable addition to surgical treatment, and may, under favorable circumstances, do away with the necessity of tying large arteries.

Dr. Brainard reports a case in the *Gazette des Hopitaux*, of an aneurismal tumor of the orbit, treated by this method very successfully. Its rationale is simple, being merely the coagulation of the blood in the tumor by the action of the iron, the consequent obliteration of the vascular network, and the final removal of the clot and tumor together by absorption. H.

We have received from Messrs. Blanchard & Lea, copies of Bennett on the Uterus, Meigs on the Uterus, La Roche on Pneumonia and Malaria, and Fowne's Chemistry for Students, all of which will have mention in our next

Changes Editorial. — Dr. Samuel R. Hollingsworth has succeeded Messrs. Francis Gurney Smith, and John B. Biddle, M. D., in the editorial management of the Philadelphia Medical Examiner.

The Examiner has long sustained an excellent character among our periodicals, and we trust that Dr. Hollingsworth will well maintain the arduous *role* he has taken upon himself.

Dr. John Dawson has undertaken the editorship of the Ohio Medical and Surgical Journal, made vacant by the death of Prof. Howard. We wish him every success in his new field of labor.

The New Jersey Medical Reporter, one of the best of our exchanges, and which has increased in size and improved otherwise very rapidly under the editorial care of Dr. Joseph Parrish, has now been transferred to Dr. G. M. Butler. The cause of this change is Dr. Parrish's removal to Philadelphia. Dr. Parrish does not, however, entirely disconnect himself from the Reporter, and his monographs will occasionally appear in it. Just now he is writing an excellent series of papers on the "Change of Life" in women. H.

Medical Science and Materialism. A Discourse delivered before the Faculty and Students of the Buffalo Medical College, on Sabbath the 12th Feb., 1854. By JOHN C. LORD, Pastor of the Central Presbyterian Church. Published by request.

Among the best of the good things which it becomes our duty to notice this month, is this sermon of Dr. Lord's. It seems to us, and we know that other minds think with us, that this sermon contains one of the best arguments against materialism that we have ever perused. While it attacks materialism itself, it defends the profession from the unjust charge of a tendency to that heresy. It draws a beautiful contrast between the Christian medical philosopher and the unthinking atheist. The names of Good, of Haller, of Boerhaave, of Darwin, and other Christian physicians, are brought prominently forth as evidence of the elevating tendencies of medical science, and in shining contrast to the dark infidelity which has so often marked the student of the merely psychological sciences.

We like anything that is bold and manly — freely outspoken in that manner called in the vernacular "flat-footed." Such is one prominent merit in Dr. Lord's sermon. Aside from the clear logic of its argumentation, the beauty, and occasional sublimity of its rhetoric, it has the higher merit of

being most unmistakable in its teachings and tendencies. There is no non-committalism, no softening down the matter for phrenological materialists, or homeopathic sisters. He asserts strongly the claim of medicine to a dignified rank as one of the learned professions; he strenuously objects to that throwing aside of foregone experience, and trusting in one-idea-ism, which so marks the age.

We are betrayed into this panegyric because it was the first time in our life when we have had the pleasure of hearing a distinguished divine denouncing, to a full house, the crying sin of quackery, openly advocating the claims of legitimate medicine, and casting the shafts of clerical argument at patent doctors, and patent medicines. From reading the following, we may almost hope for the restoration of the ancient comity of feeling between physic and divinity, which has been made so rare by the attempts of an emasculated clergy to add the supervision of the cure of bodies to that of souls:

"I need not dwell upon the antiquity of the medical profession. The most ancient Scriptures abound with references to the art of the physician. Some of the most eminent names that have come down to us from antiquity are of men belonging to your profession. The dignity of the calling to which you have devoted yourselves is seen both in its antiquity and necessity; for man, falling by transgression under the law of disease and death, has ever been compelled to resort to remedies and to seek the aid of those who have acquired skill and experience in the art of healing. The various casualties to which the human frame is exposed, require the office of the surgeon, whose success depends upon his intimate acquaintance with the human frame; the diseases which are his sad inheritance require the care, the skill, and the learning of those who have devoted themselves to the acquisition of the knowledge necessary to the relief of their fellow-men.

"The dignity of the medical profession is seen in the fact that it is one of the learned professions. It requires the knowledge of various sciences, it involves great responsibility, and demands both skill and judgment for its proper exercise. It is highly desirable that every medical student should have a thorough education in all departments of learning; but where this is impossible, it is the more necessary that there should be a thorough training in all that relates to medical science. The profession of medicine loses all its dignity, and, I may add, all its value, when it falls into the hands of empirics. Charlatanism and quackery abound in our age, with all its vaunted intelligence, and are nowhere more conspicuous than in the host of pretenders in the art of healing, who make a boast of their ignorance, and ground their claim to the confidence of the public on the fact that they do not practice after the usual mode; that they make no use of the experience of the past or of the lights of science. They have new medicines, new theories, and a host of marvelous cures, as their stock in trade, and their success can only be accounted for on the principle which has led men, in various ages and places, to use amulets and charms to cure diseases, and which induces the

American savage to admit that every pretender, who clothes himself with a little mystery, and makes conjuration, and talks in a way not to be understood, and boasts of a wonderful cure when he does not happen to kill—is a great ‘medicine.’ The real credulity of the age in which we live may be seen by the constant and successful appeals made to it by patent doctors and the inventors of patent medicines. Only by maintaining a high standard of education, by a conscientious discharge of their important duties, and by sternly refusing all connection with the empiricisms which surround them, can the faculty of medicine maintain the true dignity of their profession. ‘Wisdom,’ is said in the Scriptures, ‘to be justified of her children;’ and knowledge, experience and skill must, in the end, triumph over pretense and charlatantry. Let no student who seeks to enter upon the practice of medicine, for the sake of any temporary advantage, strike hands with men that he knows to be unlearned, or with systems that he knows to be unsound. Let him wait for success in the paths of honor and probity; for such success will be enduring, and accompanied by a good conscience toward God and men.”

The class of the college have done well in publishing this sermon, and we shall hope for an extended circulation for it. S. B. H.

Pamphlets Received.

Report of the Pennsylvania Hospital for the Insane, for the year 1853.
By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution.

“At the date of the last Report, there were 215 patients in the Institution: since which 191 have been admitted, and 171 have been discharged or died, leaving 235 under care at the close of the year.

“The total number of patients in the hospital during the year was 406. The highest number at any one time was 248, the lowest was 214, and the average number under treatment during the whole period was 229.

“Of males there was 205, and of females 201.”

This Report is a clear and unambitious document.

Seventeenth Annual Report of the Vermont Asylum for the Insane.

“During the past year 510 patients have enjoyed the benefits of this institution. There were 351 remained at the commencement of the year, 159 have been admitted, 138 have been discharged, and 372 now remain. Of those discharged, 72 recovered.”

Diseases of the Uterine System as a cause of Physical Degeneracy, with general views on their Prevention and Cure. By C. D. GRISWOLD, M. D.

Dr. Griswold has here given to the general public, a little monograph on uterine disease. It is a queer subject for popular reading, but it is discussed in a tone of calmness, and entire absence of the usual claptrap so much affected by popular physiological writers. While we doubt whether any good result will obtain from this publication, there is certainly nothing reprehensible about it, and it should not be classed with the "Love, Courtship, and Marriage" productions of the Fowlers, *et id genus omne*.

A Reply to the Attacks of Dr. Charles Caldwell. By LUNSFORD P. YANDELL.

Dr. Yandell involved himself in a quarrel with Dr. Caldwell, by some criticisms on his works and teachings. In it Dr. Yandell seems to have conducted himself with dignity, and manifests no vindictive spirit. This reply seems to have been called for by the virulence of the attacks. We trust that the matter, which must have been very disagreeable to all concerned, may rest here.

Doctors' Commons. An Ethic Address delivered before the District Medical Society of the County of Burlington, (N. J.,) Jan. 10, 1854. By S. W. BUTLER, M. D., President of the Society.

A very clever and sensible production, urging the establishment of "Doctors' Commons," or places of rendezvous, in villages and cities, for the resident physicians, where they may meet and maintain a library and museum.

Gross Literary Fraud Exposed. Relating to the publication of Worcester's Dictionary in London. Boston: Jenks, Hickling and Swan.

What the fraud is we do not know, not having read the pamphlet.

An Address to the Public in regard to the affairs of the Medical Department of Hampden Sidney College. By SEVERAL PHYSICIANS of the city of Richmond.

Entirely local in its interest.

H.

Deep in vol. 9.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 9.

APRIL, 1854.

NO. 11.

ORIGINAL COMMUNICATIONS.

ART. I.—*Address to the Graduates of the Medical Department of the University of Buffalo.* By THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine. Feb. 22d, 1854.

Those who have devoted themselves to the beautiful study of the Natural History of Insects, tell us that the Mother Bee, the Queen, whose subjects are, *in truth*, her children, deposits, with unerring precision, in their respective cells, the ova which produce the three orders in which her community is divided — that these ova undergo several metamorphoses, the first change being into that of larvæ, the next into that of pupæ or chrysales, and the last into that of the perfect insect. They tell us, moreover, that these *changes* are the result of what may be termed the instinctive volition of the insects who have a temporary charge of those who are to constitute the next generation — that according to the food that is given to the larva, it will, or will not, eventually be a worker.

What the insect does for the embryo, the instructor does for the pupil. He selects and prepares the aliment that is to form, strengthen and guide the mind — how weighty, how responsible, and yet how grateful is his office. But while he would instruct his pupil, he must, also, school himself. He is to teach fact, not fancy — sound reason, not sophistical speculation — truth, not error.

How vast, how wondrous, how great is *science*! It is not measurable by space, for it is infinite, limitless. For what is science? It is "knowledge" — "certainty based upon demonstration" — "art built upon principles." Alas! that man, science' sole votary, should be so weak, so finite and so brief. Man physical, *is* weak; he appears for a moment, distinct, embodied, among other atoms, and then is swept away forever, by one of the great billows that Time is forever pressing on in surges. But this is not true of man's Mind — this, the exclusive and distinctive gift of the All-Powerful to him whom he created "after his own image," bears the impress of Divinity in its extent, its power, and its achievements. Mind has ever grown, and will grow, while mankind exists — it is transmitted from generation to generation, not individually alone, not from parent to offspring solely, but through the succeeding generations of the whole vast human family. Now, science is the mind's great pabulum — its food; and of this food every liberal profession furnishes its quota — and should not ours be large? We take no stinted handful from its stores — should we not return measures heaped up and overflowing?

This day, gentlemen, you are received into the ranks and fellowship of the Medical Profession. I congratulate you upon your new and honorable position. It has been the earnest, and, I trust, the evident and successful care of my colleagues and myself, to place before you that proper and sufficient intellectual aliment that guides and stimulates the recipient to correct and constant mental culture. We cannot make you *surely* always workers, but we hope we have established in you a wish and a will to be such. In this day and generation, work you must, or you will make no mark — you will be counted with those who have lived for naught, or rather counted not at all. In ceasing to be pupils, you must not cease to be students — your degree is a staff to guide your advancing steps, not a support to sustain and bear your *weight*. Now indeed is the time for you to commence your life-long task, for a medical man must be a student alway. By his profession he is the declared authority upon all matters of public and private hygiene. He is not only to relieve and restore those who are ill, but he is to point out to those who are well, how they may secure and preserve that priceless jewel — Health. It is unnecessary for me to dwell upon the amount and variety of knowledge that such a position involves, or how constantly it demands additional and more varied stores. Happy are you, gentlemen, in the epoch, and in the field in which you are about to begin your investigations. "Young Physic" and "Young America" should go hand in hand — they will journey well together.

Young Physic! Young America! these are glorious titles, and pregnant with a mighty future. And yet as terms, as mere names, they are not without a stigma; but that is because they are confounded with the mass of vapid, empty, clamorous cheats, that hang about, and strive to attach themselves to the rising giants. As the strong tower ascends, rubbish and refuse accumulate about its base; but the proud structure completed, these are all swept away, and it stands erect, alone in its majesty and beauty.

Young Physic, in name, is a new creation—in reality it is the modern medical mind, the legitimate offspring of a lawful parent, but less trammelled than its predecessors by the rules and laws of a code somewhat too rigid. Born in an eventful and stirring age, an age of unequalled progress and discovery, it could not but catch the spirit of the times; and stimulated by that, it rushes on with the impetuous current, and being no laggard but a brave bantling, what wonder that it should now be found among those of a kindred spirit who keep upon the crest of the topmost wave.

It denies not the parental authority. It is not ignorant of the ancestral code. It acknowledges and respects them both, but it does not feel bound to endorse all their dogmas—it claims the right of election. It has a mind of its own, and chooses to submit everything to its scrutiny. It requires, as far as may be, demonstrative evidence; for by the many new lights of science, much is now demonstrable as false or true, that before, of necessity, rested mainly upon theory.

Young Physic is not, therefore, unmindful of the past, but it does not *cling* to it—it looks rather to the present and to the future, and bold is its glance and far its ken. Of authorities, it constitutes itself the judge, esteeming none as such upon mere repute; it brings all to the test, and by the same trial does it receive, or reject them.

Such is Young Physic—the true and not the counterfeit. He is now beginning to display his power, and already are trembling beneath his frown, the motley and multiform crew—the successive progeny of Charlatanism and quackery—that under various names, and with the cant use of the terms “reason,” “philosophy” and “liberty,” (the gabble of all imposters) have endeavored to palm themselves off as his associates—nay, even as his veritable self.

Young America! We take it in its geographical and in its political sense.

In the former we see a vast country extending from the clime of the long winter-bound north, to that of an ever-summer south, and from east to west holding apart the two great oceans by a barrier more than 2000 miles in breadth. And can we say that the limits are yet fixed? Are they not rather

to be bounded by the same lines as the whole western continent? By Young America *political*, I mean not that class of modern fillibustieros and demagogues, who are justly defined by one now adorning our legislative councils, as those "who hold nothing sacred in the past, who oppose on principle or passion all conservatism, and run rampant over all institutions which interpose barriers to the attainment of their ends." No. I mean a young, a healthy, a national, self-relying, and self-defending spirit—a spirit of independence, of progress and reform.

How often is it said by foreigners of Americans—they are a people, but not a nation—they have a government, but they have no distinct nationalism—they are essentially composite; they spring from European ancestry, and though the blood-stream is much mingled and confused, still, the rejected parent stock controls taste, fashion, and education. In short, they assert that as a people, the Americans have peculiarities, but not characteristic national traits. The time for, and the aptness of this assertion are passing away. We are establishing, nay, we have established, a nationality. We are creating customs, and habits, and modes of our own. We have partly ceased to borrow and imitate from the old world, and those who come to us from it, fall into our practices and uses. Young America is rising and rejoicing in her strength. An Americanism is no longer of necessity a provincialism, and a true-hearted American will not hesitate to maintain an act, or an expression, *because* it is American. It has been said that as a people we are over-sensitive, and that our susceptibility to ridicule on minor matters, exposes a weak point that will ever be taken advantage of. The remark is just—and it has been further, and no less truly said, that this susceptibility is the result of slight and imperfect education. Now this latter is a notable and grievous fault, and we, as members of a liberal profession, should be among the first to see, to acknowledge and to remedy it. We boast, and justly, of our common schools, and say with pride that none need be totally ignorant; but we should also admit that there are but few, very few, scholars among us.

I have spoken of "Young Physic" and "Young America," and I have told you what I understand them to be; and I have brought them forward together, because I wish to speak of the natural advantages that America affords to the student, and of the field that lies before him, if he will use and improve those advantages. And by student, I of course here allude to one who devotes himself to medical science, although similar advantages are equally patent to the inquirer in any department.

And firstly, let us consider, the extent of our country. Its broad

geographical limits afford ample opportunity for investigating the influences upon man, of climate, of temperature, of mountain, midland, and of lowland, of city and of country, of seaboard and of inland residence, with all their variety of soil, vegetation, and other local peculiarities: and the investigations may be more accurate, and the deductions more correct, than those instituted elsewhere over a corresponding extent of clime and surface, because they will apply more closely to one and the same people, leading in the main the same mode of life; for as yet, the great majority is of the Anglo-Saxon race. Nor should our observations be limited as to the influence of locality upon the production of endemic disorders. The course and character of various epidemics is unquestionably modified by peculiar conditions of soil, of climate and of atmosphere. Nature opposes to certain scourges insurmountable barriers, which, to the advance of others, present no obstacle. Some pests she seems to invite, and to encourage them to linger in devoted spots. The epidemic cholera has not *confined* its march to miasmatic districts, but it has made long halts among them. How has it tarried about our western waters, and how loath is it ever to leave those rich bottom lands, that, lovely and inviting in appearance, and possessed of a garden-like fertility, are yet deeply tainted with the paludal poison. But if in this vast extent of varied territory there is a corresponding diversity of diseases, or rather, perhaps, of phases of disease, there are likewise products of nature with which man may combat the agents of the destroyer, and with most of these we are, as yet, unacquainted. Of how many of the countless plants indigenous to our soil, do we know the medicinal properties? Of very few. For the great bulk of our materia medica—our armamentum medicum—we are dependent upon the old world. This should not be so. We have, doubtless, more potent weapons within our reach, and we should strive to learn their uses. The American Medical Botany has yet to be written. No enthusiast can complain of the narrowness of the field.

Our mountains and our valleys abound in chalybeate and other mineral springs, and although their waters have generally been analyzed by competent persons, yet much remains to be done in the way of exact and proper examination as to their administration and application in disease.

The thoroughly educated physician should properly be no unskilled naturalist, and our streams and forests have many inhabitants, thus far undescribed and unclassified. The science of Comparative Anatomy is yet to receive many contributions from them: and I trust ere long, that savans from abroad, while they instruct and delight us, will not make us feel how sadly ignorant we are upon this subject.

These are a few, and but a few, of many matters requiring more complete investigation than has yet been devoted to them; and I revert again to the unusual inducements for observation, taking into account the extent of territory, that our country affords. These are briefly:

1st. Greater correctness of deductions, the observations being made upon one people.

2d. Ease of acquiring information from unity of language.

3d. Small amount of necessary pecuniary expenditure.

4th. Facilities of travel, both by land and water, afforded by what, without a suspicion of national conceit, I may justly and exultingly speak of as the great American agent of locomotion—steam.

Lastly, for I think it may be spoken of in this connection, the establishment, as a permanent institution, of the American Medical Association, which gives every opportunity for the elucidation of that which may be obscure, for the correction of that which may be erroneous, and for the chronicling and diffusion of that which is found worthy and original: for it is the sole object and aim of this body (whose members are from every section of the Union) to promote and sustain among medical men, a proper and professional spirit.

The inquiry now arises: are our republican institutions favorable to the pursuit of medical science? In their general effect they are, beyond a question, although it is a grievous truth that neither our federal or state governments give that encouragement to general or special science that a liberal and enlarged policy dictates. In this respect they are far behind all other enlightened authorities. But the advantages to be derived from such encouragement, are more than counterbalanced by the fact that, if there is no direct support, there is no indirect impediment. Here, and here alone, man may make his way from the lowest to the highest position—he is secure in the enjoyment of his civil and religious rights—no surveillance puts a curb upon his tongue, a clamp upon his movements; he is free to express his honest convictions, or to go where his inclinations or his pursuits may lead him. It is this that makes the land of his adoption so dear to the philosopher of Neuf-chatel. It is this that is giving to us as brothers, no longer only the poor peasants, but the educated men of Europe.

It is from no boastful spirit that I have thus laid before you the attractions and the opportunities for scientific investigation that in my view are specially afforded by the Great Republic of the western world. I do not wish in a false or presumptuous manner, or with exaggerated expressions, to expose myself to the charge of hyperbole, by unduly magnifying the favored land in which, thank God, it was my good fortune to be born; but I do wish its

merits to be understood and appreciated, and its reputation to be established and maintained; nay, more than that, to be constantly exalted. In the scale of nations, in power, in wealth, and in successful enterprise, we acknowledge no superior; and I trust that ere long, with equal right and truthfulness, we may take as proud a stand, and support as just a claim for our professional and scientific men, for our institutions of learning and art. And I wish to urge you, gentlemen, with the most earnest entreaty, to do your part toward effecting so desirable a consummation; indeed, it is an imperative duty, a natural obligation that you, and I, and all of us—that every one who claims to be a good citizen—owes to the soil of his birth or of his adoption. Let this be the field in which to display your patriotism; opportunities for the manifestation of the most dauntless valor will not be wanting, (and this is especially true in the profession of our choice;) and if you are ambitious of present or of posthumous fame, surely more glorious is the reputation of the soldier who most successfully defends his fellows against disease and death, than the renown of the warrior who shall have sent the most of his kind into the premature power of the great destroyer. But it is not for the establishment of your individual fame, for mere selfish ends, that I wish you to work—aye, that is the word, *work*—but for the renown of your country, and not less than that for the true amelioration and protection, not of your fellows only, but of all mankind. And as the first and most important step in this great and good cause, strive to acquire—and let your efforts cease with life only—a thorough and complete acquaintance with those subjects that pertain to your profession; and, as far as it relates to medical men at least, let it no longer with truth be reproachfully said—that the Americans are imperfectly educated.

I have told you that when you receive your degree, that although that terminates your pupilage, you must not cease to be students—the man who counts upon flinging aside his books on the reception of his diploma, is unworthy of the fraternity in which he is enrolled. If he thinks that in three short years he has acquired a life-stock of all necessary information, he admits that his brain is of most limited capacity. If he is aware of how much he has to learn, and does not strive to obtain further knowledge, but is content to lead a life of mental sloth, and to pursue his practice under the authority and protection of the lettered parchment that certifies that he has satisfactorily undergone an examination in the rudiments of his profession, he is a willful and conscience-void impostor, who prostitutes a noble and sacred calling, filling his pockets and maintaining his own worthless life, at the expense of suffering humanity, receiving as a compensation, fee

dues for which no equivalent has been rendered. And yet, how often are men heard unblushingly, nay boastfully, declaring that they read no books, save the book of nature, and that they owe their knowledge of disease and remedies to observation,—covering their own ignorance and effrontery by pandering to the popular notion, that the diligent student and scientific physician, cannot be a judicious and successful practitioner. Out upon such fellows! their “observations,” their “knowledge” and “practical good sense.” Seeing is not observing—their “knowledge” is conceit—and their “good sense” impudence or stupidity. It is of such stuff and fustian that quacks, in and out of the profession, are made. Can there be greater presumption than that one man should set up his “experience” against the combined judgment and real observation of earnest and studious men, whose opinions are formed upon principle and whose investigations are conducted with care and precision, and upon a scientific basis? who meet to declare and to discuss their several views, and who publish their ideas and discoveries without reserve, and not for the purpose of notoriety and self-glorification, but for the benefit of their professional brethren, and through them for the benefit of all mankind? I have not thus spoken, gentlemen, simply to vindicate the scientific and studious physician, and to protect with all my energy against the false, outrageous and wicked assertion that is so often made by pseudo-physicians, and by others that are uninterested, and who, for their own welfare, should be disabused of this pernicious and prevalent notion. I have not, I repeat, spoken for this object alone, but I also wish to persuade you who are just entering upon the course, to take your first steps aright—to pursue your profession as a science and an art, and not as a trade—for as a mere mechanical vocation, it can have no rank, and should be classed below the humblest manual calling whose followers may be skillful and finished workmen, honest men and good citizens.

And now, gentlemen, that I have told you what is wished and hoped for from you, it will, perhaps, be expected that I should map out certain lines, or traces, by whose assistance, or guidance, you may arrive at the desired position; but this I cannot undertake; in one whose years in the profession are so few as mine, the act would be presumptuous. But I may refer you both for precept and example, to those gentlemen with whom it is now my pride and pleasure to be associated as a collaborator in the institution in which you have been pupils, and from the lips of no less than four of whom, I am glad to have and to embrace this opportunity to state, it was my good fortune to receive my first instructions in medicine. Where, I may proudly ask, can you see more strict regard to professional etiquette, associated with

firm and uncompromising opposition to every form of extra or intra-professional delusion or empiricism? Where more happily illustrated when combined with the highest professional skill, the success of perseverance, energy and determination, with unshaken firmness in maintaining the right and opposing the wrong! Where more honesty and candor, with intrinsic evidence of superiority, than that which is manifested by the publication of tables and statistics, that have already shielded more than one unfortunate man whose skill and attention have been repaid by malice and ingratitude, because a fractured limb, which, but for him, perhaps, would have been lost altogether, has been restored to use, but in symmetry not quite the fellow of that which had not been injured; a result that these tables demonstrate to be in every such instance almost inevitable.

Where will you find the wonders of the laboratory more successfully displayed, than by one whose thorough and varied knowledge comes forth the more brightly and distinctly, because relieved by the shade of a quiet and retiring department? Where *elsewhere* in our whole land will you find the mysteries of animal life and action elucidated, explained and presented, in situ, in movement and in function, while no pang of anguish afflicts the animal reposing in a happy and complete unconsciousness induced by an agent whose anæsthetic properties were discovered and employed first in America.

Where may you look for more complete anatomical knowledge and surgical dexterity, than that which calls from a large practice its possessor to give instruction in each department in two institutions, and whose services a third sought in vain to retain?

Are not these examples to encourage and guides to follow? and is it not right that I should here, and on this occasion, speak proudly of them; and when I seek for exemplars to hold forth to you, because I find them in my colleagues, should I keep silence? nay, should I not rather express the great satisfaction that it affords me to be able, in all honesty and sincerity, to make the selection where my preferences would naturally incline?

I have disclaimed the attempt, gentlemen, to lay down any certain or fixed rules for your guidance and direction in the path you are about to follow; but perhaps a few hints and suggestions as to what, in my opinion, is the proper course, may not be unacceptable. Many of you will enter at once upon the active duties of your profession; some in the open country, some in the flourishing village, some in the crowded city, some, perhaps, in hospitals or other public charities, and some of you, as I am informed, will visit those old and extensive institutions in Europe, that justly attract to them inquirers, students, from all portions of the enlightened world. Many of

you, for a few years at least, will have abundant leisure, and none will be so exclusively occupied that they will not have more or less time at their command; and this time it is your duty, and will prove your interest, to spend in study, thought, and scientific investigation. As a primary and essential feature, establish a system of order in your pursuits. Without neglecting that general reading that the various diseases of your patients may render obligatory, take up, *seriatim*, those subjects that are connected with important specialities, and render yourselves as far as possible conversant with their principles and details. It may be that you will detect and point out errors, or that you may be able to add useful information to the knowledge already possessed, and thus from simple students, your investigations may enable you to become discoverers and instructors. But let me impress upon you the necessity of thoroughly studying one subject before you take up another or others. Many a really fine intellect has been wasted by the indolence and fickleness of its possessor, who, in attempting to deceive others and perchance himself, by a show of extended and diversified acquirements, has subjected himself to exposure and to merited mortification and chagrin. I would advise you by all means to keep a careful record of your practice. The labor in prospective may seem great, and in many instances useless, but it will not prove so: observations at one time apparently trivial, may ultimately prove important. In this exercise facility will be soon acquired, and it will contribute greatly to give system and point to your inquiries. Your aim should always be, to combine perspicacity with conciseness, omitting nothing that is useful, but avoiding needless detail. From this record you will do well to select cases for publication, if you judge, upon examination and reflection, that they will convey useful or novel intelligence; and let the observations with which you may see fit to accompany them, be pertinent to your subject. In your language, eschew alike pedantic technicalities and every approach to slang and vulgarism. And lastly, be careful in the selection of the Journal to which you entrust your communications—choose one that is conducted with ability, and that maintains a high and honorable position.

A knowledge of medical microscopy, although not absolutely essential to a respectable professional standing, is an acquirement without which at this day, one can scarcely lay claim to a finished education. The expense of a proper instrument will prevent many of you from procuring one immediately, but the outlay that is absolutely necessary, is not in reality very great, and a little economy will soon afford the requisite sum. To those of you who are able to do so, I would say, purchase, and begin to use this instrument at once. It is true that its revelations are distrusted and derided by some, but

they are of the same class of contracted bigots that held fallacious or made sport of the immortal discovery of Laennec. The aid afforded by physical exploration in determining the condition of certain structures, is no greater, nay, perhaps it is less reliable, than the positive information presented by the microscope. The latter enables the surgeon to distinguish readily between disease that is (technically speaking) malignant or benign. It tells the physician the changes the various excretions and secretions have undergone. It exposes to the pathologist the most minute structural lesions; and it confirms to the physiologist, the assertion of the sacred volume, that man is "fearfully and wonderfully made." Can we then regard as a mere accomplishment, the information to be acquired by this method of research?

But, gentlemen, I must not longer occupy your time and that of the friends who have assembled to do honor to this occasion. I have attempted to urge you to that course of conduct that in my humble judgment will do credit to your country and yourselves. Those of you who may go abroad will see that each great country has institutions that are peculiarly national. There are French, English, and German schools of medicine. Let us do our part in forming what shall be emphatically and distinctively the American school. If we receive instruction from others, let us make it worth their while to seek it also from us.

I have said nothing of the social and moral relations that your profession entails upon you—*that* would surely be needless after the able and eloquent discourse that you have so recently heard from the learned divine, who has this evening implored for you and for all of us, the blessing of Him who is all-powerful to save or to destroy, and who, as becomes us with grateful hearts to remember, has not permitted death to take one from our number.

With regard to your intercourse with your professional brethren and with your patients, I have only to add—be honest and true. Maintain your own self-respect, and you will secure the regard and confidence of your fellows.

Gentlemen, may your future be bright and honorable. In behalf of the Faculty of the Medical Department of the University of Buffalo, and with their earnest wishes for your success and happiness, I bid you farewell.

BUFFALO, Feb. 22d, 1854.

ART. II.—*Crania Britannica*. A new Ethnological Work.

We give place with pleasure to the following announcement of a forthcoming work, furnished us by Dr. John M. Galt, of the Eastern Lunatic Asylum of Virginia.—ED.

We have lately received from our friends the authors, the prospectus of an important work relative to Ethnology. The following is the title which they propose to give to this important undertaking:

Crania Britannica, or Delineations of the Skulls of the Aboriginal Inhabitants of the British Islands, and of the Races immediately succeeding them; together with notices of their other remains. By JOSEPH BARNARD DAVIS, F. S. A., Member of the Royal College of Surgeons of England, of the Archæological Institute of Great Britain, Associate of the Ethnological Society, and of the British Archæological Association; and JOHN THURNAW, M. D., F. S. A., Licentiate of the Royal College of Physicians of London, Member of the Archæological Institute of Great Britain and Ireland, of the British Archæological Association, and of the Ethnological Society of London, author of Papers on the Ethnology and Archæology of England.

Here we have an example of the energy and activity of science; as in geology, she traces out the history of the earth in the animal remains which characterize each stratum of the mighty mass. For here the hand of science again brings to our notice, and elicits truths, from the dust of those who have ended life's dark journey during ages that are past. And in both of these subjects we have something worthy of our consideration. In the microcosm, the great globe which pursues without rest, or a moment's cessation, its eternal course through the fathomless abysses of space; and in man the microcosm, "few and evil" as are the days of his pilgrimage—yet still made after "the image of God," the "marvel of marvels" as he is called by Plato, "distinguished link in Being's endless chain," as he is described by Young.

