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THURSDAY, AUGUST 6, 1857.

No. 1.

MEDICAL EDUCATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of medical education can never be devoid of interest to the true physician, who will desire the elevation of his profession, not only as a matter of personal pride, but from the purest philanthropy. It is to that interest we appeal for an apology, if one be needed, for introducing the subject to the consideration of our readers; though the relations of our theme, both to the profession and the public, seem to place it beyond any such necessity.

We shall take it for granted that it is *the* aim of every medical school or college to accomplish, with the highest degree of efficiency, the object of its existence, viz., the education of its pupils for the purposes of their profession. Such being the aim and desire of *all* medical schools, none will object to a discussion of the methods by which that aim is sought to be accomplished; whether the present system is the best possible, or whether it may, and ought not to be, to a certain extent, modified to correspond with changes which have come into existence since the system itself began to have a being.

We shall at present content ourselves by referring to one of the methods of instruction, viz., the formal systematic courses of lectures delivered annually in all our medical colleges, to which, we are convinced, an undue importance is attached. The origin of our system of lectures dates from the revival of learning in the fifteenth century, when books were scarce and expensive; when a few master minds monopolized the learning of a continent, and swayed a sceptre over the opinions of men, for the time being, as arbitrary as the despotism of the Pope; when a few great schools were the only places where the student could gain a competent knowledge of his profession; where, and only where, he could be brought in contact with the best modes extant for the investigation of every subject connected with his studies; when outside of these centres of light and knowledge there were few or no facilities for

acquiring the requisite attainments. The question now occurs as to the propriety or necessity for continuing a system originating in a state of society totally unlike the present, and from circumstances not one of which exists to-day.

As yet, medical schools have been slow to acknowledge the propriety of any such change; not, we are bound to suppose, from any *selfish* considerations, but only from the desire to perform their functions in the best possible mode.

A medical school was formerly the "organ" of some commanding genius, whose teachings were the law to those who listened. To-day, a medical school professes to aim at setting forth the *science*, not as taught by one, but as accomplished by the labors of many. All the didactic parts of the profession are taught to-day in books. The pupil can find the whole theory in those volumes of *Practice* which have been issued so copiously of late, and which are almost as cheap as they are abundant. There exists, then, no longer any necessity for medical schools to teach the *theory* of medicine, nor what of the practice is *usually* taught. The only branches which medical schools have the ability to teach better than the private instructor, are Anatomy (demonstrated), Experimental Physiology, and Chemistry. To these branches we should add Pathological Anatomy; as, however, this is not erected into a special study by most colleges at present, we have not included it. As to all the other courses of lectures, we ask whether, aside from professional profit, any great gain is to be found over a course of quiet study; or whether the student is likely to find in the lectures of an ordinary teacher any instruction more valuable than he can find in almost any medical library, however small? These are questions, it seems to us, quite worthy of being considered, at least, by all who are desirous of seeing the profession prosper.

Our object is not to attack schools or lectures as they *may* exist, but as they actually do. Of the former we shall have somewhat to say presently. Every one knows what is required of the student attending a course of lectures. Commencing at 9, A.M., he must hear from four to six lectures, on as many different subjects; three days of the week he is required to devote two or three hours to a hurried round of the public wards of the hospital, if there be one attached to the college; other hours every day should be devoted to the business of dissecting; others to reading over notes or authors. Of the value of such a course continued for four or six months, it seems to us there is little to be said. Those who have been through it and conscientiously sought to make the most of it, to improve the opportunities, must know how very harassing such an endeavor is; and few but will acknowledge that they were not equal to a proper discharge of the labors laid upon them. If the lectures were intrinsically more valuable than any knowledge the pupil could acquire elsewhere, it would be

a sad loss; for how many of the students carry away anything but the merest fragments of the teaching of their instructors? Here is the evil against which we contend: that really and practically this is acknowledged to be of small importance, so that the student is required to buy tickets for a course of lectures, his knowledge of which will be tested by perhaps a dozen questions. Is not this a *sham* which the medical profession should be first to see, and, once seen, to destroy with a firm hand? If a course of lectures by any man is worth paying for, a knowledge of it should be enforced; whereas it is treated, practically, like the so-called *ornamental* branches at a boarding school—it is “*optional*” with the student whether he attends or not, and if he attends, whether he sleeps out his hour, or really knows what is said. Such a course is at least an injustice to the student, if we can say nothing stronger against its moral character.

Such are some of the objections against the present method of medical education, so far, at least, as it is attempted by the system of lectures. A brief glance at some possible improvements, and we have done for the present.

The great glory of a medical school is to present a long catalogue—the longer the catalogue, the more glory. Out of this rivalry springs one of the most objectionable features of the system we have condemned—the impossibility of testing the knowledge of the student by frequent and searching examinations.

It surely does not require demonstration to convince any one that the glory of a medical school should depend on the thorough qualifications, and not the numbers, of its graduates. But which seems to be most desired? The efforts are strenuous to enlarge the classes, but how earnest is the labor to educate them? Individual exceptions there doubtless are, but we believe that *generally* we are not far from the truth when we say that our schools are more desirous of numerous graduates than of superior qualifications.

Medicine is a science or art founded upon the observation and collation of particular facts; it has certain principles which are deduced therefrom, and these may be taught in the study as well as the lecture room; but the *practice* of medicine can only be taught properly and efficiently at the bed-side, from the actual “*case*.” We may demonstrate the principle from the “*case*,” but not the “*case*” from the principle. As the science of medicine arose out of the generalization of many *instances*, so the physician owes his ability, not to the abstract principles he has mastered, but to the experience he has had, and the wisdom he has acquired thereby, *under* the guidance of general principles indeed, for it is far from our purpose to place the *theory* and practice of medicine in opposition. Now the change we desire to advocate in the education of medical students is, to increase the amount of *clini-*

cal teaching; so that instead of being subordinate, or entirely omitted, it may be held of equal importance, at least, with the theoretical.

The importance of clinical instruction has been acknowledged by some of our colleges; but how imperfectly is the principle carried out, even in the best of them, and how limited the instruction they afford! For instance: during the winter session of four months, the student is required, or *desired* rather, to attend the hospital physician once or twice a week in his rounds of some of the larger wards. In this way, doubtless, he sees numerous forms of disease, or rather *cases*, and he may acquire a sort of acquaintance with the physiognomy of some kinds of disease; but how very trifling the knowledge he can acquire at best, under these circumstances! To one who knows how minute and careful the study of disease ought to be, *this* kind of sight-seeing may well seem ridiculous. Then even *this* limited opportunity is made still more limited by the numbers of students who crowd around the beds, preventing anything more than the most cursory kind of examination. For, usually, one is obliged to secure and maintain a favorable position for seeing and hearing, by so large and constant an outlay of *physical force*, as to render the opportunity so gained well high void of good. Nevertheless, the fact that clinical teaching is thereby acknowledged to be desirable and important, we gratefully accept, in the hope that the difficulties in the way of a more extended application of the same mode of teaching may be smoothed away by increasing experience; that instead of being regarded as quite subordinate to the regular course of lectures, it shall be regarded as quite its equal in value.

We are aware how very imperfectly we have discussed the subject; but if it draws attention to a matter of deep and vital interest to the medical profession, we shall be satisfied. The justice of our argument, we are convinced, most will admit, however feebly it may have been enforced,

RUSTICUS.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 478, Vol. LVI.]

9TH. If there are contractions in the bloodvessels of the brain proper, as there are in the muscles of animal life, in the beginning of an epileptic seizure, it is very easy to explain the variety of sensorial and other cerebral symptoms of epilepsy. In the same way as there are *certain* muscles that contract in the neck, in the larynx, or elsewhere, we may admit that there are *certain* bloodvessels that contract either in some parts of the brain proper, or in the nervous portions of the organs of sense, and in consequence, there

is a trouble or loss of either one or several senses, or of the intellectual faculties, consciousness remaining more or less entire; or there is a successive loss of sight, of hearing, of the intellectual faculties, and, at last, of consciousness.

10th. It is well known that sometimes the compression of the carotid arteries stops a fit of epilepsy. Cases of this kind have been mentioned by Liston, Earle, Albers, &c. The same operation in certain animals, and particularly in rabbits in good health, is sometimes sufficient to cause convulsions, so that we are led to the question, How can the same circumstance in one case cause convulsions, and in another diminish or destroy them? My theory may give an explanation of this apparent opposition. Changes in the quantity of fluid in the cranio-spinal cavity cannot take place suddenly, and if there is a considerable diminution in the quantity of blood which enters this cavity, as is the case when the carotid arteries are compressed, there is necessarily a corresponding diminution in the quantity that goes out. The blood which reaches the encephalon by the vertebral arteries having to fill a much larger space, circulates more slowly and becomes much more charged with carbonic acid, and, besides, furnishes much less oxygen to the encephalon, so that if the compression of the carotid arteries be made in healthy animals, it causes convulsions, just as I have found that blood much charged with this acid injected into the carotid arteries, causes convulsions; whereas, if the compression of these arteries be made in man, during an epileptic seizure, there is at first usually a momentary increase in the intensity of the fit, and sometimes after one or two minutes, rarely sooner, a diminution in the violence of the convulsions, and in some cases, a complete cessation of these contractions. Those who have observed what takes place in animals when they are asphyxiated, have remarked that after violent convulsive struggles, while the blood is becoming more and more charged with carbonic acid, there is a diminution of the convulsions, and at last nothing but rare respiratory efforts. Carbonic acid, after having excited the vital properties of the nervous system, seems to destroy them gradually, allowing for a time, however, the production of respiratory movements. The compression of the carotid arteries in epileptics, during a fit, induces a state of asphyxia greater than that already existing, and in so doing, diminishes the vital properties so much that there are no more convulsions. Respiration taking place* then, and the bloodvessels of the brain proper relaxing, the whole encephalon receives more oxygenated blood, and the patient recovers in the same way, and by the same means that he does when the compression of the carotid is not employed in a fit.

* Of all the reflex phenomena, the regular inspiratory and expiratory movements are those which last the longest; it is so during agony resulting from any disease, it is so after chloroform or ether have been inhaled in large doses, it is so in asphyxia by hanging, drowning, &c., and it is so also in epilepsy.

The theory of epilepsy that we have arrived at from the examination of the phenomena of this disease, is not in opposition with any that we know; and, still more, we might easily show that it is in harmony with the most important facts concerning the causes, the variations of the symptoms, the consequences and the treatment of this convulsive affection. We will merely point out, in addition to what we have related above, that the production of epilepsy by lead (which is an excitant of contraction in bloodvessels), by loss of blood, &c., and the important relations of epilepsy with intermittent fever, are facts in perfect harmony with our theory.

We must now say a few words, 1st, on the production of the change in the cerebro-spinal axis, which chiefly constitutes epilepsy (*i. e.*, the augmentation of the reflex excitability); 2d, on the production of the change of certain parts of the skin, mucous membrane, &c., which renders these parts capable of exciting epileptic seizures; 3d, on the mode of production of a fit of epilepsy from excitations springing either from a peripheric part or a central part of the nervous system; 4th, on the consequences of an epileptic seizure, and on the inter-paroxysmal state.

1st. The production of a change in the reflex excitability of the cerebro-spinal axis we think may take place in two different ways, one of which is a *direct* abnormal nutrition, as in syphilitic, scrofulous or rheumatic epilepsy, while the other is an *indirect* abnormal nutrition, due to some excitation from a peripheric or a central part of the nervous system. The *modus operandi* of such excitations we do not know positively, but very likely, in a number of cases, at least, it is through the bloodvessels of the cerebro-spinal axis that these excitations operate to change the nutrition of this nervous axis. We have ascertained that many substances which act upon the spinal cord, either in increasing its reflex faculty (such are strychnia, morphia, &c.), or in diminishing it (such are belladonna, ergot of rye, &c.), produce their effect chiefly by their influence on the bloodvessels of this nervous centre. When they excite the bloodvessels to contract, they diminish nutrition, and cause paralysis; when they diminish the contractility of the bloodvessels, and therefore allow them to dilate, there is more blood in the spinal cord, and its nutrition is increased. Then the reflex faculty becomes greater, and irritations may cause convulsions. In animals and men, not having taken any of these substances, the reflex excitability of the cerebro-spinal axis may be increased in the following ways. An excitation on some part of the nervous system causes a contraction of the small bloodvessels of a part of the cerebro-spinal axis, and as the same quantity of blood still arrives by the various arteries in the cerebro-spinal cavity, it results that if the small ramifications of some arterial branches are contracted, the others receive more blood, so that nutrition, and, in consequence, the reflex excitability, augment in the parts to which

they are distributed. But this is not likely to be the most frequent mode of increase of nutrition. We have found that when a vascular nerve is excited for a long while, the contraction of the bloodvessels after a certain time ceases, and a dilatation takes place, which lasts longer than the contraction, although the nerve is still excited: this is a paralysis by excess of action. In the nervous centres, very likely this paralysis of the bloodvessels supervenes also after considerable contractions, and in consequence of this paralysis, nutrition is increased in the parts of these centres where it exists, as we have found that nutrition is increased in the nerves and muscles of the face, when their bloodvessels are paralyzed. With the increase of nutrition in the nervous centres comes the augmentation of the reflex excitability, which seems to be the principal element of epilepsy.

Besides these causes, there is another of greater importance, which may exist when they do not: the nerve-fibres animating the bloodvessels of the parts of the cerebro-spinal axis where epilepsy has its seat, may be paralyzed as the nerve-fibres of the muscles of animal life are by a disease of some part of the nervous centres, and the consequence of this paralysis is necessarily an increase of nutrition and of reflex excitability. This is a fact which we have positively ascertained; the section of a lateral half of either the medulla oblongata or the spinal cord is the cause of paralysis of the bloodvessels of the cord on the same side, the consequence of which paralysis is that nutrition and the reflex excitability of the cord become much increased. When the spinal cord is cut across entirely, in mammals as well as in cold-blooded animals, the part separated from the encephalon has its bloodvessels paralyzed, and therefore dilated. Nutrition and the reflex excitability are soon much increased in this part, and it is sufficient to touch the skin or the mucous membrane of the genital organs, or of the anus, to determine violent spasms.* This cause of production of epilepsy, or at least of an increased reflex excitability, must exist in a very great degree in cases of tumors of the pons Varolii, or of the medulla oblongata, and if they do not cause this convulsive affection more often it is very probably because the moral and the emotional excitation of fits cannot act in many of these cases.

When an excitation coming from some peripheric nerve produces in the cerebro-spinal axis the change of nutrition which causes epilepsy, it is very likely that this excitation sometimes, if not always, acts otherwise than by producing a contraction of some bloodvessels. Whether this action is like those due to electricity or not, we cannot tell, but we think that an opinion which we had held for

* The same thing sometimes occurs in man. In a case of fracture of the spine, recorded by Dr. Knapp (*N. Y. Journal of Medicine*, Sept., 1851, p. 198), there was paralysis of the abdominal limbs. A month after the accident, there were slight spasms in those limbs; in four months, the spasms became violent; on exposure to the cold air, or to a sudden touch, the muscles were thrown into the most violent agitation.

many years with Donders, and some other physiologists,* must be modified. This opinion is that all the nervous influences on nutrition, secretion, &c., either direct or by reflex action, act only in causing contractions or paralytic dilatations of bloodvessels. This view, which has been criticised with much ability by Prof. James Paget, in his admirable lectures on nutrition and on inflammation, seems to have been proved to be too absolute by the important researches of Prof. Ludwig and his pupils (see *Physiol. des Menschen*, von Donders, vol. i., p. 187-9, 1856), which appear to establish positively that there is another mode of influence of the nervous system, at least on certain glands; an influence resembling that possessed by electricity in causing chemical combinations or decompositions.†

2d. The changes produced in peripheric parts, rendering them able to excite fits of epilepsy, consist more in alterations in the nature of the excitations that may spring from peripheric nerves than from an increase in the felt excitations coming from these nerves. We have shown already that in our animals the skin is not more sensitive in the parts of the face which are capable of exciting fits than in the other parts of the face which have not that power (see § IV). In man, as we have also shown elsewhere (see § XI.) it is to the nature of the excitation, and not to the degree of the pain, springing from some peripheric nerve, that we must attribute the production of the fits. The fact that excitations, starting from the periphery and causing fits, may not be felt, and the fact that when there are sensations accompanying these unfelt excitations, they may vary as to their kind, and sometimes be very feeble, certainly are important arguments to show that the real exciting cause of the fit is something which is not felt. If the term *aura epileptica* had not been employed already to express the sensations which accompany the excitation of the fits, it would be well to employ it to name the unfelt excitation which is the real exciting cause.

In inquiring into the nature of the unfelt aura, we find that very probably it is nothing but a violent excitation originating in the excito-motory nerve-fibres. Dr. Marshall Hall and Mr. Grainger have long ago imagined that there are nerve-fibres which are employed in reflex actions, and not in sensations and in voluntary movements; but they did not adduce direct facts to prove the correctness of their views. I have found many facts which seem to give

* Prof. Claude Bernard, in announcing recently his important discovery of the substance which in the liver gives origin to sugar, expresses himself very strongly in favor of this opinion. (*Gaz. Méd. de Paris*, 1857, p. 202.)

† We still maintain, however, as we have done for many years, that the influence of the nervous system on nutrition and secretion, either direct or reflex, is in a great measure due to the influence of nerves on the muscular layer of the bloodvessels. Even galvanism, in improving nutrition, we have proved to act partly in this way; it contracts the bloodvessels, and in so doing diminishes circulation and warmth. But after a certain time of violent contraction, the bloodvessels become paralyzed and dilated, so that more blood passes through them, and the temperature and nutrition are increased.

the proofs hitherto needed that there are nerve-fibres which are employed in exciting reflex actions, and which are neither sensitive nor capable of transmitting sensitive impressions to the encephalon. I have found also, that the excito-motory power, like the sensibility of nerves, varies in different parts of their length (see my *Experimental Researches applied to Physiology and Pathology*, New York, 1853, p. 98), and also in the same part, according to various circumstances.

[To be continued.]

NEGLECT OF MEDICAL TREATMENT BY PARENTS AND GUARDIANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—My knowledge of the medical jurisprudence of this country being very limited, and perhaps the knowledge of the full extent of the *rights* of a free citizen of this great republic sufficiently so, to make me a very incompetent judge in such matters, I should be very thankful for any information on a subject which has been a source of serious reflection to me from the time I first came to this country, and more so recently, where cases have come under my observation which I find it difficult to comprehend.

I know the laws of the country condemn and punish (or, at least, several judicial decisions have done so) a surgeon for malpractice, no matter if the damage done may have arisen from negligence, or from want of skill, on the part of the surgeon; but what laws are there, I should like to know, to prevent parents and guardians from, or punish them for, killing their children by *the same neglect*, in not providing for them competent medical attendance; or by the want of that skill in treating diseases which they are presumptuous enough to think *themselves* possessed of, or of which they boast themselves? You will probably ask me here for an answer to this question, viz., "Have the children you have in mind, been neglected or mal-treated *for the purpose* of destroying their lives?" I must conscientiously answer in the negative. There was, in the case I allude to, certainly *no such intention*; but, on the other hand, I cannot with the same conscientiousness say, that the negligence or mal-treatment was an *accidental* one, but *purposely* and *willingly* committed.

I will give you the cases as they are, withholding names.

Within the space of about a month, there died in a family in my neighborhood, two children; and both, as the reports ran amongst the neighbors, were "very sick indeed;" but this was about all that could be ascertained by any one; for, what actually "ailed" the children, no one was able to find out, there being no physician in attendance; but some of the members of the family,

which treated both cases, were, as I understood, of the opinion that there was no necessity to take the trouble of ascertaining the nature of any disease, treated according to their rules; for, the therapeutical apparatus (cold water) remaining, in all cases, and under whatever circumstances, the same uniform rolling-up in sheets dipped in cold water; "cold water inside—cold water outside." Pretty theory that, and still prettier practice! Well, both children died without any other medical attendance, except that, a day or two previous to the death of each, a physician was called in, merely for the sake of confirming them in the sad conclusion they had at last formed, viz., that nothing *more* could be done to save the lives of their children (had *anything* been done which could promise such a result?)—and then these parents could feel fully satisfied as to having done their duty! The disease then prevailing in that part of the town where the family resides, proved to be scarlet fever; but it showed itself, in the generality of the cases, very mild in its appearance, as well as in its progress and termination, so that in the first few cases I saw, I could hardly make up my mind to call the disorder by a name reasonably dreaded as one of the most fearful scourges; and certainly it did not appear in its malignant form, as none of the cases in this town proved fatal, except these two *maltreated* ones (if at all they can be counted amongst them, for which no proper evidence exists). Out of all the different humbugs charlatans have got up for the benefit of suffering mankind (I almost had said suffering fools), hydropathy and homœopathy are decidedly the *cheapest*, and this in both senses of the word—and to spare a doctor's bill, goes far with some persons; with others, again, the more absurd a thing, the better they like it. I abstain from making any further comments on the subject, and leave it with you to make use of what I have said, or not.

Yours, &c.,

EDWARD SEYFFARTH, M.D.

Rindge, N. H., July 27th, 1857.

[There is much reason and common sense in the remarks of our correspondent. Self-medicating persons often incur the risk of committing suicide, and doubtless often die by their own hand. Those, again, who profess to cure the sick, without being competent to practise medicine and surgery, are constantly liable to perpetrate murder. Both classes are virtually *lunatics*; and the community is entitled to protection against their acts, as against other dangerous practices, of whatever nature.

We differ from our correspondent in his opinion upon hydropathic and homœopathic practice. He terms these methods "cheap;" in one sense, only, are they so; *i. e.*, their actual value. It is well known, however, that their practitioners demand and obtain most exorbitant fees; and those who employ them must find them decidedly *dear*, in the mercantile sense of that term.—EDITORS.]

ON THE REMEDY OF STRICTURE BY EXTERNAL INCISION.

BY JAMES SYME, ESQ., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

THE treatment of stricture by external incision being now established as the proper remedy for cases that prove incurable by dilatation, it is no longer necessary for me to notice the misrepresentations and falsehoods with which this proposal was originally assailed, and which are still employed, through the medium of advertisements, to deter patients from obtaining the relief that has been placed within their reach. The members of my profession may now anticipate the judgment of posterity; and, if they do not give credit for promoting improvement, will, I trust, at all events regard with indignation the efforts of those who, for their own unworthy purposes, have endeavored to retard it. But there are some points of practical importance that required time and extensive observation for their complete elucidation, in respect to which I beg to offer the following observations.

One of these is the question as to the permanency of relief afforded by incision, which could not be satisfactorily answered at an early period of this procedure. The first case in which I divided a stricture at the bulb, was the most obstinate and distressing that has ever fallen under my observation. It had existed twenty years, and resisted all the then known means of remedy, until the patient, wasted to a shadow, longed for death as the only termination of his sufferings. But this gentleman has now, for fifteen years, enjoyed the most exuberant health, and never required the introduction of a bougie. Other cases, of an equally encouraging character, originally led me to believe that the operation would always prove equally effectual, so as to render unnecessary any further treatment; and when, contrary to my expectation, relapses afterward occasionally occurred, I attributed them to some imperfection in the process, either as to the performance or the subsequent management. The bad results of cutting without a guide, although most unfairly attributed to my procedure, had, of course, no bearing on the question; but I thought that, even when the operation was performed upon proper principles, its effect might vary with the extent of incision through the urethra, the mode of healing, by adhesion or granulation, and the care that was taken to maintain dilatation during the period of recovery. Without going into the details of many trials and observations that were made to ascertain the truth of these surmises, I may state, as their general result, my persuasion, that while the free division of a stricture may afford not only complete but permanent relief, without the employment of bougies subsequent to recovery, it is not possible, by any modification of the process or treatment, to insure against all tendency to future contraction. On the other hand, it has been satisfactorily ascertained that the simple precaution of passing a full-sized

instrument occasionally, as once in two or three months, will effectually prevent any risk of relapse; and as, when the canal is free from obstruction, the patient may readily do this for himself without the slightest difficulty or danger, the permanency of relief may thus be secured at the expense of very little inconvenience.

Many people have been deterred from adopting my proposal by the theoretical objection, that a wound of the urethra, like one of the skin, must heal either by adhesion or granulation, so as, in the former case, to restore the old contraction, and, in the latter, to form another of perhaps greater firmness by the resulting cicatrix. But, next to statistics, analogy is the most misleading guide to good surgical practice, and, in the words of an old writer, "one grain of fact is worth a pound of reasoning," as is well shown in regard to the question at present under consideration. For no one can now deny, that the most tightly contracted urethra has remained perfectly patent after division of the stricture, so as to permit the exit of urine and introduction of instruments with the utmost freedom. It has also been found, on examining the bodies of persons who have died several years after the operation, that the canal, so far from being contracted at the part where the disease had existed, was actually wider than natural, and, in respect to the surface or texture of its lining membrane, not distinguishable from the neighboring portion which had been free from derangement. But the most satisfactory information on this part of the subject may be derived from those cases in which the stricture is seated at the very orifice of the urethra, where the effects of division admit of being ascertained beyond the possibility of doubt by actual inspection.

A. B., æt. 34, an engineer in Demerara, had suffered from stricture of the urethra for seven years, and, latterly, so severely, as to leave his employment and return, in quest of relief, to this country, where, for twelve months, it had been attempted by dilatation and caustic, which, so far from alleviating, aggravated the symptoms. He applied to me, a few weeks ago, with hardly any hope of recovery. I found the penis swelled and deformed by abscesses and fistulous openings, of which one was midway between the glans and scrotum, and several were in the glans itself, which allowed the urine to escape as if from a watering-pan. The stricture was seated at the orifice of the urethra, where it formed a dense ring, presenting a small round orifice, which admitted bougies of only the second or third smallest size, and grasped them tightly when withdrawn. From previous acquaintance with similar cases, I knew that a free division of the contracted part would, in all probability, prove an effectual remedy, and therefore accomplished this without delay, by inserting a small bistoury into the canal, and bringing out its point beyond the stricture, on its lower side, near the frænum. Instruments of the largest size could then be introduced without any difficulty, and the only treatment consisted in placing a piece of

lint between the cut edges. Three days after this was done, the patient came to the hospital, declaring that "he felt quite a new man," with the organ nearly natural in regard to form and texture, and all his water passing by the natural channel. Before the end of a week, the wound had healed completely, so that it discharged neither blood nor matter, and, in respect to shape as well as surface, could not be distinguished from the natural orifice of a urethra. In another week he felt so well as to sail for the West Indies.

Now, this case, in the first place, illustrates the unyielding disposition of some strictures to dilatation, since there can be no doubt that, if the contraction, instead of being at the orifice, had existed further back, it would equally have resisted all attempts to remedy it by such means, while their failure might have been attributed to unskilfulness of the operator, which could hardly be supposed when the disease was within view. But the speedy healing of the wound, without either adhesion or contracting cicatrization, affords a still more useful lesson, by showing how the space obtained through incision may remain undiminished, and thus completely answering the argument against division, which has been founded upon the assumed analogy between skin and mucous membrane in respect to the reparation of their wounds.

In originally proposing this method of treating obstinate strictures, I expressed the opinion, that as it could be conducted so as to prevent either hæmorrhage or extravasation of urine, the results of its employment would prove free from danger; and a very large experience now enables me to maintain this persuasion. It is true, that death may occur to the extent of one per cent. or so, just as from any other operative interference, on account of some peculiarly unfavorable condition of the patient; but if the process is conducted in strict accordance with the principles which I have explained, it will be found one of the safest in surgery.

In illustration of the facility with which strictures of the oldest standing are remediable by external incision, I may mention the case of J. B., æt. 56, who was admitted into the hospital on the first of January last. He stated that, upwards of forty years ago, when serving as a drummer-boy in Spain, under the Duke of Wellington, he contracted a gonorrhœa, which was followed by stricture of the passage and progressive annoyance ever since that time. About twenty years ago, being again in Spain as a soldier of the "Legion," he suffered from complete retention of urine, for the relief of which both French and Spanish surgeons endeavored, without success, to introduce instruments. Suppuration in the perinæum then took place, and led to a fistulous opening, through which his water escaped with increasing freedom, until little of it passed through the natural channel. In this state, his life having become very uncomfortable, he applied to me. At the second or third attempt, I succeeded in passing a small bougie into the bladder, so

as to make way for the grooved director, upon which I divided the stricture on the 7th of January. On the 9th, the catheter was removed. On the 13th, the urine passed in equal portions by the wound and by the urethra. On the 28th, it had entirely resumed its proper course, and the patient felt completely free from his complaint of forty-two years' duration.—*Edinburgh Med. Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1857.

THE BOURBON-WHISKEY TRAFFIC.

THE sanctioning of the use of alcoholic stimuli as remedies, is, or should be, always a well-weighed point with physicians. That there are numerous instances in which these stimuli are indispensable, cannot be disputed. It will be difficult, we believe, to convince medical men that *tinctures* should be ostracised, because alcohol is necessary to their preparation, notwithstanding the high authorities which have advocated, and doubtless would still advise such a course. It must, however, be a frequent question how far their administration is safe, and the habits and inclinations of patients, when ascertainable, should decide the practitioner as to the propriety of their use. It is certainly desirable amongst the recipients of a public charity, as in Dispensary practice, to avoid the use of alcoholic preparations whenever practicable: or at least to so combine them that no particular fascination shall lead to a sort of authorized, medical dram-drinking. Of course, with patients of another class, the discretion of the medical attendant is generally a safe guide.

It may reasonably inspire apprehension, however, when the sudden *prestige* lately attached to the use of corn-whiskey opens such facilities to intemperance under the guise of medication. Were the consumption of this article measured by the orders of physicians alone, we should have no fear of its abuse. But what shall hinder any one, whether capable of controlling his appetites or not, from testing, *in propria persona*, the numerous samples of "old and genuine Bourbon whiskey," recommended by such or such a physician, and endorsed by the most reliable chemical authority? How many will suddenly become very "pulmonary," or else be stricken with "general debility," and, prescribing for themselves, gradually establish a habit of whiskey-drinking which may ruin them?

The well-worded advertisements which inform the public generally, and whiskey-lovers in particular, where the veriest, truest and most undoubted spiritual effluence of this sort can be obtained, have multiplied with marvellous rapidity of late. Grocers and druggists, in pleasant union, placard the fact with such unction and on such disinterested grounds—it being all to further the health of the community—that it is really delightful to witness their persistent efforts. Yet there are, still, many persons obstinately stupid enough to doubt whether we really have (in this sense) "a Bourbon amongst us."

Nay, there are those who have the impudence to assert that not one person in one hundred can tell the difference between Bourbon whiskey and Monongahela. We incline strongly to the belief, ourselves.

Seriously, we presume few are so innocent as to believe that all the liquor purporting to be Bourbon whiskey, comes to us from Bourbon County, Kentucky. It is well known that gallons upon gallons of this, and of other "warranted-genuine" liquors and wines, are fabricated at our very doors. Many of these factitious specimens will defy detection—an assertion which even experts will ratify. The revelations which *might* be made, here, similar to such as have been already made elsewhere, would startle the most incredulous. Brandy has, we believe, been hitherto the most available liquor for the maker, or rather the re-vamper; but we question whether the wholesale recommendation of the new potation does not furnish even a more potent key to private gain, regardless of public good.

It is not to be denied that, in certain instances, the use of whiskey, in proper quantity, and by medical advice, has been of service. We are cognizant of a few such cases, and have heard like testimony from others. It is, however, unfortunate that a means which has an overweening attraction for too many, should be placed so freely within the power of the indiscriminating and the reckless; there are grog-shops enough, without increasing the number. It is true that it is desirable to be able to obtain a genuine quality of this sort of whiskey, and we do not doubt that certain of those who advertise it, *believe*, at any rate, that they get it. It would be better, notwithstanding, that they should make it known quietly, to physicians, than that they should give it too great publicity, whether by advertising or by label.

Another crying evil is the constant and *general* endorsement of this liquor, *ad infinitum*, by professed chemists and assayers. A State Assayer, it is true, is obliged to analyze samples sent to him, to state their component parts, and to testify to their innocuous nature; but how liable is this to be taken advantage of? Without impugning any one, we must insist upon the danger of endorsing anything *beyond the sample submitted*. Supposing *that* to be unexceptionable, who shall guarantee *the next* as precisely the same? So with future specimens; all must rest upon the good faith of the dealer. We know there are those whose word alone is sufficient assurance for the genuineness of whatever they sell—but there are also those whose word is not thus reliable, and nearly every one can pay an assayer's fee. The use which is often made of the expert's name and influence, is too frequently an improper one; should not some check be devised for this evil, which we feel certain must, on reflection, be as much deplored by the certifying party, as by any one else?

In conclusion, let those given to self-medication, or to popular potation, consider the risks they incur. About one chance in a hundred of getting what is genuine; the liability, even with good whiskey, of mistaking their case, and taking exactly what they ought not; the formation of a taste for strong drink, which finally will be too imperious to resist, and the induction of those countless evils which follow in its train. The present enormous consumption of whiskey is, partially, a new phase of that prevailing insanity which we lately noticed under the title of Self-medication *alias* Self-destruction; it is also the expression of that avidity with which many who are restrained from

drinking spirits to excess in other ways, avail themselves of a hygienic plea for their favorite indulgence. We should be sorry to have the present unrestricted and increasing traffic in whiskey, which received its first impulse through taking a wrong advantage of its use in medicine, raise up a generation of drunkards. "Strong drink is raging, and whosoever is deceived thereby is not wise."

MEETING OF THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.

BUSINESS MEETING.

THE first annual meeting of this Society was held on Thursday, July 30th. The cordial interest with which the profession have regarded the new organization, was denoted by the large number of members, from all parts of the Commonwealth, who were added to the Society by election at this meeting.

The old Board of officers was re-elected.

The Treasurer announced the addition to the Fund, of a donation of *five hundred dollars*, from the Executors of the estate of the late Thos. Dowse, of Cambridge. The letter accompanying this munificent donation, expressed, in a most felicitous manner, the feelings of gratitude entertained by Mr. Dowse towards his medical attendants. The value of the gift was truly enhanced by the terms of graceful compliment to the profession in which it was conveyed.

SOCIAL MEETING.

In the evening the Society re-assembled at the Revere House. Dr. Hayward, the President of the Society, being absent in Europe, the members were welcomed to the festive board by Dr. Lyman, the Vice President.

Any attempt to report the sparkling cordiality of the proceedings at the entertainment, would be futile. But we may mention the following, among the large number of sentiments elicited by the occasion.

"*The Student of Nature and Disease*—Culling and analyzing many flowers, not described in the Medical Botany, to present them, sparkling with the dew-drops of his wit, on the altars of benevolence and good fellowship."

It is needless to say more than that Dr. Bigelow responded in his happiest vein.

"*Our Poet laureate*—The lyric inspirations of his genius have cheered many a youthful aspirant;—we thank him for the benignant beams with which he illumines the *declining day* of the *unfortunate* colleague."

Dr. Holmes responded by producing copies of verses composed for the occasion. These were distributed, and the song was then sung, with delightful effect, by a glee club constituted on the spot, under the leadership of Dr. Read; the members joining in the chorus.

The relations of the learned professions, and their obligations to reciprocate kind offices of sympathy and protection, were illustrated, with his usual graceful eloquence, by Hon. George S. Hillard.

Space will not allow of the mention, in detail, of all the brilliant and appropriate sentiments and responses which made the hours pass only too swiftly. Among them, none were appreciated by more attentive ears, or welcomed with heartier applause, than the humorous poem of Dr. Bigelow, crowded as it was with apt allusions, and the second contribution, by Dr. Holmes, of impromptu stanzas, glowing with the sentiments of warmest friendship.

Dr. Channing fully sustained his high reputation in accomplishing a good deliverance. Members from various parts of the Commonwealth vied with each other in contributing to the enjoyments of the occasion. The fine performances of the M.D.'s (Doctors of Music), at intervals during the evening, added another charm to the banquet.

The name of Thomas Dowse was not forgotten.

At a late hour the members parted, first singing, for the second time, the beautiful lines composed by Dr. Holmes; and afterward uniting, with joined hands, in "Auld Lang Syne."

THE ACADEMY OF SCIENCE OF ST. LOUIS.

THIS Association was organized a little more than a year since, and judging from the first number of its "Transactions" which has been forwarded to us, it is destined to hold a high rank among the scientific bodies of America. We know of no city in the Union in which the relations between the medical profession and the public are of so healthy and satisfactory a character as they are in St. Louis; and hence we are not surprised to learn that a society of this character, composed chiefly of medical men, should be well sustained by the wealthy portion of the community. The object of the Association, as stated in its constitution, is the promotion of the physical sciences, embracing zoology, geology, mineralogy, palæontology, ethnology (especially that of the aboriginal tribes of North America), chemistry, physics, mathematics, meteorology, and comparative anatomy and physiology. An enumeration of the contents of the volume will convey an idea of the spirit with which the members of the Association labor for the advancement of science :

I. On some new species of fossils from the cretaceous formation of Nebraska; by John Evans, M.D., and B. F. Shumard, M.D.

II. Description of a new species of productus, from the carboniferous limestone of St. Louis; by Hiram A. Prout, M.D.

III. Observations on glycerine; by James Schiel, M.D.

IV. Phyllotaxis, its numeric and divergential law, explicable under a simple organological idea; by T. C. Hilgard, M.D.

V. Mastodon remains in the State of Missouri, together with evidence of the existence of man contemporaneously with the mastodon; by Dr. Albert C. Koch.

VI. Notice of a burnt brick from the ruins of Nineveh; by Prof. G. Seyffarth.

VII. Indian stone graves in Illinois; by A. Wislizenus, M.D.

VIII. Description of new fossil crinoidea from the palæozoic rocks of the Western and Southern portions of the United States; by B. F. Shumard, M.D.

IX. Belcher & Brother's artesian well; by A. Litton, M.D.

These papers are all interesting, and many of them are illustrated by excellent engravings. We learn from Dr. Litton's paper, that the artesian well which was sunk in St. Louis for the purpose of supplying water for a sugar refinery, reached, in 1854, the depth of 2199 feet, the actual time employed upon it having been thirty-three months, and the cost \$10,000. The depth of the celebrated well at Grenelle, near Paris, is 1797 feet, which required eight years for completion, at a cost of over \$30,000. Unfortunately the water of the well at St. Louis is so impregnated with sulphuretted hydrogen that it is unfit for use.

We look with confidence to the success of the St. Louis Academy of Science, and to the beneficial influence it will exert upon medicine and the kindred sciences.

POPULAR MEDICINES—THEIR SUPPORTERS.

THOSE who are the life of patent medicines are chiefly of two classes—the deceivers and the deceived. The former consist of the compounders of the empirical preparations and of the still more culpable trumpeters of them, whether through the medium of newspapers or by publishing the discreditable productions termed “Guides,” or otherwise variously entitled—but always *ad captandum*. The second class, the swallows of the unknown preparations so freely and wickedly endorsed by men of influence in the community, aid the sale, and consequently increase the mischief, by their personal gallant devotion to the cause, even to the death.

“Let those laugh who win,” is the motto for the fabricators, the dealers, the advertisers, and the puffers of patent and secret medicines: but the record that is made of every bottle or box as “sold” in the books of the proprietors, might, with another and well-understood interpretation, be inscribed upon the deluded consumers, individually. These deserve the pity of the enlightened and conscientious, and ought also to have the protection of the law. The deceivers, of whatever social grade, merit and should receive the denunciation of all honorable men.

The shifts to which mere trading in *nostrums* impels the money-getter, *should* be repugnant and utterly foreign to the high-minded, honest man. In so far, therefore, as any one reputed such, panders to them, he places himself on a level with that sordid and reckless temperament which “will do anything for money.” There is a responsibility unhesitatingly assumed by persons in high social position in this and other cities, by giving their names and certificates in favor of medical compounds of unknown composition, which is positively tremendous. Yet they seem incapable of realizing it. They do not apparently understand that they are thus often recommending an article which is not what it purports to be, and so are virtually sanctioning the obtaining of money by false pretences—or that, if the preparation be beneficial in a certain number of instances, it may be wholly the opposite in others, and therefore those who recommend it may aid in its injurious or even deadly effects upon persons who have used it because of *their* certificates.

The chief offence against all justice and propriety, constantly escapes the recognition of these friends of the community; viz., that they are nearly always endorsing an article or a preparation to them wholly unknown, both in its composition and its effects on the human economy. How preposterous is this—what a crime against their fellow-men—the like *could not* happen in the business relations of these very people. They and all others would laugh at the monstrous assumption which would advise the use of material or machinery of which they knew nothing, either as to its preparation or working. Verily, “consistency is a jewel,” and “*sum cuique*” an excellent motto!

We lately alluded to the paltry trick of a partial or pretended candor in disclosing the composition and ingredients of a previously wholly secret medicine, and thus endeavoring to throw off the just

odium originally attaching to it. This is an "artful dodge," but it will hardly pass with those who know the ropes. For instance, how does the proprietor of the "Peruvian Syrup," in his late plausibly-constructed circular and label, make known the ingredients of his mixture? With a most ingenious profession of readiness to do this (as we have been assured by certain of his friends, and as the new title of his preparation might at first lead the unprofessional to suppose), how far is it effected? We are informed, in bold type, that these bottles contain the "protected solution of the protoxide of iron combined"—combined *with what*? It was supposed, on the first appearance of this medicine, that iron was one of the main ingredients, if not the chief, and this was soon after admitted; how much further insight has the candid proprietor given, either to the profession or the public, into its mysteries? Doubtless the iron is the thing which imparts potency to the remedy whenever it is efficacious—the other ingredients being of service, and very likely essentially so, in "combining" or acting as a vehicle. The announcement of the presence of iron in the "Syrup," however, and of the effective way in which it is suspended and guarded from change, does not justify the statement from scientific authority, acknowledged to be of the highest, that the use of the medicine may well supersede all other preparations of iron—citrates, tartrates, proto-carbonates, &c.

Should not the educated, the scientific, the honorable, of whatever calling, be more cautious how they advance the sale of secret preparations? If a medicine is reliable, and its component parts are honorably made known to the profession, it will receive from the latter all the encouragement which it merits; and were this elevated course oftener taken, the proprietors of such preparations would realize, in the end, many times the amount they now receive.

Resignation of Dr. Huston.—We notice that Prof. R. M. Huston has resigned the chair of *Materia Medica* which he has so long filled in the Jefferson Medical College.

Health of the City.—Scarlatina still prevails to a considerable extent in Boston, having destroyed more victims than any other disease during the last week. The complaints incident to the season are beginning to show themselves. We notice 7 deaths from cholera infantum, and 4 from dysentery. During the corresponding week of last year, out of a total of 98, there were 17 from cholera infantum, 6 from "sun-stroke," 7 from scarlatina. The number of deaths from consumption was alike in each week, 10.

Communications Received.—Case of Poisoning by Paregoric.—Arsenic and Stillingia in Diseases of the Skin.

Books and Pamphlets received.—A Manual of Business and Guide to Success. (From Fowler & Wells.)—A Claim to Priority in the Discovery and Naming of the Excito-Secretory System of Nerves, by Henry Frazier Cambell, M.D.

DIED.—In Montpelier, Vt., 24th ult., Edw. Mulliken, M.D., 29 1-2 years—a graduate of Harvard, class 1846.

Deaths in Boston for the week ending Saturday noon, August 1st, 74. Males, 37—Females, 37.—Accident, 1—apoplexy, 1—inflammation of the bowels, 3—burns, 1—congestion of the brain, 2—softening of the brain, 1—consumption, 10—cholera infantum, 7—croup, 1—dysentery, 4—dropsy, 2—dropsy in the head, 1—drowned, 1—debility, 4—infantile diseases, 8—scarlet fever, 11—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 2—pleurisy, 1—suicide, 1—teething, 3—unknown, 1—whooping cough, 2.

Under 5 years, 37—between 5 and 20 years, 9—between 20 and 40 years, 9—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 55—Ireland, 17—other places, 2.

Bony Union after Fracture of the Cervix Femoris within the Capsule.—T. Bryant, Esq., exhibited to the Pathological Society of London (Feb. 3, 1857) a specimen of this, which is worthy of note in connection with the valuable paper by Prof. Mussey, inserted in our preceding number.

“Mary H., aged 60, a lunatic inmate of the asylum at Guy’s Hospital, five years ago, when walking in the garden, fell and fractured her right thigh-bone. All the symptoms of fracture of the neck of the femur within the capsule were present, clearly indicating the character of the injury. A long splint was applied; but much difficulty was experienced in preserving the leg in the right position, from restlessness of the patient. After some weeks’ confinement she was allowed to sit up, but her health soon began to fail, and she never walked again, and on June 30 she died. The specimens shown consisted of the upper parts of both thigh-bones. On the injured side union was complete, and had partly been effected by bone, partly by cartilage, and in part by fibrous tissue. The whole of the neck had been absorbed, and the articular head was united directly to the base of the great trochanter. The union was very firm, and the head of the bone was much indurated.”—*American Journal of Med. Sciences from British Medical Journal.*

Lunatic Seamen.—In accordance with the opinion that the pursuits of lunatics should be similar to their pursuits in former days, the south wing of Haslar Hospital is devoted to the officers, seamen and marines of Her Majesty’s fleet who are afflicted with insanity. Every window of the building commands a fine view of Spithead and the Isle of Wight, and here the old Salts can sit and watch the splendid panorama crowded with vessels, and active with that nautical life which recalls so many happy associations to their minds. They form fishing parties, make nets, and go on pleasure excursions in row and sailing craft. The “mad-man’s boat” of eight oars, manned by patients and steered by an attendant, is well known to the sailors on the Solent; and so harmless are they considered, that young ladies often accompany them on trips to the Isle of Wight, implicitly trusting to their seamanship and politeness.—*Quarterly Review.*

Appointments.—Dr. S. G. Armor, late Professor of Pathology and Clinical Medicine in the Medical College of Ohio, has been elected to the same chair in the Missouri Medical College, of St. Louis. We learn that he has accepted the appointment, and will make St. Louis his future home.—Dr. W. T. Gardner, as we learn from the *London Lancet*, has been appointed one of the medical examiners in the University of St. Andrews.

Buffalo General Hospital.—It is with much pleasure that we announce that the workmen are already engaged upon one wing of this new hospital. It is intended to open it for patients during the coming fall or winter. This new institution will add largely to the already excellent clinical advantages of Buffalo. The edifice is situated on High street, about a quarter of a mile from the college. It is intended to be a model building for its purposes.—*Buffalo Medical Journal.*

Wutzer’s Operation for the Radical Reduction of Hernia.—This operation was successfully performed on the 9th of March last, on a patient in the Commercial Hospital, by Prof. Geo. C. Blackman. The instrument was kept applied for six days, with but little suffering to the patient, and Dr. B. satisfied himself three weeks after the operation that the canal was completely closed.—*Western Lancet.*

Prophylaxis of Puerperal Fever.—It is recommended by a French physician to administer quinine and subcarbonate of iron to lying-in women, who are exposed to the contagion of puerperal fever. He prescribes it—eight grains of the former and thirty grains of the latter—daily.—*Medical Independent.*

Chloroform in Seasickness.—It is said to have been discovered that chloroform in doses of ten to twelve drops, repeated as occasion requires, is a specific for seasickness. Out of twenty passengers, eighteen were cured by a single dose, and the two others by two doses each.—*Memphis Medical Recorder.*

Vomiting in Pregnancy.—Dr. C. T. Quintard succeeded in checking obstinate vomiting in a pregnant woman by cauterizing the fauces freely with a fifteen-grain solution of the nitrate of silver.—*Southern Med. and Surg. Journal.*

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No. 2.

CASE OF IMPALEMENT UPON A HAY-HOOK.

[Read before the Boston Society for Medical Improvement, July 27th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY J. P. MAYNARD, M.D., DEDHAM, MASS.

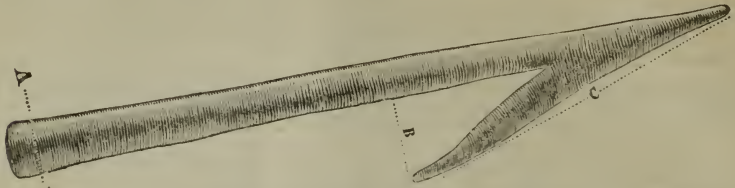
On the 9th of May last, I was called to a young girl (Miss G. W.), 11 years of age, who in sliding down a hay-mow fell upon a hay-hook, the portion penetrating her body being of the shape represented in the engraving, and of the size mentioned in its description. The instrument had entered just in front of the sphincter muscle—rupturing the perinæum, perforating the fundus of the bladder, and, passing among the small intestines, made an external wound through the abdomen three fourths of an inch in width at the left side of the umbilicus. Being absent at the time of the accident, my friend Dr. Stimson was in the mean-while sent for, and had skilfully withdrawn the weapon just previous to my arrival. At the request of the family, the patient was placed under my care.

I found her extremely prostrated, with a scarcely perceptible pulse, great jactitation, and in a state of collapse. Stimulants were promptly administered, and continued at regular intervals. During the night she had slightly rallied, though the extremities were still cold. Violent and frequent vomiting had protruded a portion of the omentum through the wound at the navel, which was with difficulty returned within the integuments, and the opening being then securely closed with collodion, it did not again escape, though the vomiting continued for some hours afterward.

On visiting her the next morning at an early hour, the pulse was found to have gained slightly in strength, the skin had become somewhat warmer, and re-action was evidently taking place. Some tenderness of the abdomen existing, hot fomentations were kept constantly applied.

Deeming it of the first importance to keep the intestines in a quiescent state, repeated doses of the sulphate of morphia were

administered for that purpose, and were successful in restraining any natural evacuation for a period of seven days, at the expiration of which time it was thought safe to allow them to be moved by injection.



A. Supposed extent of penetration. Length of portion supposed to have penetrated abdomen, eleven inches.

B. Diameter across, nearly two inches.

C. Five and a half inches from point to end of hook.

The patient had not, since the accident, passed any water through the urethra, but the urine constantly dribbled through the ruptured bladder, and discharged itself, together with what was apparently faecal matter, from the small intestines, into one cloaca, through the vagina. From time to time narrow thread-like strips of cellular tissue (probably from the walls of the bladder) protruded through the vagina, one or two of which being found adherent at their distal extremity, were not withdrawn, but were allowed to slough off.

On the fifth day from the accident, symptoms of peritoneal inflammation made their appearance, which in spite of treatment increased to an alarming extent, but at the end of thirty-six hours began to yield. The pulse gradually fell from 150 to 98, and the abdomen, to which the weight of a single sheet had been previously uncomfortable, would now bear a slight pressure of the hand without pain. The urine continued to discharge itself exclusively through the wound in the bladder, while the amount of what appeared to be partially elaborated faeces, diminished daily.

As soon as the extreme soreness and lacerated condition of the parts had sufficiently subsided to permit, I passed a small-sized gum-elastic catheter through the urethra, withdrawing a very small amount of urine, and left it to prevent the urine accumulating and thereby interfering with the union of the edges of the fistula. This being occasionally repeated, the amount passing through the false opening daily decreased.

During the third week, the patient steadily improved, and all the symptoms of imminent danger were disappearing, when, on the twentieth day, she was attacked with severe and sudden pain midway between the umbilicus and pubes, which continued throughout the night. Anodynes and external appliances slightly relieved the pain, but still there was great tenderness to the touch, the pulse was 150, the tongue greatly coated, and the appetite extinct. During the succeeding twenty-four hours a remission of the symptoms

occurred—the pulse falling to 120, the countenance less anxious, and the tongue more moist and clean. Everything again progressed favorably, and at the end of a month from the date of the accident, she was able to sit up one half of the day. The discharges from the vagina were less frequent, the bladder being able to retain all the urine secreted during a period of twelve hours, before any would escape through the wound.

The patient having sufficiently recruited to admit of attempting, by surgical means, the closure of the internal fistula, I decided to endeavor to favor the agglutination of the hardened edges thereof, by means of cauterization with the nitrate of silver. Accordingly, on the 11th of June, having chloroformed the patient, I introduced within the vagina a small bivalve speculum, of about five eighths of an inch in diameter when closed. I found the mucous membrane of the vagina in an inflamed condition, the laceration in the bladder plainly visible, and above, and to the rear of this, what appeared to be the wound connecting with the intestines. The effects of the chloroform beginning to subside, prevented further investigation; the vesico-vaginal fistula, however, I freely cauterized, as well as the other wounded surface. During the succeeding twenty-four hours, some pain was experienced from the caustic applications; otherwise, the patient remained in a comfortable condition.

After the cauterization, the urine passed freely through the urethra and none through the fistula, and there were no further appearances of anything resembling intestinal secretions.

June 21st.—Ten days having elapsed without the occurrence of any unnatural discharges through the vagina, and the patient being able to ride and walk without inconvenience, she was deemed convalescent, and further regular attendance ceased.

July 17th.—I have now to add to the above notes on this interesting and anomalous case, that for three or four days the patient has been troubled with some diarrhœa, and makes complaint of occasional sharp pains in the abdominal region. Astringents employed and continued for two or three days have no control over the discharges (tincture of muriate of iron, acetate of lead, opium and ipecac, and opiate injections). They rather increase in number and quantity. Vomiting now succeeds the diarrhœa and becomes extreme and constant, and all remedies are ineffectual to allay it (creosote, hydrocyanic acid, sinapisms to stomach, &c.). Even small lumps of ice occasion vomiting, and everything is rejected, whether administered by the mouth or rectum. The peculiar pinched expression of the face announces impending dissolution, which occurred on the 23d of July.

A *post-mortem* examination was made on the succeeding day, twenty-four hours after decease, by Dr. J. B. S. Jackson and Dr. Calvin Ellis. The following account of it is furnished by Dr. Jackson.

Externally, nothing unusual was found, excepting the laceration of the perinæum and the cicatrix near the umbilicus.

In the upper and anterior part of the vagina an opening was found that communicated with the bladder not far from its outlet; it was direct, and, when forced open, not more than two lines in diameter; edges smooth, firm, and perfectly cicatrized. Left to itself, it appeared upon the vaginal surface like a marked indentation, and amongst the folds of the bladder it might readily have been overlooked.

The bladder contained a calculus, but no urine nor fæces. Its parietes were quite thick and muscular, and its inner surface of a dull-red color, and smeared with a moderate quantity of a whitish, puriform secretion. At the fundus it adhered to the small intestine to the extent of about one third of an inch, and at this part it felt quite thin.

The point at which the intestine adhered to the bladder was three feet and one inch from the cœcum; and it was very slightly folded or gathered in upon itself, the folds being externally adherent to each other. Amongst these folds was a direct opening from the intestine into the bladder, and about as large as that from the vagina.

A portion of the omentum, about half an inch in diameter, was found between the rectus muscle and the cicatrix above referred to. It was closely adherent to the surrounding fat, and to the opening in the muscle through which it passed. Within the abdomen, also, the portion of omentum with which the above was connected, adhered to some extent from the opening in the muscle upward.

The above adhesion, and the one between the intestine and bladder, were old and strong. Some portion of intestine also adhered in the pelvic cavity; but it readily separated on handling the parts, and the point of adhesion, for it was nothing more, could not be discovered. These were all the old adhesions that existed, and there were no traces of recent inflammation. There were, however, a few spots in the pelvis and about the adherent portion of intestine, apparently a mere discoloration of the serous surface; they were one or two lines in diameter, quite defined, and of a coal-black color.

In the cellular tissue of the pelvis, upon the left side, between the muscles and the internal organs, and about as high up as the upper part of the vagina, there was found a trace of healthy pus; but the inflammation was very limited in extent, and confined to the above tissue.

No other appearances were found connected with the injury, the rectum being perfectly healthy, and the vagina sufficiently so, excepting the opening into the bladder. The other organs of the abdomen, and also those of the thorax, were carefully examined;

but nothing unusual was found, excepting a moderate development, and to a considerable extent, of the solitary glands of the small intestine.

Analysis of the Calculus, by Dr. BACON.—The calculus weighed eight and three fourths grains, before the removal of a portion for analysis. It measures three eighths of an inch in thickness and nearly three fourths in length. The exterior is rough, with small tubercular projections.

On section, the calculus proves to be hollow. The shell is about a line in thickness, and is composed of triple phosphate and phosphate of lime, with considerable animal matter. The large cavity within contains only a thin, shrivelled membrane, loosely adherent to the walls.

To the question, what was the probable origin of the stone found in the bladder, Dr. Cabot replied that he had, in several instances, seen calcareous masses come away with the shreds of membrane after the operation for vesico-vaginal fistula; he had never seen a perfect shell like the one in this case, and suggested that it might have formed around a slough at first suspended from the fundus of the bladder by a slender membranous thread, it afterward becoming detached.

Dr. Bacon remarked that the stone was evidently one of rapid formation.

Dr. Maynard, in this connection, made allusion to cases of a similar nature that had been from time to time reported. One of the most recent of these, the Society are familiar with, occurring in the practice of Dr. Sargent, of Worcester, and reported by him in October, 1853. A number of hay-hook cases, by Dr. Z. Howe, of Billerica, were published in the Boston Medical and Surgical Journal in March, 1840. There are also some remarkable instances of impalement by various means which were referred to by Dr. Coale, at the October meeting of this Society in 1856.

On referring to the above-named cases, as well as other sources, I find none that so closely resembles in some points the one I have reported, as that mentioned in the *Dict. des Sciences Med.*, p. 46, also alluded to by Columbat d'Isere. A young woman, 20 years old, sliding down a hay-cock, fell upon a sharp stick armed with a lateral hook, the handle resting on the ground—a hay-hook being evidently described, the size and form being similar to the one represented in the drawing. In the case quoted, however, the weapon only penetrated about six inches, and there was no evidence of any serious injury being inflicted.

In comparing all the recorded cases to which I have been able to obtain access, with the one I have presented, its peculiar feature seems to consist in the number of organs and tissues involved in the laceration, the apparent recovery from the effects of the in-

juries, the subsequent relapse, and death after the prolonged period of seventy-three days from the accident.

CASES OF SPASM OF THE GLOTTIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—I send you the following cases of spasm of the glottis. Should you deem them worthy of notice, you are at liberty to publish them. Yours, &c. IRA RUSSELL, M.D.
Natick, May 14th, 1857.

CASE I.—In June, 1847, I was called in consultation to see a child, a boy, six months old, well developed, with dark hair and eyes; he had been weaned, the mother having nursing sore mouth. The child was fed principally on cows' milk; had always appeared well, with the exception of some derangement of the bowels and the peculiar difficulty for which I was consulted.