But to return to more homely language: from the eminent qualifications of the authors—from their zeal in the undertaking—from their talent and the opportunities for information which they possess to so great a degree, we are satisfied that this work will constitute a valuable addition to the knowledge which we at present have of ethnology. And we can vouch for their sparing no pains or expense toward rendering this production an honor, alike to its authors and to the age in which they live; we would mention further that it will be dedicated, by permission, to the Queen of England, and that it has already obtained the sanction of numerous learned and scientific gentlemen, both in Great Britain and in other countries.

The cost of the work, which will come out in six decades, may be estimated at about thirty dollars, or one guinea for each decade, published quarterly—to be paid for on delivery. It is to be “privately printed,” issued in London, and strictly confined to subscribers, whose names are requested to be communicated to the authors only, that its further progress may be insured; for it is distinctly stated by them that it is proposed to publish the series of decades “if a sufficient number of subscribers can be obtained to prevent a pecuniary loss.” Each of the six decades is intended to contain ten lithographic plates, in Imperial quarto, with descriptive letter press, giving the history of the exhumation of each cranium, an account of the antiquities disinterred with it, accompanied by figures, &c.; together with exact admeasurements. The lithographs will, in every instance where it is possible, be carefully drawn on the stone from the skulls themselves, of the full and exact size of nature; and so as not merely to preserve the correct outline, but to render the surface and actual relief of the cranium.

Mr. Davis has lately written me word that subscriptions, the names of subscribers, &c., may be transmitted either to himself, directed Joseph Barnard Davis, Esq., Shelton, Staffordshire, England, or to Franklin Peale, Esq., United States Mint, Philadelphia, Pennsylvania.

JOHN M. GALT.

January 30, 1854.

ART.—*Verbena Hastata* (Tall Blue Vervain,) and *V. Urticifolia*,
(Common Vervain.) By SILAS HUBBARD, M. D.

Having become well satisfied that the roots of the above-named plants possess valuable medical virtues with which the medical profession are not generally acquainted, I am induced to offer a few suggestions in regard to them, trusting that should the experience of others verify the conclusions I have drawn from my own, I shall thereby add something to the general stock of useful knowledge.

These two varieties of vervain possess essentially the same properties. They principally grow on the road-sides, in the vicinity of towns and villages. The *verbena urticifolia* grows more abundantly, and has a more luxuriant root than the other variety, and is the kind I generally use—I will, therefore, confine myself to it. The root, when fresh, has a peculiar characteristic odor, and a nauseous and very bitter taste. The latter part of September, and the first of October, is the best time to collect the root. I sometimes give

it in the form of tincture, but usually in infusion. I prefer to merely pour boiling water on it and let it cool forthwith, because, by simmering or boiling it, some of its qualities are dissipated. The complaints for which I have prescribed it with the most benefit, are the various types of intermittent. I am convinced, by my own experience, that it is fully as efficacious as the best cinchona bark in curing these complaints. To cure an intermittent, administer the infusion of the dried root of the strength of 1 oz. to a pint of water; dose fʒss every four hours during the apyrexia, and it can be administered with good effect, and without any injurious tendency, even during the paroxysm; given in this way, or with brandy, wine or dilute alcohol, the patient rarely suffers a second attack. Its use ought to be continued for some time after the cure to prevent a relapse. It is not necessary to precede its use with a cathartic or an emetic, as physicians frequently do in giving quinine or bark, because, together with its tonic effect, it also promotes the secretions and acts as an alterative. When the patient is bilious, or his stomach foul, it manifests emetic qualities, and thus cures these complaints by its combined effects. I have frequently given it in remittent fevers of various grades, and in many instances it seemed to cut short the disease. It can be given with advantage even during the fever. I have given it in the various forms mentioned, with good results in jaundice depending on a torpor of the liver, and also simple obstructions of the biliary ducts. In its febrifuge powers it seems to resemble quinine more than any other substance, and in fevers I have often used it as a substitute for that article. It is not so apt to irritate the stomach and bowels, neither is it liable to aggravate a fever when given during the paroxysm, as quinine sometimes does. It slightly promotes diaphoresis, and never checks the cutaneous exhalations, as quinine and many other bitter medicines occasionally do. It never creates faintness and nervous prostration, as quinine sometimes does when given in large and frequent doses. It answers as a good tonic during convalescence from the fevers I have mentioned; also typhus and typhoid fevers, and is very effectual in preventing relapses. While the cold infusion acts as a good general tonic, it is also an excellent remedy for *anorexia* consequent on *intemperance*, and also for simple debility, indigestion, and dyspepsia.

BUFFALO, February, 1854.

ART. IV.—*Address delivered before the Erie County Medical Society, at its Annual Session at American Hotel, January 10, 1854.* By P. H. STRONG, M. D., President of the Society.

The following address, read before the Erie County Medical Society, seems so well adapted to its purposes and occasion, that the editors of the Journal have requested a copy of it for publication. To this request Dr. Strong has, somewhat reluctantly, consented, leaving upon our not unwilling shoulders the responsibility of subjecting his address to the ordeal of perusal.—Eds.

Gentlemen of the Medical Society of the County of Erie,

It seems to be my last official duty to bring to your notice the record of events, incidents and changes pertaining to the condition, and affecting the welfare of our society, that have transpired during my term of office, and to bring up its history to the present moment.

There have been admitted to the society within the year, nine gentlemen, viz., Drs. Merriam, Spearman, Edmonds, Boardman, Ellery P. Smith, Whitney, Jeyte, Gale of Tonawanda, and Joseph R. Smith.

There have removed from our bounds four, viz., Dr. McVean, to parts unknown, though it is believed to California; Dr. Merriam, to Ohio; Dr. Vandeventer, to Texas; and one of our venerated and esteemed senior members, Dr. Wakelee, of Clarence, it is understood, has taken up his permanent residence in Michigan.

Dr. Wallis, formerly of this city, has removed to Aurora, in this county, and continues still in the profession, and one of us.

I have signed officially, certificates to American Medical Association, meeting at New York, for four gentlemen—Drs. G. N. Burwell, White, Congar, and Wilcox, all of whom, it is understood, attended upon its sessions.

I have granted Diplomas, with the seal of the society, after duly attested examination by the proper Board, to two gentlemen: Dr. Edmond E. W. Gale, of Tonawanda, Erie county, Diploma dated June 10, 1853, and to Dr. B. G. Forbush, since settled in Sinclairville, Chautauque county, Diploma dated July 30, 1853.

The year has been one of more than usual healthiness. The summer past has been one, it is thought, of remarkable exemption from epidemic, endemic or contagious diseases. Still the "Reaper," Death, has made inroads upon our ranks, removing two of our number, viz., Dr. Stevens, formerly of Williamsville, (of the exact date of whose death I am not apprised,) and Dr. Joseph Peabody, of this city, who died June 18, 1853, at which event, (as

most of you, gentlemen, are aware,) the society was summoned by me to meet to pay the last sad tribute of respect and regard, which was responded to by a large attendance of the society to pass appropriate resolutions, expressive of the sense of the profession at its loss, and soon, thereafter, also, to attend his remains to their earthly resting-place.

Dr. Peabody was regarded as a good exemplification of the high-toned, intelligent, conscientious, Christian physician. He was called from us after some eight years of earnest, patient and honorable effort in our city at establishing himself in a satisfactory practice, at the high-tide of his hopes and aspirations, and the full maturity of his powers.

It may be said with truth, I believe, that for the last eight or ten years we, as a Society and a profession, have had remarkable immunity from death; the more so, that we have passed through, and our mission being to battle with, in close encounter, several fearful destructive Epidemics. It calls for emotions and expression of felicitation and gratitude, Gentlemen, that it has been made so well with us.

One of our number, our respected friend Dr. Sprague, yet remains disabled. His general bodily health has quite improved during the past year—he suffers little or no pain. But his Hemiplegic condition remains unrelieved, and precludes all locomotion and active exercise. His situation, so deeply afflictive, appeals to our profoundest sensibilities and sympathies.

It perhaps is deserving of especial record too, that during my official term the society has “inaugurated an era,” and one, as it is regarded, of no trivial significance, by superadding to our annual business gathering, a reunion feature. A dinner, as most are aware, has been provided, both at the last annual and the semi-annual meeting, which, with the accompanying “feast of reason and flow of soul,” was so happy in its results, as to suggest the wonder, in the minds of some, (as have other great discoveries) why it had not been thought of before.

Having presented you thus much of the Transactions and the *personnel* of our society, I pass on to some thoughts concerning the present attitude of the profession, which, perhaps, may be characterized as, *Hints at some things which serve as Bars to Progress, in medicine.*

And here, I am aware, Gentlemen, that I have broached a topic upon which the widest variety of sentiment and opinion prevails. It being matter of opinion and judgment, I cannot expect entire assent to my views, nor any assent indeed, that is not the sober deduction of your own observation and reason.

When I speak of obstacles to progress, it may be thought a prerequisite, perhaps, to discussion, to define what I mean by Progress in medicine.

I assume then that the past history of medicine has been, from its earliest dawn to its present state, one of gradual, often slow, but always steady and upward growth—implying, of course, immaturity. Perhaps this position is too obviously true to admit of controversy.

What has been, then, its condition, it is no violence to reason or truth to say, is now; that is as to its character of immaturity. Not to the same degree of imperfectness to be sure—not that great strides toward maturity have not been taken—not that the great names enrolled in the history of its advancement, are not worthy of all honor. I yield to no man in high, reverential estimation of the noble names, “names that were not born to die,” that adorn the annals of medicine. Their posterity, especially medical posterity, now on the stage, and for all future time, owes them a debt of honor and of gratitude, which can only be discharged by lifting up and putting on the mantle they have let fall, and going forth in their spirit, and guided by the light they have shed, by their example and by their labors, upon the path, to yet greater achievements. They did much in laying its foundations and beginning its superstructure. They served their generation, and fulfilled their mission, as well as, from the nature of the case, it could be done. But such a science as that of medicine, or rather such a constellation of sciences as surround and converge to the point of forming the art and science of practical medicine and surgery, it is not the work of a generation, nor of many generations, to complete. And if so, we do our predecessors no justice, we pay no true honor to their memories, by coolly appropriating and calmly resting in their labors, and making no effort to push on the car of progress, which has been set in motion, and kept in motion by them, up to our day.

Of what single department of medical science can it be said, we know all that is to be known? I know of none of which it can be said, with even an approximation to truth, but that of general and special anatomy—and here even, the microscopist and the analytical chemist are daily revealing to us that we are but just over the threshold, or at most, a little into the vestibule of the temple of knowledge! Of every other department, how truly may it be said, “there remaineth yet much land to be possessed.”

How eminently true is this of the practice of medicine and surgery, the point, perhaps, to which I should limit myself.

Who of us, gentlemen, have not had reason to feel unsatisfied (to say the least) with the results of treatment, at one time or another, in relation to almost every disease of the nosology?

Who of us have not felt, times innumerable, yearnings after some power

or agent, more than we have, with which to meet and combat diseased manifestations?

Who of us has not felt in doubt at critical moments, and groped his way in the dark, in reference to location, extent and quality of disease?

Who of us has not experienced, that certain familiar diseases have taken their inception, and stalked through their course, with a kind of "Giant Despair" power, to a fatal culmination, bidding defiance to our utmost exertions for their arrest or abatement? How confessedly are we in the dark as to the causes of disease, whether predisposing, exciting or proximate!

Who has not had occasion, within the few years past, and by the light let in upon the subject by arrant knavery and quackery, to modify his preconceived views of the unaided powers of nature, to cast off the incubus of disease, and by consequence, his views of the powers and effects of certain specific agents upon which, perhaps, he had been wont to rely for such purpose?

In the light of such queries, who can contend for a moment against the sentiment, that "we should count ourselves not to have attained;" or deny that the science and practice of medicine, in nearly every branch or phase of it, is as yet imperfect, and if imperfect, then that it is, and needs must be, progressive?

The truth is, gentlemen, and it cannot be successfully controverted, that our noble and worthy art and science, has ever been, is now, and will be for a long period, if not ever in the future, in a strictly transitional state.

What has been really gained (for we have had, and yet have, much to unlearn that we fondly supposed was real gain) has served, and must serve but as the stepping-stone or ladder-round to somewhat higher.

I know it is more customary to felicitate ourselves, and one another, in thought or word, by what has been accomplished, and what we can and do accomplish every day in our professional walks, for the relief of woes and sufferings.

I said it is customary, and now say, it may be needful and well, on occasions, so to do. But my present purpose is in another direction, and for that purpose, it seems apposite to adopt the sentiment of the poet. "Let the dead past bury its dead," and let us, in the living present believe, that

" Not enjoyment, and not sorrow,
Is our destined end or way,
But to act, that each to-morrow,
Find us farther than to-day!"

If these views are correct, they seem to necessitate the corollaries: that the fundamental and normal law of medicine, as yet, is that of progressive development; and this being conceded, it follows, also, that no one of its practitioners is at liberty to ignore, or to fail to recognize the obligation that rests upon him to do what in him lies for its advancement.

And to this end, while not "forgetting what is behind, we should reach forth to what is before"—laboring with an earnest common purpose, to make all of our experience, observations and reflections, subsidiary to the one worthy end of placing our art and science a step or more in advance of what it was when committed to us. This brings me to the point that I marked out for myself in this discussion, viz: To specify some things in its present state which seem to serve as hindrances to true progress, and helps to the spread of quackery.

It does not fall within the scope of my present purpose to dwell upon those baneful effects traceable to either positively pernicious legislation, or those glaring deficiencies and shortcomings of legislators, by which we are so unrighteously held to rigid responsibilities, and yet denied the only legitimate means to meet them — which ever forces upon one's mind that ancient parallel, the Egyptian taskmaster's demand of "The full tale of brick without straw." Nor, to dwell upon aught that is chargeable to the ignorance, superstition, or cupidity of the nonprofessional public. These, and all other extrinsic hindrances, I leave to other pens and other occasions, and pass on to consider a few things in the profession itself, which, to many minds, serve to defeat its own high end and mission, and to weaken its hold upon public confidence and respect.

I deem no apology necessary before this liberal-minded society for diverging, as is proposed, from the beaten tracks, or for the present free, but I trust, candid expression of sentiments sincerely entertained. It is at once the pride and security of legitimate medicine, that it has that highest style of worthiness, the pursuit of noble ends by noble, openly-avowed means. The profession of medicine can never fall but by its own hands, and whenever and to what extent soever it fails of the entire confidence of community, it behooves it first, to look well and closely within itself for the cause.

"The fault, dear Brutus, is not
In our stars, but in ourselves (if)
We are underlings."

It cannot be denied, and should not be forgotten, Gentlemen, (and its triteness is only relieved by its truth,) that we live in a remarkable age.

Progress is stamped upon everything. Whatever is true of the power and profundity of individual intellects in past ages, it cannot be gainsayed, that there never was an age of so general and intense activity of the human mind, nor an age in which there was so much fearless and unfettered investigation in all departments of human knowledge. There never was an age so fruitful of great results, and in which all previous and all present knowledge is made to bear so directly and effectively upon the well-being of human kind. Never an age of such scrutiny of the claims of past and present experience and observation, to our credence—when the opinions, assumptions, deductions and supposed facts of all time were so mercilessly put to the inquisitorial rack, thumb-screws, and the dross-consuming crucible-fires of searching analysis and inquiry.

And what in this regard is true of knowledge generally, we may not hope our cherished science will escape. Nor does it escape. The most sifting, chaff-scattering tests are, and will continue to be applied to the ground-work and the essential principles of our honored profession, and we must be ready for the ordeal. Now, what constitutes a preparation for it? I answer,

First. A clear recognition of the condition of medicine—that of imperfectness; and of the law of medicine—that of Progress. And it must be regarded as one obstacle to its fulfilling its true mission,—that, so many of the worshipers at her shrine are oblivious to this condition and this law. Not that many, perhaps any, will in words deny that its state is one of incompleteness, nor, that we should try to remedy deficiencies, if it may be effected by tenacious adherence to old views, and old methods and rules of progress and achievement. But many do fail to recognize the obligation that rests upon them, to test new facts and views that are presented to them, even when previous resources and views are confessedly insufficient or erroneous; and many more—the obligation to enter as explorers themselves, and bring to the notice of the profession the results of their explorations. And some there are, it cannot be denied, so steeped in effete conservatism, as to sturdily resist and contest every inch of every step of the progress of a new truth or idea, even when compelled to admit that old supposed facts bearing on the case are unproved, and old views quite insufficient. Now I can conceive that it may be wise in a given case, rather to

“ Bear the ills we have,
Than fly to others we know not of.”

But this must be in departments of knowledge in which the state of actual attainment makes less imperative demands, and in which, also, the means

for, and the methods of, true advancement are less clearly indicated than in the science of medicine. In it, enough of underbrush and rubbish has been cleared away to show us where the plow of progress should be driven. Enough is known, at least, to serve as a basis upon which to build still higher. And at no point where we are obliged now to admit our previous knowledge is imperfect, or our views inadequate, to account satisfactorily for the phenomena that present themselves—in no disease, now regarded as incurable—in no disease (in which we have complete control of our patient, and all his surroundings, and which in spite of our utmost efforts eventuates fatally)—are we at liberty to fold our arms and jump to the presumptuous conclusion that we know all that is knowable; nor to adopt the de-pairing sentiment, that we have achieved all that is achievable. The truth is, the age is one in which it is neither safe nor wise to admit to ourselves, or contend before others, that we have reached the utmost limit of achievement, in aught wherein our present knowledge is in the least imperfect, or our resources for the removal of disease, in the least inefficient.

A living author (of our own profession) says most truly: "The current of knowledge and improvement rushes on so strongly, that they who hesitate to commit themselves to it, will soon be left far behind, and serve only the disgraceful purpose of enabling us to measure the force and rapidity of the stream."

True conservatism is well. "Conservatism in progress" I regard as a fitting motto to inscribe upon the banner of legitimate medicine. But that absurd conservatism, which, while it is obliged to confess to great imperfectness of actual resources in certain cases, and yet frowns upon all innovation, I have the least possible respect for. To be measurably in doubt as to existing, and yet veiled phenomena, or, as to appropriate resources in a given case, is, in the present state of medicine, frequently a necessity. To always admit it to ourselves, and on fitting occasions to others, is candid and worthy of commendation. But to stand by, coolly oblivious to the obligation that rests upon us to clear up the doubt, and advance any step that is possible; or, to fail to hail with joyful welcome any light that may perchance be reflected upon the point by other observers; or, to treat with contemptuous indifference the researches and results of those who are inclined and competent to enter fields of investigation for which we may lack the taste or ability; or, worse still, to meet with disingenuous criticism and obloquy, the well-directed or well-intentioned efforts of such, is a bogus conservatism that makes a truth-loving, earnest mind, in or out of the profession, ache to fly in the face of, whensoever it is manifested.

Regret it as we may, to just the extent that this is shown, we shall fail to secure the honor and the confidence of a discriminating public, and what is more and worse, we shall deserve to fail.

The true attitude of our profession then seems to be, while we hold with firm grasp to the truth which has been elicited, whether practical or speculative, we should reach forth toward what is undeveloped, or unsettled, and learn by our own successes and failures; learn by all the light that is reflected from the observations and experience of our "brethren in arms;" learn by the light unwittingly shed by the blundering good or ill-luck of reckless quackery; learn by every and all means, that can be made subservient to the advancement of our science and art.

We may well glory in the history of medicine; we may well exult in what has been achieved, and in the state and amount of our resources for the relief of suffering humanity; but, to my mind, the strength and impregnability of honest medicine has ever been, and will ever be, in that, while its purposes and aims are pure and noble, it ingenuously pursues those ends by means not less worthy; eliciting and developing gems of truth from every placer and quarry, and appropriating and reflecting it, whencesoever obtained, as capital joint-stock, common and open to all, and upon which all may draw and levy in the contest we wage with disease and death. This it is, I humbly conceive, that places regular medicine at a world-wide remove from every phase and form of partialism that has ever lifted its puny arm against it, or that has ever infested and afflicted society.

This it is which constitutes the Gibraltar of medicine, against which all the waves of ignorance, and all the billows of knavery, may dash, and fret, and spend themselves, and serve only to prove their own foundation to be in the sand, and ours upon the rock.

Bar to Progress No. Two. Worthy of being thus characterized as it seems to me, is the habit of so many in our ranks to ignore the claims that medicine, objectively considered, has upon them to labor for its advancement.

Pursued and depended upon as a means of maintenance, as it is, and many of us being necessitated to struggle earnestly to secure such maintenance for ourselves and those dependent upon us, it is not unnatural, perhaps, that our thoughts and efforts should be so largely directed to, and bounded by, this phase of obligation, and that other superadded, and yet imperative one, our duties to our patients. (I speak not in this connection of our duties to our God, the necessity being precluded by my view, that all our duties should be done as to Him, and being the greater, includes the less.) I shall merely refer to, and contend for, in this discussion, the third phase of

obligation, our duty to our profession, considered both as a science and art, and as represented by its promoters and practitioners.

I think it can be but regarded as a statement of a fact, that very many in the profession are, (from the above and somewhat, perhaps, extenuating circumstance,) or from other causes, habitually forgetful or neglectful of this obligation. From whatever cause, however, and to just the extent it exists, it is equally a fact, that it is no trifling obstacle to progress. How has medicine been promoted in the past, and how came we possessed of the rich legacy that is handed down to us in the vast treasures of knowledge and facts accumulated for our use and the use of all time? How otherwise, than by the individual efforts, the patient, untiring, and unselfish labors of those who have gone before us. The growth of medicine has been for the most part neither spontaneous nor accidental. The history of medicine reveals no May-day game—“but a Battle and a March.” It has only advanced, and from the nature of the case it can only advance, by the patient and laborious investigations, observations and deductions of those devoted to it; and to toil for this end is an obligation that rests upon one no more than another. It rests alike upon all, and is only to be limited by the ability and opportunity of each and every individual engaged in it. It follows, we are not only bound to apply our personal experience and knowledge to our individual benefit, and that of our patients. But in a sense a higher (because more unselfish) duty devolves on us, to bring all our gains, of knowledge and of facts, to the notice of the profession, and deposit them as our contribution to the common stock, upon which medicine depends for its honor, and its means of usefulness.

In this view, no physician “liveth to himself”—no one liveth to his patients, merely. But each must feel the obligation as imperative, to do all that in him lies, to lessen the area of the *terra incognita*, the hitherto uncultivated or unexplored fields, that lie all around us; and to root out the pernicious seeds of error, whether of doctrine or of practice; and to lay up positive durable treasures in the archives of medicine, from which it may be said of us when we are laid aside, not only that we achieved honor, respectability, and a competency for ourselves; not only that we served our employers faithfully and well; but also, that medicine is some step or steps in advance, and therefore the better, in that we have lived.

I know not but it may be deemed an extreme opinion, but it is one fully entertained, that constituted as medicine is, no one is at liberty to appropriate to himself and make himself the exclusive depository of any knowledge of fact, or of interpretation of fact. No one may know any thing (which he

regards as new and as important, and which is not as yet apprehended by others) that he is not willing, nay, desirous of contributing to the common stock. All this seems incontrovertible, and it may be asked by what means it is proposed to effectuate so much of correct sentiment? At the present age, and in the present state of the profession, the two great instrumentalities for the advancement of medicine, viewed objectively, are the Press and Association.

I propose not to dwell upon the importance nor the appropriate functions of either. But I shall content myself to insisting, that by one means or the other, and by both when opportunity presents, we are bound by the very constitution of medicine, and the very nature of our relations to it, to labor earnestly, and with a will, for its promotion. This obligation then is neither incidental, nor optional, but inherent and imperative, and can no more be shaken off than our duties to our patients and to ourselves. If charity should "begin at home," we are nowhere told it should end there. But it is to begin there, in the present case, for the very purpose that it may end elsewhere.

The power and advantages of the serial press is a fruitful theme that I propose not to dwell upon, but it may be safely said, methinks, in no department of human thought and effort, has it achieved greater victories, or more enduring benefits, than in the province of medicine.

The necessity of receiving and absorbing light therefrom, is, perhaps, more generally recognized than the duty of radiating and reflecting light through the same medium; and yet the one privilege (of enjoying and profiting by the labors of others) inasmuch as no one is more responsible than another, implies a general and individual obligation of communicating, for which all have the competency, and also the facilities, to some degree.

The advantages of organized stated associations of medical men for individual and combined effort and improvement, are not less apparent. So far as pertains to its function of eliciting, developing and diffusing truth, it needs not now to be dwelt upon. But it has an additional, and, perhaps, not less important function — that of cultivating and perpetuating the amenities of professional life.

It is matter of common observation, that in the absence of this means, the points of genial contact between medical men, are too few and intangible for harmonious, cordial fellowship. Partly from causes inherent in general society; partly from the defective perception of their duties by many of the profession; and in part also from the very nature of our vocation, with other causes; suspicions, alienations, and animosities are apt to be engendered, which are certain to grow and thrive, and attain, it may be, monstrous

proportions, while men are kept at arm's length; which are nearly as certain to dwindle into pigmies, or vanish into "airy nothings," when the frowning parties are brought together in social relations, and in the spirit of true manhood, assay to understand each other. Many a mountain of ill-feeling has dwindled into a mole-hill by a close survey of each other's views and positions, and that too without the abatement of a single iota of real dignity, but its wonderful enhancement—illustrating for the thousandth time that "T is distance lends (if not enchantment) at least importance to the view." To fulfill these high and urgent indications, association for mutual and unselfish ends is most happily adapted, and what is more it is nearly all in the present order of things in our profession, that meets this great want so often indicated. Hence it is, that an obligation rests upon all that can neither be denied, nor should be ignored, to sustain with interest, and to feel responsible for the character, of such organizations. The failure, then, to respond to the claims that medicine has upon us to communicate as well as to receive, so widely prevalent, it must be admitted to the full extent that it exists is no slight Bar to Progress.

The third, and last, to which reference will be made at this time, is to be found in the feuds and bitterness of feeling, existing, too often, among medical men.

Strange, passing strange, is it, that in a calling whose ends are so lofty, and honorable, and merciful, and the daily practice of which is so full of genial, humanizing influences—in which every day's duties testify to appeal to our tenderest sensibilities—that notwithstanding all this, it should be pre-eminently obnoxious to the charge, that its votaries indulge in the intensest, most inextinguishable animosities. This is said of us so generally, as to be well nigh proverbial. And for "doctors to disagree," and that, too, bitterly, is thought to be, almost a matter of course, an inherent necessity.

It may be true that from the nature of things, occasions more frequently arise with us for differences of opinion and judgment than with any other of the learned professions.

It is true, doubtless, that in no other arises such frequent necessity for an honest and candid expression of such differences as exist. It is especially true, from the trying and fearful responsibilities often cast upon us, that nowhere is there so imperative a demand for prompt consideration, and independent action upon our own opinions and judgment, as with us; and that hence, any impertinent interference or officious tampering with either our rights, feelings, or reputation, by unsettling the minds of our patients or their friends, and thus defeating our cherished intentions, and, perhaps, our almost

engraved hopes, constitutes a kind of *experimentum crucis*, or torturing test to one's patience, to which few or no other callings in life, are either exposed to, or can appreciate. But is it true that all this furnishes any justification for allowing ourselves to be despoiled of our peace of mind? Is it true, that we may for all this turn our hearts into fountains, from which the bitter waters of strife and anathema shall perennially flow?

Can this, or any thing, serve to extenuate that ferocity of hatred too often seen, when a professional brother cannot be spoken of, hardly thought of, without curses, deep and loud; more than this, can anything serve as an apology for denying the professional rights, by refusing the professional courtesies to one with whom we stand in professional covenant?

For dereliction in duty worthy to excite remark, or feeling, we have appointed appropriate tribunals for redress, and are morally bound to abide by them. If we have a case worthy to excite indignation, and from which we have righteous cause for feeling aggrieved, it promotes neither our personal interest, nor dignity, to be unwilling to submit it to those tribunals. Nay, it is a confession to the poverty and weakness of our cause, and hence, an act of self-stultification.

Have we any right to take the means of redress into our own hands by openly condemning and refusing professional courtesies to any one whom we have not presented for trial at the constituted tribunal? If so, the bonds which hold us together as a profession, are a mere rope of sand. And to take to ourselves the dignified appellation of an honorable, liberal, high-minded profession, is a mere flourish of rhetoric, which can only entitle us to be credited for "sounding brass or tinkling cymbal." Look at the habit in this regard, of any other profession—for instance, the legal. Is it ever seen that personal jars, and bickerings, are allowed to be magnified into such overshadowing importance that its practitioners cannot observe professional civilities in the discharge of professional duties—or, that they will not meet on some common ground, when occasion or the demands of the profession requires? Rarely, if ever.

The truth seems to be, too often with us, that our personal piques and dislikes are nurtured and tended, and allowed to assume an undue, sometimes monstrous, importance and perpetuity, which is out of all proportion to the alledged causes, and indulged with utter indifference to the character and claims of the profession.

To agree like men is a good thing. To differ, like men, is nobler, and better. To agree when we can, and to agree to differ, when we must, and yet to curb differences, alienations even, from degenerating into spite and

rancor, is an obligation from which no sophistry, no imaginary nor real grievance, can relieve us, while we continue to stand upon a common platform, and labor for a common end.

The causes for the unnatural and unnecessary prominence of our jars and jostlings, are manifold—neither my time, nor your already overtaxed patience, will allow even of allusion to them all—allusion will therefore be restricted to one or two of the more prominent.

First—the innate love of war and contention which characterizes not a few in the medical world. There have ever been found minds so mal-attuned that the sweetest music that greets their ears through life, is the shout and the shock of battle—the din and confusion of conflict. Peace, and the pursuits which can only thrive in, and the advantages that can only flow from it, are just nowhere in their regard. To the behests of medicine on her own account, and to the pleadings of community on its own account, for the sheathing of the sword, to each alike a deaf ear is turned. War is their normal condition, their very *pabulum vite*, and sometimes never ceases while they tread the earth.

Again: ambition of leadership and desire for personal aggrandizement, is regarded as not unfrequently a cause. Under the guise of “regard for the honor of the profession,” there often seems to lurk, sometimes intentionally, sometimes unconsciously, a design, or desire, to compass some selfish end; some personal “axes are to be ground,” which requires the tightening of the belts, and the letting on of the “waters of strife.” The forces are marshaled; the battle is set in array; the roll is called; and, whoso in his honest simplicity ventures to question either the righteousness of the cause, or the legitimacy of its leader, is looked upon as no better than he should be, or treated as an open enemy.

Now, I say, away with the cringing servility that cowers before such intolerant demands! And, scouted be the domineering insolence which dictates them, come they from any one man, or any set of men!

If men in our ranks are determined not to pursue “the things that make for peace,” but will bend all their energies to kindle and fan the flames of interminable discord and war, whether from their innate relish for it, or to promote their own selfish projects, let the profession rigidly allow them to grind their own axes, and fight their own battles!

Eschewing the partizan spirit, and scorning leadership dictation, let us weigh every question by its own merits, and judge every man by his intrinsic qualities.