The attacks to which he was subject, were called by the mother "choking turns." They occurred suddenly, without any warning; and the child partially, and sometimes wholly lost its breath. The eyes became prominent and staring, the face was flushed, the head thrown backward, and the whole countenance indicative of great distress. After struggling a minute or two, the child made an inspiration, accompanied by a peculiar crowing, croup-like sound, when after crying a few minutes it appeared as well as ever. On certain days it would have a dozen such attacks, and then, during several days, it would be free from them. The supposition was, that the difficulty was caused by the irritation of dentition; and alteratives, laxatives, antispasmodics and scarification of the gums, were therefore ordered. The symptoms, without seeming to be very much controlled by medicine, gradually improved; and by September the spasms had entirely disappeared and the child seemed to be perfectly well. It continued so for nearly two months, when the spasms returned, with greater severity and frequency, and it died in a general convulsion, having been, half an hour before death, apparently well.

CASE II.—My own child, born February 18th, 1848—a well developed and apparently healthy girl. When about three hours old, the nurse and mother noticed it had a choking turn, with a peculiar crowing inspiration. Similar attacks were observed by the nurse and mother, occasionally, for two or three months; they, however, thought them of little consequence. In June, when the child was four months old, I for the first time saw it have an attack, and at once recognized the similarity between it and the other case I had seen. At this time the child appeared perfectly well. All the organs of the body seemed to be in good order. I took especial pains to observe the condition of the bowels, pulse, heat, &c.,

and could discover no derangement. She had never been ill a day during her life. These attacks continued to occur for several weeks (perhaps a dozen in all), and then ceased until September, when they returned. Sometimes the attack would occur without any warning or exciting cause, when she was playing in the cradle, or when first awaking out of quiet sleep; at other times they were caused by fright, vexation, crying or laughing. When attacked, the countenance became suddenly suffused, the eyes prominent and staring, a struggle ensued, and inspiration was then accomplished, attended by the peculiar crowing sound, which, once heard, would never be forgotten. The attacks continued to increase in frequency and severity, there sometimes being twenty or more in a day; and then there would be an interval of two or three days, in which she would be free from them. In November, an attack resulted in general convulsions, caused apparently by the continued closure of the glottis. The convulsions lasted two or three minutes, when relaxation occurred, and inspiration was effected with the usual croup-like sound. Insensibility lasted for half an hour. During the convulsions, the thumbs were turned inward upon the palms of the hands, and firmly grasped by the fingers, and the toes were contracted upon the soles of the feet.

Up to this time, her general health had been good; but subsequently the attacks occasionally terminated in convulsions, and her general health began to decline; the carpo-pedal contractions became more constant; the spasms were aggravated by any indisposition—by colds, the irritation of teething, &c. Finally, cerebral symptoms became manifest, and she died when fourteen months old, worn out with the spasms and general convulsions.

REMARKS.—During the first eight months of her life, she was apparently perfectly well. There were no signs of disease, either functional or organic, except the spasms. Previous to the occurrence of the convulsions, in November, I had given but little medicine. I had applied nitrate of silver to the fauces, given aperients and antispasmodics, and scarified the gums. After the occurrence of the convulsions, my treatment was more active. I applied croton oil to the spine, leeches to the head, and gave alteratives, cathartics, opiates, and antispasmodics of every variety, none of which seemed to exert much control over the disease.

CASE III.—In the summer of 1849, my wife was visiting a friend, who had a child, a boy four months old, remarkably stout and healthy. While she was there, the child had what its mother called choking turns. My wife recognized the disease at once as a spasm of the glottis, and remarked that the boy had the same difficulty that had caused the death of her own child. The mother replied that it frequently had such turns; but as it grew so finely and appeared so well, she thought but little of them. This child was put under my care, and its history is very similar to that of

my own child, death resulting when fourteen months old, from cerebral disease inducing general convulsions.

REMARK.—There was no evidence of any organic disease, general or local, until the appearance of cerebral disease.

CASE IV.—In March, 1856, I was applied to by a very intelligent gentleman, the father of a large family, who informed me that he had a boy, eight months old, who was suffering from some singular difficulty. After hearing his description, I at once recognized the disease. Soon after, I saw the child. It was large, quite fleshy, with bright black eyes, light hair, fair complexion, short thick neck, evidently of a strumous diathesis. It had been suffering from the “strange turns,” as its mother designated them, about three months. It was also suffering from a cold and derangement of the bowels, such as usually accompany dentition. I gave it Dover’s powders and hyd. c. creta, to regulate its bowels; syrup assafœtida and valerianate of zinc, as an antispasmodic. Under this and similar treatment it improved, until taken down with the measles, which aggravated all its symptoms, and from which it barely escaped with its life. Recovering from the measles, it began to improve again. The valerianate of zinc and syrup of assafœtida were continued, and the child was confined to the breast. In five or six weeks the spasms entirely disappeared. After confining the child to the breast, it was less fleshy, and continued so until weaned, when it began to be more fleshy again. In November, the child appearing very rugged and well, there was a return of the spasms, seeming to be induced by a cold; there was also occasionally wheezing and some difficulty in breathing. Some days during the winter, he appeared quite well, his appetite very good nearly all the time. Then, again, there would be a return of the spasms, every few minutes, both when awake and when asleep. In March he got worse, had several convulsions, and died March 23d, instantly, while on the carpet at play, having appeared better that day than usual.

The spasms in this case were attended by the same croup-like inspiration as in the other cases. The carpo-pedal contractions were present in all the cases.

Autopsy.—An autopsy was made by Dr. Blanchard, of Sherborn, and myself. The cervical glands were enlarged. The aperture of the rima glottidis was small, not larger than a No. 5 bougie. The tonsils were also enlarged. The lungs, and all the internal viscera, appeared to be perfectly healthy. The thymus gland weighed half an ounce.

REMARKS.—I am aware that spasm of the glottis has been fully described by writers on diseases of children, and it is probable that no new fact has been revealed by the above cases. But in my intercourse with physicians, I have met with but few who have seen any cases of the kind. Of five cases seen by me, one reco-

vered, and four died—two suddenly by suffocation from a closure of the glottis, and two by cerebral disease. The treatment which seemed to exert the most influence over the disease, was that by cathartics and antispasmodics.

ARSENIC AND STILLINGIA IN DISEASES OF THE SKIN.

[Read before the Suffolk District Medical Society, July 25th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY WM. M. CORNELL, M.D., OF BOSTON.

THE case of *impetigo* presented at a late monthly meeting of this Society, for medical improvement, together with its *arsenical* constitutional treatment, has suggested to the writer the following thoughts, and they are now presented to this meeting, not for the purpose of arraigning the treatment in that particular case, or the usual treatment in the whole tribe of cutaneous diseases. The writer is aware that arsenical preparations have long been the prevalent and orthodox treatment in this class of diseases, as the mercurials formerly were in syphilis and iritis, and still are to some extent. But he must be allowed to differ somewhat widely from such routine practice. Custom may lead to bad, as well as to good practice. Within the memory of some present, it was customary to use venesection in a hundred cases, where it is now employed in not more than a single case. Then, no physician could omit the letting of blood in a case of severe injury, or of *pneumonia*, or in most fevers, without incurring the reproach of being an "irregular practitioner," or a "Thomsonian," or receiving some other quackish epithet. Now—that is, within the last few years—Dr. Badeley, of the Royal College of Physicians, London, in his Lumleian Lectures, has dared to come down upon the practice of bleeding, and to denounce Dr. Rush, with whom that practice in America specially originated, as peculiarly "blood-thirsty"; and Dr. John McCall, of Utica, N. Y., in his address delivered in 1855 before the New York State Medical Society—a most respectable body of medical men—dared to say, "It is now just fourteen years this month since I have bled a patient by the arm, or abstracted blood in any way, except in a few cases by cupping and leeching. The good people of Utica have no blood to lose, except in the service of their country, and I trust no such occasion will occur in my day." But this may suffice for venesection, as but few among us now resort to it on any occasion.

As to cutaneous diseases, arsenic has long been the general constitutional remedy. That this medicine may be given for a series of months, possibly for years, without any permanent injury, to some patients, and that under its use the cutaneous disease may disappear, I have not the least doubt. I have still as little doubt

but that in other cases it inflicts lasting injury upon the patient, without removing the original disease; and the question is, whether we are not quite as likely to succeed in removing that disease with other and less injurious agents, as with this potent remedy. I have long believed such to be the fact, and will now adduce some of the proof.

In 1846, what is now called *The Charleston Medical Journal*, was started, and was then called *The Southern Journal of Medicine and Pharmacy*. In the first volume, page 617, we have an article by H. R. Frost, M.D., of Charleston, upon the alterative properties of *Stillingia Sylvatica* (Queen's Delight). Dr. Frost says, "this article has been in use many years, and reports of its effects still reach our ears from legitimate and illegitimate sources." He gives the following description of the plant. Class, Monœcia Monodelphia. Natural order, Euphorbiaceæ. Root—large, woody, perennial. Stem—herbaceous, two to three feet high. Grows in dry sandy soils, and flowers in May and June. The part employed is the root. It grows in abundance in South Carolina and Georgia. Few vegetable productions, in their recent state, exhibit more power, concentrated in a small compass, or exercise an influence more energetic upon the particular organs to which they are applied, and through them to the system generally. So powerfully is this action exerted upon the capillary and secreting vessels, in changing their morbid states or conditions, and thereby disposing to a new and more healthy action, that in this respect it is nearly allied to mercury, exerting an influence little inferior, in many cases, and in others greatly to be preferred. It is the power which mercury possesses to change the action of the secreting vessels, which renders it so valuable an agent, and, in my opinion, the *Stillingia* is not very far its inferior. The operation of this article extends further—it exerts an influence upon the lymphatic vessels which mercury cannot equal, and is therefore an important medicine in its diseases." "If we open a drawer in which the recent root has been kept, we are sensible of an odor, extremely strong and acrimonious, and rather of a disagreeable character. Its taste is also pungent, and leaves on the root of the tongue and fauces an irritating and biting impression, exciting a flow of saliva. The juice of the root, applied to the surface, and rubbed upon it, occasions smarting and irritation. If we remain in a close room where the root is being boiled, and the vapor passes into the room, a sense of sickness at the stomach is excited, with a disposition to discharge saliva, with headache and other unpleasant symptoms."

"From the above, we recognize that the plant will present a close alliance to the most active of the Euphorbiaceæ. In its irritating operation upon the surface, it is not much inferior to the oil of *Croton Tiglium*, and, in its emetic and cathartic operations, superior

to the Euphorbia Ipecacuanha and the Euphorbia Corollata. From its alliance with these plants, its activity might be inferred, and this has been fully verified by experiments."

"It possesses considerable *emetic* power, and is usually resorted to on this account by the residents of the country. A single transverse slice of the *recent* root, about the size of a sixpence, chewed and swallowed, is followed by considerable heat in the mouth and fauces, extending down the œsophagus, with burning in the stomach, nausea, and increased flow of saliva. The uneasiness continues, and, in persons who are susceptible to the operation of emetics, vomiting follows."

It has a *stimulant* and *alterative* operation. It has proved valuable in scrofula. It has been administered in substance, in pills, or a thin transverse slice of the root, or in infusion, sweetened with sugar or syrup, and in the form of tincture. As the article loses its virtue by keeping, these modes of administration are objectionable. The plan which has been found most efficacious to preserve its strength, and most agreeable for administration, is, to extract the juice of the recent root, by pounding the same, expressing and straining, mixing, in determinate proportions, with the best treacle, bottling, and preserving for use. The dose to be administered must be regulated by the effects.

It is in *chronic diseases* and *chronic inflammations* that the efficacy of the Stillingia is best manifested, and, more particularly, in the long train of consequences which follow *syphilis*, and in cases where the blood has become contaminated. Its reputation, in the secondary and tertiary forms, is well sustained, and of the many boasted nostrums for the cure of these cases, few will be found more deserving of a trial.

Dr. Thomas Y. Simons has also given us the following case of this disease, in which the *Stillingia* was beneficial. "The patient was a little girl, who had an enlargement of the tibia, to such a degree as to deprive her of all power of motion. Enlargements also existed in various other parts of the body, resembling nodes; upon the olecranon process, upon the head, and one, in particular, upon the forehead, of the size of an egg. The bones of the nose were much affected, insomuch as to cause a considerable depression. The condition of this patient was in a high degree distressing; seated in a chair, with the limbs contracted and swollen, she bid fair to pass a miserable and protracted existence, a burden to herself, and a source of anguish, distress and trouble to her parents. Various remedies, alterative and mercurial, had been tried by a physician long in attendance, with but little benefit. Dr. Simons, being at length consulted, determined upon a trial of the *Stillingia*. The infusion was employed. R. Recent *Stillingia* root, ʒiv.; water, ℥i., simmered till one third was dissipated. This quantity was drunk during the twenty-four hours in such doses as

not to nauseate the stomach in any degree. The medicine was continued some months, and, at the expiration of several, she was so much improved as to be able to move about with the aid of a stick, have the free use of her limbs, and the swellings, particularly that on the forehead, considerably reduced. The patient has every appearance, at the present time, of being speedily restored to a considerable degree of health."

An excellent diet drink, much improved upon the old "Decoction of the Woods," may be made of the following articles. R. *Stillingia* root recent, ℥ iv.; sarsaparilla, cut fine, ℥ i.; spruce shavings, ℥ iss.; sassafras root, ℥ vi.; water, one gallon. Boil, in a close vessel, a sufficient time to extract the virtues of the articles. Water may be added as it evaporates, and it may be finally reduced to two quarts. To this, sugar or treacle is added, and the whole simmered to the consistence of syrup.

The saturated tincture of the *Stillingia* may be added to the decoction of the other ingredients, after boiling them, as its virtue consists very much in a volatile principle. The dose, for an adult, will be from half an ounce to an ounce.

In the third volume of the same Journal, we have an article upon the virtues of the *Stillingia* root by Dr. Thomas Y. Simons, Port Physician and Chairman of the Board of Health of Charleston, S. C. In this paper he refers to one which he published in the *American Medical Recorder*, Philadelphia, in April, 1828. Dr. Simons here more than confirms the favorable report of Dr. Frost, respecting the medicinal value of this article.

I have used it in a large number of cutaneous and other chronic diseases, and, I think, with decided benefit. I have employed it in dyspepsia, and in cases of loss of tone in the stomach, in general debility, and in numerous diseases of the skin; and I fully concur in the following declaration of Dr. Simons, who says, "I have used this plant for twenty years, and have found it the best vegetable alterative, separate or combined with sarsaparilla, especially when mercury is inadmissible, or to counteract the ill effects of mercury."

I would not say that it will answer all the purposes of mercury or arsenic, but in my hands it has done well, and it is not open to the objections which are made, and often justly made, to their use, and I think we are bound to use the safest article, if it will answer the purpose.

I have referred to the practice of bleeding, which was once general but is now mostly discontinued. I might refer to other changes in medical practice, for instance as it respects the use of mercury. Time was, when it was believed that mercury was the only resource in *iritis*; but a member of this Society has shown that this may be safely treated and removed without mercury.

For the year or two past, I have given the *Stillingia*, prepared from this root as the quinine is from the Peruvian bark. This is

given in *alterative* doses, of from one to two or three grains, twice or thrice a day. This is the dose for adults, and proportionally smaller doses for children, according to the age. In this form, it has been a successful medicine, and one which, I think, the members of this Society will find fully worth a trial, where an *alterative* medicine is needed.

I have referred to the change of treatment by Dr. Williams in *iritis*, and I now close this article by quoting the following from his able paper. "Whoever proposes an important deviation from the canonical precepts of our profession, is bound to justify his innovation by more than a mere array of statistics, given on his own authority, stating that a given course has been pursued in a given number of cases, with such and such results." In the justness of this remark, I fully concur, and in the beneficial use of the *Stillingia* have given the twenty years' experience of Dr. Simons, and the corroborating testimony of Dr. Frost, with my own experience.

The wisdom of the following remark from the same writer will, I think, be acknowledged by all: "If we *can safely* spare our patients the infliction of heroic remedies, from the effects of which they may be months in recovering, we confer a great benefit on them, and obtain another triumph for our profession."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 13, 1857.

DR. CAMPBELL'S CLAIM AS DISCOVERER OF THE EXCITO-SECRETORY SYSTEM.

WE have received from Dr. Henry Fraser Campbell, of Augusta, Ga., a printed letter, addressed to Dr. Marshall Hall, claiming for the writer the priority as the discoverer of the excito-secretory system of nerves. This letter was written in consequence of an announcement made by Dr. Marshall Hall, in the *Lancet*, in March last, of "a system or sub-system of excito-secretory nerves," analogous to the "excito-motory system," previously discovered by him. Dr. Campbell quotes from a paper read by him before the Medical Society of Augusta, Ga., in May, 1850, to prove that the idea of the excito-secretory function of the nervous system was there publicly announced by him. He also shows that he recorded a special claim of priority in reference to the discovery of the reflex relation subsisting between the cerebro-spinal and sympathetic system of nerves, at a meeting of the American Medical Association, held at New York, May 3d, 1853, and on divers other occasions. Dr. Campbell was first led to this discovery by an attentive observation of the phenomena of cholera infantum. Reflecting on the frequent co-existence of this disease with the process of dentition, the idea suggested itself to him that the excessive secretion from the mucous membrane of the alimentary canal

might be a reflex action following an irritation of the fifth pair, acting through the sympathetic.

Dr. Campbell's letter was published, with remarks by Dr. Marshall Hall, in the *Lancet* for May 2d. In acknowledging Dr. Campbell's claim to the discovery and naming of the "excito-secretory system," the distinguished English physiologist claims for M. Claude Bernard the merit of having first demonstrated it experimentally, and renounces all credit for himself, except that of "the vast *generalization* of excito-secretory action throughout the system." He says, "It would be unjust to deny that Dr. Campbell has the merit of having first called attention to the excito-secretory sub-system, in the year 1850, and that he imposed this very designation in 1853." "But Dr. Campbell's observations will be seen to be limited to *pathology*, and indeed to *dentition*, and are the result of mere *observation*, with an occasional *glance* at physiology; no *physiological instance* of the latter being adduced distinctly or emphatically. Now, all M. Claude Bernard's labors are *experimental*, and of the most recondite character." "I arrive at this conclusion: the *idea* and *designation* of an excito-secretory action belong to Dr. Campbell, but his details are limited to pathology and observation. The elaborate experimental demonstration of reflex excito-secretory action, is the result of the experimental labors of M. Claude Bernard."

CRIMINAL ABORTION—THE NEW HAMPSHIRE MEDICAL JOURNAL.

THE *New Hampshire Journal*, for August, has an excited and violent reply to the article in our 23d of July issue, to three-quarters of which we vouchsafe no answer or notice—it being decidedly beneath us. To its charges of "coarseness, vulgar abuse, attempts at bullying," &c., we will oppose that "calm and pitying silence" which it recommends as suitable for an "angry man." Having also fully explained our own position in regard to the points under discussion, we have nothing more to say relatively to the lukewarmness and silence with which our amiable cotemporary credits us, than that its accusations appear to us very absurd.

To the question whether we are "prepared to quarrel" with all who have thought that "B.," in this discussion, has been "heretical alike to truth and good morals," we may say, that we have not, thus far, considered the matter—perhaps we will, when the weather is cooler. At all events, we are satisfied that "B." can reply, if he chooses, to any accusation which implicates his truthfulness and morality—and we are not "our brother's keeper." It is not true, however, that the authorship of "B.'s" article was "almost compulsorily acknowledged at a Medical Society's meeting;" it was openly and honorably avowed; and would have been at an earlier stage of that very meeting, had not the senior Editor of this *Journal* felt obliged to reply immediately to the charges then and there made upon the *Journal*.

We care very little for the reiteration of the accusation "of variance from our former bold stand," &c.; being willing to abide judgment herein from all who care to pass it.

We entirely concur with the *New Hampshire Journal* in its opinion that "an open misunderstanding" between "two professional *Journals* seeking, as in this instance, the same end, a great public reform,"

is to be regretted. But it is not our fault—and it is something more than a *misunderstanding*. It is a direct *libel* upon us, both as regards our views and intentions, and the burden of attack surely lies at the door of the New Hampshire Journal.

As to our "claiming" to be gentlemen, that would be to raise a question of the fact: we are not aware of having done this. If, however, our claim rest only upon not having written what the New Hampshire Journal terms our "late coarse editorial," we must be content to forfeit it. The editorial was *bona fide*. Excuse us for another "heavy Latin quotation," not intended, by the way, to "put down" any one.

The imputation of bitterness and disgraceful assault, insult, &c., is a somewhat flowery description of the style of our article. We are happy to be able to state, however, as in a degree an offset, that many of our most eminent and respected brethren here, and unsolicited, entirely justify both its tone and sentiments.

The New Hampshire Journal should also acquire a habit of citing correctly. We did not use the term "*enemies country*"—we distinctly wrote "neighbor's country," and it is so printed. The difference seems to be that our excited critic has called us enemies, whilst we considered ourselves as neighbors; somewhat rudely dealt with, it is true, but still not wholly inimical.

We decline, equally with the New Hampshire Journal, all further controversy.

THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.

THE Massachusetts Medical Benevolent Society met at its rooms in Temple Place, at 4 o'clock, P.M., for the transaction of official business, and at 8 o'clock, P.M., at the Revere House, for the transaction of another business. Here, at table, were between fifty and sixty gentlemen, with an "how-d' ye-do" acquaintance generally, and with more or less particular understanding of individuals. But we were all of one mind, in one place, and this allowed of a fair prognosis that we would enjoy ourselves—and we certainly did. If this had been made a question, and had been put to vote, not a dissentient voice would have been heard in the out-spoken, universal or parliamentary, *aye*. It was, of all others, the most perfectly free, untrammelled assembly. There was indeed a President, or rather a Vice—no misconstruction of his name, gentle reader—but it was a *pro forma* head only, giving completeness to the mass, but leaving every individual of that mass pretty much to himself—each being a self-president; not elected, exactly, but feeling deeply conscious that he would so preside over himself as not to let the least possible amount of dulness, nor the least appearance of preparation show itself in anything he said. Spontaneity was the order of the night, and if ever a rule of conduct, of thought, or of word was observed, it was on that stormy night of the 30th, when the outside elements had their will, but were not dreamed of at the Revere. This made the charm of the meeting. One having in his mouth or hand some pleasant article of food, was called on for a speech. He immediately arose, walked to the head of the table, and in the midst of a gentle mastication of what was ready for that function, spake his eloquent word. It was pleasant, amidst

the running applause, to see how faithfully he furnished material for continuing that process, without in the least disturbing his *speech*.

The interest of the meeting was in its occasion, and in the healthful, large pleasure—in the social independence, free open-heartedness—self-unconsciousness which belonged to the time. If the presidential demand for a speech was not responded to, the excuse was better than any speech would have been. You might be called on again and again. It was no good reason that you had already bestowed your tediousness upon the company. You did not feel that it was a reason, and spoke what came straight from mind and heart, and would not stay at home. There were gentlemen present from different and distant parts of the State. It was pleasant to meet upon the terms we did, those so widely separated from us in the every-day affairs of life. It was pleasant to take by the hand, or to listen to the manly, generous, friendly word which came to us from mountain and valley, to sit down with, and to talk and to speak with such associates, of matters which we all had equally so much at heart, as if we were near neighbors laboring for a common good.

We had song and story, and humor and fun. Whatever was at hand came out, and in such "admired disorder" now and then, that you felt that the want of connection, and even a slight irrelevancy, was no sin at our feast—nay, that in the demand to put things together which belonged together, the whole force of what was uttered was better felt as well as better understood. It is a curious psychological fact, that a man will rise to speak upon such occasions, namely, when the very best disposition to be pleased prevails, and when pleasure absolutely bubbles up before its whole cause is displayed—it is curious to observe, and especially to experience, how readily and how unconsciously the mind then gives up its treasures, and better things may be said, than we could under other possible circumstances have arranged before hand. So true is this, that men have been surprised at the applause they were receiving or received, never dreaming that they were saying, or had said, any thing which had the least claim to such notice.

In the course of the evening, the President referred to a communication which had been made at the business meeting. A letter was read which had been received from the Executors of the will of the late Mr. Thomas Dowse, enclosing a donation to the Society from his estate of *five hundred dollars* toward the funds of the Society. Mr. Dowse's Executors had been led to make this gift, because of the deep feeling of gratitude often expressed in his last illness to his medical advisers, Professor Morrill Wyman, of Cambridge, and Dr. Wellington, of Cambridgeport, who had not only been faithful physicians to him, but had done all in their power, as friends, to diminish the sufferings of his last hours. In honor of such a friend to the Society, the memory of "Thomas Dowse" was proposed. The members of the Association rose, and in silence paid their tribute of reverence to one who had so deeply honored their profession.

Our symposium reached the small hours; and here and there one was seen stealthily disappearing. But his place was soon filled, and the table was still "full." At length we all departed, expressing the pleasure with which our coming together had been crowned, and with anticipations of a reunion after the lapse of another year. W. C.

SANTONIN AS A VERMIFUGE.

INFORMATION in regard to the use of *santonin*, as a vermifuge, is asked for by "A Junior Practitioner."

This substance is derived from the "European wormseed," the *semen contra*, as it has long been termed. Lately there seems to have been great success from its employment, in Europe. So far as we are aware, it has not been used in this country, or, at all events, but infrequently. We cannot remember any record of its effects in any of our Medical Journals.

Wood & Bache, in the *Appendix* to their Tenth Edition (p. 1404), thus speak of the "peculiar principle which has received the name of *santonin*." "It is a powerful anthelmintic, and, from its want of taste, is much used in Europe in the treatment of worms in children. The dose is from one to four grains twice a day. It has also been employed with considerable asserted success in the treatment of intermittent fever. In over-doses it may prove dangerous. The case of a child of four years old is recorded, in which, after the administration of only three grains, severe abdominal pains came on, with vomiting and purging, great prostration, cold sweats, spasms of the extremities, and dilated pupils; though the patient ultimately recovered." —(*Ann. de Thérap.*, 1852, p. 218.)

We referred, in our issue of June 25, 1857, at page 411, to an elegant preparation of *santonin*, furnished by a French pharmacist. Messrs. Fougere, of New York city, supply the article, and it is on sale here by Metcalf & Co. Each of the sugar-plums (*dragées*) contains one grain of *santonin* and one half a grain of jalap. Put up in this form, it is very easily administered to children, and has been found exceedingly efficacious.

CRIMINAL ABORTION.

MESSRS. EDITORS,—“B.” is much obliged to you for sending him the copies of the New Hampshire Medical Journal for July and August, in the latter of which the editor pays him his particular respects. “B.” is very tenacious of his rights, and does not like to have *his* articles attributed to any one else. He therefore feels compelled to disown the authorship of your article of July 23d, presuming, at the same time, that you write your own editorials.

“B.” is very much astonished to learn, that his identity “was almost compulsorily acknowledged at a Medical Society’s meeting and has never yet been publicly known.” He has good reason to believe that he has been well known as an occasional contributor to your pages, and that he was known to be the author of the article which has created this tempest in the New Hampshire teapot, even by the one who attacked him at the Suffolk District Medical Society.

“B.” is forced to the conclusion, that the “personal acquaintance and friend” is one of two individuals, the personal prejudices of one of whom would render him an incompetent witness. The other stands in such a relation to the profession that his evidence would not, by itself, be considered of much worth among the profession in Boston. As “B.” was chairman of the first committee who handled this matter, even before Dr. Storer lectured upon the subject, and has been always active in trying to put an end to the connection of the Society and those who are engaged in irregular practices, his brethren in Boston

would probably receive his evidence as quite as valuable as that of the "personal acquaintance and friend." "B." has not heard that he has lost caste with the profession here, nor does he think that the readers of the *New Hampshire Journal* would look upon him as such a monster of iniquity, if that *Journal* would re-publish his whole article, in place of the mere sentence which has given so much trouble.

The editor of the *New Hampshire Journal* does not know "B." except by name, and if he knew what a mild individual he is, and how incapable of replying to anything severe, he would doubtless spare him his merciless moxa.

As "B." does not take the *New York journals*, it would gratify him if the *New Hampshire Journal* would let him know when and in what one he was "denounced." Having written nothing and said nothing which he does not think he can prove, he will pursue the subject further and over his real signature if it is thought proper by the respectable part of the profession, when the *New Hampshire Journal* will say who their "personal acquaintance and friend" is. Till then, the medical men of Boston will probably deny the competency of that friend's testimony, and how they would receive it afterward remains to be seen. "B."

AMERICAN DENTAL ASSOCIATION.

THE American Dental Association held its third annual meeting in this city, at the Meionaon, commencing August 4th. The session continued four days. At the opening of the convention the chair was occupied by the President, Dr. Chapin A. Harris, of Baltimore. Dr. Taylor, of Cincinnati, from the Business Committee, reported the following programme:—1st, President's Address; 2d, Election of Officers; 3d, debate—"What are the best means for securing a healthy denture"; 4th, debate—"What are the mechanical appliances necessary to secure the same"; 5th, debate on the "best manner of treating Alveolar Abscess"; 6th, discussion on Mechanical Dentistry; 7th, discussion on Filling Teeth. Speeches to be limited to ten minutes, unless otherwise ordered.

The President excused himself from delivering the address, which he had been prevented from preparing on account of ill health. The Association then proceeded to the election of officers, and after several ballotings the following were chosen: Prof. James Taylor, of Cincinnati, *President*; Dr. Elisha Tucker, of Boston, *Vice President*; Dr. L. W. Rogers, of Utica, N. Y., *Recording Secretary*; Dr. Josiah Forbes, of St. Louis, *Corresponding Secretary*.

On the second day an animated discussion took place on the causes of the decay of the teeth. Among the causes assigned, were the use of salætatus and cream of tartar, want of cleanliness, the action of hydrochloric acid in the atmosphere near the sea, the use of salt and vinegar in sea-faring persons, and general feebleness of constitution. The Association subsequently passed resolutions establishing a fund for a series of physiological, pathological and hygienic experiments, as connected with the dental science, particularly to investigate the effect of the various kinds of food on the constitution with especial reference to the effect on the teeth.

The subjects of filling teeth and of alveolar abscess were also discussed. Various other topics connected with the dental art also re-

ceived the attention of the Association. A committee appointed to examine a specimen of "plastic gold," sent from Paris by Dr. Wieber, reported through Dr. Dwinnelle, of New York, that the article is the same as has been used in this country for six years past, and is not so good as some now made. On the afternoon of the third day the Association were invited by their brethren to an excursion in the harbor. About two hundred persons appeared on board the steamer Neptune, with a band of music. The party stopped at Nahant and Hull, and returned to Boston at 10 o'clock, having had a most successful and agreeable excursion.

The discussions on the fourth day were of a miscellaneous character. A resolution, offered by Dr. Buckingham, of New York, expressing the thanks of the Convention to the Dentists of Boston for their courtesies, was unanimously carried. The Association adjourned *sine die*, on Friday, the 7th inst.

Boylston Medical Prize Questions.—A premium of sixty dollars, or a gold medal of that value, has been awarded, by the Boylston Medical Prize Committee, to Dr. W. W. Morland, of Boston, for a Dissertation on "The Pathology and Treatment of the Diseases of the Urinary Organs." Another premium of similar value was awarded to Dr. Ephraim Cutter, of Woburn, for a Dissertation on "Under what circumstances do the usual Signs furnished by Auscultation and Percussion prove fallacious?" We refer to the advertisement for the subjects for the prizes to be awarded in 1858 and 1859.

Statue of Bichat.—An interesting meeting was held at the School of Medicine of Paris, on the 16th of July. A statue of Bichat, by David D'Angers, was inaugurated. The Minister of Public Instruction presided, and delivered a discourse, to which Dr. Amédée Latour, editor of the *Union Médicale*, replied. M. Paul Dubois, Dean, spoke for the Faculty, and Baron Larry for the Army. M. Bouillaud delivered the oration on the life and public services of Bichat. The figure stands with the arms folded on the breast, and behind is extended a subject ready for the dissecting knife. Truly a French design!

Health of the City.—A large increase in the number of deaths from "cholera infantum" will be noticed, the mortality from this cause (15) coming next to that from consumption. There were 6 deaths from "dropsy in the head," and only 2 each from dysentery and scarlatina. The number of deaths during the corresponding week of 1856 was 78, of which 11 were from consumption, 16 from cholera infantum, 8 from dysentery, 3 from "dropsy in the head," 2 from scarlatina.

MARRIED.—In this city, 6th inst., John N. Niles, M.D., to Abby M. S. Phelps, both of Boston.—In North Brookfield, 4th inst., Henry T. Bates, M.D., of Lowell, to Miss Lottie H. Bush.

Communications Received.—Letter from Vienna.—Treatment of Non-Membranous Croup.—Case of Typhoid Fever, with probable Perforation, and Recovery.—Chloroform and Ether.

Deaths in Boston for the week ending Saturday noon, August 8th, 73. Males, 45—Females, 28.—Accident, 1—congestion of the brain, 1—burns, 1—consumption, 17—convulsions, 2—cholera infantum, 15—croup, 2—dysentery, 2—diarrhœa, 1—dropsy, 1—dropsy in the head, 6—debility, 1—infantile diseases, 6—insanity, 1—typhoid fever, 2—scarlet fever, 2—gangrene, 1—hæmorrhage, 1—inflammation of the lungs, 1—congestion of the lungs, 1—disease of the liver, 2—marasmus, 1—teething, 2—thrush, 1—unknown, 1—whooping cough, 1.

Under 5 years, 42—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 50—Ireland, 19—other places, 4.

Medical College of Ohio.—It has been mentioned in the Journal that the “Miami Medical College,” in Cincinnati, had become united with the older “Medical College of Ohio.” The Cincinnati Medical Observer, in an article upon the subject of the union, says—

“As we have already said, it is the aim, in this new organization, to unite the principal interests, patronage, and teaching facilities, which, for several years, have been divided between the Medical College of Ohio, and the Miami School. It is certainly to the interest of the profession of this city and valley, of all interested in the success of legitimate medical teaching in this city, of our citizens at large, to unite their efforts and influence for the complete success of an energetic, capable and earnest medical institution here. We learn that an arrangement has been made by which the large museum, chemical apparatus, &c. of the Miami Medical College, will be transferred to the Medical College of Ohio, thus rendering the means of illustration ample and complete. The large Dispensary, which has been connected with the Miami Medical College, will become attached to the Medical College of Ohio, and continue to afford valuable clinical instruction to pupils.”

Yellow Fever has made its appearance in Philadelphia, two cases being reported as fatal previous to the 29th of July. They were both from vessels just arrived, and were sick before reaching that port. It is a singular coincidence that one of them should have been in the same neighborhood in which the earliest cases occurred in 1853.—*American (N. Y.) Medical Monthly.*

Treatment of Frost Bites among the Esquimaux.—An Esquimaux had his leg frozen above the knee, stiff, colorless, and to all appearances lifeless. He was placed in a snow house at a temperature of 20 degrees below zero. The parts were then bathed with ice-cold water for about two hours, then enveloped in furs for three or four hours. Then frictions were used, first with the feathery side of a bird skin, then with snow, alternately wrapping the limb in furs, and rubbing it for nearly 24 hours. It was then carefully wrapped up, and the temperature of the snow house elevated by lamps above zero. On the third day the patient was taken to his house (where they have often a temperature of 70 or 80 degrees), and in 70 hours he was walking about, with only a slight frost-bite on one of his toes.—Dr. I. J. HAYS, before *Ohio Med. Soc.*

Medical Staff of the U. S. Army.—We learn that at the recent meeting of the Army Medical Board, at New York, about twenty-five applicants presented themselves for examination, of which number five were reported to the War Department, as qualified for appointment in the Medical Staff. The following list comprises the names of the successful candidates, and of the medical schools from which they received their diplomas:—Dr. Robert Bartholomew, of Maryland, graduate of the University of Maryland; Dr. J. C. Bailey, of Pennsylvania, graduate of the Medical Department of the Pennsylvania College; Dr. J. C. McKee, of New York, graduate of the University of Pennsylvania; Dr. K. Ryland, of Missouri, graduate of the Missouri Medical College; Dr. W. A. Carswell, of South Carolina, graduate of the Charleston Medical College.—*N. A. Med. Chirurg. Rev.*

Singular Case of Lactation.—A few days since my attention was called, by a friend, to an old woman who was suckling her grandchild. Seven years ago I delivered her of her last child, which died a few weeks after, and, in womens' parlance, her milk soon dried up. Last Christmas her eldest daughter died, leaving an infant, which fell to her charge. As she stated to me, at night the child would take the nipple in its mouth, until she actually began to give an abundant supply of milk, after an interval of more than six years of nonlactation. Any one who has curiosity about the matter, can see this singular case by going to the kitchen of the late Russell Dudley, diagonally opposite the United States hotel.—Dr. THOMAS JOHNSON, in *Virg. Med. Jour.*

Thenard, the celebrated French chemist, died a few weeks since at the advanced age of eighty. He was formerly a Peer of France and Chancellor of the University; also a member of the Institute, and a Grand Officer of the Legion of Honor. Sestier, the well-known author of a treatise on Oedema of the Glottis, is also dead.—*Western Lancet.*

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THE VIENNA HOSPITALS—LETTER FROM HENRY K. OLIVER, JR.,
M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The superior advantages of the Vienna hospitals, for students, over those of Paris, have of late years attracted much attention. The great facilities afforded for both medical and surgical study and observation, have quite turned the tide in favor of the German institutions; and much more time is now spent in them by some of our young medical men, than in those of the French capital.

The following letter, just received by me from a zealous young physician well known amongst the profession here, gives an interesting account of what is going on in the Vienna hospitals. I offer it for publication without the writer's knowledge, believing that it will be serviceable to those about visiting Europe with the intention of prosecuting their medical studies, and also entertaining to your readers. Yours, &c. J. MASON WARREN.

Park Street, August 11th, 1857.

Vienna, July 1st, 1857.

DEAR SIR,—I beg you not to be alarmed by the size of the letter I send you; when one is not confident of making his subject interesting, he is apt to make up in quantity what is lacking in quality. If what I send proves to be a dose of that sort, I beg you to throw it under your table, as I am too much accustomed to marginal notes on college themes, to be at all troubled by such an occurrence. Meanwhile, considering the richness of the subject, my letter is very short, and consequently superficial.

I have for some time had it in my head to send you an account of the Vienna Medical Institution, with which every student who partakes of its advantages is so delighted; but the want of time, and the lack of courage to try to put it into a proper form, has thus far prevented me. When I say the Medical Institution, I mean rather

the General Hospital; for I have had more to do with the clinics and private courses in the Hospital, than with the lectures at the University.

There is quite a number of hospitals at Vienna, but the General Hospital is by far the most extensive; I doubt, in fact, if there is another hospital in the world as extensive. The average number of patients is 2,000, but in times of epidemic it is not rare to find 3,000 within its walls. Besides this large number of patients, it furnishes residences for four or five of its professors, all the assistants, internes, &c., and, of course, for the ward tenders, nurses, &c. The buildings of the Hospital are two or three stories in height, and of a very simple style of architecture. They form a succession of squares, containing courts beautifully laid out in walks and streets, lined with hedges, linden and horse-chestnut trees, and which lead to the different divisions of the Hospital. Some dozen fountains are also found in the different courts, which besides serving as ornaments, furnish water to the whole establishment. The Hospital, as its name denotes, receives all kinds of adult patients, and in the midwifery department women are received after the seventh month of their pregnancy, and at any time previous if the woman presents any special interest in her case—for instance, a deformed pelvis, a previous miscarriage, &c. The clinics are distributed throughout the entire day, so that one may go from the medical wards into the midwifery wards, and from there into the surgical, &c. Not to speak of other advantages, this single arrangement enables one to pick up as much medical knowledge in Vienna in six months, as in a year or more at Paris, where all the clinics take place at the same hour in the morning. Of course, where the subject is the same, there is not so much regard had to different hours. For instance, all the medical clinics occur at the same hour, and both the surgical clinics at one hour; meanwhile, care is also taken by assistants and others giving private courses, not to have their hour interfere with the lectures of the professors.

At the clinics, matters are arranged in the following way. Each student who wishes, is charged with the care of a patient, whom he visits at least twice a day. On the first day of the patient's entrance, the student examines him and writes out the result and the history of the case generally. In this he is guided by the *chef de clinique*, who points out the main features of the case, teaches him to percuss, auscult, &c. The following day, the student reads the account of the case, as written off, to the professor at the bedside, who then examines the patient himself, and afterward questions the student, laying especial stress upon the means of arriving at the diagnosis. The advantage of this mode of lecturing, instead of just examining the patient and retiring to the lecture-room to enlarge upon the case, as in Paris and with us, can hardly

be questioned. Any points which the patient ought not to hear, such as an unfavorable prognosis, &c., are given in Latin. The cases for the clinics are chosen by the professors from all the patients admitted to the Hospital; so that the clinical ward is filled with the interesting cases only, while the others are left to the assistant physicians.

The clinics of Oppolzer and Skoda have the greatest reputation here, and they are in fact the only ones of the medical clinics which are frequented to any extent. Oppolzer, as you must know, enjoys perhaps the greatest reputation as a clinical lecturer in Germany. If I am any judge, there is no man in Paris to be mentioned at the same time with him. He seems to take a real delight in lecturing, and will make no visit outside the Hospital until he has finished his clinic and spent some time in the pathological laboratory in the examination of urine, fæces, &c., which are carried there from the different wards. It is not unusual to hear him lecture two hours on one case, beginning with a careful examination of the exterior of the body; then come percussion and auscultation of the thoracic organs, percussion of the abdominal organs, &c. He seldom omits, also, to examine the urine on the spot, there being in the ward a little desk containing the necessary apparatus and re-agents. A fine microscope in the ward is also put to frequent use in the examination of the sputa and fæces; and to show with what care this is done, I will state that one morning, while examining the fæces, Prof. O. said, "here you will see an egg of the *trichocephalus dispar*." A few days later, he called this fact up at the autopsy, and directed the worm, which you know is quite slender and only about one and a half inch in length, to be looked for. This was done, and a male and female were found in their usual habitat, the cœcum. After having, by the examination of which I have spoken, satisfied himself of the nature of the case, Prof. O. continues by putting questions to the student who has the case in charge, answering his own questions each time the student hesitates. Thus he runs through all the maladies which may exhibit symptoms analogous to the case in question, and then by successive exclusion authorized by the duration of the disease, want of concomitant symptoms, &c., he leads the student to the formation of his diagnosis. Treatment is discussed by Prof. O. with great care; for although he has very little belief in medicine as a specific, he does not fail to combat symptoms and pay great regard to the comfort of his patients. He also dwells much upon the pathological appearances which similar cases to the one under consideration present, and in doing this he enters into details to such a degree as to prove that he is a pathological anatomist of no mean pretensions. At the reading of the autopsies, which takes place in the ward, Prof. O. renumerates with great care the points in the case, and compares the various symptoms

which presented themselves during life, with the appearances found *post mortem*.

From what little I have told you, you may imagine what a treat Oppolzer's clinic is; everything that he touches upon, he has a happy faculty of making interesting. Not a small feature in his ward, is the fact that the beds are low, and that the students are allowed to sit upon them. Prof. O. speaks so loudly and distinctly, as to be heard the whole length of the ward.

Prof. Skoda's clinic is also an exceedingly valuable one, although his manner is not as well calculated to keep the attention of his hearers as that of Prof. Oppolzer. He reasons upon everything, and seems to reject what does not yield to his logic. He nevertheless occupies himself much with experiments in the trial of medicines, and especially of such as appertain to his favorite study of auscultation and percussion, and his work on this subject shows with what faithfulness such experiments are made. He does not speak less of the treatment than Prof. Oppolzer; but after running over all those remedies which would be recommended in similar cases by others, he generally ends by rejecting the whole of them. His universal treatment of all acute diseases is quiet, deprivation of all but necessary food, and promotion of sleep by opium, which he also uses much as a narcotic. I do not say that he does not employ occasionally the various remedies, but he does this merely to prove that they do not have any effect on the course of the disease. In pleurisy and pneumonia, he rarely employs bleeding, never calomel or tartar emetic with any hope of arresting the progress of the disease; and no sinapisms or blisters, with the hope of promoting absorption of exudations. To this end he also rarely resorts either to purgatives or diuretics. The only antiphlogistic he recognizes, is cold. *Paracentesis thoracis* he employs, as also does Prof. Oppolzer, only in extreme cases, where suffocation is threatened or where the presence of a large effusion, for a length of time, would be likely to leave behind a deformed state of the chest; and then he advises the removal of only a limited quantity of the fluid, and by other means than its forcible removal by the pump. Formerly Prof. S. punctured quite often, after his first case resulted favorably, but he has since found reasons for giving up the practice in all but extreme cases. At his clinic, Prof. S. enters into the same minutiae in the examination of cases as Prof. Oppolzer does, and even to a greater degree when the case is a disease of the lungs or heart. It is only unfortunate that his slow manner of speaking, and his total abstinence from any pleasantry which would serve to relieve the monotony of his style, is so liable to induce a relaxation in the attention of his hearers. I think I have never, but once, heard from him a deviation from his serious tone of language. He was speaking, one morning, of his favorite medicine, opium, by the side of a patient who had for some nights been

deprived of sleep. Just as he was closing his remarks, he happened to cast a glance down upon the patient, who, not having found the lecture particularly enlivening, had gone fast to sleep. Without stopping in his discourse, Prof. S. continued, "You will see, however, gentlemen, by looking at the patient, that there are other efficacious somnifics besides opium"; and then, without moving a muscle of his little round face, he passed to the next bed.

Prof. Hebra, the teacher of diseases of the skin, I would like to describe to you, but hardly know how to do it. With much of the skepticism as to therapeutical agents which characterizes Prof. Skoda, and with the same rotundity of face and figure, he is, in his manner, quite the opposite. He comes into the lecture room with a "How are you?" steps up to the table, puts his hand in his pockets, and says something funny immediately; he couldn't help it if he tried. He is, in a word, a happy compound of science and good humor. Sarcasm, however, he is rather fond of, especially when speaking of the medical men of Paris, and certainly there is good ground for much of his prejudice, if what he says of his visit to that place, a few years since, be true. Prof. H.'s course upon the diseases of the skin cannot, I am sure, be equalled anywhere. He lectures upon a raised platform in the middle of a ward, and the students sit in a half circle around him, on benches rising one above the other. The patients are called to this platform, stripped to the skin, and made to mount upon the table, when Prof. H. examines every part of the body, points out the various morbid appearances, makes the diagnosis, and then sends the patient, still stripped, to the students, who examine him in their turn. The microscope is also made frequent use of in the examination of parasites, &c. After the examination of the newly-arrived patients as above, Prof. H. lectures an hour, exemplifying the disease under consideration by colored plates, plaster casts, and by patients from the different wards of this department. Anecdotes serve to enliven the hour, and Prof. H.'s peculiar, humorous style of relation is, of itself, a sufficient guarantee of the success of the story. The classification of the diseases of the skin, as given by Willan, Bateman, and Cazenave, has been abandoned by Prof. H., as being too complicated and fanciful, and a new one formed much more simple and natural. This simplicity, indeed, characterizes his whole system. He has, for instance, thrown out impetigo, and also ecthyma, from the list of distinct diseases, insisting that they are the result of mechanical irritation of other diseases—eczema, scabies, &c. An abundance of the secretion of the sebaceous follicles of the scalp is the so-called *pityriasis capitis*. *Pityriasis rubra* is the preceding and closing stage of eczema. Lepra is psoriasis, healing from the centre. On the morbid appearances, just referred to as consequent upon mechanical irritation in affections of the skin

induced by animal parasites, and also in eczema and prurigo, Prof. H. dwells at great length. Patients suffering from animal parasites are wonderfully common here, and the different forms of eczema, impetigo and ecthyma, as a result of scratching simply, are traced back to their proper cause, and not allowed to pass as distinct diseases, as other authors have been inclined to consider them. In the three hours' cure, in scabies, Prof. H. does not believe; he says patients thus treated always come back to him in a week. Sulphur ointment unmixed, he rejects, as causing an eczematous eruption; he unites with the sulphur, nitrate of potash and tar oil. Lupus, in all its forms, is a common disease in and about Vienna, and Prof. H. has made this disease an object of especial study. In conjunction with Dr. Ellfinger, the artist, he has published some magnificent plates of this disease, adding also remarks, which, however, are rather brief. His treatment of the ulcerating form is cauterization with the solid nitrate of silver; not superficially, but deeply. He sharpens the stick down to a point, bores down till he arrives upon healthy tissue, and then burrows about with the stick in every direction. Patients thus treated do wonderfully well. In the form of lupus which he calls erythematous, he employs, with good result, a mixture of iodide of potassium, pure iodine and glycerine. In all exudative diseases of the skin—for instance, psoriasis, prurigo, and eczema with infiltration—Prof. H. makes use of a soft soap, consisting of some oil, it matters not of what kind, and a large proportion of caustic potash. The effect of its use is to remove the epidermis and excite a healthier growth of the same. I have seen many extremely satisfactory effects of this soap, especially when followed up by the tar oil, which he also uses plentifully. In Virchow's series of "*Special Pathology and Therapeutics*," Prof. H. is announced to edit the part on "Acute Exanthemata and Diseases of the Skin." It will be a valuable thing, and will no doubt be considered the standard work in this hitherto complicated branch of medical science.

Prof. Sigmund is the Ricord of the University, and his material is much richer than that at Paris, comprising, as it does, patients of both sexes, the number of each being about equal. The opportunity of seeing the disease of which he treats, even in the case of the male patients, is superior to that in Paris; since the patients are stripped and placed on a raised platform in the centre of the circle, as at Prof. Hebra's. In the female wards the patients are first stripped to the waist, and are afterward required to mount a stand, where they lie on their backs, are exposed, and drawn forward to the edge of the stand. In this way they are examined, first externally and then *per vaginam*, by the professor, who points out the features in the case, and then leaves the students to examine them in turn. This is at his clinical lecture. At his morning visit, he goes through his different wards, visits all those

patients who are confined to their beds—for example, those with open buboes—and then retires with his assistants to a side-room, where all the other male patients are marched before him, each stripped to the skin. Prof. S. next retires to the female department, where the patients are marched before him, stripped to the waist, each with a spoon in her hand to serve as a spatula. They are then ordered to the stand, of which I have spoken, from which they form a single file, extending the length of the ward. The moment the examination of the first is completed, she descends the steps on the opposite side, and number two, who is already on the upper step, takes her place, while number three takes the upper step, and those after her mount one step higher. In this way an immense number of patients can be examined in an hour. The total number of patients in Prof. S.'s wards averages over 200.

Prof. S. differs from Ricord on some points; for example, he believes in the communication of syphilis from secondary appearances, such as the *plaques muqueuses*, &c. I have myself seen him produce a true chancre by inoculation from a *plaque muqueuse*. He does not lay so much stress upon the Hunterian chancre as Ricord does, insisting that constitutional syphilis is by no means always preceded by an indurated chancre, especially in females. He says it is an every-day occurrence for females to enter his wards with constitutional symptoms, and a chancre quite free from induration; and he thinks, if Ricord had seen as much of the disease in females, as he himself has, he would have become convinced of this fact. Both Prof. S. and Prof. Hebra prefer the external use of mercurial ointment, in both secondary and tertiary syphilis, to all other treatment. The advantage of this mode of the employment of mercury, Professors S. and H. find in the less frequent returns of the affection, and the rarer occurrence of salivation. From twenty grains to a drachm are rubbed daily into the inside of the thighs, the sides of the chest, &c.

One of the most interesting and valuable divisions of the Hospital is the midwifery department. You may judge of the material, when I tell you that between 8,000 and 9,000 children are born in this department, yearly. Of these births, about one third are devoted to the education of midwives, and the rest to the instruction of students, or rather, of doctors in medicine, for they must have received their degree before obtaining entrance to this department. About thirty are allowed to take advantage of this clinic at one time; some go off the list each week, and are replaced by others, according to the order in which they have applied for admission. These thirty are allowed to be present at the visit of the Professor, at 9 1-2 o'clock, and examine all those women who are in labor, as well as those who have applied during the morning for admission to the department, which, as I have said, may take place after the seventh month of pregnancy. They are

also allowed to be present at any operation which may take place, and a large room, with plenty of beds and comfortably furnished, is at their disposal, where they may remain night and day, and from which they are summoned when any case of interest occurs. From these thirty, again, two or three are selected each day, whose duty it is to remain in the delivery-room from the end of the morning visit, viz., 11 o'clock, to the end of the visit of the following day. They record the names of all the women who apply for admission, and state whether they come with or without pains, &c. They register all the births which take place, and state the circumstances attending each, whether at the full time of pregnancy; the hour of commencement of the pains; time of bursting of the membranes, of the birth of the child and of the removal of the placenta; adding also remarks, whether the birth was natural or assisted by instruments, &c. There are, moreover, women to be registered who give birth to children outside of the Hospital, and enter immediately after, for the sake of the care during convalescence. This is all but the work of a few moments in each case, and during the remainder of the twenty-four hours, the *journalists* (so the students on duty for the day are called) are exercising themselves in the examination of women in labor, and in delivering them. All women who have pains on admission, and all those previously admitted, as soon as labor commences, are sent to the delivery room, when the *journalists* examine them, and then compare notes, on the position of the child, condition of the *os uteri*, the stage of labor, &c., and this they continue to do from time to time till the labor is ended. At the bursting of the membranes, a midwife, appointed to this duty for the day, charges one of her companions (six other midwives are always at hand, either in the delivery room itself, or in their apartment near by) with the care of the patient. The *journalists* are allowed, however, to deliver and superintend the whole case, except in first births, where danger of a rupture of the perineum is imminent. In case the *journalist* delivers, the midwife stands by and gives him instruction in supporting the perineum, in the removal of the placenta, &c. If he chooses, there is no objection to his washing and dressing the baby. I should have remarked, before this, that every woman who enters this department, brings with her the clothes, &c., for her child, not often forgetting even a little square piece of linen, used here to wrap up that portion of the cord which remains attached to the child. All cases requiring particular skill in delivery, and all operations, are performed by those of the *journalists* who have taken the assistant physician Dr. Braun's operating course; or, in very difficult cases, by Professor Braun himself. At 4 o'clock, P. M., the assistant makes his evening visit, and the *journalists* are required to examine all women who are in labor, and all women who have appli-

ed for admission during the day, and state the result. This the assistant, after an examination himself, either verifies or corrects, according as the diagnosis is right or wrong. In the course of the evening, the women delivered during the day are carried on a litter to an adjoining ward, to make room for those who may arrive during the night. Another similar removal takes place early in the morning. At 9 o'clock, A. M., Prof. Braun makes the clinical visit. He first questions the journalists on the character of the births for the last twenty-four hours: if physiological or pathological; if the latter, of what description. Such criticisms and remarks as the cases may authorize, he makes, often branching off upon more general subjects. The journalists are then made to examine again such women as are in the delivery-room, and state their diagnosis, and after them, all the other students examine in turn. A visit to the ward containing the women delivered the previous night and day, and also a visit to such of the women in the other wards whose cases are not going on favorably, completes the clinic of the day, and the three journalists give up their places to others, who are on duty the next twenty-four hours.

You will thus see what an opportunity is offered for becoming expert, both in the diagnosis of pregnancy, in its different stages, and in delivery. Each student is sure of examining, both externally and *per vaginam*, from six to ten women daily, according to the number in the delivery-room at the time of the visit. Besides this, during the course, which lasts two months, but which may at the end of this time be renewed, he has from three to six *journals*, in each of which he sees and assists at from ten to twenty-four births, of which number, some are likely to present deviations from natural labor. During my course, for instance, I was present at about 200 births, and at my *journals*, delivered, myself, some forty or more women, several of whom were kind enough to offer abnormal presentations. I have seen plenty of forceps operations, one perforation, and one Cæsarian section, *in viva*, on account of malformation of the pelvis in the highest degree. The child was extracted alive, but the woman, who had had two attacks of convulsions before the operation commenced, was subjected to nineteen other attacks after the operation, and died within twenty-four hours, without having lost more blood than in a natural delivery, and before peritonitis had set in.

I forgot to mention a romantic part of the story connected with the women who give birth at the Hospital, and that is, that they are all unmarried. Married women and widows who apply (the number of the latter is not inconsiderable), are sent to another hospital. These women are not, however, prostitutes; they are for the most part in service, and cannot afford to marry and set up an establishment. They resort to the hospital, both because they have no place of their own where they can be confined, and

also that their children may be provided for; as in case they are delivered at the hospital, their children are sent to the foundling-house, and at a later period put to a trade or made soldiers of. Every woman who cannot pay for her stay at the hospital, is obliged to serve in the foundling-house, as nurse to a number of children, for a certain length of time.

The operative midwifery course of the assistant physician, Dr. Braun, is an exceedingly practical one. The hospital furnishes the body of a female, Dr. B. a manikin, and the numerous deaths at the foundling-house five or six children daily. Those who take the course, perform, to their heart's content, delivery by forceps, decapitation, perforation, turning, &c., under the instruction of Dr. B. They are also instructed in the management of all abnormal presentations. While one student is operating, the rest are exercising themselves in *touching* on the manikin, in which Dr. B. places a child in some position, while the students' backs are turned. One of their number is stationed by the side of the manikin, with watch in hand, and so much time given to each, to discover the presentation. After all have examined, Dr. B. asks each separately his diagnosis of the presentation, where the sounds of the heart would be heard, &c. He tells no one whether he is right or wrong, but after all have answered, he uncovers the manikin, and the position of the child is shown. The students who take Dr. B.'s course are those who are afterward permitted to perform operations in the delivery-room.

[To be continued.]

OVER-TREATMENT OF NON-MEMBRANOUS CROUP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—You have been obliged, in common with your medical brethren everywhere, to remark upon the eagerness with which some classes of charlatans seize upon a self-limited, or easily-curable disease, for the exhibition of their remedies, and the pertinacity with which they hold up such cases as evidence of the validity of their modes of treatment. The homœopathic system is eminently notable for this practice, and is well known to have gained ground chiefly upon its success in that large class of diseases which usually result in recovery when not interfered with by medicine. Especially in the several forms of disease ordinarily grouped together under the one name of *croup*, has this class of empirics gained an undeserved reputation.

In the profession, a broad and impassable gulf is recognised between the serious and frequently fatal disease, membranous croup, and that very common and slight affection, known as *laryngismus stridulus*, or spasmodic croup. The distinction between the two, first clearly drawn by Dr. Ware, is now well understood

by all physicians of education, is recognised by all medical writers and confirmed by all experience. With a considerable degree of resemblance in their symptoms, the characters of each are sufficiently distinct to forbid the one being mistaken for the other. It is only during the paroxysm of spasmodic croup, before he has inquired into the history of the affection, or looked into the throat, that the practitioner can suppose for a moment that he has before him a case of pseudo-membranous laryngitis. To know that the first-observed departure from health was the sudden commencement of a barking cough during sleep, in the middle of the night, with the peculiar noisy and labored breathing, is almost enough to justify the diagnosis of spasmodic croup. And then, when a fair examination of the fauces reveals no lymph upon any part of them, all anxiety may be rightfully banished from his mind.

Cases have occurred in which the false membrane did not appear upon the tonsils so early as in the larynx; but we know very well that it may almost invariably be seen on some part of the fauces at the occurrence of the earliest symptoms. And when it is wanting at that time, we may be sure that we have a very moderate and remediable form of disease to deal with—either spasmodic or simply catarrhal—and one that can never run into the severe (membranous) form. This was the great point in Dr. Ware's essay. He says, "I have been led to believe that there is an original and essential difference in these cases; that those of the first kind are pathologically different from the second; that the former (the non-membranous), even if they terminate fatally, which happens in some rare instances, do not terminate in the same way, or at least do not exhibit the same morbid conditions; and that no variety or deficiency of treatment will cause a case of the one kind to assume the character of the other."

Now the forms of croup which are not attended with a false membrane are of very frequent occurrence, while membranous croup is extremely rare. Dr. Ware's cases for eleven years and a half, were *twenty-two* of membranous croup, and *one hundred and nine* of the other forms. Nineteen of the former were fatal; none of the latter. My own experience—which doubtless coincides with that of all physicians—has shown me a great many children who have several croupy attacks every year, until they are about seven years old, and then the disposition ceases. These cases are of the spasmodic or simple inflammatory character—not membranous. It is a peculiarity which belongs to certain children, while others never manifest any disposition to it. For instance, of my own children, respectively ten, eight and three years of age, the one eight years old is the only one who ever had a croupy attack; and he, I think, never "took cold" after he was a year or two old, without having a sudden attack of "croup" in the night. This usually occurred several times in the course of the year, until he was seven

years old. The attacks were always of the nature of spasmodic croup, with usually some catarrhal affection of the larynx. They always yielded to a warm bath or an emetic, and when I sent him to bed on the second night with a Dover's powder, there was no repetition of the paroxysm. I have seen many children who had a similar tendency to attacks of croup, with paroxysms of a severity very alarming to the uninitiated, but which give little concern to the physician. For, if the affection be not membranous croup, he knows very well that the inflammation which is present will not probably give much trouble; and that if it be merely spasmodic croup, recovery will take place without any medicine at all. Thus the homœopathic results are explained; for under that practice, all cases of catarrhal and spasmodic croup get well, and all of membranous croup die—sufficient evidence of the natural tendency of the former to recovery without medical treatment, as well as of the importance to the little patient of being under the care of some one who can distinguish the two diseases.

It is not, however, for the sake of exposing quackery, that I have undertaken to write. It was rather in reviewing the subject of the over-treatment of non-membranous croup by some honest and careful physicians, but who seem to have mistaken views of the disease, that the homœopathic ignorance came up. It has been dwelt upon merely by way of introduction to what more directly interests us:—the misapprehension of these diseases by some honorable physicians, and the subjection thereby of many patients with the more common croupal affection to an unnecessarily active treatment. There are cases, within my knowledge, of children who have very frequent attacks of catarrhal croup, the number of which is very much increased, in my opinion, by the heroic treatment used. A child, for instance, of naturally healthy habit, brought to a sensitive condition by unsuitable diet and confinement in close rooms, is attacked with croup (not membranous) on the first exposure. If then he is more actively treated than the case requires, he remains debilitated, and is the more likely to have another attack upon a second exposure. And we can easily see how a child who goes through a course of tartar emetic and calomel, will no sooner get fairly up from one attack than he will be down with another—so sensitive will be his mucous membrane from the medicinal stimulus it has suffered. Far better, for such a child, would be a judicious hygiene and the use of suitable tonics in the intervals of his attacks, than this rough medication. Pure air, warm clothing, active exercise and wholesome food, I have found to be the best preventives of croup, and iron tells well upon a feeble child. I alluded to tartar emetic, partly because those who still look upon croup (so called) as always needing heroic remedies, generally make use of it; and partly for the sake of depreciating the employment of it for children, in all cases where ipecac

will answer the purpose. And there must be few cases where it will not do so. The tartrate of antimony is of course extremely prostrating, and the capillaries are left in the most favorable state for undergoing a new congestion, each recurrence of the disease leaving them slower to recover their normal elasticity. How then can a child, under such erroneous management, ever be expected to leave off the habit of having croup, until time brings him kindly to that epoch at which the tendency to it, in a great measure, disappears? Happy for him if he have sufficient stamina to survive so many attacks of the doctor.

In review, let me observe that Dr. Ware describes croup under two great heads—membranous and non-membranous; the membranous being of a fatal tendency, and all other forms tending to recovery. In the non-membranous, he finds three varieties—spasmodic, catarrhal and inflammatory; the latter two being forms of laryngitis of different degrees of intensity, and the spasmodic being, according to some, a disease of the nervous system, without inflammation, merely a spasmodic action of the laryngeal muscles, dependent on some distant cause. I am inclined to think that most of the cases of spasmodic croup arise from a slight inflammation of the larynx; and that very few are of the purely spasmodic character that some authors describe them. At least, although I have seen a great many cases of spasmodic croup, I do not remember one in which there were not more or less hoarseness and cough for a day or two after the nocturnal spasm.

In relation, however, to the question of treatment, there is no great distinction between the different forms of non-membranous croup. With a few rare exceptions, they are slight and yield to time, to a warm bath, to an opiate or an emetic; and if any soreness of the larynx continues, a nightly opiate is usually sufficient to relieve it.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 25th.—*Stone in the Bladder.* Dr. J. M. WARREN, to a question proposed, whether cases of stone had not recently been more frequent than in former years, said, that the cases operated on in Boston had averaged about three in two years, until within five or six years past, when they had been more common, and he had seen and operated on three during the last two months. Other gentlemen had also had cases. His friend Dr. Slade lately had a case; and also Dr. Cabot. Dr. Hodges had, within a few weeks, reported a successful operation for stone; and Dr. Page had seen a patient with it. Dr. W. had also loaned lithotripsy instruments to two medical gentlemen in neighboring towns, who expected to operate with them.

Of the three cases of his own, which he had referred to, one was

a child, the other two adults. The first calculus was oxalate of lime; the other two were triple phosphate.

The case of the child was an interesting one. The symptoms had declared themselves a year and a half since, the child being three years old, and the sufferings intense, preventing sleep, and producing all the usual symptoms of stone in the most aggravated form. The patient had been twice sounded while under the influence of ether, by experienced surgeons, but no stone was detected. Dr. W., after etherising him, introduced a common sound, but, with the most careful examination, assisted by the finger introduced into the rectum, failed to find any calculus. The instrument was therefore withdrawn, and a sound with a slight curve at its end, somewhat similar to the one described by Mercier for exploring the prostate gland, was used. This, being passed in, and taking up less room than the common sound, at once struck a stone, which lay very high up in the bladder.

It was at first proposed to destroy the stone in this case by the crushing process; but it was soon found that the bladder was too much contracted to admit of it, not being able to contain sufficient water to allow the instrument to be manœuvred safely. This was therefore abandoned; the child was cut by the bi-lateral operation, and a large stone removed. The coats of the bladder were much thickened, and its cavity greatly elongated, so that quite a long pair of forceps was required to reach and dislodge the stone. The patient slept soundly the night after the operation, being the first good night's sleep he had enjoyed for more than a year. At the end of a week the urine passed by the urethra, and in another week the child went home well.

The other two patients were lithotriized, and have done well.

JUNE 22d.—*Calculus composed of Cystine.* Dr. Warren had lately met with a specimen of that very rare calculus, *cystine*, in an almost pure state. Some years since, he had exhibited to the Society this sort of calculus, mixed with the phosphate of lime, and which had been removed from a patient by operation. Dr. Bacon analyzed the stone, in the present instance, and also the urine.

The patient had been confined, upon his back, with a fractured thigh, when he was seized with violent symptoms referred to the region of the kidneys, and these were succeeded, a few days subsequently, by the expulsion of the present small stone. He had previously passed a quantity of the same concretion, in small bits of the size of the head of a pin.

Dr. BACON stated that the patient, while in the hospital, had passed, *per urethram*, a calculus weighing three quarters of a grain, and several smaller ones, all composed of pure *cystine*. The urine also contained a deposit of cystine in large microscopic crystals.

JUNE 8th.—*Inguinal Hernia—Strangulation at the Internal Ring—Death in ten days.* Dr. H. G. CLARK reported the case. G. M., a native of Canada, a strongly built man of 65 years, on the 18th of May last went from his house to the office of a physician, a distance of half a mile, or more, to consult him in regard to what he believed to be rheumatism. On the evening of the next day he became worse, and then found that an old inguinal hernia of the left side had escaped from his truss, and could not be replaced. It remained unreduced, without any violent symptoms, until the third or fourth day after, and

then disappeared. He remained in a state of great uneasiness, with occasional retching, having one or two slight and unsatisfactory dejections, but with only partial relief of his symptoms. He took, as was understood, at various times, moderate doses of mercurials, combined with opium; also certain gentle laxatives. Fomentations and enemata were employed. He gradually grew worse, until the evening of the 26th, when he was first seen by the reporter. His condition was then as follows: The skin was shrivelled, cool and moist, and, upon the extremities, purple—the countenance was somewhat flushed and anxious—the tongue was cool, and thinly coated with a dirty-yellow fur—the pulse from 120 to 130, and quite small—the abdomen tympanitic—urine scanty. At long intervals the patient vomited, with but little effort, a thin, stercoraceous fluid. There was no dejection, except as above mentioned, from the commencement of the attack. Stimulants were administered freely, and external warmth and frictions seemed to rally him temporarily; so that, on the morning of the 27th, he was decidedly improved. His skin was warm, and he had had some sleep. Efforts were made, by introducing O'Beirne's tube its whole length into the intestine, and by passing through it large quantities of warm water, to penetrate the obstruction, which it was evident existed; but without avail. He sank, without pain, at 2 o'clock, P.M., of the 28th.



The autopsy was made by Dr. ELLIS the same evening, and the small intestine was discovered just caught within the inner ring, from which it seemed to have *almost* escaped. It was found, however, to be firmly adherent, and perfectly strangulated. The whole canal, below the

point of strangulation, was entirely empty, and contracted to the size shown in the drawing, while that above was, as is also shown, very much enlarged and discolored.

The case is remarkable in two respects: First, from the fact that the hernia, after being *apparently reduced* should have remained *really strangulated*; and next, that the disease should have gone on to its necessarily fatal termination so very slowly and with so small an amount of active suffering.

Dr. Clark remarked that he should not omit to state, as an example of the difficulty of verifying on a living patient a state of affairs which may reasonably be supposed to exist, that the patient was seen on the 22d or 23d, by Dr. Hodges, and by Dr. H. J. Bigelow on the 26th; and neither these gentlemen nor himself were at any time able to detect the slightest remaining trace of the hernia.

JULY 27th.—*Disease of the Male Breast.* Dr. W. T., of N. B., in this State, being in town to attend an extra session of the Massachusetts Legislature, of which he is a member, was present at the meeting of the Society, and reported the following history of the case, which occurred in his own person. His age is 38, and his health has not been quite good since an attack of scarlet fever four years ago. Last September he first felt, and without known cause, an itching, burning and stinging sensation in the extremity of one of the nipples. It awoke him sometimes in the night, and was present during about one fourth part of the time for the first two months, but seemed to increase. Early in the disease he once scratched off a scab from the end of the nipple, and which he knew nothing of before, though it was more than three lines in diameter; this never formed again. Except for this scab, the nipple always looked healthy; nor was there ever any discharge from it. In the base of the nipple, and for about two inches around it, a lancinating pain was also felt from the first, generally every day; and it increased from the first. In the course of the first month a tumor was felt, half an inch in diameter.

Dr. T., feeling much anxiety in regard to the nature of the disease, consulted several surgeons in this city during the month of February; but no one thought it cancerous, which was what Dr. T. particularly feared. At that time the tumor was ill-defined, fleshy rather than firm to the feel, quite visible, though small and somewhat tender; this last being, perhaps, owing to the applications that had been made and to the frequent handling of it. Iodine had been used, in various forms, but it always increased the pain. A plaster of ammoniacum c. hydrargyro was recommended and worn for a week, and in the course of this time the tumor doubled in size. The nipple, as well as the skin, was quite healthy in appearance at this time.

On the 24th of February, the tumor was removed in the country; the operation having been advised by some of Dr. T.'s friends, and he being desirous to have his mind at rest. A very large portion of skin was removed, the incision being seven inches in length. An hour after the operation, very copious hæmorrhage occurred, with syncope. Since that time, the extensive wound left by the operation has been very slowly cicatrizing, and it has not yet entirely healed; some of the neighboring small vessels became dilated and tortuous, giving the lower portion of the wound a somewhat malignant aspect, although there has been no appearance of a return of the disease.

The specimen was shown by Dr. Jackson, who received it immediately after its removal, and gave the following account of it, as it appeared at that time. The tumor was in the situation of the gland, quite defined, and of a flattened and somewhat elliptical form; surfaces slightly convex; the diameter being $1\frac{3}{4}$ by $2\frac{1}{2}$ in., the edges thin, and the thickness in the centre about half an inch. It was closely connected with the nipple, but not at all with the integument; which last, as well as the skin, was quite healthy. It had a fleshy consistence, was not at all vascular, and presented, throughout, a uniform structure. It seemed to consist of a whitish and not very compact fibrous cellular tissue; the surface being roughened by numerous, minute, uniform, transparent and apparently firm granulations, which, on incision of the mass, seemed to be confined mostly if not entirely to within about a line and half of the external surface. Dr. C. Ellis, who examined the specimen microscopically, found it to consist mainly of fibrous tissue; there being no appearance of carcinoma. Since that time, it has been kept in spirit, but the appearances are well preserved.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 20, 1857.

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VITAL AND MORTUARY STATISTICS OF THE ALUMNI OF HARVARD COLLEGE.

AN elaborate computation of the mortality of the alumni of Harvard College has lately been made by Professor PEIRCE, which presents a new feature in life statistics, of great interest and value. The basis of this computation is the triennial catalogue of 1857, which embraces the names of 6876 alumni, of whom 2394 survive, while the dates of the deaths of a large proportion of the 4482 who are deceased, are accurately ascertained. Hence the materials for the calculation are most ample. The duration of life is ascertained by assuming the age at graduation to be 21, which is probably very nearly exact. The *Boston Courier* of the 11th inst. publishes an abridgment of Mr. Peirce's tables, which presents a number of interesting facts. One of the most striking results of this inquiry is that of the unusual longevity of the alumni, compared with the average duration of life by the Prussian tables. Thus, the probable duration of the life of an alumnus ten years after graduation is 35 years, while that of an individual of the same age according to the Prussian statistics is only 31.3 years. The difference at a later period is still more remarkable; at twenty years after graduation, or at the age of 41, the alumnus has 27.8 years to live, while the Prussian tables would only give him 23.4; at the age of 56, his chance is 17.2 years, instead of 12.4 years by the Prussian tables.

Another interesting feature in the vital and mortuary statistics of Harvard is that those scholars who are graduated with distinction are longer lived than those who are not remarkable for scholarship. Graduates who have no "Parts" at Commencement show an excess

of 13 deaths out of 1000 alumni, over the deaths in the Prussian Life Tables, during the first five years, and an excess of 34 deaths out of 1000 during the first ten years; while those having "Parts" at Commencement exhibit no excess over the Prussian tables, for the same period. The editor of the *Courier* accounts for this partly by self-indulgence and dissipation which are peculiarly fatal at that period of life, but thinks that the neglect of the healthy functions of the brain leads to disease of that organ, and consequently to shortness of life. There is much plausibility in this hypothesis, but a statistical inquiry into the specific causes of death is necessary in order to determine the point. We think that the duration of life of the graduates may be somewhat influenced by the pursuits which they embrace after leaving college. As a general rule, the higher scholars follow the learned professions, while the lower choose occupations which expose them more to the causes of disease. Moreover, there is a certain number of students who attain no rank because they are in feeble health, and such are more likely to die early than others. Whatever be the cause, we have no doubt that the *fact* will henceforth be duly held up to every Freshman class as an awful warning of the danger of idleness and dissipation during college life.

A table giving a comparison of the numbers actually living in each class, with the average mortality of the alumni, is not without interest. It shows great variations in different classes, which are not as yet accounted for. The number living of the class of 1839 is 11 per cent. more than the average, and that of the class of 1811 is 10 per cent. in excess; on the other hand, the number of survivors of the class of 1809 is 26 per cent. less than it ought to be, and that of the class of 1831 is 14 per cent. below the average. It would be interesting to study the comparative collegiate rank of the survivors and the deceased, as well as the actual causes of death of the latter, in these classes, and those exhibiting similar discrepancies.

These tables give rise to many other suggestions, which we cannot allude to at present; we will only remark, in conclusion, that they ought to have an important bearing on the subject of life insurance in this country. The remarkable results in favor of the longevity of the alumni of Harvard (and we presume the same is true of the graduates of other colleges), ought to diminish the premium on the insurance of their lives, especially in the case of the higher scholars. We are glad that the eminent name of Prof. PEIRCE is a guarantee for the accuracy of these computations; the community are largely indebted to him for the valuable results of these laborious calculations.

#### MEDICAL ETHICS.

MESSRS. EDITORS,—Suppose you were to receive a letter, filling full three pages of fair foolscap, and reciting all the facts (to the writer) of a case, reporting the treatment, and finally asking an opinion and an advice—but containing neither fee nor postage stamp. What would you do? Would you read it? Suppose you do read it, but can really make no opinion, either of diagnosis, prognosis or treatment. *Would you answer it?*

Again. Suppose you receive another letter from another source, *without any enclosure*. Suppose you *can* form an opinion about the disease, and might recommend a treatment. Do you feel bound to answer it?

One largely afflicted brother in this way, impatiently waits an answer.

XENOPHON.

With regard to Xenophon's first question, we think the practitioner is not bound to take notice of a letter containing neither fee, postage stamp, nor an intelligible account of the case. He may, if he pleases, put the letter in the fire. We should read it, but should not, under ordinary circumstances, answer it.



As to the second query, we should withhold an opinion until the fee were paid, if the request came from an unknown party. We should not feel bound to answer it.

A person writing a description of a case, and requesting in answer an opinion or advice, is bound to enclose in his letter the usual fee, or to ask the amount owing, and to transmit it by return of mail. (The fee for a letter of advice, established by the Boston Medical Association, is from *five to ten dollars*.) It is always understood that a business letter requiring an answer (except between regular correspondents), should contain a postage stamp.

We state our opinion in general; of course there are exceptions. A former pupil or a personal friend has a right to ask an opinion without being expected to pay for it; but this privilege is not to be abused, especially in a case really requiring a consultation, the patient being able to pay. When the patient is too poor to pay the fee, if this is distinctly stated, the party giving the opinion will ask no compensation. In short, a letter of advice is the same thing as a consultation, and the writer is not only entitled to his fee, but ought to insist on receiving it, where the advice is regularly sought, and the patient able to pay.

#### THE REPORT UPON CRIMINAL ABORTIONS.

MESSRS. EDITORS,—Having been an eye- and an ear-witness of the proceedings at the Suffolk District Society's meeting holden on the last Saturday of May, I can assert, what doubtless every member of the Society then present will remember, that the gentleman who then denounced the article signed "B." in your issue of May 28th, also distinctly said he was utterly ignorant of the paternity of that article. No one who knows him can for a moment deem him capable of false speaking, or of "mal-reading," which was then charged upon him by "B."

I would ask, then, upon what ground "B." declares, in your issue of August 13th, that he "has good reason to believe that he was known to be the author of the article which has created such a tempest in the New Hampshire teapot, even by the one who attacked him at the Suffolk District Medical Society."

Here we have an impeachment (*direct*, most will say) of Dr. Storer's word, which, we will engage, has always been and continues to be considered "good as gold."

As it is by no means likely that this gentleman will trouble himself to take up this charge, I consider that simple justice demands either a retraction or a verification of the wholesale assertion hazarded by "B." in your issue of the 13th of this month.

SUFFOLK.

August 15th, 1857.

*Health of the City.*—As usual at this season, the deaths from the affection commonly called "cholera infantum" have reached a fearful height, 23 being recorded instead of 15 of the previous week. A still greater proportional increase occurred in the mortality from dysentery, there having been 11 deaths in place of 2. Scarlatina furnished 6 deaths, and typhoid fever 4. Five of the deaths were from casualties. The number of deaths in subjects under 1 year was 33; in those under 5 years was 60 (out of a total of 96). The mortality of the past week exhibits a striking coincidence with that of the corresponding week of 1856, the total of which was 109; deaths from cholera infantum, 28; from consumption, 16; from dysentery, 8; from scarlatina, 6; from typhoid fever, 8; from casualties, 7.

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MARRIED,—In Milton, 10th inst., Dr. Frederick Winsor, of Salem, to Miss Annie B. Ware.

DIED,—At Cambridgeport, 17th inst., Charles F. Chaplin, M.D., 57.

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*Deaths in Boston* for the week ending Saturday noon, August 15th, 96. Males, 59—Females, 37.—Inflammation of the bowels, 1—diseased brain, 1—cancer in the stomach, 1—cancer in the breast, 1—consumption, 11—convulsions, 1—cholera infantum, 23—dysentery, 11—dropsy, 1—dropsy in the head, 3—drowned, 4—debility, 2—infantile diseases, 4—drinking cold water, 1—typhoid fever, 4—scarlet fever, 6—disease of the heart, 1—intemperance, 2—inflammation of the lungs, 2—measles, 1—old age, 1—rheumatism, 1—strangulation ("from inflammation of throat and tongue"), 1—scrofula, 1—suicide (by drowning), 1—syphilis, 1—teething, 5—unknown, 3 (1 reported as canker in mouth)—whooping cough, 1.

Under 5 years, 61—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 73—Ireland, 20—other places, 3.

*Medical Department of the University of Pennsylvania.*—We observe by the Report and Announcement of this Institution that the number of students during the past session was 454, and the number of graduates for the year, 154; "exhibiting a flattering increase of 82 in the former over the preceding year."

*U. S. Army Medical Board.*—A Medical Board, consisting of Surgeon-General Thos. Lawson, and Surgeons S. P. Morse and C. H. Lunt, of the U. S. Army, will convene at West Point, on the 28th inst., to examine the physical qualifications of candidates, previous to their admission into the Military Academy.

*University of Vermont, Burlington.*—At the late annual commencement of this institution, the degree of M.D. was conferred upon fourteen graduates. Mr. Edward Hungerford, of New Haven, Ct., has been appointed Professor of Chemistry, Mineralogy and Natural Philosophy in the school. Dr. R. C. Styles has been appointed Professor of Physiology and Pathology in the Medical Department of the University. Dr. Leonard Marsh has been transferred from the Professorship of Languages to that of Physiology and Natural History.

*Hydrophobia.*—At this season of the year much fear is entertained of dogs becoming rabid or mad from the supposed effects of hot weather. Statistics of rabies go to show that, contrary to popular prejudice, it occurs most frequently in cold countries and during autumn, winter and spring (Trans. Am. Med. Ass., 1856). In Prussia, from 1810 to 1819, 1,658 persons died of hydrophobia. (See Edinburgh Med and Surg. Jour., 1824.) It is of frequent occurrence in Russia, Poland, Northern Europe, and in the Northern States of this Union.

Dr. Mease says, "During several hard winter months, within my remembrance in this city (Philadelphia), especially in 1779 and 1780, dogs very commonly went mad." Rabies seems to be a rare disease in tropical climates. Dr. Savary says, "The disease is not known in the island of Cyprus or Syria." Larrey and Volney say, "it is never seen in Egypt." Dr. Barrow says, "It is extremely rare at the Cape of Good Hope, and in the interior of Caffraria." Drs. Hamilton and Mosely both say that "there was not a single case in Jamaica for a period of fifty years previous to 1783."—*Virginia Medical Journal.*

*Health of New Orleans.*—Up to this time we have certainly had as pleasant a summer as any one could desire. The sun has shone down on us with full vigor, but has never chased the mercury further up the tube than 94 degrees in the shade. We have had fine breezes, plenty of refreshing showers, and, better than all, cool nights. What Northern city can boast of all this? But what a quandary the yellow fever wizards must be in! We have had heat and moisture, dead dogs, cats, chickens, &c., all over the streets, and plenty of hungry doctors; yet Yellow Jack will not come. Not a single well-authenticated case have we heard of, out of the hospital—and there has certainly not been one in it. We never saw so few patients in the hospital, and certainly the lack of fever cases—of any kind—is unprecedented. Where are the "peculiar meteorological conditions" men now? Here is the finest opportunity in the world for a comparison of summers. How does the present differ from some of the past in regard to the "peculiar conditions"?—*N. O. Med. News and Hosp. Gaz.*

*Longevity.*—Among the deaths published in the *Boston Daily Advertiser* of Saturday last, are those of seven individuals who had attained the age of 80 years or upward, three who were between 70 and 80, four between 60 and 70, two between 50 and 60, two between 40 and 50. Of the above deaths, two occurred in New York, and the rest were in this State. The total number of deaths was 24.

*American Association for the Advancement of Science.*—The Annual Meeting of the Scientific Association was opened at Montreal on Wednesday, the 12th inst. On account of the death of the President, Jacob Whitman Bailey, the Vice President, Prof. Alexis Caswell, of Brown University, presided.

*Death from Hydrophobia.*—The *Boston Journal* states that on Tuesday evening last, Mr. George W. Stone, of West Dedham, died from the effects of hydrophobia. He was bitten in the thumb by a dog in Mill Village, on the 3d of July last. On Saturday last, he complained of being unwell. He left the machine shop of Edmund & Colby, and went home to West Dedham, where he died from the effects of the dreadful malady. At the time he was bitten, the dog was not supposed to be rabid.

## THE

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### PRACTICE OF HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have been led, by observing the treatment of disease by homœopaths, to inquire whether these practitioners had *any faith* in their treatment, and whether there was not more in the *name* than anything else.

Gentlemen may take great pains to defend their method of practice, as one gentleman of your city has recently done; but when theory and practice do not agree, I come to the conclusion that the physician has no faith in that which he so strenuously defends. The *system* upon which these men practise is so widely different from what we regard as rational treatment, that there *can be no common ground* upon which we may meet. Either the homœopathist must entirely relinquish his theory, or the regular physician must throw his first principles aside. Now we are well aware that most diseases are self-limited (and your correspondent of July 16th has fairly stated the case); and those diseases which are *not* self-limited, and which the practitioner knows from experience will proceed uniformly from bad to worse, are just so uniformly treated by the method pursued by the regular physician. I am aware that this statement, if generally believed, would overthrow the whole system of infinitesimal doses—and yet I am not so vain as to suppose it will have much effect on those who are determined to “believe a lie.”

Something more than a year ago, on the occasion of the meeting of the Mass. Medical Society, I visited Boston, and called to see an elderly gentleman in regard to whose health and welfare I was much interested. He had been ill for some days—weeks, perhaps; his disease was abdominal dropsy—renal in its origin. He was attended by a homœopathic practitioner, a gentleman who by his attention and kindness had endeared himself to the family; and after examining the case and the medicines prescribed, I was well



satisfied that my friend was in good hands, and that he would soon recover, which was the case. And what were these remedies? Shadows, myths, impossibles? By no means. That excellent remedy the iodide of potassium, in doses of three or four grains, infusion of senna, and other diuretics and cathartics, were shown; and the result showed the wisdom and skill of the physician. The treatment was good—was it homœopathic? A lady in the same family was, at the same time, by his direction, taking iodide of potassium three times a day in doses of three grains, and powders of strychnine, which were so potent as to be decidedly bitter.

I am assured by those of my acquaintance, who practise by this system, that in cases of actual disease, where nature does not, unaided by medicine, but assisted by diet and proper nursing, work a cure, they invariably resort to remedies altogether forbidden by the great apostle of homœopathy. This, I am satisfied, is their practice generally. I can furnish proof that what I state is true, and the "great defender" of the system in Boston would find himself in a "tight place" were he to deny the truth of this assertion. Be honest, gentlemen, and we can then meet you and talk understandingly. If you have faith in your system, hold fast to it—you will make no converts by your uncertain and vacillating course.

J. F. D.

July 23d, 1857.

#### ON THE TREATMENT OF ACUTE RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Among the mass that has been written and said upon the treatment of this painful and oftentimes lingering disease, the young practitioner is often at a stand what course to pursue. One writer has the greatest faith in alkalies, while another would use nothing but acids. Having had under my care quite a host of martyrs to this disease, and finding that with acids or alkalies it still kept on, I adopted a treatment which, in some respects, differs from any I have ever heard of or seen written; although it may not be new to *many* of your readers.

After having procured free evacuations by means of senna and Epsom salts, I begin the administration of equal parts of vinum colchici and spts. terebinthinæ, in ten-drop doses, every two or three hours. After a day or two, I give in connection with this (only at different intervals, say of five hours each), tinct. ferri chlor. ten drops—using opium to quiet pain as much as may be necessary. I also allow a free use of an infusion of coffee, of average strength, when prepared as a beverage. If the patient's appetite remains, I allow a moderate use of his usual food, to be taken at the customary intervals. Under the foregoing treatment,

I have not known of any cases so lingering as I have seen under any other treatment.

This may be all old to you and your readers, but the *iron* and *coffee*, together with the rather *free use of food*, were original with me, and are rather contrary to some of our older practitioners, who formerly bled and starved so much. I think every one will be well satisfied with the early tonic course, however high the febrile excitement may be—always, of course, with proper caution.

Yours, &c.

L. C. GORDON.

#### DR. OLIVER'S LETTER FROM VIENNA.

[Concluded from page 58.]

I WILL now speak of the pathologico-chemical course of Dr. Heller, and at some length, since, whatever may be thought of his tendency to exaggerate in his specialty, he has certainly greatly simplified the examination of animal fluids, and without doubt added to our means of diagnosis of diseases. Of the application of uroscopy to diagnosis, I shall speak later; I wish first to mention Dr. H.'s method of examining the urine, and you will see how little apparatus and how few re-agents are necessary to analyze everything which can interest the physician. You will see, also, that one must accustom himself thoroughly to the appearance of the ingredients of normal urine, when precipitated by re-agents, to be able to judge when any ingredient is increased or diminished. That such an analysis is but approximative, is clear, but it is at the same time all that is required by the physician. It is evident that the latter must give up the examination of the urine altogether, unless some means are given him of accomplishing this without having recourse to a precise quantitative analysis with the scales.

In the examination, Dr. Heller recommends regard to be paid to the following points. 1st. The urine should be fresh, concentrated (that passed in the morning is the best), and of one excretion, and not a *melange* of all that is passed during the twenty-four hours, or even during the night. On this latter condition, Dr. H. lays great stress. 2d. The quantity of fluid taken by the patient, and whether he has freely perspired or not, since both these circumstances affect the concentration of the urine. 3d. The treatment; whether medical substances may have been given, which pass out by the kidneys, or which may affect the quantity of certain elements of the urine. In the analysis, the color, smell, re-action with litmus, specific gravity, and whether the excretions be with or without sediment, are first noted, and then turning about two ounces of the urine into a bell-shaped glass holding about four ounces, a small quantity of concentrated nitric acid is allowed to flow along its side; the glass being inclined, to allow the acid to

flow to the bottom. This is the test for albumen, and is exceedingly sensitive, if regard be paid to the manner of introducing the acid. If albumen be present, a whitish layer is formed in the centre of the fluid, whose edge above and below is quite sharply defined. If urates, but no albumen, are present, a layer is formed also in the centre of the fluid, but its color is less white; and while the lower edge is pretty sharply defined, the upper is wanting—that is, the urates become less and less dense as they approach the top of the fluid. When both albumen and urates are present, the former constitutes the lower layer and the latter the upper, while a thin layer of clear acid lies between. The glass, which has heretofore been held with the least possible motion, is then shaken, and a drop of a solution of nitrate of silver allowed to fall on the surface of the liquid. This is the test for the chlorides (potash and soda; the urine being already acidulated by the nitric acid, the precipitation of phosphate of silver is prevented). If the precipitate formed by the addition of the nitrate of silver falls in a distinct, compact mass to the bottom of the glass, the chlorides are present in normal quantity. They may also be increased, but this has no particular value. If, however, instead of this appearance, the urine becomes filled with little flakes of the precipitate, the chlorides are diminished; and still more so, if the urine assumes a milky appearance. The examination being thus far completed, if there is no suspicion of the presence of sugar, Dr. H. is enabled to judge of the quantity of urea and uric acid, for the relative quantity of which, in ordinary cases, he makes use of no particular test. For instance, supposing that in urine of a low specific gravity—say 1008—the chlorides being normal (showing that we are not dealing with *urina potus*), and that albumen is present in considerable quantity; the inference is that the urea and uric acid are diminished, since these, and the chlorides, of the normal ingredients of the urine, influence its specific gravity the most. Or, again, supposing the urine has a normal specific gravity, 1021; no albumen, no sugar, and chlorides diminished; the inference is that the urea and uric acid are increased. I may add, here, that the absence of albumen in the urine would imply the absence of both blood and pus.

Dr. H. continues by examining the coloring matters of the urine. Urophæin is tested by adding a small quantity of urine to a larger quantity, say two ounces, of pure sulphuric acid. If urophæin be present in normal quantity, the mixture becomes crimson—of a shade similar to that of a like quantity of currant-jelly. Uroxanthin is recognized by adding the urine, drop by drop, to muriatic acid, contained in a glass. If the violet color does not shortly appear, a few drops of nitric acid may be added. To be able to judge of the increase or decrease of both these coloring matters, one must of course be acquainted with the appearance of normal



urine when treated with the same re-agents. A decrease, however, of uroxanthin is of no practical value.

The salts of the urine are next sought after. Of the chlorides I have already spoken. The earthy phosphates (lime and magnesia) are precipitated by ammonia. These must be removed by filtering, and the filtrate tested for the alkaline phosphates (potash and soda). For this purpose, a mixture of equal parts of sulphate of magnesia and muriatic acid, made alkaline with ammonia, is employed. The sulphates (of soda and potash) are precipitated by chloride of barium, to which has been added a little muriatic acid, in order to prevent the falling of the phosphate of barium. Dr. H. also makes mention of what he calls bone-earth, consisting of basic phosphate of lime, with a little phosphate of ammonia and magnesia and a little carbonate of lime. These are precipitated by the application of heat, and are distinguished from albumen by the addition of acetic acid, which dissolves them, while albumen is not affected.

Of the abnormal matters occurring, I have already mentioned albumen. Bilephœin, the coloring matter of the bile, is recognized by the change of color (to blue, violet, and red) under oxidation with sulphuric acid. Bilin, the cause of the bitter taste of the bile, gives, on addition of a solution of sugar, and afterward of sulphuric acid, a deep crimson color. The acid should be added drop by drop, and the test-tube held in cold water, otherwise the action of the acid on the sugar would conceal this crimson color. An abnormal coloring-matter, which Dr. H. calls uro-erytrin, and which is, according to him, the cause of the rose color of the lateritious sediment, is shown, when present, by a solution of acetate of lead. The precipitate which occurs is colored rose-buff by the said coloring matter.

As I am speaking chiefly of what appears to me to be original with Heller, I pass over many things, such as the test for sugar, the determination of the character of the urinary sediments, &c. In regard to pus, however, I will merely mention a test with potash, which Dr. H. employs. With this re-agent, urine containing pus becomes jelly-like in consistence; this is still more apparent if the urine thus treated be poured from glass to glass.

I pass now to the consideration of these changes as signs of disease. Urophœin—which I ought to have said is, according to Heller, the cause of the color, smell, and acidity of normal urine—is increased in acute inflammatory diseases, especially those of the thoracic organs. The greatest increase, however, is found in acute and chronic affections of the liver. The same substance is diminished in nervous diseases; in anæmia, &c. Uroxanthin is increased in nervous diseases, and onanism. Decrease of no value practically. Urea and uric acid are increased in acute inflammatory

diseases, especially in meningitis. In typhus, increased only at the commencement of the disease. Most constant decrease in diseases of the kidneys. Chlorides—increase of no value. Decreased in all acute exudative processes, pleurisy, &c. Greatest decrease in cholera. Sulphates, alkaline phosphates—increased in acute inflammatory processes, especially in meningitis; increase in typhus but small. Decrease in nervous diseases.

Earthy phosphates have the greatest increase in acute and chronic rheumatism. Decrease of these salts in diseases of the kidneys and of the spine. Of the abnormal matters, sugar appears not only in *diabetes mellitus*, but also in encephalitis, and in lacteal congestion in women. Albumen exists not merely in Bright's disease, but also during pregnancy and in many acute diseases. Blood and pus in alkaline urine indicate cystitis. Bone-earth occurs in meningitis, chronic rheumatism, and caries. Carbonate, sulphate and urate of ammonia occur in absorption of exudations (in pneumonia, &c.); uro-erythin in disease of the liver, rheumatism, intermittents, &c. Bilephœin, of course, implies disturbance of the function of the liver or obstruction of the ductus choledochus. In the sediments, carbonate of soda and lime occur in chronic disease of the brain; oxalate of lime in rheumatism and gout.

Let us now suppose a few cases in which the alterations in the urine may aid our diagnosis and prognosis. Where, for instance, the diagnosis between meningitis and typhus is doubtful, regard may be had to the sulphates and alkaline phosphates; as these salts are considerably increased in meningitis, and in typhus remain normal or are but slightly increased. In rheumatism, there is an increase of the earthy phosphates; if, however, pericarditis sets in, these salts, as also the chlorides, diminish rapidly. In cystitis, we are warned of the approach of pyelitis by the decrease of the urea; as in all affections of the kidneys this substance is not eliminated from the blood. In case there is a sediment of urate of ammonia, and this suddenly fails to appear, while the cystitis continues without abatement, we may suspect affection of the kidneys. In a case of ascites, with an increase of urophœin, we may suspect the liver to be the cause of the trouble; absence of inflammatory processes, in which there is also increase of urophœin, is proved by want of increase of sulphates and alkaline phosphates. In all acute inflammatory diseases, the return of the chlorides should be watched daily; if they return, convalescence may be relied upon. The appearance of cystin in the urine implies, according to Dr. H., a stone of the same substance in the bladder. (I find that Robin makes the same assertion.)

From what I have said, you may perhaps have obtained some idea of Heller's views of the pathology of the urine. It remains to be decided, by time, whether all that he claims for this part of

medical investigation be true. It is, meanwhile, a subject of congratulation that the examination of the urine is, by its simplicity, put into the hands of every physician.

Prof. Oppolzer invariably makes use of Heller's method; and has great faith in many points asserted by the latter as means of diagnosis and prognosis. Whether the inferences from the changes in the urine verified here, will also be found good with us and in England, is another point to be decided; this is admitted by Heller himself. It is certain that some substances occur much more frequently in the urine in England and in the United States than here; for instance, oxalate of lime and urate of soda.

Besides the urine, Dr. Heller treats also of the *fæces*, the sputa, and of vomitus. But I have already spent much time on his course, which, however, is one of the most interesting of the private courses given in Vienna.

I suppose a description of the surgical department would interest you particularly; but I am really not in a condition to tell you much about it, as my studies have been for the most part in the medical wards, and I have visited the wards of Profs. Schuh and Dummreicher only a few times. The material is, however, rich, and the surgery good; although Berlin with its Langenbeck is, in this department, superior.

There is an organization in Austria, for the education of young surgeons, which I will make mention of. Every year there are chosen, at each of the Universities, one or two students, who are sent, at the expense of government, to Prague and to Vienna (about 12 to the former city and 24 to the latter), and who are to pay particular attention to operative surgery. They remain in this capacity two years, during which time they are allowed to assist at all operations, and also to perform all but the most delicate. At the end of the time mentioned, they are sent to different parts of the empire to settle, and these places are selected for them by the government. It results from this, that all parts of Austria, country as well as city, are furnished with surgeons already experienced in their art. The other students who attend the surgical wards are meanwhile not shut out from enjoying their advantages, since they are allowed to perform such minor operations as may be presented among the out-patients, and have also the care of patients in the wards as in the medical department.

Professor Rokitsky still occupies the chair of Pathological Anatomy here; but his lectures are deprived of much of their interest from the fact that he speaks exceedingly low and indistinctly, so that only those students who are immediately by his side, have any idea of what he is saying. His lectures are therefore but poorly attended, the students choosing, instead, the private course of his assistant, Dr. Klob. Prof. R.'s duties, as Dean of the Faculty, interfere, I suspect, somewhat with his duties as professor. The state



of his health may also prevent his taking as much interest in his lectures as formerly. He said one day to a student, who had come to him to obtain a ticket for his course, "What, you are not going to be so foolish as to attend my lectures, are you?"

The course given by Dr. Klob is exceedingly rich in material, and Dr. K. gives his explanations with much clearness of style. About four or five *post-mortem* examinations take place daily in the hospital, and the demonstration of the specimens derived from these constitutes the principal part of the course. A body is, however, furnished daily by Dr. K., of which the students themselves make, in turn, the examination, pointing out the various morbid appearances as they proceed. At other times, a part of the hour is spent in the Museum of Pathological Anatomy, the specimens in which were for the most part collected by Rokitansky himself, and which are numerous and many of them rare. In Dr. Klob's course alone, however, one is sure, not only to become acquainted with all those morbid appearances which he is likely to meet with in future, but also to see many comparatively rare specimens. For instance, I remember seeing, in the course I took, a lipoma, situated in the inner wall of the heart; acute atrophy of the liver; carcinoma of the supra-renal capsules; echinococcus of the lung; large, solitary (perforating) ulcer at the cardiac orifice of the stomach; sudden insufficiency of the aortic valves through bursting of one of their number *in its centre*; a membranous state of a portion of the wall separating the ventricles of the heart, causing an aneurismal bulging into the right ventricle, &c. &c.

Although I have, necessarily, given but a mere sketch of the General Hospital and the different courses which take place in it, I think I must by this time have taxed your patience quite enough, and I close my letter here. No student, provided he has a knowledge of the German language, ought to hesitate a moment between Paris and Vienna as a place of study. Besides the courses I have mentioned, there are private courses on every subject given by *chefs de clinique* and by the assistant physicians, and which last, each, two weeks or more longer than at Paris, at but little more than half the price paid there. The professors and others are also very attentive to foreigners, making life much pleasanter than at Paris. We are allowed, for instance, free access to the rooms of the Medical Society, where there is a fine reading-room, with the medical journals from all parts of the world, and also to its meetings, which take place once, sometimes twice a week. This Society has not, as with us, a permanent president, but has instead a president for each of the departments in medicine. Rokitansky is president of one department, Oppolzer of another, Skoda of another, &c. The meetings do not last over an hour and a half, and the members afterward betake themselves to a private room in a hotel, where beer-drinking and jokes are the order of the day.

Any member who then broaches a scientific subject, of any kind whatever, is subject to a fine. It will surprise you, perhaps, from the description I have given of Skoda, to learn that of this jollification-meeting he is president. Your ob't serv't,

HENRY K. OLIVER, JR.

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#### AMYLENE IN MIDWIFERY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having reported to you, on a former occasion, a case of successful administration of this new anæsthetic in a surgical operation, I have now the pleasure of informing you that I have given it in a case of parturition with perfect success, and satisfactory results.

August 8th, 1857, I was called to attend upon Mrs. H., a young woman spare in flesh and delicate in constitution, aged 24—a primipara. By request, I administered amylené, with the aid of the French inhaler. I commenced giving it to her about 10, A.M., permitting her to inhale from the mouth-piece whenever the labor pains occurred, which was on an average once in eight minutes. I sat by her bedside thus administering the amylené for five hours. She inhaled in all about four ounces. The contractions of the uterus were not affected in the least by the anæsthetic; they were quite as effectual while the patient was under its influence, as when she suffered the pangs of childbirth. She was not stupefied by the amylené at any time, except at the very moment of delivery, but was conscious of her situation and able to converse intelligently. As the head of the child engaged in the inferior strait, and the pains occurred in very quick succession, I placed her under the full influence of the anæsthetic, and the child was born without her knowledge of the fact—she having been in labor about five hours. The womb contracted readily upon the placenta, which was expelled in about five minutes afterward. The patient recovered herself in a few minutes, and has continued to do well up to this date. One point worthy of remark, was, that she retained her strength remarkably well, although of a feeble constitution, and her present favorable and comfortable condition I am inclined to think is in a great measure due to her comparatively painless labor.

The amylené which I used was the same as that employed in the case reported some time in June last—from Dr. Snow, of London. Dr. Tyler Smith, of London, reports a case in which he had administered amylené in a case of obstetrics; and as we have no recorded instance of its being so employed in this country, the case which I have related will be of interest. Yours, &c.

*Binghamton, N. Y., August 10th, 1857.* JOHN G. ORTON.

## CURIOUS CASE OF DELIRIUM TREMENS.

[Communicated for the Boston Med. and Surg. Journal.]

BY S. KNEELAND, JR., M.D., BOSTON.

A GERMAN miner, æt. 38, of intemperate habits, having been on a spree, suddenly resolved to lead a sober life. He had totally abstained from ardent spirits for a week, when he was taken with delirium tremens on June 8th, 1857. He was easily quieted with opiates and porter. He spent the night in a German "grocery," and was seized with more violent delirium the next morning. He fancied the devil was thrusting sticks into him, and he endeavored to draw them out. While engaged at this, being undressed and in bed, he chanced to spy his penis, which he at once seized for extraction; having hold of something tangible, he exerted himself strongly to pull out the "poker," as he conceived it to be. Failing in his attempt, he jumped out of bed and seized a piece of inch board; then laying the penis on the rail of the bedstead, he placed the edge of the board on it, and, taking hold of each extremity of the wood as a saw, he commenced operations. He rolled and lacerated the penis with the edge of the board, throwing his hips and body backward, until he cut through the skin at the root of the organ, and stripped it, turning the integuments over the glans, completely denuding it as far as the corona, where the skin preserved its attachments. The integuments were carefully replaced, with the feeble hope that some portion might re-unite. Evaporating lotions were used for the first twenty-four hours. The next day, there being no signs of life in the skin, a yeast poultice was applied. The slough soon came away, leaving a clean healthy granulating surface, which was dressed with simple cerate. The delirium was soon effectually subdued by opium, porter, and an occasional cathartic. At the end of a month, the penis was covered with new skin, except a ring about half an inch wide around the middle of the organ—and the man commenced work again.

*August, 1857.*

## FATAL CASE OF POISONING WITH ELIXIR PAREGORIC.

[Communicated for the Boston Medical and Surgical Journal.]

A. R., aged nine months, a strong healthy child during the first three months, had taken small doses of this paregoric to quiet restlessness. During the space of one week previous to its death, it had been teething, and had a good deal of diarrhœa and uneasiness in consequence. At last, the restlessness became so great that at 1 o'clock, A.M., the mother arose, and filled a teaspoon with sugar, on which she poured, as she supposed, a few drops of paregoric, and gave the child. The child lay sleeping and throwing its



arms about as it was wont to do. At 7, it was taken up, but could not be aroused. At 8, A.M., I was called, and found the child perfectly unconscious, and incapable of swallowing, or being in the least aroused; pupils contracted and immovable; hands and feet cold, with blueness of the skin; intermittent pulse, and deep stertorous breathing. After endeavoring in vain to produce vomiting with ipecac and sulphate of zinc, enemata were resorted to, which produced copious discharges, but without affording the least relief. The child lingered until 12, P.M., and died.

All that is singular in the case, is the small amount of opium which destroyed life, admitting even that the sugar in the spoon was perfectly saturated with the medicine (which probably was not the case), and it would seem impossible that its effects should be so great, since one ounce of the paregoric contains less than two grains of opium.\*

C. S. Wood, M.D.

Greene, Chenango Co., N. Y.

### Bibliographical Notices.

*Reports of Committees to the Massachusetts College of Pharmacy, at the Annual Meeting, March 2, 1857, with the Code of Ethics.* Boston: printed by David Clapp. 1857. 8vo. Pp. 24.

WE have before expressed our belief in the importance of Pharmaceutical Associations in general, and the Massachusetts College of Pharmacy in particular. Everything which tends to elevate and improve the art of Pharmacy has a beneficial influence upon medicine. We are indebted to pharmacy for many of our keenest weapons for the destruction of disease, and it is in no small degree owing to the great improvements in the preparation of the various articles of the materia medica that such progress has been made of late years in the department of Therapeutics. The pamphlet before us consists of the reports of various committees made to the Massachusetts College at their last annual meeting. We think the College does wisely in printing these reports. They show a most commendable zeal on the part of its members for improvement in pharmacy, and for the dignity of the pharmaceutical profession, and we are glad that the community and the medical profession are in a way to know that a large number of apothecaries are striving to raise their calling to the rank which it holds on the continent of Europe. We cannot forbear to make a few extracts from these Reports, which will convey to some of our brethren who have not seen the pamphlet, an idea of its contents.

The Committee of Inspection say:—

“In relation to the ‘State of the Drug Trade, changes in quality, price, scarcity and supply,’ that in their judgment the drug trade has assumed a much better condition during the past few years, than before the matter of quality of drugs was agitated so much by the different Colleges of Pharmacy; and, your commit-

\* Such powerful effects following so small a dose of the medicine lead us to suppose that laudanum might possibly have been given instead of paregoric in this case.—EDITORS.

tee would in this connection say that they believe the better portion of our profession are aiding the College of Pharmacy, by doing much to raise the standard as to quality of drugs, and take pleasure in saying that by very many pharmacentists the quality of drugs is now more looked at than the price. Your committee feel that the increased care in the purchase of medicines is due in some considerable degree to the efforts made by the Colleges of Pharmacy throughout our country."

"The changes in price of drugs have been very great during the past year, in many instances owing entirely to speculative demands, in others to a real scarcity, and in others to a merely temporary want of supply. The foreign drugs have been more frequently under the influence of the first and last named causes, but the native drugs—such as senega, serpentaria, spigelia, &c.—have been advancing, as is believed by your committee, from the second cause, a real scarcity."

This scarcity is believed by the committee to be caused by the removal of the Cherokee Indians to the West, by whom the chief business of collecting and selling such plants as spigelia, serpentaria, senega and panax was formerly carried on.

In allusion to the accidents which have occurred from mistakes in dispensing medicines, the committee say:—

"One of the members of your committee has been shown a record kept for the last five years, by a member of this College, of the mistakes of apothecaries and those attributed to them, that have been published in the newspapers; and, startling as the fact appears, the average is that of *one mistake* every three months. This ought not so to be. It is the earnest hope of your committee that the members of the profession throughout the land will unite to prevent, by every means in their power, these occurrences.

"The public also should take warning; and as the record of these sad errors shows them to have been, in the majority of cases, committed by inexperienced and incompetent persons, the public should be more careful where they bestow their patronage, and not be unwilling to pay a fair and remunerative price for medicine.

"The details of the profession, its cares and duties, and its heavy responsibilities, should not be *forgotten* by the public; but if they wish to be protected from danger, they should give encouragement to well-educated and competent apothecaries.

These remarks are sound, and should be duly appreciated by the public.

The following observation by the Committee on the State of Pharmacy is so true that we long for a Juvenal to make mankind ashamed of their absurdity, their blindness, their folly in enriching ignorant impostors to the neglect of those who have devoted their lives to the study and treatment of disease.

"It is a singular anomaly in the present state of medical practice, that a man who would not trust his neighbor with a dollar of his money, will trust his life and all he holds dear to the charge of the merest charlatans, who pretend to cure disease by 'laying on of hands,' or by immense infusions of 'roots and herbs,' calling themselves 'Indian doctors,' 'Clairvoyants,' 'Healing Mediums,' and high-sounding titles too various and ridiculous to enumerate, in preference to medical gentlemen who would furnish the treatment or cure, gathered from the experience of ages, assisted by a most liberal education, whose lives have been devoted to scientific attainments, and the development of every resource Nature provides for the 'healing of the nations.'"

We had marked several other passages for quotation, but we have already exceeded our limits. We wish success to the Massachusetts College of Pharmacy; it promises to be of great benefit to the medical profession and to the community.

*Transactions of the Second Session of the Medical Society of the State of California.* Sacramento: 1857. 8vo. Pp. 43.

THIS pamphlet contains a record of the proceedings at the meeting of the State Society of California in February last, and the reports of some of the committees appointed at the previous meeting, together with the address of the presiding officer. We do not find much of interest among the contents, except the report of Dr. H. Gibbons, of the Committee on Obstetrics, from which we learn that diseases of the re-productive organs are very common among women in California. The causes assigned for this are undue excitement of those organs, consequent upon the small proportion of females in the population and upon the low degree of morals which prevails among them; early marriages; the frequency of twin births; the frequency of abortions; and the mismanagement of patients in labor by ignorant women and inexperienced men. Besides these, the reporter ascribes a considerable influence to the absurd style of dress now in fashion, by which the weight of a large number of skirts is thrown upon the hips, whereby the abdominal organs are pressed down into the pelvis. Criminal abortion, according to Dr. Gibbons, prevails to a lamentable extent in California, the indifference of the public to this crime appearing to be no less there than here.

Anæsthetic agents are but rarely employed during labor in California, and Dr. Gibbons is averse to their use. He is in the habit of giving opiates to alleviate the sufferings of childbirth. The following extract from his Report will show the manner in which he employs them.

"The liberal use of opium, more especially of the salts of morphia, has proved highly salutary in my hands, obviating the necessity for other anæsthetics. I rarely allow a patient to give birth to a child without the aid of this remedy. If the preliminary pains be troublesome, they are much allayed, if not suspended entirely, by the sulphate of morphia, administered in half-grain doses, and repeated every hour or two if necessary. I prefer it dissolved in camphor water. It does not arrest the progress of labor, provided labor be fairly instituted. It does not diminish the secretion of mucus, and so far from producing rigidity, it tends decidedly to relax the soft parts. In protracted labors it is my custom to keep the patient under its influence so as to enable her to obtain brief naps in the intervals of pain, and also to blunt the pains and render them much more tolerable. It is a great comfort to the sufferer, besides relieving materially the fatigues of the accoucheur."

We cannot approve of the use of opium to such an extent during a normal labor, and we think that equally good results can be obtained, with much less injury to the patient, by means of the inhalation of sulphuric ether.

The California "Transactions" are neatly printed, but contain numerous typographical errors besides those corrected in the list of *errata*.

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*Thirty-third Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.*

THIS institution at the beginning of last year contained 197 patients; during the year, 161 have been admitted, and 152 discharged, making the whole number under treatment for that period, 358. Of the discharged, 71 had recovered, 45 were more or less improved, 22 had not improved, and 14 died. The institution is in a flourishing condition. The superintendent, Dr. J. S. Butler, alluding to the effect of bleeding on insanity, after stating that his confidence in the lancet as a cu-



rative means has in no way diminished where the symptoms of the disorder indicate its use, says, "Cases of mania which have been bled previous to admission, I have invariably found difficult of treatment, protracted in their recovery, and sometimes sinking into hopeless dementia."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 27, 1857.

INDIAN DOCTORS.

AMONGST the various manifestations of charlatanism now in vogue, "lo! the poor Indian" figures very conspicuously. We doubt if the victims of Indian atrocities, both of former and present days, reach a higher number under the tomahawk and scalping knife, than they finally will under the abominable compounds concocted by self-styled "Doctors," working under aboriginal titles.

The inflammatory doses of Thomsonism, the wet sheet of Hydropathy, the feebleness and dishonesty of Homœopathy, the chicanery of Motorpathy are seemingly not sufficient to satisfy our nostrum-loving people—they are caught, like the ancient Athenians, by every "new thing." This Indian humbug, however, is not very new; the red man has unwittingly lent the romance of his name to medication, for some years, but lately there seems a rather more extensive diffusion of this mal-practice than we have previously noticed. From facts within our knowledge, it is not only the stupid and the ignorant who are bitten with this mania. Only a few days since, a highly respectable and intelligent lady detailed to us "a wonderful cure" by an Indian Doctor. The patient, a young girl, was, we were informed, entirely given up by the physicians who had attended her. By account (said to be that of these physicians—but, as we opine, the statement of the "Indian") the poor child was in a desperate condition; having "lost one lung, both kidneys, and a portion of her liver"—we quote exactly, and can verify our statements—of the *words*—for the *facts* we are not willing to vouch. From this wretched condition, the patient has been rescued—by a few doses of a decoction prepared by an "Indian Doctor"! Comment is unnecessary—to use a hackneyed phrase—but we have quite a longing to see that marvellous elixir which restores a patient who has "lost one lung and both kidneys"! We will "bury the hatchet" with these Indians, if only they will restore certain similar cases which we wot of.

Some years since, we witnessed the death of a beautiful little girl, from over doses of *lobelia*, administered by the hands of a disciple of the so-termed Indian school. Since that, we have retained a tenfold share of horror and disgust for the entire crew. Many other evil deeds we could cite, which are chargeable to these uniformly ignorant adventurers. Such must often come under the observation of physicians.

The daily press, with scarcely an exception, favor this species of quackery, alike with those we have from time to time condemned.

This is "a free country," we constantly hear—every one can do as he pleases, provided no law be infringed. True—*too* true—for our freedom has degenerated into license, and thus the land has come under the dominion of *lawlessness*. Proof enough of this assertion stares us in the face, wherever we go. Now, there are no enactments to prevent the sale of quack medicines, or the impositions and frauds of unscrupulous adventurers. There *ought* to be, however, and stringent ones. Why should not the health of a man, or of a nation, be thus cared for, as well as their political and civil rights? And why should the venality of a press, which, by admitting advertisements full of deception and often of bold lies, and which are also too frequently vile in intent and expression, be tolerated by good citizens? Men who would cast an impure novel into the fire, before even its outside were seen by their wives, sons and daughters, permit newspapers, whose advertising columns are positively revolting, to lie on their tables and be perused without the least restriction or compunction. As they sow, thus they will reap—it is idle to suppose this great evil is harmless. "Can a man take fire in his bosom, and his clothes not be burned?" Whosoever toucheth pitch, straightway it defileth him.

We pass, daily, by a small shop, designated "Indian Medical Institute." The title is somewhat ludicrous, when one looks upon the arrangements constituting this "Institute," or "Office," as it is also termed in an advertisement. This latter may be perused, by the curious, in the Boston *Transcript*, and, we believe, in other daily papers. It seems there is a "system" peculiar to the occupants of this shop, which is entitled the "NATURAL OR INDIAN SYSTEM OF MEDICINE." We incline to the opinion that the true interpretation of this title is, that those who have assumed, and those who are gulled by it, are "Natural" Fools, and that there is as much "Indian" about it as there is about a fox—and full as much unscrupulous cunning. The usual quackish trick of "consultations, personally or by letter, free of charge" is resorted to; the remuneration being derived, undoubtedly, from the sale of the "Indian Remedies," which are bottled and displayed prominently in the windows.