Soaring above the scenes of conflict, let us attain that serene height, from

which we may clearly perceive, and in which we may calmly, yet earnestly, labor for the true honor, the real welfare, the peaceful advancement, of our truly noble art and vocation.

It is more than mortal's truth, that "A house divided against itself, cannot stand," and I know not what can relieve a profession, which, by its own ever-warring elements, has reached essentially the same condition, from sharing the same fate.

It is matter of observation, of the truth of which I am fully persuaded, that certain popular phases of quackery unsettle most the public mind in, receive the greatest impetus, and derive the most substantial aid and comfort from, those communities, in which our profession is the most inharmonious and jarring. If it is so, is it not a fact of significant import? But, be this as it may, it is matter of profound conviction with me, that, with annals so inspiring and glorious, as are ours, and with a living profession, by every man of which its true mission is fully pondered; its condition and law clearly perceived; its claims and obligations cheerfully and honestly responded to; presenting to the world an undivided front, as a band of brothers, each one in his sphere regarding the reputation and the rights of every other one dear as the apple of his eye—so constituted, and so fulfilling its mission, it would be a power, in our country at least, which, for securing any legitimate end, would be well-nigh omnipotent. Before it, every species and form of quackery would vanish, like the early dew before a summer-sun.

Like the well-constructed arch, with which, the greater the pressure brought upon it, the firmer it becomes; so legitimate medicine would be seen to be stronger, in itself and in the world's esteem, by every fresh test of her strength in the responsibilities imposed upon it.

In conclusion, Gentlemen, I thank you for the honor conferred upon me by calling me to preside over your society. I thank you for the kindly forbearance manifested throughout my very imperfect discharge of its duties, and especially for the patience with which you have borne this last infliction of what, I fear, may be regarded as crude and ill-judged sentiment. I can only farther say, Gentlemen, I wish you, both individually and as a society, a long career of merited prosperity and happiness.

ART. V.—*A Practical Treatise on Inflammation of the Uterus, its cervix and appendages, and on its connection with Uterine Disease.* By JAMES HENRY BENNETT, M. D., M. R. C. P., etc., etc. Fourth American, from the third and Revised London edition. Philadelphia: Blanchard & Lea. 1853.

When we received this volume, we thought, from a casual glance at its size and appearance, that it was an abridged edition, but upon a careful comparison with the second edition upon our shelves, we found that though destitute of the thick paper, coarse type, and wide margins of the British book, it, though considerably less in size, contained much more matter than did its more assuming predecessor.

Many additions have been made. Large portions of the work have been subjected to revision, and some chapters almost re-written. Thus the second chapter of the new edition is an addition, containing a tolerably full, and very neat, description of the anatomy and physiology of the female organs of generation. The third chapter (on the frequency and importance of inflammation in uterine pathology) is much fuller than before, while the fifth chapter (considering generally the organic lesions of the cervix uteri) is almost entirely re-written.

So through the whole work we have evidence of added thought and study: of new facts obtained, and of clearer views of treatment. The work is now a standard treatise. Most of our readers are undoubtedly familiar with its previous editions, and we can only hope to call the attention of those who have not recognized these new views of uterine pathology, to their real importance.

Every book has, or should have, a thought—a dominant idea—which governs it, and guides all its reasonings to some certain conclusion with which the author is impressed, and which he seeks to impress upon his readers.

This book has *two* thoughts. One of them is the great frequency of inflammation, or other organic change in the organ itself, in the various uterine discharges and diseases. The other involves the importance of ocular demonstration by the use of the speculum.

We can have no doubt that the condition of the cervix uteri is too much overlooked in the treatment of vaginal discharges. The little pain which may accompany any extensive ulceration of the cervix, often blinds the eyes of the practitioner to its real condition. That part of the uterus is but sparsely supplied with nerves, and extensive disease there may only manifest itself by those concomitant disordered manifestations which are known alike

as symptoms of leucorrhœa, menorrhagia, suppressed and retained menstruation, irritable uterus, and not unfrequently hysteria and spinal irritation. In proof of this, Dr. Bennett adduces the record of three hundred cases, accompanied by these disorders, in which the speculum revealed organic lesions of the os or cervix.

While we concede that Dr. Bennett is entirely right in his ideas of the frequency of uterine inflammation, we would object to the enthusiasm of his followers who ignore all other uterine disease, and look upon the caustic as the only remedy for all diseases of this organ. True, Dr. Bennett is not himself responsible for these extravagant views, but he has been made by many captious critics to father all the blunders of less discriminating men.

Dr. Bennett is very excusable for his penchant for the speculum. It is an abused pet of his, for which he has been made to run a muck of very bitter opposition. He has defended it most manfully, and of course cherishes the instrument for which he has withstood so virulent a crusade. It may be that he somewhat overestimates the tool, and "speculates" a trifle too freely, but he has a large capital to fall back upon.

The objections urged on the score of morality and delicacy of feeling, apply with equal force to the digital examination, while the latter is deficient in the information it conveys. Properly guarded and applied, there is really very little to shock the most fastidious in its use, while we doubt the Christian kindness of allowing disease to progress, the health to be injured, and pain to be endured, that we may spare our patient the shame of a blush, or even a salacious thought.

"To the pure all things are pure." Medicine should have dignity enough to sustain itself from any such imputations. We do not believe that male obstetrics, or male examinations of the sexual organs, when conducted in the honest effort for health and life, will injure the moral sense of any woman whose moral sense sits firmly enough upon her to be worth preserving.

For sale by MILLER, ORTON & MULLIGAN.

H.

ART. VI.—*A Treatise on Acute and Chronic Diseases of the Neck of the Uterus.* Illustrated with numerous Plates, colored and plain. By CHAS. D. MEIGS, M. D., Professor of Midwifery and Diseases of Women and Children in Jefferson Medical College, etc., etc. Philadelphia: Blanchard & Lea. 1854.

While we wrote the preceding notice of Bennett on the Uterus, this

volume lay upon our table unopened. We have since given it a thorough and careful perusal.

Very many of our readers have already seen this essay, in that Bath-brick looking volume called the Transactions of the American Medical Association for 1853. We had noticed it there, and intended to have read it, but the number of volumes sent us from publishers, for reviews, deferred the task.

This monograph, as it now appears under the advantages of beautiful paper, large, clear type, and wide margins, is the neatest looking volume which has emanated from the American press for many years. It is a pity that its binding is not of that substantial character which would match so well with its internal beauties.

The illustrations (the same that appear in the Transactions of 1853) are, in some respects, fair specimens of colored lithography. They seem, however, to belong to the French school of art, in which artistic truth, and natural shading, are sacrificed to an Ethiopian fondness for gay colors. Such brilliancy of tint, here crimson, there green; now golden yellow, and then sky blue; with such charming backgrounds of body and fundus, glowing in all the colors of an Italian sunset, are not to be found in any ordinary squintings through the speculum. There is also some very "daring foreshortening," but on the whole they help not a little to illustrate the cases reported.

Come we now to the literary and professional character of the work.

The old leaven of transcendental phraseology still clings to Dr. Meigs. He has a propensity for writing his noun before his adjective, and for using unusual, or of coining unheard-of, words. Thus we have scattered in various localities through the volume the words "hypogaster," "sur-excited," "crispations," "spermzoon," "delimitary support," "iron revived by hydrogen." Most of these, and similar out-of-the-way words or phases, are intelligible from the context or derivation. In no place does it amount to unintelligibility, as it did in some of his previous works.

There is now scarcely more than enough of this Carlylish tinge to give an individuality to his style. It rolls off in a sort of *ore rotundo* utterance that makes the book very readable, inasmuch as it fixes the attention. For example, let us give this extract upon "The Ideal Uterus."

"And it is proper, indeed, that the physician should, in every case of disease, endeavor to acquire the perfect IDEA of the organ whose state he is about to determine. This determination he can only make, who hath already erected his ideal standard as now proposed—otherwise, he cannot but frequently err in his diagnosis. But he who hath ever at hand in his scientific store, a perfect IDEAL of the healthy organs, shall scarcely err, since,

in every diognostication, he will strictly compare the real with the perfect IDEAL or STANDARD, and, from observing the deviations and observations, deduce a perfect knowledge of the case before him."

Elsewhere he says that this ideal is made up of, in addition to a notion of its elements, one of its form, volume, place, posture in that place, sensibility, resistance, complexion, and all its powers as well as its anatomical relations or connections.

After perusing Dr. Meigs' really able vindication of the metroscope, its morality and necessity, we turned back to the title-page, expecting to find there, as the motto of the book, the single Latin word "*peccavi*." We were disappointed, the more so when a friend at our elbow informed us of the struggles of modesty, and conscientious scruples, through which Dr. Meigs had arrived at the use of the now much lauded speculum. Philadelphia is proverbially slow in adopting improvements suggested by the outside barbarians; but its luminaries have one merit—when they find that they must yield, they do so in so graceful a manner that no one would dream they had ever pursued a different course.

Hence it is that the unsophisticated reader of this treatise acquires the notion that the speculum has ever been the pocket companion of the author. But the facts are, that in former times no one has so strenuously opposed its use as Dr. Meigs, and no one has more loudly advocated the necessity of sacrificing professional knowledge and success at the shrine of false modesty.

But this is comparatively unimportant. Dr. Meigs uses now all the appliances for obtaining knowledge within his reach; and he teaches intelligently what he knows. Dr. M. prefers to use the Recamier metroscope, and has a singular notion that it should be blackened within, to prevent chromatic rays of light, which might deceive the eye. But we do not make out from what he says that his own instrument is blackened, and opine that this is a mere bit of theory. Certainly the blackened tube would do away with chromatic rays, and, very probably, with all other rays.

We find but one essential difference in the views of Dr. Meigs from those of Bennett, and other writers who have preceded him. Dr. M. considers ulceration of the os or cervix uteri, as a very unusual occurrence, believing that the appearance of excrescences, mollusca, and fissures, so often observed, is due to growth or hypertrophy; that these parts are always covered with a thin pavement epithelium, which is often broken by awkward manipulation of the hand or metroscope.

As might be expected, the *Nitras Argenti* plays the principal character on the list of remedies. He speaks of the "destructive, indifferent, or antiphlogistic

contacts of the nitrate of silver," and says that much skill is required in the use of the remedy. He uses principally the antiphlogistic contact, which is a medium between the indifferent and destructive contacts.

One thing we must not omit to mention. He holds that there is danger in *injecting* the uterus. It is, indeed, somewhat probable that the injection by a tube passed into the cervix is carried into the abdominal cavity by the Fallopian tubes.

The book begins and ends with a strenuous objection to making uterine diseases a specialty. Such authority as Dr. Meigs, speaking out for the integrity and unity of the profession, and that against his own personal interest, is worthy of attention, and should be commended to the advertising specialists in Boston and elsewhere. Dr. Meigs, who has given his talents and time for very many years to uterine disease, thinks that they can, or should be, best treated at home by the family physician; that they require no greater talent than any other inflammation for their treatment; and that the modest practitioner should not allow a few notorieties in great cities to monopolize a branch of practice to which he himself is fully competent.

For sale by MILLER, ORTON & MULLIGAN.

H.

ART. VII.—*Elementary Chemistry, Theoretical and Practical.* By GEORGE FOWNES, F. R. S., late Professor of Practical Chemistry in University College, London. Edited, with additions, by ROBERT BRIDGES, M. D. A new American, from the last and revised London edition. Philadelphia: Blanchard & Lea.

This well-known text-book for students is not intended as a complete manual of chemistry, but rather as an introduction to those other, and more advanced works, which have been published by other hands.

The numerous editions through which it has passed, indicate the estimation in which it is held, and endorse its value.

Of course it is not to be expected that we should enter upon a critical examination of a book so widely known. We can only chronicle the fact of a new edition, and inform our readers that the paper is good, and the type clear. It has another, and a very important, merit in a work on chemistry. Its wood-cuts are well engraved, and well subserve the purposes of illustration.

For sale by MILLER, ORTON & MULLIGAN.

H.

ART. VIII.—*The Pathology and Treatment of Pulmonary Tuberculosis; and on the local medication of Pharyngeal and Laryngeal Diseases frequently mistaken for, or associated with, Phthisis.* By JOHN HUGHES BENNETT, M. D., F. R. S. E., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh, etc., etc., etc. Edinburgh: Sutherland & Knox. 1853.

We are indebted to the author for an early copy of this very valuable monograph. Dr. Bennett has distinguished himself by his early advocacy of the nutritive treatment of tuberculosis. We trust that this volume may be reproduced in this country, as it contains, in a concise and well-arranged form, the present knowledge of tubercle. As it is not probable that our readers will soon have an opportunity of purchasing the book, we have chosen to give rather an abstract of its contents, than a review of its doctrines. While the course we adopt involves much more labor than a mere critical notice, we shall be repaid, if, by our tabulation, we present to our readers, in a condensed shape, the modern discoveries and doctrines of tuberculosis.

The first chapter is devoted to the pathology of pulmonary tuberculosis.

Early Symptoms. Bad and capricious appetite, furred or morbidly clean tongue, unusual acidity of the stomach and alimentary canal, anorexia, constipation alternating with diarrhoea, and a variety of symptoms denominated dyspeptic.

Histology of Tubercle. Miliary, infiltrated, or encysted. Structure in all these the same; the differences depending upon the extent and age of the exudation.

Physical appearances. Yellowish or dirty white color, consistence varying from that of tough cheese to that of cream. On section when tough it is smooth and waxy; when soft, slightly granular.

Microscopy. Tubercle corpuscles are irregular shaped bodies, round, oval, or triangular; longest diameters varying from $\frac{1}{800}$ to $\frac{1}{200}$ of an inch. They are composed of a distinct wall containing three or more granules, without a nucleus, and mixed with numerous granules and molecules, from a size scarcely measurable to a diameter of $\frac{1}{800}$ of an inch. Acetic acid renders the corpuscles more clear, and dissolves many of the granules. Ether and alcohol produce no change. Ammonia partially, and potash completely, dissolves the corpuscles. The gray semi-transparent granulation, though

harder and different to the eye, is the same microscopically, only more transparent and less defined.

The calcareous tubercle presents fragments of phosphate of lime and crystals of cholesterine. On old tubercle we frequently find pigment cells forming a zone around the mass.

Distinctions between Tubercle and other Corpuscles.

<i>Tubercle.</i>	<i>Pus Corpuscle.</i>
Acetic acid causes the granular nucleus to appear.	No granular nucleus or addition of acetic acid.
Irregular form, small size, absence of primitive filaments.	<i>Plastic Corpuscles.</i> Regular rounded form, large size, and presence of primitive filaments.
Small size, yellowish color, no nuclei.	<i>Granular Corpuscles.</i> Large size, brownish or blackish color, nucleated or granular.
Small size, opaque, non-nucleated.	<i>Cancer Cell.</i> Large, transparent, and distinctly nucleated.
	<i>Reticulum of Cancer.</i> Closely resembles tubercle, but is always accompanied by cancer cells.

Chemical Composition.—Tubercle consists of animal matter mixed with earthy salts, of which the relative proportion varies. There is most animal matter in recent, most earthy matter in chronic tubercle.

Animal matter contains:

Albumen; a large amount.

Caseine; probably.

Gelatine; doubtful.

Phymatine; doubtful.

Fibrin; in small but variable proportion.

Fat; in small but variable proportion.

The earthy salts are composed of
 Insoluble phosphate of lime.
 Insoluble carbonate of lime.
 Soluble salts of soda.

The ultimate constituents of tubercle are the same as those of other compounds of protein.

Nature of Tubercle.

Inflammatory exudation occurs at all epochs of life, in all tissues, in large or small quantity, with greater or less rapidity. Is attended by inflammatory symptoms, with a tendency to cell formations, which rapidly break down and are absorbed or excreted.—When chronic, tends to fibrinous formations, producing adhesions, etc.

Cancerous exudation occurs, in adult or advanced life, in every tissue, most common in glandular or fatty organs, as the liver, or mamma; occurs in lymphatic glands *secondarily*; slow in progress when fibrous; rapid when corpuscles abound; tends to perfect formations of cell life, which self-develop and spread, and ulcerate in exuberant fungoid excrescences.

Tubercular exudation occurs in young subjects, occurs in all tissues, but most common *primarily* in lymphatic glands, or fibrous or albuminous textures; progress slow, very imperfect cell formation, little tendency to absorption, but great disposition to disintegration and ulceration; and is preceded by derangements of the primæ viæ.

Of the three kinds of exudation, tubercle is the lowest, pus the medium, and cancer the highest in the scale.

Blood changes. The constitution of the blood determines that of the exudation.

In simple exudation the blood is normal.

In cancerous it contains an excess of nutritive material.

In tubercle it is deficient in nutritive material.

Tubercle is a coagulated exudation, occupying the same seat as other exudations. It transudes in a fluid state through the capillaries to some extent into the cellular portion of the lung, but mostly into the air vesicles, where there is least vascular resistance.

Why does this exudation occur in phthisis? The philosophy of healthy nutrition consists in the ingestion of proper organic food, its digestion into albuminous and fatty compounds, their absorption into the lacteals, and their

transformation into chyle corpuscles, by the inclosure of an oil globule in a cell wall, formed from the albuminous blastema. To this absorption an emulsion is necessary; the alkaline secretions of the pancreas make that emulsion; and, finally, in phthisis this pancreatic juice is neutralized by the acidity of the gastric and intestinal secretions, so that a proper emulsion is not formed, the absorption of the albumen is hastened and favored thereby, while that of the fat is retarded or prevented. There is, then, an undue proportion of albumen in the blood; the fats of the tissues are absorbed to supply the deficiency of that element; the frame is emaciated; the lungs become liable to local congestions; albuminous exudations take place, which are tubercles.

The objection that fat is found in the blood of phthisical patients is explained by its absorption from the tissues. That fat is also found in tubercle itself, Dr. Bennett ascribes to a process of degeneration, like that of the conversion of muscular tissue into adipocere.

Natural process of Tubercle. Tubercle deposited in the parenchyma of the lung, and thence passing into and filling up the air vesicles, is a foreign body. It disintegrates, dies; its substance softens and is expectorated; with it is destroyed that portion of the lung which it occupied, but no more; it has no tendency to spread its ravages. Supposing the process of deposit to be arrested here, the sides of the cavity approximate and unite, forming a cicatrix; but oftener the deposit is continued: other tubercles soften and are excreted: ulcerations exist side by side: the vitality of the tissue intermediate is destroyed: it, too, perishes: large cavities are formed thus from numerous smaller ones.

The life of tubercle is various. It, like every other tissue, (a fact beautifully explained by Paget) has its allotted period of existence. Its organization is low; its vitality is brief; if the condition of the primæ viæ becomes healthy, it may either ulcerate and cicatrize, or become inclosed in a fibrinous cyst, its albumen and fat be absorbed, and the earthy portions remain. This is the more common course. The presence of calcareous concretion is an evidence of long life in the tubercle, and of partial natural cure.

Following this history of tubercle, of which we have endeavored to present the prominent features, Dr. Bennett gives cases of recovery from phthisis in advanced stages, which were verified by post-mortem examinations when the patient had died from other causes.

As will have been noticed, but one conclusion can be drawn from this view of tubercle. It is the result of imperfect digestion and assimilation.

Hence it occurs at that age when the system is building up, and nutrition is most active. Able-bodied men subjected to privation are not especially liable to it for this reason, while those engaged in sedentary employments, and subjected to the causes of dyspepsia, are most apt to contract it. Cases are cited illustrating the influence of poor diet, want of light, air, and ventilation in the causation of this disease.

The Diagnosis. Consumption, says Dr. Bennett, is not especially an incurable disease, except as it is insidious in its advent. An early diagnosis is most important. The development, elimination, and mode of arrest of tubercle, all indicate that were it early detected, and the proper attention directed to the digestive functions, the deposit might often be checked, and that already deposited removed, either by expectoration or absorption; thus leaving the lung but little impaired. But it is in diagnosis where medical men are deficient. Though physical exploration is much talked of, it is too true that few practitioners are capable of ascertaining the early and finer differences of sound.

We may be pardoned if we here digress from the volume before us, and allude to the fact that physical diagnosis has no true standard of departure. We take some portion of the lung of each case as an ideal by which we judge the remainder; but how little do we know of those normal variations in pitch, resonance, and intensity, which are within the limits of health. It has already been demonstrated by Dr. Flint, that the pitch of bronchial respiration is subject to certain conditions, which are variations as we compare side with side, but which are uniform and healthy as we compare individual with individual. A careful analysis of some hundreds of healthy chests would furnish a positive standard as to normal differences in different localities of the lung, which is much needed. Such an analysis we have reason to believe will ere long be presented to the profession.

Our space will not permit a lengthy *resume* of the treatment approved by Dr. Bennett. It will, however, suggest itself from the pathology of the disease, and we give his indications:

“First Indication. To improve the Faulty Nutrition, which is the Cause of the Exudation assuming a Tubercular Character.”

In many cases we find the tone of the stomach so impaired as to reject such fatty animal food as is called for by this indication. Hence it is often necessary to afford the fat in a fluid form, which may easily be absorbed and assimilated. He regards cod-liver oil simply as an analeptic. It is readily

digestible; it combines easily with albumen to make the chyle corpuscle; it nourishes the body; checks exudation, and diminishes cough.

"Second Indication. To favor Absorption of the Exudation already poured out, and subdue the Symptomatic Fever produced."

The problem in the treatment of tubercle is, how to meet the opposing indications of invigorating the general system, while we combat the local and intercurrent inflammatory action. Dr. Bennett considers the propriety of bleeding, but objects to it. The plan he adopts is similar to that which guides a typhus fever. For many years he has relied upon small doses of antimony and diuretics to combat the acute symptoms. In chronic forms he would counter-irritate.

"Third Indication. To prevent the Recurrence of fresh Exudations by careful attendance to Hygienic regulations."

Under this indication he considers the influences of climate, diet, and other hygienic influences.

Our limits are filled. We commend the book to those who can procure it, as the latest, the most concise, able, and positive information to be obtained upon the subject of pulmonary tuberculosis. H.

ART. IX.—*Pneumonia: its supposed connection, pathological and etiological, with Autumnal Fevers; including an inquiry into the existence and morbid agency of Malaria.* By R. LA ROCHE, M. D., Member of the American Philosophical Society, etc., etc., etc. Philadelphia: Blanchard & Lea. 1854.

Very many of those who peruse the above must be familiar with the fact that Dr. La Roche has written previously on malaria. They will recollect the care and labor with which those monographs were prepared, and the vast number of authorities whom the talented and laborious author had consulted.

We confess to a little surprise on noticing the word "Pneumonia" at the head of the title-page. Malaria has been his specialty; to it he has devoted the labors and observation of a prolonged professional life, and we should have supposed that when Dr. La Roche published a volume of so respectable a size as this, it would have been upon his favorite subject. But as he himself says "*L'homme propose, et Dieu dispose;*" and the Dr. comes out at last with a goodly volume upon the connection of pneumonia and malaria.

It seems to us that this effort partakes a little of the character of a kick at

a dead lion. Here is learning and research enough to have solved the riddle of the Sphynx, devoted to this "supposed" connection. Not that the author supposes any such improper intimacy. On the contrary, he is convinced that pneumonia is a disease *sui generis*, without even the propinquity of an Irish cousinship to autumnal fevers. Like all Frenchmen (we suppose Dr. La Roche to be of Huguenot extraction) he gives us, first, "l' historique." He goes back and wakes up Laucisi, Sydenham, and Cleghorn, and from that point of departure he brings us comfortably adown the centuries, telling us what every body said upon the subject up to this year of our Lord 1854.

It seems that the doctrine which assigns a common causation to intermittents and pneumonias is still extant, but we had no idea that it existed in such an important form, as to demand so ponderous a weapon for its overthrow as this volume furnishes. We recollect to have heard, in our student days, of bilious pneumonias and pleurisias, (a nomenclature derived among the jaundiced pioneers of the early west,) but we had lived so long without hearing from it, that we supposed it dead, or living only among the ranks of the "monumentals," those good conservative souls who run not astray after every (or any) new thing.

So when we found five hundred and two pages devoted by a really able author to the discomfiture of this moss-grown and antiquated theory, we had that same feeling of sympathy for the erring and the lost, that we do every year, when all our political parties fire a broadside of resolutions at the United States Bank.

And it seemed to us not only unfair, but useless, to attempt to disturb the quiet rest of these old monumentals. They will not read La Roche on pneumonia and malaria—if they do they will not believe it—it is hardly probable that they will even see this notice, for they do not take the Journal.

Let not our readers suppose that we wish to decry this book; it has its merits, and some of them are of high order. Its style is admirable: the very model of good medical style; classic, but not so severely so as to be altogether unwarmed by the glow of happy expression, and pithy illustration. Its facts are facts; it exhausts the subject, and leaves no stone of argument unturned.

We have yet to mention that which gives the highest value to the book. It has been fashionable of late (under the leadership of Dr. Dundas and others) to decry the very existence of malarial poison. Men in high places have (reasoning from final causes only) asserted that the time-honored belief in *marsh-miasmata* was an error.

No man in the country is better qualified to refute this error (it is an error, for our eyes have seen, and our nose has smelt, malaria) than Dr. La Roche. And he does refute it. If a long array of facts, well stated and convincing, and backed up by clear and logical argument, can reinstate the profession in its faith in the existence of malaria, this book must do it.

We only wish that malaria had been made the prominent, and pneumonia the secondary subject in this essay. So few believe in any connection of this cause and effect, that we naturally ask of such a labored argument, "*cu bono?*" But the matter of malaria is just now more important than ever; it is as largely discussed, and the resulting belief of the profession must have great influence upon the establishment of sanitary measures in city and country.

H.

For sale by MILLER, ORTON & MULLIGAN.

ART. X.—*A Treatise on the Diseases of the Eye.* By W. LAWRENCE, F. R. S., Surgeon Extraordinary to the Queen, etc., etc. A new edition. Edited, with numerous additions and two hundred and forty-three illustrations, by ISAAC HAYS, M. D., Surgeon to Wills Hospital, etc., etc., etc. Philadelphia: Blanchard & Lea. 1854.

This is a large octavo of some 950 pages, devoted to this specialty. We can only speak of the general characteristics of the book, which strike us very favorably after the cursory examination given it.

It is, we believe, the fullest work upon the subject — the wood cuts are very numerous and highly illustrative — and it has evidently been the intention to make this new edition as perfect as the well-known ability of the American editor could render it.

But we do not like to speak at length of a book which we have not read, and it is hardly to be expected that even a reviewer's insatiate appetite should be able to digest the ten thousand little details of a work on ocular surgery, at a single sitting. But the work, though we ourselves have no personal acquaintance with it, is widely known in the profession as a very trustworthy authority, coming from a good source, and very complete and minute in its details.

The American editor has revised it (the author having declined that task) and has endeavored to bring it fully up to the latest improvements.

For sale by MILLER, ORTON & MULLIGAN.

H.

ART. XI. — *Homœopathy: its Tenets and Tendencies, Theoretical, Theological, and Therapeutical.* By JAMES Y. SIMPSON, M. D. Philadelphia: Lindsay & Blakiston.

The subject of homœopathy, in relation to its rise, progress, and the estimation in which it is held by the public, is well worthy the consideration of all members of the medical profession, whether it be regarded in the light of a strange fantasia or hallucination that at uncertain epochs seems to seize upon the human intellect, and affecting its powers of discriminating between truth and error, overturns the very foundations of correct reasoning, and for a time substitutes fallacies and delusions for well-established truths, and the vagaries of an enthusiast or the specious dogmas of an empiric for the careful deductions of philosophical inquiry, or whether it comes as a new element of competition in the daily routine of professional labor, having a tendency to depreciate the value of well-directed medical and surgical skill, and to deprive the industrious and honest laborer in the professional vineyard of the honor and emolument that he might reasonably expect to remunerate him for mental and bodily toil.

There is another consideration that appertains less to speculative inquiry or individual interests, but is still of importance as it affects the *esprit du corps* of a profession ever jealous of its honor.

There are physicians who tamper with homœopathy under the pretense of scientific investigation; and it is very necessary that their true position should be determined, both with reference to their intercourse with their professional brethren, and our organized societies and associations.

These persons, ostensibly acknowledging the principles of medical science, secretly pander to the prejudices that exist against legitimate practice, and coin the credulity of the deceived and deluded into a rich return for their treason to honor and truth.

Such considerations, necessarily briefly adverted to in this article, induced Professor Simpson, of Edinburgh, in the summer of 1851, to lay before the profession the first edition of a work entitled "Homœopathy, its Tenets and its Tendencies," the third edition of which has now been reprinted in Philadelphia by Lindsay & Blakiston. The immediate occasion of calling attention to this subject, as specified by the author in the preliminary remarks, chapter I, was to arouse medical men to a sense of their obligations to the profession, and to the societies of which they were members, and to warn them against the snares of a popular doctrine, and the avoidance of all tampering with their reputation, by secretly conniving at a system, that, by the

most authoritative declarations of Hahnemann himself, was directly at variance with the principles and practice of legitimate medicine. It had already become necessary, in the course of this year, for the Royal College of Physicians and the Royal College of Surgeons of Edinburgh, the faculty and the physicians and surgeons of Glasgow, the Medical Society of London, and other medical associations, to prohibit their fellows and members from meeting, professionally, with those who compromised or abandoned their reputation from mercenary motives. The first edition was favorably received, and in two years it passed through three editions, clearly indicating the estimation in which the subject is regarded, and the merits of the work itself. In the present full and elaborate volume, the subject may be said to be fully examined in all its relations, and there is placed before the profession an interesting and able scrutiny into all the follies and cunning of the most pervading fraud upon the understandings of men that has ever been experienced or recorded. The delusions of particular localities, or ephemeral errors, we can readily understand, and await patiently the silent, but sure influence of time and truth to eradicate; but, in dealing with homœopathy, it seems to us a commendable effort to place before the public eye, and to arm the professional man with the necessary facts to contend against, the false statements, the perversion of facts, the illogical deductions and the unbounded extravagance of the claims of a system that has diffused itself and is cherished among people as different in mental constitutions as in language, among the rich and the poor, the ignorant and intelligent.

Without an effort this error cannot be reached and corrected. That kind of testimony which is necessary to enlighten the public mind, can alone be furnished by medical men, and they themselves should be well acquainted with the fallacies, contradictions and absurdities of the homœopathic art in order to instruct the ignorant, and enlighten the deluded believer in this stupendous imposition. Without attempting to furnish an analysis of the second and third chapters in their order of succession, we shall briefly call attention to their most important contents, the points discussed in them, and the impropriety of permitting any physicians who tamper with homœopathy to remain in association with legitimate practitioners, on the ground that they do not advance, nor endeavor to advance, the interests of medical science, and therefore should be excluded; and the application of the standard of common sense to the dogma that the power of medicinal agents is increased by their attenuation. In the examination of this topic, ample numerical illustrations are afforded, whereby the most ignorant cannot fail to observe the extent of the absurdity in which he must be involved if he gives credence

to such preposterous conception, and only equaled by the servile dotings of Hahnemann in his latter years, that a smell or inhalation of the higher potencies was quite as efficacious as the administration of the remedy itself.