Dupes are not wanting, even where a little common sense and observation might teach even the unlearned and the wayfaring that they are about to be "taken in and done for." This is well illustrated at every haunt of such unrighteous money-getters; whether they open an "Institute," or placard notices of wonderful remedies, of unknown composition, from the shops of grocers, confectioners, and small toy-venders. Even the famous *Syrup of Peru* has lately taken to this latter method of working its passage. *Facilis descensus!*

Reverting, for a moment, to the "Institute," we should not omit to mention that "this noble Institution publish [sic] a valuable Paper, the 'INDIAN ARCANA,' edited by Rev. Geo. C. Bancroft, &c. &c." This must be a curiosity, in its way, and so must its editor. We conclude he must be an unsuccessful missionary to the Indian tribes, and that he has since turned herbalist—in other words, "gone to grass."

Seriously, we think that legislative and governmental power should be turned against these Indian incursions into, and predatory settlements in the midst of our peaceable community, quite as much as against the savage Cheyennes, Camanches, and other plundering "outside barbarians."

PROF. J. W. BAILEY'S BEQUEST TO THE BOSTON SOCIETY OF  
NATURAL HISTORY.

THIS bequest of the late Professor Bailey was communicated, officially, to the Society in April last, and the exceedingly valuable specimens, drawings, memoranda, &c., composing it were referred to a Committee "to receive and report" upon them. This Committee consisted of Drs. Gould, Bacon and Durkee, and these gentlemen presented, through the Chairman, Dr. Gould, a full report upon this magnificent gift. The books, drawings and correspondence were examined by the Chairman, the microscopical collection by Dr. Bacon, and the algae and preparations of organic tissues by Dr. Durkee. This Report may be found in detail in the printed Transactions of the Society, which have been handed to us by Dr. Shaw, the Recording Secretary. The entire description will well repay perusal, and the specimens are shown to be of extraordinary value—the collection, in short, is second, we suppose, only to that of Ehrenberg.

Our main object, at this time, is to call attention to the opportunity afforded to any scientific gentleman who has the leisure (how could he help having the *inclination*?) to study the collection, preserve, arrange, and, more than all—*continue to collect and study*. We cannot convey our ideas in any terms which will at all compare with the forcible and eloquent appeal of the Chairman of the Committee. We therefore must be again indebted to the interesting Records, from which we have already quoted. Dr. Gould says:

"In conclusion, the Committee would congratulate the Society in having been made the recipients of scientific treasures so rich and so rare. It becomes us to insure their preservation, and to make them profitable. In bestowing them here, he no doubt expected a better use would be made of them here than elsewhere. He was of too practical a turn to be satisfied with mere storage. He anticipated that some one would take up the subject where he left it, make himself familiar with the collection, be able to refer to the individual objects of it, and to answer such inquiries as other investigators might seek to have settled from it. What a glorious opportunity for one or more young men of leisure and scientific taste! Everything which has been collected in this country relating to the algae and to microscopic forms is here embodied, together with all the books necessary for the study and further pursuit of those branches. Whoever shall make himself master of them must be the ultimate authority for America. Such an opportunity for distinction even Ehrenberg never had. Who shall be the man?"

With such rewards in view for zealous exertion in continuing this inestimable collection and pursuing this branch of science, every day becoming of greater importance, we echo the Chairman's inquiry, "Who shall be the man?" There surely must be some one who would gladly devote himself to so welcome, so richly-remunerative a task—rather let us say *occupation*—there can be no task-master in such an employment. Is there not some one? Who speaks? Give us the opportunity to record the fact, and do not make us wait long.

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LEGISLATIVE NEGLECT OF PUBLIC CHARITIES.

THE Commissioners for the erection of a Hospital for the Insane in Western Massachusetts applied to the Legislature, during its recent (special) session, for an act to prolong their functions (which would otherwise cease on the first day of October) until the first of January. It appears that the General Court at its previous session appropriated fifty thousand dollars for the completion of the hospital. Certain con-



ditions imposed by the act rendered it impossible for the Commissioners to obtain the necessary sanction for commencing the work before the middle of July. The work to be done is of such extent (including the whole heating and ventilating apparatus, a steam engine and four boilers, a lofty chimney, the distribution of hot and cold water-pipes, besides all the culinary and laundry arrangements, a brick stable, &c. &c.) that it cannot possibly be completed before January, if then. Now the expenditures must be made by the Commissioners, and if their power is to expire, the work must be left in an unfinished state until the action of the next Legislature. The opening of the hospital cannot take place in January, as previously expected, and the buildings must be greatly injured by standing in an unfinished state during the cold weather. Surely there was nothing unreasonable in the Commissioners asking to have their powers prolonged in order to enable them to do a service to the State which could not otherwise be done. The refusal of the Legislature to grant what was so much for the interest of the State, and the reference of the subject "to the next General Court," is looked upon as a tremendous joke by some papers, one of which styles the request of the Commissioners "a ludicrously futile effort." The same journal has made much complaint about our unnecessarily large State expenditures; we wonder what it will say if an additional appropriation for the hospital should become necessary, in consequence of the injuries which such extensive buildings would be likely to receive by exposure to winter weather if stopped some time previous to their completion?

A great outcry is raised because the Governor vetoes a bill for the relief of idiots; but we have not seen a single remark in the papers of the day condemning the contemptuous votes of the Senate and House of Representatives, by which the sufferings of a large number of lunatics will be prolonged for several months, and which will add considerably to the State expenses of the year; all of which evil might have been avoided by ten minutes' legislation.

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#### BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

THE American re-print of this valuable journal has reached us a week in advance of the English copy. For some unexplained reason, the Boston subscribers to the London edition seldom receive their copies from the agents, Messrs. Lindsay and Blakiston, until several weeks after they are due. The London publisher has put the work at the low figure of *five dollars* to those ordering in this country through their agents at Philadelphia, which is less than the price in London. The English copy is certainly superior to the American in mechanical execution, and would be well worth the difference in price if it could be obtained in a reasonable time; but if the subscribers are obliged to wait some weeks for it, and see the re-print first placed in the hands of the public, it cannot be wondered at if they transfer their subscriptions from the former to the latter. A periodical issued in London on the first of July ought to be received by the American subscribers three weeks afterward; but the Boston copies of this number did not come to hand until August 20th. We may observe that those who order directly from London receive their copies in due season. The price, however, in this case is \$6.50.

## DEATH CAUSED BY MENTAL ANXIETY.

✓ The following interesting case, reported by Dr. Lord, of South Danvers, came too late for insertion in its proper place.

“ Drs. Perley of Lynn, Perry of Boston, and Cox of Salem, were consulting physicians in this case. Mr. S. W. King, the patient, I visited daily from May 15th to his death, June 28th. He was a man of excellent habits, in all respects, from his earliest youth, and belonged to a family of high respectability, sound constitution and long life. His occupation was that of a teacher, in which he had been honorably and successfully engaged for twenty years. There seemed, in the opinion of all his physicians, after frequent and thorough examination, to be no organic disease. We believe that his death resulted from continued and exhausting anxiety, occasioned by the slanders to which he was subject, and by his grief and disappointment in the action of the School Committee, and their failure to sustain him. In his school he continued to labor, but it was only by exertions too great for his nervous system. He went home, as he said, to die. With a high sense of honor, and a remarkable regard for his reputation, he found no rest for his weary mind, while still under the imputations cast upon him. His frequent allusions to these troubles during his illness, and the excitement which followed, proved with what weight and constancy they oppressed him. I give a few only of his remarks of this kind. ‘ I have been hunted as if by dogs.’ ‘ They have crushed me.’ Two days before his death, when in answer to a direct question, I told him of the improbability of his recovery, he said, among other things, ‘ They have accomplished their purpose.’ In conversation with his pastor—‘ Looking at this philosophically, one would have supposed that a man of a strong constitution like mine, might have borne up under this persecution, but it has brought me where I am.’ Again, a few hours before his death—‘ My dear father and mother, not one charge that they have brought against me is true : I have never disgraced you.’ His first complaint of illness was, ‘ I am about tired of this warfare.’ And the last sentence he ever uttered was, ‘ I am tired.’ There was no discrepancy among his physicians. We all agreed that our patient was wearing out through the agency of the mental emotions.

“ There was no delirium, and but occasional and slight wandering, according to his increasing weakness, with no symptoms indicating serious disease of the brain. How far this organ might have become affected, is an interesting subject for inquiry, as no autopsy was allowed. His stomach was not often disturbed by nausea and vomiting. His appetite failed, it is true, as is common with general weakness and complete nervous exhaustion. His bowels were torpid and could be moved only by powerful physic, which could not be persevered in, on account of his increasing weakness. Enemata were used with seeming benefit. The kidneys indicated no disease. The lungs appeared to be sound. His voice was remarkably strong to the last. His respiration was accelerated somewhat, but was most remarkable for the occasional long and deep sighs which he had from the beginning. The heart seemed normal. The pulse gradually grew weaker, but was not generally very quick. Of the treatment of our patient, little need be said. We considered it of the first importance to keep him quiet and cheerful. He was allowed nour-

ishing food, according to his appetite. Quinine, preparations of iron, brandy, wines, Scotch ale, &c., were given from the commencement of his sickness, but with no decided benefit. He died with Christian resignation, with no spasms and without much suffering."

*Surgical and Dental Instruments.*—B. S. Codman & Co. have lately removed from the store corner of Tremont Street and Phillips Place, to store No. 13 Tremont Street. They have, in addition to a full assortment of dental instruments and appliances, a very complete collection of surgical instruments and apparatus. They likewise furnish microscopes of the best quality. Their facilities for the selection of the various articles they offer for sale, and their careful attention to the details of business, entitle them to the entire confidence of customers.

*American Association for the Advancement of Science.*—This Association, which adjourned Aug. 21st, after the late session at Montreal, elected the following officers for the ensuing year:—*President*, Prof. Jeffries Wyman, M.D., of Cambridge, Mass.; *Vice President*, Prof. John E. Holbrook, M.D., of Charleston, S. C.; *General Secretary*, Prof. W. M. Chauvenet, of Annapolis, Md.; *Treasurer*, A. A. Elwyn, M.D., of Philadelphia. The Association is to meet next at Baltimore, on the last Wednesday of April, 1858.

DR. STEPHEN J. W. TABOR, of Independence, Iowa, formerly of Shelburne Falls, Mass., and whom some of our readers will remember as a valuable contributor to the pages of this Journal, has recently been appointed County Judge for Buchanan County, Iowa. We are sorry to lose Dr. T. from the ranks of the profession.

*Health of the City.*—Cholera infantum is raging to a frightful extent in Boston, as shown by the fact that it was the cause of 39 deaths during the past week, being, if we recollect right, the largest number of deaths from any one cause, during the same length of time, for many years, except in one instance, last winter, when there were 40 deaths from scarlatina. During the last week, there were 7 deaths from the latter disease, 6 from dysentery, and 15 from consumption. The deaths for the corresponding week of 1856 were exactly the same as for that of the present year, viz., 104: of which 19 were from consumption, 18 from cholera infantum, 10 from dysentery, and 3 from scarlatina.

*Communications Received.*—Cases of Malformed Fœtus.—The Death of Charlotte Brontë.

*Books and Pamphlets received.*—Spiritualism Unmasked, by Dan King, M.D.—Fifteenth Annual Catalogue of Rush Medical College.—Ranking's Half-Yearly Abstract.—Ninth Annual Report of the Mass. School for Idiotic and Feeble-Minded Youth.

MARRIED,—In Nantucket, 16th inst., Dr. Charles F. Robinson to Mrs. Elizabeth A. Bradbury.

DIED,—In this city, 22d inst., John Randolph Lincoln, M.D., aged 28.—In New York, 1st inst., James W. Beatty, M.D., 35.—In St. Louis, Mo., Dr. F. P. Leavenworth, in the 33d year of his age.—In Hanover, 13th inst., Benjamin Whitwell, M.D., æt. 40.

*Deaths in Boston* for the week ending Saturday noon, August 22d, 104. Males, 57—Females, 47.—Accident, 1—apoplexy, 1—inflammation of the bowels, 2—inflammation of the brain, 1—consumption, 15—convulsions, 2—cholera infantum, 39—cholera morbus, 1—dysentery, 6—dropsy, 1—dropsy in the head, 1—drowned, 2—infantile diseases, 4—drinking cold water, 1—bilious fever, 1—scarlet fever, 7—typhoid fever, 3—disease of the heart, 2—hemorrhage of uterus, 1—hernia, 1—inflammation of the lungs, 4—old age, 1—scrofula, 1—sunstroke, 1—teething, 2—throat, disease of the, 1—unknown, 2.

Under 5 years, 63—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 79—Ireland, 19—other places, 6.



*The Esculapian Society.*—The semi-annual meeting of a Society under this name, was held at Charleston, Ill., on the 27th and 28th of May, Dr. Payne, the President, presiding. On the first day, a communication was received from Dr. L. M. Lawson, of Cincinnati, requesting answers from members on the subject of tubercular consumption. Papers were read, by Dr. Stormont on Irregular Contractions of the Uterus, and Dr. Chambers on Stomatitis Materna. In the evening a public address was delivered by Dr. Davis, after which a sumptuous repast was partaken of. On the second day, committees were appointed on no less than twenty different medical subjects, and resolutions were passed concerning the late death of Dr. W. B. Duffield, one of the oldest members of the Society. Papers on Lithotomy and Practical Medicine were also read.

*The Union Medical Association.*—At an adjourned meeting of this Society, held at Richview, Washington Co., Ill., on May 19th, its organization was completed, and the following officers elected:—Thos. Wilkins, M.D., President; D. H. McCord, M.D., Vice President; John S. Murphy, M.D., Recording Secretary; S. H. Bundy, M.D., Corresponding Secretary; and B. H. Lucas, M.D., Treasurer. Dr. Morse read a valuable paper on Milk Sickness, and the subject was discussed. A fee bill was adopted, standing committees appointed, and in the evening a public address was delivered by Dr. F. B. Haller, on the History of Ancient Medicine.

*Dartmouth College Medical Lectures.*—The medical term in this College opened on the 6th inst. with an introductory lecture by Prof. Dixie Crosby. The subject was the history of medical science in New Hampshire from its origin. The lecture is represented as one full of interest to all who heard it—and from the known abilities and extensive information of the lecturer, we have no doubt it was so. The prospects for the session are said to be favorable.

*Medical Society of South Western New York.*—The third quarterly session for this year was held at the Society's rooms in Jamestown, on the 5th inst.—Dr. G. W. Hazeltine, the President, in the chair. An interesting report was presented by Dr. T. D. Strong, of Westfield, on the use of chloroform in obstetrics. The

members dined together at 4; in the evening a biography of the late Dr. Laban Hazeltine was read by A. Hazeltine, Esq., and afterwards the regular address was delivered by Dr. T. D. Strong. The subject of it was Homœopathy, which was discussed with great ability and candor. After its delivery, the members returned to their rooms, and continued the session till half past 10 P. M. The speeches and sentiments at the dinner table occupy a whole page in the Jamestown Journal.

**BOYLSTON MEDICAL PRIZE QUESTIONS.**—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

|                        |                       |
|------------------------|-----------------------|
| EDW. REYNOLDS, M.D.    | J. M. WARREN, M.D.    |
| JOHN JEFFRIES, M.D.    | D. H. STORER, M.D.    |
| S. D. TOWNSEND, M.D.   | CHAS. G. PUTNAM, M.D. |
| J. B. S. JACKSON, M.D. | MORRILL WYMAN, M.D.   |
| HENRY J. BIGELOW, M.D. |                       |

At the annual meeting of the Committee on Wednesday, Aug. 5th, 1857, a premium of sixty dollars, or a gold medal of that value, was awarded to WM. W. MORLAND, M.D., of Boston, for a dissertation on the following question:

*"The Pathology and Treatment of the Diseases of the Urinary Organs."*

The other Boylston Premium of the same value, was awarded to EPHRAIM CUTTER, M.D., of Woburn, for a dissertation on

*"Under what circumstances do the usual Signs furnished by Auscultation and Percussion prove Fallacious?"*

The questions for 1858 are—

1. *Spermatorrhœa—its causes, consequences and treatment.*

2. *Human parasites, animal and vegetable—their anatomy, development, natural history and treatment.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the First Wednesday of April, 1858.

The following questions are proposed for 1859:—

1. *New and useful views upon any subject in medicine or surgery.*

2. *Tubercle—its pathology, and especially its relation to inflammation.*

Dissertations on these subjects must be transmitted as above, on or before the First Wednesday of April, 1859.

The author of the best dissertation considered worthy of a premium, on either of the subjects presented for 1858, will be entitled to a premium of one hundred and twenty dollars, or a gold medal of that value, at his option.

The author of the best dissertation considered worthy of a premium on either of the subjects presented for 1859, will be entitled to a premium of sixty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1824, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

D. HUMPHREYS STORER, Sec'y.  
Boston, Aug. 7th, 1857. aug 13—eop3t

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, SEPTEMBER 3, 1857.

No. 5.

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TYPHOID FEVER, WITH PROBABLE PERFORATION OF THE  
INTESTINE, AND RECOVERY.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and  
Surgical Journal.]

BY EDWARD H. CLARKE, M.D.

The following case presents several points of interest which may not be altogether unworthy of the consideration of the Society.

Mr. —, an American, unmarried, æt. about 51, residing in Boston, and of good general health, was attacked with the first symptoms of what proved to be typhoid fever, on Nov. 13th, 1856. Twenty-five years previously, his right thigh had been amputated, on account of what I suppose, from description, to have been a scrofulous affection of the knee-joint. Previous to this amputation, his general health was poor. It has since been good. His habits are regular and excellent; his occupation sedentary.

The fever was apparently of a mild type. For the first ten days, he had slight but continual headache. During the same period, he had some mild delirium at night, though not by day. For a fortnight his bowels were loose; he averaged two or three dejections daily. His tongue was coated white, but never dark, and there was no sordes upon his teeth. His pulse ranged between 80 and 90, and did not exceed the latter number during the first few weeks of his illness. He had a hot and dry skin; slight tenderness on pressure over the abdomen; and an occasional mild cough, with mucous expectoration. No rales were heard on auscultation. There was no meteorism. He had no appetite, and his thirst was moderate. Rose spots appeared on the abdomen during the second and third week of his illness, to the number of a dozen or more.

Towards the close of the third week, his diarrhœa ceased; his headache departed; his tongue began to clean, and his appetite to improve. For two or three nights he had copious perspiration, like what has been called "critical sweating," and his skin afterward was naturally moist and cool. At this time, he began to eat broth,

beef-tea, and toast, but took no heartier food. By Dec. 11th, twenty-eight days from the commencement of the fever, he was able to walk from one chamber to another, and to sit in his library for half a day at a time. He even got well enough to take a drive of half an hour, at least once, and perhaps twice, when the weather was favorable. He appeared to be convalescent, and yet his convalescence did not progress rapidly. His tongue, which began to clean, never cleaned thoroughly. His pulse did not fall below 75. His appetite improved up to a certain point; that is, he relished juice of meat, and broth and bread and gruel, but did not care for heartier food, or for any great amount of it. After the diarrhœa ceased, his bowels were opened as often as twice in three days, part of the time naturally, and part of the time by the aid of a Rochelle powder. His sleep was good and refreshing. His urine appeared normal in quantity and color. The functions of his system seemed to be well performed, and yet he did not improve, from day to day, as much as, judging from his symptoms, he had a right to do.

From Dec. 11th to Dec. 17th, I only saw my patient every other day. As there were no prominent indications for the exhibition of drugs, I only insisted upon a careful regimen, and I have every reason to believe that my directions were implicitly followed. From Dec. 17th to Dec. 22d, he did not appear to be so well as he had been. There was no marked change in his symptoms, but there appeared to be something which kept him down; something which prevented him from convalescing as usual. What that something was, I could not ascertain. Indeed, I was not quite sure that he was not doing well. The aspect of his countenance; the absence of a vigorous appetite, such as convalescents from fever are apt to have; the refusal of his tongue to clean; the disinclination of his pulse to diminish to the natural number of pulsations; and a general sensation of uneasiness, which could not be well described; these symptoms made me suspect that he was not really convalescent. This was seven weeks from the beginning of the fever, and as much as three weeks from the time I hoped convalescence had begun.

On Dec. 22d, he made a somewhat heartier dinner than usual of broth and bread. Not feeling well in the evening, he took no supper. He passed a comfortable night; got up the next morning, and ate a frugal breakfast of bread and gruel, but did not leave his chamber. About 10, A.M., he was suddenly seized with intense, agonizing pain in the bowels, accompanied with chills, nausea, and extreme prostration. Half an hour later, I found him lying on his back, with the pain unabated. He had vomited, and his bowels had been moved once. His forehead and chest were bathed in cold perspiration. His pulse was about 100, small and feeble. His countenance was pale and sunken, and his expression that of



great agony. He referred the pain to a single spot in his bowels, not larger than the palm of the hand, situated on a line drawn from the lower end of the sternum to the anterior, superior process of the right ilium, and quite near the ilium. There was tenderness at that point, but I did not care to press firmly upon it. When I arrived, the patient thought himself to be dying.

Fearing perforation of the intestines had taken place, an unfavorable prognosis was given to the family. Mr. — was directed to keep perfectly quiet. Warm opiate fomentations were applied to his bowels, and he was placed under the influence of sulphate of morphia. In an hour or two there was some abatement of the pain. After four or five hours, he was a little easier, though by no means free from distress.

For the ensuing four weeks, there was persistent pain or uneasiness in the spot already indicated. Firm pressure upon it, during the same period, always gave rise to pain. He also suffered from constant and sometimes severe pain in his back, at a point nearly opposite the spot of abdominal tenderness. This pain of the back and bowels was not relieved, or increased, by any change of posture, or motion of the body or limbs. The coat on his tongue gradually increased in thickness; in color it remained nearly white, except in the centre, where it was dark. His pulse averaged 100, and was feeble. He had very little thirst, and absolutely no appetite. He had no cough, but frequently expectorated a thick, viscid secretion, which often contained some dark blood. This, he insisted, came from the neighborhood of his throat. A repeated examination of his chest detected nothing abnormal in respiration or on percussion. There was nothing noticeable in his urine.

For six days after the attack of pain, just described, his bowels were not moved. An enema was then given, and afterward a dejection was procured every second day by enema. The first dejection was loose, moderate in quantity, and contained a few isolated drops of blood. This appearance was repeated in every dejection for two or three weeks. A careful inspection of the dejections, showed each drop of blood to rest upon, or to be enclosed within a small mass, rather larger in size than a pea, of pus or purulent matter. After a few days, this purulent deposit was accompanied with a viscid, gelatinous-looking substance, which was mixed in small quantities with the fæces. This substance resembled, somewhat, the jelly-like matter, which occurs in the dejections of convalescents from dysentery. Occasionally, there were mingled with the fæces strings or shreds of a tenacious, white matter, resembling lymph. Some of these lymph-like strings were six or eight inches long; generally, however, they were not more than half that length. These various abnormal substances gradually disappeared from his dejections. By the end of the fourth week

from the attack of pain, already referred to, none of them were seen. They did not re-appear. His dejections occurred *without tenesmus, pain or distress*.

On the 25th of January, 1857, five weeks after the attack of intestinal pain, and ten and a half weeks from the commencement of the fever, a week had elapsed without any bloody, purulent or lymph-like substances appearing in his dejections. The coat on his tongue was thinner, though it had not disappeared; the dark, central patch had nearly gone. The purulent expectoration had likewise greatly diminished. His pulse was about 90. He had no thirst, and was beginning to feel a slight desire for food. At this time, quite firm pressure on the spot of abdominal tenderness produced only a little soreness or shrinking. Now and then, the soreness seemed to be altogether absent. Under these circumstances, he was allowed, for the first time, for five weeks, a little beef-tea; perhaps two or three ounces. At first, he seemed to bear it well; it was followed by no discomfort. But after taking it three or four times, and at intervals of several hours, he was suddenly seized with pain in the abdomen, in the same spot as before. The attack was accompanied with nausea, vomiting and prostration, and was followed by a dejection. It resembled the first attack, but was much less severe. It passed off in two or three hours, and by the next day he appeared as well as on the preceding one. The rigid diet, which had been previously followed, was resumed. From that time, with only a single interruption, which will be mentioned presently, he continued to convalesce slowly and steadily.

By the middle of February, he was able to take two or three ounces of beef-tea or broth without distress. By the last week in February, all tenderness on pressure in his bowels disappeared. The pain in his back disappeared, *pari passu*, with the abdominal tenderness. At this time his appetite was good. His tongue was clean. His pulse ranged from 68 to 75. He slept well and began to gain flesh. He lacked strength, however, and was easily fatigued.

Two weeks after the second attack of pain, *i. e.*, during the first week in February, an attempt was made to increase his diet. The experiment was followed, in about twelve hours, by a third attack of pain in the abdomen, with vomiting and a dejection. The attack was milder even than the second one. It commenced about 3, A.M., and was relieved by 7 or 8, A.M., of the same day. Three or four hours after vomiting, the skin of his face and body, his conjunctivæ, &c., became quite yellow. His urine, which had been clear, turned to a dark, mahogany color, and on the next day his fæces were white or clay-colored. There was no tenderness or pain in the hepatic region. A few grains of blue pill were given every other night, followed by a cathartic. In a week, the yellow tinge of his skin nearly disappeared. His urine lost its dark color

and his fæces acquired a more healthy appearance; but full three weeks elapsed, before the latter became normal. During this biliary derangement, there was no headache or febrile excitement. His appetite, which had been gaining, flagged a little. In other respects, there was no marked constitutional disturbance.

On the 16th of March, more than four months from the beginning of the fever, and nearly three months from the first attack of abdominal pain, he was able to walk a short distance in the open air. His appetite was sufficient. He could eat plain food and digest it without pain. He seemed to have recovered permanently.\*

The treatment can be briefly told. At the commencement of the fever, he took grs. x. of the pil. cathartic. comp., which was followed by three or four dejections. For the two weeks succeeding, he took, every four hours, a fluid drachm of a mixture of equal parts of sp. ætheris nit. and liquor ammon. acet., with a diet of water and gruel. The surface of the body was bathed daily, as long as it was abnormally hot. No cathartics were administered after the first few days of his illness, till he became jaundiced. When the fever left him, he took broth, beef-tea and bread, but no meat. When the first attack of abdominal pain occurred, he was ordered sulphate of morphia and anodyne fomentations. Morphia was exhibited till the pain was controlled. He then took a few grains of Dover's powder daily for three weeks. His bowels were not moved till the sixth day after the attack; then a dejection was procured by enema. From that time till the biliary derangement appeared, a dejection was obtained every second day in the same way. When that came on, he took blue pill as already stated. After the first attack of pain, he was put upon a diet of flour-gruel and cream, in the proportion of one part of the latter to three of the former. Of this, he took; at first, an ounce and a half every three hours daily. The quantity was gradually increased, and at the end of four weeks he took from sixteen to twenty ounces daily. He ate no other food. His drink was water. When four or five weeks had elapsed, beef-tea was added to his diet. The increase of food was followed by the second attack of pain. He was then confined to cream and gruel for three weeks longer. At the close of this period he took beef-tea without discomfort. But an attempt to increase his limited allowance of animal food was followed by a third attack of pain and also of jaundice.

After adhering to a restricted diet for a few weeks longer, he was able to take a reasonable amount of ordinary food, without subsequent distress. At one time he took ten drops of the oil of turpentine, three times a day, but as no advantage seemed to follow its exhibition, it was soon discontinued. In like manner, sulphate of quinia was tried and laid aside. A drachm of the com-

\* Since that time, he has resumed his business and has enjoyed his usual health. August, 1857



pound spirits of lavender, or two or three times that quantity of sherry wine, were occasionally given to relieve gastric uneasiness. Other than the above, no drugs were given. Regarding the cause of the patient's condition to be ulceration of Peyer's patches, the resolution of which could not be materially hastened by drugs, it was not thought worth while to experiment with them.

*Remarks.*—It is not easy to determine the nature of the lesion, which produced the attack of intense abdominal pain on Dec. 23d. The weight of evidence appears to me to be more in favor of a perforation of the small intestines, which fortunately healed, than of the passage of a gall-stone or of an ulcerative affection of the intestines, short of perforation. The symptoms are such as usually attend perforation. Grisolle, when describing this accident, says, "as soon as it occurs, the patient experiences a sudden pain, often severe enough to make him cry out. It begins at the point where perforation has taken place, and spreads throughout the whole abdomen. \* \* \* \* \* Pressure increases it, exceedingly. It is accompanied with chills, general coldness of the body, a profound alteration in the expression of the countenance, vomiting, and a very frequent, small and feeble pulse."—(*Pathologie Interne*, Tome I., p. 41.) This description of the symptoms, attendant upon perforation, tallies very closely with the condition of my patient, at the time referred to. Dr. Wood, in his *Practice of Medicine*, states that perforation in typhoid fever has been noticed as early as the twelfth, and as late as the fortieth day of the fever. In this case, the suspected perforation occurred on the fortieth day.

The sudden and violent access of pain; the limited and persistent tenderness, on pressure, at the point where pain was first and most severely felt; the protracted character of the convalescence; the inability, for weeks, to digest, without disturbance, any food but that of the blandest character; and the purulent appearance of the dejections; all these symptoms seem to be more satisfactorily explained by supposing ulceration of Peyer's patches to exist, and perforation followed by cicatrization to have taken place, than by any other hypothesis.

#### DEATH OF CHARLOTTE BRONTË.

[Communicated for the Boston Medical and Surgical Journal.]

THE death of Charlotte Brontë is the saddest fact in a life whose key-note was sorrow, and whose melancholy music filled the very atmosphere in which she lived, and moved, and had her being. She may almost be said to have been baptized in the dark waters of death. Her mother died when she was about five years of age, and, in quick succession, four sisters and her only brother.

It was not a common family, that of Charlotte Brontë. Two of

her sisters died young, but lived long enough to indicate that they would have left their mark on their times. The two elder sisters gave the same evidence of their power in written works. Her brother had large intellectual endowment and culture, but worse than wasted all that might have greatly distinguished him. We do not design in this notice of one whose life has been so admirably written by Mrs. Gaskell, and which all readers have read, to review this work. And yet it may not be out of place to say that it is a record of a remarkable person, who in the midst and pressure of severe trial, never failed in duty to herself, and to all to whose well-being she could in any way contribute. She was small, delicate in person—apparently incapable of effort. Yet she meets, or makes occasion for intellectual, moral and physical action, which in its detail astonishes us by its rarity, and still more by its success. She writes with startling strength—brings before you men and women, her own creations, and reveals what is in them, both in their word or work, in language and act which leaves little ground for question. She goes to a foreign country, of different language from her own—goes alone, by the guidance of the same instinct which always accompanies a true object, and accomplishes all she attempts. She writes, and while her manuscripts are gathering dust on the publisher's shelves, she writes on, nothing daunted, and at length comes forth as an author, and declares, anonymously, her gigantic power. "Who wrote *Jane Eyre*?" is the question. "Not a man," says one, "for a man would not"—"Not a woman," says another, "for a woman could not."

Pardon us, that we have for a moment deviated from our purpose—to speak of the death of Charlotte Brontë. We could not but say a word of a life so sad as was hers, and for the reason that in an event which was to her an unmixed felicity, she found death. Sadly, in deep sadness, do we ask, was it not a fitting coronation of such a genius, and such a life?

Charlotte Brontë married late in life. Her father opposed her marriage, and the daughter could not marry the man she so deeply loved, as her marriage must separate her from her father, now more than eighty years of age, and with no living creature of his house, but her, left. At last, her father's consent is given and she is married. This was an event in Haworth. Every body came to the wedding. Charlotte had been the friend of all the poor. She would traverse, in snow and rain, the wild moors of her home, to carry something for the sick child or parent, or to do something for them. Every body knew her, and every body loved her. Says Mrs. Gaskell, "many old and humble friends were there, seeing her look like a snow-drop." Her bridal dress, after a few months, became her shroud.

She became pregnant, and soon after experienced the ordinary symptoms of that state, but which rapidly became morbidly severe.

Nausea, vomiting and faintness; and fainting, at first frequent, became, at length, constant. The sight of food was sufficient to produce them all in most distressing forms. Said one, "a wren would have starved on what she ate during those last six weeks." A physician was called. "He came, and assigned a natural cause for her miserable indisposition; a little patience, and all would go right."

From the record, nothing more seems to have been said or done in this case. We copy the following from Mrs. Gaskill, because of its professional interest, and as showing something of the sufferer's state in the last moments of her life.

"Long days and longer nights went by; still the same relentless nausea and faintness, and still borne on in patient trust. About the third week in March (it was early in the new year, 1855, that the symptoms first appeared), there was a change; a low, wandering delirium came on; and in it, she begged constantly for food, and even for stimulants. She swallowed eagerly now; but it was too late. Wakening, for an instant, from this stupor of intelligence, she saw her husband's woe-worn face, and caught the sound of some murmured words of prayer that God would spare her. 'Oh!' she whispered forth, 'I am not going to die, am I? He will not separate us, we have been so happy.'"

She died Saturday morning, March 31st.

It is of the professional relations of our subject—the treatment of the signs of pregnancy when morbidly aggravated, that we would now speak. Was the *cause*, the *motive cause* of those symptoms which produced death in Charlotte Brontë, removed? This question is of great interest. Nearly half a century ago, it was our privilege to attend the midwifery lectures of Dr. John Haighton, in London; and a better lecturer than Haighton, is not in our memory. He discussed this question of removing the *cause* of those symptoms, and showed conclusively that in cases in which other means had failed, and the worst consequences were to be looked for, it was the duty of the physician to remove the *cause*, viz., *to remove the fetus from the womb*. Haighton related his experience, and dwelt on the opposition he had met with in consultations, to such measures as he knew could alone save life. More recently we have spoken with eminent men abroad, on this subject, and have met with objections to the practice; or, when it has been allowed to be proper, it has been after so much evil has been done that there has hardly been any reason to look for success from it.

We have felt it our duty to resort to the measure under consideration, and in every case recovery has been rapid and complete. We have known death to happen when the measure has been rejected by patient or friends, and where all other means have been faithfully used. In one case it was clear that death must occur,



if things remained as they were, but in which the mother of the patient would not consent to the measure, unless the physicians who advised it would in the first place guarantee its success. The attending physician would not do this; and soon after our consultation we heard of the patient's death.

In another instance, the lady lived in a distant State. She was a clergyman's wife, and of the Church of England. She was reduced by nausea and vomiting to excessive weakness, and absolutely could keep nothing on her stomach. It was between the second and third month of pregnancy. The fœtus was removed, and, in twenty-four hours after, we found her heartily eating solid food, and she was soon well. The operation was performed on the same patient a second time under the same circumstances, and with the same result. Let it be remembered that this practice was not attempted until full trial had been made of the most approved methods of treatment, and after the best evidence that the disease was rapidly increasing. In another lady it was not until convulsive movements had occurred in the universal exhaustion, that the measure was adopted. This patient recovered, and this was a second trial of it in the same patient.

We dwell on these cases, because a grave moral question is involved in our subject; and to say that it is only in those cases in which life is clearly in jeopardy, that any physician who deserves the name, would for a moment entertain the question we are considering. It is then as a *remedy*; and only to be used under what we believe are really desperate circumstances.

Whether the cause was removed in Charlotte Brontë's case, or whether she died of pregnancy, we know not. We know not what was the limit of that "little patience, when all would go right." But as the disease continued unrelieved till death, may it not be asked if the *cause* of that disease did not remain undisturbed till it became the cause of death? The question is put, because in no like case which has come under our care, however unpromising, has death occurred after the removal of the contents of the womb.

The Rectory at Haworth is now desolate. Its venerable head, in his extreme age, stands erect and alone, literally in the midst of the graves of all his house; and before him, in his church, is the simple tablet on which are recorded the names, the ages and the death, of his wife and of all his children. WALTER CHANNING.

#### FOUR CASES OF MALFORMED FÆTUS.

BY SAMUEL KNEELAND, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I reported in the Boston Medical and Surgical Journal, in February last, a case of "*Spina Bifida*," with *malformation of the genitals*, which occurred in the practice of a

medical brother on Lake Superior. I have now to report the occurrence of three other cases of foetal malformation occurring since that time in the practice of the same physician (Dr. M. Tompkins, of Houghton, Michigan). Apart from the interest of the cases, they are of value as furnishing additional grounds for the belief that the maternal imagination can be so worked upon as to cause an arrest of development in the foetus. The circumstances of the case reported by me in February last, though every attempt was made to conceal them, got to the ears of the gossips in the small location, and were talked and brooded over by the pregnant females with great interest and not a little alarm. Whether in consequence of this or not, three women, within a stone's throw of each other, brought forth children malformed very much in the way of the one which had happened six months before. When such cases occur in females who have previously borne healthy and perfect children, on the same small mining location, and after such a startling event has happened in the commencement of their pregnancy, it is natural to believe that the three here reported, all in the same month, were influenced by the first imperfectly-known, much-talked-of, and much-dreaded malformation.

CASE I.—Mrs. S., a healthy, middle-aged Cornish woman, the mother of several healthy children, was delivered, without assistance, of a dead child on the night of June 4th, 1857. The husband stated to the physician that the child was born before he left the house to summon him, and could only say that something was wrong. On arriving, he found a dead female child, lying with its head toward the feet of the mother. It was of full size, and well developed in all parts except the head. The bones were here deficient; the occipital bone was entirely wanting, as well as the posterior portion of the upper cervical vertebræ; also nearly all the parietal and a portion of the temporal bones. The skin covering the head prescuted the usual anatomical characters to within an inch of the bony margin, being slightly covered with hair; from this it had the appearance of being rapidly thinned, and drawn out to an extreme tenuity and semi-transparency. This covering imperfectly protected a mass somewhat larger than a child's head at term, consisting of cerebral matter much darker than usual, and water; the convolutions of the brain were visible under this attenuated covering.

Although solicited, no examination could be obtained.

CASE II.—Mrs. F., an Indian half-breed, the mother of two children, and the subject of several abortions, had been subject to attacks of uterine hæmorrhage during her present pregnancy. The bleeding recurred on the 20th and 21st of June, 1857, not severe, and accompanied with feeble uterine pains. On the evening of the 21st, the physician was called by the husband, who said his wife was dying; he found the os uteri well dilated, and the head

of the fœtus passing through it; the bleeding had ceased, and the alarm had been caused by the sudden accession of severe uterine pains. In half an hour she was delivered of a dead female child. The abdomen was large and pendulous, and filled with fluid. The posterior portion of the head hung like a tumor growing from the cranium, which, before its immersion in alcohol, reached a little below the upper margin of the scapula, between the shoulders.

This specimen has been preserved, and will soon be seen in Boston.

CASE III.—Mrs. B., a stout Cornish woman, the mother of four healthy children, had been troubled with diarrhœa most of the time during the last three months of her pregnancy. Dr. T. was called on June 28th, 1857, and found a midwife in attendance. The extremities and body of the child had passed, but the head was engaged in the pelvis; the child, a male, was lying on its abdomen, cold and presenting no signs of life; it had been in this position about an hour. This was all that could be learned of the attendants as to the character of the presentation. Slight traction disengaged the head. This was fourteen inches in circumference, and was greatly distended with fluid; three fingers could be placed side by side in nearly all the sutures. The child also had “*spina bifida*,” extending over all the lumbar and two thirds of the dorsal vertebræ; the cleft was covered by a delicate transparent membrane, lying close and smooth over the spinal cord; it contained no fluid. The cord was much darker than natural, and presented a striated appearance, of irregular lengths, as of straws lying on its surface. The fissure was widest in the middle, gradually tapering to a point at each extremity; the bony margins could be distinctly traced with the finger the whole length of the cleft.

On inquiry, nothing could be ascertained as to any probable cause during gestation, in these three cases, which could have affected the fœtus through the maternal imagination, other than the knowledge of the unfortunate event in the first case, reported last winter.

CASE IV.—Mrs. S., æt. 35, had been subject to repeated abortions, designedly produced; she resided in the State of Ohio. On the 20th of June, 1851, Dr. T. was called to visit this woman; he found her sitting in a chair, this being the position she preferred for confinement. She supposed she was in the fourth month of pregnancy. Labor pains were active, the os uteri well dilated, and the vagina filled in part by a substance of the consistence of the liver. In half an hour was expelled a fœtus of about five months, well formed with the exception of the head. The cranial bones were nearly all wanting; the bony margin could be well defined by a line drawn around the head over the frontal sinuses, close to the external meatus, and continuing around the posterior



margin of the upper cervical vertebræ. The skin was drawn tightly across from one margin to the other. From this protruded a mass of dark-colored cerebral substance, covered by its usual investing membranes.

Mrs. S. said she knew something must be wrong, as, during the first month of pregnancy, she witnessed the dressing of a wound on the head of a child, in which a portion of the integument hung down on its neck. Whether the arrest of development was in any way dependent on this as a cause, or was influenced by her previous abortions, is a question it would be difficult to decide.

August, 1857.

### Bibliographical Notices.

*Diseases of the Stomach and Duodenum.* By CHARLES EVANS REEVES, B.A., M.D., Sub-Graduate in Medicine of the University of London, and member of the Faculty of Physicians and Surgeons, Glasgow.

THE author of the work before us, in his introduction, says, "My object in writing the following pages has been to present to the world a comprehensive work on the Diseases of the Stomach and Duodenum," and the result shows evident marks of the persevering diligence with which he has applied himself to this task. The work throughout is mainly a compilation, and may be regarded as a fair synopsis of what has been written upon the subject. There are few traces of originality anywhere, and the author is deserving of commendation, perhaps, more for his industry than any other quality.

The work abounds in statistics, and facts presented in a tabular form, gathered from every quarter, making it of value for reference, but at the same time recommending it for a place on the book shelves rather than the physician's table, to be taken up at any moment. Illustrative cases are introduced, most of them from high authorities, and a copious index is appended. The work is a useful one in its way, but can hardly be said to add anything to the previously existing stock of knowledge.

A.

*The Physician's Visiting List for 1858.* Philadelphia: Lindsay & Blakiston.

THE publishers have sent us their *Annual*, bearing the above title. Its early issue is an indication of its success hitherto; and that it will continue to be a favorite, we have no doubt. It has become quite an essential visitor to hundreds—perhaps thousands—of medical pockets, and doubtless has enabled their owners to put more into those too often empty receptacles, by means of its reminders of "visits made, visits to be made, second visit to be made, consultation," &c. &c. It is a pity, by the way, that the printer has made the latter word, as given in the "Table of Signs," read "consulation," instead of consultation. With this exception, we believe the typography is correct—"to a T."

We observe that a column is added, at the right of each page, for the purpose of recording the *amount due* from patients at the end of

every week of attendance. These sums will stand opposite their respective names, and are readily posted. This is a decided improvement, and will be a great convenience to all who use the book.

Without desiring any increase of illness in the community, we still cherish the hope of making large entries in our new "*List*," before the end of the year 1858. As people are sure to be ailing, more or less, we merely set up our claim, and are glad of all facilities afforded us in registering applicants for our special services.

Our attention is again arrested by the pleasant statement renewed by the publishers in this edition, to wit,—that, "if specially ordered, copies will be prepared for one hundred patients"—per week, as we understand it. This would seem to imply that there actually have been such orders. There *are*, then, regions where this happens—or, perhaps, is a constant and usual thing. If we could, without impropriety, be informed *where*, we might be induced to emigrate thither without delay! "Where—O where is that radiant shore—Shall we not seek it," &c. &c.?

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 3, 1857.

INSANE ASYLUM AT NORTHAMPTON—APPOINTMENT OF ITS PHYSICIAN.

WE learn, with great pleasure, the appointment of Dr. WM. HENRY PRINCE, of Salem, Mass., to the responsible post of Physician of this Institution. All who know Dr. Prince, will join us in our opinion that no wiser and more judicious choice could have been made. A close and discriminating student, for many years; a careful, prompt and most reliable practitioner, both of surgery and medicine; an amiable, and yet a most resolute man; of singular calmness in emergency, clear-minded, self-possessed and ready, we know of no one better suited to fill this important office. We feel sure of our man, and it is not alone the favorable personal prejudice which looks back to our pleasant student-days, a portion of which was spent in each others' company, which leads us to the strain of remark we have offered: we can, fortunately, appeal to the cool and extended observation of many wiser and older than ourselves, to endorse our opinions. We look with confidence to the result of this appointment; and anticipate for the noble structure which we lately looked upon with pride, a most successful future in relieving that worst of human miseries, "a mind diseased," under the kind, intelligent and faithful superintendence of the newly-elected physician.

We learn that a very large number of candidates presented testimonials of unusual weight in seeking this important office; and this only confirms our remarks in reference to the successful applicant, whilst the compliment thus paid to him is the more significant.

Since our last issue, in which we took occasion to refer to the refusal of the Legislature to prolong the functions of the Commissioners, as likely to prove a barrier to the opening of the buildings for occupa-

tion in January next, we are informed that the Commissioners hope to succeed in completing all necessary arrangements this autumn. Notwithstanding this, we adhere to our animadversion upon the shortsighted act of the Legislature.

It should be added, that the Trustees, in selecting the resident Physician, have most faithfully discharged their delicate and responsible duty. Ample time has been taken for the investigation of claims, and the most conscientious disposal made of them in pronouncing the decision. We can heartily congratulate both the incumbent and the community.

#### SUB-CUTANEOUS OSSEOUS TUMORS.

WE translate certain portions of a report by M. Adolphe Richard to the "*Société de Chirurgie*" of Paris, and which relates to the production of osseous matter in tumors reputed sebaceous. This report was made April 15th, 1857. The other members of the committee were MM. Huguier and Morel-Lavallée. The surgeon who presented the specimens to the notice of the Society, on the 15th of October, 1856, is M. Roux, of Brignolles; and he accompanied them with a paper entitled "*Observation de Tumeurs Sebacées.*" We are indebted to the *Gazette des Hôpitaux*, of the 25th of April, 1857, for this interesting account.

"The patient was a girl, 15 years of age, who had three tumors; one, developed in early infancy, at the time of the present observation extended from the zygomatic arch to the middle of the right cheek. It was flat and but slightly apparent. The second one was seated upon the nucha, between the occipital attachments of the trapezii muscles. The third was in the left temporal region. The latter two tumors appeared some time after the first—about the 8th year; and these were the ones extirpated by the surgeon, being the only ones giving rise to any deformity. These were described and presented to the Society at its session of October 15th, 1856.

Previous to the operation, the nipple-shaped inequalities which studded the surface of the tumors, their hard and even stony consistence, gave M. Roux the idea of something unusual; but after they were enucleated from the sub-cutaneous cellular tissue surrounding them, their singular aspect still more impressed him, and induced him to present them for histological examination.

It may be easily perceived, from an inspection of half of one of the tumors, now shown, that the mass is doubtless something presented to the observation of the members of this Society for the first time. Its form is irregularly rounded, its section presents a uniform surface, white, of an ivory aspect; in the other tumor it is more of the character of plaster, the consistence hard, stony, and precisely analogous to that of stucco; the surface very uneven, and resembling the mulberry. Such are its external characteristics."

The microscopic examination, conducted by M. Ch. Robin, decided the tumors to be of osseous nature. M. Richard remarks that "this is one of those cases in which the microscope only can enable us to give the disease a name."

The following is M. Robin's *résumé* of his examination:

"Thin sections of the tumor, taken from several different portions, have, throughout, shown the following structure:—



1. About seven or eight tenths of the mass are made up of osseous matter, which presents all the normal characteristics of bone ; that is to say, a homogeneous, compact substance, sown with small, characteristic cavities, or lacunæ, bony corpuscles, &c., from whose periphery numerous very fine and delicate canaliculi go off, sometimes anastomosing with the neighboring lacunæ. The Haversian canaliculi, or vascular canals of the bony substance, are observed here and there, particularly near the surface ; but these are rare in comparison with what is usually witnessed in the majority of osseous tumors, and are very few when compared with those existing in normal bones. The osseous substance is seen disposed in concentric layers around the canaliculi, as in ordinary bone ; this arrangement, however, although recognizable, is less well-defined than in the healthy state.

2. The remainder of the mass consists of an amorphous material, as compact, but more granular than true bone, and a little striated. This substance is buried in the ossiform matter, in the form of veins, and similar to the sinuosities in marble, in its distribution ; the bony portion being thus divided into small islands, of various shapes. This intervening matter, although closely adherent to the osseous portion, is distinctly separated from it on the level of its union with it. Externally, it presents, under the microscope, the characteristics of fibrous tumors of the uterus encrusted with calcareous deposit. The internal structure seems to be the same, for the homogeneous and striated matter, destitute of lacunæ, when treated with hydrochloric acid, gives off more gas than the bony portion, and leaves behind it a transparent plate, likewise somewhat striated."

The reporter pronounces the specimen sent by M. Roux to be very valuable, and that it is the first one of sub-cutaneous osseous tumors. "Possibly," he continues, "certain specimens of enchondroma, noticed just beneath the skin, should be considered as closely analogous. The two tissues have not only the same origin, but the same form, hardness, inequality of surface, and slow progress.

"It may be also remarked that morbid cartilaginous tissue manifests a tendency to develop itself in the superficial glands, as the parotid, the testis, the mamma ; and possibly the seat of sub-cutaneous osseous tumors may be in the sebaceous glands, adjuncts as they are of the hair-follicles."

The Society voted to deposit M. Roux's memoir amongst their archives ; and the author, having expressed a wish to become a corresponding member, was unanimously elected.

#### TREATMENT OF CANCER BY DILUTE SOLUTIONS OF CHLORIDE OF ZINC.

WE notice in the *Medical Times and Gazette* for April 25th, a report of four cases of cancer treated at St. Bartholomew's Hospital, by Mr. Stanley, by the external application of a weak solution of Sir. W. Burnett's disinfecting fluid, which are of much interest. The application is almost entirely free from pain, and it is remarkable with what ease to the patient the destruction and enucleation of the foreign growths were effected, although when the disease was extensive the process required a considerable length of time. The first case was a tumor of the breast of fifteen months' standing. The centre of the tumor was ulcerated to the extent of about an inch, the edges of the sore being raised and everted, and the discharge sanious and fœtid. The solution of the

chloride of zinc, with eight parts of distilled water, was applied, Nov. 22d, by means of pledgets of lint, six or eight times in the course of the day, and in a week a greyish slough covered the whole of the ulcerating surface, which was dry and free from fœtor. A large mass of the slough came out, Dec. 24th, leaving a surface covered with healthy granulations. The application was continued until the whole diseased mass came away, and the exposed surface was "all but healed" on the 19th of March, when the patient was discharged.

In the next case, also one of carcinoma of the breast, of five years' duration, the skin covering the tumor was removed, after being made insensible by the application of ice and salt. The dilute solution was applied the next day, Feb. 23d. The disease sloughed out, leaving a healthy cicatrizing surface. By April 22d, the small sore which remained was perfectly healthy and fast healing. In another case of cancer of the breast, the treatment was exactly the same as in the preceding. In less than a month the disease was removed and the wound perfectly cicatrized, without any induration. The fourth case was that of a large and very painful cancerous ulceration in the groin, in a chimney-sweep, who had had a cancerous mass removed from the scrotum two years previously. A large portion of the cancerous structure sloughed away, but the ulcer was too deep and extensive to permit a cure to be obtained. The man left the hospital improved in health and quite relieved of his pain.

The application of this method is so simple that we hope to hear the results of its trial in this country.

#### INFANTILE WRONGS.

WE remarked, at considerable length, on two different occasions, over a year ago, upon certain abuses chargeable to attendants upon children, and chiefly when the latter are taken out for air. That there is often great carelessness, not to mention occasional cruelty, to this class of non-resistants, is only too certain. The fact that babies are necessarily non-informers, as well as non-resistants, is taken advantage of more frequently than is comfortable for them, or creditable to their temporary guardians.

We need not particularize the risks incurred by the little excursionists, either over the Common or through the streets—because we have already done so—and the facts are often enough made evident to an observing eye. To be sure, we find people who do not believe them—who have smiled at our diatribes, and incline to let both nurses and children have it all their own way—as, in fact, they usually do. But this ignorance on the part of such easy persons, is because they do not take the pains to observe—they care more to be at their place of business promptly, and to nail each fugitive dollar to their own particular counter, than they do to scrutinize, with requisite care, the morals, physique, disposition and general habits of those who are so long and closely connected with their children, as are their nurses and attendants.

There is one thing, upon which we formerly animadverted, to which we would again briefly refer. It may be thought a trifling matter *which way* a child is made to progress, in its wagon, under the hands of its guardian—that is, whether the vehicle should be *drawn*, or *pushed*, along. We asserted, in our previous article on this subject, our ther-

ough conviction that the *former* is the *only proper* mode. This is not merely a caprice; an unnatural position and motion are given to a child, when pushed in its carriage, whether over pavement, turf or gravel. If this method be adopted with all the care possible, it is objectionable on the ground of the retrograde movement; but when, as we witnessed, two days since, it is carried out at a reckless pace, and with a disregard for obstacles worthy of an express train behind time, it becomes positively atrocious. The child we saw in the wagon thus propelled, was suddenly made, by being brought up against a curbstone, to project its head and shoulders forward, with a *jerk* which must have been painful, judging from the grimace upon its countenance and the indications of a commencing shower of tears! The worthy abigail, however, kept on, at the same pace and in the same way, as though she were "used to it."

We were pleased to observe this pernicious practice condemned lately, in one of our daily papers, and we trust attention may be more fully directed to it. The convenience or whim of the servant is surely not to be weighed against even a slight discomfort to the child. We do not, however, recognize any great *convenience*, where such light burdens are concerned; where great weights are to be moved, it may often be an assistance to add the force of the body, and *push* them—but this plea, in the cases we are considering, would be simply absurd.

We again affirm that infants are often, if not always, made uncomfortable, perhaps even carriage-sick, by this *back-handed*, lazy way of getting them over the ground. If they *must* be pushed, let the carriage be built like a Bath chair, the attendant walking behind it.

#### LAWS REGULATING THE SALE OF POISONS.

WE presume it will be long before our free and enlightened citizens will submit to the inconvenience of laws regulating the sale of arsenic and other poisons, however much the welfare of the community may demand them. We mean statutes requiring the dangerous substances to be sold only by licensed dealers, and in stated quantities, the name and address of the purchaser being registered, together with the alleged purpose for which the drug is to be used. The numerous instances of death by poisoning, accidental and with criminal intent, which are recorded in our daily papers, show the extreme importance of such laws for the safety of the public, and the late celebrated trial of Miss Madeleine Smith, at Edinburgh, is an instance of their advantage in establishing the innocence of a prisoner where appearances were strongly against her. It will be recollected that L'Angelier, the paramour of Miss Smith, died after having vomited copiously, and that on a *post-mortem* examination twenty-seven hours afterward, eighty-eight grains of arsenic were taken from his stomach. On three occasions previously, Miss Smith purchased arsenic of a druggist, as proved by the register; in one instance the drug was colored with soot, and in another with indigo. Yet neither of these coloring matters was detected on examination after death, though their presence was manifestly apparent in a dog made the subject of careful experiment.

In this connection, we quote from the *London Lancet* the following report of the Censors of the College of Physicians, dated June 25th, 1857, as containing certain hints worthy of universal attention:



“ At the end of a year of visitation, the censors having inspected, as they believe, every shop in the city, have the satisfaction of reporting that improvement is gradually taking place in all the apothecaries' shops within their appointed district. In many instances they have had occasion to express their marked approbation, and have found much to commend in nearly all. The censors have especially directed their attention to the care taken of poisonous drugs, and the method of their sale. They again found occasion to commend many methodical attempts to indicate poisonous drugs, so as to avoid accidents in dispensing them. They consider, however, that the extension of sound chemical knowledge amongst the druggists and dispensers of medicines would be the most effective safeguard against accident; and, as regards the public, they consider that a wider knowledge of the nature of poisons and their effects, and the certainty of their detection when administered, would tend most effectually to restrain both the criminal and the careless use of them.”

#### THE MICROSCOPE IN THE DIAGNOSIS OF CONSUMPTION.

It is well known that the attention of microscopists was long since directed to the investigation of the sputa in suspected phthisis, and that but little, if anything of a practical result was obtained, for a long time, at least, by the most competent observers. In the proceedings of the Harveian Society, published in the *London Lancet*, July 11, 1857, there is an interesting paper by Dr. Theophilus Thompson upon the use of the microscope in diagnosing tubercular disease. After mentioning the formerly adverse evidence of Rainey, Addison and Bennett (the latter of whom, however, “ has lately added his testimony to the value of the microscope ” in these cases), Dr. Thompson refers to the experiments of Dr. Andrew Clark, and to his demonstrations at his lectures at Haslar, which enabled him to establish, as he believes, “ the real microscopical indications of tubercular sputum.”

Six cases are cited by Dr. Thompson, and these give both positive and negative evidence of the value of the wonderful instrument which has, of late years, done so much to advance pathological investigations. In one instance the decision of the microscope triumphed over “ the gloomy prognostications which an accomplished auscultator had perseveringly maintained.” In still another, “ doubtful signs ” were confirmed, and the diagnosis of “ slight tubercular deposit, tending to restoration, was confirmed by the result.”

The rapidity of progress of the disease, is, according to Dr. T., capable of being pretty accurately gauged by means of microscopic scrutiny.

We subjoin certain of Dr. Thompson's diagnostic deductions and data.

“ When tubercular deposit is present in the pulmonary vesicles, there may be seen, contrasting with the usual epithelial cells, some which are dark, swollen, spherical; some more advanced, larger, and misshaped; others shrivelled or burst, and extruding nuclei, which nuclei, when enlarged, correspond with the ‘ tubercle corpuscles ’ of Lebert.” \* \* \* \* \* “ The general moleculo-granular appearance (to which his attention had been originally directed, and which he much regretted having erroneously figured in his ‘ Clinical Lectures ’) was not conclusive; the sputum which is really characteristic containing isolated masses of moleculo-granular material, and having interspersed corpuscles of various forms, overgrown or jagged, and setting free nuclei; the various proportions of pus, or fat, or blood, giving collateral indications of the amount of surrounding deterioration in the lungs; while amongst evidences of rapid progress might be specified the appearance of large and numerous areolar meshes, still retaining

their adhesion and elasticity. In chronic cases, portions of this tissue appear, inelastic, teased out, and broken down, in consequence of long imprisonment, whilst a diminished proportion of fat, and the appearance of cholesterine plates, and still more of earthy particles, were often indicative of a mode of restoration."