Many honest, but ignorant, believers in homœopathy will declare that it succeeds as a mode of curing disease far better than allopathy, and with less subsequent disadvantage to the system. On this point Doctor Simpson furnishes various irrefutable proofs of the utter inefficiency of the system of practice when tested in hospitals, and relates, in proof of that self-deception which is so common when the mind is biased and inclined to believe in hoped-for results, an amusing anecdote of Doctor Henderson, Professor of General Pathology in the University of Edinburgh: "Some eight or ten years ago, an old schoolmate, having begun business as a druggist, in Liverpool, kindly sent Dr. S. a present of a small box of homœopathic medicines, — and a very beautiful painted box it was too. During the time it was in Dr. S.'s possession, he put it only to one use, viz., he gave it as an occasional plaything to his eldest son, who was then a child. The boy, reveling in his permitted amount of mischief, used in his sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass. Of course this had speedily the effect of altering and disarranging the contents of the entire hilliputian drug shop. The globules pertaining to the different bottles were more or less thoroughly mixed together, and sometimes, when the child was tired of his occupation, others at last filled the bottles from the general heap. A professional brother happening to call at Dr. S.'s house one day when Dr. S. was absent, saw the box and put it into his pocket. Many weeks after, the new proprietor of the box met Dr. S. and told him that he had been trying to practice homœopathically, at which Dr. S. expressed his regret, and he added that he had seen some wonderful effects and cures from using the drugs contained in Dr. S.'s own former homœopathic box! Wrongly, as Dr. S. thinks now, he did not at the time tell this physician that the globules were elaborately commixed." The result was, that the professor became a convert to homœopathy by a process that no one will undertake to say was one of common sense or philosophy, to the great mortification of his colleagues and to the injury of medical science. The remedial powers of nature in surmounting and curing diseases, are necessarily unknown to the public, even to that portion of the community that may be pronounced educated and enlightened; they are, therefore, not relied upon for relief when disease attacks the frame. If homœopathy is then appealed to, lends its aid, and the result is propitious, the wonder arises that so much good is wrought out of apparently such inadequate means.

Fortunately for the interests of science, satisfactory tests have been furnished to prove the inefficiency, worse than that, the pernicious effects of the practice of homœopathy in the hospitals of Liverpool and others, which will be referred to hereafter. "The house physician of the hospital above-mentioned, having become convinced of the nullity and danger of homœopathy, gave up his appointment and published an exposition of the system pursued (on the nothingness of homœopathy) with an account of cases which clearly shows that the so-called cures were recovering from ordinary ailments by the efforts of nature, which were frequently a long time under treatment. Whereas, by a proper medication and attention at the onset, they might probably have been recovered in a few days, and that many of the more serious cases got worse instead of better for the want of active treatment."

A report by Doctor George Fleming, of Dundee, sojourning at Vienna six months, and attending the Homœopathic Hospital there, confirms the preceding statement. At another and older hospital at Gumpendorp, in the suburbs of Vienna, there had ceased to be any attendance of pupils or patients, for the loss of confidence and success. It is also stated, on the authority of Doctor Gerson, who has studied in various schools, and has lately come on a visit to Edinburgh, that during the last six or eight years neither the medical profession, nor the public of Germany, have now confidence in homœopathy; it is tolerated because it is conceived to be a very harmless and innocent species of quackery. Such is the uniform testimony from other sources entitled to the highest consideration for veracity and correctness. Having been publicly tested in Germany, although as a theory well adapted to the imaginative mental temperament of the German people, homœopathy must gradually die in its place of birth. It has been weighed by the good sense and experience of its friends and admirers, but they have come to the irresistible conclusion that it is inert and powerless in acute diseases, and from its very negation of active treatment, must fail as a means of relief when most speedily required. Notices of some other public and hospital experiments have been published. A German Homœopathist, practicing in Russia, was invested, by the Grand Duke Michael, with full powers to prove by comparison of facts the advantages of homœopathic measures over ordinary treatment, and a certain number of patients in a military hospital were intrusted to his care. At the expiration of two months he was not permitted to proceed any further. For in comparing results, it was seen that within this period out of 457 patients treated by the ordinary means, 364 or three-fourths were cured, and none died; whereas by the homœopathic method tried on 128 patients, one-half were cured and five died. The Russian

government also tried, in two hospitals, the comparative treatment of a number of patients with homœopathic globules, and a number of other patients with no drugs of any kind, and the results were found similar in both instances. A committee appointed by royal order, at Naples, to superintend the treatment of a number of hospital patients by homœopathy, reported as the result of their observations:

1st. That the homœopathic treatment produced no effect.

2d. That it had the serious inconvenience, in several of the patients, of preventing the employment of remedies by which they might be cured.

In another instance, after a most careful and candid observation of the effects of remedies in the London Homœopathic Hospital, a medical gentleman, whose character for veracity is endorsed by Professor Simpson, came to the conclusion "that as to practice, homœopathy is truly a nonentity, and literally the swallowing of names only." We will add one more of the practical tests which are desired by those who, from want of opportunity, are obliged to rest their opinions on the observations of others; it was furnished by M. Andral in one of the Parisian Hospitals, when the claims of the system were brought before the French Academy of Medicine: "the result was a failure; he tried it in 130 or 140 patients, in the presence of the homœopaths themselves, adopting every requisite care and precaution, yet in no one instance was it successful." In his report to the academy, he says: "That not only did quinine produce no ague, aconite no plethora, sulphur no itch, arnica no pains as if from contusion, but in every instance of disease he was obliged to resort to allopathy, as, under the homœopathic mode of treatment, the symptoms went on from bad to worse."

The above are taken from a mass of facts adduced by Professor Simpson to convince the ignorant and deluded among unprofessional men, of the absurdity of the claims of the so-called homœopathic system to their confidence. The refutation of the pretensions, as a curative method, has been abundantly established by the above public experiments and tests. They were not done in a corner, but they were executed under conditions and circumstances furnished and approved by the homœopaths themselves. In London, Leipsic, Vienna, Russia, France and Naples, in public institutions, and before the eyes of the community, these experiments were conducted, where no individual nor professional interests were permitted to modify or to pervert the results of the investigations. The personal experiments of Andral, and the daily experience of professional life, sufficiently confirm the fallacy of the declaration, that quinine will cause ague, or sulphur the itch; or that the imaginary properties of remedial agents will cause objective phenomena in accordance

with the transcendental vagaries of the spiritualizing votaries of an illusory creed. For a period of twelve years, Hahnemann states, he was tracing the origin of an incredibly large number of diseases to their true source, the itch. When this is seriously propounded by him for belief, it would seem that the most bigoted and credulous of his dupes must shrink from such amazing folly as to believe that nervous debility, hysteria, hypochondriasis, mania, imbecility, madness, epilepsy and convulsions of all sorts, rachitis, scoliosis and cyphosis, caries, cancer, fungus hæmatodes, malignant organic growths, gout, hæmorrhoids, jaundice, cyanosis, dropsy, amenorrhœa, hæmorrhage from the stomach, nose, lungs, bladder and womb, asthma and ulceration of the lungs, impotence and barrenness, megrim, deafness, cataract, amaurosis, urinary calculus, paralysis, defects of the senses and pains of the various kinds that figure in systematic works on pathology as peculiar and independent diseases, all arise from itch; and yet we find before us in this volume, the evidence that men of intelligence give credence to it, and a learned theologian couples this doctrine with the divine command to heal the lepers. Can delusion go farther? An attempt is made by Hahnemann to prove the infallibility of the so-styled universal law by the cure of small-pox by cow-pox, and extends it to other connate diseases. In the experiments of Doctor Willan we have an unimpeachable witness, for he is summoned on the stand by the great lawgiver himself, who asserts "that small-pox coming on after vaccination, as well on account of its greater strength as its great similarity, immediately removes entirely the cow-pox homœopathically, and does not permit it to come to maturity, as Willan on Vaccination, and many others testify."

To quote from Dr. Simpson in reply, and in refutation of this untenable statement, it has been shown by Dr. Willan as early as 1800: "That when a person was inoculated and vaccinated at the same time, both proved effective, for the vaccine vesicle proceeded to its acme in the usual number of days, and the variolous disease was attended with a pustular eruption on the skin. Dr. Willan gives a drawing and notice of a case of the conjunction of small-pox and cow-pox upon the same individual, which is peculiarly interesting as bearing upon the homœopathic law. He represents in his work, Plate I, Fig. 3, the arm of a boy who had been inoculated with variolous matter and vaccine matter. The vaccine vesicle progressed and is represented of full size, and *within* the border of one side of the vaccine vesicle is a small-pox pustule which rose and matured in that position. Dr. Willan further states that matter taken from this inclosed pustule produced small-pox, while the lymph from the vaccine vesicle communicated the

cow-pox." M. Legendre has collected more than fifty, and Clerault more than one hundred cases of the simultaneous appearance of these two diseases, and in an epidemic at Marseilles, in 1828, sixteen persons died, all affected with co-existent cow-pox and small-pox. From the domain of connatural or allied diseases, Hahnemann also adduces, as another instance of the truth of the universal law, the homœopathic cure and the preclusion of hooping-cough by the measles. Without attempting to controvert the well-known coincident prevalence of the two diseases, and the frequent succession of the one upon subsidence of the other, to an extent so marked and frequent as to lead to the opinion, by many distinguished pathologists, as Copland, Desmellez, and others, that the one predisposes to an attack of the other, he again perverts the language of Bonsquillan, and with the same disregard for truth as in the case cited above of Dr. Willan. Dr. William Thompson, Professor of the Practice of Physic in Glasgow, has translated an extract from Bonsquillan's French edition of Cullen's Practice, in which he expresses his belief that so far from having preventive power "there is much reason to believe that measles prepares the way for hooping-cough, and that that preparatory influence is exercised through the mucous glands."

Well may Dr. Simpson, with such evidence before him of the duplicity of this self-styled high-priest of nature, exclaim, "They drew aside the veil, and where they expected a mystery they discovered a fraud."

We furnish, from copious stores of similar facts, another instance of the total failure in its application of the universal law in the eradication of miliaria by the curative substitution of measles, as stated in the language of Hahnemann: "A chronic herpetic eruption was entirely and homœopathically cured by the breaking out of the measles, as Kortum observed. An excessively burning miliary rash on the face, neck, and arms, that had lasted six years, and was aggravated by every change of the weather, under the influence of the measles assumed the form of a swelling on the surface of the skin; after the measles had run its course, the rash was cured and returned no more." The fallacy in the application of the rule in this instance must be obvious to any, the most unreflecting. The one disease, of an epidemic character, spreads by atmospheric and contagious influences, having a determinate course, affecting all the fluids and tissues of the economy, and bearing no more similarity to miliaria, a localized disease, than, in the language of Dr. Simpson, a salmon does to a leopard because both have spots on the surface. The other analogous diseases adduced by Hahnemann are equally inadequate to sustain the doctrine that like cures like; but as his errors become more patent his assertions become stronger." After telling us that his

object is now to speak of something "determined and indubitable," he proceeds to state that the small-pox upon the principle "similia similibus curantur," has, as a curative agent, "removed and cured a number of affections with similar symptoms," among which are amaurosis, chronic ophthalmia, deafness, dyspnoea, testicular swelling, and a dysenteric state of the bowels. In answer to this argument, the records of medicine fail to show that amaurosis and testicular swelling are the sequelæ of small-pox, or are cured by an attack of it; "that chronic ophthalmia and dysentery may be caused by or in concomitant symptoms, is no evidence that they are necessarily cured, homœopathically, by it; but admitting that there may be some remote connection between the pathological condition of the cause and the sequence, the law is invalidated upon his own declaration, that the remedies for the disease must be not only similar, but they must be the most similar possible, or that there must be the most accurate similarity." Can absurd pretense go farther, or to any unprejudiced mind is it necessary to urge facts to prove the wide variance between a chronic conjunctivitis, or dysentery and small-pox? When an advocate of a weak cause is driven to such props, he has saved his antagonist trouble, by reducing his own proposition to the extremest absurdity. Chapter XVII is devoted to those points which involve the purposes and objects of employing remedial agents, and as a practical art, for the relief of mankind from all the curable ills to which flesh is heir, the importance of the subject is ably and fully canvassed in this one of the most interesting in this very interesting and instructive book. Here is developed the entire disregard of Hahnemann and his disciples for pathological observations, conditions and results: they are pronounced by him as illusory, the vagaries of a dream, utterly unreliable and as leading astray. He does not allow, as a condition of disease, an internal change of texture or function evidenced by external signs: the latter only, when rightly interpreted, the exponents of change, in function, or organic structure. He declares that the symptoms alone are worthy of attention. "Every thing," he observes, "of a really morbid character, and which ought to be cured, consists solely in the sum total of the symptoms, by means of which the disease demands the medicine requisite for its relief, while, on the other hand, every internal cause, every occult quality or imaginary morbid principle, is nothing but an empty dream." He also adds: "That besides the collective symptoms, nothing can be discovered in any way in diseases, wherewith they could express their need of aid; it undeniably follows that the sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a curate remedy." It would be adding unnecessarily to

the length of a mere synopsis to pursue any further the abundant proofs furnished by the author upon this subject, or to add an argument in favor of the indispensable necessity of a thorough knowledge and cultivation of pathology as the groundwork of legitimate medicine. Enough has been extracted from the pages before us to excite interest, we hope, for a further examination (in the work itself) of the thorough antagonism and contrariety between allopathy and homœopathy, on this most important subject. As it has not been convenient to adhere strictly to the arrangement of the work itself in the imperfect manner in which an analysis has been attempted, we shall pass over many other branches, treated of in the remaining chapters in the same clear and satisfactory manner, apparent in the arrangement of facts and arguments that characterize the former ones. Dr. Simpson furnishes abundant evidence that not alone in this country is homœopathy seized upon by the mercenary or unsuccessful licentiates of legitimate medicine, who, unscrupulous as the founder of the system, prey upon the dupes of their impostures. It is well known that Hahnemann failed of success in the practice of medicine, and then turned his attention to more facile modes of money making than the toilsome paths of rectitude and true science. Long before 1810, the year of the publication of his *Organon*, he had disgraced himself and lost his position as a professional man, by vending a nostrum under the name of *Pneum*, that consisted of nothing but borax. Having once thrown aside all regard for professional respect, he exerted all his efforts to establish a new system, which he well knew would, from its very extravagance, arrest the attention of the curious, and impose upon the credulous and impulsive with its dynamizations, and potencies, and spiritualizations. He struck a vein in the mental constitution that as long as there is a living man or woman to be moved by wonder, or tempted by curiosity, to adventure upon new paths of science or pleasure, will never be exhausted.

It is curious to note from the pens of reliable authority, the latter days of Hahnemann in Paris, where his celebrity ceased not to attract crowds, even when life and intelligence were on the wane, nay, almost extinct. His young wife prescribed to hundreds of invalids from all parts of the world; some attracted by curiosity, some with the vain hope of deriving benefit. His crowded salons bore witness to the notoriety he had attained, and while she, who is described as being pretty and intelligent, recorded the symptoms and prescribed the remedies, the aged founder of homœopathy, in senile torpor, reposed in a well-stuffed easy-chair, mechanically puffing his *Meerscham*, and gazed with lusterless eyes upon those who were around him.

Although there are many homœopathic practitioners in Western New

York, and the doctrine itself has been popular, yet to the credit of the profession it must be said, that very few regular members have tampered with it. The incentives to do so have been very strong; urgent appeals have been made by the popular voice to the dejected, plodding, and dispirited practitioner to abandon his obsolete and unpopular system, and become the advocate and follower of the new and favorite doctrine. Golden harvests have been promised, and the success that has attended more dashing and unscrupulous competitors, has been obvious. We cannot but admire the abiding influence of those moral precepts, that, infused into the mind of the student while pursuing his preparatory course, protect him in after life while struggling with obscurity, perhaps penury, in a toilsome and anxious profession, from swerving from the path of rectitude and honor.

Though we possess many works on the subject of homoeopathy, and among them those of Dr. Hooker are especially agreeable, Dr. Simpson's volume will amply repay a perusal, and we can safely recommend it to our professional brethren. W.

ART. XII.—*Record of Mortality in the City of Buffalo, for the Month of February, 1854.* By J. M. NEWMAN, Health Physician.

DISEASES.	No.	Males.	Females.
Albuminuria,	1		1
Apoplexy,	3	1	2
Bronchitis,	1	1	
Bronchitis Typhoid,	1		1
Child Bed,	2		2
Cholera Infantum,	1		1
Consumption,	18	11	7
Convulsions,	16	7	7
Croup,	6	3	3
Cyanosis,	1		
Cynanche Tonsillaris Malig.,	1		1
Diarrhoea,	2		2
Diarrhoea, Chronic,	1	1	
Disease of Kidneys,	1	1	
Dropsy,	3	2	1
Dysentery,	3	2	1
Fever,	1		1
" Typhoid,	8	4	4
" Typhus,	1	1	
" Puerperal,	1		1
Hepatitis,	1		1
Hydrocephalus,	3	1	2
Hypertrophy of Heart,	1	1	

REGISTER OF MORTALITY—(Continued.)

DISEASES.	No.	Males.	Females.
Inflammation of Bowels,.....	2	2	
“ “ Brain,.....	1		1
“ “ Spinal Marrow,.....	1	1	
“ and ulceration of Mucous Membrane,.....	1		
Injury to Heart,.....	1	1	
Measles,.....	7	4	3
Meningitis in course of Rheumatism,.....	1		1
Old Age,.....	7	5	2
Pneumonia,.....	5	2	3
“ Typhoid,.....	2	1	1
Paralysis,.....	1		1
Pleurisy,.....	1		1
Purpura Hæmorrhagica,.....	1		1
Scalded,.....	1		1
Scarlatina,.....	10	3	6
Small-pox,.....	2	1	1
Still-born,.....	4		
Suffocation from enlarged Cervical Glands,.....	1	1	
Teething,.....	1		1
Unknown,.....	13	6	5

140

Males,.....	64
Females,.....	66
Sex not given,.....	10
Total,.....	140

AGES.

Still-born,.....	4	Between 3 years and 6 years,.....	15
1 day,.....	2	“ 6 “ “ 12 “,.....	4
Between 1 day and 15 days,.....	12	“ 12 “ “ 20 “,.....	7
“ 15 days and 30 days,.....	2	“ 20 “ “ 30 “,.....	18
“ 1 month and 3 months,.....	2	“ 30 “ “ 40 “,.....	9
“ 3 months and 6 months,.....	7	“ 40 “ “ 50 “,.....	8
“ 6 “ “ 9 “,.....	9	“ 50 “ “ 60 “,.....	7
“ 9 “ “ 12 “,.....	7	“ 60 “ “ 70 “,.....	5
“ 1 year and 3 years,.....	17	Ages not given,.....	5
Total,.....			140

NATIVITY.

American,.....	51	French,.....	1
English,.....	1	Swiss,.....	2
Scotch,.....	2	Pole,.....	1
Irish,.....	10	Colored,.....	2
German,.....	39	Country not given,.....	30
Canadian,.....	1		
Total,.....			140

From the above tables it will be observed that many of the certificates are still defective in not giving the sex and nation of the deceased.

During the month two sextons were detected, prosecuted and fined, for making interments without “permits.”

EDITORIAL DEPARTMENT.

(*Explanatory.*)

MR. EDITOR:—In an editorial on the subject "Legalized Dissections" in your last issue, I find the following:

"In the government school at Ann Arbor, there has been an almost complete destitution. We are credibly informed that only one dissection class had been organized at the close of the third month of the term. The lecturer on anatomy had at that time no subject, and was, at the last accounts, waiting the arrival of one procured from a distant city, but which was delayed somewhere upon the route."

The facts are as follows: At the close of the third month of the term, fifteen classes had been supplied, and I had used three subjects in demonstrating my anatomical course, thus keeping fresh material constantly upon my lecture table.

As you were undoubtedly honest in the above statement, I trust you will do us the justice to give the same publicity to this correction, that you did to the error.

MOSES GUNN.

(*Copy.*)

BUFFALO, 27th FEB., 1854.

DR. M. GREEN,

Dear Sir:—Dr. Daniels handed me your communication this morning. I take this, my first leisure, to reply.

The March No. of the Journal is already in type. The April number will contain your statement, followed by this explanation.

I was told, early in January, by the agent employed by your school to procure subjects in this city, that fifteen classes had at that time been formed, and only one of them supplied with material; that the professor of anatomy had no subject for his demonstrations; and that he had some time previously forwarded one to him, which was delayed somewhere upon the route. He gave, as his authority, Mr. ———, one of your students, who had made two unsuccessful trips hither in quest of material.

When he made this statement I objected, strongly, to his procuring material here, as if any discoveries took place the trouble would fall upon me.

Perhaps he deceived me, or perhaps was himself deceived. I have hitherto deemed him trustworthy, and do not know why he should tell anything but the truth.

You will see that my authority for the statement was sufficient. I must, however, give entire credence to your reply as will, no doubt, all who read it. Indeed, we have only to suppose a fortnight's difference in the time stated and both statements may be entirely correct. I do not wish you to look upon this explanation in the light of an apology. It is simply an act of justice, such as I shall always cheerfully render when any statement of mine is corrected. Neither would I have it understood that I do in any sense, withdraw from the positions I have assumed relative to the propriety of instituting government schools of medicine, or their efficiency when established.

With sentiments of the highest respect for yourself,

I remain,

Yours very truly,

SANFORD B. HUNT.

Prof. MOSES GUNN.

The above correspondence will explain itself. We supposed that it was a sufficient apology for the statement made.

Three weeks after this correspondence passed, the *Peninsular Journal of Medicine* comes to us containing, as its leading article, a shower of abuse upon the *Buffalo Journal*, the *Buffalo College*, and more especially upon us the junior editor. In this article an anonymous writer, seconded and endorsed by the editor, impugns our veracity and our motives, descending to the lowest personalities, and applying the most opprobrious epithets.

To any such attack we can make but this reply. We are not competent to a war of billingsgate—we have not the necessary command of a peculiar dialect. We have repeatedly afforded to the *Peninsular Journal* an opportunity to refute, if possible, our arguments upon the main question at issue, viz., the propriety and usefulness of government schools. This issue we are willing to enter upon. We will cheerfully hold a controversy with the "*Peninsular*" upon it, if the discussion can be kept clear of personalities and blackguardism. But if the subject of discussion is to be the relative merits of two schools; or, worse still, the motives, candor, or veracity of the combatants, we must decline any further intercourse. In such a quarrel our readers have no interest. We have no Corporal Bullhead in our service to do the smutty part of the work, and we have no inclination to do it ourselves.

The eagerness with which this error of a paragraph is seized upon for personal invective, while all sound argument is sedulously avoided, brings with it the conviction that the "Peninsular" answers the question of fact because it *can* do so, but pays no heed to the main issue, because it *cannot* reply to the arguments we have adduced.

We had hoped to see in the "Peninsular" a calm and honest reply to our articles on the general subject of medical colleges. We have no quarrel with the school at Ann Arbor, its conductor, or its organ. But we are willing to discuss the merits of the system on which that school is founded, as compared with the system of individual enterprise.

In conclusion, we repeat that it would be lowering the dignity of our Journal to engage in such a discussion as the "Peninsular" has commenced. When it can meet us good-naturedly, and without calling hard names, we shall, so far as possible, reinstate it in our former good-will. S. B. H.

Too good to keep!—A newly appointed Prof. of Theory and Practice in a Western medical school, more familiar with politics than physic, started on a pilgrimage to the east. At Buffalo he called upon one of the magnates of the profession. In the course of the conversation the *nouveau ne* Prof. inquired as follows: "Can you tell me, Sir, what there is about this matter of physical diagnosis? Is it really, now, worth knowing?"

The host indicated very politely that it was, perhaps, desirable that *teachers* should have some knowledge of it; whereupon the newly elected one said "that if it was really worth while, he would go down to New York for a fortnight, and acquire it. For his part he had n't much faith in it."

Whether or no our ambitious teacher followed the advice of his host, "to go by all means," we cannot say.

The Dissection Bill.—This bill is still dragging its slow length through the Assembly. We are told, by those who are capable of forming an opinion, that it will be passed. There has been some able debate upon it, and the arguments in its favor have been very manfully supported by its friends. When it gets through its embryonic existence and becomes a law of the land, we shall have some fault to find with it, but for the present we are only anxious for its passage.

Monthly Periscope.—Our Journal of last month contained no Periscope. This omission was rendered necessary by the amount of editorial matter which required timely attention. And, as it happens, we have this month so much original matter, that the Periscope only finds entrance by the omission of the Eclectic Department.

We look on our selected matter as, usually, not the least important portion of our pages. But as it is our purpose to publish, monthly, original matter which may be interesting to our circle of readers, we have usually curtailed our selections, and in lieu of large borrowing from the pages of our exchanges, we have given this our Periscope—a department in which we gather together many scattered facts of value, for which we would have no room were we to publish them in their original form. This method gives us also the opportunity of criticism, in the conduct of which we strive to be liberal, but, at the same time, we limit it by no rules, and dwell as little, or as long, as we please on any given subject.

Meigs on the Uterus.—The “American Medical Monthly,” the new Journal in New York, has a very “square-toed” review of Meigs on the Uterus, as constituting a part of the transactions of the American Medical Association. In our own notice of this work, (in preceding pages) we have looked upon the report as a book; while the “Monthly” looks upon the book as a report. This is a somewhat important difference. In the form in which we recognize it, it is a very fair tract upon its special subject; hardly up to the reputation of the writer, perhaps, but nevertheless a very good and useful book. But as a *report*, we agree with the “Monthly,” that a clinical report from Dr. Meigs, of cases however interesting, does not constitute a report of the existing condition of obstetrical science for the year of our Lord 1853.

New Entozoon.—Dr. S. Mitchell gives in the Boston Medical and Surgical Journal, a description of a new inhabitant of the intestinal canal, of which over one hundred were expelled from a little girl of five years, by the pumpkin-seed emulsion. Deprive a young unfledged bird of wings and legs, and let a long, spindling tail grow from each extremity, the anterior of which shall be fimbriated, the whole animal being some inch and a half or two inches long, and you have as good a description of the thing as we can give without a wood cut.

Vegetable growth in the “fur” of a coated tongue.—Prof. Alonzo Clark

presented to the New York Pathological Society, the results of some recent inquiries made by him, into the nature of the "fur" found in large quantities on the tongue of a patient in a very low condition.

The fur had "a mossy white appearance, and was even $\frac{1}{2}$ of an inch thick, or more, covering the mucous membrane of the lips and cheeks, as well as the tongue."

It was found, under the microscope, to consist of

- 1st. Epithelial scales.
- 2d. Vibriones, and
- 3d. An abundant vegetable growth.

In the scales there was nothing remarkable. The vibriones were very large and active animalculæ. The spores from which the vegetable fibers were produced, were "sometimes imbedded in the epithelial cells, and sometimes packed between them"—Its quantity was astonishingly great. Dr. Clark found, after research, that he had been preceded by M. Robin a few months in this discovery. This growth is probably common in many exhausting diseases. It is believed to be constantly present in the disease called "miguet" by the French. The sulphurous acid is found to destroy this parasitic vegetation, and may be considered the most appropriate remedy for it.

Arabian Medicine.—On the second day of the late session of the New York State Medical Society, Dr. Van Dyck, an honorary member, gave a very interesting account of the state of medicine in Syria. Dr. Van Dyck has for some time been attached to the Mission Establishment at Smyrna.

The condition of medical science in the East is much the same as it was in the days of Rhazes and the Abn Sina, (corrupted into Avicenna by the moderns.) Indeed, the old authors of primitive medicine are still in repute, and, like the Dogmatists, who ruled the profession in the middle ages, they look to the ancients as not only the first, but the highest authority; regarding them in the same light as they do the Koran, and rarely departing from their precepts.

Their surgery is very simple. In bleeding they feel for the *artery* at the bend of the arm, not with the view of avoiding, but of penetrating it. They evidently do not understand the distinction between arteries and veins, as they ligate the arm above the point of venesection, and always select the point where the vein crosses the artery. Of course they only reach the vein.

That they do not wound the artery is not very surprising to any one who has ever taken the pains to notice how often venesection is performed in this

country, directly over the artery. It is a most common thing to feel the pulsation of the brachial immediately beneath the cicatrices of old venesections. That much carelessness is not oftener attended by dangerous consequences, is the only remarkable circumstance. The instrument used by the Arabs, is oftentimes only a sharp piece of glass, attached to a stick, which is placed over the vessel and gently struck, as in the use of the phleam in bleeding animals.

Dr. Van Dyck mentions a man, Abu Budka, who performs lithotomy with a single knife. We have elsewhere heard an account of his method, which is to introduce his finger into the rectum, and after finding the stone, to work his finger round it, (the vesico-rectal septum of course intervening,) and drag it down against the perineum. The incision is thus made directly upon it, and when completed, the pressure of the finger behind throws out the stone.

The operation has the merit of simplicity, and is said to afford a fair average of success.

Uses of Strychnia.—Perusing a reference to Dr. Corson's late paper on functional disease of the heart, we noticed an allusion to his use of strychnia in debility of the heart.

This drug is but little in use among the generality of practitioners. Probably its active poisonous nature has deterred them; yet it is no more dangerous in its use than many other drugs which we employ without hesitation. Early in our practice we prescribed the solution of strychnia in acetic acid, in a number of cases of habitual constipation with very satisfactory results. We looked upon the constipation in these cases as a result of debility, inaction, or perhaps partial paralysis of the muscular coat of the intestines. By restoring vigor to the muscular tissue we reinstated the function of the bowel.

All those who have made nervous disease a subject of special study, are inclined to enlarge its boundaries, and to include the nervous pathology in many of those diseases considered as purely zymotic. But it is evident that blood poison operates not unfrequently, (and perhaps always) first upon the nervous system. And it is the ganglionic system which is especially affected by these poisons. The elimination of the poison is a natural process, but its rapidity must depend very much upon the integrity of the nervous centers which govern secretion. It is from looking at the subject in this light, that we were first enabled to recognize the philosophical nature of the quinine treatment in typhus. This theoretical opinion has since been confirmed by actual observation.

Now there is no great difference in the actions of quinine and strychnia. Both of them are stimulants directed especially to the ganglionic system; both are, *therefore*, anti-periodics, and they differ only in relative activity. Cases of typhoid fever occurring under the care of Prof. Rochester at the Buffalo Hospital of the Sisters of Charity during the past winter, which were in that low, sinking condition, verging toward coma, and marked by great debility of those organs depending on the ganglionic system for life, were greatly benefited, and apparently saved by the administration of strychnia.

We have not space to pursue this matter further, but we express our conviction that strychnia is a remedy of application almost as universal as brandy or quinine. In another number it is our intention to write more fully upon it.

Oil and Albumen.—The Monthly Journal of Medical Science, (Edinburgh,) has an article on the immunity of those engaged in wool-combing, and other greasy manufactures, from tubercle. It seems that consumption is very rare among them. Much of the oil which saturates their clothing is absorbed, and if the theory of Dr. Bennett be true, it furnishes the nuclei in cell formation, and prevents that excess of albumen which is asserted to be the principal or proximate cause of tuberculosis.