It is certainly desirable that further investigations, in this direction, should be made. Whatever can aid us in detecting the early presence of so formidable a foe, is of inestimable value. If the microscope can antedate the ear, we may hope to *steal a march* upon the adversary. At all events, with so many zealous cultivators of microscopy let no opportunities of this sort escape examination. We suggest the intervention of the "*Microscopical Department*" of the Boston Society of Natural History, as well as the careful attention of private histologists.

*Iodine in Rheumatic Nodosity of the Joints.*—M. Lasègue relates some interesting cases in which the employment of the tincture of iodine seemed to exert a most favorable influence in the nodosity of the joints which sometimes constitutes so distressing a sequence to chronic rheumatism. Dr. L. thinks its efficacy is far greater than that of the iodide of potassium. He always gives it at meals, in sweetened water, or better in wine, beginning with eight or ten drops twice daily, and gradually increasing to a drachm, or a drachm and a half. —*Archives Gén. de Méd.*, Sept. 1856, p. 300.

*Medical Examinations in New York.*—We refer our readers to the advertisement of Drs. Agnew, Bumstead and Nash, to be found in our present issue. The plan pursued by these gentlemen appears a most excellent one, and must be productive of good results, in the way of communicating practical knowledge in medicine and surgery.

From our personal knowledge of one of the teachers, Dr. Bumstead, we can all the more confidently express our opinion as to the excellence and success of the instruction; and we do not doubt the high qualifications of his associates.

If true clinical instruction, by active and competent men, were more in vogue everywhere in the United States, where material exists for it, we should see better instructed students, and the community would have more reliable medical aid, than is too frequently, now, the case.

*Health of the City.*—There is a marked diminution in the deaths from cholera infantum, there being but 28 this week to 39 of last. During the corresponding week of 1856, the fatality from cholera infantum was very nearly the same as in this, being 24. The total number of deaths in the corresponding weeks are also nearly equal; being, for 1856, 114, to 103 for the present year. The victims to that *standard disease*, consumption, are precisely the same in both years, namely, 15.

*Deaths in Boston for the week ending Saturday noon, August 29th, 1857.* Males, 61—Females, 42.—Accident, 1—inflammation of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 1—cancer of the brain, 1—consumption, 15—convulsions, 4—cholera infantum, 23—dysentery, 5—diarrhoea, 1—dropsy, 1—dropsy in the head, 3—drowned, 1—debility, 2—infantile diseases, 5—typhoid fever, 2—scarlet fever, 5—inflammation of the lungs, 5—marasmus, 4—measles, 1—palsy, 2—premature birth, 2—disease of the spine, 1—scrofula, 1—scurvy, 1—suicide, 1—teething, 4—thrush, 1—whooping cough, 2.

Under 5 years, 66—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 80—Ireland, 11—other places, 12.

*Inoculating Cows for the Distemper.*—The following statement, made at a late meeting of the Brooklyn (N. Y.) Board of Health, by Alderman Schols, is almost too extraordinary for belief. A discussion arose on the subject of the nuisance created by distilleries and cow-stalls in that city, and Mr. S., after describing the amount of filth created by these establishments, observed that the keepers of the stables were in the habit of inoculating their cows during the prevalence of the *distemper*. He said, as stated in the N. Y. Times—"One of these cows may be milked in the morning, and the milk taken into the city and sold, and at noon the cow be dead. A great many head of cattle die in the course of a year. A cow drops down dead in her stall. She is immediately cut open. They die of a kind of consumption, and no lungs are found after death. The lungs are entirely rotted away, and in their place are lumps of black matter. This matter is taken from the dead cow, and with it the others—all that are new and fresh—are inoculated. The inoculation is performed in the tail, which is cut so that the black matter can be inserted. This is a process through which all the cows are made to go. Fresh cows, that have never been in such stables before, are inoculated as soon as they are brought in, before they can have a chance to die suddenly by distemper. As a consequence, the tails rot off. Hardly a cow is to be seen with a whole tail! The cows thus become thoroughly diseased. I have known a man to lose 40 cows in a year, who kept 25 at a time! As soon as a cow died it was replaced by another; and yet, in keeping only 25 cows, he lost 40 in a year!"

*Remedy for Sea-Sickness.*—Dr. W. P. Harris, surgeon of the Khersonese (English) Steamship, has made use of the following means to remove the nausea and distress of sea sickness. He allows the stomach, generally, to discharge itself once or twice, and then, if there is no organic disease, he gives five drops of chloroform in a little water, repeated, if necessary, in four or six hours. Conjoined with this, he recommends keeping the head somewhat lower than the rest of the body; applying sal volatile to the nostrils; rather strong brandy and water; keeping the patient on deck, if possible; with small quantities of food at a time.

*Ergot of Wheat as an Ecbolic.*—Prof. D. L. McGugin, of the University of Iowa, reports a case in the Iowa Medical Journal, in which the ergot of wheat was successfully used, after the ergot of rye had been found ineffectual in expelling the placenta.

*Iowa State Medical Society.*—The annual meeting of this Society took place at Iowa City on the 10th of June, and continued two days. The number in attendance was not large. Dr. Thomas Siveter was chosen President, and committees were appointed on various subjects.

*Foreign Honors to an American Surgeon.*—Dr. W. J. Holt, of Augusta, Ga., has just received, through the Russian minister to this country, the "decoration" of Commander of the Imperial Order of St. Stanislaus, in consideration of his services during the campaign in the Crimea. The cross is of massive gold, and beautifully wrought. Dr. Holt was appointed member of the Order of St. Anne, while still in the service of Russia; and this second compliment, now that he has left that service, testifies to the Czar's appreciation of the ability with which the surgeon's duties were discharged.—*N. A. Medico-Chir. Review.*

*Bellevue Hospital.*—The extensive enlargement of the buildings occupied by this charity is in rapid progress. For the present we learn that the lack of room for the inmates is sadly felt. Indeed all our public institutions are unusually full for the season. The Lunatic Asylum, on Blackwell's Island, is so filled that an additional building has been occupied. The Alms House buildings, too, are crowded.—*Am. (N. York) Med. Gaz.*

*Beef and Mutton in Dysentery.*—The *Gazette Hebdomadaire*, of July 10th, copies from an Italian journal the reports of several cases of dysentery successfully treated by means of raw, or very rare (*demi crude*) beef and mutton. The editor remarks that in 1845 a Russian, Dr. Weisse, advised the use of lean beef or mutton, cut into very small pieces, as a remedy in the chronic diarrhœa of infants. Dr. Pensa, of Alexandria, in Egypt, has published the full details of four cases which he successfully treated according to the above method.—*Western Lancet.*



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ASIATIC CHOLERA AND CHOLERA MORBUS.

BY TH. POLLARD, M.D.

WE believe Asiatic cholera to be cholera morbus in *epidemic* form; and it may not be inappropriate at this season to give some reasons drawn from analogy, and facts for this belief. We are aware that many, possibly a majority of the profession, do not admit the diseases to be the same, and look upon Asiatic cholera as "*sui generis*." We are the more induced to say something on the subject at this time, as we have been hearing of sporadic cases of *Asiatic* cholera; and as we hear of them every summer from men of high standing and authority, and whose opinions have weight, both among the medical and the non-medical public, whose fears are aroused, and whose anxiety about personal safety and injury to business is not inconsiderable. This belief, so common in the profession, we are convinced has arisen from want of reflection; and we have been rather astonished at the idea that epidemic or Asiatic cholera is a new disease, originating about 1817. That this affection was first apparent in Europe about 1830, is a matter of history. Why it never spread from the east to the west before this time, we know not. Possibly the increasing commerce of the world had some agency; but as this might involve the doctrine of contagion, we do not design to express any opinion to this effect, and merely mention the fact.

That cholera morbus existed in an epidemic form at an early age, is plainly evident. It is described by Aretæus and Paulus Ægineta (*Vide Bell and Condie on Cholera*, p. 143), and by Cœlius Aurelianus, the latter of whom observes it is "a torment of the bowels, looseness and oppression of the præcordia, vomiting of humor and yellow bile, succeeded by matter somewhat resembling the white of an egg; also great heat, insatiable thirst, tension of the sinews and calves of the legs and arms; præcordia drawn upward, with pain like that of the iliac passion—the countenance being collapsed, and the eyes red."

Bontius, a Dutch physician, writing in 1629, says, in describing *cholera morbus* at Batavia, "It is extremely frequent. In the cholera, hot bilious matter irritating the stomach and intestines is incessantly and copiously discharged by the mouth and anus. It is a disorder of the most acute kind, and therefore requires immediate application. \* \* \* *Those who are seized with the disorder generally die, and that so quickly as in the space of twenty-four hours at most.*"

He also mentions the weak pulse, difficult respiration, coldness of surface, restlessness, cold sweat, also spasm, which he says exists much less than in the Indies, and cites one case of the steward of the hospital in his country who died of the disease, with convulsions, in six hours. Though he does not say the disease was epidemic cholera, he has evidently and truly portrayed that disease.

Sydenham describes an epidemic cholera morbus in 1669 as follows: "Immoderate vomiting, and a discharge of vitiated humors by stool, with great difficulty and pain; violent pain, and distension of the abdomen and intestines; heartburn, thirst, quick pulse, heat and anxiety, and frequently a small and irregular pulse; great nausea, and sometimes colliquative sweats; contraction of the limbs; fainting, coldness of the extremities, and other like symptoms, which greatly terrify the attendants, and often destroy the patient in twenty-four hours."

And again, in a letter to Dr. Brady, he says that "at the close of the summer (1676) the cholera morbus raged epidemically, and being rendered more severe by the extraordinary heat of the season, was accompanied with more violent and inveterate convulsions than I had hitherto observed; for not only the abdomen, but all the muscles of the body, and especially those of the arms and legs, were affected with terrible spasms."

Dr. Paisley, who wrote in 1774, speaking of cholera morbus, says, "It is often epidemic among the blacks (natives), whom it destroys quickly, as their relaxed habits cannot support the effects of sudden evacuations nor the more powerful operation of diseased bile." He also says, "When it is epidemic here it is totally a disease of highly putrid bile, which operates on the system *as a poison, and brings on sudden prostration of strength, and spasms over the whole surface of the body.*" These latter remarks refer to the years 1769-70.

Sonnerat, who travelled in India in 1774 to 1781, says, "There is another epidemical disorder which reigns, and in twenty-four hours or less carries off those it attacks. The symptoms of the disease were, a watery flux, accompanied with vomiting and extreme faintness, a burning thirst and oppression of the breast, and a *suppression of urine.* They were often without pulse, the hands and ears were cold, the face lengthened, and eyes sunken."

He also describes spasms and colicky pains as being attendants on this affection, which was evidently epidemic cholera.

British army officers mention a similar disease which prevailed in 1775 at Mauritius, and in 1781, Mr. Jameson, Secretary to the Calcutta Medical Board, says, "A disease resembling cholera attacked a division of Bengal troops of 5,000 men, with inconceivable fury. Men dropped down by dozens, with dreadful spasms of the extremities and trunk, and vomiting and purging, and some died in an hour."

Curtis, surgeon in the English navy at Madras, says, the "*mort du chien*, or cramp, had been very frequent and fatal among the seamen, the sickness being attended with vomiting, purging, coldness of extremities, sinking and lividity of the face, the eyes sunken, the pulse scarcely or not at all perceptible, great thirst, soaked condition of the hands, cramp; thin, watery, mucous discharges from the bowels, spasms, but with clear and undisturbed intellect to the last."

The "Bengal report" states, that in April, 1783, cholera destroyed 20,000 people, on an occasion of a festival.

Dr. Duffin, of the English army in India, says, "In 1784, cholera morbus rages with great violence, and is so rapid in its progress that many of the men are carried off in twelve hours. They are seized with nausea, frequent heats and chills, then cold sweats, severe griping, and purging of *bilious* colluvies."

Dr. Davis, describing the same epidemic, speaks "of the bladder being empty and contracted," and Mr. Thompson mentions the same thing.

Dr. Jas. Johnson, in his work on Tropical Climates, describes cholera in the east in 1804; and after giving the history of a case, says, "This may serve as a specimen of that dreadful disease which has obtained the appellation of '*mort du chien*,' or death of the dog."

Other observers in the east have described this affection as prevailing in 1790 and 1814, calling it "epidemic cholera morbus," "cholera," and "cholera asphyxia"—the name of *Asiatic cholera* being first given to the epidemic which started in the east in 1817, travelling west—another instance of a *new* name misleading, and inducing the belief of a *new* disease.

Apart from the fact, analogy supports the belief of the identity of the two diseases. All observers are aware that epidemic and sporadic dysentery differ considerably in their intensity, in some of their symptoms, and in prognosis—sporadic dysentery in our climate being rarely fatal; epidemic dysentery frequently so. So of erysipelas—in its sporadic form its tendency is to recovery—in its epidemic character it is often fatal, particularly in hospitals, and in that form called "black tongue," and in that variety attacking the peritoneum, for it is well ascertained that when the



disease is epidemic it is apt to be communicated by nurses and physicians, and, probably through the atmosphere, to lying-in women, constituting a fatal form of puerperal fever. And these remarks apply generally to epidemic disease, which is almost always more severe than when sporadic, and always assuming new appearances and symptoms.

Several points of diagnosis between cholera morbus and Asiatic cholera have been laid down. Among them, it has been stated by Watson and others, that in the latter the discharges show an evidence of want of secretion of bile, while in the former they are bilious. I am sure every one's observation will disprove this assertion. In mild cases only of cholera morbus a copious secretion and discharge of bile speedily occurs, and stops the disease, while in all violent cases there is almost always an entire absence of bile in the evacuations. The older writers describe common cholera as being generally attended with absence of bilious discharges; and on the other hand, some of these writers, as already quoted, speak of the subjects of epidemic cholera morbus (evidently our Asiatic cholera of modern times) as "being overcome by the more powerful operation of diseased bile," thus rendering it probable that there is no invariable rule on this point, though the general rule, as we have stated, is that in violent cases of this disease there is absence of bile in the secretions.

Another point of difference is stated to be "suppression of urine" in Asiatic cholera. Now it is evident that this is a symptom dependent on prostration and want of innervation, and may occur as well in fatal cases of sporadic cholera as of Asiatic. Again, we are told the convalescence is tedious in one affection, and rapid in the other, and that secondary fever follows only Asiatic cholera. We admit Asiatic cholera is attended with more prostration, graver symptoms, and longer collapse than the sporadic cases, and the longer an organ is congested, the more probability there is of inflammation and consequent secondary fever.

Another point of distinction is said to be that cholera morbus is brought on by imprudence in eating, and Asiatic cholera is not. Where a disease is epidemic, and the whole atmosphere loaded with poisonous material, it of course requires less exciting causes to develop the malady than when the atmosphere is healthy. It is, however, a matter of history that the badly-nourished, badly-aired and imprudent portion of the people are those who are subject to Asiatic cholera. A man living in a well-ventilated, dry apartment, who is temperate in eating and drinking, and regular in hours, need not fear cholera, even though he live in the impure atmosphere of a diseased city. Possibly cholera may sometimes affect such a person, and we sometimes hear of men in the better walks of life being its victims; but we believe, if the history of these individuals could be known, it would be found that they had commit-

ted some imprudence in the use of diet or alcoholic drinks, or lost rest, or in some way impaired the strength and tone of the digestive apparatus; for imprudent drinking will do this as effectually as improper eating.

And again—some, hard pressed for differential diagnosis, tell us that cholera morbus is rarely fatal. This is true; but this is true of all sporadic disease compared with epidemic. Cholera morbus, too, including cholera infantum, is more fatal than some are willing to admit. In Philadelphia, in ten years ending January 1, 1832, from the report of the board of health, the deaths from sporadic cholera were 2,437, of which 114 were over ten years of age, and this too at a time when the population was small as compared with the present.

Those who dwell on the rare fatality of cholera morbus, are, we suspect, those who, seeing a very severe case of sporadic disease, pronounce it Asiatic cholera, because they discover here, particularly if the patient is moribund, all the symptoms which they ascribe to Asiatic cholera.

We design to say a few words of treatment, which, reasoning from analogy of the most successful treatment in sporadic cholera, and from facts and statistics, we believe to be *opium*. We would not neglect other remedies and adjuvants, calomel, counter-irritants and stimulants, but we look on this one medicine as the sheet-anchor, and we have often asked the question, with what other remedy can you restrain the vomiting and purging to prevent collapse, and give your calomel an opportunity of acting on the liver? and have never obtained a satisfactory reply. We have been told that in some cases there is death without vomiting and purging. These cases are very rare, and form the exception, all observers and authors agreeing upon the general fact that diarrhœa and vomiting are the precursory symptoms of Asiatic cholera; and in cases of death without vomiting and purging, *post-mortem* examination has proved the intestines are loaded with effused serum, which probably was not thrown off *per anum* from want of muscular power, the poison having produced sudden sedation and prostration of the whole nervous system. Possibly opium given early in these would have allayed the irritation of the mucous membrane, have produced regular distribution of nerve power, and given time for remedies and the "*vis medicatrix*" to have had fair play.

The writer of this has seen cholera supervene while the system was fully under the influence of mercury; and we are much disposed to coincide with those who have expressed the opinion that the secretion and discharge of bile and return of the secretions is rather the *effect* than the *cause* of the system righting itself, and that the "*post hoc, propter hoc*" reasoning has been applied to the action of calomel in cholera.

We have never been a believer in the *congestive* action of opium

in cholera. By subduing neuro-sthenia and equalizing irregular distribution of nerve force, we believe it is decidedly *anti-congestive* in this as well as other affections. Improperly used in checking secretion, and producing constipation of the bowels, it may prove congestive to the brain and other organs, but this cannot apply to cholera.

In this connection we may properly allude to the statistics furnished by the "Report of the London Board of Health" (*Vide Va. Med. and Surg. Journal*, July, 1855, p. 39), to which are attached the distinguished names of Drs. Pain, Alderson, Babington and Tweedie. 2,749 well-developed cases of cholera are reported, the general per-centage of death following each plan of treatment being of

|                                  |           |                |
|----------------------------------|-----------|----------------|
| Eliminants,                      | - - - - - | 71.7 per cent. |
| Stimulants,                      | - - - - - | 54. "          |
| Alteratives (calomel and opium), | - - - - - | 36.2 "         |
| Astringents (chalk and opium),   | - - - - - | 20.3 "         |

It is proper to state that of the 150 cases treated with the chalk and opium with such favorable results, not one third had entered the stage of collapse, while of the 166 treated by salines, three quarters were collapsed; and of the 124 cases in which castor oil treatment was adopted, all but 12 were in collapse. Still this testimony is very strong in favor of the opium treatment.

The fairest test is to take the collapsed cases, and draw the comparison, the fatality being as follows:

|                        |           |              |
|------------------------|-----------|--------------|
| Calomel and opium,     | - - - - - | 59 per cent. |
| Calomel (large doses), | - - - - - | 60 "         |
| Salines,               | - - - - - | 62 "         |
| Chalk and opium,       | - - - - - | 63 "         |
| Calomel (small doses), | - - - - - | 73 "         |
| Castor oil,            | - - - - - | 77 "         |
| Sulphuric acid,        | - - - - - | 78 "         |

Here, though collapse had taken place, the opium with calomel was more successful than calomel alone; and it is in this state that opium has been so much condemned, and regarded by some as fatal. Before collapse the opium treatment was, as evidenced by the first table, by far the most successful.

Ten thousand cases of choleraic diarrhœa were treated; and the committee say the sulphuric acid treatment was the most efficacious ever practised—the saline treatment being least successful—and the calomel and opium next in efficacy to the sulphuric acid.

In a disease, necessarily so fatal as cholera, when fully formed, diversity of opinion will probably continue to exist as regards treatment; but we conceive that every one who will fairly investigate the subject, must come to the conclusion that we have endeavored to enforce, that cholera morbus and Asiatic cholera are one and the same disease. Analogy, the fact that cholera morbus in epi-



demio form is decided by the old writers as being very fatal, and exhibiting *all* the symptoms of Asiatic cholera of modern times, the further fact that the same organs are affected in the so-called two diseases in the same way, and the additional consideration that a person dying with sporadic and another with Asiatic cholera exhibit, so far as we can learn, the same condition of things, are all, we conceive, very strong evidences of the truth of our position.

If we succeed at all in allaying the constant talk every summer about "Asiatic cholera," we shall be paid for our trouble in preparing this paper.—*Virginia Medical and Surgical Journal*.

#### INTERESTING SURGICAL CASES.

BY J. J. CHISOLM, M.D.

*Extirpation of Tubercular Testicles, with a description of the Pathology and History of a very Interesting Specimen.*—Adam, a slave, aged 60, color very black, rather thin, much emaciated from prolonged suffering and absence of appetite, presented himself at the Negro Hospital for treatment May 12th, 1857; the disease under which he was suffering rendering him helpless to himself and useless to his owners. He had been under treatment for twenty years for disease of the testicles, which gradually and continually progressed in spite of the various remedies used by different physicians. Both scrota were enlarged, having attained the size of the doubled fist. The right was the larger, and was, at points, of bony hardness; shape ovoidal, with fluctuation perceptible in certain portions. The left was quite soft, with fluctuation distinct throughout. They were both painful on pressure, and by their weight were a constant source of much drawing pain in the loins and back. The disease was confined to the gland, the cord being perfectly healthy. The history of the case was one replete with interest, showing clearly a hereditary transmission. His father died of diseased testicles, leaving five sons. His mother had fallen a victim to consumption. Two of the sons had died at an advanced age from the fatal result of operations performed for the removal of diseased testicles. Our patient, as the third son, showed decided traces of tubercular degeneration of the same organ, and his son was also suffering from testicular disease. Tracing a rare and singular affection through three generations is a curious fact well worthy of record. Our patient could give us no information concerning the offspring of his brothers, as they had moved to a distant part of the State, so that we were unable to trace the transmission through the other branches of the family.

May 16th.—The left scrotum was punctured with a fine trocar and canula, and three ounces of a dirty-brown fluid escaped. The patient was now put under chloroform, and a powerful ecraseur

was applied, the chain passing around both cords through a puncture made under the penis near the pubis, so as to enable the instrument to remove both tumors and most of the scrotum, expecting the ecraseur so to condense the tissues as to leave a very small exposed surface for cicatrization. After a considerable amount of pressure had been exercised upon the peduncle, sufficient to indent deeply the skin on one side where the chain exercised most pressure, one of the small pivots holding the links gave way, the instrument becoming useless. The operation was completed by the knife in the usual way, removing that portion of the right scrotum which had been nearly severed, retaining nearly half of the sac. In making the section of the two cords, we were surprised to find but one artery requiring ligature, all the smaller vessels having been crushed to obliteration. As the left cord could not be found, there was no artery to ligature. Three points of suture brought the raw surfaces in excellent apposition, and, under cold-water dressings and good strong diet, the case progressed rapidly to a perfect cure, all of the wound uniting by quick union; the ligature, which remained on three weeks, being the only cause of his detention under surgical treatment.

Upon carefully dissecting the tumors, that on the right side was found to be a cyst, with fibro-cartilaginous walls, quarter of an inch in thickness, with patches of calcareous matter deposited in its substance. When the sac was opened, five ounces of a dirty dark-brown fluid escaped, similar to that which had been drawn off from the left tumor. The inner lining membrane of the face was corrugated, and appeared cartilaginous, lined by a polished epithelium, upon which surface a copious brown deposit had been thrown down. The right testicle, with its cord, was found healthy, flattened, and firmly adherent to the posterior and outer surface of the sac. The left tumor, from which three ounces of fluid had been taken, was formed at the expense of the testicle, which was in an utterly disorganized condition. The inner surface of the cyst was exceedingly ragged, with relics of seminiferous tubes traversing the cavity as bridles or trabeculæ. A dirty brown sediment was intimately mingled with the disorganized testicular structure. Two small sacs were found imbedded in the outer wall of the last cyst, filled with a thick matter resembling the yellowish brown detritus of the testicle. Upon microscopical examination, this was found to be composed entirely of tubercular granules. In the deposit of the right scrotum a large quantity of crystals of cholesterine was found. No trace of the left cord could be detected. The long duration of the disease, and the complete destruction of the gland, might readily account for its disappearance by absorption. Both the history of the case, the physical appearances of the tumor, and the microscopic examination, established the diagnosis of the tubercular degeneration of the left testicle and epididymis, which

had been perhaps for many years destroyed, and had undergone softening and disintegration. He had been a stranger to all sexual feelings for nearly twenty years. The right sac was apparently an hæmatocele of long standing.

The case was interesting as an example of the hereditary transmission of a rare disease through three generations, and of the disappearance of an important appendage of the testicle, the cord, when no longer required by the gland. Our admiration of the new ecraseur was not much increased by our personal experience, and we concluded that it ought to be of very limited application.

*Operation for Necrosis of the Femur, followed by Tetanus, with Recovery.*—George, a slave, aged 23, stout and in good health, was operated upon, May 23d, 1857, for necrosis of the inferior and anterior portion of the femur, of two years' standing. The posterior portion of the thigh was scarred with a dozen cicatrices; there was also an open fistula on the inner and lower portion of the thigh, which allowed the probe to pass in four inches over the anterior face of the femur, which was extensively denuded. Four ounces of chloroform were used before anæsthesia was induced. A free incision was made, and the anterior face of the femur extensively removed by the gouge. The patient was put under the cold water treatment, which was the only application made to the wound. Granulations sprung up with great vigor, and the opening from the denuded surface was with difficulty kept open by using pledgets of lint.

The patient, being very unruly, could not be kept in bed, and a few days after the operation would walk about the hospital during my absence. On the fifteenth day after the operation he took a long walk under an intensely hot sun, and the next morning complained of soreness of his throat and uneasiness in swallowing. This uneasiness persisted for five days before any tetanic paroxysm took place. The evening preceding the first paroxysm, I had left him dressed, taking his dinner. On the sixth day I found the jaw very much contracted—not opened more than one quarter of an inch—and during the visit he had a severe cramp, with opisthotonos. He complained of severe pain in the throat and difficulty of swallowing, the face presenting the peculiar and striking expression so characteristic of tetanus.

R. Patient to be kept quiet in a dark room, thirty drops of laudanum to allay pain; nourishment and stimulus to be given *ad libitum*; milk, arrow-root, corn starch, gruel, or eggs, with porter, wine or brandy, as the patient prefers; also, one drachm of laudanum at bed-time.

On the second day of treatment found the patient worse. As I entered the room, he was sitting in a chair. Upon touching him, a violent paroxysm immediately followed, which threw him from his seat; decided opisthotonos. Paroxysms followed every three or



four minutes. He had taken very little nourishment—none for several hours, on account of pain in the throat, and feelings of suffocation. During the day the suffocative feeling became so distressing that he refused food, and even drink. I prescribed an inhalation of chloroform, which removed the disagreeable symptom, and during the visit he drank nearly one pint of porter. *R.* Chloroform, to be inhaled before taking food; nourishment and stimulus to be urged.

It is unnecessary to extend the daily treatment. The belief upon which the treatment was based was, that the ordinary remedies used in tetanus are all of a debilitating or depressing character; that tetanus destroys its victims chiefly by exhaustion; and if, by the administration of stimulus and easily-digested and nutritious food, the patient can be kept alive a certain number of days, the irritability of the nervous system will wear itself out, and the patient will be saved.

The treatment, instituted and continued with very little change, consisted in inhaling chloroform when the spasms of the throat were so severe that the patient could not swallow. This inhalation was never carried to insensibility, or even to drowsiness, and was only required on three or four occasions; from 30 to 60 drops of laudanum were administered at bed-time, which generally gave him a good night's rest. After a few days, the laudanum nauseated him, and he vomited frequently. This was then changed for morphine, half a grain every night at bed-time; hot poultices to the abdomen, when very hard and painful; two drops of croton oil every fourth day, to open the bowels, for they were never opened naturally for three weeks, until the paroxysms had very much mitigated; last, but not least, strong fluid nourishment, even to forcing—porter I considered peculiarly applicable for the anodyne effect, as well as its sustaining powers. This was used without limit. I was always most satisfied when the patient had taken his four bottles in the day, for he was sure to have a good night after such copious potations.

The paroxysms gradually became mild, with much longer intervals, and finally left him altogether, although at times he would have one severe one: for instance, one month from the commencement of the disease, when he could leave his bed and walk about, whilst standing in the floor he had one, which threw him down upon his back.

The case is reported in order to press upon the attention of the profession the mode of treatment which is decidedly the most rational, and which experience, with me, has proved all that one could desire. I have been unfortunate enough in the last three years to be called upon to treat three cases of tetanus. The same course has been adopted in each, and I have had the extraordinary good fortune to save them all. As these three cases have followed each

other consecutively, it is too much success to attribute to mere coincidence, and some credit must be given to the treatment, which was recommended, but not practised, by Marshall Hall. Medicine should always take a secondary part in the management of such cases. It does not absolutely follow that because a patient is sick he must be drugged, for I think the varied treatment of physicians conclusively shows that the more medicine taken, in cases of tetanus, the greater certainty of a victim.

*Syphilitic Indurations without Chancres Appearing on the Penis after Exposure to Infection.*—Jack, aged 25, a stout negro, was under daily treatment for gonorrhœa, when he complained of two slight swellings around the penis. On examination, I found slight indurations, with surrounding œdema, upon the inner surface of the prepuce around the corona glandis, which had appeared during the night. On the following day they had increased to the size of a pea. The induration remained several weeks, gradually disappearing under the continued use of the proto-iod. mercury. No pustules or ulcers appeared at any time upon the indurations. As the negro was easily alarmed at the slightest appearance of disease, and was always ready to take advantage of the slightest indisposition, to lay up, it was presumed he would not allow the presence of even such small swellings to exist without immediately making the most of them, so that we confidently believed that he had reported them at the earliest opportunity. The rapid increase by the next day substantiated his history; the slow disappearance under mercury also strengthened the diagnosis, and the appearance presented was identically the induration accompanying the genuine Hunterian chancre, without the sore.

Cases of the absorption of syphilis producing buboes, and followed by secondary symptoms, without there ever having been an ulcer or discharge of any kind from the penis, have been acknowledged and reported by most syphilographers, under the title of bubo d'emblée, and the case just reported would come under the same category.

*Calcareous Degeneration and Spontaneous Luxation of the Crystalline Lens, the result of Injury to the Eye.*—I was consulted by Mr. M. concerning his eye, which had given him much pain for the last few days. Upon examination, the following singular condition presented itself: A chalky white mass was pendulous from behind the iris through the pupil into the anterior chamber. It was about the size of a small pea, and appeared quite movable, and by its presence irritated the internal eye, producing iritis. He had frequently been annoyed in the same way before, by the protrusion of the foreign body. By rubbing and pressing the eye, the mass would be forced through the pupil, when it would disappear behind the iris, and the inflammation excited by it would soon subside. The diagnosis was, calcareous degeneration with luxa-

tion of the lens, which would at times change its position and then make its appearance. When a boy at school, the patient received a severe blow in the eye, which caused violent inflammation, resulting in the above pathological condition. As the patient refused all instrumental aid, the prescription given him was belladonna to dilate the pupil, when he could manipulate as he had done before.

*Extirpation of a Degenerated Eye, to prevent successive attacks of Ophthalmia in the remaining Organ, with the Pathological Description of the removed Organ.*—Mott, aged 45, seaman, came under observation at the Marine Hospital, suffering under violent ophthalmia, with slight opacity of the left cornea. He had frequent attacks of inflammation, coming on without apparent cause, and which were controlled with difficulty. His right eye had long been destroyed from injury, and was considerably atrophied, and he was in constant dread of losing the remaining organ from disease. Supposing that the lost eye, by its irritation, might be the cause of trouble to the left, I determined to remove it, which I did under chloroform. The operation in itself was trivial, and no bad symptom disturbed the rapid cicatrization of the wound. The left eye did not improve immediately, as I expected, but required active treatment for some time before the cloudiness of the cornea disappeared. He was finally discharged well, with the belief that the removal of the destroyed eye would prevent, perhaps altogether, the return of inflammation. In examining the globe of the right eye, its small size was strikingly conspicuous. The cornea was white and small, and firmly imbedded in a dense, thick, contracted and puckered sclerotic coat. The choroid coat was perfect as a covering, and loose in the cavity of the sclerotic, apparently without connection with the inner surface of that membrane, except at the posterior portion. Upon dividing this layer, the knife grated upon a hard substance, which was found to be two stony masses, differing in appearance, form and color. One, imbedded in the anterior face of the choroid, was the lens, lenticular in shape, surrounded on all sides by its capsule, which could be readily lifted from its stony contents. The cretaceous mass was white, smooth, and soft enough to flake under the moderate pressure of a forceps, portions of the concrete appearing as small scales from the surface. The second mass was in the form of an irregular trapezoidal plate, of a much harder substance, four lines in its longest diameter, three in width, and about two lines thick in the centre, gradually tapering to one at the edges. It grated without crumbling under considerable pressure of a stout forceps; color grayish, of compact structure, lying imbedded in the posterior surface of the choroid, and perforated in its centre for the passage of what I took to be the middle artery of the retina. The mass occupied the seat of the nervous expansion on the hyaloid surface, and from its intimate connection with, or perhaps for-



mation at the expense of the retina, must have been the constant source of irritation. There was abundant cause for any amount of inflammation from which the left eye so frequently suffered. Unfortunately, the vocation of the patient is such that he will be soon lost sight of, and we will be left without the means of verifying the expected result of the operation.—*Charleston (S. C.) Medical Journal.*

## MARSHALL HALL.

[Communicated for the Boston Medical and Surgical Journal.]

DR. MARSHALL HALL is dead, and an illustrious name is stricken from the roll of Science, to be engraved on her monumental tablet. No living English physician or physiologist is perhaps so widely known, and none is like to be remembered so long. With all its material strides, our century can show but a few of those bounds forward in the science of life which leave a long blank space between the foot-prints that measure them; and to Marshall Hall one of these few considerable movements of progress may be justly attributed.

The great discovery which we owe to the genius of Sir Charles Bell, aided by the more precise experimentation of Magendie—the divided function of the nerves and nerve-roots—was beyond question the most important addition to physiological knowledge since the new revelation of Harvey. This again was almost overshadowed by that newer-found truth which is to vital movement what the doctrine of gravitation is to the movements of the spheres, or that of proportional combination to chemical changes; the law of cell-formation.

The microscope, to which we owe this noblest of physiological generalizations, has since absorbed much of the observing talent devoted to the study of life. Science is apt to be dull and slow; it loves tools and cabinets and manipulations; anything better than hard thinking. The little world of the microscope bred a race of little men to live in it. The coral-insects that labored to build up this new realm in the waste of knowledge were undeniably useful, but they were indisputably small.

Marshall Hall wrought in the midst of this molecule-loving generation, in the old track, with the old natural implements. What he accomplished Prochaska and others had long before begun; it was only a wonder that a hundred experimenters had not anticipated him, for there was nothing seemingly in his observations and experiments that Herophilus or Galen might not have stumbled upon.

The usual round was run through, of disputing the facts or their explanation, of denying their originality, and at last of acquiescing in the claim of the discoverer. The world concedes the recognition of the automatic nervous centres and actions to Marshall Hall. Others may have more or less perfectly observed and announced some of the facts in the series of demonstrations. But they spoke in a whisper or in a corner, and when they had once spoken were quiet. He cried his doctrine and its proofs aloud in the street and the Academy; he shouted it over and over again, until he was hoarse with calling; he

printed it in little pamphlets and big books; he dressed it in italics and capitals, as if it were an incendiary proclamation; he wearied the very echoes with it, until at last the deaf and surly world took up its ear-trumpet and listened—and lo! one of the startling truths that make a century luminous in the procession of time, and lift a withered student into planetary reputation!

His doctrine of the reflex function, announced, reiterated, illustrated, demonstrated, applied and triumphantly established in the world's belief, fixes his name in that stony immortality of science which is the surest hold a man can have upon the perpetual remembrance of his race. His peculiarities and weaknesses all pass out of sight, but his great achievement remains. It is handed over—if we may borrow a simile from his discovery itself—to the *reflex action* of Time—to the automatic grasp of universal memory. No voluntary act can now reach his fame. We need hardly hesitate, therefore, to sketch some of his traits in a few words, with the freedom which illustrious and unquestioned position authorize us to exercise in judging those who have gained it.

An ingenious, active-minded, observing, speculating, excitable man, half physiologist and half medical practitioner, he always seemed to be in the flurry of some new discovery or startling novelty. Sometimes he would make a new name for an old thing, and frighten the nosologists with a long string of new diseases, that proved, after all, to be only old friends—or enemies—with a fresh set of *aliases*. Such was the case with his famous *Mimoses*—collections of imitative symptoms which he raised to the condition of medical entities. Sometimes it was in the spreading out and emphysematous dilatation and spasmodic emphasizing of common and well-known phenomena, amidst a great splash of capitals and an alarming spatter of notes of admiration. It was his weakness to love his own ideas and fancies, and to make much of them. Nobody ever insisted so earnestly on the one particular, special, individual point of observation or of precept which he was laying down at the moment. He knew that men were stupid and obstinate, and that it took a great deal to wake them up. See how he talks to us in the *Lancet*, a little more than a year ago, about the treatment of asphyxia. His advice is as sharp and startling as the reading of the Riot Act. He always has the same eager way of pushing all his thoughts home, as if this one particular thing he is saying were *the* thing that prophets and kings have desired so long and which he was determined they should not die without the sight or knowledge of!

Mere praise of a man, living or dead, has no flavor if it does not relieve itself against his individual characteristics, even if these be of the nature of infirmities. To deny the evidence of a certain effervescent egotism in the writings of Marshall Hall would be like overlooking the learned inflation of Sir Thomas Browne or the homely obscurities of John Hunter. It is customary in France to deliver orations or funeral speeches over the tombs of distinguished men just buried. *There* nothing is named but the virtues and glory of the dead. But we are the posterity of at least a fortnight's standing to the deceased of the other continent: the fresh tears of friendship have ceased to flow before we know that they are numbered with the generations of the past. Therefore we may be pardoned for speaking more freely

and honestly of those peculiarities which brought the great discoverer nearer the standard of common men than his place on the roll of fame might have led us to believe him.

Many acute practical observations are to be found in his medical writings. He has painted with great felicity various forms of functional disturbance in females, and distinguished them from the organic changes they resembled. He has pointed out most important considerations to be taken into account in deciding the question of bloodletting and its amount, and insisted with much effect on the deceptive symptoms produced by the loss of blood. His work on Diagnosis may perhaps be called an imperfect Syllabus, but it was an effort in the right direction. The desire to give greater scientific accuracy to the discrimination of disease led him to seek the acquaintance of Louis, and to become connected with the Society of Medical Observation, where the writer of this notice met him in the earlier days of that Association. The great pathologist was pleased with his homage. His English acquirements not being considerable, he handed a work of "Monsieur Mar'-shall' Ahl" to the writer to examine and report upon. But the methods of the Englishman, who put himself into everything, and the Frenchman, who, in accordance with the epigraph he borrowed from Rousseau, kept himself out of everything, proved very hard to incorporate. Their relations, however, became very friendly, and the medical works of Marshall Hall give proof that his visit to Paris was not without its fruit.

But it is in the domain of Physiology, that his chief laurels have been won. He clung with admirable pertinacity to the great idea which shaped itself in his imagination, until by a series of well-devised experiments its reality was established. He took the doctrine which he had established, and applied it through a great range of physiological and pathological facts with signal and brilliant success. With Harvey, with Bell, with Hunter, with Jenner, Marshall Hall is hereafter to be counted among the imperishable names of British Science.

O. W. H.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 10, 1857.

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EPIDEMIC CHOLERA AND CHOLERA MORBUS.

WE re-print, from the *Virginia Medical and Surgical Journal*, a well-written article relating to these affections, and in which the writer inclines to make them identical. Whilst we are not prepared to join him in his views upon this particular point, we recommend the article to the attention of our readers, as carefully prepared, and showing excellent judgment in many respects.

That many cases of cholera morbus closely simulate what is generally termed "Asiatic cholera," none can deny: but it is a more difficult matter to prove the identity of the affections, and it will require no little time and labor for investigations with a view to establish such or similar conclusions. It may be pertinently asked, in this connec-



tion, why, if the diseases be identical, we never, or so rarely that it is not recognized as a symptom, see the rice-water discharges in ordinary cholera morbus.

The power of opium in controlling or modifying this class of diseases, is worth noticing; and, as testified to in this paper, seems decisive. A friend has lately mentioned to us the marked benefit derived, in epidemic cholera cases in Mexico, several years ago,\* by a combination of the nitric and sulphuric acids. No other remedies, opium amongst others being fairly tried, compared at all with this. The epidemic was a fearful one, surpassing in extent and severity anything we have known in the United States.

#### THE CALIFORNIA STATE MEDICAL JOURNAL.

THIS periodical has been managed with great ability from the outset, and we regret exceedingly to find, from the April number (delayed until now, for special reasons), that the editor, who is also the proprietor, intimates that there is not "sufficient encouragement to continue the publication." "Pecuniary loss" is mentioned, besides the vast amount of labor and anxiety, as a force not long to be resisted, when considering the question whether the Journal shall go on or cease to be.

We are sorry that, in the land of gold and activity, where medical aid must be in constant and increasing demand, and where, consequently, every reliable means of information *should* be doubly welcome, this excellent quarterly cannot be sustained. If persevering effort and corresponding results could ensure success, they have not been lacking, as is abundantly manifested in all the published numbers. We should suppose that every active practitioner, in the new and flourishing State of California, could spare five dollars annually toward such a publication as has been offered to them. The Journal is of very creditable appearance, and we can hardly wonder that its proprietor should soon find himself out of pocket, unless supported by a good subscription list. We cannot but hope that the present editor may even yet have his hands strengthened, and go on prosperously. At least, if such a desirable consummation cannot be realized, we trust the Journal may not be suffered to die in its youth and vigorous usefulness.

The editor discourses very plainly, as he ought to do, upon the state of things which has brought him to his decision to suspend publication. We append a few of his remarks.

"We had an idea that we were offering the profession a good opportunity for the establishment of a respectable medical journal, but we have not the slightest disposition to defend this idea against any positive or apathetic conviction of the general profession to the contrary. We made a proposition in our third number, and have delayed and delayed the issue of the fourth in hopes it would be complied with; but as there is no satisfactory evidence of such a result, we have concluded to complete our annual volume and pass the work over to some more competent and generous votary of medical science. This we do with a pledge of positive and liberal support to any respectable member of the profession who feels like renewing the enterprise. Having no apology to make and none to ask, we feel at liberty to terminate our journal with a series of professional recommendations.

"We would earnestly recommend to the profession of California an immediate

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\* In 1833, being the first visitation of the disease to Mexico.

subscription, individually, for a variety of the leading Eastern medical journals. Next to a library of text books, they are indispensable to professional and scientific progress, and exceedingly useful as a protection against the pretensions of ignorance and the masks of quackery. But at the risk of indelicacy we will add to this recommendation, that in our opinion nothing can be more mutually useful and satisfactory to subscribers and publishers than the music-making coincidence of SUBSCRIPTION AND PAYMENT. The science of medicine we regard as the very source of an inimitable humanity and the fountain of all that is morally and socially lofty, generous and disinterested. But notwithstanding all this, a publisher can produce and maintain a better journal through the prompt agency of an accumulation of dirty dimes and smooth-faced dollars than by all the contributions of sublimity and apostrophe that can be written upon the Samaritanism of the profession. We therefore reiterate our recommendation—subscribe for a variety of the Eastern medical journals, and pay your subscriptions in advance.”

We take this occasion, for ourselves, to thank Dr. Morse for his friendly intimation, with respect to “Eastern journals,” and we fervently trust that not only every California, but every Western practitioner, wheresoever resident, will subscribe for these Journals generally, and for ours in particular.

The editor of the California Journal has won for it a good name during its short career, and his leave-taking is manly, dignified and modest. May the profession of El Dorado awaken from their apathy, before it be too late to save so worthy a production.

#### THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

THE following note has been addressed to us by the Messrs. Wood, of New York, whose house, as they inform us, has re-published the *Medico-Chirurgical Review*, and its successor the *British and Foreign Medico-Chirurgical Review*, “for more than thirty years, and, for a large part of that time, at five dollars a year.” A few years ago this price was reduced to three dollars. This Review is therefore one of the cheapest, and is certainly one of the very best medical periodicals we have.

“New York, 9th month 2d, 1857.

“MESSRS. EDITORS,—In the Boston Medical and Surgical Journal of 27th ult., are some editorial remarks in relation to the British and Foreign Medico-Chirurgical Review. It is there said that ‘the London publisher has put the work at the low figure of five dollars,’ &c. As price is an object to American readers generally, and we find quite as much considered by the medical profession as by others, it might have been stated in addition, that the American re-print is furnished at the lower figure of three dollars; and when paid in advance, it is sent free of postage to any part of the United States. If the American edition is not quite equal to the London ‘in mechanical execution,’ when the difference in price is considered we think preference will in most cases be awarded to it.”

The Messrs. Wood certainly make out a good case for their “re-print.” Will Messrs. Lindsay & Blakiston let us know how it is that the English copies are so long delayed. It seems they do not “take in” wood; do they tarry on the water? Why do we not get them until after the re-print is distributed all over the United States, and, for aught we know, the Provinces too?

#### HOMŒOPATHY IN HOSPITALS.

THE experiment of Homœopathy as applied to hospital practice has been tried in several instances, and has invariably proved a failure. The example which has been most frequently appealed to as a trium-

phant proof of the success of Hahnemann's doctrine is the Homœopathic Hospital at Vienna, or rather in the suburbs of that city, under the charge of Dr. Fleischmann, the statistics of which have been frequently cited as an instance of a low degree of mortality hitherto unparalleled. But these statistics have been proved, by Dr. Gairdner, of Edinburgh, in so clear a manner to be fraudulent, that the homœopaths themselves are heartily ashamed of them, and have ceased to quote them. Lately a homœopathic hospital, which had been for some time in a languishing condition in London, has been closed as a dead failure. Under these circumstances it may appear surprising that the Board of Health of the city of Chicago have appointed two Boards of Medical Attendants in the City Hospital lately established there, one of physicians, the other of homœopaths, to each of which separate wards are assigned; and that the Governors of Bellevue Hospital, in the city of New York, have established a homœopathic ward in that great institution.

The ignorance displayed by some of the guardians of public health in this country is lamentable. An examination into the condition of homœopathy in America, at the present time, will explain in a measure these strange occurrences. The fact is, that homœopathy, as such, no longer exists among us. The absurdity of infinitesimal doses, so utterly repugnant to common sense, and so disastrous in its application to cases of disease which require treatment by drugs, is abandoned by the great majority of practitioners of homœopathy, who have had the sagacity to perceive that otherwise their practice would abandon them. No sane homœopath now treats a patient, who has swallowed poison, with infinitesimals, nor gives such medicines in a case of diarrhœa, cholera infantum, fever and ague, and many other diseases in which medicine is of specific use. It is true that in many cases of self-limited diseases, in which *no medicine* is required, he administers infinitesimals in order to preserve the appearance of consistency; and it is true that, as a general rule, he gives his medicines, when he gives any, in as concentrated a form as possible, for the same reason, though we have seen prescriptions written by homœopaths in large practice, which differed neither in substance nor in dose from those of regular physicians. To be sure, he *pretends* to practise on the principle of *similia similibus*; but as his practice resembles that of regular physicians, he maintains that *they* unconsciously practise on the same principle—just as M. Jourdain had been speaking prose all his life without knowing it!

It may be asked, if the practice of homœopaths be the same as that of regular physicians, what objection can there be to employing them in hospitals? There are two very good objections; in the first place, a man whose practice is a deliberate fraud upon the understanding of his clients, is not fit to hold any office of trust, and his appointment to such office is an insult to a liberal profession. In the second place, homœopaths generally are notoriously ignorant of the principles of medicine and of the collateral sciences so necessary to the successful practice of the art of healing. We all see almost daily instances of their errors in diagnosis, and in many cases such errors have proved fatal to the patient. No one *can* be accomplished in the science and art of medicine and be a homœopath, and we have yet to learn that such an instance has occurred.



The fact is, the great body of homœopaths in this country use the title as the means of gaining the patronage of a large class of patients, who, utterly ignorant of the science of medicine, and sufficiently wanting in common sense not to perceive that all the respectability and science of the medical profession utterly condemns homœopathy, and every other exclusive system, suffer themselves to be led by those who make the greatest boast of the infallibility of their practice.

DENTISTRY AND THE MEDICAL PROFESSION.

MESSRS. EDITORS,—I do not find in the doings of the recent Dentists' Convention, as reported in your pages, any allusion to the early history of dentistry or its relation to the medical profession. Perhaps, if you publish this suggested omission, some of your correspondents may inform the public through your Journal, what connection there really is between the art of dentistry and the science of medicine.

Yours, &c.

QUI SAPIT.

*Smallpox.*—The ships Harvest Queen with 701 passengers, and the Cynosure with 585 passengers, arrived in New York, each having had a single case of smallpox on board.

*Health of New York.*—We copy the following from the *N. Y. Times* of the 7th inst. :—"The report of the City Inspector gives 675 deaths for the past week, being 62 more than occurred in the week preceding. It must be remembered, however, that the report of the previous week gave about 60 deaths below the average, so that the mortality of the city this past week is no greater than usual. Of adults, 163 deaths are recorded, while of children under 12 years of age, no less than 512 died. Consumption, as usual, was the leading cause of death among the adults. Of cholera infantum, there were 132 cases, and of marasmus and convulsions (infantile), 113 fatal instances."

*Health of the City.*—The decrease in the number of fatal cases of cholera infantum still continues; during the last week there were 19, being 9 less than for the previous week. The number of deaths from dysentery was also less. The mortality from scarlatina remains nearly the same. The number of deaths during the corresponding week of 1856 was 111, of which 20 were from cholera infantum, 17 from dysentery, 5 from scarlatina, and 13 from consumption.

*Communications Received.*—Case of Retained Placenta following Abortion.—National Honors for Important Discoveries—Gun-shot Wound of the Chest.—Biographical Sketch of Dr. H. D. Spencer.

*Books and Pamphlets received.*—Hints on Health, by W. E. Coale, M.D. (From the publishers.)—Annual Report of the Regents of the Smithsonian Institution for 1856.

MARRIED.—In New York, 3d inst., Dr. James M. Austin to Miss Annie Kate Homer, both of N. Y.—In New Haven, Conn., Aug. 29, Dr. Henry P. Stearns, of Marlboro', Mass., to Miss Annie Lizzie Stover, of Dumfries, Scotland.

DIED.—In Sunderland, Aug. 14, Dr. Silas Ball, 70.—In Goshen, Dr. Daniel Pierce, 84.—In Ware, Dr. L. F. Griggs, formerly of Brimfield.

*Deaths in Boston* for the week ending Saturday noon, September 5th, 97. Males, 48—Females, 49.—Apoplexy, 2—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer, 2—consumption, 13—convulsions, 3—cholera infantum, 19—croup, 2—colic, 1—dysentery, 3—dropsy, 4—dropsy in the head, 4—drowned, 1—debility, 1—infantile diseases, 9—epilepsy, 1—typhoid fever, 2—scarlet fever, 4—disease of the heart, 1—hemorrhage (rupture of a bloodvessel), 1—inflammation of the lungs, 3—marasmus, 3—old age, 2—palsy, 2—suicide, 1—teething, 4—tetanus, 2—tumor of cheek-bone, 1—unknown, 2—whooping cough, 1.

Under 5 years, 55—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 15—above 60 years, 7. Born in the United States, 72—Ireland, 12—other places, 13.

*Handsome Bequest.*—A valuable addition has been made to the Geological Cabinet of Yale College, of all the geological drawings of the late Dr. Mantell, of England, the distinguished author of the *Wonders of Geology*. Dr. Mantell died in 1852, bequeathing these drawings to the College. They were forwarded from Europe by Dr. Mantell's son, and have arrived at New Haven.

*Pharmacy in Australia.*—By a recent number of the *Pharmaceutical Journal*, we are informed of the organization of a Pharmaceutical Society in Victoria, Australia. This speaks well for the progress of that distant but rapidly rising country, as the organization of apothecaries is one of the last of the processes that occur in the movements of communities. We trust it will be very successful, that it will foster science, and be the means of developing much of interest, in reference to the productions of that island-continent hitherto covered with mystery. This is one of the legitimate fruits of that great home movement—the Pharmaceutical Society of Great Britain—than which we know of no more interesting object in the world of Pharmacy.—*Am. Jour. of Pharmacy.*

*Singular Case of Triplets.*—Dr. A. S. McGregor, of Gasconade Ferry, Mo., in a letter to the editor of this Journal, says, "On the 10th of August, 1856, Mrs. G——, of this County, was delivered of a still-born child. Twenty-one days after this, she gave birth to a second; and in the same length of time thereafter, to a third. The last two lived about six hours each. The mother is doing well, and is again pregnant.—*St. Louis Med. and Surg. Journal.*

Prof. Wittstein, a German Naturalist, has announced the discovery of Lactic Acid, heretofore considered of exclusive animal origin, in vegetables, especially in the peduncles of *Solanum dulcamara*, and in the liquid which dropped from freshly cut vine branches. It would seem the farther researches are carried, the fewer distinctions remain between vegetable and animal substances.—*Peninsular Jour. of Medicine.*

*The Cattle Plague.*—A cordon has been drawn round Galicia and Moravia, where the murrain is raging, so that no cattle can be driven to Bohemia or Lower Austria. A Genoa paper says that in the Liguria, in the neighborhood of

Voltri, the epidemic prevailing among cattle in the north of Europe had been manifested in several instances. The natives had given it the name of "lebbra;" and the milk of cows affected by it was sour and unfit for use, and no one dared to eat of the meat of beasts that had shown symptoms of the malady. About forty cases had been ascertained there, but from all other parts of Piedmont the reports state that the cattle are in a very healthy condition.—*Edinburgh Medical Journal.*

**BOYLSTON MEDICAL PRIZE QUESTIONS.**  
B—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

|                        |                       |
|------------------------|-----------------------|
| EDW. REYNOLDS, M.D.    | J. M. WARREN, M.D.    |
| JOHN JEFFRIES, M.D.    | D. H. STORER, M.D.    |
| S. D. TOWNSEND, M.D.   | CHAS. G. PUTNAM, M.D. |
| J. B. S. JACKSON, M.D. | MORRILL WYMAN, M.D.   |
| HENRY J. BIGELOW, M.D. |                       |

At the annual meeting of the Committee on Wednesday, Aug. 30th, 1857, a premium of sixty dollars, or a gold medal of that value, was awarded to WM. W. MORLAND, M.D., of Boston, for a dissertation on the following question:

"The Pathology and Treatment of the Diseases of the Urinary Organs."

The other Boylston Premium of the same value, was awarded to EPHRAIM CUTTER, M.D., of Woburn, for a dissertation on

"Under what circumstances do the usual Signs furnished by Auscultation and Percussion prove fallacious?"

The questions for 1858 are—

1. *Spermatorrhœa—its causes, consequences and treatment.*
2. *Human parasites, animal and vegetable—their anatomy, development, natural history and treatment.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the First Wednesday of April, 1858.

The following questions are proposed for 1859:—

1. *New and useful views upon any subject in medicine or surgery.*
2. *Tubercle—its pathology, and especially its relation to inflammation.*

Dissertations on these subjects must be transmitted as above, on or before the First Wednesday of April, 1859.

The author of the best dissertation considered worthy of a premium, on either of the subjects presented for 1858, will be entitled to a premium of one hundred and twenty dollars, or a gold medal of that value, at his option.

The author of the best dissertation considered worthy of a premium on either of the subjects presented for 1859, will be entitled to a premium of sixty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1823, the Secretary was directed to publish annually the following votes:

- 1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
- 2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

D. HUMPHREYS STORER, Sec'y,  
Boston, Aug. 7th, 1857. aug 13—60p3t

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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NATIONAL HONORS FOR IMPORTANT DISCOVERIES.

[Communicated for the Boston Med. and Surg. Journal.]

OF the prizes distributed at the annual meeting of the French Academy, three were awarded to eminent men of Great Britain. One of these (the Monthyon prize of the Academy, for discoveries in Medicine and Surgery), says the *London Lancet* for June, was awarded to Prof. Simpson, of Edinburgh, for his discovery and adaptation of the anæsthetic properties of chloroform, adding that this is not the first foreign distinction conferred on Dr. Simpson.

This announcement will be gratefully received by every friend of science. Prof. Simpson's labors and success in the advancement of medical science are known and most generously acknowledged and valued by all who have become acquainted with them. He stands in the foremost rank of substantial, useful contributors to medicine, and in his success he has constant occasion for new effort.

He has been recently honored by a foreign nation through one of its highest, and universally accredited organs. Such distinction is cause for admiration, as well as for congratulation. What higher honor can a nation do itself, than by a manly, generous recognition and acknowledgment of the just claims of the subjects or citizens of another nation, to its highest distinction? France has just done this to Great Britain. An earlier instance, and one not to be forgotten, occurred during the reign of Napoleon I. The Emperor had offered a large reward for a discovery which would subserve some of the highest human interests. This was when the war with England, and the world, was at its height. Sir Humphrey Davy entered the lists for this prize, and sent his paper to the Academy, or Institute, which was to award it. It fell to Sir Humphrey. At once was the prize on its way to England. War for a moment forgot its terrible ministry, and that prize was as safe, as sure of reaching its destination, as it would have been in the reign of universal peace!

But not only are nations deserving our gratitude and reverence,



when they pay public honors to each other for important discoveries in science, but the State in which such discoveries are made claims the same when it honors and rewards its own citizens or subjects who have rendered like services. This brings us home at once. Professor Simpson has been publicly honored for his introduction of chloroform into medical and surgical practice. America, in the discovery of a remedy of pain—a sure and safe preventive of suffering during the gravest surgical operations and most painful diseases—America has done that which the world had failed to do before, and which had been labored for in all ages, and by the most learned men. Here, in our own land, it was demonstrated that the breathing of Pure Sulphuric Ether would without fail prevent pain, and without the least hazard to life. A great principle was thus established, which the adaptation of other similar agents might confirm, but never would replace or *ignore*. The discovery was at once declared to the civilized world, and from the day or the hour of its announcement, it has remained in undisturbed use, and the fullest success. We claim the discovery and establishment of this principle, and practice, as our own. We claim it to be the most important remedial discovery—the qualification is unnecessary—that was ever made. Pain is universal. It occurs every minute of every day. Etherization abolishes it. It does not make it less. It takes it away. The claim here presented has been acknowledged everywhere. In the simplicity of a cause, and in its daily and universal operation, its claims may be lost sight of. But there is something too substantial, too personal, so to speak, to allow etherization ever to be forgotten—its value lost sight of. “What a blessing!” is an exclamation which is borne from the sick room every hour, and every day. Such gratitude has never been awarded to any other agency, as has been everywhere expressed for this. We give a national character to this discovery, because it is a national blessing. If we lose sight for a time of the place or precise spot in which the discovery was made, it is because we would surrender to the nation an honor which in its wide parentage embraces and honors all its children.