An ancient professional friend in Northern New York, where consumption is very frequent, and forms an enormous item in the bills of mortality, has been for some time engaged in experiment upon the inunction of cod liver oil in phthisis. What results he has obtained we do not know.

We translate from the "Moniteur des Hopitaux," the following account of an instrument for holding a sponge in making local applications to the pharynx; presented to the Societe de Chirurgie of Paris, at their sitting of the fourteenth of December 1853.

"*Porte eponge.*—At the commencement of the sitting, M. Robert presented in the name of Dr. C. J. Adams, secretary of the Academy of Medicine of New York, a whale-bone *porte eponge*, of three branches; which was made by M. Charriere, the son. This instrument was first invented by Dr. Buck, the Vice-president of the New York Academy, who constructed it with two branches.

"The design of this instrument is to permit the changing of the sponge which has served to cauterize one patient, when it is wished to cauterize another, without having recourse to the tedious process of binding on a new

one, which is necessary whenever we wish to change the sponge in the ordinary instrument.

"One of the branches of the new instrument is furnished with a catch, over which can be passed a constricting ring, held by the aid of a bayonet notch. When the ring has reached the catch, a demi-movement of rotation is executed. We can then no longer pull off the sponge, and it is found to be immovably fixed."

Judging from the wood-cut, we should think this apparatus a little too complicated for so simple a purpose. The instrument which has been for some time in use, has but two branches, brought together by a simple constricting ring, without any catch. It is made of steel, and answers its purpose very well.

Either instrument is much better than the filthy habit of using the same sponge repeatedly.

Union and Harmony.—Judging from the objurgations of the Dublin Medical Press and its London correspondent, we should infer a very unpleasant state of things in the British medical world.

By some hocus-pocus which these writers do not make very clear, the ignorant, but designing men have succeeded in occupying all the good places, to the great detriment of honest worth and genuine talent. If we are to believe these authorities, every man of eminence in medicine or surgery, particularly those connected with the Royal Colleges and Hospitals, is an egregious rascal; while all the real talent and honesty is forced into chemists' shops, or into the poorer employment of surgeons in emigrant ships.

Everything is wrong there. Quacks are getting rich, and honest men grow lean and threadbare. They refer (*credat Judæus*) to America as the paradise of legitimate medicine.

We are sorry to learn so much evil of our transatlantic brethren. We can hardly believe that their sufferings are so intolerable. Perhaps when these writers, in the natural course of events, have themselves become "old fogies," and got good places in the Hospitals, they will feel better about it. Nothing makes a man so charitable to his neighbors as his own success. It is astonishing how good fortune, large fees, and many of them, do away with the evils of quackery, and dispose the happy recipient to lean back in his easy chair, stroke his abdomen, and say "*I am very comfortable! what is the use of keeping up a continual disturbance about quackery?*"

We believe there is a deal of exaggeration about quackery. We suppose that very few quacks attain to any great success. Now and then a pill-in-

ventor may build up a fortune, but, so far as our own acquaintance extends, we have found that the ignoble herd of homœopaths, hydropaths, eclectic, and their brother humbugs, though eternally boasting of the amount of their business, never seem to realize from it all. For a few years they keep their heads above water by display at the expense of their creditors, and then sink to oblivion and poverty.

Saying nothing about the loss of caste, of social standing, and self-respect, involved in the practice of quackery, it has no material advantages to compensate, no dollar-and-cent charms to comfort one in his degradation.

We write this because we fancy that a great error has been committed by the medical press in this regard. It has uniformly held up the dishonors of quackery as sure to meet with a splendid pecuniary reward, while it has given the most dolorous pictures of the sufferings of the honest medical man, toiling on through a life of poverty, unrewarded save by the halcyon calm of his own conscience. This is all moonshine! Poor ourselves, and with such a proclivity to the dispersion of the dollars, that we expect to remain so, we still think the profession of medicine a paying and an honorable occupation, and while we think that its responsibilities and cares are too severe for the morbidly sensitive or lachrymose man, it still affords as pleasant a route through "this vale of tears" as any other for the cheerful, courageous, and enterprising.

Surgical.—In the proceedings of the Surgical Society of Ireland, J. H. Power, M. D., reports a case of dislocation at the tarso-metatarsal articulation, an accident which must necessarily be very rare. It was caused by jumping from a wrecked ship to a rock upon the shore, some eighteen or twenty feet distant from the spot whence he sprang.

The diagnostic marks of the accident were shortening of the foot, measuring from the heel to the toe, the tibia and os calcis in their natural position; the sole of the foot was convex, on the dorsum of the foot was a firm elevation, with a corresponding depression, and finally, the foot was twisted.

The dislocation was adjusted by making extension from the great toe, the leg being flexed, and the ankle held by an assistant. Extension was then made in the direction of the abnormal axis of the great toe, that is, downward and forward. The right hand was then pressed against the projecting tumor in the sole of the foot, while the left did the same upon the dorsum. A sudden change was then made in the direction of the extension to upward and forward, with the result of bringing the bones to place.

Amputation at the Hip Joint.—This was performed July 5th, by Prof.

Van Buren, at the New York Hospital, on a little girl of 9 years, who had been run over by a railroad car, producing a compound comminuted fracture of the thigh bone. The operation was performed by the antero-posterior flaps—but little blood was lost.

Patient died forty-six hours after injury.

Lithotomy.—We have three curious cases of lithotomy to record. The first we abstract from the Edinburgh Monthly, the others from within our own observation.

Dr. Dinsmore performed lithotomy, and extracted a stone two inches long, one and a half broad, and three-fourths of an inch thick. It was found to consist of phosphates, and contained in its center an oval cavity, in which was a *portion of woolen cloth*, the size of a filbert.

This patient, eleven years before, while stepping into a fishing-boat, slipped and fell backward upon the "thole-pin," which entered the perineum near the anus. An abscess formed, and urine flowed through the opening, which remained open for five months. This cloth was evidently carried into the bladder by the "thole-pin." The reader will at once notice the comparatively trivial effects of so dangerous a wound, and set it by the side of Ahu Budka's operation, recorded on a previous page.

Our second case occurred during our pupilage, the operation being performed by our preceptor. The calculus was a formidable *slate pencil*, two and a half or three inches long, and somewhat incrustated with phosphates. This pencil the patient, a boy of twelve, had succeeded in navigating up the urethra as far as the neck of the bladder, when the attending surgeon finished the job by crowding it through into the bladder, in the attempt to extract it with forceps. A small perineal section would have saved some trouble in this case.

The third case is a very ludicrous, and, but for the fortunate explanation which was at last afforded, would have been a very annoying one to the distinguished surgeon and his colleagues, who all seemed at the time to have made a very singular error in diagnosis. A mulatto subject was laid upon the table to illustrate the operation of lithotomy. The surgeon was about to introduce a stone above the pubis as is usual, but on passing a sound, he discovered one already in the bladder. *Materia Medica* was called in, and after some hesitation, verified the diagnosis. *Physiology* came next, and the opinion was unanimous, that by a fortunate accident, they had a real stone in the bladder. The students were next called on. The click sound could be heard throughout the theater, and the calculus could be driven from side to side of the bladder, and was felt distinctly by the whole class.

Some water was now injected into the bladder, the operation was skillfully performed, with perhaps a little unusual display of dexterity. The finger was thrust in immediately, when, with a very blank countenance, the surgeon declared that he could find no stone. One after another examined with the same result. Physiology grew excited, split down the whole length of the urethra, and ripped up the abdomen, searched the ureters, turned the bladder inside out, but no stone. *Materia Medica* plumed himself highly upon his first hesitation in diagnosis, and laughed at his brothers in affliction.

There the matter rested. To be so deceived was very mortifying to a surgeon who had often performed the operation on the living subject. It went far to destroy his confidence in his own powers of diagnosis. The next day, the demonstrator, who had been absent, afforded the following laughable explanation. The subject had lain for a week, completely frozen, and had only got well thawed upon the surface, when brought into theater. Ice from frozen urine still remained in the bladder, and this it was that had afforded the click sound, (which had been noticed as somewhat peculiar.) During the prolonged examination and the injection of the water, the ice had thawed, and of course, the *calculus* had disappeared.

There is only one moral to this history so far as we know. All lithotomists should be sure that their patients have not ice in their bladders before they operate.

Encyclopædical Knowledge.—We find the following “nut to crack,” quoted in the Virginia Medical and Surgical Journal.

“It is all very fine to insist that the eye cannot be understood without a knowledge of optics, nor the circulation without hydraulics; that metaphysics have their use in leading us through the intricate functions of the nervous system, and the mysterious connections of mind and matter. It is a truth; and it is a truth also that the whole circle of the sciences is required to comprehend a single atom of matter; but the most solemn truth of all is, that the life of man is three score years and ten.”

It is no mean question with the practical physician—he who wishes to know what he may use to the benefit of his patients—as to which of all the surgical books thrown out to the profession, are most necessary and useful to him. The depths of comparative anatomy, the mysteries of the cell, are subjects for the philosopher, rather than the physician. The latter may profit by the general deductions of the former, he may grasp the thought which governs these arcana, but he cannot become familiar with their detail, without sacrificing time which he can poorly spare.

H.

Pharmaceutical.—Mr. A. I. Mathews, an enterprising and excellent druggist of this city, has sent us his annual catalogue, a pamphlet of some 120 pages, filled with a long array of drugs and medicines, pharmaceutical preparations, surgical instruments, etc. Among them all, we find no mention of any patent or secret remedies, neither are such to be found upon his shelves.

Accompanying the catalogue, we have received a suite of specimens of some new pharmaceutical products, prepared by himself, in very convenient form for administration.

These consist of fluid extracts, and of saccharated powders. The extracts are fourteen in number, one-half of them being official, and the remainder prepared from formulæ which have appeared in the American Journal of Pharmacy. They are extremely eligible and convenient for exhibition. They retain the characteristic odor of the plant in a marked degree. As an instance of convenience, we may notice the "Ext. Spigeliæ et Sennæ Fluid," of the U. S. Pharmacopeia. The dose of this active anthelmintic is only a fluid dram for a child two years old. Besides this we have the fluid extracts of Senna, Valerian, Hyosciamus, Serpentina, Lobelia, Rhei et Sennæ, Buchu, Cubebs, Cinchona, Piper Nigr, Gentian, Rhubarb, and Sarsaparilla.

The saccharated powder is something entirely new to us. It is prepared by evaporating the tinctures of plants to dryness, with an equal weight of sugar. They are extremely neat in appearance, pleasant in exhibition, and, if we are to judge from odor and taste, active in medical potency. Hyosciamus, Aconite, Cinchona, Valerian, Carbonate of Iron and Manganese, Digitalis, and Sanguinaria, are thus put up, a solid dram of the powder being equal to a fluid dram of the tincture.

We are glad to notice such beautiful preparations by a Buffalo pharmacist, and do not see why they should not be generally adopted. H.

Our next number will contain articles from Prof. Lee, Dr. W. C. Butler, and "Rusticus," together with Mr. Germain's speech on the Dissection Bill.

We hope that the favors extended to us by able correspondents will be continued. We should like to make the Journal, as far as possible, the expression of medical opinion and sentiment, not of Western New York only, but of the entire range of country included in our mail-list.

The Summer Course of Lectures and Recitations at the Buffalo Medical College commences on the first Monday in April.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 9.

MAY, 1854.

NO. 12.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Puerperal Convulsions treated by Tracheotomy.*
Communicated by Dr. MARSHALL HALL.

To the Editor of the Buffalo Medical Journal.

SIR:—I think the following case will not be without interest for your readers. It is to be regretted that the orifice made into the trachea was not of more ample dimensions. To prove availing it should be sufficient to remove *all* laryngeal dyspnoea during the paroxysms of convulsions, absolutely. It should also have been performed earlier, perhaps instead of the second blood-letting.

I am, Sir,

Your obed't servant,

MARSHALL HALL.

BUFFALO, April 3, 1854.

Mrs. G——, a delicate woman, aged 29, was roused from her sleep at 3, A. M., March 7, by the escape of the liquor amnii, which was the first notice she received of the commencement of labor, having arrived at the full period of a first pregnancy; all seemed to progress favorably until about half-past nine; vomiting, yawning, and headache being then present. During this period her countenance was unusually pale, but these symptoms did not create

alarm in the mind of the gentleman in attendance, until 9.30, when a most severe and sudden fit of convulsions attacked her, which lasted about an hour, in which *the face was very livid, and suffused, and the veins of the head and neck much distended, the carotids beating most violently.* The general convulsions and contraction of the countenance, were of the most fearful description. On my arrival a vein in each arm was opened, and finding the fits returning with great violence at short intervals, I resolved to empty the uterus as speedily as possible, and I practiced craniotomy and removed the foetus. The placenta was expelled, by uterine action, in about five minutes; there was no hæmorrhage; and the convulsions subsided. Consciousness was restored, and some gruel taken. She remained in this state for about an hour, when the convulsions set in again most violently. The jugular vein was opened, as well as a vein in the arm; the hair cut off, ice applied to the head, hot applications to the feet, cataplasms, &c., &c., &c. Terebinthinate enemata were administered; still convulsions returned, and I could but reflect upon the parallelism (to my mind) between this case and the epileptic cases in which Dr. Marshall Hall has recommended the adoption of tracheotomy; and as asphyxia was threatened *every moment*, and the constriction of the neck, and distended veins, &c., made each attack so perilous, I resolved to operate, though in the middle of the country, and without the usual appliances for so delicate an operation, which, also, was rendered more difficult by an enlarged thyroid gland. I, however, converted the silver tube of my caustic case (the end being removed) into a tracheal pipe secured by a tape, and with the aid of the few things my pocket case contained in addition to my penknife, I accomplished my purpose. Not a dessert-spoonful of fluid was lost, and *the moment the trachea was opened the relief was apparent in the countenance, which never after became in the least livid, neither did the veins ever become distended.* The fits did not, however, cease, but they became *less frequent, and less violent*, and it was evident that there was a marked diminution of suffering to the patient, and time given for the administration of remedies, which, however, ultimately proved of no avail, for the patient sank about noon the next day, having survived delivery about twenty-four hours.

I should mention that her case was complicated with bronchitis, having, a fortnight before, taken cold and been coughing a good deal, and the quantity of muco-purulent secretion discharged from the operation was very great. There is also another circumstance with which I was struck: the absence of convulsions during the time the cataplasms were smarting (while consciousness remained) as well as during the pain of the operation and the passage

of the child and after-birth into the world. The first convulsion immediately followed a digital examination. Her nervous system had received a great shock about twelve days before which had affected her very much. The convulsions ceased about 1 o'clock in the morning, and a state of coma continued to the last.

ART. II.—*Clinical Remarks on the Cerebral Circulation—its Pathology.*

By CHAS. A. LEE, M. D.

Before proceeding to speak more particularly of the consequences of derangement in the cerebral circulation, I would call your attention to some considerations connected with its peculiarities. * That the normal functions of the brain depend on a due and regular supply of arterial blood to the organ, is admitted by all; while there is much diversity of opinion in regard to the pathology of cerebral affections. The opinion was first advanced by Dr. A. Monro, of Edinburgh, in 1783, *that the absolute quantity of blood within the cranium is, at all times, and under all circumstances, nearly the same;* and this opinion has found advocates in Drs. Kelly,* Abercrombie,† Clutterbuck,‡ Watson,§ Rouchoux,¶ Copland,¶¶ and several other eminent pathologists.

This doctrine is supposed to be sustained by the peculiarities in the cranial structure; the encephalon being included in a strong bony case, which it exactly fills, and removed, it is said, from all atmospheric pressure, except what it receives through the blood-vessels which enter it. Dr. Monro was in the habit of illustrating the doctrine, by filling a glass globe with water, and then inverting it, when no fluid escaped from the small aperture. Dr. Abercrombie states that "it is probable that the quantity of blood circulating in the cerebral vessels cannot be materially increased, except something give way to make room for the additional quantity, because the cavity is already completely full; and it is probable that the quantity cannot be materially diminished, except something entered to supply the space which would

* Observations, &c., on the Nervous System. A. Munro, Ed., 1783.

† Path. and Practical Researches on Dis. of Brain and Spinal Cord, &c.

‡ Cyclop. of Prac. Med.; Art. Apoplexy.

§ Lectures on Prac. of Med., 1st Am. Ed.

¶ Recherches Sur l'Apoplexie, p. 311. Paris, 1835.

¶¶ Dic. Prac. Med.; Art. Apoplexy.

become vacant." Dr. Abercrombie seems to have adopted this theory in consequence of the appearances observed in the brains of animals bled to death, in which, while other organs appear blanched and drained of blood, the brains, he says, presents its usual appearance, or even the superficial veins may be found distended with blood. Dr. Clutterbuck, the author of the article on "Cerebral Apoplexy," in the *Cyclopaedia of Prac. Medicine*, goes still further, and says, that the amount of blood in the cerebral vessels cannot be diminished by blood-letting or any other means; and that bleeding, of course, can only prove remedial, by diminishing the propulsive power of the heart; and yet, pathologists are constantly speaking of congestions of the blood-vessels of the brain, hyperæmia and anæmia of the organ, determination of blood to the head, cerebral fullness, &c., &c. Dr. Copland, also, one of the ablest pathologists of our times, says, that "the cranial cavity must always contain nearly the same quantity of blood during life, the differences which accrue being chiefly those of rapidity of circulation, and in relative proportion in each part of the series of vessels; an increased quantity in the capillaries, thus causing a disproportionate diminution in the veins." Dr. C., however, in order to explain the pathology of apoplexy, while he assumes that the tissue of the brain is not sensibly compressible, "being lodged in an unyielding bony case," says that the brain may be, nevertheless, "injuriously affected by pressure, chiefly by displacing the contents of its blood-vessels, altering the healthy relative proportion of their contents in each of the series of vessels, and impeding the circulation through a part or whole of the organ;" and it is obvious that pressure, on one part must necessarily affect, to a greater or less degree, the whole of the organ, particularly when the pressure is considerable, as by a clot of blood.

The pathologists who adopt these views of cerebral pathology, have to explain the various cerebral affections, as headaches, giddiness, transient derangements of sense, or memory, fits of epilepsy, hysteria, spasms, mania, &c., by variations in the relative quantity of arterial and venous blood, circulating in the brain, or by the variations in the propulsive power of the heart. But neither of these theories, we believe, can satisfactorily explain the phenomena.

If we assume, for example, that the quantity of blood circulating in the brain is always the same, say 20 ounces, and distributed equally between the veins and arteries, as 10 to 10; if the amount in the arteries be, from any cause, increased to 12, then that in the veins must fall to 8, and *vice versa*; the total quantity, according to the hypothesis, remaining always the same. Now it is very evident, as Dr. Mackintosh has suggested, that whether he

begin by adding or diminishing, it allows an addition or diminution to the whole quantity of blood in the head; for there can be no increase in the arterial system in the head before a diminution occurs in the veins, nor in the veins before a diminution occurs in the arteries: so that, admitting the theory of invariable quantity to be true, no loss of balance could ever occur in the vessels of the head.

It has also been assumed, without proof, that when the brain is compressed, or pressed on, by a clot of blood, or a depressed portion of bone, that it is the venous circulation of the brain that is chiefly affected, while the arterial is undisturbed, and as the brain, according to the hypothesis, is incompressible, the morbid phenomena must chiefly result from a disturbance in the balance of the arterial and venous circulation. But it is very evident that in such cases, unless the depression or coagulum be directly in the course of the longitudinal or lateral sinuses, every portion of the brain, and all its vessels, must be equally affected. The functions of the brain require, not only that it should receive a large supply of arterial blood, but that the force with which it is sent to the brain should be less, and subject to less variation, than in other parts; which purposes are affected by the tortuosity of the large arteries, and their wide anastomoses, as in forming the circle of Willis; the transit of the large arteries through bone, as the carotid canal of the temporal bone, which prevents any undue distension; also by the arrangement of the vessels in the *pria mater*, where the arteries divide into innumerable branches and capillaries, freely anastomosing with each other before they enter the brain, into which they pour constant and nearly uniform streams of blood; and then look at the large venous trunks or sinuses, so found as to be scarcely capable of variation in size, either bounded on one side by the cranium, and on the other, by the unyielding tissue of the *dura mater*, or wholly composed of this thick and tough membrane, so that they are not compressible by any force exerted by the fullness of the arteries, nor capable of distension by an obstruction of the flow of venous blood from the brain. These admirable provisions are well adapted to secure a uniform supply of blood to the brain, and preserve its functions from the frequent disturbances which would otherwise often happen, from all those causes which influence the general circulation.

There is another wise provision which has been overlooked by Abercrombie, Kellie, Copland and other writers on cerebral pathology, which must be taken into the account in all our reasonings and speculations on this subject: and that is, the presence of the cerebro-spinal fluid, which is found beneath the arachnoid, both on the surface of the brain and the spinal cord, and in

the cavity of the ventricles. Its office would seem to be, to equalize the bulk of the cranial contents, and to counterbalance the results of differences in the functional cavity of the brain, and in its supply of blood: for it is equally important that the pressure on the walls of the vessels should be regulated, as that there should be a due and regular supply of blood to the organ. The amount of this fluid may vary, from 2, its normal quantity, to 20 ounces, it being increased in cases of atrophy of the brain, and diminished in hypertrophy, or turgescence of its vessels. It acts as a regulator; and Magendie has shown by his experiments, that when it is withdrawn in living animals, it causes great disturbance of the cerebral functions, probably by allowing undue distension of the blood-vessels. But as it is capable of speedy renovation, the nervous centers are soon restored to their natural state. This fluid, then, so rapidly absorbed or generated, according to circumstances, serves not only to equalize the amount of pressure within the cranial but also the spinal cavity: admitting the distension or contraction of the vessels to take place, within certain limits, without any great change in the degree of compression to which the nervous matter is subjected. (Note A.)

The importance of this uniformity of pressure, is evident from a variety of well-known facts. An acquaintance of mine who has lost a portion of the right parietal bone from fracture and subsequent trephining, can at any time be thrown into profound sleep and coma, by gradual pressure over the part, and he wakes up as soon as the pressure is withdrawn. Slow and stertorous breathing, with dilated pupils, &c., are also produced by increasing the pressure, or it may be so graduated as only to cause a tendency to sleep, and sluggishness of the mental faculties, and there can be as little doubt that, in cases of cerebral disturbance connected with general plethora, cardiac hypertrophy, and increased arterial impulse, the symptoms are primarily due to an excess of pressure within the vessels, from an undue quantity of blood, sent into them, just as we find a portion of the cerebral functions resulting from an undue diminution of pressure, as in cases of anemias, syncope, &c. The fact is, that the quantity of blood in head varies at different times, as in other organs, though, perhaps, within narrower limits; the softness of the cerebral tissue and its varying functional activity, render it peculiarly liable to undergo alterations in bulk; and Dr. Carpenter states that, in disordered states of the circulation, the quantity of blood in the vessels of the cranium may be for a time diminished by a sudden extravasation either of blood or serum, into the cerebral substance; and the amount of interior pressure upon the walls of the vessels may also be considerably altered, even when there is no difference in the quantity of fluid contained in them. But these variations only

occur in anormal conditions; in health, there can be no doubt that there is a very uniform supply of blood to the brain, owing to the provision, above-mentioned, for guarding against accidental disturbances. The experiments of Dr. Kellie have been chiefly relied on to prove that the brain always contains the same amount of blood, and that it cannot be diminished by bleeding or any other means. The inferences which he deduced from his experiments were,

1st. That a state of bloodlessness is not discovered in the brains of animals which have died by hæmorrhage, but on the contrary, a state of venous congestion.

2d. That the quantity of blood in the cerebral vessels is not affected by gravitation, or posture of the head.

3d. That congestion of the vessels of the brain is not found in those instances where it might be most expected: as in persons who die by hanging, strangulation, suffocation, &c.

4th. That if there be depletion of one set of vessels, arteries or veins, in the cranium, there will be an opposite condition of the other set of vessels.

If we, however, examine carefully these experiments, we find that the above inferences can, by no means, be safely drawn from them. We, on the contrary, find the very opposite conclusions established; for on animals bled to death, the brain contained much less blood than in those destroyed by strangulation or suffocation. This has been clearly established by the experiments of Dr. George Burrows. Dr. B. has proved, most conclusively, that posture has a great influence on vascular congestion of the brain; for in two rabbits, killed by prussic acid, the one suspended by the ears, the other by the legs, while the hearts were still pulsating, he found in the former the membranes and substance of the brain pallid, the sinuses and other vessels being entirely drained of blood; while in the latter, the same parts and vessels were gorged with blood, which, in some places, appeared extravasated. The truth is, that the brain is not exempt from that physical law which causes the gravitation of the fluids to the most depending parts of the body. Dr. Burrows has fully shown that, in the majority of instances, when death takes place by hanging, strangling, suffocation, drowning, and other means of causing apnoea, a congestion of the cerebral vessels is found after death; and that the same condition is also found after death from those diseases which obstruct the return of venous blood from the brain. Where congestion is not present, or strongly marked in such cases, it may be accounted for from the subsidence of the blood, which is facilitated by its fluidity, and the posture of the body after death.

Longet has shown that during inspiration, the circulation of blood in the veins and the return of blood from the head become more rapid, and at the same time the circulation in the arteries becomes slower; and that the reverse of these conditions exists during expiration. Hence it follows that during inspiration the brain contains a diminished quantity of blood, because, in a given time, it receives less arterial and loses more nervous blood; and it follows of necessity that the brain must at one time diminish, and at another increase, either in mass or volume. Longet supposes that the surface of the brain does not descend in inspiration, but that it constantly fills the entire cranial cavity, in consequence of its "rarefaction" or diminished density in inspiration, and its increased density in expiration.

Assuming, however, that the cranium is a bony sphere, within which the brain is completely inclosed, thus removing it from the influence of atmospheric pressure, it would not necessarily follow that no material change can take place in the absolute quantity of blood circulating in the cerebral vessels, as the cerebro-spinal fluid is subject to such great variations. But the experiments of Bourgoignon, to prove that the encephalon always exactly fills the cranial cavity, appear by no means conclusive. There are numerous fissures and foramina for the transmission of vessels and nerves through the bones of the cranium, which preclude the idea of its being a perfect sphere, like a glass globe, to which it has been compared. As Dr. Burrows has suggested, if there were not always an equilibrium of pressure on the parts within and without the cranium, very serious consequences would arise at the various foramina of the skull. The vessels entering the cranium are undoubtedly subjected to atmospheric pressure, and this must be transmitted in all directions through the fluid blood, and hence to the encephalon. If, under ordinary circumstances, the brain is exempted from the influence of atmospheric pressure, why are its functions unaffected, when a portion of its walls are removed by trephining or accident. The pressure of the atmosphere upon each square inch of the surface of the body has been estimated at 15lbs.; and the pressure exerted upon the whole body of an adult of ordinary size, is computed at fourteen tons: which is a force more than sufficient to crush him to atoms, were it not opposed by the equal and contrary pressure of the aeriform and other fluids in the interior of the body. Doubtless the brain is situated precisely as all the other organs of the body are; it is exposed to the same atmospheric pressure, which is resisted, as in other parts, by the counter-pressure from within; else, when the cranium is perforated its functions would cease, as the function of a lung ceases when the thoracic wall is opened; and besides, in infancy, and when the brain is most

susceptible of injury, the cranial envelop is deficient, and it is not until several months have elapsed before the fontanelles are perfectly closed.

But apart from all theoretical considerations, which are as likely to mislead as to guide us aright, what facts do observation and experience teach in regard to this question? Why, certainly, that there are as great variations in regard to the state of the blood-vessels of the brain as of any other organ. And often, in apoplexy, asphyxia, &c., do we find the cerebral vessels congested, apparently loaded with blood, while in other cases we find them comparatively empty. The substance of the brain is not incompressible, as the English pathologists would have us believe, but elastic, and yielding, and allowing room for the expansion of the vessels by a greater quantity of blood. Dr. Burrows has recorded a fact which bears upon this point, which is, that if a patient die soon after blood has been abstracted from the scalp by cupping, and the head be immediately opened, all the exterior and interior anastomosing blood-vessels of the scalp and investing cerebral membranes will be found highly injected, to a circumference corresponding with that of each glass. And then, what does extensive apoplectic effusion teach us with regard to the compressibility of the brain? Here is a large cavity, for example, filled with coagulated blood: must not the rest of the brain have yielded to form this cavity? If so, then the quantity of blood in the brain may vary, for the brain is compressible; unless it is assumed that this space has been gained by emptying the blood-vessels of the brain. But this is a bare assumption, a mere begging of the question, and is not supported by what we observe on dissection, for we find the cerebral vessels generally gorged with blood. If we bleed copiously from the arm, the brain soon feels the influence of the loss of blood; there is giddiness, dimness of vision, ringing in the ears, and, perhaps, convulsions or syncope, which can only be accounted for satisfactorily, by supposing the brain does not receive its usual supply of blood, and then to what measures do we resort for obviating these symptoms? Such, doubtless, as are best calculated to restore the circulation, and favor the usual flow of blood to the head: as, a recumbent position, internal stimulants, &c. But why should posture relieve in syncope, &c., if the brain always contains the same amount of blood? Why, in severe headache, is the pain increased by stooping, or the horizontal posture? In inflammatory affections of the membranes or substance of the brain, depletion from the jugular veins ought to increase the vascular and inflammatory action, inasmuch as the arterial circulation in the brain will be increased in the same ratio—the arteries receiving sufficient to supply what is taken from the veins. And on the same hypothesis, as Dr. Mackintosh has suggested, the converse must

also hold good, viz: that when there is great accumulation of blood in the veins of the head, acute action ought to be an impossibility; and the most effectual method of extinguishing inflammation in the brain would be, to place ligatures on the jugulars, or by some other means to prevent the return of blood from the head. If this doctrine were true, then cups, leeches, ice to the head, &c., in inflammatory affections of the brain, should prove injurious rather than beneficial; and the head should be placed in a depending, rather than an elevated position.

There can be no doubt that pressure, within the cranium, exerted through the medium of the blood-vessels, is of great importance, as connected with the functions of the brain, and this pressure is modified by numerous causes. To say that it is always the same, as some writers do, on the assumption that the cerebral substance is chiefly composed of inelastic fluids which are incompressible; or, that "the brain is incompressible by any force exerted through the carotid and vertebral arteries,"* is taking for granted the very thing to be proved. As Dr. Burrows has remarked, the contents of the cranium may be very elastic, and yet very incompressible, as an ivory ball is elastic but incompressible; but these properties bear no constant ratio to each other, as in the sponge, India rubber, ivory, &c. If the blood is incompressible, the vessels are not, for they dilate in proportion to the momentum of blood impelled into them. This is often seen in parts exposed to view, and it is also manifested in the brain when a portion of the skull has been removed, exposing the dura mater, which rises and falls with every systole and diastole of the heart, proving that the brain must receive an impulse from the shock of the arterial pulse, and especially when the cranial covering is entire. The dura mater is most distended during expiration, when the free return of blood from the head is impeded; though Ecker has attributed these movements of the brain chiefly to the ascent of the cerebro-spinal fluid during expiration. I have often watched this alternate rising and sinking of the cerebrum in a girl ten years of age, who had lost nearly the whole right parietal bone, from fracture, and it was interesting to observe, how, from any cause of excitement, as passion, violent exercise, or crying, the movements of the dura mater would become increased; while in repose or sleep, they were comparatively very slight. So that it is obvious that whatever tends to distend the cerebral vessels, must exert a corresponding degree of pressure on the brain. I have also observed, in *spinæ bifida*, the spinal tumor swelling and becoming tense during prolonged expiration, or during fits of coughing

* Abercrombie.

and crying; and if we watch the fontanelles in the same subject, we shall find, that as the spinal distension increases, that of the fontanelle diminishes, and *vice versa*. Dr. Ecker has showed that when the spinal theca is exposed in a living animal, there is an alternate rising and sinking of the membrane, corresponding with expiration and inspiration; and he maintains that the cerebro-spinal fluid is in constant motion, ascending or descending, which he explains thus: At the moment of expiration, the vertebral sinuses, which are numerous and ramifying exterior to the theca, are distended with blood. This distension must cause an approximation of the theca toward the spinal cord, and this inward or centripetal movement will create a pressure upon the fluid within the theca. This contained fluid seeks an outlet, which it finds more readily toward the inside of the cranium than elsewhere. The cerebral veins are, indeed, distended at this same period, but the unyielding sinuses within the cranium are not dilated in proportion; the spinal fluid can thus partly escape in this direction; it flows in part into the ventricles, and a part probably beneath the arachnoid on the surface of the encephalon. During inspiration, the vertebral sinuses empty themselves, the fluid returns to the vertebral canal, and again occupies the vacated space; and this flux and reflux, he supposes, contributes to the movements of the brain during respiration, when partially deprived of its various coverings. It is believed that this extra-vascular serum is supplemental to the other contents of the cranium, being removable by pressure or absorption; at one time giving place to an increased quantity of blood in the cranium, at another making up for a deficiency of blood in the vessels of the head—acting not only as supplemental to the varying quantity of blood, but also to the variable quantity of nervous matter in the brain: its quantity being in an inverse proportion to the quantity of this nervous matter. Thus, in hypertrophy of the brain, there is a most remarkable deficiency of serum in the cranium: the brain, its ventricles and membranes, are so devoid of this fluid, that they are almost dry; while, on the contrary, in atrophy of this organ, the ventricles and membranes are distended with fluid.

That motions of the brain corresponding with respiration, take place when the skull is entire, it is impossible, of course, to demonstrate, although there is great reason to believe that such is the case, judging from other organs invested with a serous sac. In favor of this belief, we may mention Burrows, Ecker, Burdoch, Magendie, Heurreux, &c., while Muller and Longet believe that as long as the bones of the cranium are perfect, no movements of the brain can take place. If the present views in regard to the supplemental

character of the spinal fluid, and the variable volume of the encephalon, be correct, then it will follow, necessarily, that such movements do occur.

These views have an important bearing on the pathology and treatment of cerebral affections. There is no class of diseases that require elucidation so much as those of the brain, for there is none whose pathology is more unsettled, or whose treatment is more empirical. For instance, a practitioner of considerable eminence, Dr. Cartwright, of New Orleans, would regard all apoplectic and paralytic seizures, as due to a want of blood in the brain, and would treat them all, indiscriminately, by stimulants; (*East. Med. & Surg. Jour.*, Feb., 1854;) while others, of no less reputation, would regard them all as owing to cerebral plethora, and resort to general and local bleeding, in every case. It is one of the most difficult points in practical medicine, to discriminate in these cases, when the same symptoms result from opposite pathological conditions; and yet, such discrimination must be made, if we expect to treat these cases successfully; and yet, after the most careful scrutiny, and aided by all the experience and knowledge at our command, we shall not unfrequently be at a loss in forming our diagnosis, and the true pathology of the case will only be revealed by the effects of our remedies. Copland and the best pathologists of our day, teach us that the brain is more obnoxious to congestion, retarded or interrupted circulation, and compression from vascular fullness, than any other organ, and blood-letting forms the sheet anchor of their remedial resources; and Andral has shown that hypertrophy of the heart is very apt to be associated with sanguineous cerebral effusions, a fact fully confirmed by the observations of Hope, (who found, in 39 cases of apoplexy, hypertrophy of the heart in 28,) Broussais, Lallemand, Bouillaud, Bicheteau and others. But we are never to forget that the symptoms which go under the name of apoplexy, arise from a variety of pathological states, as extravasation of blood in some portion of the brain, from lesion of its vessels; or congestion from violent cardiac action, or obstructed return of blood from the head; or it may be of an asthenic character, and owing to depression, exhaustion, or abolition of cerebral vital influence, giving rise to extravasation of serum, or blood, or congestion. Apoplectic symptoms, too, arise from any cause producing asphyxia and apnoea; or from great exhaustion of the mental and bodily powers, convulsive affections, and violent mental emotions, concussion or shock, and also in diseases of an adynamic type; and the treatment must, of course, be adapted to these various pathological conditions, always paying strict regard to the habits, age, and constitution of the patient, the predisposing and exciting

causes; drawing our indications from the countenance, the pulse, especially the carotids, the temperature of the head, and the state of the abdominal functions, secretions, and discharges. Where a state of exhausted or depressed vital power leads to congestion of the capillaries of the brain, and such is doubtless its usual result, such congestion is to be met by stimulants, and powerful revulsives, aided, perhaps, by local depletion to the temples or back of the ears, or internal nostrils, &c.

Under the ordinary circumstances of health, the brain readily accommodates itself to a temporary increase of blood in its vessels (unless this be excessive, or very sudden) owing to the extra-vascular serum and the anatomical peculiarities already mentioned; but in cases of tumors, or hypertrophy of the brain, as in those described by Andral, and that of Dr. Forry, of N. Y., detailed by me in the N. Y. Jour. of Med., we find great disturbance of the cerebral functions, from any cause which much excites the action of the heart, or impedes the return of blood from the head. In the latter case, epileptic attacks were invariably brought on by such causes as mental excitement, severe exercise, &c., and marked relief was obtained by diminishing the *vis a tergo* by general bleeding. A certain degree of pressure upon the brain, then, is absolutely essential to the discharge of its healthy functions; but if it be in excess or deficiency, then derangement occurs. Dr. Abercrombie has related the case of a gentleman, who labored under a considerable degree of deafness, which was invariably relieved by his assuming the horizontal position; and it is a well-known fact that in many persons there is a greatly increased activity of the cerebral functions when in a reclining posture. Brichteau relates an instance of a student, whose memory was very treacherous, placing himself in a position, in which the head was the most depending part of the body, in order to study with effect.

It is scarcely necessary to add that in syncope, where the phenomena are always the result of insufficient vascular pressure on the brain, the treatment adopted must be such as is calculated to restore, as speedily as possible, the normal degree of pressure, as stimulants, the horizontal posture, &c. Weakened action of the heart, from any cause, will endanger this remedy; and hence the value of the test laid down by Marshall Hall, bleeding in the erect position, to determine the power of the system to sustain the loss of blood, and its value in any given case. So, also, many weakly persons will become faint, by holding the arms in a vertical position above the head, from the diminished pressure on the brain, occasioned by the additional labor imposed upon the heart, of overcoming the effects of gravity on the blood in the upper extremities. In anemia, the nervous symptoms may be partly owing to the

altered state of the blood, partly to its deficient supply, and partly to the diminished vascular pressure on the substance of the brain; and we cannot determine how large a share of the morbid phenomena is owing to any one of these conditions. It is important, however, that we should not confound syncope with apoplexy (as has been done by Dr. Clutterbuck in the *Cyclo-pædia of Pract. Med., Art. Apoplexy*;) for though there is, in both, a total temporary abolition of the functions of the brain, yet in the one case it is owing to too great, and in the other to too little blood in the brain: in other words, to too little pressure.

In connection with this subject, it is interesting to note the effects which have resulted from cutting off a supply of blood to the head by tying one or both the primitive carotids. In one of Abernethy's cases of ligation of one of the primitive carotids, the patient died soon after in delirium and convulsions. Also, one of Key's and one of Langenbach's patients, within two days after, from "destruction of the functions of the brain." Paralysis occurred immediately in cases recorded by Mayo, Sisco, Molina, and Zeis. Complete hemiplegia occurred in one case of Magendie's, one of Cooper's, one of Barauero, one of Vincent's, one of Macaulay's, and one of Velpeau's. M. Rossi tied the right subclavian and primitive carotid, and the patient survived six days, when the left primitive carotid and vertebral were found obliterated; of course the brain had been supplied, in the mean time, by the right vertebral artery only. The symptoms are not detailed. Dr. Mott has tied both carotids in two cases, one after an interval of twelve months, "when no inconvenience was experienced when the circulation through the last carotid was interrupted;" in the other, where both carotids were tied after an interval of fifteen minutes "coma and stupor in the course of a few hours supervened, and he died within forty-eight hours." In a case recorded by Dr. Mussey, of Cincinnati, where he tied both primitive carotids after an interval of twelve days, he states that, "though the patient was paler than before, yet he exhibited no signs of a deficient supply of blood to the brain, but walked down two flights of stairs from the operating room, and rode to his lodgings, nearly half a mile, without inconvenience."—*Am. Jour. Med. Science*. "Occasionally," adds Dr. M., "he has had symptoms of cerebral plethora, indicated by pain or a sense of fullness in the head, and a congestion of the vessels of the conjunctiva, from which important relief, or a speedy cure, has been gained by a single bleeding." Prof. Kuhl, Leipzig, tied both primitive carotids, at an interval of twenty-seven days, which produced "heaviness and throbbing in the head, requiring copious bleeding."—(*Velpeau*) Dr. Ellis, of Michigan, in 1844, tied both the primitive carotids in a case of

gun-shot wound of the neck, at an interval of a few hours only, and without any particular influence on the cerebral functions, so far as recorded; though "pulmonary congestion supervened, which required copious blood-letting." The patient perfectly recovered.—(*N. Y. Jour. of Med.*, vol. v. p. 187.) (See *Velpeau's Op. Surgery, Art. Aneurism.*)

In a case reported by Acton Key, where he tied the right common carotid in a woman 61 years of age, death occurred from coma in two hours, and, on dissection, the left carotid was found nearly closed, and the vertebals very small. Dr. Cheevers has published two other cases, (*Lond. Med. Gaz.* vol. vi., p. 703,) where the individuals perished in the course of twenty-four hours after ligation of both primitive carotids; and he has quoted fourteen cases, to show that more or less disturbance of the cerebral functions, as faintness, giddiness, dizziness, loss of speech, delirium, insensibility, &c., occur after ligation of one of the carotids. M. Longet has also quoted sixty-five cases of a similar kind to prove the same fact, (*Anat. et Phys. du Sys. Nerv.*, p. 196. Paris, 1842.) One fact is particularly worthy of note in regard to these cases, and that is, the very great diversity in the effects on the brain in different individuals: some apparently experiencing but slight inconvenience, even when both carotids have been tied; while in others, the operation has proved speedily fatal, and the same dissimilar and conflicting results happen in experiments on the lower animals, though in them, the carotids contribute less to the supply of blood to the brain, than the same vessels do in the human subject.

[To be continued.]

ART. III.—*Veratrum Viride* again. By WM. C. BUTLER, East Avon.

Once upon a time an ancient philosopher, looking down from the towering summit of true science upon his enthusiastical and fanatical disciples, was led to exclaim "Save me from my friends"—knowing full well that all the vain sophistry, ingenious theory, or dire anathemas of his opponents would be swept, by the effulgent rays of truth, like mist before the morning sun. But from his professional friends, a far different source of danger was to be apprehended. In their over zeal they would draw deductions that his premises would not allow, and jump at conclusions which could not be sustained. Hence the exclamation. Look at all the really great discoverers, either in the sciences or arts, from the first dawn of creation up to the present

time, and see how few could not exclaim with him, "Save me from my friends."

Your humble writer was led into the above train of thought by once listening to an aged and venerable disciple of Esculapius, whose head was whitened with the frosts of many winters, or the withering *blasts of experience*, holding the following language. He said, deep thought, and patient research, and close observation had convinced him that he had at last found a remedy which would act as a tonic, sedative, alterative, stimulant, emmenagogue, &c., &c., depending altogether upon the dose — in short, in one hand he held Pandora's box open, and ruthlessly let fly its contents to the four winds of heaven, that he might, like the cruel sportsman, bring its game prostrate at his feet with his universal panacea. And what think you, kind reader, was this magic remedy? Calomel — nothing more or less than calomel! Now I would ask, in all candor, if you were to give the sub-muriate of mercury the power of language, would it not exclaim in tones too plain to be misconstrued, "save me from this my friend?"

Can we expect that any real addition to medical science will be more fortunate in the nineteenth century than in any previous one? Far from it. Place in our therapeutical armamentaria any new and really useful remedy, and it at once assumes the position of a ripe cherry upon the tree. For this there are two reasons: 1st, no discrimination is made in cases; 2d, it is from this fact expected to do, in every case, what it has done in one. In other words, *with some there are no contra-indications*. There is no truth upon the page of medical literature more prominent than the above, and as our friend, *vératrum viride*, is just now passing the fiery ordeal, let us look for a moment at its true merits, in hopes the exclamation may not be applied to us.

To every reflecting mind who has had the misfortune to be located in a malarious district, where the too common notion of bilious and calomel are synonymous terms, there has long been felt the necessity of a remedy which would act as a stimulant to the glandular system; or, as Dr. Norwood more properly, perhaps, calls it, a deobstruent. Nor is it here alone so sensibly felt, as a residence in a densely populated city for a few months past has convinced me. I shall, therefore, in the present communication, call the attention of the reader to one of its many therapeutical indications, leaving the others for subsequent ones. And here let me advise him to go and quaff deeply at that deep and inexhaustible fountain of common sense and common sense principles, the venerable John Hunter. He has laid down this principle, which, with many others, has not been gainsayed, viz: that if you in any way destroy the nervous influence to an organ, you destroy, in the

same ratio, the function of that organ. Now it matters little, as I conceive, how this is done: whether by malarious poison entering the circulation and depressing the whole nervous system, or by local injury affecting the special nervous influence to a certain organ, or by a local drain upon the nervous system gradually undermining the whole, and thereby bringing the glandular system, as a whole, under the general law of Hunter. It is in constitutions affected by rational causes, and producing rational results, that I propose to show the indications and contra-indications of *veratrum viride*. In other words, to show that when the cause is removed, be it what it may, that we may then have an effect of the cause still existing which plainly calls not for the peculiar and specific changes in the blood and glandular system which mercury produces — but which requires a simple deobstruent and tonic to the depressed nervous system in order to restore the patient to a physiological condition. Should this be done, of what incalculable value is it to the future welfare and happiness of the patient. Let me here say, that to the use of mercury I have no objection; but against its abuse, do most solemnly protest. That very selfsame John Hunter has given us another indisputable principle, to wit: that when we have frequent irritation of an organ it becomes, so to speak, the weaker organ. Hence, all things being equal, it pays the penalty of every transgression. The time, I trust, is not far distant when irritable glands, made doubly irritable by the abuse of mercury in some of its forms, shall no longer be the opprobrium of the profession as a whole; but its use, made doubly beautiful by rescuing suffering humanity from organic change, so important to their welfare, shall place it where it deservedly belongs, as one of the most valuable remedies in the *materia medica*.

In looking over my note-book, I see that the cases to which I shall allude in this paper are divided into four classes, depending upon the cause; and from these shall select but one from each class, unless a different principle is involved, as it is tedious to follow through case after case having strong analogies, as is too often done.

CLASS I. Case, Sept. 1, 1852. Mrs. G., *æt.* 36, mother of five living children; has had three miscarriages previous to nine years ago; since which time her health, which was previously good, has been gradually declining; first complained of lassitude and weariness upon over exercise, with pain in the back and hips, extending down the thighs; leucorrhœa constant, with painful menstruation; the function of digestion became impaired and appetite unusually capricious; lost the roseate tint of health gradually from month to month, and for the last seven years has been unable to attend to

her ordinary duties; says she cannot recollect the time when she has felt *rested*; perhaps it will be well to state here that the farm of her husband joins that of her father, so that all the local causes of disease remain nearly the same. Some five years since, her friends noticed that the extreme pallor of countenance was being substituted by a dingy yellow, which has been gradually increasing ever since, at least up to the present date. Her present appearance is like one laboring under general anasarca, with a peculiar yellow dingy countenance; a peculiar listlessness; pulse 140 per minute; bellows sound of anæmia over the heart; skin dry; tongue pale and flabby; mucous membrane the same; no abnormal sounds about the lungs; liver very much enlarged, extending some two inches below the ribs; the function of the kidneys sometimes torpid, at others abundant; bowels constantly laboring under a clay colored diarrhœa; spleen also enlarged; uterus presented a congested and indurated state of the os and cervix, with abrasion and ulceration of its mucous membrane. (Dr. Lee to the contrary, notwithstanding.) So far as the patient could judge, the present state of disease has been gradually coming on since her abortions, save in extreme cold weather, when she usually felt some alleviation. Perhaps it would be well to state here, that she had been under different forms of medical treatment, including all the schisms and isms of the day, until within the last two years, when she had abandoned them all, and has been treated for as many different forms of disease as she has had different practitioners. That protean form of disease covered by the broad mantle of bilious and nervous, had been fired at without any save a temporary good, and permanently bad, effect.

Remarks.—In looking over this case, it will be seen that the first sensible impression was manifested in the digestive organs in the various functions of the stomach. 2d. The functions of the liver and kidneys were next deranged, and so on through the various organs of the system. From what cause? Evidently from the drain upon the nervous system, caused by the disease of the os and cervix. For we had a woman previous to these abortions in good health, with a good constitution. 3d. The system bore up under the drain upon it for two years, to a greater or less extent, and just in proportion to the local drain were the constitutional effects. After this time, she became too weak to attend to the ordinary duties of her household, and gradually sunk into the pathological condition above stated. To follow the case a little more closely: it will be seen that the first deviation from a physiological condition was in the uterus; and the first organ that sympathized with this in function, was the stomach. Now, Dr. George Budd, in his admirable treatise

on disease of the liver, points out these very causes as being the ones that may produce the pathological change which he calls *softening*, as being the change necessary to produce death. He says, p. 275: "I have brought together, from different sources, the cases related in this chapter, for the sake of showing that the secretion of bile may be suppressed, and the secretory substance of the liver more or less disorganized, in various circumstances, and without the occurrence of any process that we are warranted in designating *inflammation*. It would seem that this suspension of the secreting process and disorganization of the liver may result from powerful and depressing emotions, but that it is far more frequently by some poison introduced from without, or engendered in the body by *faulty digestion* or *assimilation*. It appears, too, that various poisons — as the poison of serpents — the poison of some forms of fever, and many others — (I suppose he means by this any that will produce the effect,) may alike stop the secretion of the liver, and lead to the same kind of disorganization of its structure, while their other effects on the system are far different. It is probable too, that in some cases, as in those last related, the disorganization is produced slowly and gradually, and so without shock, while in the more terrible forms of disease, of which instances were before given, the disorganizing process is rapid," &c. &c. He then goes on to say, that it is only fatal cases which he has given, in order to show the pathological changes; but that all the stages from the slightest deviations given, must be met with. His remarks on treatment cannot be too seriously considered; and I quote from his high authority, with pleasure, as showing that his sagacious mind looks not through a false medium.

After looking at the nitro-muriatic acid which has long been celebrated in India for its efficacy in functional derangements of the liver, he proceeds to say: "Of medicines that render the secretion of the liver more active, and thus increase the flow of bile, or, as they have been termed, *Cholagogues*, the most energetic is mercury." In the occasional bilious disorders of persons who have no organic disease of the liver, a dose of calomel, or blue pills, followed by a brisk saline purgative, produces more speedy relief than anything else — and is more likely, therefore, to prevent inflammation or ulceration of the gall-ducts, which seems generally to result from the irritation of unhealthy bile.

Occasionally and under these circumstances, and especially in persons of full habit, mercury may be given with great advantage. *But its frequent use in any case may lead to much mischief. When the liver has been accustomed to the stimulus of mercury, no other medicine will sufficiently excite its action.* The person is thus led to the habitual use of this medicine,

and, after a time, the constitution is seriously injured by it. In the class of cases we have just been considering, where, from organic disease, the liver is inadequate to its office, and nutrition has suffered much in consequence, mercury, although even here it may relieve for the moment, almost invariably does harm. It increases the activity of the liver at first, but seems to leave it weaker than before; and if frequently resorted to, the nutrition of the patient, impaired by the original disease, *is still further impaired by the drug*. In all such cases, we should be content with milder medicines, which promote the secretion of bile without having any prominent deleterious effect upon the system."

Though not directly in point, I cannot forego the further pleasure of quoting the equally high authority of our distinguished countryman, Prof. Alonzo Clark, who, as a profound scholar and pathologist, is second to none of our transatlantic brethren, and of whom every American physician may well be proud. He said (in a recent conversation with him upon the abuse of mercury,) that in looking over more than three thousand prescriptions made by himself at the Bellevue Hospital, he found that mercury, in some form, entered into the combination of but two

Treatment.—This consisted in the application of the potassa cum calce to the os and cervix uteri, followed by nit. arg. until the local disease was removed. Internally a saturated solution of the veratrum, commencing with six drops once in four hours, increasing it to ten or twelve, as the stomach would bear, without nauseating it. This, with the fortieth of a grain strychnia three times a day, constituted the treatment until June 1, 1853, when she was discharged cured, and remains well up to date.

It perhaps may be urged, and justly, too, that the medicine had nothing to do with the cure—that the cause being removed, the effect must of necessity have followed. This suggested itself to me, and in from case second to six, which were counterparts of case first, though not as far advanced, I gave them local treatment first, and let them pass on from two to three months before commencing with the medicine. For the first four or six weeks, there seemed to be a gradual improvement; but from that time on, they remained stationary until they commenced with the remedy, when the change seemed to be all one could ask. In this class there are some forty cases: Eight of them were treated separately; the rest in combination.

CLASS II.—*Case.* Mr. A. æt. 36, farmer. (In this case it will be perceived that there was no uterine irritation. No, not any!) Temperate habits;

has been subject to fever during the earlier periods of his life; (bilious or calomel, I care not which you call it, for if he did not commence with both, he had them before he got through;) for the last ten years has enjoyed good health; constitution strong and vigorous; in July 1847, in slipping from a stack of wheat some sixteen feet in height, alighted on a (fork's staff,) which entered at the left of the anus, taking the urethra in its course, and lodged in the right iliac fossa. Found him, about an hour afterward, in state of collapse, without the loss of more than four ounces of blood. In consultation with my distinguished friend, Dr. Edson, of Scottville, it was agreed to give him all the stimulants and tonics the stomach would bear, and see what reaction would develop. This was feebly manifested about the tenth day, and from that time on, he gradually convalesced. Some three years after, a portion of the pantaloon was discharged *via* the wound, and about one year after, some small portions of the internal table of the illeum. As the object of this case is not in a surgical but medical point of view, I have been thus brief, simply to show that the constitution felt its effect primarily through the medium of the sacral plexus of nerves. Some three years after, we find him presenting a similar train of symptoms to case first, so far as his general appearance, and the condition of the abdominal organs, (minus a uterus,) are concerned. In his case, all the various forms of alteratives were used with little or no benefit, so far as restoring him to health was concerned. Some time in September, 1852, commenced with the veratrum and strychnine. Countenance soon began to improve; liver, spleen, &c., slowly regained their healthy dimensions, and for the first time since the accident, is feeling like himself, May, 1853. In this class I have but three cases: two from injury to the spine, and the above.

CLASS III. In the third class of cases which I shall present in this paper, is the impression made upon the nervous system through the medium of poison introduced by the blood—commonly called miasm. From this class, the cases in which are numerous, I shall select only one, as it demonstrates the principle of the whole; and this I choose to let the patient tell in his own language, though not strictly scientific. The letter is dated Charleston, S. C., Nov. 28, 1853, and reads thus:

“Dear Doctor: I embrace this opportunity to let you know how your red drops (*ver. vir.*) operated on me. When I first came to you in June last, I had the Southern fever rooted and grounded in my whole system. This fever works similar to the yellow jaunders of the North. In addition to this, I had the fever and ague the worst way. After trying other medicines

for a long while without any good effect, (calomel in abundance,) I came to you in a most miserable state of health. After taking the red drops for about two weeks, I began to feel stronger in my limbs. You then gave me some white drops (strychnia) for the ague and fever; (strange antidote,) and from this time on the chills began to get lighter to the second and third, which was my last. I continued your drops until the last of October, when I arrived here and commenced work at my trade the week following, and have been hard at it ever since, and am happy to say that I never felt better for business, or enjoyed my food and labor better in my life."

Signed,

J. M. THOMAS.

This short epistle tells a volume connected with the appearance of the patient. Pale, sallow, haggard and careworn, his every expression bespoke a mind prostrated by an incubus that it could but contemplate, without the power to grapple with it. Despair was written on every expression, and hope, that bright harbinger of earthly joys, was to him a stranger. In short, he was laboring under the effect of a legitimate cause, producing a legitimate result, added to or aided by legalized treatment for *ague and fever*. His thoracic organs healthy; abdominal in nearly the same condition as case first. Here, again, the cause was removed by change of climate, and the remainder is for the Profession to judge as they see fit. The case of Thomas requires more than this passing notice, especially so far as the effect of the medicine is concerned. Free emesis followed the use of four drops, and, to use his own expression, "and that, too, without sickness." When taken in quantities so small that it produced no emesis, his appetite was unusually good, and digestion perfect. Again, he regained flesh rapidly, and in proportion as his sallowness disappeared. From his history I learned that the invasion of disease was gradual, and referred more particularly to general malaise, bad digestion and assimilation at first—these gradually gaining strength until the present condition was attained. Now it strikes me that nothing could be more natural than this very effect. Located in a malarious district, where he was constantly inhaling the poison, as soon as sufficient was imbibed to have the system cognizant of the fact, its legitimate symptoms soon followed. And just such effects follow like causes everywhere. "No mystery is here." Thus far the same effect has followed the use of the medicine, in the several cases in this class—but as the cause which produced the disease, in these cases, in this vicinity, is still in operation, a relapse is rationally to be expected.

Be this as it may: time only will demonstrate whether the system will lose its susceptibilities to the impressions of the medicine.

CLASS IV. The fourth and last class of cases are unfortunately few in number in the country, and the true rationale is beautifully given by Bence Jones, Golding Bird, George Johnson, Liebig, and others. These truly great medical philosophers have demonstrated conclusively that in proportion as the mind is actively employed are the phosphates of the system expended. Join to this the fact that this very class of thinkers are persons of sedentary habits, and you have two fruitful sources of disease; and generally the third is a twin sister, viz., bad air. It will be conceded that it requires no very great stretch of the imagination or reasoning faculties to see imperfect digestion, mal-assimilation, dormant function of the liver, enlarged spleen, &c., follow as a legitimate effect of this train of causes; and I am informed by eminent members of our profession in the city, that it is just the train of effects that they do get. I had intended to have the history of a case which I had the pleasure of seeing with my friend Dr. Sayre from his note-book; but as his favor in answer to mine is not yet received, must beg his pardon for any imperfections from my brief notes.

Case.—C. T. æt. about 26 of nervo-bilious temperament; has been confined closely to the store for the last few years, where the mind is continually upon the stretch; warm air to breathe; had complained of much languor, lassitude, and weariness for the last few months; indigestion; torpid bowels, &c., &c. From a jaunt into the country, over-done, and the system manifested it by frequent chills, followed by little or no reaction. Had taken tonics, which seemed to break them up for the time being, but would relapse as soon as the patient was from under their influence. When I first saw him, the patient was laboring under the symptoms of uræmic poisoning, for which the Dr. was giving him the colchicum and acetate of potash. As soon as this was relieved, I proposed giving him the viride, and from that time on there was a satisfactory convalescence.

The above cases, though few in number, are not wholly without instruction, and the principle which they demonstrate is still more important: That there is, and ever has been, a condition of the system which has, from time immemorial, been termed bilious — and which, since the introduction of mercury, has been considered that very condition which this drug was intended to alleviate, no one will pretend to gainsay.

That the causes leading to this very effect have been just as little taken into consideration, no one will pretend to deny.

Is it not plain, then, that in those cases, and those only, in which we have inflammation of the substance or any portion of the natural organs, that

mercury is indicated as possessing those qualities necessary to prevent organic change? And if we are to believe such men as Dr. Budd, (and he gives us in this no new principle,) must we not, of necessity, acknowledge that, in those cases where mercury is contra-indicated, we can expect to do nothing but harm with it? if not primarily, surely secondarily? Again: does our knowledge of veratrum viride, or any other remedy, permit us to say that it will produce those very changes so essential to prevent organic change as mercury in the inflammatory process? Surely not. What, then, it may be asked, have we gained? If nothing more, I hope the fact, that if we can do our patient no good with calomel, we will certainly do him no harm. Dr. Willard Parker, who is truly very high authority either in medicine or surgery, made the following judicious remark. He said: "I fear practitioners of medicine, as a whole, are too much like a school-boy, who is continually looking for a rule to solve his problem; when, if they would throw this all on one side, and take up the human system as the watchmaker does his watch, and see how different causes had produced this or that result — or, in other words, let the simple facts in the case demonstrate the rule, there would be less errors in diagnosis, and less blunders in practice."

If the above cases do not prove that veratrum viride has done any good, they do prove, conclusively, that in them mercury has done no harm; and, as one of our very wise critics has consigned it to the shades of the catacombs, he can make any disposition of the above facts that pleases him best. I would simply suggest that my own impressions are, that it will prove too much like one of the professors in the Buf. Med Col., viz: the lower you put him down, the higher he is sure to rise. Be this as it may, Dr. Norwood will please accept my thanks for the introduction of a remedy that thus far has not disappointed me. One great fault with many, says Dr. Parker, is that they expect medicine to do too much. Instead of directing the man of sedentary habits and high living to saw his own wood, make his own garden, or hold his own plough, and live on a plain diet — just the indications in the case — they make a drug-shop of his stomach, until mother Nature, tired of his transgressions of the physical laws, and doubly tired of the unnatural stimulus of excessive medication, yields itself into the hands of its common enemy. In looking over my note-book carefully, I am forced to the conclusion that if the ver. vir. has any influence in the cases of the several classes, it does so, in a great measure, by its action upon the digestion and assimilation. How much of this is due to strychnia, an extensive series of experiments can alone demonstrate. It is, I believe, acknowledged by almost every one, that the latter medicine is one of the best of tonics to an exhausted

nervous system, where there is no inflammatory action to contra-indicate its use. It is equally true that, as in every case the cause, where it could be ascertained, was first removed, if possible — which is ever the first indication in medicine — that other remedies, such as taraxacum, hyd. of pot., &c., &c., might have done what the hellebore is supposed to have accomplished.

Again: This may be mere theory with regard to its *modus operandi*; but I shall consider this more at length in a subsequent paper. It is sufficient to say for the present, that if it is at all indicated, mercury is not, and vice versa. That many of its reputed properties are entirely misconceived, I have not the least doubt. And that it would have a salutary influence in many cases where it is not used, I am equally as certain.