What has America done for those who have so distinguished it as a nation by this surpassing discovery? It has thus far done nothing. It has, by its Congress, manfully and generously sought to distinguish and reward the discovery. Congress has entertained the subject in many of its sessions, showing in this how ready it is to do what the nation and the world claim of it, and which claim it so fully recognizes. We feel the embarrassment of Congress in this matter. It knows what foreign nations have done for those who claim to be sole discoverers. But it has found it impossible, so far, in the conflict of claims, to determine to whom to award the honor.

How is this embarrassment to be overcome? Two gentlemen urge their respective claims. One professes to have hinted, suggested, or named a remedy of pain to the other, who asked him if he knew of one. The other tried it, and found it perfectly answered the end for which it was proposed and used! We believe this is as fair a statement of the important issue which has been so long before the government and the nation, as can be made. In such a case as this, the question of *how much* one or the other did, should not for a moment be entertained. The simple fact of any direct agency, in such a discovery, however slight that agency may have been, is all that should be required to substantiate claims to the honor and to the reward of that which has benefited a world. We do not want conflict. We do not want prejudice, ill temper, or party. These poison whatever they touch. A great nation has made a great discovery by its citizens, and asks to award national honors and rewards to those who have been in the slightest degree directly instrumental in making such a discovery. There are but two individuals who claim to have made it. The question is thus reduced to the smallest number. What may, then, be done? *Most respectfully would we suggest that Congress be addressed in a memorial, asking for such an appropriation from the National Treasury, to be awarded equally to the two claimants for the discovery of the anæsthetic properties of Sulphuric Ether, as would show the sense America has of the benefit it has received, and conferred by this discovery upon the world. Should either party object to such an award, let the whole appropriation be given to the other.*

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Since the above was written, the writer has read a notice of an admirable paper recently read before the Royal Society of London, on the quantity of air inspired at every five, fifteen, and thirty minutes of the day and night, and under the influence of exercise, food and medicines—on the temperature of the body, &c. &c. The effects of *chloroform*, *chloric ether*, and *amylene*, are distinctly noticed, but not a word is said of SULPHURIC ETHER. In the very same work which has this notice, is an account of a death which has just followed the use of chloroform during an operation at a hospital. The operator says, "Yet notwithstanding, I believe there is only one conclusion to be drawn—viz., that he died from the effects of chloroform." Amylene has still later been used as an anæsthetic, and as many as *four deaths* have directly followed its use. So deeply impressed are European physicians with the disastrous effects of *chloroform*, *chloric ether*, and of the latest and most vaunted anæsthetic agent, amylen, that it is seriously contemplated to suggest officially that the employment of all of them should be at once abandoned. We would respectfully suggest to Europe that pure sulphuric ether should be excepted from the prohibition.

It will accomplish all that can be looked for from the use of any other anæsthetic, without involving the least danger.

It would seem that the use of Sulphuric Ether is wholly abandoned in Europe. We never hear of its employment there as an anæsthetic. That which was the direct and sole means of one of the most important discoveries in this or any other age—which has been used with entire success in America for about ten years—which is this day used constantly in the Massachusetts General Hospital, in which its employment as an anæsthetic was so thoroughly tested, and from which the report of its discovery spread over the civilized world—which has never been fatal in a single instance, in America or Europe—is now entirely laid aside abroad, and substitutes, the discovery of which was wholly the result of its introduction into medicine in America, have replaced it, all of which in many cases have directly produced death. Chloroform, one of these, killed one man, and on the same day very nearly killed another, in the Mass. Gen. Hospital. Its future use was at once prohibited in that institution, and Pure Sulphuric Ether is now only employed.

It is not easy to explain the course adopted abroad in regard to this subject. Chloroform is indeed cheaper than ether, since a drachm or two will do all, and *more*, than ether in many ounce doses will accomplish. It will do this sooner than ether. Thus there is saving of expense and of time in the substitute, comparatively regarded. But we will not for a moment believe that either of these considerations have led to the use of its substitutes. One life would be too great a price for accommodations like these. It cannot be that because a distant nation has been the discoverer of the crowning glory—the coronation—of modern, or of all science, Europe has lost sight of its value, in dangerous, and not rarely fatal substitutes. It is not forgotten in the place where the great experiment of its worth was made, and satisfactorily demonstrated; and we trust it will never be replaced in America by any substitute which is not proved by questionless evidence to be as safe and as efficient as is itself.

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#### FOREIGN BODY REMOVED FROM THE CHEST.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having been long a constant reader of your excellent Journal, and always instructed more or less by reported cases, I send you one which has been of much interest to myself, and I presume will also be to others. I do not expect to do it full justice, but will endeavor to give a plain statement of the facts, and leave you and your readers to infer the merits of the case if you should think proper to publish it.

The operation was performed by E. S. Cooper, M.D., a young surgeon who has recently come to this coast, on the 11th of April



last. The patient was E. M. Beal, of Tuolumne Co., Cal., who in a frolic tried to burst an old gun, and had the breech-pin blown into his side by the explosion, about the 15th of January. On the 9th of April following, he was brought to this city, considered by his friends nearly dead, and put under the care of Dr. C. During the intervening period he had suffered much from distressing pains in the chest and difficulty of breathing. Sometimes more than a pint of purulent matter had escaped from the place of opening or entrance of the pin, in twenty-four hours. Cough and night sweats had reduced him almost to a skeleton. The foreign body having entered the side midway between the vertebral column and the sternum, fractured the sixth rib, apparently from below upward, and caused an extensive laceration of the soft parts. A fistulous opening communicated with the inside of the chest, through which the purulent matter was discharged. The character of the wound, and the symptoms attending, gave satisfactory evidence that the foreign body had entered the chest, and was still remaining; and as a speedy death was inevitable, without its removal, the patient was anxious to have the operation performed, though made aware that on account of his weakened state he might die under the knife.

The patient being placed on the right side, and the shoulders slightly elevated, an incision four and a half inches long was made, commencing in the axilla and passing down into the fistulous opening, midway between the sternum and vertebral column. A transverse incision, two and a half inches long, was made, commencing near the middle of the first. The soft parts having been divided by these incisions, were then reflected so as to expose the ribs at the place of entrance of the foreign body, which, it was found, had fractured the sixth rib in its course. The probe was now used, and a careful search made for the foreign substance, but without effect. The transverse incision was then lengthened to four and a half inches, and the soft parts removed, until the fifth, sixth and seventh ribs were exposed. The ligature or torsion was applied to two or three intercostal arteries. Entire portions of these ribs were removed, after which the probe was again used perseveringly, but without discovering any clue to the place of the iron, though introduced four inches in different directions. Nearly a pint of dark-colored fluid, mixed with coagulated blood, escaped after the excision of the ribs. Chloroform had not been previously administered, owing to an expected collapse of the left lung, when the chest was opened, though a very small quantity was now given. The opening through the bony structure was now enlarged, so that the surgeon could introduce two or three fingers, which being done, a careful search was made to ascertain, by the more certain sense of touch, if any opening leading to the foreign body could be found. The anatomical relations of the parts were entirely altered by changes in their

structure; the lung on that side was softened, and many abnormal attachments were found. A cavity behind the lung, and between it and the ribs, extending forward almost to the point where they were removed, containing two quarts of purulent matter, was finally opened, and its contents discharged. This was contained in a space behind that from whence the dark fluid before mentioned had escaped. There was no resemblance between the fluids contained in the two cavities. One was well-formed pus, the other blood in a state of decay. After the discharge of this amount of purulent matter, the fingers were frequently placed in such close contact with the heart as to feel its pulsations, and the shape of the ventricles. The search for the breech-pin was made without effect, and nearly every medical man present appeared to have abandoned all hope of its being found. Not so, however, the daring young operator; for with a confidence which genius alone inspires in times of great and alarming difficulties, he did not despair, though fortified with nothing in the beaten path of surgery as a guide to further procedure.

The patient having expressed a desire not to survive unless the foreign body could be found and removed, a sound slightly curved was then taken, and the entire cavity of that side of the chest thoroughly explored, but with the greatest degree of delicacy and caution, and at last the iron was found under the apex of the heart, at the left margin of the bodies of the vertebræ. It was with much difficulty that it could be recognized, partly owing to the heart's action being so great as to constantly embarrass the correct exercise of the sense of touch, and partly to the iron being covered by a deposit upon its surface, or by some intervening membrane, so that the metallic touch could not at any time be fully recognized. The only mode in which the existence of the foreign body could be ascertained was by passing the point of the sound cautiously but somewhat briskly over it, by which its shape and size were made evident. In this way it was finally recognized, and the sound made to rest upon it, as a guide to the lithotomy forceps, by which its removal was effected. The sound being curved, would pass behind the heart, but the forceps being straight, pushed its apex a little to the right, in order to follow the sound to the place of the breech-pin.

The patient has entirely recovered, with the exception of a slight pain in the left side, accompanied with occasional coughing. No respiratory murmur could be recognized in the left lung prior to the operation, though its function has been nearly restored since.

The San Francisco Medico-Chirurgical Association have requested of Dr. Cooper a report in full of this extraordinary case, intending it for publication under its direct sanction, when it is to be hoped that full justice will be done it. N. THURSTON, M.D.

*San Francisco (Cal.), July, 1857.*

## WHISKEY: HAS IT REMEDIAL POWER?

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Among the many popular delusions in regard to medical matters, is the prevailing opinion of the value of whiskey, both as a drink and a remedy for disease; and your timely editorial on the subject, some weeks since, may well be followed up somewhat farther. The “unwholesome stimulus of large prospective gains” has waked up the ingenuity of traders in this liquor, and, backed by easily-purchased certificates, which mean much or little according to the reader’s own ignorance or knowledge, they daily advertise it as if the medical profession had recently discovered some new and important remedial power in it. This is not the fact, and we are placed in a false position by this cunning manufacture of public opinion.

No more should be inferred in regard to the estimate of this article by physicians, than is warranted from the published observations occasionally seen, within the last ten years, in English and other medical periodicals, with regard to the immunity of drunkards from consumption. More or less facts have been gathered, which, to a certain extent, indicate that temperate members of families inclined to phthisis have died of this disease, while the drunkards, when there were any in the same families, did not become its subjects. The exemption, then, would seem to have been purchased by becoming drunkards. Neither physicians nor the public should rightfully infer that such facts pointed to the discovery of a remedy for phthisis already developed. If it be true that alcoholic drinks prevent the formation of tuberculous disease, it is not necessarily to be expected that it will extinguish the retrograde metamorphosis of human tissue which constitutes the essence of phthisis. Vaccination prevents variola; but when it will be recommended in the treatment of confluent smallpox, remains unknown.

While practitioners were endeavoring to ascertain by experiment whether the use of alcoholic drinks would extinguish tuberculous disease, it was a primary step, of course, to learn from analysis if the poorer kind of spirits which habitual drunkards use, in the majority of cases, might not contain some constituent more important than a simple stimulant. From this attempt came into notoriety the fusel or corn-oil, which was the only other constituent resulting from analysis, and which with the public has now a mysterious importance, although much time and expense had hitherto been consumed by manufacturers in endeavors to get spirit free from its presence. Like many of its predecessors for reputation in therapeutics, it is probably among the poorest hydro-carbons in use; but the importance once attached to it, and the promulgation of its existence in considerable amount in whiskey, have done not a little in producing a spirit-epidemic that takes off more victims than the disease for which it was proposed as a remedy.



Without pursuing the history of this subject farther, some light may be thrown on the value of alcoholic drink by inquiry into the nature of whiskey, now its most popular form. It is in all important particulars one and the same thing always, whether chemically or medically considered, or as it is found under the name of corn, Monongahela—or, the most sophisticated of all, Bourbon, old Bourbon, &c.; in the same manner as all New-England rum is one and the same thing, whether rejoicing in the long-maintained reputation of "Medford rum," or of Barnard's "pure Cochituate spirit." The resemblance between these two articles is quite striking in the cost of their production ordinarily, although the rum is just now the most costly. The whiskey is all made from grain, fermented and passed through a common distilling process, with perhaps the exception of a small amount made from potatoes, &c. The Scotch malt more of their grain as a first process than the Americans do, and thus modify the flavor of the spirit. In this country it rarely reaches the consumer until it has been sophisticated to suit the taste. As it comes from the "still," it is all water, alcohol, corn-oil, and a trace, greater or less, of ænanthic ether, and nothing more. Age improves its constitution somewhat by getting clear of the ether by oxidation in the atmosphere, but this is now done by art without delay. Liquorice, tea, charred wood of various kind, sugar, and an abundance of water, then convert it into any brand of Bourbon or any other country desired. The actual first cost still remains about the same as that of New England rum, a bushel of corn producing about four gallons of whiskey; and as a medicine there is no evidence that it has any therapeutic value over this form of spirit.

What is the value of stimulants in the treatment of disease, it is not my present purpose to inquire. How long death may be delayed by their use in cases of necessarily fatal disease, and how much alleviation of suffering they may be made to procure, is not the question under consideration. Doubtless they are useful agents in accomplishing both these objects; but the public seem to have an impression that recently physicians have adopted their use as specifics, and this is a delusion.

B. G.

THE LATE H. D. SPENCER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, at South Bainbridge, Chenango Co., N. Y., of hepatization of the lungs, H. D. SPENCER, M.D., aged 34 years.

Dr. Spencer was born in the town of Lisle, now Triangle, Broome Co., and was a son of the late Dr. G. L. Spencer of that town. He studied in the office of his father, and attended his first course of lectures at Castleton, Vt., in the year 1847. The fol-

lowing year he attended a course at the Berkshire Medical Institution, and graduated at the close of the term. Immediately upon his return he began the practice of medicine with his father. He continued with him about four years, when he removed to South Bainbridge, where he died. About one year previous to his death, he was called to part with his wife, whose decease left two small children dependent on him for guidance and support. This event weighed heavily upon him, and he never afterwards resumed his wonted vivacity and cheerfulness. In January last, he was seized with pneumonia, of a very severe character, which terminated, as was shown at the *post-mortem* examination, in hepatization. During the spring months his health so far recovered that he responded to a few calls, and attended to office business, and in fact he was able to prescribe for patients until within a few days of his decease.

Dr. Spencer was very studious and observing, and still remarkable for his modesty and unobtrusiveness. He possessed, in a remarkable degree, all the requisites for great usefulness, not only as a physician, but also as a citizen. He had already secured the confidence of a large circle of friends, and was rapidly acquiring an enviable position among his professional associates. He early became a member of the Broome Co. Medical Association, and was one of the most prompt and punctual members in fulfilling the duties of such relation. In a paper read at the annual meeting of 1851, on the subject of the "*Duties of the Physician*," he displayed uncommon ability as a writer, and won to himself great honor. His morals were always pure, and he was a constant attendant on Divine worship, but did not make a public profession of religion until a few months before his death. Thus has passed away another bright ornament of our profession! F.

Lisle, N. Y., August 28th, 1857.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 27th.—*Reducible Hernia strangulated by twisting in the Sac.*—Dr. CABOT related the following case.

A week ago he was called to see an elderly man, who had had a reducible inguinal hernia, for which he had worn a truss. About 3 o'clock in the morning, having got out of bed for some purpose, on returning he found the hernia down, but fell asleep without reducing it. On again awaking, he found the tumor quite large, and that he was unable to put it back. There was pain in the abdomen. Dr. Cabot saw him at half past 1, P. M. He was now almost pulseless; there was oppressed breathing: and the tumor, which was about the size of the head of a fetus at full term, was blue and cold; it was also oedematous, and there was absence of gurgling. Above the tumor

was a band quite tense. Dr. C. proceeded to operate at once, and having freed the tumor from all apparent constriction, still found its reduction impossible. He then opened the upper part of the sac, but with no better success. On careful examination he observed what appeared to be a portion of intestine stretched across, and apparently adherent at the lower part of the sac, whereupon he slit the whole sac open from top to bottom, and found that the whole mass, consisting of a large amount of intestine, was twisted entirely round upon itself, the mesentery forming the band, spoken of above and at first supposed to be the intestine, and producing complete strangulation, the portion below being of a deep moroon color, almost black. The patient died before the next morning.

Dr. C. did not remember to have heard of a similar case.

Aug. 9th.—*Clustered Tumors of the Lids.*—Dr. BETHUNE reported the case.

The patient was a single woman, aged 50. Two years ago she had a severe pain in the left side, under the ribs, which lasted five months, and from which she had occasionally suffered since. She had had cough, but it is now much better. She had also passed blood by the bowels. Three years ago she had a tumor one half the size of a hen's egg, at the angle of the left jaw, which lasted one year and then spontaneously disappeared. She also had three small tumors at the edge of the scalp, on the neck, which went off at the end of a few months.

Two and a half years ago, a tumor was observed on the left upper lid; one year after, a similar tumor formed over the centre of the right upper lid; since then, others had formed from time to time, the two last within two months. She had never experienced pain in them, or tenderness on pressure.

May 19th.—On examination, the right upper lid was found much distended by the tumors, there being also almost complete ptosis. Enlarged veins ran over the surface of the tumors. The sight of this eye was weak, but tolerably good on raising the lid. Under the loose skin were five tumors, irregularly rounded on the upper surface and apparently convex on the lower, movable, elastic, firm, in a group, apparently connected with each other, and ranging from the size of a lentil to that of a large marble. On partially everting the lid, the conjunctiva was seen in projecting folds, forced down by the pressure of the tumors.

The left upper lid was similarly occupied by four tumors, but their general size was perhaps one-third smaller than those of the right lid. There was also ptosis, but less in degree. The globe was normal. The lower of the tumors could be exposed on the globe of this eye by raising the upper lid with the finger, being flattened and covered by the tarsal conjunctiva which it had forced before it in its growth.

On the following day an operation was performed on the right upper lid. The tumors were removed through one incision an inch and a quarter long, over the upper edge of the cartilage. The largest was firm and easily removed whole, which was also the case with two of the others. Another was so soft that the forceps penetrated it at once in the attempt to remove it, and a thin pus escaped from its interior. Another was composed of two lobes slightly connected. Owing to the deep penetration of one of the tumors, it was necessary in removing it to go through the lid at one point. Several small, indu-



rated masses, apparently of cellular membrane, were also removed. The general external appearance of the tumors was of a fatty character. The wound was brought together by three ligatures. The microscopic appearances of these tumors, as reported by Dr. SHAW, were as follows:

"They were composed of globular bodies, small, very granular, like free nuclei of glandular growth; some presenting nucleoli; no lobulated structure—the microscopic character being much the same as that of the recurrent disease of the orbit reported several times by Drs. BETHUNE and H. J. BIGELOW (*Soc. Rec.*, vol. iii., p. 84), though to the naked eye the appearance was different."

There was some pain in the eye after the operation, which became easier at night. On the next day, May 20th, there was severe pain, and some thirst, but the patient was able to be up and walk about. On examination of the eye, the upper lid appeared much swollen, pink, œdematous. One of the ligatures was removed, and a slight discharge of sanious fluid took place with some relief. Pulse 104; tongue clean. Two grains of calomel with eight of rhubarb were ordered, to be followed by cream of tartar; also a wash of warm slippery-elm tea to the eye. On the 22d, the lid was still much swollen, and there was rather more pain in the eye.

On the 25th, all the stitches had come out. The patient could see through the "button-hole" in the lid. There was anorexia. The granulations were pale. Quinine in doses of two grains, and meat, were ordered; also zinc ointment to the edges of the lids.

On the 26th, milk allowed. The lids were less swollen; nitrate of silver was applied to the edges of the wound.

June 3d.—Wound had nearly healed. Above the inner side of the incision was felt a small, flat, firm, movable tumor.

On the 26th, patient was re-admitted. The tumor above described as having formed since the first operation, was removed from the inside of the right upper lid, after eversion. Also, a tumor was removed from the inside of the left upper lid, of the size of half a chestnut, enclosed in the conjunctiva which it had forced before it. The microscope revealed the same appearances as before. On cutting through the tumor removed from the left upper lid, it presented a firm external casing of the eighth of an inch thick, somewhat resembling cartilage. Within this were two or three lobules, loosely connected, of a similar appearance. There was considerable soreness and swelling after the operation, which had nearly subsided by July 1st.

On the 9th, a small tumor was discovered in the left lower lid. On the 14th, an operation was performed on the left upper lid, three distinct tumors being removed, also six or seven indurated masses which presented the same appearance as the above. On the 27th, the wound was healing well, and the patient was discharged much improved on the 8th of August.

Aug. 24th.—*Hæmorrhage from a Pelvic Abscess opening into the Uterus. Death three weeks post partum.*—The specimen was sent by Dr. D. W. CHEEVER to Dr. BOWDITCH, who read an account of the case.

E. O'B. was taken in labor with her second child, in the evening of July 26th. Dr. C. was with her from 2 to 5 A. M., of the 27th, when a male child was born. Before the head had descended, she bled considerably from the vagina. The blood was florid, but not in

any alarming amount. The labor was natural and not peculiarly difficult. The placenta came away in about ten minutes. There was no hæmorrhage. The uterus seemed rather large, but quite firm. Left her at 6.

At 10½ on the next forenoon, it was found that she had bled considerably. The pulse was very small; extremities cool; and the respiration rather gasping in character. The hand was passed into the uterus, which still was large as felt through the abdomen, but also firm. No clots of consequence were found; and the organ was well contracted. Under the influence of stimulants, ergot, &c., she improved, and during the next few days went on well, excepting tenderness and pain in the right iliac region and over the uterus. This was relieved by fomentations and soothing enemata. She convalesced well, to all appearance, until Aug. 7th, when she had two attacks of profuse hæmorrhage, which was restrained by the usual means; also a slight return Aug. 8th. At this time a tumor was detected in the right iliac region, there being also some tenderness there. With bandaging, tonic doses of ergot, laudanum, astringents, cold, &c., she had no more hæmorrhage until Aug. 11th, when perhaps twelve ounces of blood escaped, after a sudden movement, and it was noticed that blood escaped from the vagina on tightening the bandage; still the uterus felt firm, and a vaginal examination showed the os uteri only large enough to admit one finger.

The patient was considerably reduced, and the secretion of milk almost suspended. She was put upon wine whey, broths, quinine, &c., and improved steadily for a week. The color and spirits returned—the milk improved; pain, &c., diminished; and the uterus grew smaller. The tumor was still discernible.

Aug. 18th.—Early in the morning, Dr. C. was called, and found she had bled considerably. Lips pale; surface cool; respiration gasping. There was jactitation, and the patient was delirious. She died in twenty minutes—just three weeks *post partum*.

*Sectio Cadaveris, eight hours after death.*—Rigor mortis; body anæmic, but well filled out; thick layer of fat over the abdomen. A tumor was felt in the right iliac region, and on pressure over the uterus blood gushed from the vagina. On opening the abdomen, the uterus appeared large, and on the right side was a cyst, under the same membrane as the uterus, and looking like an outgrowth from it; the mesentery was slightly adherent to the left Fallopian tube. A portion of the ileum and cœcum was adherent to the cyst. Ecchymoses in peritoneum there. There were no signs of recent inflammation in the peritoneal cavity. The intestines were normal, but very bloodless. The ovaries were normal and free. The right Fallopian tube was much injected. The bladder and vagina were normal. The cavity of the uterus empty. The placental attachment seemed to have been at the fundus. Half an inch inside the os uteri, on the right side, was a rounded opening, admitting one finger, which communicated with a cavity from three and a half to four inches deep; also with other sinuses or cavities in various directions between the psoas and iliacus muscles, yet apparently circumscribed between the folds of the broad ligament. This cavity contained much pus, mixed with fresh blood, making a thick pinkish fluid, and some clots. There were very extensive and strong attachments of the cyst to the neighboring parts on

the right side. The cellular tissue in the vicinity was so infiltrated with dense lymph that it could not be dissected off.

The patient was a stout, plethoric and very stupid Irishwoman. Said she had flooding after her first child, and remained with a big belly and tenderness. The child is healthy.

Now when and why was this abscess formed? If after the first child, how did she preserve her flesh and strength? If after the second, why were there no more signs of suppurative inflammation? The appearance of the abdomen did not look like recent troubles; yet the blood which escaped during labor may have come from the cavity of the cyst; and the hæmorrhages which killed her undoubtedly did.

Dr. GAY remarked that this seemed to have been an instance of *abscess in the right broad ligament*. He had seen several such cases in Paris, and particularly in the wards of M. Trousseau. He referred to three or four cases seen by him here. He also mentioned a case of abscess in the broad uterine ligament, in which, after death, a bony cyst was found, containing pus. This was one of M. Pigné's cases, the Curator of the Musée Dupuytren at Paris.

To a question of the frequency of these abscesses, here, Dr. STORER replied that he had never met with an instance.

Dr. ELLIS alluded to a case of tumor in the right iliac region, observed by him some years since, and referred to this affection.

Dr. C. E. WARE saw a tumor in the iliac region, supervening after confinement in one of his patients; it opened externally. In another patient there was a copious discharge of pus from the vagina, but this was not *post partum*.

Dr. C. D. HOMANS mentioned a case, occurring directly after delivery, the seat of the abscess being in the iliac region. This opened externally.

Dr. J. P. REYNOLDS alluded to two cases, given in the *Archives Générales de Médecine*, during this year, with drawings. In one, the patient had been supposed to have pelvic abscess, but the tumor proved to be a hard mass, behind the uterus, and which also projected into the vagina. The case was related as affording a warning against inconsiderate puncture of tumors in this situation.

Dr. BOWDITCH thought that instances, like that narrated by Dr. Cheever, must be very rare. There were no indications during life; *bleeding* being the first thing to give the alarm.

AUGUST 24th.—*A Traumatic Encysted Hæmatocele of the Spermatic Cord*. The case was reported by Dr. G. H. GAY.

The patient was Mr. G. H. F., who had lately presented himself as a candidate for admission at West Point, and was temporarily rejected by the examining surgeon, on account of a supposed hydrocele of the cord. He consulted Dr. G. in July. At the examination, a swelling as large as a hen's egg was found in the right half of the scrotum, midway between the testicle and the external abdominal ring, though nearer the last. To the touch it was light, firm, tense, and elastic, evidently not a solid substance. No transparency could be detected, nor was there any trace of communication with the abdomen. The skin and subjacent layers were movable, and apparently in no way adherent to the swelling. From its situation and general appearance, it was thought to be a hydrocele. The cord could be followed till it was lost in the swelling. The most important point in the history of



the case was not mentioned by the patient until the morning after the operation, when he stated that while playing ball in February, he accidentally received a blow from the bat upon the right side of the scrotum. Immediately a swelling commenced, and in a few days had increased to the size of one's fist. It then gradually diminished and remained stationary, being about as large at the time of the operation as it was a month after the injury. For the first week there was considerable pain, but since that time there had been no suffering, and the only inconvenience that had been experienced was that he could not keep his right leg crossed for any length of time over the left one.

On the 17th day of July, a small trocar was forced into the swelling, and nothing came but a drop or two of blood. The canula could be felt moving in something evidently soft. A more thorough operation was then decided upon, and an incision, three inches in length, was made through the skin, from the top to the bottom of the swelling. After carefully dividing the different layers, it was seen that the vas deferens and the other elements of the cord were spread out over the swelling. On further examination, the swelling felt firm and elastic, but nothing like liquid fluctuation could be detected. The vas deferens and the veins were then separated by an assistant, and the incision was carried fully down to the cyst. Being thus fairly exposed, it was found to slip out from every part as easily as a fatty tumor. At the time, this easy and entire emuculation of so large a mass in that region, seemed singular. There was no pedicle of communication with the abdomen, nor any connection with the tunica vaginalis. It was an independent cyst, enveloped by the veins, vas deferens, &c., of the cord.

After the removal of the swelling, a section was made of it, and it proved to be a cyst, with pretty thick, firm, yellowish white walls, the interior of which was filled with coagula and fibrinous layers, similar to the interior of an aneurism. The coloring matter had disappeared from some of the layers, and they were of a leather color.

The spermatic veins were in a healthy condition.

The chief points of interest in the case are, that so *firm, regular and complete a cyst should have formed between February and July; that it had no connection with the tunica vaginalis; and that it came out as easily as a fatty tumor.*

What would have been the character of the cyst, if left to itself? Would it have become fibrous?

### **Bibliographical Notices.**

*Transactions of the South Carolina Medical Association.* Charleston, 1857. 8vo. Pp. 64.

This pamphlet contains a record of the proceedings of the Association at an extra meeting, June 9th, 1856, and at the annual meeting, Feb. 4th, 1857. Its contents are interesting chiefly as showing that there is a desire for medical improvement and public hygiene among the members of the profession in the State of South Carolina. The President, Dr. E. Horlbeck, in his address at the annual meeting, congratulates the Association on the passage of an excellent registration bill of births, marriages and deaths, by the legislature. By this law

it is made obligatory upon the tax-gatherers to collect the information. Dr. Horlbeck thinks the passage of this bill is a striking proof of the influence of the Association on public opinion, in which remark we heartily coincide, and call attention to the fact as an encouragement to the establishment of similar associations in other States where they do not already exist. The President recommends the establishment by the State of a Vaccine Institution, as a matter of the greatest consequence to the public health.

In the course of the proceedings we find an interesting account, by Dr. Andrew Hasell, of a case of extra-uterine pregnancy, the specimen having been presented by him to the Association. A movable tumor existed during life in the right iliac region. The woman died with the symptoms of ruptured uterus. After death, the abdomen was found distended with coagula. The fœtus had occupied the fimbriated extremity of the right Fallopian tube.

The appendix contains sundry papers presented by members. The first of these is entitled "Observations on the Medical Properties of the *Gelsemium Sempervirens* (yellow Jessamine)." The writer believes the plant to be a powerful and valuable sedative. After quoting the opinions of several correspondents, he says:

"These writers all concur in ascribing to the gelsemium, sedative and narcotic properties, exerting its action chiefly upon the nervous system, and, indirectly, upon the circulation and the muscular forces. My own observation of its effects, confirms the truth of their remarks. I have never, in a single instance, been disappointed in obtaining its direct sedative action, the patient being speedily quieted, although he may have been excessively agitated previous to its administration. Under its influence, restlessness is soon succeeded by calm repose, and the excited, frequent pulse tempers down to tranquillity. These favorable impressions must be secured, however, by a frequent repetition of the dose, as its effects are not very durable, wearing off in two or three hours. It will be found necessary to administer the medicine in doses of from twenty to fifty drops [of the tincture, we presume], according to the severity of symptoms, every two or three hours, until, under the influence of more radical remedies, the disease has been permanently controlled."

A report of the committee on Disease-Tables, presented by Dr. De Saussure, in accordance with a vote passed the preceding year, offers a plan for securing statistics of diseases throughout the State, and contains tables, for the use of members, for the registration of cases. The nomenclature adopted in these tables is that recommended by the American Medical Association. Appendix E is an interesting account of the properties of Aluminium, by Prof. Charles Upham Shephard. An excellent paper, by Dr. Ware, on the treatment of typhoid fever, condemning the excessive use of mercury in the treatment of that disease, terminates the appendix. \_\_\_\_\_

*A Case of Ersection of the Entire Os Calcis.* By J. M. CARNOCHAN, M.D. New York, 1857. Pp. 8.

This is a brief report of the case, illustrated by well-executed lithographs of the os calcis removed, showing its outer side, and of the appearance of the foot after recovery from the operation. The patient commenced walking at the end of three months.

Dr. Carnochan's operation is interesting from the success which followed, though by the reported cases it would appear that this is usually satisfactory. Mr. Wakley's case of removal of both os calcis

and astragalus, is classic in all English surgeries. The operation is a simple one, and we well remember the *chique* with which some Americans used to whip out the calcaneus at Clamart.

It is a question, however, if the removal of the tarsal bones piecemeal is not the preferable method. Though it spoil a "specimen" or a lithograph, it enables the operator to stop at the limit of the disease, wherever that may be, and to leave something from which a growth of new bone may start to take the place of that which is lost. In the os calcis a partial attachment of the tendo-Achillis may perhaps be preserved; and in this bone, by attacking it on its outer side, nearly the whole can be cut away without disturbing a tendon, vessel, or articulating surface. Within a few days Dr. Bigelow removed, for caries, almost the whole of the os calcis, with Nelaton's gouge forceps, leaving hardly if any more than is represented healthy in Dr. Carnochan's case, and yet preserving a sufficient attachment for the tendo-Achillis.

The great obstacle to success exists in the unfavorable state of the constitution of the patients to whose cases such an operation is adapted. With a limited amount of disease, the propriety of excising any of the bones of the foot, or of resecting any of the accessible joints, is now well established. Every English Journal that reaches us is full of cases of resection of the knee and hip joints; and in our own hospital, Dr. Cabot's case of resection of the knee joint is approaching a most successful termination. It cannot be long before they will be still oftener performed as a substitute for the severer mutilation of many amputations.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 17, 1857.

### NATURE AND ART IN THE CURE OF DISEASE.

As has lately been well remarked in a distinguished foreign medical review, "The regiminal treatment of disease is by no means an invention of modern date, but its merits, as opposed to a more decidedly medicinal treatment, divided the ancients, as it has formed a subject of discussion in more recent times."\* It is difficult, however, to induce the public to believe that there is *no new revelation* upon this subject, but only a clearer insight into, and a fuller appreciation of long and well-known truths.

Probably there never was a time when hygienic medicine, so to speak, enjoyed more of the confidence, or more largely entered into the practice of physicians, than it does at the present day. The period seems to have gone by—we may hope, forever—when such plentiful and potent draughts of physic were ordered as, after revolutionizing the patient's internal economy, drove him, in not unjustifiable rage, to throw the phial, still three quarters filled, out of the window, and fervently wish he could cause the doctor literally to follow his own prescription! Either the world needed more physic half a cen-

\* The British and Foreign Medico-Chirurgical Review, July, 1857, p. 1.



tury ago, or the followers of the healing art know vastly more about it. We think it may even safely be said that both these propositions are true. That the species *homo* changes in constitution and manifestations—both physically and mentally—is manifest to every acute observer. Something has rendered *phlebotomy* an incomparably more rare thing than it was, even within our own remembrance. Distinguished men are even now divided in their views upon this matter; and Watson, Alison and Bennett announce their varying opinions with a force and positiveness which almost puzzle the professional reader, and may well lead to the use, by lay persons, of the often-quoted proverb, “Who shall decide, when *doctors* disagree?”

It would be a strange thing, however, if doctors (i. e. the truly *docti*) should agree upon all points. Not to mention the very different circumstances in which members of our profession are placed; the dissimilar education, experience and modes of thought—the unlike climates, and many other influences, it is a rule of human nature that things impress men differently, whatever be their calling. It is rare that two persons think *exactly* alike, ask identical questions, or give precisely the same answers upon any topic.

Whilst these propositions are mainly true, the great tendency of an agglomeration of medical minds (as amongst the profession in a large city, or even in city and country, at certain epochs) will often be found *in the same direction*. Thus, two or more well-informed physicians in our own city, would doubtless describe typhoid fever in nearly the same terms: nor would they, probably, differ essentially as to its management. The same men, however, might dissent from each other, or all from one, as to the treatment of pneumonia. The probable question would be, can the latter be arrested? If so, how, most efficiently, and at the same time with the least injury to the patient?

It is thus easy to see, as has long been demonstrated, by more cogent and brilliant pens than ours, that important and very responsible questions will arise, which require immediate decision. If it could be written out to us, from infallible authority, that unless we bleed a patient with acute pneumonitis, that patient will die, hesitation would be murder. Yet, if we have a large amount of proof that just such cases have recovered under other measures, we are inclined to look upon this evidence in the light of a palpable information, affording us the best ground of action, in default of an infallible *dictum*.

It is much in this way that the studious and watchful physician acquires his knowledge, and does not hesitate to act, or to refrain from acting, according to the force of the arguments which Nature brings forward, and Art weighs and applies.

It is surely wise to follow so worthy a teacher as Nature, yet is there to be no limit to our rambling in her often somewhat crooked paths? If we can attain a curative action by a straight road, laid out by Art, must we, to please the Naturalists (*in medicinâ*) “go the longest way round,” when we *know* it is not “the nearest way home?” By no means; and yet there are those who, from witnessing many wrecks made *in spite of* the pilot, will not assist the pilot, when one arm is somewhat tired or even disabled, his guiding abilities (non-physical) being precisely as good and available as ever. This is a species of dog-in-the-manger management. If Nature *can* effect a cure, *alone*, and well—let her; if, in her well-meant endeavors, from deficient

power, or from over-action, she is about to spoil a good piece of work, should not Art intervene? It is supposable that this common-sense view of the subject is plain enough to strike any one who will look at it calmly. But members of the community, from ignorance of their real wants in these respects, either attempt to exact large doses from their medical attendants, or else, losing confidence in them and their measures, resort to self-medication, rush into homœopathic nothingness, or are drowned in pure hydropathy.

Scepticism, it seems to us, has somewhat too extensively and causelessly invaded the profession. Because *drugging* has injured people, shall the sick not be properly medicated? No honest physician will give his patients a particle of medicine, if they do not need it—no physician is honest, who withholds it when they do. If the public could ever be made to understand the *true* relation of the *true* physician to it, all would be well. Instead of looking upon us as speculators, trading in their flesh and blood, comfort and life, to maintain our own, let the people about us believe us to be their friends—in the vast majority of cases, as we firmly believe, most conscientious, pains-taking friends—not tied to exclusive dogmas, and promising cures by this or that system, but with every day's observation accumulating the information which enables us to administer the right remedy, at the right time, to withhold the useless or pernicious medicament, to watch, encourage, direct and restrain the efforts of Nature. Is not this the true sphere of Medical Art?

In the able Review, with an extract from which we began this article, the recent work of Sir John Forbes is taken as the text for remark. Both the work and the review merit the careful consideration of all medical men. The importance of the subject is exceedingly great, and it is much to be desired that the true spirit and belief could permanently pervade the profession, and through them, influence the community. It would be presumption in us to pronounce positively upon such serious and complicated questions; but we may venture to hint that a too exclusive adherence to Nature in the management of disease, will as surely induce evil results, as will much of the over-use of artificial curative measures. Moreover, what some persons so stiffly term Art, is, after all, only modified Nature. Shall we ostracise Art because harm *has been* done by it? Let us rather learn, daily, how to use it better. Steam-boilers are intended to work machinery; if well managed, they are blessings, if not, they blow up, possibly, and not only are themselves destroyed, but involve all around them. Let us not give up the boiler and return to the paddle, however. Is there no safety-valve? Keep that in order.

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#### DR. UHL AND MRS. CUNNINGHAM.

THE course taken by Dr. UHL, in the remarkable attempt made by Mrs. Cunningham to suborn a child with the view of obtaining possession of the property of Dr. Burdell, has been the subject of comment by several medical journals. The *American Medical Monthly*, in its September number, justifies Dr. Uhl's conduct on the ground that in pretending to countenance a crime, and, in fact, actually aiding in its commission, he was rendering a service to the community by bringing the perpetrator to justice. The *Monthly* compares Dr. Uhl's proceedings to those of a servant who affords assistance to a burglar by

giving him the key of a lock which he is unable to pick, having in the meantime given information to the police, who are thereby enabled to arrest the offender the moment he enters the house. So far as we have noticed, the *Monthly* is the only medical journal which unqualifiedly approves of Dr. Uhl's conduct.

We do not think that the circumstances required Dr. Uhl to play the part of a special detective officer in this drama. By giving information of Mrs. Cunningham's intention to the prosecuting officer, proper steps could have been taken to detect the crime if committed, or, what would have been better in this case, to have prevented its being attempted. The testimony of a respectable medical man that his aid had been sought in the perpetration of such an infamous crime, would have been a fatal bar to the success of Mrs. Cunningham's plot, if attempted; but it seems hardly possible that she should have attempted it, knowing that her intentions had been revealed to the police. It seems to us, therefore, that while Dr. Uhl was bound to make known immediately to the proper authorities the criminal intentions of Mrs. Cunningham, there was no occasion for him to take an active part in the proceedings which led to her detection, especially since the character of those proceedings was such as to give rise to prejudices against him personally, and against the profession of which he was a member. In making these remarks we wish to state that we believe Dr. Uhl to have been actuated by no other than the purest motives, and though we think he erred in judgment, we have no doubt that he was satisfied that under the circumstances his pretended connivance and assistance in the crime was demanded by the necessities of the case.

*National Award to the Discoverers of Etherization in Surgery.*—We have inserted a communication on this subject from an esteemed correspondent, because it places the agency and claims of the discoverers of the anæsthetic properties of Pure Sulphuric Ether on a new footing. He regards the discovery as belonging to the nation, and looks to the General Government for such recognition and reward of it, as will be alike honorable to the Government and to its recipients. Two gentlemen have long laid claim to it. Our correspondent says nothing of priority, or of comparative claims to the discovery. To him the simple fact of any direct agency in the matter establishes an equal claim to a national reward. It seems to us that this is the only way in which a practical result can be reached, and we sincerely hope his plan will be adopted. It may be well to state that our pages cannot be opened to the discussion of rival claims for the award.

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MARRIED.—In Portland, Me., 8th instant, Dr. Henry G. Davis, of New York, to Miss Ellen W. Deering, of Portland.

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DIED.—In South Boston, Dr. Thomas Lynch, 25.

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*Deaths in Boston* for the week ending Saturday noon, September 12th, 1855. Males, 55—Females, 50.—Inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—burns, 1—cancer in neck, 1—consumption, 18—convulsions, 3—cholera infantum, 21—croup, 1—dysentery, 7—diarrhoea, 2—dropsy, 1—dropsy in the head, 7—debility, 1—infantile diseases, 3—puerperal disease, 1—typhoid fever, 7—scarlet fever, 3—disease of the heart, 2—perforation of the intestine, 1—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 2—old age, 2—palsy, 1—disease of the spine, 1—teething, 5—thrush, 1—tumor in abdomen, 1—unknown, 1—whooping cough, 1.

Under 5 years, 50—between 5 and 20 years, 14—between 20 and 40 years, 23—between 40 and 60 years, 9—above 60 years, 9. Born in the United States, 75—Ireland, 22—other places, 8.



*The Excito-Secretory Action.*—The recognition, to a certain extent, by Dr. Marshall Hall, of Dr. Campbell's claim as discoverer of the excito-secretory system of nerves, has been stated in the Journal. Prof. J. Adams Allen, of Michigan, lays claim to a priority of both these gentlemen in the discovery, and in the making known of it to his classes in the Indiana Medical College, in 1848, and afterwards in the University of Michigan. He did not make use of the term excito-secretory, and now remonstrates against the use of it as arbitrary and too limited.

*Belmont (Ohio) Medical Society.*—The annual proceedings of this Society have been published for many years, and have occasionally been noticed in previous volumes of this Journal. The July session, the present year, was held at Bellaire, as we learn from the Cincinnati Medical Observer. Dr. Affleck, whose peculiar views in regard to religious belief have been rather extensively circulated by means of a little paper issued by him a few years since, delivered an address on insanity, in which the doctrine of materialism was so openly advocated that several members spoke in opposition to it. Dr. A. replied, and the discussion was wisely cut short on the ground that it was becoming too metaphysical. Other papers were also read. The October meeting will be held in Martinsville.

*Masking the Taste of Cod-liver Oil.*—M. Leperdriel recommends the addition of ten per cent. of common salt as the best means of masking the taste, not only of cod-liver oil, but various other kinds of fish oil. The salt may not only conceal the taste of, but add to the digestibility of the oil. Essence of aniseed further masks the oil, but for most persons the salt suffices.—*Rev. Med.*

*Medical Pedestrianism.*—A medical man of forty years practice in Philadelphia, informed us, the other day, that he had walked in the above time one hundred and fifty thousand miles (150,000). How many of the present generation of effeminate doctors will ever accomplish this feat? This gentleman, at the ripe age of 69 years, is now as active as a boy of sixteen, and bears the appearance of youth and health in all his movements. He commenced walking at his practice on account of inveterate dyspepsia, and has been able to keep the enemy off only by continuing the process, and by close attention to diet.—*Philadelphia Med. and Surg. Journal.*

*Trouble among the Wayne Co. Doctors.*—The Wayne County (N. Y.) Medical Society held a meeting the other day and appointed a committee of three to investigate the following charges against one of its members, viz., "For violating a rule of the Society and of medical ethics, by advertising publicly and by hand-bills, inviting the attention of individuals affected with particular diseases of the lungs, &c., professing superior skill and knowledge, these being the ordinary practices of empirics, &c.?" The charges were sustained and *the member expelled!*—*Buffalo Med. Journal.*

*On a Mode of Preventing the Fears and Apprehensions connected with a Surgical Operation.*—M. Diday has lately directed attention, in the *Gazette Medicale de Lyons*, to a very kind mode of lessening the apprehensions of persons who have consented to submit to capital operations, and which mode has been put in practice at the Military Hospital of Bordeaux. When it has been settled that a limb is to come off, the precise day is left undecided, and the patient is allowed, if the case admits of it, to forget the painful circumstance. Some morning the house-surgeon, in going round, says to the poor man, "By-the-bye, as you are to be operated upon, you may as well get accustomed to the smell of chloroform, and learn to inhale it." Thereupon he applies the mouthpiece, lets the man quietly inhale the semi-lethal vapor, and allows complete anæsthesia to take place. The patient is then carried to the operating theatre, where every thing has been prepared beforehand, and every one is ready for his task. The operation is performed, and the poor sufferer awakes delighted that it is all over, and that he has been saved the pangs of trepidating expectation.—*London Lancet.*

The cholera has made its appearance recently in Guatemala, but has not proved very fatal, only 30 having died in one month, out of a population of 40,000. In Salvador it is represented as prevailing more extensively.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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CASE OF RETAINED PLACENTA FOLLOWING ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following is a brief history of a case that occurred in my practice, which you are at liberty to publish if you think it will be of sufficient interest to your readers to merit it.

I was called on the night of June 14th, 1857, to see Mrs. —, aged 35 years, the mother of five children, who had, half an hour before my arrival, passed a fœtus of near three months' growth, and in her eagerness to be freed from it had torn the cord loose from its attachment to the placenta. On making an examination, I found the os uteri open to about the size of a half-dollar coin, and on attempting to introduce my fingers so as to get hold of and extract the afterbirth, the womb contracted and forbade their entrance, and with the contraction came a profuse gush of blood. Thinking it unsafe to attempt to force my hand into the womb under the circumstances, I withdrew it, and as the flowing continued, and she was faint from loss of blood previous to and immediately following the passage of the fœtus, I introduced a tampon, made in the ordinary way by tearing soft cotton cloth into blocks, which restrained the flowing instantly, and under the use of stimulants she soon rallied from her faintness, and expressed herself as feeling comfortable. I then left her, with the injunction to keep quiet, and allow the plug to remain till I called again. I called in twelve hours, and withdrew the plug to give her a chance to urinate, and anxiously awaited the result, having read a history of the cases of Drs. Clark and Herrick, treated in a similar manner, which were related before the Boston Society for Medical Improvement, and published in your Journal of February 19th, 1857. I hoped the afterbirth would follow the withdrawal of the tampon, as in their cases, but it did not, nor was there any renewal of the flowing; and as the patient seemed comfortable, I again left her, with the advice to keep quiet, take a light diet, and, if her bowels did not move by the next morning, to take a dose of castor oil, and if the

flowing came on again, to send for me immediately. She took the oil the next morning, as advised, which produced colicky pains without moving the bowels; and, as they were growing hot, tender and tympanitic, and as she was feverish, she sent for me in the afternoon. I found her with the before-enumerated symptoms, with the addition of a frequent, wiry pulse, scanty and high-colored urine, an anxious-looking countenance, thoracic respiration, and lying on her back, with the legs drawn up.

On examining the abdomen, I found it generally tender, mostly so over the uterine region. I diagnosticated metro-peritonitis, and fearing the result if the afterbirth was not got rid of, I made another examination *per vaginam*, and found the condition of things much the same as in the last one. The os uteri was more nearly closed, and the neck of the uterus considerably swollen. No hæmorrhage followed, and in this dilemma I resolved to try the virtue of ergot, without, however, much confidence that it would accomplish the desired end, as my patient was much reduced by loss of blood and confinement. I gave fifteen grains of ergot, combined with five of camphor, and repeated it once in two hours till she had taken a drachm of the ergot, which produced dizziness, faintness and nausea, but not the slightest uterine contraction. I then commenced combating the inflammatory symptoms in the usual way, by leeches, fomentations, calomel, and opium, and in a few days there was a decided amelioration. She continued improving slowly, till all inflammatory symptoms had subsided, when she appeared almost exsanguine, and was very feeble, but under the use of iron and quinine and a generous diet, her general health seemed improving slowly till July 6th, when, for the first time after introducing the tampon, there was a slight uterine hæmorrhage, unattended by pain, which recurred each succeeding day and grew more profuse till the 10th, when it became alarming, and was attended with severe pain. They again called me in, and I found, on examination, the os uteri dilated so as readily to admit two fingers, the neck flabby and distensible, but still I failed to reach the afterbirth. As her symptoms were indicative of extreme prostration from loss of blood, and she was still flowing, I again introduced a tampon, soon after which she commenced vomiting, and in her efforts at vomiting forced out the tampon. I again introduced it, and applied over the external genitals a T shaped bandage and compresses, in the meantime "pouring down the volatile alkali." She soon rallied from her fainting, and again expressed herself comfortable. I left her for twelve hours, at the end of which time she still seemed comfortable, and was so much recovered from the effects of her hæmorrhage that I ordered them to omit the stimulant, and again left her. After twelve hours more, I called, and withdrew the tampon, and on placing the bed-pan under her, to give her a chance to urinate, the afterbirth slipped into it, reliev-



ing her from a very perilous condition, and me from the most perplexing case I had yet met in my practice.

The larger portion of the maternal surface of the placenta bore marks of recent detachment. There was a small part, about one eighth of an inch, I think, that was dark colored and compressed toward the centre of the mass, giving to it an oval shape. It measured six inches in its longest diameter, four in its shortest, and was an inch in thickness at its centre.

There was no hæmorrhage after this, and the patient, under a tonic course, gradually convalesced, and is now enjoying her usual health. The points of particular interest to me about the case, are the length of time the placenta was retained—nearly a month—the entire inefficiency of ergot in producing uterine contractions, and the safe termination of the case under the expectant plan of treatment, though complicated by metro-peritonitis.

ED. S. WALKER, M.D.

*Brockett's Bridge, Herkimer Co., N. Y.*

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 17.]

BESIDES, I have ascertained that in certain parts where the excito-motory power seems not to exist, it may be generated, and become considerable. Now, as the fibres which have this power seem not to be sensitive, we understand why an excitation may originate from them, reach the nervous centres, produce the loss of consciousness and convulsions by a reflex action, without giving pain, or even any sensation. We may understand also that this reflex excitation may produce cramps by a reflex action in the muscles which are in the neighborhood of the starting point of the excitation, which cramps give rise to a pain wrongly considered as a primitive aura, although it is only a secondary and almost inefficient one.

With the view that in the very beginning of epileptic fits, caused by excitations coming from peripheric nerves, it is not the sensitive nerve-fibres, but only the excito-motory fibres which are in action, we can easily explain many facts. For instance, in my animals, the power of giving rise to fits, belonging to the cutaneous ramifications of nerves and not to their branches or trunks; in man, the absence of sensations, although there is an excitation from some peripheric nerves, as in the case of M. Pontier (see § IX., Case VII., and many others mentioned in § XI.).

What the causes of the increase of the excito-motory power are, we cannot tell positively. We know, however, that some causes increase all the vital properties of nerves everywhere, and

among these causes we will point out a paralysis of the blood-vessels, or the development of inflammation. But there are other causes of which we are ignorant; in my animals, for instance, there is but a slight increase in the vascularization of the part of the skin which has the power of giving rise to fits, and this might be due to the pinching employed to irritate the skin.\*

The changes taking place in the peripheric nerves, either in the skin, in the mucous membranes or in their trunks, when they become able to excite epileptic fits, may be produced by the influence of distant parts. For instance, in my animals, alterations of the spinal cord as low down as the *cauda equina* have sometimes been productive of the peculiar change in the face and neck which renders these parts able to excite fits. In man, tumors of the brain seem to have produced a similar change in one arm.

In my animals I cannot decide whether it is through some direct nervous influence upon the nutrition of the skin of the face and neck, or if it is through an indirect influence, and by means of the bloodvessels, that the spinal cord acts on this part. I have found that changes in nutrition occur in other parts of the head—such as the cornea—in animals upon which the section of a lateral half of the spinal cord has been made, but is this a direct or an indirect influence? I cannot decide. It is very well known that the sympathetic nerve in the abdomen may influence the nutrition of the eye through the spinal cord, but does the influence result from a change in the calibre of the bloodvessels of the eye, or is it a direct influence, like that of certain nerves on the salivary glands, according to the great discovery of Ludwig?

As regards tumors of the brain, the important case of Odier (see § VIII., Case I.) seems to show that they may produce in the arm that peculiar change in peripheric nerves which renders them able to excite fits of epilepsy. But it is by far much more probable that it was not by an action of the brain, but through the irritation of the sensitive or excito-motory nerves of the scalp, or in consequence of the compression of the base of the encephalon, that the change of nutrition took place in the arm.

3d. In the two preceding sections I have examined how are produced the two organic causes of epilepsy; *i. e.*, the increase of the reflex excitability of certain parts of the cerebro-spinal axis, and the increase in the excito-motory power of the peripheric nerves. I have now to say a few words on the mode of production of the most interesting phenomena of a complete fit of epilepsy.

The first phenomenon of such a fit is not always the same, and this explains why the best observers do not agree in this respect.

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\* I had said, in a paper read last year at the *Académie des Sciences* of Paris (*Arch. Gén. de Méd.*, Fév., 1856), that in making the autopsy of my epileptic animals, a congestion of the base of the encephalon and of the Gasserian ganglion is found; but I have ascertained since that in a great measure this congestion is a result of the fits and of the irritation of the skin of the face by pinching or otherwise, and not a circumstance preceding the first fit, and connected with the production of the increase of the excito-motory power of the skin.

Dr. Marshall Hall for a long while considered as the first symptom a distortion of the eye-balls and of the features, and he admitted as the second phenomenon a forcible closure of the larynx, and an expiratory effort (*Diseases and Derangements of the Nervous System*, 1841, p. 323). In many subsequent publications (see *Lancet*, June 12, 1847, p. 611, and *Aperçu du Système Spinal*, 1855, p. 101) he seems to consider as the first phenomena the contractions of the muscles of the neck and of the larynx. Dr. C. J. B. Williams (*General Pathology*, 2d Am. Ed., p. 166) says that the first phenomenon is a palpitation of the heart. Herpin (*Loco cit.*, p. 421-5) after having tried to show that when there is an aura the first phenomenon consists in a local cramp, says that the second phenomenon (the first when there is no aura) is the epileptic cry. According to Beau (*Arch. Gén. de Méd.*, 1836, p. 339), Delasiauve (*Loco cit.*, p. 65) and Hasse (*Krankheiten des Nervenapparates*, 1855, p. 251), the epileptic cry, in the most complete cases of epilepsy, may not exist. I have witnessed two fits of epilepsy in which the most violent convulsions and a complete loss of consciousness, followed by coma, took place without cries. Is the loss of consciousness the first symptom? Most of the principal writers, who ignore the power of the reflex actions, consider the cry as a proof of feeling: surprise, according to Beau; surprise and pain, according to Herpin (*Loco cit.*, p. 477); surprise, convulsion and pain, according to Delasiauve (*Loco cit.*, p. 77), and they admit, therefore, that the loss of consciousness is not the first symptom, at least in most cases. Billod attributes the cry to the convulsive spasm of the laryngeal muscles, and to a convulsive expiration (*Annales Méd. Psychol.*, Nov. 1843). According to him, the loss of consciousness precedes the cry, which is not a symptom of surprise or of pain. Hasse considers the cry as being probably the result of a reflex action (*Loco cit.*, p. 251-2). I have tried to show elsewhere (*Exper. Researches applied to Physiol. and Pathol.*, New York, 1853, p. 54-5) that cries in animals or in children deprived of their brain, may be due to a mere reflex action; the vocal cords being contracted, and the expiratory muscles expelling quickly the air contained in the chest, the sound which we call a cry is produced. In epilepsy, the loss of consciousness, which is equivalent to the loss of the brain, allows a cry to take place by reflex action. In the most complete and violent fits of epilepsy, we think that the first phenomena are almost always, 1st, the contraction of the bloodvessels of the face, which causes the paleness, noted particularly by Prof. Trousseau, by Delasiauve and by Dr. Bland Radcliffe; 2d, the contraction of the bloodvessels of the brain proper, which causes the loss of consciousness. The cry, either at the same time, or immediately after, is produced by the spasmodic contraction of the expiratory muscles, driving the air forcibly through a contracted glottis. At the same time,



also, almost always some muscles of the face, of the eye and of the neck contract. Sometimes, also, the spasm extends at once to the muscles of the upper limbs, and afterward to the whole body. All these phenomena are sometimes produced at once, and all are the results of an excitation springing from some part of the excito-motory side of the nervous system. In other cases there is an evident succession in these phenomena; the paleness of the face and the loss of consciousness (both resulting from contractions of the bloodvessels) take place at first, with some spasmodic actions of the muscles of the eye and face, and then come the cry and the tonic contraction of the muscles of the limbs and trunk.

The following table will show how the principal phenomena are generated, *one by the other*, in the most common form of the violent and complete epileptic seizures.

| CAUSES.                                                                                                                                                             | EFFECTS.                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Excitation of certain parts of the excito-motory side of the nervous system.                                                                                     | 1. Contraction of bloodvessels of the brain proper and of the face, and tonic spasm of some muscles of the eye and face.                                                          |
| 2. Contraction of the bloodvessels of the face.                                                                                                                     | 2. Paleness of the face.                                                                                                                                                          |
| 3. Contraction of the bloodvessels of the brain proper.                                                                                                             | 3. Loss of consciousness, and accumulation of blood in the base of the encephalon and in the spinal cord.                                                                         |
| 4. Extension of the excitation of the excito-motory side of the nervous system.                                                                                     | 4. Tonic contraction of the laryngeal, the cervical and the expiratory muscles (laryngismus and trachelismus).                                                                    |
| 5. Tonic contraction of the laryngeal and of the expiratory muscles.                                                                                                | 5. Cry.                                                                                                                                                                           |
| 6. Farther extension of the excitation of the excito-motory side of the nervous system.                                                                             | 6. Tonic contractions, extending to most of the muscles of the trunk and limbs.                                                                                                   |
| 7. Loss of consciousness, and tonic contraction of the trunk and limbs.                                                                                             | 7. Fall.                                                                                                                                                                          |
| 8. Laryngismus, trachelismus, and the fixed state of expiration of the chest.                                                                                       | 8. Insufficient oxygenation of the blood, and general obstacle to the entrance of venous blood in the chest, and special obstacle to its return from the head and spinal canal.   |
| 9. Insufficient oxygenation of the blood, and many causes of rapid consumption of the little oxygen absorbed, and detention of venous blood in the nervous centres. | 9. Asphyxia.                                                                                                                                                                      |
| 10. Asphyxia, and perhaps a mechanical excitation of the base of the encephalon.                                                                                    | 10. <i>Clonic convulsions everywhere</i> , contractions of the bowels; of the bladder; of the uterus; erection; ejaculation; increase of many secretions; efforts at inspiration. |
| 11. Exhaustion of nervous power generally, and of reflex excitability particularly, except for respiration. Return of regular inspirations and expirations.         | 11. Cessation of the fit; coma or fatigue; headache; sleep.                                                                                                                       |

We have but little to say in explanation of the above table,

which only gives, as we hardly need to remark, a type of a complete seizure.

Writers on epilepsy are unanimous in considering the *fall* as due only to convulsions, while it is certainly, in a measure, the consequence of the loss of consciousness, which alone causes it in some cases of epileptic vertigo without convulsions.

We do not think that laryngismus in epilepsy has the immense importance given to it by Dr. Marshall Hall. In the first place, in persons in whom the reflex excitability is not increased, laryngismus exists frequently, in whooping cough, in asthma, &c., without producing epileptic convulsions. In the second place, epileptic convulsions may exist before laryngismus (Hasse, *loco cit.*, p. 252). If, instead of saying that laryngismus is the essential cause of convulsions in a fit of epilepsy, we say that asphyxia, whether produced by laryngismus or by other causes, is the source of a certain part of the convulsions in the violent and complete fits of epilepsy, we shall be much nearer the truth. If we say also that laryngismus is nothing but a spasm of certain muscles—spasm produced by a reflex action at the same time that there are other spasms in the bloodvessels of the brain proper, of the face, and also sometimes of the whole surface of the body, and in the muscles of the head, of the trunk and limbs, and that all these spasms are reflex contractions, due to the same excitation, we shall be much nearer the truth than by admitting Dr. Hall's views.

[To be continued.]

## AN EASY METHOD OF IMPROVING THE DIGESTIBILITY OF MILK.

BY DR. GUMPRECHT, OF HAMBURG.

[Translated for the Boston Medical and Surgical Journal from the *Journal für Kinderkrankheiten*, for March and April, 1857.]

It is well known that cow's milk, which is commonly employed for the diet of newly-weaned children, and also for those who are older, is frequently not well borne, and gives rise to indigestion, acidity, flatulence, colic, diarrhœa, &c. Hence it has been proposed to improve its properties by the addition of water, and sugar of milk. Experience shows that this fulfils but imperfectly the object in view.

Reflecting that food for adults is never prepared without common salt, which not only renders it more palatable but also more digestible, because (as Moleschott has well remarked in his *Physiologie der Nahrungsmittel*) salt not only acts as a stimulant to all the glands of the digestive apparatus, increasing their activity, but also renders the albumen (and consequently the casein of the milk), as well as the fat, more soluble in the digestive fluids, I was naturally led to the idea of rendering the milk intended for recently-weaned and older children more easily digestible, by the addition

of a little salt; and I found that I could in this way prevent the indigestion so often following the drinking of cow's milk, and even remove it, when already present.

So far as I know, no author who has treated of the diet of newly-weaned children has mentioned this useful addition to milk, and it is, in fact, remarkable that so natural an idea should not have occurred long ago, as to season the milk intended for the nourishment of weaned children with a little salt, to make it more digestible, since milk is often given them mixed with flour, groats, pounded biscuit, &c., which require this wholesome condiment in order to become more easily digested and assimilated. It gave me, therefore, much pleasure to hear a Dutch physician, whose acquaintance I made a few weeks since, and with whom I conversed on the above subject, say, that in his practice in Holland he had frequently directed the addition of a little salt to the milk for newly-weaned children, with a very happy result.

On my inquiry how the idea occurred to him, he said that he had observed that the peasants of Holland, in order to preserve the swine and cattle from a diarrhœa which frequently occurred in consequence of indigestion, mix salt with the fodder, and he reasoned from analogy that perhaps also children after weaning might in a similar manner, namely, by the addition of a little salt to their milk, be protected from the diarrhœa which is so common under the circumstances; and the result had justified his expectations.

The proportion of salt to a given quantity of milk must be determined by the age of the child; as much as can be taken on the point of a knife, or two or three times this quantity, may be added to a cup full of milk. In order to make the resemblance between cow's milk and woman's milk more perfect, I direct it to be boiled and skimmed, then a little sugar of milk is added, and lastly the salt. Fresh milk to which salt has been added should not be allowed to stand long, as acids will be set free, and coagulation promoted.

In a theoretical point of view, as I think, there is less objection to the addition of salt to the milk for young children, from the fact that this condiment not only benefits the stomachic digestion, by rendering the casein more soluble, but favors the formation of the blood, and renders the latter more fluid while circulating. Thus, Moleschott, in the *Physiologie der Nahrungsmittel*, says: "Of the inorganic elements of the blood, the chloride of sodium is the most abundant; its quantity is so great that it is not difficult to cause it to crystallize from an aqueous solution of the ashes of the blood. The chloride of sodium is also found abundantly in the tissues, especially in cartilage, and also in the secretions and excretions."

Although milk, as Prout has very justly remarked, is to be regarded as the type of all food, since it contains all the elements which are necessary for the growth and nourishment of the human



organism, as albumen, sugar, fat and the salts, and is particularly adapted, by its bland nature, for the organism of the child, yet it is often unfit for adults, who are accustomed to a more stimulating diet, on account of its insipid quality, and frequently gives rise to oppression and acidity of the stomach, and sometimes even to diarrhoea. Hence some persons have a strong objection to it, on account of its want of flavor. This objectionable quality is, however, easily removed; it is only necessary to infuse powdered cinnamon into the boiling milk, then dissolve in it a sufficient quantity of salt, until the milk acquires an agreeable piquant taste, and add powdered sugar, in order to give it a decided and agreeable flavor. I have found that milk prepared in this way is very palatable to adults, and is readily taken and well borne by them. Those persons who are accustomed to take spirituous liquors may add to the milk, in order to improve its quality, rum or brandy (a small wine-glassful to an ale-glass of milk). In this way milk is often taken in England and in Holstein, particularly in summer.

When the physician orders a regimen consisting wholly of milk (*milk-cure*), he should not forget to recommend salt and sugar to be added to the milk, according to the above method, both to render it more digestible, and also more acceptable to the taste; since the success of the "cure" depends in a great measure on the perfect digestion and assimilation of the milk, which are much assisted by these additions.

Morning milk, fresh from the cow, is frequently directed for women who are suffering from the effects of general morbid irritability, and often with good results. It sometimes happens, however, that the fresh milk is not well borne, or that the patients have a strong repugnance to its insipid taste. In such cases I advise a little salt, with one or two teaspoonfuls of powdered white sugar, to be dissolved in a small quantity of milk placed in an ale-glass; then fill up the glass with milk fresh from the cow, and drink it quickly. I have found that new morning milk prepared in this way is very easily borne. The remarkable effect of fresh milk in removing the above-mentioned morbid condition seems partly to be attributed to its being saturated with an animal vapor, a peculiar evanescent odorous principle, which cannot be isolated, and which speedily disappears after the milk has been drawn from the cow.

#### TAPE WORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following formula, for the destruction of tape worm, is from the August number of the *Journal de Chimie Médicale*, credited to the *Union Médicale de la Gironde*. It resembles very much the pumpkin-seed cure, first introduced here, I believe, by Dr. J. S. Jones.

C. E. B.

“Dr. Reimonenq has communicated the following empirical formula to the Bordeaux Medical Society, as having succeeded in expelling a tænia after all other means had failed. The immediate effect was very severe colic, and powerful catharsis:

“Gourd seeds (200), about 40 grammes; castor oil and honey, 30 grammes each. Peel the seeds, reduce them to a paste, and add the oil and honey. To be taken at one dose, in a glass of milk. Two hours later, take in a glass of cold water, castor oil and honey, 30 grammes each; lemon juice, q. s. The patient to fast and remain in his chamber till after the operation.”

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 22d.—*Death from Rupture of the soft parts at the entrance of the Vagina. Cysts in the Vagina.*—Dr. ELLIS reported the case.

A healthy woman, in the seventh month of pregnancy, was found lying upon the floor, in a pool of blood, immediately after falling from a bed, upon which she had been standing. Dr. Z. B. Adams was at once called. He found her bleeding profusely from the vagina, and in a state of collapse. The efforts made to arrest the hæmorrhage were of no avail, and she died in about three quarters of an hour after the accident.

At the examination, there was found on the left nymphæ a recent rupture an inch and a half or two inches in length, with rough edges, and evidently made before death. The tissues, to a limited extent, in the neighborhood, were discolored by extravasated blood. The vagina, near the meatus, also appeared to have been extensively lacerated, but it was thought that the parts might have been cut during their removal. Beneath the mucous membrane of the vagina were two cysts, from half an inch to an inch in diameter, filled with serum. One of these lay just below the os uteri, the other near the vulva. The uterus and its contents were found perfectly healthy. The os was plugged with thick gelatinous mucus.

The case was considered interesting as an instance of what has been before noticed—fatal hæmorrhage from laceration of the vulva. It could not be ascertained that the woman had struck anything in falling from the bed to the floor, but it was thought, after the examination, that the post of a crib, from the position of the latter, might have been the cause of the accident.

Cysts in the vagina, like those described, have been seen, but are very rare.

Dr. STRONG alluded to the peculiar vascular condition of these parts during pregnancy, as probably accounting for the profuseness of the hæmorrhage in this case; and the consequent death of the patient.

Dr. JACKSON remarked that he had always found the parts about the vagina much more vascular in the gravid state.

Dr. H. J. BIGELOW mentioned in this connection a case of what proved to be a melanotic tumor of the clitoris, in which, after its re-

moval, the hæmorrhage was so profuse that compression with the hand was necessary to allow time for etherization preparatory to more efficient means. The tumor was about the size of a marble.

Dr. PUTNAM mentioned a case of violent hæmorrhage in a woman during pregnancy, following a wound produced by a broken chamber vessel.

AUG. 10th.—*Nitrate of Silver in Asthma.*—Dr. BOWDITCH said that he had found the application of a solution of nitrate of silver to the larynx, as suggested by Dr. Horace Green of New York, of great efficacy in this distressing complaint, and alluded to three cases in which he had employed this remedy.

The first was that of a young man, in whom it was tried three years since, the application being followed by marked improvement. The patient had suffered but little since, until last year, when having taken cold, he again had the premonitory symptoms, as he supposed, of a severe attack, and applied for advice. Dr. B. again used the nitrate of silver, applying it to the top of the larynx, the solution reaching, as Dr. B. supposed, from the change in the character of the voice, the vocal chords. The patient experienced almost immediate relief after the first application, and no attack followed.

The second case was one in which the application was continued for a considerable time, and was followed by entire relief.

The third was that of a gentleman who had never had but three attacks of this affection, these having occurred within five years, and the first two of which had been treated elsewhere. Dr. B. saw him within a few weeks; he had been suffering severely, having been obliged to sit up every night. Three applications of the above solution were made, at intervals of one or two days, after which there was no return of the paroxysms. The first application, however, gave decided relief. Dr. B. was inclined to the opinion that this affection, which is so often considered as connected with the lungs, is, at least in the earliest stages, an affection of the larynx alone; there being a congested state of this part which is relieved by the application of the nitrate of silver. Relief, however, is obtained even when rales in the chest indicate a bronchial trouble.

Dr. Bowditch also mentioned an important practical point in connection with the operation of applying the nitrate of silver, stating that he had found that, if applied immediately after a full inspiration, and just at the commencement of expiration, the latter being performed slowly, little or no inconvenience need be apprehended.

At the subsequent meeting of the Society, Dr. JACKSON stated that he had tried the treatment, so successful in the hands of Dr. Bowditch, with marked benefit. The patient was a man about 40 years old, who since last winter had been a constant sufferer from asthma. The solution, of the strength of that employed by Dr. Bowditch, was applied to the larynx at intervals of one or two days. Three applications only were made, and the patient expressed himself as much relieved, and has since been able to attend to his ordinary occupation. In accordance with Dr. Bowditch's precaution, Dr. Jackson, in applying the solution, took care to seize the moment immediately following inspiration.

AUG. 10th.—*Thoracentesis in Hydro-pneumo-thorax.*—Dr. BOWDITCH remarked that he had recently performed this operation in two cases



of the above-named disease. In the last, which occurred a week since, the patient had suffered for about six months with signs of phthisis, and for some days with pneumo-thorax. There were all the signs of the presence of this affection—resonance on percussion, orthopnœa, &c., together with displacement of the heart. As it was evident that the patient must sink unless speedily relieved, a small trocar was introduced, the canula being left in, which afforded considerable relief. This unfortunately became displaced, and could not be replaced, and closure of the opening followed. At the operation, air rushed out, together with about a pint of serum. On the following day the patient was considerably easier, the respiration being heard nearly to the point of puncture. Air has since again begun to accumulate, but there has been a decided improvement in the general condition of the patient. The operation was unattended with pain, and there has been no pain since resulting from it. Dr. B. saw no reason why this operation may not be employed in cases of *pneumo*-as well as *hydro*-thorax, at least as affording temporary relief.

The patient lingered about two weeks, recovered his appetite and some strength, and did not have any severe dyspnœa until about two days before death. Then the operation was again performed simply for relief. The dyspnœa was lessened, and the patient was made more comfortable, but he sunk and died in about two and a half days. At the autopsy, no mark could be discovered in the membrane covering the pleura costalis, to indicate the point of puncture. The lung was compressed, and contained tubercles in a crude state. No cavities.

Dr. JACKSON remarked upon the difference in the prognosis of this disease in this country and in Europe, and alluded to several cases in which he thought essential recovery had taken place in this country: while in Europe the disease is spoken of as almost necessarily fatal. He mentioned a lecture of Dr. Alonzo Clark, in which several favorable cases are alluded to.

AUGUST 24th.—*Typhoid Fever; Death from Hæmorrhage.* Case reported by Dr. ELLIS.

On August 8th, a man, 30 years of age, entered the Mass. General Hospital, having been attacked a fortnight before with chills, which continued for three days, with much perspiration at night. He had also had constant and severe pain in the head from the commencement, and for five or six days some deafness, anorexia, and much thirst. Bowels regular. No pain in the abdomen.

When first seen, although drowsy, he appeared perfectly rational when spoken to, and complained of nothing but the pain in the head. The cough, which had been one of the earliest symptoms, was slight, and attended by little expectoration. Though debilitated, he was able to walk; the pulse was but little accelerated: there were no abdominal symptoms, and he improved somewhat until the morning of the 12th, when the nurse noticed that he was unusually pale. Aid was obtained, and efforts made to stimulate him, without success. The prostration continued very great for a short time, when a sudden gush of blood took place from the anus. The bed was soon flooded, and he died immediately.

*Sectio Cadaveris.*—At the examination, the intestines were found contracted. The small intestine contained nothing but a little soft, yellow matter, with which the surface was smeared.

Peyer's patches in the lower four feet of the ileum were somewhat reddened and much thickened. In the largest of these, just above the ileo-cæcal valve, there was considerable ulceration, the ulcers extending certainly to the submucous cellular coat. At the lower end, where the ulceration was deepest, was a yellowish-white slough, perhaps three lines in diameter, with edges blackened as if from contact with blood. Above this point, no blood was seen. Below it, the surface was smeared with a thin layer of blood and small recent coagula. In the rectum was a large quantity of liquid and coagulated blood. No vessel was discovered which could have been the source of the hæmorrhage.

The solitary glands in the small intestine were much developed.

In the cæcum was a small ulcer, to which a yellowish substance adhered.

The heart contained a little liquid blood. No coagula anywhere seen.

The spleen was of large size, and weighed thirteen ounces.

With the exception of some old adhesions of the pleural and pericardial surfaces, nothing else remarkable was noticed.

Hæmorrhage in typhoid fever is by no means uncommon, but this case is remarkable, both on account of the quantity of blood lost, and the suddenness of the death, the one being the immediate cause of the other. It is also rare to find the source of the hæmorrhage.

Dr. JACKSON remarked that he had never discovered the source of intestinal hæmorrhage in typhoid fever, but in one instance. The case was that of a little girl, who was apparently but slightly ill. Hæmorrhage from the bowels commenced one morning, and she died at noon. An ulcer was found, hanging off from which a slough was seen. Dr. J. added that sloughs are not uncommon in this affection, and it might perhaps be expected that fatal hæmorrhage would be more common than it is.

SEPTEMBER 14th.—*Vicarious Paralysis.* Case reported by Dr. JACOB BIGELOW.

Dr. Bigelow was called, Jan. 15th, to visit the wife of a sea captain, belonging to Maine. Age 48. She had been troubled for some years with a cutaneous eruption (*eczema impetiginodes*). The eruption was in an improving state when Dr. B. saw her first, but there still remained on various parts of the body large red spots, with psyraceous pustules, dry scales, scabs and cracks. She had sent for him chiefly on account of pains, seemingly of a neuralgic character, affecting her limbs, and depriving her of sleep. She had for some time had a numbness in her fingers and toes, for which and the pain, she had been advised to take a "rum sweat." Next morning after this appliance, she found her lower limbs powerless, and from that time she was unable to stand or walk for seven weeks. The paraplegia extended upward, and in the course of two weeks both arms lost their motility, and the numbness became very general. The left side was most affected, and the left upper eyelid could not be raised. In the middle of February she was reduced to a helpless state, being unable to feed herself, or turn in bed. At the same time the cutaneous eruption had nearly disappeared, being reduced to a few pale, inconsiderable patches. Meanwhile the excretory functions went on well; the articulation, respiration and deglutition were sufficiently good. The catamenia were irregular, in periods of from three to six weeks, apparently approaching

their termination. During all this time the pulse was rapid, 120, and sometimes more, and the tongue loaded with a whitish coat.

About the beginning of March, the eczematous eruption began to re-appear in various places, and to spread to a considerable extent. With this occurrence there came a lightening of the paralytic symptoms, and the powers of motion and of sensation began to return. By the middle of the month she was able to rise from her bed without help, and in a few days walked freely about her chamber. After some satisfactory essays at riding in a carriage, she took the cars for New York in the beginning of April, having a sore skin, but not a vestige of paralysis.

This apparently grave case, which at one time justified the most unfavorable prognosis, proved to be only excentric, mimotic and metastatic, occasioned, no doubt, by the receding of the eruption at a time when the whole system was rendered susceptible by the critical age of the patient.

JUNE 22d.—*Lichen Annulatus Solitarius*. Dr. BORLAND reported the case.

The patient, a girl, 7 years old, presented herself at the Dispensary, for treatment for the present trouble, which was of about ten days' standing. Her general health was fair, and she had no hereditary tendency to disease.

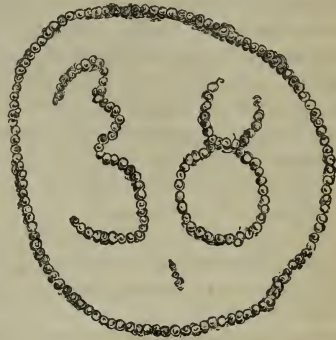
The accompanying cut represents, in size and general appearance, the only patch of disease of the skin which she had. The upper edge of the outer ring was over the sternal end of the right clavicle, and the whole patch presented most of the characteristics which belong to lichen annulatus solitarius, as designated by Wilson.

The outer ring had evidently spread from a spot, or central point, where it had commenced, and it was formed of small brownish-red papules upon slightly inflamed bases. They were somewhat pointed, and very uniform in size.

The area of the ring was yellowish, and thinly covered with a fine mealy scurf. As sometimes happens in this affection, other spots had appeared within the ring, and had spread in their turn into rings of papules of a similar character, so that they represented, in a striking manner, the pattern of the figures 3 and 8.

She was ordered a course of iodide of potassium, with a local application of lead wash, and it is presumed, from the patient's not re-appearing, and the generally short duration of the disease, that it soon disappeared.

AUGUST 10th.—*Hair-ball from the Stomach of a Bullock*. Dr. JACKSON showed the specimen, a spherical mass about six inches in diameter, received from Dr. Head, of the U. S. Army, who brought it from Texas. Dr. H. states that these are not of very rare occurrence in that State, and are occasionally used by the inhabitants, after being divided, for scrubbing floors.





**Bibliographical Notices.**

*The Homœopathic Principle applied to Insanity; A Proposal to treat Lunacy by Spiritualism.* By JAMES JOHN GARTH WILKINSON, M.D. Reprinted from the London edition. Boston: published by Otis Clapp. 1857. 8vo. Pp. 18.

THIS pamphlet is full of absurd nonsense. The author gravely argues that because what is called "Spiritualism" is the source of a great deal of insanity, it is capable of curing that disease, on the principle of *similia similibus*. We quote the following as a specimen of the writer's style of argument and of language.

"In looking for our insanity-producing agent, my attention was directed by great cries proceeding from various quarters, in the direction of Spiritualism, which some at one time feared would turn the brains of all the world; and I said to myself, alone in the human wood, 'That is one of the Lord's plants for curing insanity. There is a concurrence of divers witnesses, a concurrence beyond collusion, to the fact that it can, and does, produce insanity; the homœopathic law, that a moderate dose of that which will cause, will cure, is God's law: therefore Spiritualism will cure insanity.' And then I said to myself, This is all as clear as day; and its advent is sure as the punctuality of the wheels of time: and now, the only problem is, how to apply the cure to the disease which shall vanish under its love? There is another problem, how to get the truth and the benignity adopted; and the Lord, by human means, will manage that too."

*Remarks upon Fractures of the Scapula, with Cases presenting Striking Peculiarities.* By L. A. DUGAS, M.D., Professor of Surgery in the Medical College of Georgia. Augusta, Ga.: 1857. 8vo. Pp. 22.

AN interesting and valuable monograph on a subject which has hardly received its full share of attention among authors, doubtless because of the rarity of accidents to this bone. The author reports two interesting cases of fracture of the neck of the bone, each caused by a blow from a falling tree or branch, and both followed immediately by paralysis and cessation of circulation in the limb, which persisted, from injury to the nerves and vessels. There was also much pain in each case. Dr. Dugas thought the condition of the patients justified amputation, which was not, however, performed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 24, 1857.

RETENTION OF THE PLACENTA AFTER ABORTION.

THE adhesion and retention of the placenta occurring after abortion, which forms the subject of a communication in the present number of the JOURNAL, is often one of the most dangerous and embarrassing accidents which the accoucheur is called upon to treat. The flow of blood caused by the presence of the afterbirth, which may now be considered a foreign body in the uterus, is frequently alarming, while the narrowness of the os uteri generally prevents the introduction of the hand, and not seldom of even a finger, into the womb for the purpose of removing the cause of the hæmorrhage; even when this is effected,

the mobility of the organ is such that the finger has only imperfect control over the parts with which it comes in contact. The length of time during which the placenta may thus remain adherent to the walls of the uterus, keeping up a constant disposition to hæmorrhage, is astonishing. In the 53d Volume of the JOURNAL, page 36, will be found the report of a case in which this state of things existed for more than three months after abortion.

The indications for treatment are two-fold—first, to remove the placenta, if possible; secondly, to arrest the hæmorrhage, when the afterbirth cannot be reached, and the physician is often embarrassed in deciding when his efforts at removal have been continued as long as the state of the patient and the danger of exciting inflammation would justify. In view of the great danger from hæmorrhage, and of its long-enduring effects when not immediately fatal, we think that every reasonable effort should be made to remove the afterbirth as soon as possible after the escape of the fetus. At that time the parts are dilatible, and in a less irritable state than they are apt to become after long-continued manipulation. If the whole hand be introduced into the vagina, which may be done in most cases, the finger can be made to penetrate into the uterus, and being hooked over the placenta, the latter can be torn from its adhesions. Some assistance is gained in steadying the uterus by making firm pressure above the pubis, with the other hand. In this way the placenta was removed in the case alluded to, in which the patient was brought to the brink of the grave by the repeated hæmorrhages which had occurred since her miscarriage. We cannot help thinking that in the case of our correspondent a less “expectant” treatment of the retained placenta would have resulted in its earlier delivery, and spared the patient the loss of much blood.

#### OPIUM: THE PRINCIPLE GUIDING ITS USE.

THE saying of SYDENHAM, that he would not practise medicine without opium, has found constant echoes down to our own day. To enlarge upon the various uses of opium would be a work of supererogation, but a reference to the mode in which it is to be employed under different emergencies, may not be considered superfluous.

We cannot but mention the very beneficial action of laudanum in *small* doses, in ordinary irritative diarrhœa. This, to be sure, is no new thing; but we believe that whilst the impulse on the part of the physician is usually to give a full dose, at once, with the hope of quelling too frequent dejections, a better result will often be attained by administering five or six drops every two hours, or after every second discharge. The stomach is not so likely to be offended by the remedy, and the effect of the repeated doses, at regular intervals, is most happy. It is somewhat analogous to the continual dropping of water, which “wears away” a stone; or like the tapping of the woodpecker, who makes his mark at last. The solution of the sulphate of morphia may be satisfactorily used in the same manner.

To come to the *major* after the *minor* applications, how admirably an opium pill will sometimes upset a hysterical paroxysm. After many dodges and parryings of the more commonly-tried antispasmodics, the small but potent pellet proves, in the language of the ring, a “sockdologer”!

We have just had our attention arrested by an article in the *London*

*Lancet* of August 15th, 1857, by Richard Oliver, M.D., Resident Physician to the Salop and Montgomery Counties Lunatic Asylum. The communication is in the form of a letter to James Wilks, Esq., Commissioner in Lunacy.

Dr. Oliver cites facts which in his opinion go to establish "the principle to be kept in view in regulating the administration of opium"; and the result of the case which is detailed by him at length, where very large amounts of morphia were given to an insane person, fully justifies the treatment. To judge of this, the account should be perused; but we may state that it is mentioned the patient had, in the course of twenty-one hours, thirty grains of the hydrochlorate of morphia. This was during portions of the 8th and 9th days of treatment. The patient was discharged recovered from his maniacal condition, but suffered a renewal of it, through imprudently resuming business and returning to former intemperate habits. Dr. Oliver's paper is to be continued, and, we doubt not, other facts, as well worthy of note, will be presented.

The author refers to Sydenham's views, and quotes a few apposite words from him, relative to the mode of using opium. The experience of every day only confirms the admirable judgment of the English Hippocrates; and we can hardly do better, in this connection, than to transfer the same sentence from his works, which Dr. Oliver has taken into his pages.

"9. *Let no one call me rash for throwing in laudanum so confidently.* Experience has taught me that in any of the three great symptoms requiring opiates—intense pain, vomiting or purging, and dejection of the animal spirits—the dose must be regulated both in respect to its quantity and frequency by the circumstances of the case only, since a dose that is strong enough for one system may be too weak for another, and the dose that will endanger the life of one patient may save the life of another.

With regard to *hysteria*, to which we previously alluded, Dr. Oliver continues as follows:

"Looking at his [i. e., Sydenham's] opinions respecting the nature and treatment of hysteria, which are based upon age and practical conjecture as to the intimate connection and inter-dependency of the nutritive and the cerebro-spinal functions—to the literal *consanguinity*, so to speak, of healthy vital action with the material means for sustaining it—a connection which may be considered as analogous to the relation which industry bears to the capital available for its employment—we shall find them fully expressed in the second volume of Dr. Latham's translation (in paragraphs 119, 121, 122 and 123, at pp. 108-9). Throughout these writings, the principle enunciated—that of sustaining and economising vital power under all circumstances—is never lost sight of for a moment; and the only thing to be depended upon, as a sheet anchor, under the most extreme danger from exhaustion, is declared to be opium."

The fact that an increase of dose must correspond to the violence, persistence and urgency of pain, or of other imperative symptoms, is, it is true, well known, and doubtless extensively practised upon; but opium is often too long withheld, and made the last, when it would have been far more available as the first, remedy.

Besides its employment as above reported, in the case of violent maniacal excitement, the writer to whom we owe our present theme enumerates many other affections, in which he has freely and largely used it, with great advantage. We extract, in concluding, a portion of his remarks.



"When nothing had occurred to contra-indicate its use, I was for some time in the habit of being guided in its employment by the general aspect of a patient's symptoms, so far as that might afford evidence of abnormal irritability or weakness. In numerous cases of shock from injury and from surgical operations, in many of the various phases of hysteria, and in every form of disease in which pain is independent of present acute inflammatory lesion; in anæmia when suddenly produced by hæmorrhage, and more particularly when associated with the irritability and low power of the puerperal state, I had often witnessed the beneficial effects of opium in extraordinary doses, and I had learned to lay aside, upon occasion, the restriction by which its administration is commonly regulated. In other cases, when the quantity of blood in the system has been much reduced by chronic menorrhagia, or by any other cause which in like manner tends to withdraw the materials of nutrition from their proper use, I have long depended more upon opium, when given in *ordinary* doses, than upon any other remedy, for restraining the morbid discharge, and for consequently restoring to the system its appropriate power of assimilation and repair. It may perhaps be advisable for me to state, that I would not recommend other considerations in cases of this kind to be entirely disregarded; but when the vascular system has become comparatively empty, it is not often that we meet with any serious local hindrance to the adoption of the course to which I here refer. In delirium tremens, in colic, in uterine phlebitis, in the terrible constitutional irritation produced by certain animal poisons—after dissection wounds, for instance, as you yourself can so well testify—the tranquillizing and salutary influence of opium must be acknowledged by every practitioner who has ventured to measure the quantity of the remedy to be employed by the constitutional necessities of his patient. In addition to the circumstances which I have already mentioned, I must not omit to name the consequences of any exhausting evacuations, such as those of cholera, and the effects of any severe febrile malady which has brought the organic energies of the system to a low ebb—as well as 'the three great symptoms' which have been set down by Sydenham as most peculiarly indicating the necessity for opium: 'Sunt autem tres, vehemens dolor, vomitus vel dejectio enormior, et insigniores spirituum animalium ataxias.'"

#### RECOMMENDATIONS OF MEDICAL PREPARATIONS.

WE are occasionally applied to by the inventors or proprietors of medicines, with the request that we would try some preparation, the formula of which is made known to us, and, if satisfied that it is of value, to recommend it. In a few instances, where no secret was made of their composition, we have recommended preparations which our experience satisfied us were useful, or which were stated to be so by personal friends upon whose judgment we could rely. In all such cases, however, the formulæ were freely shown to us, and to any other physicians who desired to see them. The preparations were recommended merely because they were convenient and useful, like those of the Pharmacopœia, and not from any extraordinary virtues they were supposed to possess. Our only object in so doing was to benefit physicians by calling to their notice certain combinations of articles which might be of service to them in their practice, and we have endeavored to be as conscientious in our judgments as if we were criticising a book sent to us for review.

We are sorry to say that an improper use has in some instances been made of our recommendations. They have been appended to flaming advertisements, published in the newspapers, and thrown under street doors. Preparations consisting only of a combination of the commonest articles have been advertised in as conspicuous and quackish a mode as the Peruvian Syrup or Brandreth's pills, claiming to cure diseases of the most opposite nature, and bearing our recom-

mendation on the wrapper. Now we wish it to be distinctly understood, that in recommending any medicinal preparation, our object is not to benefit the proprietor or vender of such preparation, but the physicians who seek information in the *JOURNAL*; and in order to avoid an improper use of our recommendations, and at the same time to favor every improvement and progress in therapeutics and pharmacy, we shall henceforth claim the liberty of *publishing in full* the formulæ of any preparations which may be submitted to us for an opinion.

THE SCIENCE AND ART OF DENTISTRY.

A CORRESPONDENT, whose communication we cannot publish until he gives us his name, takes umbrage at the inquiry of "Qui Sapit," printed in our number for September 10th, concerning the early history of Dentistry and its relation to the medical profession, which he seems to think was intended to cast some reflection upon that branch of medical science and art. As the same suggestion has also been made to us by another surgeon-dentist, whom we highly esteem, we are constrained to believe that the communication of "Qui Sapit" may have been unintentionally worded in such a way as to give offence to the dental profession, although we are at a loss to perceive how the words can be made to bear an unfavorable construction. We believed, and still believe, that "Qui Sapit" was surprised that so interesting a subject as the history of the dental art, and its relation to the medical profession, should not have been made the subject of discussion or of communication at the late Dental Convention. We hope with him that some of our readers may be disposed to enlighten us on this subject.

*Health of the City.*—During the last two weeks there has been a decided, though slight, increase in the number of deaths from cholera infantum, and a still greater one in the mortality from dysentery, which may doubtless be accounted for by the sudden changes in the weather. Week before last there were seven deaths from typhoid fever, being greater than in any previous week this season, but only one case was reported last week. There was no death from scarlatina last week, a thing which has not occurred before, we believe, for nearly fifteen months. The total number of deaths for the week of 1856 corresponding to the last, was 83, of which 10 were from cholera infantum, 13 from consumption, 2 from dysentery, and 10 from scarlatina.

*Books and Pamphlets received.*—Iland Book of Practical Receipts, &c, by Thomas F. Branton. (From Lindsay & Blakiston.—A Theoretical and Practical Treatise on Midwifery, &c, by P. Cazeaux. Translated by Wm. R. Bullock, M.D. (From Lindsay & Blakiston.)—Transactions of the New Hampshire Medical Society for 1857. (From Dr. T. J. W. Pray.)—Elements of Pathological Anatomy, by S. D. Gross, M.D. Third Edition. (From the publishers.)—On Diseases of the Skin, by Erasmus Wilson, F.R.S. 4th American Edition. (From Blanchard & Lea.)—Fiske Fund Prize Essays. (From Blanchard & Lea.)

MARRIED.—In this city, 16th inst., H. J. M. Cate, M.D., of Milford, N. H., to Miss Mary Delicia Plant.—In Brooklyn, N. Y., A. H. Flanders, M.D., of Danville, Ky., to Miss Georgiana B. Tappan.

DIED.—In Taunton, 8th inst., Dr. Benjamin Bilson, about 84.—In Gill, 11th inst., Dr. Joel Lyon, 75.

*Deaths in Boston* for the week ending Saturday noon, September 19th, 51. Males, 45—Females, 36.—Accident, 1—Inflammation of the bowels, 2—Inflammation of the brain, 2—Consumption, 9—Convulsions, 1—Cholera infantum, 24—Croup, 1—Dysentery, 6—Diarrhea, 1—Infantile diseases, 9—Typhoid fever, 1—Disease of the heart, 2—Influenza, 1—Intemperance, 1—Inflammation of the lungs, 3—Gangrene of the lungs, 1—Marasmus, 3—Old age, 1—Pleurisy, 2—Prostate gland (enlargement of), 1—Disease of the spine, 1—Scrofula, 2—Teething, 2—Thrush, 1—Worms, 2—Unknown, 1.

Under 5 years, 55—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years 5—above 60 years, 4. Born in the United States, 63—Ireland, 17—unknown, 1.

*Chelsea (Mass.) City Physician.*—The City Council have made choice of Dr. JACOB MITCHELL as City Physician, to fill the vacancy occasioned by the resignation of Dr. Charles Chase. Dr. Mitchell is a member of the State Senate of 1857. —*Boston Daily Advertiser.*

*The Camden County (N. J.) Medical Society* held its annual meeting in the City of Camden on the 16th of June. Dr. O. H. Taylor, President, read the annual address, the subject of which was "the chief sources of declension in the respect of the public for the medical profession in New Jersey." Dr. Cullen read a report on the diseases of the County the past year, and other interesting papers were read. Officers for the ensuing year were chosen, and delegates appointed to the next meeting of the American Medical Association, in Washington.

*The Burlington County (N. J.) Medical Society* met on the 14th July at Mount Holly. The subject of the contagiousness of scarlet fever was discussed at considerable length. Dr. Spencer was confident that he took the disease himself from a little girl, while examining her throat, in 1822. Dr. Stratton maintained its non-contagiousness—also Dr. Butler, who thought the idea of contagion in this disease was fast losing its ground in the profession. Other medical subjects were discussed.

*Etherization in Paris.*—The influence exercised by the French Academy of Medicine is far greater than that possessed by any of our scattered societies for the discussion of medical matters. This gives proportionate interest to those elaborate debates on important and momentous topics which from time to time occupy the attention of the Academy, a whole month being sometimes devoted to the thorough investigation of a single subject. Last week was concluded a long and spirited debate, which had extended over several *seances*, on the important subject of administering anæsthetics, or, as our French neighbors call it, etherization. M. Devergie, whose name is so well known in connection with medical jurisprudence, had some qualms of conscience in regard to the responsibility incurred by medical men in cases of death during the administration of chloroform. These he submitted to the consideration of the Academy. Evidently believing that asphyxia is the general cause of death in such cases, he urged the absolute necessity of employing an apparatus for inhalation which should provide a definite admixture of air with the vapor; and this last question became the most prominent one in the debate. M. Velpeau stated that he had administered chloroform three or four thousand times in ten years without an accident; and M. Huguët mentioned that only one medical man in Paris employed any mechanical contrivance for inhalation. The general opinion of the Academy seemed decidedly opposed to the deductions of M. Devergie as to the general cause of death, the advisability of using an apparatus, the necessity of definitely restricting the dose administered, and the propriety of rendering the medical man responsible in case of accident. The debate was finally closed by the Academy giving its assent to the following resolution, proposed, singularly enough, by M. Devergie himself:—"The Academy declares that, in the present state of science, etherization may be practised with or without apparatus; and that the choice of means should be left to the judgment of the physician or surgeon."—*London Lancet.*

*Health of New Orleans.*—We have now passed through all the summer months, and it is our blessed privilege to be able to record the uninterrupted health of the city. Up to the present date (Aug. 30th), we have had no yellow fever nor epidemic disease of any kind; and our city has been as healthy as any of the Northern cities to which our citizens flock in thousands "for the benefit of their health." —*N. O. Med. News and Hospital Gaz.*

It is comparatively easy to learn when and how to commence giving medicine, but hard to learn when to leave off—so hard indeed that some men seem never to learn the lesson. There is no course more injurious to the real benefit to be derived from medicine, than the blind and unphilosophical exhibition of remedies *by the clock*. Doses should be repeated, or not, according to the effect produced, and not according to the time which has elapsed.—Prof. M. GUNN, in *Med. Independent*,



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No. 9.

CASE OF POLYPUS OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

IN October, 1856, there was published in the JOURNAL a case of polypus uteri, which came under my care in June, 1853. Relief was obtained at that time by the expulsion of the mass. The catamenial discharge had ceased eleven years before. She remained free from hæmorrhage, and in good health, up to January, 1856, when there was a renewal of hæmorrhage. This continued until the 31st of July, 1856. During this time, she passed six polypi, generally of about the size of a hen's egg, of which Dr. Ellis's microscopic description was published, in the article above alluded to. It was supposed that the difficulty would not return.

The following is the subsequent history of the patient, and contains everything of importance up to the present date, September 22d, 1857. As the first history is on record, it seems proper that this also should be. Both accounts were read to the Boston Society for Medical Observation.

April 8th, 1857.—Mrs. M. called on me this day, and made the following report. From the time of the last visit (August 5th, 1856), she continued well, till some time in January or early in February, when she several times had pain in the back, at night, somewhat like the early pains of labor, which waked her. On these occasions she discovered herself to be wet, as with liquor amnii. On the 20th of February, "began to be unwell slightly" (her own words), which continued till March 7th, when it became profuse flowing, and lasted two days. During these two days, the discharge was of very dark color and "pasty." On the 8th of March, a body, similar to that which I gave to Dr. Ellis (in July, 1856), came away. "It was as large as a goose's egg." Since March 8th there were frequently clots expelled, and on the 3d, 4th and 5th of April, the flowing was excessive. This hæmorrhage continues. R. Tinct. fort. secal. cornut., ʒi., thrice daily. To

let me know, if not immediately relieved. To call upon me, if relieved.

I heard no more of my patient, until June 18th, 1857, more than two months having passed. On this day, I was sent for to visit her, out of town. The following is her report. On the night after seeing me (April 8th), two more of these polypi were discharged, and the flowing almost but not entirely stopped. On the 3d of June, at night, two more came away. One of these, she says, was as large as the largest she had seen. Just before this, the hæmorrhage was profuse and very dark colored. On the night of the 13th, two more came away. Last night (17th), two others came. Every time there was dark hæmorrhage and many clots. She has continued the ergot till within four or five days, but discontinued it then, because she thought it did her no service. The last two polypi were preserved, and I presented them to Dr. Ellis, for examination. He reports to me that there is no essential difference between them and those of July, 1856.

She is now in bed. Since the last polypi, her flowing has only been slight, and its color is lighter. Feels sore over the uterus, and in the vagina. Has but little appetite; was up yesterday, and again this morning. Looks well—not in the least anæmic. During the night she soiled more than a dozen napkins. Pulse 80, and of very good quality. Os uteri quite high. Neck not obliterated. Uterus does not seem enlarged, and can be easily moved. The os is so far open that the forefinger can be introduced, and the introduction causes no pain. The feeling is as several days after labor. The uterus cannot be felt through the abdominal parietes, on account of the fat. There is still slight oozing of blood. An India-rubber bag was introduced, and inflated so that it caused pain. A little air was then allowed to escape. R. Acidi gallici, gr. xij. once in six hours. If much pain, R. tr. opii, gtt. xx.

June 19th, 1, P.M.—Immediately after my visit yesterday, flowing came on, though not profusely. A half hour later, the plug came away, while getting up to pass water. The discharge has again become dark, very dark, as it does just before a polypus escapes, but there has not been much pain. The flowing is now moderate. Examination does not indicate anything new. Introduced a larger plug, and inflated it sufficiently to cause a sensation of pressure within the vagina and some pain in the back. The last acid was taken at 12½, P.M. She has already taken forty-eight grains. Continue it once in four hours.

20th, 4½, P.M.—Had a good night. The blood is more florid. Two napkins to-day. Yesterday there were four. The plug came out this morning, and no clots with it. Ate a pigeon for dinner. Had a passage from the bowels, this morning, without physic. The acid has been taken regularly. Pulse 80, and good. Cheeks, lips and fingers of good color. Her appearance would lead one almost

to doubt the profuse hæmorrhage, if the evidence were not so strong. The os uteri is not so widely open. Nothing to be felt within it. Continue medicine.

22d.—Reports that there was considerable flowing at intervals, yesterday. This morning, at 9 o'clock, it was so great as to keep her wet. Before 10, A.M., four polypi, in all, a bulk as large as both my fists, came away, and I brought them home for inspection. [A part of this was sent to Dr. Putnam, and the most of it to Dr. Ellis, by whom, I believe, it was exhibited to the Boston Society for Medical Improvement, the same night.] Pulse 88, and good. She is in no degree blanched. The os uteri will admit the finger. Nothing to be felt within. Lower abdomen quite tender. As before reported, the uterus cannot be felt through its walls. Omit acid. R. Tinct. fort. secal. cornut., ʒ ss., every three hours from 6, P.M., till next visit.

23d.—To-day I requested Dr. Putnam to see her with me, which he did, at 4½, P.M. She has taken a half ounce of the tincture, equal to half an ounce of ergot, since I saw her last. There has been slight flowing, but no pain. No dejection to-day. The cervix uteri is about one fourth of an inch in length. Os uteri will admit the forefinger, but it is quite high up. Nothing is to be felt within it. The uterus does not seem to be enlarged. The question of treatment was discussed at some length. Decided to continue the ergot for twenty-four or forty-eight hours longer, and nothing more appearing, to dilate the os uteri, if necessary, with sponge tent, and then apply to the internal surface iodine, tannin, or nitrate of silver. At the same time to give iodine by the mouth.

24th, 1, P.M.—Looks well. Ate a cup of warm custard this morning, which produced a free dejection within an hour. Has soiled two napkins\* since daylight, and those only slightly. The discharge to-day is quite dark. Feels very comfortably. Pulse 88. Os uteri still high up. Vagina contracted. The os uteri will easily admit the forefinger. To-day passed a sound, and found the depth to be 2¾ inches. Continue ergot.

25th, 1½, P.M.—Had nausea all night, which she attributed to the ergot, and therefore discontinued it at 8, A.M., to-day. Has taken nearly an ounce and a half. After 8 o'clock, she vomited three times. The nausea continues, in a slight degree. Has eaten bread only. Two napkins have been slightly soiled. Vagina small. Introduced a syringe, and threw in two drachms of the following mixture: tinct. iodini, aquæ, āā ʒ ij.; potassi iodidi, gr. vi. M. The immediate effect was a sensation of great warmth and smarting, confined to the vagina, over which some of it ran, when I withdrew the tube. Pulse, previous to operation, 88. An hour later, it had fallen to 84, and there was entire freedom from pain. To

\* It should have been mentioned, that her *napkins* are of Russia linen, a half yard square and double. These have often been saturated by the blood.



omit the ergot, and take of the above mixture (without the water) six drops, *in water*, three times in twenty-four hours.

27th, 4 $\frac{1}{4}$ , P.M.—Reports a comfortable night, last night and the night previous. There has been no hæmorrhage, and only a slight oozing of watery matter. Felt faint at times, yesterday. To-day (and last night also) nauseated by the iodine. Pulse 76. Omit iodine, and resume the gallic acid.

29th, 5, P.M. Has been up and dressed all day. Was up and out of doors, yesterday, for a short time. Is quite weak, and her appetite small. In twenty-four hours has eaten a squab. Since the visit of the 27th, has once seen a spot of blood from the vagina, and once only. Os uteri admits the forefinger with difficulty. Vagina small, and uterus high up. Introduced a syringe to the fundus, and injected three drachms of the solution of the 26th. It produced slight smarting in the vagina, but not elsewhere. Continue gallic acid, twice daily.

July 2d.—Reports a little pure blood, on the 30th ult. On the 1st of July a single drop, only, was seen, but she felt well, and was about house all day, attending to her duties. To-day feels perfectly well. Pulse 72. Has seen nothing from the vagina since yesterday A.M.

July 16th.—She called on me. Has had no return of hæmorrhage. She feels well, but has not fully gained her strength.

#### DISLOCATION OF THE FIRST PHALANX OF THE THUMB UPON THE DORSUM OF THE METACARPAL BONE.

[Read before the Middlesex East (Mass.) District Medical Society, September 2d, 1857. WILLIAM INGALLS, M.D., Secretary.]

BY BENJAMIN CUTTER, M.D., WOBURN, MASS.

THE subject of my contribution, submitted to your consideration this evening, was suggested by an occurrence that took place since our last meeting. It relates to an accident that seldom occurs even in a life-long practice, and of which very little satisfactory information can be gleaned from the writings of surgical authors. I refer to the dislocation of the first phalanx of the thumb on the back of its metacarpal bone.



This dislocation is generally caused by a severe blow received on the end of the thumb, when the arm is extended to save one's self while falling. The phalanx is forced backward upon the meta-

carpal bone, and firmly retained there by the lateral ligaments. But should the phalanx be forced *beneath* the metacarpus, it is easily replaced. On looking through authors on dislocations, whether ancient or modern, you will find mention of great difficulty in treating this dislocation, and no easy method of reduction suggested. Many powerful instruments for traction have been devised, and cases of tearing off the member have been reported. In order to get a secure hold upon so small a limb, it has been usual to protect the thumb with a covering of soft leather, over which a strong tape is secured with a clove hitch so tightly drawn as to prevent slipping, and to which manual or mechanical power may be attached—such as the pulley, Jarvis's adjuster, &c. Many other ingenious contrivances, to secure certain hold of the member and make extension, have been made and recommended—such as Charriere's modification of Luer's pronged forceps; Levis's apparatus (see *American Journal of the Med. Sciences* for last January); the "Indian puzzle," recommended by Dr. Hamilton, of Buffalo; Vidal's method with a common door key, advocated by Roux and many French surgeons; &c. &c.

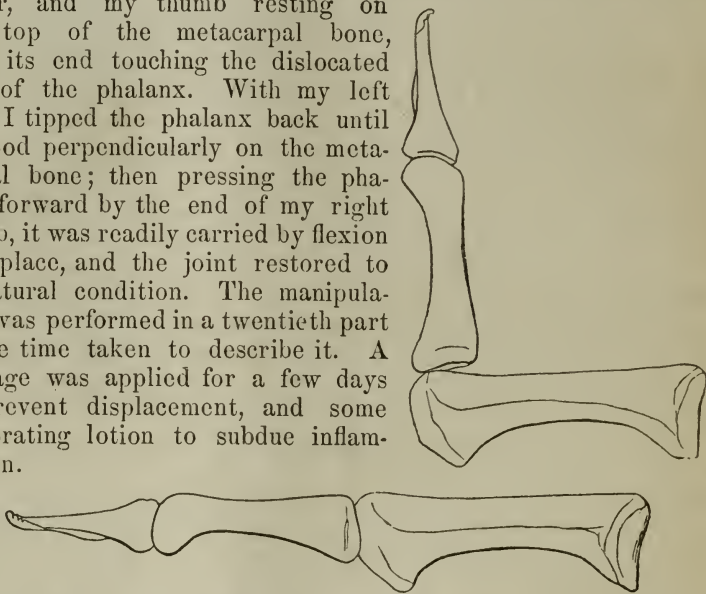
Dr. William Hey, of Leeds, a fine old English surgeon of the last century, and an eminently practical one, acknowledges from experience that "the reduction is in some cases extremely difficult, if not impracticable"; and it is noticeable that he mentions no cases where he was successful. (See *Hey's Surgery*, p. 206.) Many cases, after vain attempts, have been left unreduced, and the patients have been obliged to submit to the inconvenience thereof for the rest of life, unless the division of one of the lateral ligaments or the resection of the end of one of the projecting bones be made, both of which operations are reported.

The aforesaid devices and advices are all wrong, because unnecessary. There is a better way. For several years past, Professor Dixie Crosby, of Hanover, N. H., has been accustomed to describe the accident and its treatment in his medical lectures, so that the medical profession in New England are generally familiar with his method. Drs. Doe and Morgan have published articles relating to it; Dr. Crosby has not. From one of his pupils, I learn that, some years ago, Prof. Mussey had a case in which all the usual appliances were employed without success, and resort was about to be had to the knife for the division of one of the lateral ligaments, when Dr. C. was permitted to try a method which had suggested itself as feasible in such accidents, and it succeeded admirably. Prof. C. remarks, in his lectures, "that he has never failed in the few cases which have occurred in his practice, although in several instances all other methods usually adopted had been tried without effect." And "in his opinion this method is equally applicable to similar dislocations of all the phalanges." I have

verified this last opinion in one instance, the only one I have met with.

You must excuse me, gentlemen, for using the pronoun *I* so often, for it is impossible, without doing so, to give a clear explanation, in words, of the manner of performing Dr. C.'s method.

The first case occurred about six years since; the subject an Irish lad, about 8 years old, with his *left hand thumb* dislocated. After some ineffectual attempts to reduce it by his parents and neighbors, I was called. Having a general idea of Dr. Crosby's method, I proceeded to put it in practice. I placed the patient in a common chair, and took a seat in another at his side, both of us facing the same way. An assistant sat behind us, to hold the boy's elbow fixed. I then took hold of the metacarpal bone with my right hand, my forefinger passing between his thumb and forefinger, and my thumb resting on the top of the metacarpal bone, with its end touching the dislocated end of the phalanx. With my left hand I tipped the phalanx back until it stood perpendicularly on the metacarpal bone; then pressing the phalanx forward by the end of my right thumb, it was readily carried by flexion into place, and the joint restored to its natural condition. The manipulation was performed in a twentieth part of the time taken to describe it. A bandage was applied for a few days to prevent displacement, and some evaporating lotion to subdue inflammation.



About the same time another similar accident occurred in an adult, an officer in the Customs, which in my absence was treated according to the same principle by my friend Dr. Rickard, and with equal success.

The next case, and which is the occasion of this paper, occurred in S—. The subject, a young girl about thirteen years of age, had the first phalanx of the *right* thumb dislocated on the back of the metacarpal bone. Dr. G., an irregular practitioner, was called, and failed in his attempt to reduce it. She was then taken to my friend, Dr. S., who sent her to me about the middle of one of the most rainy nights last month. As she had suffered considerably



in the attempts to reduce the dislocation, she and her friends insisted on using some anæsthetic, and, although I considered it unnecessary, she was gratified. As it was the right thumb that was injured, I seized it with my left hand, the forefinger underneath and my thumb on the back of the metacarpal bone. With my right hand I tilted up the phalanx until the end of the joint rested upon the metacarpus; then pressing it forward with the end of my left thumb, I flexed the phalanx into line and place with ease.

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#### ADDITIONAL REMARKS ON MEDICAL INHALATION.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

IN a former number of this JOURNAL I presented some remarks on medical inhalation, as a valuable auxiliary, palliative and curative, to the remedies considered appropriate for consumption, chronic bronchitis, asthma, and other diseases of the respiratory organs. In addition to the history of my own case, one of chronicity and severity, and those of others, in which the benefit reasonably to be looked for from the local application of medicine in diseases of the respiratory organs, was, in my opinion, conclusively shown, there was appended the opinions and practical experience of many, eminent in past and present days, well known to the profession, and calculated to inspire confidence in those called upon to combat diseases of universal prevalence, and confessed difficulty of cure. Increased experience in the employment of inhalation, as a means of cure, as well as a firm belief in its intrinsic value in the treatment of many diseases of the respiratory organs, induce the opinion that some benefit will result from again noticing the subject.

Principal among the causes which may have contributed to the disuse, if not the disrepute, of this rational and common-sense mode of applying remedies in diseases of the lungs, may be noticed the fact, that from its use far too much was, and is now, expected; and because it did not, and necessarily could not, effect cures in extreme cases, its real usefulness has been overlooked. Although by some of the prominent practical authors of the present day, the subject of inhalation is alluded to, so indefinitely and discouragingly is it spoken of, most probably from not having been fairly tried, that few unacquainted with the subject would feel themselves constrained to resort to its use with any confidence, more especially as they would find no directions either as to the proper mode of employing the remedy, or the most suitable medicines to be selected. It is evident, from most of the cases recorded, that this remedy was, and now continues to be, brought into use almost as a last resource, where but slight hopes of benefit could have been antici-

pated; and yet, under such unfavorable circumstances, many were the instances in which great relief was afforded.

It will not be disputed that the principal diseases, for whose treatment medical inhalation is recommended, pursue their career in our day with unabated if not increased vigor, in every section of the globe, sparing neither rank, sex, nor age. Does not a reference to mortuary statistics demonstrate that our profession cannot boast of great success attending the ordinary and recognized modes of treatment, in the serious and most frequent diseases of the lungs? The correctness of these assertions being beyond denial, is it not strange that more general attention has not been bestowed upon so important and interesting a subject, and does it not become the duty of those convinced of the real merit of medical inhalation to unceasingly present its claims to the profession? May we not indulge the hope, that when more generally resorted to, by the ablest of the faculty, there will result a greater degree of certainty in the selection of the cases in which it may be used with no little prospect of success, and that other remedies, as yet untried or undiscovered, may be added to the list of those now used and known to act beneficially in many diseases? If, by the confession of all who have seen much of consumption, or of well-marked and severe cases of chronic bronchitis, in their advanced stages, a cure cannot very frequently be honestly predicted, how much more important is it to attack the first or premonitory symptoms when there is a well-grounded hope in our ability to arrest the progress of the disease, and more frequently effect a cure, by a timely resort to all judicious means; and among these, in my opinion, the inhalation of remedial agents will not be the least efficient of our resources. If the local as well as the constitutional symptoms have not made much progress, few will deny that there is a probability of effecting some cures. It is not, nor has it ever been, my desire to extol medical inhalation as a certain cure of those diseases for which it is recommended, or that it should be employed to the exclusion of, or in preference to, any or every other mode of treatment, whether medicinal or hygienic.

It may justly, I think, be claimed for the inhalation of remedies in diseases of the lungs and throat, that it does possess positive palliative and curative power, and that as an auxiliary it will be found of great value, not infrequently turning the scale in favor of recovery.

In private practice, as also in the wards of the Charity Hospital under my charge, this remedial agent has been employed in a sufficiently large number of cases of tubercular consumption, chronic bronchitis and asthma, to justify the assertion, that, as an aid to the ordinary course of treatment, it has proved itself to be possessed of great value. Several cases of tubercular consumption, in which the physical signs, and general constitutional symptoms,

such as purulent and bloody expectoration, occasional hæmorrhage, night sweats, diarrhœa, and excessive prostration, existed, have been so far relieved, if the term cure may not be considered appropriate, as to lose all evidence of disease except some of the physical signs, and to enable the patients to pursue their ordinary avocations. In the case of a lady from across the Lake, who had to be carried to the boat, and from the carriage to her room, with an almost constant cough and purulent expectoration, night sweats of a severe character, loss of appetite and impaired digestion, I was so fortunate as to restore her to such a state of health that, this season, she made a trip to Mississippi, and has since gone to pass some months in Texas. Such results do not, it is true, frequently occur; but from them, and others of a similar character, I have learned that in no case should the hope of relief be abandoned, or the most unceasing efforts relaxed.

In respect to chronic bronchitis, many cases which had resisted the usual remedies, and even the local application of lunar caustic, have been, by medical inhalation and other means, perfectly cured.

I cannot refrain from expressing the opinion that the various diseases of the fauces, larynx, trachea, or bronchi, generally though inappropriately designated chronic bronchitis, may be regarded as perfectly amenable to treatment, provided inhalation be brought into use.

Several cases of asthma, of long duration and frequent repetition, have been successfully treated by this remedy, and many materially alleviated, both as to severity of symptoms and the frequency of recurrence. The popularly-designated disease, clergyman's sore throat, implicating the larynx, trachea and bronchi, although in the commencement most frequently the result of a neglected cold, will, if not early attended to, or if improperly treated, ere long assume a grave character, gradually encroaching upon the more important parts of the respiratory organs, and finally producing that well-known and frequent disease. If this disease were treated by medical inhalation, in conjunction with other appropriate remedies, few cases would probably be found of difficult management or cure.

It being an established fact, that many remedies employed by inhalation do exert a decidedly beneficial and curative influence in not a few diseases of the respiratory organs, may it not be inferred that there are many as yet untried, or undiscovered, eventually to be brought into successful use by those of the profession desirous of benefiting the cause of humanity no less than aiding the advance of their cherished science?