ART. V.—*Thoughts on Transfusion.*

By RUSTICUS.

You told me, O Editor! that in a post-mortem examination of a certain case of Purpura Hæmorrhagica, you found the body so drained of blood that its tissues were blanched as if by some decolorizing injection — that the brain was hard, and white, and dry, that the veins of the pia-mater were empty, the choroid plexus a white and colorless net work, that no red points were seen on slicing the cerebral matter, and, finally, that the sinuses, those firm, unyielding receptacles, were themselves as empty as an artery. Without stopping to dwell upon the refutation which this case offers of that theory which makes the cranial cavity an unyielding case, incapable of any variation in the quantity of blood within it — albeit it is more conclusive than any of Burrows experiments on the cerebral circulation — I would, after pausing for a moment to notice one or too other facts in the autopsy, go on to reason somewhat about the treatment which might have been made available in this fatal case.

Of course the spots of purpura which covered the body do not differ from other cases. The lungs, you say, were healthy, except an unusual hypostatic congestion; that the heart presented no unusual appearance that the stomach, though containing some disorganized blood, had only some punctated red spots to indicate disease, and that its mucous membrane was as firm as usual. In the mesentery you found a singular enlargement of the glands, with occasional interstitial hæmorrhages. The uterus contained blood, which, like the blood in every other part of the system, was disorganized.

But in all this list of organs I find no record of organic disease, save in the mesenteric glands. What conclusions may we draw from all these interesting facts?

Certainly, good Editor! there was one very sound and sensible conclusion in the remark you say was made by the attending physician, viz., that "it was a good case for the transfusion of blood."

I agree with him. But first let us look over what little is known of the pathology of purpura hæmorrhagica, with two points in view. I want to know first; where is the disease? in the tissues or the fluids? and second; what is its cause? This latter knowledge I only hope to attain proximately.

The autopsy you mention (with many others on record) proves this: that these hæmorrhages may occur in any tissue; in the muscles, in the skin, in the serous or mucous membranes, or in the fibrous tissues. Is it, then probable that one disease shall thus affect all tissues? Can we call it a disease of the capillary system, when capillaries differ so much in shape, length, direction, and construction, as they do in all these various tissues? Can any *organic* disease, (save those accompanied by destructive ulceration,) thus attack all organs? Again, does not your post-mortem show a healthy condition of the tissues themselves? It seems to me that this case, like others, shows that the capillaries would have had no difficulty in transmitting *good* blood through to the veins, and that the depraved condition of the blood is the only cause of hæmorrhage. Look at the blood itself. Drawn off by venesection, it does not separate into a clot swimming in serum, but is a homogeneous, friable, blackish mass of imperfectly organized clot, destitute of serum.

Look again at those cases which recover, or, to make it stronger, at those local recoveries which take place in fatal cases. We have an ecchymosis beneath the skin, not differing from a bruise in its pathology; and we see it absorbed; the skin growing first green, then yellow, till it assumes its natural color.

Why? The part itself is healthy. The effused blood is a foreign body capable of absorption. If the part itself was enfeebled, we should have no absorption.

I shall therefore issue *my ipse dixit*. Purpura is a blood disease. All sensible men understand this, so that I do not lay claim to a discovery. Yet in many authors you find purpura classed among cutaneous diseases.

I know of only two ways in which blood diseases may originate. The first is in defective nutrition or assimilation; the second by the zymotic action of foreign substances introduced by contact, inhalation, or otherwise.

We can hardly suppose the latter to have any anything to do with purpura. If so, it would occur more frequently, and would show a disposition to run through families.

But there is a difficulty in supposing a defect of nutrition as the cause. Scurvy depends upon deficiency of the tartaric, malic, or citric acids; but we have no reason to suppose any deficiency of these in a potato-eating Irish-woman, like Dr. R.'s patient. That vegetable has a large amount of one or the other of these acids, existing in combination with potash.

I do not find mesenteric disease mentioned as a common occurrence in purpura. But I am half inclined to consider it as one of the causes, and to ascribe to deranged assimilation a principal share in the causation of purpura. What we want is a chemical analysis of the blood and secretions in this disease.

This much we do know. The system may become so enfeebled as to be unable to manufacture good blood, and we know further, that could we secure the presence in the circulation of a moderate quantity of good blood, it would be the most efficient tonic we could exhibit; supplying an exhausting waste, and sending new life to the wearied heart, deprived of its healthy and accustomed stimulus.

I will not stop to discuss the treatment of purpura. I have seen cases get well nicely on hæmostatics, such as the gallic acid with port wine. The books tell us that we may bleed, (*English* books mind you! blood-thirsty, sanguinary emanations from old Foggy-dom,) and calomel has been lauded in connection with brisk purgations, though why, Lord only knows!

But I wish to talk of the transfusion of blood, as suggested by your friend.

We know in these days but little of it. Now and then we hear of some women snatched from the very sill of the door of death from flooding, by the inpouring of another's vitality into her veins. Then years pass, and we hear no more.

The best literature on this subject is a hundred and fifty years old, the best experiments were made by Sir Christopher Wren, before he abandoned physic for architecture, or built for his monument the mighty dome of St. Paul's Church. Let us look up the old and musty records. I suppose it must have been in the resurrection exploits of student life that I acquired such a taste for church-yard literature, such a proclivity to stir up the dry bones of dead and gone antiquities.

Before the time of Sir Christopher Wren, and as early as 1615, Libavius describes the operation of transfusion very plainly; but it would seem that to

Sir Christopher is due the credit of the invention of injecting the veins with different fluids, while it seems that Lower (1660) performed this operation of transfusion very skillfully.

One of his experiments consisted in arranging two dogs so that the blood should flow through a tube from the carotid of one into the jugular vein of the other, an exit being provided by an opening in the opposite jugular. Thus the dog whose carotid was opened was bled to death through the other ; the latter being able to run off, after shaking himself, apparently uninjured.

As an instance we quote from Lower :

"I once *bled* a Mastiff into a Cur, and the little Dog bled out at least double the Quantity of his own *Blood*, and left the Mastiff dead upon the Table. And after he was untied, he ran away and shook himself, as if he had only been thrown into water."

The connecting medium between the two circulations, in Lower's experiments, was a goosequill.

Sir Edmund King took 49 oz. of blood from a sheep, and when it seemed likely to die, he connected the bleeding vein with the jugular vein of a calf, and restored it to full strength immediately.

Mr. Thomas Coxe bled a mangy dog into a healthy one. The mangy dog was cured, while the healthy one remained as well as ever. Ergo mange is not a blood disease.

"*Mr. Gayant transfused the Blood of a Young Dog into the Veins of an Old*, which two Hours after did leap and frisk ; whereas he was almost blind with age, and could hardly stir before."

Mr. Denys (the inventor of the styptic) holds forth thus.

"Since the 9th of *March 1664*, we have *transfused* the *Blood* of three Calves into three Dogs. After which, the Dogs (all of them) did eat as well as before : And one of the three Dogs, from which so much *Blood* had been drawn the Day before that he could hardly stir any more, having been supply'd the next Morning with Blood of a Calf, recover'd instantly his Strength, and shew'd a surprizing Vigour."

In Italy, at Bononia, May 8th, 1677, S. Cassini, and at Udine, May 20th, 1668, S. Griffoni performed similar experiments with equal success. Sir Edmund King, about this time, suggested the injection of the blood of beasts into that of men. He describes a silver tube adapted to the purpose. I give at some length his description of a transfusion performed by himself and Richard Lower. It is worthy of notice that all of these experiments seem to take no precautions against the entrance of air.

"The Experiment of *transfusing Blood* in a *humane Vein*, was perform'd upon Mr. *Arthur Coga*, Nov. 23, 1667, after this manner: Having prepared the *Caroted Artery* in a young Sheep, we made a Incision in the *Vein*,* observing the Method above-mention'd, without any Alteration, but in the Shape of one of our Pipes, which we found more convenient for our purpose. And having opened the *Vein* in the *Man's Arm*, with as much Ease as in the common way of *Venæ-section*, we let thence run out six or seven *Ounces of Blood*. Then we planted our Silver Pipe into the said Incision, and inserted Quills between the two Pipes already advanced in the two Subjects, to convey the *Arterial Blood* from the Sheep into the *Vein* of the *Man*. The *Blood* ran freely into the *Man's vein*, for the Space of two Minutes at least; so that we could feel a *Pulse* in the said *Vein* just beyond the Silver Pipe. * * * * We judg'd that about 9 or 10 Ounces were receiv'd into the *Man's Veins*: The *Man* after the *Operation*, as well as in it, found himself *very well*."

The most daring of these experiments were made by *Fabrius* at *Dantzic*. Here purgative medicies were injected into the veins of patients. One, a venereal patient, had ζij of some laxative thrown into the veins. He was said to be cured. Two others, epileptics, had "injected into their *Veins Laxative Rosin* dissolved in an *Anti-Epileptical Spirit*." One was cured; the other "by going into the Air, and taking Cold, and not observing any Diet, cast herself away." In all these cases there was a cathartic movement.

I could bring down this history to a later date, and show that so far as any information exists, the transfusion of blood has ever been a safe operation, even in the hands of those unaware of its greatest danger, viz. the introduction of air into the vein.

What need of a sermon? You Mr. Editor must see, and so must your readers, that the transfusion of blood might safely be a much more frequent operation than it now is. I do not think that a complicated apparatus would be needed, or desirable. Any use of long tubes would increase the danger of admitting air, and it seems to me that a glass syringe inverted before injecting, so as to exclude all air from its chamber, and inserted into a single opening into the cephalic vein, guarded by the fingers of an assistant, is all the instrument necessary.

The apparent heroic character of the operation is the principal barrier to its use, but as it is only called for in desperate cases, and really requires no

*Evidently, artery is here intended as the distinction was then known between arteries and veins.

great skill or tact, I wonder that it has so fallen into disuse. It is, mine Editor, one of those direct and straightforward *cures*, such as gladden the heart of a true physician, and give him faith in the resources of his art.

Who can imagine a greater triumph than that afforded in such a case as we may suppose. Here is a woman whose life-blood has ebbed from her till the faint sound of the heart is scarcely heard, cold, pale, and pulseless, she lies in a syncope so like to death, that soon it will merge into the eternal faintness. Here, whence hope has fled, the heroic remedy would come as does the life-boat to the drowning man.

———— × Roads.

ART. V. — *Transactions of the American Medical Association for 1853.*

In the brief notice which we have already given to portions of these Transactions we did not intend to forego some subsequent examination of the book as a whole, with more particular reviews of the several monographs it contains.

We have previously noticed the report of the committee on obstetrics, and that of the committee on medical education. But before taking a final leave of them, we have a word of objection to make. The one, we have before spoken of as only a contribution to a particular branch of female disease; the other, as a report, which, though adopted by the association, does not in any sense represent the views of that body, nor, so far as we are informed, of any member of the appointed committee save its chairman. We fear that in both these cases, and certainly in the latter of them, the junior members of the committee, have neglected or avoided a responsibility which it was their duty to assume. These reports should be what they purport to be; they should receive the sanction of the *whole* committee, or, in cases of differences of opinion such as we are aware existed in the committee on medical education, a second report should have been introduced, and its adoption or rejection made a subject of discussion in the association.

The report on medical literature by Dr. N. S. Davis, chairman, embodies a history of the current literature of the day as found in our periodicals, in the transactions of societies, and in the monographs or compends of individual authors. Dr. Davis finds much to commend in our journals, and segregates from them a large number of articles as real contributions to science. In all his instances we believe the praise to have been judiciously bestowed.

Among his criticisms upon the character of our journals, we find the eminently just remark that, while the original and selected departments are

marked by good judgment, the department of reviews is almost entirely neglected, consisting in a mere insertion of the title-page of the work under discussion, with a few laudatory remarks attached. In common with nearly all other journals, we must plead guilty, in some measure, to this charge. Excuses enough could be offered were we disposed to present them, but as we have on sundry occasions made some feeble attempts to do justice to the views of authors under review, we prefer to continue these efforts in all cases where time is afforded, or where our own knowledge of a subject fits us for writing upon it.

In his mention of the defects of our literature, Dr. Davis enumerates, first, the insufficient education of many of those who write; second, the disposition to record isolated facts; and third, defective modes of investigation among which he mentions the statistical method.

Of the first of these we, in common with all who are familiar with our periodical literature, are fully conscious. In the second we can see both good and evil. Isolated cases are frequently illustrative. It is not uncommon for the practitioner to date back to some isolated case as one from which he derived much instruction, and upon which he founded some new and successful plan of treatment. If a fact is a fact, if it embodies a new truth, or enforces an old one, if its surroundings are fairly laid before us, we see no harm in its publication, but, on the other hand, consider it valuable just so far as it goes.

The objection to statistical research passes our comprehension. If an isolated fact is worthless, while at the same time statistical collections of facts lead to error, we had better do away with all facts, fall back upon the doctrines of the dogmatists, set up some medical luminary as a prophet, and look upon his works as the Mohammedan does upon the Koran, or the Christian on the Bible; and work by its rules regardless of consequences.

It is an error to suppose that statistics are offered by their collectors as infallible rules. But laws of *probability* may be derived from them of the greatest importance, and the proportions of those probabilities may be stated accurately in figures. The objections to statistics come, so far as we have observed, only from those who are pledged to the identity of typhus and typhoid fevers. It may be interesting to know that the particular statistical records objected to in the report were commenced with the idea of proving their identity. The contrary result obtained is rendered more valuable by this fact.

Leaving here the report of Dr. Davis, we turn to the report on refrigeration

produced by upward radiation of heat, as an exciting cause of disease, signed by Drs. Emerson, Haya, and Ruschenberger.

The great merit of this simple and lucid document is in the clearness with which it connects the philosophy and conditions of upward radiation, with the causes which control it. Its application to the causation of disease is not fully explained, but the paper is on the whole a most valuable one, as indicating the phenomena of radiation so clearly as to furnish us every means of warding off its effects.

The changes of temperature effected by radiation, are not regarded as the only, or most prominent, cause of disease. Humidity and malaria are both recognized, and a connection between them and radiation in some degree established.

It is not in our power to do justice by a resume of this paper, but we think our readers will find it one of the most profitable of the various reports included in the volume.

The report of Prof. Gross on malignant diseases has already found mention in our pages. It is not liable to the same objections which pertain to some others. It is a full collection of all attainable facts bearing upon the vexed question of the results of surgical operations in malignant disease. In it Dr. Gross assumes the character of the truly conservative surgeon, and his arguments, enforced and sustained as they are by extensive and reliable statistics, are a sorry comment on that heroic surgery which would extirpate the manifestation of a cachectic condition, while it must leave behind the source and fountain of disease.

The statistics furnished by Prof. Hamilton, of Buffalo, and Warren of Boston, are the most important of the evidences furnished to Dr. Gross by his collaborators. He has very judiciously allowed them to remain in their original form.

The further consideration of these Transactions must be deferred, or perhaps entirely omitted. As a whole, the volume is creditable to the association, and worthy of the profession.

H.

ART. VI.—*Promotion of Medical Science.*

The speech of Mr. Germain of this city, which we give below, is worthy of a place in medical literature. It is by such arguments, advanced by such

men as Mr. Germain, and others equally able and patriotic, that we have at last secured to us the privilege of legally pursuing the study of anatomy.

The present bill, though very imperfect, is still valuable, if we look at it only as an entering wedge to more liberal legislation. We believe that the friends of the bill in the Legislature did all they were able, to make it acceptable to the profession, but very much had to be conceded to the ignorant and fanatic portion of that body, in order to secure the passage of any bill.

H.

Speech of Mr. Germain, of Erie, delivered in the Assembly, in Committee of the Whole, February 28th, upon the Bill "For the Promotion of Medical Science."

MR. GERMAIN—I believe it is not strictly in order to discuss the general merits of a bill in committee of the whole until after it has been gone through with by sections. But as the first section of this bill, now engaging the attention of the committee, involves the whole merits of the bill, and as those who have preceded me in this debate, have addressed themselves to its general merits, I hope I shall not be deemed out of order, if I shall follow their example. I have apprehended from the tenor of the remarks of those who have spoken in opposition to the bill, that they did not clearly understand its provisions. And that we may not labor under any misapprehension, in relation thereto, I beg leave to call the attention of the committee, particularly, to the provisions of the first section. I will not detain the committee by reading it, but simply state that it provides that no bodies of the dead shall be delivered up to our medical schools for dissection, that shall be claimed by any friends of the deceased within twenty-four hours after his death; or of any that shall be known to have friends even, nor of any who may have expressed a contrary wish during their last sickness. And by an amendment proposed by the gentleman from New York, (Mr. Conkling,) which I hope will be engrafted upon this section, the bodies of all those that shall be delivered up to the medical schools, shall, after the process of dissection shall have been accomplished upon them, be placed in coffins, prepared for the purpose, and decently interred. The gentleman from Tompkins, (Mr. Joy,) who has just taken his seat, in closing his remarks, with all that fervid eloquence which characterizes whatever he says upon this floor, has expressed to us his most earnest wish that this bill may not become a law. With equal sincerity I hope that this bill *may* become a law; that is, if it is fitted to accomplish the purpose for which it is designed. Our laws, relating to surgery, are not creditable to the wisdom of past legislation. The

successful practice of surgery is a high art — there is none more so — requiring a minute and thorough knowledge of the organism of the human body, in all its various changes from infancy to old age — in sickness and in health.

The surgeon must see, with his professional eye, the position, size and form of every bone, muscle, vein and artery — the complex web of the nervous system, and the morbid and healthful relation of all these to each other. There should be traced upon his memory, in characters ever legible, a perfect picture of substantive man; so limning his outward and inward being that all its curious and intricate forms, relations and dependencies shall appear. For the instances are not rare, where the surgeon's duties will not give him time to acquire, if he does not possess it, the requisite anatomical information for the case in hand. Some sudden calamity has cast a life, or perchance a score of them, upon the verge of death, to be rescued only by the surgeon's prompt and skillful hand — a hand that can guide the knife through living flesh, mid vital chords and trembling sinews, with unerring certainty. The mechanic who should attempt to repair a complicated machine, without knowing the parts of which it is composed — their various uses and relations to each other — would most likely render it worse rather than better. We would not employ a shoemaker to mend a watch, nor a tailor to repair a steam engine. But how simple are these, and how simple is the most complicated specimen of human art, compared with the mechanism of the human body! We are indeed "fearfully and wonderfully made." To attain unto a full knowledge of the mechanism of the human frame, even under the most favorable circumstances for investigation and study, will tax to the utmost, as it is conceded, the powers of any one mind, however gifted. It is only by dividing this great study into many subdivisions, that it can be readily mastered. One may devote years to the investigation and treasuring up in the memory, all the curious forms and relations of the muscular system; another to the nervous; another to the arterial; another to the form and structure of the bones in all their various stages of development; another to the wonders of the respiratory, digestive and secretive organs, not only in their healthful, but in their greatly diversified morbid actions and relations.

Such knowledge, it is conceded by all conversant with the subject, cannot be acquired, even to a respectable extent, from the study of books, plates, or from the most perfect models, the productions of human art; nor in any other way, than by the study of the human body, through the aid of dissection. Inimitable, like all of the handy-works of the great Creator, it can only be thoroughly known and comprehended by a minute and laborious

investigation of the thing itself. But upon such knowledge the health, the physical power and activity, and the life even of thousands in our midst are continually dependent. We all see and acknowledge this. Our laws, appreciating this, and sternly requiring its possession by the surgeon, punish him with high penalties for mal-practice, if any suffer through his want of it. But at the same time they deny to him, except to a very limited extent, under appalling punishment, the only possible method by which he can obtain the requisite information.

A Roman tyrant, it is said, while he enforced his laws with merciless severity, hung his edicts at the top of high pillars, where his unhappy people could not read them. Between the spirit of our laws in this respect, and the temper of the Roman butcher, we must acknowledge, with humiliation, there is too close a parallel.

This should not be. If it is inhuman, immoral, or unjust, to resort to the only method by which this knowledge can be obtained, then our laws are wicked and tyrannical that require it. It must be wrong to require what it is wrong to acquire.

Let us repeal all laws punishing the surgeon for mal-practice, or else open to him the only door to that field of knowledge, where alone he can gather up the information that shall enable him to become skillful in his high art. Such a repeal would take from our laws odious features of injustice. But by such a repeal we should be legislating backwards.

Such legislation would be based upon the supposition, that the knowledge of which we speak is either useless, or that the community require no protection against surgical quackery. Both of which are manifestly absurd. The evil is in imposing formidable barriers to the attainment of a most useful science; not in punishing the quack, but in hindering him from becoming an adept in his art. But how can the medical faculty be furnished with a sufficient number of bodies for dissection? This subject is not without its difficulties. The sanctity that surrounds the grave is not a vulgar prejudice. None but a brute could treat with contumely the ashes of the dead. Not that the dead are injured. This is not pretended. The injury is to the human brute, who is thus more imbrutalized.

But in dissection for the acquisition of anatomical science, there is not necessarily, or naturally, any thing of this. The student is intent upon perfecting himself for the practice of a humane and honorable profession. And the loathsome duty of the dissecting room can minister to no unhallowed feeling. And in minutely investigating the complex structure of the most

canning of the Creator's works, feelings of respect and admiration must be for more natural than those of contempt or outrage.

But this bill will not be resisted upon the plea that the dead will be injured; nor upon the other ground, that it will imbrutalize the student of surgery himself to freely practice dissection; and, therefore, that the preservation of the of the public morals requires that he should be withheld therefrom.

If, then, there is no injury that can be done to the dead, nor to the student of surgery, but on the contrary, great benefit to the latter, and great good to all who may require surgical aid, it follows that this bill should become a law, without injury shall be done elsewhere.

Were the feelings of friends to be outraged, or a high moral tone in the people to be lowered or debased thereby, great as the necessity is for such surgical knowledge as this bill would promote, I should feel constrained to oppose it. But the sensibilities of friends are fully protected, as are also the feelings of the sick. For the bodies of those shall not be delivered to the medical schools that shall be claimed by friends; nor of those who knowingly had friends at the time of their decease; nor of those who have expressed a contrary wish.

But an influence is brought to bear against this bill, claiming to be of a religious character. Circular after circular has been addressed to each one of us, upon this subject, solemnly reminding us of man's high destiny in that world which is to come; that "this mortal shall put on immortality," or, in the sublime language of Job, "though worms destroy this body, yet in my flesh shall I see God." These are great words. They raise the man above himself. When I read or think of them, "I feel myself exalted." Far from disregarding these sublime truths, I would inculcate them with all my feeble powers. But I cannot see how this question can in the slightest manner be affected thereby. It cannot be contended that the knife of the surgeon, any more than the maw of the worm, can change man's high destiny. Were it not for giving a ludicrous turn to so serious and important a subject, it might be asked with great pertinency, if it would have been any the less true, if Job had said, "though doctors destroy this body," &c.

Such objections evince too limited views of the great economy of nature, and the power and wisdom of Him at whose "presence the earth shook and trembled;" and they border too nearly upon a groveling materialism to be worthy of much consideration. Every reflecting mind must see that the Creator has intended no such guards as are here indicated to be thrown

around man's material mould. He requires not the feeble efforts of man to protect our dust for the great resurrection. But he has surrounded us with many physical evils, warring our destruction. Against many of them, "remedies are not past finding out," nor beyond our reach. The "bane and antidote are both before" us. The surgeon's art is an advancing science. Many physical evils yield to the skill of the surgeon. How many cases are now easily managed, which a hundred, or even fifty years ago were deemed almost incurable? The physicians upon this floor may answer that. Many there are, we all know. Is the surgeon's high knowledge, then, a forbidden lore? "Get wisdom—understanding," is the command. And the Creator's works are all before us for study and investigation. Not to be opened, I grant you, by a sacrilegious hand; nor closed against suffering humanity, struggling to overcome the innumerable evils that beset it.

Some adequate provision for the furnishing of subjects for dissection, is in justice due to the members of a high and honorable profession. We will not employ, nor even respect them, without they are skilled in their high calling. Nor will we suffer them to become such, without making them felons to our laws. This is a refinement in injustice degrading to our civilization. The spirited and ambitious student, to whom is given the choice of being a felon or a dunce—scorning what he believes to be tyrannical and stupid legislation—hesitates but little as to which he will choose. The consequence is, that no receptacle for the dead is sacred from his intrusion; nor will it be, though we should crowd penalty upon penalty, until we provide that, by legalized means, these, his great necessities, may be supplied. The members of the medical profession are, in other respects, a law-abiding people. There are none more so. They would rejoice to be suffered to do as in this. I say it with all confidence, their violation of law is enforced by unjust and irreconcilable legislation. We require of them the possession of certain knowledge and skill; and we punish them for their deficiency therein. If they resort to the only means of acquiring this, we threaten them with the felon's stripes and the felon's cell. They have wisely or unwisely preferred to risk the dangers with which we have environed their way to professional knowledge, rather than incur the life-long degradation and chastisement that spring from ignorance and imbecility. And it must be confessed that the community have greatly gained by the skill and knowledge thus surreptitiously acquired. And humanity may rejoice that they have not kept our laws.

The surgical departments of our medical colleges require annually, it is said, some eighty subjects each. And these they get; at great trouble, risk

and expense it may be; but where, few but the practical resurrectionists know. It is pretty well understood, however, that no cemetery is secure from their depredations. This bill will protect the sanctity of the grave, by removing all temptations to its violation. But it is said, and here lies the stress of the argument on the other side, that this protection will be at the expense of the most poor, the most defenseless, and the most unfortunate classes among us. This argument would have force if bodily dissection was indeed an evil to the dead; but not otherwise.

But it may be said in connection with this subject, that the poor and laboring class among us will be by far the most benefitted by this bill. For they, as compared with all others, suffer most from quackery. The sleek, subtle and seductive empiric draws his chief nourishment from the life blood of the poor. They are least able to scan his merits, and detect his hollow pretensions. The rich man, when sore misery falls upon him — requiring high medical or surgical skill to alleviate or remove — can most generally summon to his aid, wherever he may be, the first masters of the profession. But when like distress visits the humble dwelling of the poor, its lowly tenant can exercise but little discrimination or choice. He must take up with the first physician at hand, or that he can get. If he be learned and skilled, it is well. But if he be an empiric, his misfortunes are doubled, and his state is pitiable indeed. For to a life struggle with disease, is superadded the more appalling danger, of a death struggle with a quack.

And who are most apt to be the physicians of the poor? The rich man's son can resort to the world-renowned medical schools of Paris or London, or of other cities of Europe, where there is no lack of means to perfect him in his profession. But the son of the poor man must find his professional knowledge here. And there is great danger that it will be measured by the facilities and advantages for study that our laws suffer him to enjoy.

Those who have possessed and improved superior advantages for professional education, seek mostly the wealthy districts of our cities and towns, where their high attainments command appropriate rewards. But their more humble brethren find their patrons more especially amongst the laboring poor of the cities and rural districts. This bill, while it will be advantageous to all, is preeminently so for the poor man's doctor, and consequently for the poor themselves.

The gentleman from Jefferson has told us, in opposition to this bill, that he has had occasion to resort to a surgeon in affliction — but that instead of being cured by him, he was made a cripple for life. And this, strange as it may seem, he gives us as reason why we should vote against this bill. I

would ask the gentleman, whether his misfortunes are more properly due to a superior professional knowledge and skill in his doctor, or to his great deficiency therein ?

The supply of bodies which this bill may furnish will be mainly from those who, while living, were brought to wretchedness by improvidence or crime. Having either afflicted the community by their misdeeds, and burdened the State by their punishment; or having been supported by public alms — by offering up their bodies, to the advancement of a humane science, they will make some returns to those whom they have burdened by their wants, or injured by their crimes.

Though I would not argue this question with any partizan zeal, but rather with the impartiality of a judge, yet I confess to some anxiety that this bill shall become a law. Not only because I consider it eminently just, and highly useful in its effects, but also as honorable to the intelligence and wisdom of this Legislature. It is a step in the advance of civilization and humanization. And every error we shall subdue, every prejudice we may overcome, lifts us somewhat from the darkness and degradation into which our race has been cast, and strengthens us and cheers us onward — struggling to a higher and better life.

ART. VII.—*Homœopathy fairly represented. A reply to Prof. Simpson's "Homœopathy" misrepresented.* By WM. HENDERSON, M. D., Professor of General Pathology in the University of Edinburgh. Philadelphia: Lindsay & Blakiston. 1854.

So much space has recently been given to homœopathy in our columns, that we were somewhat averse to making any lengthy notice of Dr. Henderson's work. But the consideration of the source from whence it came, the most eminent and learned within the pale of homœopathy, disposed us to give the book a careful perusal, in hopes to find an honest and truthful exposition of homœopathy.

With this disposition we sat down to its perusal filled with the determination to read it through. We have not done so. We defy any man of common sense to go through it in course. If we could discover in it any attempt to elucidate the author's doctrines, we could endure any manner of style; but there is nothing, to us, so insufferably tedious as to wade through a volume of diatribe and malignant personality. If we wish to abuse any one we

usually find a single page sufficient for our purpose; at any rate, we have a notion that disinterested readers generally tire at any larger amount.

As is evident from the review a correspondent furnished to our last number of Dr. Simpson's work, it is not in any sense a personal attack on Dr. Henderson, but a calm and honest statement of the differences between the two systems of medication. But Dr. Henderson chooses to make it an individual matter, to apply to Dr. Simpson sundry hard names, and to conduct himself like a very ill-tempered and angry man.

Dr. Henderson has very foolishly lost a golden opportunity. Dr. Simpson conferred dignity on the heresy by the pains with which he investigated it, and the good-tempered argument he maintained. Had Dr. Henderson done the same, had he gone into a calm and gentlemanly discussion of the real question, he would have gained an important advantage, for he would then have earned a right to be considered Dr. Simpson's equal; that gentleman having consented to meet him.

But sound reasoning, and quiet truth, are not the weapons of homoeopathy; and accordingly we have only to record that if any one wishes to read three hundred pages of invective, got up on the model of our recent congressional quarrels, he can do so by investing a small sum in this book at Miller, Orton & Mulligans.

ART. VIII.—*Record of Mortality in the City of Buffalo, for the Month of March, 1854.* By J. M. NEWMAN, Health Physician.

DISEASES.	No.	Males.	Females.
Accidents,.....	1	1	
Apoplexia,.....	4	1	3
“ Pulmonalis,.....	1	1	
Asphyxia Immersorum,.....	4	2	1
Asthma,.....	1	1	
Cirrhois,.....	1	1	
Coma,.....	1	1	
Cyanosis,.....	1		1
Cynanche Trachealis,.....	10	6	4
Eclampsia,.....	10	3	7
Enteritis,.....	2	2	
Febris Typhus,.....	2	2	
“ Typhoid,.....	3	1	2
“ Puerperarum,.....	2		2
“ Scarlatina,.....	6	5	1
Hæmorrhagia Hepatis,.....	1	1	
Hepatitis Chronica,.....	1		1
“ Induratio,.....	1		1
Hydrophobia,.....	2	1	1
Hydrops,.....	2	2	

REGISTER OF MORTALITY—(Continued.)

DISEASES.	No.	Males.	Females.
Hydrops Cellularis totius corporis.....	1	1	
“ Cerebri.....	5	2	2
“ Pectoris.....	2	1	1
“ Pericardii.....	1	1	
Hyperæmia Cerebralis.....	3		2
“ Pulmonalis.....	2		1
Inflam. Nervi Vagi.....	1		1
Laryngitis.....	2	1	1
Marasmus.....	2	1	1
Negligentia.....	4	3	
Paralysis Pulmonalis.....	2	2	
Parturitió.....	1		1
Pertussis.....	1		
Phlebitis.....	1	1	
Phthisis Pulmonalis.....	31	10	20
Phrenitis.....	2	1	1
Pneumonia.....	9	3	4
“ Typhoides.....	2	1	1
Rubeola.....	7	5	2
Scalded.....	1	1	
Scrofula.....	1		1
Senectus.....	1	1	
Spasmus Glottidis.....	1		1
Still-born.....	6		
Strangulated Hernia.....	1		1
Tupis Catharhalis.....	1	1	
Ignotus.....	34	16	16

181

Males.....	83
Females.....	81
Sex not given.....	17
Total.....	181

AGES.

Still-born.....	6	Between 6 “ “ 12 “	10
1 day.....	2	“ 12 “ “ 20 “	8
Between 1 day and 15 days.....	7	“ 20 “ “ 30 “	14
“ 15 days and 30 days.....	5	“ 30 “ “ 40 “	15
“ 1 month and 3 months.....	6	“ 40 “ “ 50 “	15
“ 3 months and 6 months.....	13	“ 50 “ “ 60 “	7
“ 6 “ “ 9 “	5	“ 60 “ “ 70 “	5
“ 9 “ “ 12 “	8	“ 70 “ “ 80 “	2
“ 1 year and 3 years.....	32	Ages not given.....	2
“ 3 years and 6 years.....	23		

Total..... 181

NATIVITY.

American.....	54	French.....	4
English.....	4	Swiss.....	1
Scotch.....	2	New Brunswick.....	1
Irish.....	19	Colored.....	3
German.....	58	Country not given.....	49
Total.....			181

EDITORIAL DEPARTMENT.

Correction.— An error is noticed in our account of the proceedings of the N. Y. State Medical Society, relative to the visitation of the colleges by the State Censors. We inadvertently confounded the University of New York (under the Presidency of Prof. Draper) with the New York Medical College, in mentioning them, respectively, as the 13th st. and 14th st. schools.

The New York Medical College is in *Thirteenth st.*, and *did* invite the Censors to its examinations, as did also the Crosby st. school. The University of New York, on *Fourteenth st.*, refused to admit the Censors, on the ground that it was "a national school," and not under the jurisdiction of any state authority, though we believe it never hesitates to accept any donations of state moneys.

The error is merely in confusing the names of the streets. As it (though evidently unintentionally on our part) does injustice to the New York Medical College, we hope that those journals which have copied this portion of our report, will do us the justice to copy also our correction. H.

Divinity vs. Physic.— Our thoughts have been recently directed to the relations of the two learned professions, whose names stand above, by reading in a religious weekly newspaper, edited by an esteemed clerical friend, a "first-rate notice" of a water-cure establishment, a mongrel house of healing, where the opposite doctrines of homoeopathy, and hydropathy, are made to harmonize under the direction of a German quack, who claims to have graduated at sundry schools in the Fatherland, but who hails last as a somewhat distinguished graduate from a "State Institution" on this side of the Atlantic, a "Government School" located at the easterly end of Cayuga bridge, where dietetics and exercise are particularly enforced, its inmates being confined to mush and molasses for the one, and to stone-cutting and shoe-making for the other.

This attending physician, a man known by the editor, and a majority of his readers, to be a jail-bird, a man of low morals in his daily life, and a

criminal upon occasion, abhorred by the virtuous, convicted by jurymen, sentenced by judges, cropped, shaved, and dressed in striped clothes by turnkeys, is now, upon his release from durance vile, considered a fit subject for a laudatory notice in a denominational paper of large circulation. We are aware that among that class of sisters who resort to these watercures, or dally with the sweet morsels of homœopathy, a taint of rascality in their physician is rather relished than otherwise. All the long category of "reformers," whether in medicine, morals, or politics, manifest a similar predilection; a sneaking tenderness for great sinners; a warm sympathy for the *unfortunate* inmates of jails and prisons; while ragged virtue walks the streets, uncared-for and unnoticed. But we had not supposed that our good friend whose really excellent paper contains this puff, was one to fall in with such a weakness. It is probable that it was a mere piece of good-nature on his part, a sort of clincher to a long and profitable advertisement that decked another column.

We will not, therefore, look at the matter in a personal light, nor lay it at the door of one whom we know to be a truly pious and worthy man. We prefer rather to run over, briefly, the relative situations of divinity and medicine, to inquire into their proper spheres of action, and state the causes of the decay of that comity which once existed between them. It is known that a breach has opened, which has grown wider in the progress of events in an age of moral changes.

Were we to confine these remarks only to an ideal of what should be the intercourse of the divine and the physician, we should simply refer our readers to that sermon which we noticed and quoted in our issue for March, as an example of what is needed by both professions. But it happens that the Rev. Dr. Lord, though a strong, sensible, and right reasoning man in this regard, is not a true exponent of the feelings of his brethren.

The efficiency and success of the ministry of Christ rests in no small measure upon the support which it derives from the other learned professions. Its claims are, in these latter days, freely discussed in the light of scientific truth. The sure deductions of the natural sciences come up occasionally, in apparent contradiction to the doctrines of the pulpit. It happens that the medical profession is now, and, in all probability ever will be the reservoir in which the facts of science are aggregated, and its members are, therefore, their principal exponents. To it and its teachings must divinity look for the necessary confirmation of the truths of revelation.

In the present state of religious belief, when the doctrines of the French encyclopedists (so abhorred and shunned a few score years ago) are becoming

wide-spread, when infidelity no longer cloaks itself in darkness, or hides among the vicious and unlearned, it is necessary that divinity should call to its aid all of those means which may best stem the tide of unbelief. For deism, and atheism even, are not now confined to a few crack-brained and wicked men. They find a place in the saloons of the rich, in the social circle of the well-informed, in the hearts of the moral and virtuous in life. It is a wide-spread contagion, infecting every part of society, and entering within the pale of the church itself.

We recollect to have read, a few years since, a certain novel called "Yeast," a name which was chosen as typifying the fermenting theories of the present day. Whether intentionally or not, we cannot say, but its author embodied a great truth in the incidental workings of the plot. The religious heresies of the day were so commingled with heresies in medicine, that they appeared as one manifestation. Let us look at this, and see how far it holds true in American life.

We can guess a man's religious creed with tolerable accuracy, if we know his medical tendencies. Search our country over, and it will be found that homœopathy, hydropathy, spiritual rappings, clairvoyance, mesmerism, and all the other forms of quackery, are but the expressions of a spirit of unbelief; the evidence and effect of an infidel feeling. The same peculiar organization of mind which makes the homœopathist, will make the infidel when its attention is directed from physic to religion. The same individuals figure like the supernumeraries on the stage in one eternal round. The Mormon of to-day is the Thomsonian of yesterday, and that precious band of sisters, male and female, who lead in the medical reforms of the day, are also found presiding (if females) in breeches at Women's Rights Conventions, and bolstering up the fooleries of homœopathy and spiritual rappings in the home circle. They are not a class so large in number as one might suppose. They blow their horns all together; they assemble in conventions; they itinerate from city to city, and by thus keeping themselves constantly before the people, they magnify their numbers and importance.

And now let us ask in sad earnest, have the clergy looked upon this matter rightly? That they have afforded material aid and comfort to the enemies of legitimate medicine is but too evident. They are to be found as gratuitous inmates, or (to use a plainer phrase) as charity patients, in every water-cure hotel in the land. Their letters written thence to religious journals are models of the puff indirect, and generally are filled with arguments, derived from some school-boy philosophy, as to the abounding benefits of that everlasting flood, which, only, is more wishy-washy than their laudatory

effusions. Returning to their flocks, our gentle shepherds are found gabbling about from house to house, the story of their cure—a cure, in ninety-nine cases in a hundred, the result of unwonted cleanliness, and vigorous exercise, upon an unsexed and effeminated constitution. They are found, too, among the infinitesimals, praising a theory which they cannot understand, and which, if true, strikes at the root of all logic, and all deduction from cause to effect, which does away with one of nature's first and greatest laws, and only harmonizes with that peculiarly clerical dogma, *credo quia impossibile est*.

But these remarks apply only to that class of fashionable ministers at the altar of God who seem to have lost all sense of clerical dignity, of the true mission of the priest, who, from long and exclusive association with petticoated humanity, have lost all vigor and virility.

There is another class who look upon the church as a means by which to spoil the Gentiles, as a source of fat salaries, and comfortable living. These are the men who follow the humbugs of the day as the wealthy of their parish may dictate, and whose doctrines always coincide with those of him who stands largest on their subscription list. They lend themselves to little meannesses. If they have a homœopathic flock, they are found dabbling in little pills, or if by chance their people are not given to quackery, they have some favorite regular physician, to whose interests they are willing to prostitute their influence as pastors. Very recently one of these has preached a homœopathic sermon, in which he spoke most movingly of the sanctifying and spiritualizing tendencies of the Hahnemannic globule. Sin, he said, was a disease, and he would have the sheep who had gone astray, subjected to a homœopathic course, preparatory to the meat of the Word. It was our peculiar privilege to listen to a prayer, made by another of these at a funeral, wherein he informed the Omniscient that not all the tender watchings of a devoted husband, *nor all the faithful care of a most skillful and experienced physician*, had been able to rescue from the tomb, the loved form of the sister who lay shrouded before them. And this is not the only instance in which we have known the pulpit, and the public services of the House of God to be prostituted to the advertisement and recommendation of a favorite physician.

It is by such means that an alienation has been effected between two professions which should be found the firmest allies. In spite of the charge so freely made use of from the pulpit and in private intercourse, that the medical profession is universally given to skepticism, we venture the assertion that there is as much true piety, and as much God-like charity in it, as in any other body of equal numbers and intelligence. We say more. We believe

so far as human means can effect the foregone purposes of God, that on the medical profession rests, in a great measure, the safety and permanence of the Christian religion. It has already been declared, that the battle of the evidences is yet to be fought in the pages of the medical journals. Are the clergy willing to trust their cause in the hands of men whom they have abused, slighted, and misrepresented? Can they expect a cordial support from the Christian physician even, when his whole life is declared by them a fraud, and a lie?

One of the most decisive evidences of this division is found in the action of the Connecticut State Medical Society, which passed a resolution, refusing to give their services to the clergy and their families, gratuitously, and assigning as a reason for their departure from this time-honored custom, that the clergy were undeserving of their sympathies, inasmuch as not a quack nostrum in the country was destitute of a string of reverend names, attached to certificates of its virtues.

The society might have placed this matter on a higher ground. They might have said that this system of gratuitous service was a derogation from the dignity of both parties; that it placed the physician in the light of one who bids for influence; while to the clergyman it is injurious, as making him a recipient of benefits unpaid for; and as forming a part of those miscalled charities, which are given to the clergy in lieu of their dues, tending thus to diminish their salaries, and leave them in a condition of dependency on the good will of those toward whom they should have no fear.

There is one further consideration which we wish to offer to our clerical friends.

Physicians are not to be dispensed with in the support of religion. Their influence in spiritual matters outweighs that of the clergy. In the medical profession of the United States is concentrated four-fifths of the learning of the country. Aside from their familiarity with the natural sciences, physicians, as a class, are tolerably posted in logic, history, and mental philosophy. Necessarily, so much acquirement confers a corresponding influence. The regular profession is looked to as authority by the courts of law, and by our civic rulers. It is as strong now as ever, as able to wield an immense influence wherever it may choose to exert it.

The tendencies of this great and learned body of men, is toward that true conservatism of which the Christian religion is the highest embodiment. Thither go their sympathies; the support of morals and religion is as natural to them as their breath. In spite of all the distrust and obloquy thrown upon them, they are still found as constant in their faith as though it was

appreciated. But the faith which meets no sympathy or credence is apt to be a silent one. Physicians feel that they are peculiarly independent of clerical influence. There is a great world outside of the church, larger than all denominations put together, which does not stop to inquire about creeds, but only asks for skill and honesty. Naturally the profession turn thither, until worn out by want of confidence, and the constant intermeddlings of officious clergymen in their daily avocations, they turn aside to men of sense who trouble themselves with no questions beyond their power of prehension. Such are the causes of this dissension.

We have, finally, a little text from the Latin, which we wish to commend to all who dictate upon matters of medicine without the necessary preliminary study. *Ne sutor ultra crepidam*—let the shoemaker stick to his last!

A clergyman should start first with this proposition: That the tendencies of truth will lead no man into heresies. Then we may logically conclude, that all those forms of belief which depart from known and acknowledged truth, and, most of all, *which attract to them, as by chemical affinity, the minds of those who are given to running after the strange doctrines against, which Paul warned the church*, contain within themselves some element of wrong. If they apply this rule, they will find that phrenology is wrong, because it tends to materialism; that homœopathy is wrong, because it does not acknowledge the law of cause and effect; that all the humbugs of the day are wrong, because their tendency is to some form of unbelief, a tendency evidenced in the motley groups of all shades and forms of heresy which come up to their support.

Said Dr. Lee: "A person who is ultra in one thing, will be ultra in all; a believer in homœopathy will be, most likely, a believer in spirit-rappings, and mesmerism. Six-sevenths of the followers of Emanuel Swedenborg, it is ascertained, are enthusiastic disciples of Hahnemann. A mystic in religion will be a mystic in medicine."

The Yellow Fever in New Orleans.—We have received from Dr. E. D. Fenner, his history of the late epidemic.

That such a history should be written, that the causes of so fearful a visitation should be thoroughly investigated, is evident, when we look at the records of interments. We have already published these, but the grand total is so enormous that we wish briefly to review it.

The first case occurred on May 23d. Up to June 25th, the whole number of deaths was but 22. From that, for three months ending Sept. 24, the number was 7,664; to which should be added 149 occurring after that time, making a total of 8,813. These are the deaths from yellow fever. The whole number of interments from May 21 to Oct. 8, was 11,100.

The manner in which Dr. Fenner has accomplished his task, indicates much labor, and careful thought. We are pleased to find an accurate meteorological record kept by Dr. Barton. A letter recently received by us from Mr. Lorin Blodgett, who is at the head of the meteorological department of the Smithsonian Institute, has the following relative to this subject:

"Since the publication of the article alluded to,* much corroborative matter has been developed. Dr. Barton, of New Orleans, in investigating the yellow fever district, has fully confirmed its reference to maximum conditions of heat and humidity. In all parts of this district, including the West India Islands, the same atmospheric condition developed the same sanitary results. His report of these comparisons will soon appear."

Dr. Fenner's history enables us to present an abstract of these conditions. We give only such a summary as may subserve our present purpose. In the statement of the dew point, 100 represents the point of saturation; and of course all lesser figures indicate a proportionate decrease of humidity.

Month.	Av. Dew Point.	Therm'r. Av. Heat.	In. of Rain.	Yellow Fever. Deaths from.
January,-----	44.93	47.20	3.190	0
February,-----	50.48	56.05	4.600	0
March,-----	56.17	62.43	6.870	0
April,-----	66.60	70.39	1.848	0
May, (great heat for 12 days)---	67.11	73.32	3.840	1
June,-----	73.20	80.73	1.757	46
July,-----	72.13	79.88	11.708	1247
August,-----	78.08	81.	6.34	5625
September,-----	70.93	76.23	5.70	852

No one can fail to notice here the condition of humidity as compared with the number of deaths. That such a condition should not have drawn Dr. Fenner's attention, excites our wonder. We have been obliged to make up the above table from different parts of this pamphlet. The reader will get but an indifferent idea of the heat by the record of the thermometer. Thus, in June, the greatest heat was 91°, the lowest 70°; in July 89°, and 71°;

* Republished in the Dec. No. of this Journal from the N. Y. Jour. of Med.

in August 72° maximum, and 19° minimum. But it will be seen that the two conditions of heat and humidity coexisted in a high ratio. As the dew point gradually rose above the average point of 50, and continued till it reached so near the point of saturation, as 78 in August accompanied by an average temperature of 81°, the mortality went on to its highest figure of 5624 in one month. It is expected that the present year will afford us full records of these conditions for the whole country. Comparisons can then be instituted and we may then reach the truth. H.

Transactions of the New York State Medical Society for 1854. Published by the Legislature.

We cannot accord to this volume as much merit as has characterized some of its predecessors. The papers, though some of them valuable, are not of very general interest, and the book is made up, in part, of reports or addresses delivered before county societies, which do not, in reality, constitute any part of the transactions of the State Society.

If the necessity of making up a good-sized volume was the motive of these selections, we could understand it, but that necessity did not exist. The paper on Croup forwarded by Drs. Parker and Cock, of New York, through the hands of Dr. Alonzo Clark, has only a mention in the minutes, while it really constituted the most interesting of all the documents presented, elicited the most discussion, and possessed at least as much intrinsic value as any part of the proceedings. Dr. Van Dyck also was requested to draw up in manuscript his fine extempore account of medicine in Syria, but that, too, is forgotten.

The session itself was most interesting and profitable to the large number who were present. It is to be regretted that its printed records do not, in some measure, reflect that interest.

The Transactions open with the Annual Address delivered before the society and legislature by the president, Jenks S. Sprague, M. D.

This is a paper suited to the occasion and to the audience which listened. Commencing with a tribute to the glorious history of medicine, and to the noble character of its earlier luminaries, it soon leaves the field of the usual generalities, and goes into an extended and able argument upon the "Bill for the Promotion of Medical Science," then under the consideration of the legislature who formed a part of his audience.

It is unnecessary to recount here the train of argument employed by Dr. Sprague. It is a familiar subject to the profession, and every reader can supply them from his own heart, but the time, the place, and the audience, all tended to make their really forcible exposition more than usually impressive.

The right so earnestly entreated is at last conceded to us. The Dissection Bill is a law—imperfect and too narrow in its restrictions—but destined to be, even in its present form, a great benefit to science, while it is not too much to hope that it may, from time to time, receive those amendments which are so evidently necessary.

The second article is an account by Dr. Wm. H. H. Parkhurst, of an extra-uterine conception, in which it is satisfactorily proved that the fetus remained in the abdominal cavity for fifty years. The specimen obtained at the post-mortem, was exhibited to the society.

Dr. Alden March's paper on penetrating wounds of the abdomen and larynx follows. Cases of each are given, as illustrative of the points which should govern the treatment. The article is instructive, and its views, if they lack the merit of novelty are at least sound. He urges the necessity of entire rest of the intestine in wounds of the abdomen, and considers morphine as by far the best antiphlogistic to be exhibited. In wounds of the larynx he repeats the cautions of many authors against closing the wound entirely.

Article IV, by Samuel Shumway, M. D., is a brief report of a case of reduction of a dislocation of the hip-joint, by what we shall persist in calling "*Reid's method*."

It is true that Dr. Shumway has known this method since the winter of 1815-16, where, he says, he saw Dr. Nathan Smith demonstrate it upon the skeleton at the medical department of Yale College. We are willing to admit Dr. Smith's claim to this discovery, but for the score or two of gentlemen who have, since the publication of Dr. Reid's article on the subject in this Journal, risen up to proclaim that they had been familiar with the operation this forty years, we can only repeat what we have often thought—they should be presented with a large-sized leather medal in reward for the prodigious care they have taken to keep their knowledge to themselves.

Article V. is transferred from the Albany County Society's Transactions. It is the annual address delivered by J. V. P. Quackenbush, M. D., on prolapus of the bladder. It is a good and practical paper on the subject, and if not strictly a part of the State Society's Transactions, it is a very readable document.

It closes with a biographical sketch of the distinguished Dr. Lewis C. Beck, and also of Dr. David Martin. Such tributes to departed excellence are

always interesting to the great body of the profession, and the death of such a man as Dr. Beck should not pass without a place on the records of that state society which he served so long, so faithfully, and so well.

Dr. Kneeland's address to the Onondaga County Society follows. It has the merit of being a well-written and eloquent exposition of the claims of legitimate medicine, and of some sensible recommendations as to the best means of giving interest and efficiency to our county societies.

But to it, and much more strongly to the paper by Dr. Cash, following it, we would raise this objection. They do not in any legitimate sense tend to advance the profession. The public do not read these appeals, or if they do, they regard them as *ex-parte* statements. The profession must, by this time, be tolerably well convinced of its own dignity and honor, and we would much rather see the space occupied by these expositions, however eloquent or truthful, devoted to papers of practical interest, such as we have mentioned as omitted in this volume of transactions.

The proceedings of the society occupy the remaining pages. Among them Prof. Draper's letter to the State Censors will attract notice, and we fancy, no small amount of criticism; but we have already "said our say" upon that matter.

We are indebted to Senator Putnam for our copy of the Transactions.

H.

We have a brother who edits a newspaper in Texas, called the Bonham Advertiser. In his issue for March 1, 1854, we find the following paragraph. It is quite possible that our readers may see in it some family likeness to ourselves. Probably Holloway's Pills and Ointment will sell well in Fannin county hereafter:

H.

"*Yankeeedom Out Yankied.*—By the last mail we received the following modest and obliging epistle, all the way from London, dated '244 Strand, 3d January, 1854:'

'DEAR SIR,—I beg leave to refer you to my letter of 2d August, 1853, containing a proposition for the insertion of my advertisements and paragraphs in your paper and to which I have had no reply. Inferring from your silence that the terms offered were lower than you were willing to accept, I now beg leave to submit the following proposal to your consideration.

I shall be happy to pay you the sum of twenty-four dollars per annum for the insertion of one of the inclosed advertisements, with one of the paragraphs, in every issue of your paper, the blocks, which will be supplied free

of charge, on application to my agent for your state, at Galveston, to be used as headings, the agents, names at foot, and the paragraphs to appear among the miscellaneous news, fresh matter every week.

'You must also forward me, free of charge and U. S. postage, a copy of every issue of your paper in which my advertisement appears, for my file and news-room. This is a most important point, and one which must have your punctual attention.

'I assure you that I will at all times do all that lays in my power to promote the interests of your paper, and you are at liberty to announce that a file of the same is kept at my establishment, and I have no objection to receive subscriptions, or orders for advertisements, if I can render you a service by so doing.

'Hoping to receive an early answer, I remain, dear sir, yours faithfully,

'THOMAS HOLLOWAY.'

"Accompanying this letter were copies of two advertisements—one of a miraculous ointment, and one of an omnipotent pill,—an article on making fortunes by advertising,—and fifty-two instances of remarkable cures performed four thousand miles distant from this market, in which Mr. Holloway desires our endorsement of his medicines. At the head of the list of cures is the following adroit Yankeeism :

'N. B.—The compositor will kindly oblige the proprietor by inserting, during the winter season, or wet weather, the paragraphs in this list relating to colds, coughs, asthmas, and rheumatism; and in the summer and fruit season, those for diarrhoea, bilious and bowel complaints, indigestion, &c.; and about the autumn, and the end of spring, the cases that apply to dropsy and skin diseases.'

"This is making a commodity of disease with a closeness of calculation beyond the capacity of John Bull. Ten to one, Mr. Holloway is Yankee turned Cockney.

"And now, Mr. H., after thanking you for your offer to extend our already enormous circulation in England, we beg leave to inform you that we will not advertise your nostrums at any price. We believe you to be a quack, and of that kind of cattle we have plenty at home. We may advertise for them, when they ask no more of us than to publish what they sign; but this paragraph business makes us a party to what we deem a deliberate swindle. It will not be worth your while to address us again on this subject. You have *this* number of our paper, post-paid; you can have the remaining fifty-one for your file and news-room by remitting to us the sum total of two dollars and twenty-five cents."

Monthly Periscope.—*Guano in Cutaneous Diseases.*—M. Desmartis, of Bordeaux, recommends guano as a remedy in skin diseases. He has found it beneficial in pemphigus, psoriasis, and chronic eczema, while he also uses it in solution as a collyrium.

It is administered as a bath, sixteen ounces of guano being dissolved in water enough for that purpose. As a collyrium, one to four ounces of guano are dissolved in a pint of water. It should be boiled and filtered, and thus makes a clear golden colored solution. As a collyrium it has, in the hands of M. Desmartis, radically cured extensive opacities of the cornea; "Leucomas, and even thick albugos, have disappeared under this treatment."

"*Syncope from Chloroform.*"—This is a phrase we find going the rounds of the journals as a heading to an account of M. Nelaton's plan of inverting the body in case of alarming symptoms from chloroform. Two cases are related in which the patient recovered after placing his head in a depending position.

There is some question here as to whether or no "syncope" is the condition which obtains in this accident. We believe that the countenance is usually pallid, perhaps always so, but a careful notice of the phenomena described as having attended the cases of death reported, leads us to the conviction that the deleterious effects are to be attributed to a veritable poison, acting on the ganglionic system, and, by the intensity, suddenness, and permanence of the impression, made entirely beyond the reach of remedies.

A surgical friend, in a neighboring city, recently gave chloroform that he might be able to examine a crushed thigh, which was so painful as to render this measure necessary. The chloroform was poured upon a handkerchief, and held at a distance of three or four inches from the nostrils. After a very few inspirations, the patient, from a condition of much excitement, sank into collapse. Respiration was entirely suspended, but a slight pulse was discovered at the heart. Before measures could be brought into use, (except the dashing on of water,) the patient slowly inspired, and respiration was finally established by the unaided efforts of nature. So happy a result was unexpected, but the case is quite as instructive as if fatal.

Said our friend: "It was not asphyxia, for there were no symptoms of choking; it was not from lack of air, for that was abundant; it was not syncope, for the heart beat while the lungs were still—it was simply *poisoning.*"

Syncope may be an attendant on poisoning by chloroform, but it does not constitute the abnormal condition. Different conditions of the ganglionic

system will influence the effect of chloroform. What those differences are it is impossible to decide. It acts very differently at different times on the same individual. A person on whom the effect had previously been pleasant, died on a subsequent inhalation from the same sample, while it sometimes happens that an individual may be rendered completely insensible by a very few inhalations, who, at another time, requires a half-ounce or an ounce for a very imperfect anæsthesia.

We have no faith, then, in any special management of poisoning by chloroform. Where the syncope seems to be the prominent condition, and there is not a complete paralysis of nervous function, inversion may be beneficial; but in those too frequent cases, when the nervous centers are completely overwhelmed, where the sensory anæsthesia, which is the usual effect of chloroform, is attended by motor paralysis of those muscles of circulation and respiration most essential to life, we can only expect a fatal result, regardless of the treatment employed.

Our Contributors.— With this number closes the ninth volume of the Buffalo Medical Journal, and the first year of its present associated editorship.

With an increasing subscription list, with constant evidences of acceptability to the profession, and more than all, with a list of contributors of unusual merit, we close this volume, and enter upon the succeeding with courage and cheerfulness. We append a list of those who have honored us by their aid during the past year. It will be seen that while it comprises many eminent and familiar names, it is also not deficient in those whose articles are none the less valuable that their authors are but beginning to be known.

Henry I. Bowditch, M. D., Boston, Mass.

I. H. Beech, M. D., Coldwater, Mich.

Wm. C. Butler, M. D., East Avon, N. Y.

N. E. Ballou, M. D., Carlton Centre, N. Y.

Prof. Charles Brodhead Coventry, Utica, N. Y.

D. C. Dewey, M. D., N. Y. Mills.

T. K. DeWolf, M. D., Chester, Mass.

John M. Galt, M. D., Virginia.

Dr. Marshall Hall, F. R. C. S., London, England.

Prof. Frank H. Hamilton, Buffalo, N. Y.

Eli Hurd, M. D., Niagara County, N. Y.

Silas Hubbard, M. D., Buffalo, N. Y.

Prof. Charles A. Lee, New York.

Wm. S. Meacham, Dale, Wyoming Co., N. Y.

James M. Newman, M. D., Buffalo, N. Y.
 Prof. Thomas F. Rochester, Buffalo, N. Y.
 C. D. Robinson, M. D., Almond, N. Y.
 "Rusticus,"— + Roads.
 Ellery P. Smith, M. D., Buffalo, N. Y.
 E. Stanley, M. D., Sandusky, Ohio.
 H. M. T. Smith, M. D., Dunkirk, N. Y.
 P. M. Strong, M. D., Buffalo, N. Y.
 Prof. James P. White, Buffalo, N. Y.

In the above list are given all names which we are at liberty to make public. Some others, the authorship of which is only indicated by an initial or asterisk, are omitted. H.

The Dissection Bill.—As intimated elsewhere, this bill has become a law. We hoped to secure a copy for publication in our present issue, but are unable to do so this month. It has been very much amended and changed from its first form. Many of its provisions are vexatious and insufficient, but these may be corrected as they make themselves manifest. In the mean time we believe the friends of the bill in the legislature did all in their power to make it fair and liberal. Any restrictions of a contrary tendency were submitted to, not approved, by them, in order to secure the passage of the bill. For this they deserve the thanks of the profession, and though we could wish for a better law, we owe a debt of gratitude to those whose prudence has been equal to their zeal in our behalf. H.

Pamphlets.—We have received from the author, a pamphlet on "Epidemics and Sanitary Reform," by Dr. M. M. Rodgers, of Rochester. We have not had time for its perusal.

A Report to the Indiana State Medical Society on Asiatic Cholera, by George Sutton, M. D., gives a full account of the various epidemics, the regions of country invaded, and the practice most usual in its management.

Prof. R. J. Breckenridge sends us his Address to the Graduates of the Kentucky School of Medicine—Session of 1853-4. It adds another to the very able introductory and addresses which have covered our table for the past few months. •

"Outlines of the Principles and Practice adopted in the Orthopædic Institution of Brooklyn," is the title of a pamphlet by Drs. Bauer and Barthelmess, the physicians of that institution. H.

Hydrophobia.—We notice that the very ridiculous story that ten deaths from hydrophobia, had been reported to the Common Council of Buffalo, by physicians, has found its way into the Boston Medical Journal. One death, or perhaps two, from hydrophobia, have occurred during the winter. There has been a good deal of alarm about it, and quite a number have been bitten by animals apparently rabid. In a very large proportion of the cases excision has been practiced. We hope that it may prove a sufficient safeguard against the horrible disease in question. H.

Medical Men for Coroners.—This is a measure of medical reform which must soon prevail. In Massachusetts it is already becoming the custom, and while it would not, perhaps, be worth while to make it a legal requirement, we hope to see the precedent established, and physicians appointed to the office. H.

"Types of Mankind," the new ethnological work by Nott, Glendon, and Agassiz, has been received from the publishers, Lippincott, Grambo & Co. Its importance demands a careful examination, and we can only say for the present, that it is for sale by Leonard, 280 Main st.

Our next number will contain articles from Dr. Baker and from both the editors. We hope also to receive in time for our June issue, a letter from Dr. Flint, who has safely reached his transatlantic destination.