Without extending these remarks to an unreasonable length, by introducing numerous recipes, I propose merely to notice the more prominent medicines which I have employed advantageously, proportioning the strength no less than the number of articles to the



requirements of each case. These are, extracts of opium, conium, belladonna, and stramonium; cyanuret of potash; balsam and oil of copaiva; balsam of Peru; oil of cubeb; assafœtida; gum ammoniac; camphor; creosote; essence of tar; essence of white turpentine, and the different narcotic tinctures.

A few words about inhalers may not be out of place. The main object of medical inhalation being the endeavor to produce the peculiar effect of each medicine upon the parts to which the air in passing through the medicated fluid in the inhaler is applied upon each inspiration, I am of opinion that most of the inhalers in ordinary use are too large, especially in diameter, for real utility and convenience. Those capable of containing eight or ten ounces of fluid, I find most suitable for obtaining the one object. About five tablespoonfuls of cold water being poured into the inhaler, one or two teaspoonfuls of the medicine are to be added once or twice, or more frequently, during the day, the quantity necessarily depending upon the strength of the mixture, and the effect desired. The water first put in, is not to be poured out until, by the repeated addition of the medicine, the inhaler becomes too full to work well, when a small quantity may be poured out. By adopting this course, to my mind the only correct one, we can commence with as small a quantity of the medicine as may be deemed proper, and then, by the repeated additions of the medicine, its strength can be carried to any extent desired, or considered proper.

Having used in some cases, with advantage, the iodide of iron, rubbed down with laudanum, paregoric or tincture of conium, it appears to me that could there be discovered some mode by which the iodides of iron, arsenic and sulphur could be prepared successfully for inhalation, from their known power in many intractable diseases, there can scarcely be a doubt of their utility in the nascent state of tubercles, and possibly even in a more advanced stage.

In many cases of chronic bronchitis, and some of consumption, I have found the following mixture to answer, and I am confident that very seldom will those who use it find themselves disappointed, unless some special cause should exist. R. Ext. conii, ʒij.; ext. opii, ʒi.; tr. opii camph., ʒiss.; bals. copaibæ, ʒiv.; ess. pic. liquid, ʒij.; aq. laur. cerasi, ʒi. M. Four or five tablespoonfuls of water being poured into the inhaler, one teaspoonful of the above is to be added, and inhalation carried on from four to six times a day—the length of time of inhaling necessarily depending upon those circumstances of which every physician must decide for himself. As a general rule, I request those commencing its use, to try it for a few minutes several times a day, in order to become accustomed to the practice, and then to increase the frequency and duration of inhalation to an extent depending upon the nature of each case. By adopting such a course, I have known persons to be

able to use it freely with the effect desired, for many hours during the day. Simple as the process of inhalation may appear, and really is, it being merely breathing through the tube, I have seen many who could not, until after many trials, employ it successfully or with facility.

With those commencing inhalation, whether as a preventive or curative measure, or for the purpose of strengthening the respiratory organs, I think it best to commence with a merely natural inspiration, and when accustomed to it, to increase by slow degrees, yet steadily, the act of inspiration, in order that additional power and capacity may be given to every portion of the respiratory organs. Adopting this course, we gain, safely and surely, the mechanical in addition to the remedial action of inhalation, and as a consequence, in many cases, an increased power and capacity of the lungs—a point of no trifling value.

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#### THE DUTIES OF STATE ASSAYERS IN RELATION TO QUACK MEDICINES.

[Communicated for the Boston Medical and Surgical Journal.]

THE newspapers are constantly puffing quack medicines, whose innocuous or beneficial effects are certified to by State Assayers. One of the most unprofessional of these certificates accompanies the Peruvian Syrup. Whatever the wording may be, the readers of quack advertisements infer, from its tone, that the Peruvian Syrup has virtues which are not possessed by the citrate, tartrate, lactate and other preparations well known to the profession. There is a common idea in the public mind, that the tincture of the chloride, and iron rust, are the forms in which Iron is given, and that this certificate is in favor of a substitute for those exceedingly disagreeable preparations. To the profession at large, the Peruvian Syrup is a secret remedy, and as a secret remedy it does harm. Is not the certificate in favor of such irregular practice?

Every paper that comes to your door contains a State Assayer's puff for somebody's Bourbon whiskey. Can a State Assayer's analysis show the difference between Columbia and Bourbon?

Green's mixture of cinchona and sulphuric acid used to bear an assayer's certificate, if it does not now; an irregularity which, in any other State, would subject him to trial before the medical association.

It has been reported quite extensively, that a State Assayer's duties under the law require that he should give a certificate of the composition of any article brought to him for examination. The only statute which I can find (there may be others) in the Massachusetts laws, alluding to the duties of that office, is as follows:

"§ 1. *Be it enacted, &c.* The Governor, with the advice and consent of the Council, may appoint one or more suitable persons to be assayers of ores and metals, who shall be sworn to the faithful discharge of their duties.

"§ 2. It shall be the duty of each assayer to assay such ores and metals as may be offered him for assay, and to give a certificate thereof, for which service he shall be paid a reasonable compensation by the person procuring such assay to be made.

"Approved March 18th, 1846."

It must be under the provisions of some other act that the assay of Bourbon Whiskey and Peruvian Syrup come, but I cannot find it.

The object of making the office doubtless was, to encourage the working of valuable mineral deposits, which were known or supposed to exist in various parts of the State. The manufacture of quack medicines is a branch of industry, probably, not in the view of the Legislature of 1846. C. E. B.

### **Bibliographical Notices.**

*Transactions of the New Hampshire Medical Society (sixty-seventh Anniversary), held at Concord, June 2 and 3, 1857.* Concord: Jones & Cogswell, Printers. 8vo. pp. 104.

THIS publication contains several excellent papers by members of the Society. The address by the President, Dr. FRANCIS P. FITCH, of Amherst, is an admirable exposition of the evils resulting from the want of sanitary knowledge, and a powerful and eloquent appeal to the inhabitants of the State and the government for the enactment of suitable laws to provide for a proper registration law, by which proper statistical data and sanitary observations could be obtained which are so loudly demanded for the improvement of health and comfort, the prolongation of life and the promotion of morality and happiness. We hope that the Legislature of New Hampshire will be influenced by Dr. Fitch's convincing arguments, and establish a suitable law for the registration of vital and mortuary statistics. The report of the Committee on Surgery, by Dr. GEORGE H. HUBBARD, contains a number of interesting cases, many of which show the importance of conservative treatment in cases of severe injury. Dr. T. J. W. PRAY, of Dover, has contributed a valuable and interesting paper on Nursing Sore Mouth, a subject which has been strangely neglected by systematic writers. The report on Practical Medicine contains a sketch of the epidemic diseases of the city of Manchester, from 1853 to 1857, inclusive, by Dr. WM. B. BROWN, who is in favor of a more active treatment of disease than prevails at the present time. One of the most interesting papers in the "Transactions," is entitled "Miscellaneous observations in Obstetrics and Diseases of Women," by Dr. WILLIAM HENRY THAYER, of Keene. Dr. Thayer discusses the subjects of the time for rupturing the membranes in labor, presentation of the funis, hæmorrhage after delivery, dividing the funis, conglutination of the os uteri, and the treatment after delivery. His observations are judi-



cious, and the practice he inculcates is worthy of imitation. In conclusion we would say that the "Transactions" reflect much credit on the New Hampshire Society, and will, we hope, be of benefit to the State.

*Hints on Health, with Directions for the Preservation of the Skin, Hair, Teeth, Nails, &c.* By WILLIAM EDWARD COALE, M.D. Boston: 1857. Ticknor & Fields.

WE confess to an unmitigated dislike, an involuntary suspicion, with regard to popular treatises on medical subjects: and it was therefore with no very pleasurable sensations, in view of our friendly relations with the author, that we found a copy of the above on our table for notice. There it has lain for some time, a kind of incubus upon our conscience, waiting for its turn to be *scored*, but somehow or other its perusal has dissipated all the belligerent feelings: and although there may be room for difference of opinion as to certain points of pathology, for very positive doubt as to the propriety of admitting any other than hygienic treatment, we have no hesitation in giving our hearty approval to the objects of the book so far as relates to physiology and the preservation of health, and our most cordial approbation of the attractive manner in which these are set forth for the benefit of the laity.

We do object, however, to all popular *treatment* of disease, and this not from selfish motives, but honestly believing that the community themselves are the worse for it. What physician is there who doubts that his visits have been necessarily multiplied in many a case in which attempts have been made to dodge the doctor? We have at this moment a case of bronchitis, and another of dysentery, both due probably to faith in popular remedies: and though we admit that these are not exactly the kind upon which our author touches, still it is not easy to draw the line, and the unprofessional persons who are *rash* enough to trust their own treatment of diseases of the skin are not likely to be deterred from trying their hand at other diseases, and with something stronger than "Rufus's Pill," "Goulard's Extract," &c., until at last the disappointment to themselves and their friends, resulting from their ignorant misapplication of remedies, which are valuable only as judiciously given, renders them skeptical, and drives the whole batch over to quackery in its various forms. We fully realize the difficulties inherent to the management of this point, and cheerfully admit that there is far less of this objectionable feature in the book before us than in any treatise of the kind we have ever seen, so little indeed that we fear being considered hypercritical, although we could not conscientiously say less.

On the other hand, we hold it to be not only proper, but a positive duty—one far too much neglected—for every physician to educate his patients, so far as possible, in all prophylaxis: and it is in relation to this latter duty that we think this treatise a valuable addition to every domestic library. The directions as to bathing, clothing, the care of the hands, feet, hair and teeth, are all excellent, and we wish that every child, and more particularly every girl in the city, could have the information, which is so pleasantly imparted in this little volume, indelibly impressed upon the memory. Through the physical benefits

derived, they would gain more intellectually, than from all the sol-feggi, pencil sketches, algebra or ancient history, which the ablest of masters could cram into their unnaturally developed nervous systems.

The chapter devoted to clothing is admirable. Some very important truths are stated, and with a plainness, too, that admits of no misconstruction. We regret to see nothing said of the ridiculous fashion of enveloping the neck in furs, which, after careful observation and some experience, we believe to be the cause of a large majority of those inflammatory affections of the throat, which are so rife among the *better half* of the community for nine months out of the twelve.

With respect to the use of furnaces for artificial heat, we are entirely at variance with the statements before us, and, were it not for their *supposed* economy of coal, fully believe that before the lapse of many years they would be nowhere, unless indeed some ardent antiquarian should see fit to keep a model upon his *étagère* with relics from Pompeii and Herculaneum. Theoretically, they may be defended; practically, we believe them to be a dangerous nuisance, calling for the immediate interference of the board of health, unless indeed one is able to employ the undivided attention, night and day, of an intelligent stoker for their supervision, and he supplied with an ample array of barometers, thermometers, weather gauges, &c., together with sufficient wit and honesty to use them. Even then it is a question—we think a *grave* question—whether the atmosphere be entirely pure, provided that a sufficient degree of heat is obtained. When the mercury is twenty degrees below zero, it may be well to permit a very moderate degree of furnace heat to temper the air in the entries, but not otherwise. If more than that be necessary, we prefer the plan of “Sir Thomas More in his study” and “Erasmus at his desk.” Such has been our own plan of late years, after half a dozen preceding years of bitter experience with furnaces, and the diminution in the consumption of cough lozenges and squills among the junior members has been something quite noteworthy. The extra expense of coal is covered by one, or at the most, two ten dollar bills, and this is saved from the druggists.

Finally, we cannot forbear allusion to an important point in relation to the management of the teeth, which would find a most fitting place in a book of this sort. We allude to ulcerative stomatitis, the cause of a vast amount of suffering in the way of tooth-ache and neuralgia of the jaws, and which only requires for its removal the use, for a few days, under the advice of a physician, of chlorate of potash. This is specific, but both the disease and the remedy seem to be unknown to some of the most skilful of the dentists. The following cases, out of some half dozen, have occurred to us in less than a twelve month:—A young lady, after ten days’ suffering from neuralgia with an inflamed tooth, in whom the alveolar process had been bored with the hope of opening into a supposed abscess at the root, together with a variety of other pleasant experiments, desired my advice before submitting to extraction. An examination revealed the neck of the tooth, exposed to its junction with the process, by ulceration of the gum; the tooth itself being elongated, loose, and excessively tender from the periostitis which always accompanies the affection, but otherwise sound. A few days of the above treatment entirely and effectually relieved the difficulty. When, with a little justifiable malice, she informed the

dentist of his mistake, the satisfactory reply was, "Why, what a curious name for it; I never heard it before!" In December last, a Canadian gentleman wrote for advice as to "pain in the teeth, jaws and back of the head." He adds, "my teeth are in a horrible state, and I can with difficulty chew my food." "My dentist tells me my teeth are good and sound, but that the gums have somewhat receded, and he can apply no remedy. This is consolatory!!" Sure enough. He was relieved in less than a week by chlorate of potash. Last spring, a patient in fine health, and with a most enviable set of nut-crackers, desired us to look at a tooth which had kept him awake several nights in intense pain, and for which, he had just been informed, the only remedy was extraction, although the tooth was perfectly sound. It was ulcerative stomatitis—nothing else—and a few days sufficed for its permanent relief. We mention these cases in the hope that they may attract attention, and that a few *hints*, well put, will make persons think twice before either *advising* or submitting to the extraction of a sound masticator, the loss of each one being such a direct and irremediable injury to the digestive organs.

But, though there is no end to the *hints* suggested by this little vade mecum which we should like to follow up, we are—to use an entirely original phrase—"reminded that our space is limited," simply expressing the hope that the author may meet with his reward in the early requirement, by the public, of a fourth and enlarged edition.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 1, 1857.

QUESTIONABLE ADVERTISEMENTS.

WE referred, in our last volume, to the manly and honorable position taken by a religious newspaper, the *American Presbyterian*, published in Philadelphia, with regard to advertisements which were designated by that paper as "questionable." We tendered to the Editor our hearty thanks for his honest, bold defence of right, truth and decency, and we feel sure that he will reap a fitting reward for his pains in exposing and holding up to condemnation the abominable frauds imposed upon the community in so wholesale a manner. We have only one objection to make to the caption of the *Presbyterian's* article; and that is, we do not think the word "questionable" describes the character of these advertisements. They are unquestionably bad in essence and tendency, and no editor, of even a *secular* paper, who values his own honor or regards the welfare of the public, so largely influenced as it is by the press, should for one moment lend the weight of his influence to the unprincipled mountebanks who thus grub for money in foul places and by foul means.

If this be true for the secular press, what shall we say when papers devoted to enlightening the people upon *religious* and sacred themes become the vehicles of shameless imposition, unblushing lies, unrealized and unrealizable promises, and, *worse than all*, the channels through

which flow alike to the ignorant and the wilful, the means of inducing abortion, under the guise of wonderful, health-giving medicaments? What shall we say, indeed! We will say, to begin with, that we hope—nay, we will *try* to believe that the editors and managers of such papers do not see through the transparent veil which hardly covers these nefarious projects—these filthy prospectuses of crime! We cannot believe that “Priests of the Temple” willingly, knowingly pander to sin—but, wonder of wonders, why and whence is this blot upon the purity of the religious press? Let religious editors and publishers look to it, lest they bring disgrace upon themselves and upon the Church they represent, and make Satan laugh in his sleeve, and chuckle over this his new “holy alliance!”

We began by recalling the pleasant impression made upon us by the creditable and upright course of the *Presbyterian* in regard to these matters; we deeply regret to conclude by expressing our mortification and sorrow that a paper professing to set forth and represent the interests, here, of the Protestant Episcopal Church, should so far forget its office and dignity, and not only these, but the rights and decencies of life, as to admit into its columns such advertisements as we have recently found therein. Not content with advertising, for a long time, “Holloway’s Pills,” the “*Christian Witness and Church Advocate*,” published in this city, does not hesitate to admit the advertisements of that phase of arrant and knavish quackery known as the “Indian System of Medicine,” whose agents recently announced, in one of the daily papers, that they had removed a “cancer of ten years standing,” in ten minutes, by “Indian Cancer Plaster”—a statement which, for its bold and brazen mendacity, can hardly be equalled; and which, from its very effrontery, must offend the sense of truth in the most uninformed mind. It also goes so far as to insert an advertisement, which, examined and understood, would condemn even the man of ordinary morality, and should revolt, on the bare reading, the religious man. Here, again, the most charitable conclusion is that the editor and proprietor of the “*Church Advocate*” are unaware that, instead of exclusively advocating Church extension, they unfortunately lay themselves open to the imputation of affording publicity to means which may be used *for procuring abortion!* It is of very little service for them to preach religious duties upon one page, and sully another with discreditable advertisements. Does the editor say, these matters are beyond my control? What does the Christian publisher say? What do the readers of the *Christian Witness and Church Advocate* say? We can reply for several of them, and thus: they will not tolerate such incongruities long. Already we are cognizant of some who have discontinued their subscriptions for the reasons we have set forth, and more will follow. These things require reformation: if the mercenary policy of the lowest portion of the daily press will truckle to anything and everything *for money*, let not this be said, any longer, for those who aspire to set before us the precepts of religion, and to chronicle the progress of Christianity!

To justify our strictures, let any cool-minded, sensible person judge of the *truth*, and more especially of the ultimate and even direct *moral* bearing of the following extracts, which we make from an advertisement in the *Christian Witness* of September 18th, 1857. If a religious

paper is to be sustained, in any degree, by such means, we hope its props will be knocked from under it immediately.

Side by side with a piece entitled the "*Lost Sheep*," in the "*Children's Department*," appears the advertisement headed "Grindle's Ancient and Celebrated Japanese Life Pills," which, the advertisers, under the protection of the clerical and lay authority engaged in *witnessing* for and *advocating* the Church, "offer on a more extensive scale," after having "tested them in the worst forms of disease, and after having been urged to do so by eminent physicians who have tried them to their satisfaction." We should like to see the names of these "eminent physicians"; for, to *us*, this is either totally untrue, or else it charges a feebleness and incapacity upon physicians which we cannot credit.

Hear the respectable advertiser further, always under the auspices of the Church—*proh pudor!* "Performing cures where every other remedy had failed, we feel it our duty to spread the glad intelligence to every family of the globe. * * * Parts that were even decaying with disease are restored to a healthy, vigorous action, and disease eradicated as if by magic, leaving the system in a robust condition and less predisposed to contract disease again, of whatever kind. Possessing such penetrating and healing virtues, their success must be inevitable." This is fine trash for the proprietors of a religious newspaper to present to their readers—do these gentlemen realize their responsibility? But the worst is yet to come: the advocate of the Church admits into its columns the following choice language. "These ANCIENT PILLS are also an *invaluable* remedy for females suffering from suppression of the menses, the cause of so many declines and female weakness." Aside from the poor grammar here displayed, we would simply ask the reverend editor, and the publisher, who is a communicant of the Church, if they do not *yet* know that phraseology nearly identical with this is the favorite dodge of the abortion-nostrum venders, whose advertisements fill many of our daily papers, *usque ad nauseam*? If they do not know this, it is time they did; and their first duty is to purge their paper of such declarations, which, even if not made with the *intent*, still bear the *odor*, of evil-doing.

As these, and similar, advertisements in no way advance the religious welfare of the people, but rather the reverse, that plea cannot be urged in extenuation of their presence in a professedly religious paper. There can, then, be but one other object, the wish for whose attainment is cogent enough to effect this purpose; and that is, the amount realized for the insertion of the vile paragraphs. Do, then, the proprietors of religious papers acknowledge that they willingly derive support from such sources? If so, we fearlessly say, better never a religious paper in the land! If these notices *must* be published, to poison, both physically and morally, the readers who peruse them, let, at least, the guardians of our holy religion shake their skirts free from such pollution! And let honest editors, whether their sheet be secular or religious, hesitate to issue such unwarrantable promises, such assertions that the slightest examination must falsify, such masked wickedness and such money-seeking, under groundless pretences. We trust to see not only the "*Christian Witness and Church Advocate*," but every other newspaper we have been led to

look upon with respect, free from the trumpeting of *soi-disant* "Indian Physicians," "Female Pill" venders, "Invigorators" and "Liver Remedies" which "one dollar will buy," "Speedy and Certain Cures for Hydrophobia," *et id omne genus*. Are there not remunerative advertisements, in plenty, more suited to the character (as it should be) of a *religious* paper—not to speak of the elevation of tone and sentiment which should animate all secular papers which expect the encouragement of decent people? No one can convince us to the contrary; and even if it were not so, what man—what Christian—will deliberately lend his aid to unfounded pretension, unblushing impudence, immoral truckling to gain, and also to the infliction of certain ills upon the bodies and souls of his fellow beings?

We deeply regret that a Church which from childhood we have so much venerated, should have even one of its professed standards so deeply tarnished: and if it is not to be remedied, we seriously recommend to those who, in the face of these facts, still choose to take the sheet to their Christian homes, to interdict the perusal of its *advertising columns*, at least, to their wives and children. That must be but a loose theology which tolerates these objectionable features upon ground professedly devoted to sacred topics! A religious journal, like Cæsar's wife, "*should be above suspicion*."

GLUCOSURIA IN NURSING WOMEN.

IN a former number of the JOURNAL (Vol. LV., p. 452) we gave some account of a remarkable discovery of M. Blot, of Paris, relative to the presence of sugar in the urine of women during lactation, and also occasionally during pregnancy. M. Blot asserted that he had discovered this substance by four tests—the reduction of a solution of sulphate of copper and caustic potash; the brown color imparted to solutions of potash or lime; fermentation; and deviating polarized light to the light. Although M. Blot does not speak of actually obtaining sugar from the urine, we infer that such has been done, since he states the proportions in which he has found this substance to exist; in one instance to the amount of 8 grains in 1000 grains of urine. We observe in the *Gazette Médicale de Paris*, for August 1st, an account of some experiments by M. Leconte, in which he tried in vain to obtain evidence of the presence of sugar in the urine of women during lactation. To eight pints of urine (which reduced abundantly the solution of copper and potash) was added an excess of neutral acetate of lead, and the liquid was thrown upon a filter. On adding ammonia in excess, the mixture no longer reduced the solution of copper and potash. The precipitate, being mixed with water and deprived of its lead by sulphuretted hydrogen, also gave no trace of sugar.

Thinking that the sugar might have been destroyed by the ammonia, the same quantity of urine (exhibiting the same re-action with the solution of copper and potash) was acidulated by acetic acid, and evaporated to one fifth, by the water-bath. Alcohol was then added, and the abundant precipitate was caught on a filter. The alcoholic liquid, deprived of its alcohol by distillation, gave only a very feeble re-action, much less than that of the urine. The precipitate gave an abundant reduction, which a careful analysis showed to be due to the uric acid. From these and other analyses, M. Leconte concludes that the reduction is caused by the uric acid which is in excess in the

urine of nursing women. If his experiments are to be relied on, they show that sugar is not present in the urine of women during lactation, at least so frequently as M. Blot thinks.

STRYCHNIA IN WHISKEY.

A VALUED correspondent has sent us the following note, which we willingly publish, being ourselves much interested to know how strychnia, if used in making whiskey, can either increase the quantity derived from a certain amount of grain, or aggravate the essential symptoms of *delirium tremens*.

"A statement has been going the newspaper rounds, on what authority your correspondent does not know, to the effect that the physician to the almshouse at Lawrence finds *delirium tremens* more fatal than formerly, in consequence of the *strychnia* used in the manufacture of whiskey. If that gentleman has any evidence of the fact that strychnia exists in whiskey, he would much oblige members of the profession by giving it to the public through your pages. If strychnia is used in the manufacture, it would be interesting to know the reason why. A full report of cases of *delirium tremens* in patients who were also under the influence of strychnia, would prove instructive."

Death from Chloroform.—We find the following in the *Courier* of Tuesday last: "A young lady named Packard died at Salmon Falls, on Tuesday last, by taking chloroform. She called at the office of Dr. Severance to have a tooth extracted, and while the doctor was absent from the room she used the chloroform, and when he returned he found her dying. Whether she took it purposely or ignorantly is unknown."

Treatment of Sore Nipples.—A friend, whose judgment and experience entitle his opinion to much consideration, assures us that equal parts (by weight) of glycerine and tannin is the best application for sore nipples which he has used. It is also an excellent remedy for chaps and excoriations of other parts. The tannin dissolves readily in the glycerine. We hope this formula will be as widely known as the celebrated tincture of benzoin cure, which has, we believe, been quoted in every medical journal in this country.

Health of the City.—During the last three weeks the deaths from cholera infantum have been steadily on the increase; the number for the last week (35) is the largest for the same period, with one exception, during the present year. There were 7 deaths from dysentery, 6 from whooping cough, and 4 from scarlatina. The total number for the corresponding week of 1856 was exactly the same as for that which has just passed, viz., 118: of which 17 were from cholera infantum, 21 from consumption, 13 from dysentery, and 7 from scarlatina.

MARRIED.—In this city, 24th inst., Dr. Leonard R. Sheldon, of Brandon, Vt., to Miss Ann Maria Cartwright, of Boston.

Deaths in Boston for the week ending Saturday noon, September 26th, 118. Males, 61—Females, 57.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—cyanosis, 1—consumption, 15—convulsions, 2—cholera infantum, 35—croup, 2—dysentery, 7—dropsy, 2—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 4—yellow fever (a sailor at the quarantine), 1—disease of the heart, 2—hæmorrhage of the lungs, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 2—old age, 1—prostate (enlargement of), 1—palsy, 1—pleurisy, 1—premature birth, 1—scalds, 1—teething, 5—unknown, 1—whooping cough, 6.

Under 5 years, 72—between 5 and 20 years, 12—between 20 and 40 years, 20—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 92—Ireland, 15—other places, 11.

Rush Medical College.—The following changes have been made in the faculty : Dr. W. H. Byford, of Evansville, Ind., takes the chair of Obstetrics, &c. ; Dr. Rauch, of Burlington, Iowa, that of Materia Medica, &c. ; the occupant of the latter, Dr. Johnson, being transferred to the departments of Physiology and Pathology. Professors Evans and Herrick have retired, with the high respect of their colleagues.—*St. Louis Med. and Surg. Journal.*

Health of Cities.—At a recent meeting of a Committee appointed to investigate the condition of the streets and the like, held in this city, a statement was presented by Dr. Winne respecting the sanitary condition of cities, which he has made the subject, in a variety of ways, of the most careful study and research. The number of deaths annually present the following ratio to the whole population :—

London	-	-	-	1 in 41	Lowell	-	-	-	1 in 50
Liverpool	-	-	-	1 in 27	Baltimore	-	-	-	1 in 40
Manchester	-	-	-	1 in 20	Charleston	-	-	-	1 in 40
Paris	-	-	-	1 in 33	Savannah	-	-	-	1 in 33
Boston	-	-	-	1 in 32	New York	-	-	-	1 in 34

Dr. Winne holds the belief that in spite of modern improvements, water, ice, better information, &c., from the year 1810 to 1855 New York has declined in health, and the rate of mortality has been increasing. This is contrary to what we have always believed, and, if true, seems deserving of much attention.—*New York Observer.*

Longevity of Quakers.—Mr. Neil having asserted “that Quakers, who never smoke, reach a good old age,” I was determined to make inquiries on the subject, and find that here and there a smoking Quaker is to be met with, but that the habit is not common with members of the Society of Friends. Of course, there are exceptions to every rule. The following statistics cannot fail to prove interesting to general readers. Smoking not only leads to drinking, “but it diminishes the *saccharine* constituents of the blood.”

“In the year 1855–56 there died 287 members of the Society of Friends in Great Britain, of whom there died from birth to five years old, 37; from 5 to 10, 8; 10 to 15, 5; 15 to 20, 12; 20 to 30, 18; 30 to 40, 17; 40 to 50, 19; 50 to 60, 23; 60 to 70, 46; 70 to 80, 50; 80 to 90, 43; 90 to 100, 9.”

From this it will be seen that the *greatest* mortality amongst Quakers is between the ages of 70 and 80; the next greatest between 60 and 70, and the third greatest between the ages of 80 and 90.—“D.” in *London Lancet.*

Louis Jacques Thenard.—There recently died at Paris a famous French chemist, whose reputation was at its zenith whilst the present race was still in swaddling clothes. Louis Jacques Thenard, having lived on to the ripe age of fourscore years, last week calmly ended his days, surrounded by

“All that should accompany old age,
“As honor, love, obedience, troops of friends.”

He was the son of a poor provincial peasant laborer, a condition of existence which, in the last century, very fairly represented impersonated poverty. He died a peer of France, and grand officer of the Legion of Honor. His father early recognized the genius of his son. Cheap as education is in France, it was only by the greatest parsimony he was enabled to detract the small cost of his instruction as an apothecary. And in this capacity the future Chancellor of the University of Paris practised for some years at an obscure village in Champagne. Here his talents attracted the notice of Vauquelin, the then famous chemist, by whose counsel he quitted the profession, went to Paris, and obtained an appointment as assistant-chemist at the Ecole Polytechnique. In 1802, he read before the Academy his first paper “On the Combinations of Antimony with Sulphur and Oxygen.” In 1813, he published his treatise “On Chemistry,” in five volumes, a work which has since gone through six editions. He became member of the Academi, and professor of chemistry at the Ecole Polytechnique, was made Chancellor of the University, a peer of France, and received high rank in the Legion of Honor. His obsequies were celebrated with great pomp at St. Sulpice; the wisest and greatest men of the country reverently attending the funeral.—*Ib.*

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CASE OF FÆCULENT DISCHARGE FROM THE GROIN.

[Read before the Boston Society for Medical Observation, Sept. 21st, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY C. ELLERY STEDMAN, M.D.

ON the 25th of July last, I was called to a patient of my father's, Mrs. F., the wife of a respectable mechanic, and whose occupation had been that of a seamstress. She was a stout, cheerful-looking woman, and her general health had been very good, with the exception of turns of dizziness and "rushes of blood to the head," with occasionally, transient attacks similar to the present.

I found her complaining of pain, heat, and swelling in the right inguinal region. She had had soreness in this spot three nights before, and had applied baths of hot rum, and other domestic remedies, without the relief which she had usually experienced at such times. On examination, I found in the right groin an inflamed swelling, which had the look and feeling of a bubo ready to be opened. She said she could feel the air rushing into it when she moved or coughed; she never had had hernia, nor was there reason to fancy any specific taint. Near the right anterior superior spinous process was the scar of an incision in the abdominal wall, some three or four inches in length, with a deep depression in its middle, like a navel, just above the process. Though her pulse was small and she was a little excited, her skin was cool, tongue clean and countenance natural.

In answer to questions about her previous history, she said she had been in the Mass. General Hospital for a similar attack some twenty years ago, and on referring to the Hospital Records I find the following report of her case.

"Mrs. F. was admitted to the Hospital, April 11th, 1836. Reports that she had, on the 2d instant, sudden pain in right iliac region, followed by pain and distress in epigastrium, with nausea and vomiting; the pain in abdomen continuing severe during the day and night; extreme over whole of abdomen next day, with nausea

and vomiting. The following day the abdomen was swollen, but less painful. The swelling has continued to increase till the present time, with constant pain. Has had poultices, and four or five grains of opium daily. Has taken no nourishment for three days. General health good. Had been washing in the morning, and thinks she took cold. Bowels regular. Now, pain severe in iliac region, with much redness and swelling, and distinct fluctuation. Tenderness over whole abdomen. Pulse 120. Skin hot. No appetite. Thirst. Poultice. Opium.

" 12th.—Abscess punctured in two places, and eight ounces of thick, dark, very offensive matter discharged.

" 13th.—Was much improved, with pulse and tongue natural, having slept tolerably well. No pain; discharge free; some appetite; costive.

" 14th.—Had a cathartic, which operated. Some pain in abscess, but otherwise comfortable. Liquid diet. Bread.

" 19th.—Openings dilated with probe-pointed bistoury.

" June 6th.—Comfortable. No discharge from lower opening; slight purulent discharge from upper. Appetite good. [These two openings were some six inches apart, one being in the groin, the other just above the anterior superior spinous process of the ilium.]

" 12th.—Lower opening healed, and upper one nearly so; the discharge is diminishing, and the bowels are regular.

" 14th.—Lower opening dilated; considerable watery discharge.

" 17th.—Some pain. Discharge small, and bowels regular.

" 18th.—Pulse 72. No discharge from the lower orifice. Some bloody oozing from the upper. Bowels continue regular. Some nausea and cardalgia to-day.

" 19th.—She sat up.

" 24th.—Pain and burning in abscess, with very slight acceleration of pulse. Bowels regular. Relieved by hop fomentations and leeches.

" 25th.—Headache and nausea.

" 26th.—Headache and nausea continues. Slept after an opiate. Skin hot, and much pain in abscess. Chills and heat. No appetite. No discharge.

" 27th.—Little sleep. Was ordered calomel and jalap.

" 28th.—Vomiting and purging from medicine. The action of vomiting caused considerable discharge of fæcal matter from both openings of abscess. Complains of pain in right arm, and cramps in legs; much less pain in the abscess. White coat on tongue. Pulse 96.

" 30th.—Pain in bowels. Discharge continues the same. Pulse 90. No appetite. Bowels regular.

" July 9th.—Comfortable, with very slight discharge from abscess. Is weak. Not much appetite. Bowels regular.

"19th.—Opening nearly healed. Bowels regular. To have compression to abscess.

"22d.—Is discharged well."

Mrs. F. also states, in addition to the above, that the flow of fæcal matter when the abscess was opened was enormous, and particularly offensive, but that after that time the discharge was entirely destitute of odor. She farther says that the house-surgeon was accustomed to pass a probe between the two openings to keep the gut clear; and on one occasion, when the visiting surgeon expressed doubt of the assertion that undigested food passed out at this temporary fundament, in a short time after its ingestion, she was enabled to produce, triumphant, for his inspection at the next visit, upon the napkin which covered the orifice, the baked apple of which she had partaken for breakfast some half hour before.

Since she quitted the Hospital in 1836, the only exception to her general good health has been an occasional attack of rheumatism.

After my visit to her last July, she took light nourishment, and used opiates and poultices till the 3d of August, when the abscess broke, discharging nothing but pus. Up to this time there had been no derangement of the bowels. On the 12th, it is noted that she "had a dejection last night. Pulse 72. Tongue clean. Countenance and skin natural. A copious watery discharge took place, and continued running all night, completely drenching the bed-clothing." This discharge she describes as thin, limpid, hot and odorless; it has taken place three times at about midnight, and when it is set up she says that it runs "like a brook" all night. These discharges are exceptional. Usually the matter escaping from the opening is yellow or fæcal, and perhaps purulent and mucous, but always without odor.

She complains of copious night sweats and "distressed turns," with chills and heat, the cold stage sometimes amounting almost to collapse. She is also troubled considerably by tumefaction of the abdomen, unaccompanied by tympany or fluctuation, which does not precede, nor is it relieved by, the watery flow mentioned above. The appetite is sometimes good, sometimes dainty. What food she takes digests well, her dejections sometimes being natural and sometimes obtained by means of enemata.

Last week, the fistula had apparently ceased running, the opening being about the size of a small pea; but a cup of coffee disagreeing with her, caused an attack of indigestion, and it opened again, with a slight brown discharge. On the 19th she suffered from wandering pains, and was forced to take a cathartic, during the operation of which a small evacuation of the same brown, odorless matter escaped from the opening in the groin. On the 21st she is very well, cheerful, gaining in appetite and strength, with no discharge of any sort from the fistula; and hopes, as soon as the slight red-

ness now existing about the groin has departed, to wear a compressing bandage and sit up.

The points which have particularly interested me in the case, and upon which I should like to hear the opinion of other members of the Society, are, the entire absence of odor in the matter discharged, and the kind of discharge mentioned as having taken place three times in the night—colorless, fluid, and without smell. In connection with this, I quote a similar instance, mentioned by Mr. South in his edition of Chelius's Surgery. He says:

"I have also seen another case of aperture in the navel of a woman 25 years of age, from which there was a flow of colorless fluid, free from smell, in such quantity as to wet through a napkin once or twice a day. Whence this fluid came, I cannot determine; it could scarcely have been through an intestine. I once thought it might have been obtained from the bladder, by passing through an urachus; but it had not any urinary character. She had been subject to it for years, but her health was not at all affected, and she was only inconvenienced by it."

PUSTULAR ERUPTION OF THE SKIN; THE PUSTULES CONTAINING LARVÆ.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

THE following history of the case, communicated by Dr. S. MITCHELL, of Cameron Mills, Steuben County, N. Y., was read to the Society by Dr. MORLAND.

Dr. Mitchell was sent for on the 28th of July, 1857, to attend Mrs. T. F. in labor. "She was delivered of a healthy, female child." On the 4th of August a messenger desired Dr. M.'s services for the child, "stating that it was covered with sores which were alive with worms." "On my arrival," writes Dr. M., "a worm was shown to me, which the friends had extracted several hours previously. It very much resembled a common maggot, being white, large at one end, and terminating in a point at the other. It was about one fourth of an inch in length, and extremely lively; for, on placing it in the palm of my hand, and attempting to put a magnifying glass over it, so rapid were its movements that I could with difficulty get a view of it. I found the sores to be a kind of papulous eruption, occupying the scalp, face, neck and back. The papules varied in size, and rested upon a circumscribed and inflamed base. Upon the summit of each of these conical elevations there was a small quantity of puriform fluid, just beneath the epidermis, and in which was visible a live maggot, maintaining a constant wriggling motion."

"With a pair of sharp-pointed dissecting forceps, I extracted

quite a number of these worms, and they were all as active as the one first shown to me.

“On removing the cuticle, the maggot appeared to be contained in a little pit, or depression, resembling that of the grub found on the backs of cattle, beneath the skin. When disturbed, it would retract itself, until it disappeared. I extracted no more than two from any one of the papules; most of them contained one only.

“I saw one or two of the papules (or pustules) before the formation of the inflamed base. The skin then appeared nearly natural, the maggot being seen just beneath the cuticle, in almost constant motion.

“The question arises, when and how the germs of these strange creatures were thus deposited? No eruption was noticed upon the child until the day before I visited it.

“I applied spirits of turpentine to all the worms I was unable to remove. This speedily eradicated them, and the child is now (August 14th) well. I enclose specimens of the worm for your examination.”

The first specimens were received in a damaged state, owing to the breaking of the phial containing them. On informing Dr. Mitchell of this mishap, he sent me two others which he had preserved, and which arrived safely. These, in common with the first sent, were submitted to Dr. B. S. SHAW for microscopic examination, who has furnished a description, which will be appended.

Dr. Mitchell, in his note accompanying the second set of specimens, says: “They (the worms) would crawl all over the palm of my hand with considerable rapidity, and by the same sort of motion one may observe in the common earth-worm. The specimens were alive when I put them into alcohol, and lived three minutes, by the watch, crawling about on the bottom of the phial. As the patient was but seven days old, I had no means of ascertaining whether there was itching.* No food except breast-milk was taken. I am sorry to say, that I saved but six specimens, as it was in the night that I saw the child, and the worms were removed with considerable difficulty, on account of their retreating into their *holes*, if I may be permitted to use the expression. Several *passes*, with the forceps, at many different times, were necessary before any could be secured. First, the cuticle had to be removed, and this would cause the parasites to disappear. If not disturbed, however, for a few minutes, they would be seen wriggling their way upward through the sero-purulent matter with which the summits of the papules were crowned.

“Before the cuticle covering the sores was removed, the pustular portion of each was about one eighth of an inch in diameter, with an elevated, inflamed base of from a half to a whole inch in

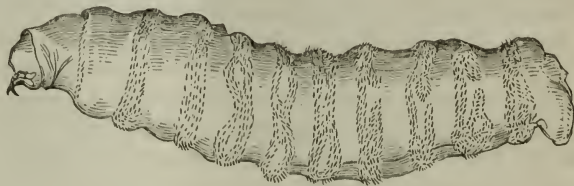
* In reply to a question.

diameter. The sores all healed within a few days after the destruction and removal of the worms."

August 20th.—The child is reported "well."*

Dr. SHAW exhibited one of the *larvæ* under the microscope, and also drawings showing the head and a portion of the body. He then read the following description of them and other similar species.

"The maggots, placed in my hands for examination, seem to be larvæ of some species of fly of the *Musca* family, or of some species of *Æstrus*, a genus of Linnæus, to which belong the bot-fly of the horse, as well as the insects which infest the cow, deer, sheep, rabbit and other animals. As is generally the case in the genus *Æstrus*, these larvæ have the anterior extremity small and pointed, and the posterior extremity rounded or blunt. One specimen only was in a proper condition to be measured, and that may have been affected by immersion in alcohol. Its length was a quarter of an inch, and its diameter a sixteenth of an inch. In the accompanying sketch it is magnified 12 diameters. They are of a white color. The body is divided into eleven segments, exclusive of the head, the anterior portion of each segment being surrounded by a



band of bristles or spines which facilitate their progression. The head is armed with two black hooklets, and is without any visible mouth. Cuvier speaks of the mouth of the cutaneous larvæ as being "composed of fleshy lobes only, whilst that of the internal larvæ is armed with two strong bent hooks." If this is true, the natural *nidus* of these specimens would seem to be the internal organs rather than the skin. Humboldt, in his *Essai sur le Géographie des Plantes, &c.*, Paris, 1805, speaks of the existence of larvæ in the skin of the abdomen of the natives of South America and the West India Islands. Rudolphi, in his work on *Entozoa*, speaks of larvæ in the human skin, and says that they remain there about six months, and then, falling to the ground, become perfect insects. I am told by Dr. Weinland, of Cambridge, that similar larvæ are common in Gaudaloupe, where they bear the name of *Ver macaque*, probably from infesting one of the monkey tribe of this name. Dr. Jeffries Wyman, who has recently returned from

* In a subsequently-written note, Dr. Mitchell mentions that the mother of the child was very strongly and disagreeably impressed by seeing, during her pregnancy, some salted fish filled with maggots. Faintness and severe vomiting resulted.

Surinam, informs me that some kind of larvæ are found there in the skin of the natives.

“The larvæ of several species of *Musca*, which resemble very much those of *Æstrus*, have likewise been deposited in the human body; for instance, those of *M. vomitoria*—common meat-fly; *M. carnaria*—flesh-fly; and *M. domestica*—common house-fly.

“On account of the very limited duration of their existence as perfect insects, in many of the species, they are rarely obtained for study in this stage; and most of their larvæ, both those of *Æstrus* and *Musca*, having similar forms, number of articulations, hooks, &c., their distinction is recognized only with difficulty. A species of *Æstrus* has been described as *Æstrus hominis*, or *humanus*, by Linnæus, by Gmelin (*Systema* 13), by Olivier in the *Encyclopédie Méthodique*, tom. viii., p. 468, and two cases are given by Mr. Howship, under this name, in the *Proceedings of the Royal Society*, vol. iii., p. 181. This species, however, so far as is known, has only been met with in South America, and when thoroughly studied may prove to be identical with one of those better known. As to the species under consideration, I do not see how any name can be attached to it at present. It may be *Æstrus hominis*, or one of the many species common here in the lower animals, or it may be a *Musca*.

“In endeavoring to ascertain what is known concerning the presence of maggots in the human body, I have met with a great number of cases where the mucous membranes have been infested with them, and with several cases where the skin has been chosen as the *nidus* for the larva or egg. Of the *Coleopterous* insects, such as beetles, meal-worms, &c., there have come to my notice thirty-three cases where their larvæ have been found in the stomach, intestines, urinary organs, nostrils, and inner canthus of the eye. The larvæ of the *Neuroptera* and *Lepidoptera*, for instance those of some of the moths and of the cad bate of the angler, have been found in similar situations. Of the *Dipterous* larvæ, those of *Musca* and *Æstrus* are the most common; those of *Musca* forming by far the largest number of any one genus, thirty-seven cases being tabulated and reported by Mr. F. W. Hope, in the *Transactions of the Entomological Society*, of London, vol. ii. The species of these maggots was generally unknown; but many were recognized as belonging to the meat-fly, *M. vomitoria*; to the flesh-fly, *M. carnaria*, which like the previous species deposits upon flesh and sometimes in the wounds of persons; and to the common house-fly, *M. domestica*, whose breeding places are vaults and swill-houses. The localities were the stomach, intestinal canal, frontal sinuses, nostrils, eyes, gums and inside of the cheek. An unknown species of *Musca* was reported by Leuwenhoek in 1687, upon the leg, as ‘many small maggots.’ The genus *Æstrus* seems to be that which most frequently deposits upon the external surface of the

human body. Of these cases I have met with two upon the scrotum, two in the skin of the abdomen, two in the scalp, and one in each of the following named situations, viz.: leg, arm, scapula, ear, jaws, antrum and stomach. These larvæ were either called *Æstrus hominis*, or they were described without a specific name, with the exception of one, which was *Æstrus bovis*.

“It is natural to suppose that these flies may, in some rare instances, deposit their larvæ, or ova, upon the human skin or mucous membranes, or that the germs may be taken into the stomach in meat, vegetables, fruit, or even in water. An apparently well-authenticated case of voiding by the mouth of the white cabbage butterfly, *Pontia Brassicae*, by a boy who had been accustomed to eat raw cabbage, has been given by Mr. Robert Calderwood, of Scotland, in his *Medical Commentaries*, vol. iv., p. 223.”

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 24th.—*Malignant Tumor of the Jaw in a Child; Death; Autopsy.* Dr. FIFIELD, of Weymouth, reported the case.

Marshall, a child, three years of age, became blind of the right eye, apparently from a cataract, within a few weeks after birth. The child was presented to the surgeons of the Boston Eye and Ear Infirmary, for operation, but the case was declined, on the ground of supposed malignancy. Shortly afterward it became blind of the left eye. The child was then shown to Dr. Henry W. Williams, who also declined operation. The general health remained good until the last week in May, 1857, when a tumor, of the size of a small chestnut, appeared on the body of the right half of the lower jaw. This was supposed to be mumps; was shown to Dr. Stevens, and by him to Drs. Lewis and Gay, by whom the diagnosis of osteo-sarcoma was established. The child was then removed to West Randolph. On the 3d of July, Dr. F. saw the case for the first time. The tumor had then attained the bulk of a small orange, surrounding the jaw, distending the cheek, pushing the tongue to the left side, and rendering the mouth incapable of closure. There had been one or two attacks of hæmorrhage from the tumor.

Sectio Cadaveris.—A partial examination of the body was made on Sunday, August 23d. The tumor had enormously increased since the visit, filling the entire cavity of the mouth. The teeth were loosened, and easily removed by the finger. The right eye had protruded, in the form of a black fungus. On reflecting the integuments, the tumor was found to have passed the symphysis, and to have invaded the left half of the jaw, by about half the length of its body. On the right side, the body, angle, ramus and articulation had been successively attacked and enveloped by the disease. Upward, the disease had passed under the zygoma; had penetrated the speno-maxillary fossa. The bones comprising the base of the skull

were thickly plastered with encephaloid. On attempting to remove the jaw, it was found to be spontaneously fractured at the angle. By the positive command of the parents, the removal of any portion of the tumor beyond the symphysis was forbidden.

The bulk of the whole tumor probably equalled that of a large orange, or perhaps, more correctly, a shaddock. On the removal of the fungus, representing the right eye, the walls of the orbit were seen thinly covered with encephaloid, the protrusion of the eye-ball having been caused by malignant disease within itself, and not by any pressure posteriorly.

The above case is *very* remarkable in several points : first, the age at which the malignant cachexia first showed itself within the eye ; secondly, the length of time it remained confined inactive, in the eye-balls ; thirdly, the terrible rapidity of the growth as manifested in the jaw, it having required less than a period of three months to bring it from the size of a small chestnut to the bulk above mentioned, and to destroy life.

AUGUST 24th.—*Uterine Hydatids.* Dr. FIFIELD reported the case.

Bridget M'Ginnis, æt. 36, mother of six children, first supposed herself pregnant in April, 1857. She missed her monthly period in May. Two monthly periods had been missed, when they re-appeared, as she supposed. After this the hæmorrhage was not entirely suspended. It would stop a day or two, and then return. Vomiting was occasionally present, which she thought remarkable, as she had never been sick while pregnant. On the 24th of June, she lost a child by scarlet fever. On the 26th, Dr. F. was called to see her, on account of profuse flooding. Placing the hand upon the abdominal walls, the volume of the uterus appeared equal to that of a woman between four and five months pregnant. Upon examination *per vaginam*, the os uteri was found firmly closed, and the anterior and posterior lips curiously fissured. Supposing the woman to have been in error with regard to the period of her pregnancy, and that the case was one of threatened abortion, although no pain was complained of, the vagina was firmly plugged, cold cloths, &c., being applied to the abdomen. Vomiting was also present. The next day the hæmorrhage had ceased. Stethoscopic examination was made, but without detection of the foetal heart or the placental souffle. Vomiting still continued. From this date to the 29th of July, hæmorrhage continued to recur at intervals of a day or two. Vomiting also continued, without being alleviated in any degree by the remedies used. Emaciation was extreme. At this period the vomiting suddenly ceased, and the patient became able to take food. Hæmorrhage, however, continued to recur at short intervals, the fluid being always blood, and never water, or water and blood, described by text books as diagnostic of uterine hydatids. From this time the uterine tumor occasionally appeared much reduced in size, but always regained its former volume, i. e., that of a woman five months pregnant. On the 20th of August, on examination, the os uteri was found slightly dilated. On the evening of the 21st, it was still more dilated, admitting the passage of the last phalanx of the forefinger. Judging the termination of the case to be at hand, although no flowing was then present, the vagina was firmly plugged, a T bandage applied, and directions given, if urgent pain should come on during the night, that the bandages be loosened, and the pains allowed to force away the sponges.

About 3 o'clock the following morning, the pains being severe, the orders were complied with. At 5 o'clock, Dr. F. saw the patient, and found that the plugs and between two and three quarts of uterine hydatids had been discharged. The flooding had been profuse, and the patient was much exhausted and debilitated. She rallied by the use of stimulants, and for the succeeding fortnight regained, in some measure, her accustomed health. Since that period hæmorrhage has occasionally recurred, once rather severely.

The following points in the above case are to be distinguished as pointing to the rational diagnosis of uterine hydatids. *First*, repeated hæmorrhages, occurring at short intervals, never more than forty-eight hours apart, unaccompanied by pain. *Secondly*, the disproportionate size of the uterine tumor with the supposed period of pregnancy. *Thirdly*, the absence of stethoscopic phenomena, and absence of motion. *Fourthly*, the excessive vomiting, commencing earlier and continuing longer than usual in pregnancy.

The fact of the flow having been always of blood, and never of water, or blood and water, may be especially noticed.

In connection with this case, reference may be made with great advantage to the *London Lancet*, vol. ii., 1853, page 295, case of Uterine Hydatids, reported by J. Wearne, Esq., Cornwall. In the same volume also, page 366, is a case of Uterine Hydatids, by P. H. Squire, Elmira, N. Y. In both these instances the symptoms exactly corresponded with the above case. Reference may also be made in the *Lancet*, vol. i., 1855, to a report of the Medical Society of London, where Dr. Winn called the attention of the Society to a fatal case of uterine hydatids, complicated with hæmorrhage. In this case a ragged ulcer, about the size of a shilling, was found at the upper and anterior part of the uterus. A discussion was had by Drs. Routh, Headland, Winn and Dendy, in regard to the absence of discharge of watery fluid in uterine hydatids.

SEPT. 14th.—*Pelvic Abscess.* Dr. GAY reported the case.

The patient, Miss. H., single, æt. 25, just previous to her sickness in March last, was rosy-cheeked, moderately full in flesh, and weighed 120 pounds.

During the first week in March, she was seized suddenly with violent vomiting and diarrhœa, which, after continuing two or three days, gradually ceased. The day before this attack, she had eaten not heartily of baked beans and Indian pudding. This was considered to be the cause of her sickness, though she had often before eaten of the same dishes.

Before she had fully recovered from this seizure, she noticed that her catamenia had made their appearance, but the amount was so slight as not to cover a space larger than a dollar upon the napkin. She thought but little of this circumstance, because for the last three or four years there had been a marked diminution in the quantity at each returning period. Being naturally very timid and modest, she had made no complaint, although she suffered much every time she was unwell. In fact, she has since said, that she did not know whether or not it was right for the discharge to stop.

The day after this last small catamenial show, there was severe pain situated deeply in the right side of the abdomen, just above Poupart's ligament, in the region of the ovary. The pain increased, and

was accompanied with great tenderness on pressure. At this time no swelling was observable externally, nor could any be felt distinctly, on account of the soreness. A poultice was applied for two weeks, when the pain and soreness gradually disappeared. Almost immediately after this relief to the *right* side, she was seized with acute pain in the corresponding region of the *left* side, followed in a few days by great tenderness and swelling. This swelling was situated just above Poupert's ligament, midway between the anterior superior spinous process of the ilium and the median line, though nearer the last. There was soon considerable constitutional disturbance, and in addition to the other symptoms, great pain and difficulty was experienced in passing the urine, and only a small quantity came at a time. Directions were given to rub the seat of the pain with iodine ointment for twenty minutes at a time, every two or three hours during the day. This treatment, by report, was continued several days.

For five days no operation from the bowels took place, although purgatives and injections were frequently given. Croton oil was sent for, and a slight evacuation occurred just as it reached the house. For the trouble in the urine, poplar bark tea was recommended by a friend, and a large quantity of it was drunk. There was now a throbbing, distending pain in the swelling, which had a heavy, dragging feeling, with an increase in the severity of the other symptoms. Occasional paroxysms of bearing down and straining came on, which added much to her sufferings. During one of these attacks, there was a sudden discharge from the vagina of half a pint or more of thick yellow, fœtid pus. The swelling almost entirely disappeared, and there was great relief to the pain and other uncomfortable feelings. About two hours afterward, there was passed a pint or more of high-colored and very offensive urine, with a copious, thick, brick-dust sediment. For a few days she was comparatively comfortable. The discharge of pus from the vagina ceased entirely after thirty-six hours. The bowels still continued very costive, though they were occasionally relieved by purgatives and injections. The patient was now very feeble, and had lost much flesh. There was no appetite, nor any inclination to take any nourishment. While in this condition, another recurrence of the pain came on in nearly the same spot, more acutely severe than before. The discharge from the vagina had ceased ten days before. At the same time with the pain, she was seized with vomiting of fœcal matter. This was near the third week of April. The vomiting continued at intervals during five days and nights. No evacuation could be obtained from the bowels. Various purgatives and enemata were given, but without relief. Another swelling was now discovered just above the last one, which soon became exceedingly painful. The slightest coughing or pressure of the hand made her cry out, as also the weight of the clothes. Her thighs were constantly flexed toward the abdomen. The left side of the abdomen was much distended with flatus, which kept up a constant distress and uneasiness, in addition to the other pain. Nothing would seem to pass beyond a certain point in the pelvis of that side. Soon after an injection, there was a small discharge of black, offensive, slimy, jelly-like substance. The vomiting ceased. The patient was very feeble, nervous and restless. The loss of sleep and appetite, and the constant severe pain, had reduced her in every way. The bowels were moved

slightly every two or three days, and the discharges were of the same character as above. After several days of quiet, she again vomited, twice in the same day, the ejecta this time containing nothing but bile, and being without the least fæcal odor. This was the last attack of vomiting. The stomach was now able to bear some nourishment.

Being somewhat dissatisfied with her medical attendant, she sent, on the 7th of May, the day after the last vomiting, for a clairvoyant, homœopathist and spiritualist. He continued in attendance about two weeks. At his first visit, the swelling could be just covered externally with a tumbler. He expressed his ignorance of what the disease was, and immediately engaged the services of a female medium. She at once declared it to be a *rupture*, and advised a rubbing *downward* of the swelling towards the groin. As the swelling spread in that direction, she said it must be rubbed *upward*. By this time, the lower part of the abdomen, particularly on the *left* side, was involved in a general swelling. As the patient was failing rapidly, they held a consultation with a surgeon, who pronounced it to be a *psoas abscess*, and that she would die if it was touched. The swelling increased in size daily, and three days before Dr. G. saw her it had extended over the median line to the right side. Dr. G.'s first visit to her was on the 25th day of May, 1857. She was then in almost a moribund condition, and so emaciated that she would hardly weigh eighty pounds. Her pulse was very small, thread-like, and counted with difficulty.

In the lower part of the abdomen, on the left side, was a large fluctuating swelling, filling up this space, and extending somewhat over to the right of the median line, very tender to the touch, and evidently containing fluid. On percussion, there was dulness over a space of four or five inches in extent. The skin was slightly red, and adherent to the parts beneath. For four days there had been no dejection, and the upper half of the abdomen was much distended with flatus.

At first it was hardly thought prudent to attempt any operation, on account of her great prostration. But on the consideration that she would surely die very soon if left to herself as she was, it was thought best to give her stimulants, and make a small opening. This was accordingly done at a point two or three inches above Poupart's ligament, and about one half of a pint of thick green, offensive pus, like that from an abscess of one of the labia, came away. Stimulants were then ordered to be given at intervals during the day and night. She had some quiet and comfortable sleep. The next morning she was decidedly easier in every respect, and stronger. The opening of the day before was then prolonged an inch or more, and more than a pint of the same kind of pus was gradually pressed out. Stimulants and beef-tea were then given every hour. The pulse, though very small, had more strength. Her countenance, general appearance and action were better. The second day after the last operation, she had a small dejection following an enema. From this time there was a slow, but steady improvement in all her symptoms. In six weeks she had a strong appetite, and was able to sit up in bed; and now she is going about as she did previous to her sickness. About the first week of September she had a return of the catamenia, and thinks they were more abundant than for a year past.

As to the diagnosis in this case, the antecedents in the patient's history show for a long period an increasing disturbance in the menstrual functions. The primary attack on the *right* side, the deep-seated locality of the pain and the region, together with the sudden stoppage of the menses, would strongly indicate an inflammation of the ovary, terminating, as it naturally does, in resolution. The attack on the *left* side, similar in the part affected, but much more painful, and terminating in an abscess, with the uterine bearing-down pains and the sudden discharge of more than half a pint of pus from the vagina, warrant the conclusion that the inflammation involved the ovary and the adjacent cellular tissue, which terminated in an abscess, called an *abscess of the broad ligaments*, very rare in *unmarried* females, and *less fatal* than in cases *after confinement*. The termination of these abscesses is various, according to the circumstances of the case, opening into the vagina, uterus, bladder, rectum or peritoneal cavity.

The fecal vomiting may be accounted for from the pressure of the abscess, as it increased, upon the intestine, this being sufficient to produce a temporary closure of its canal.

There was no vaginal examination, because the patient was in an almost moribund condition.

The abscess opened into the uterus, or upper part of the vagina, and was entirely emptied in a little over twenty-four hours.

The almost immediate recurrence of the symptoms may be explained by the closing up of the opening into the uterus or vagina, while the secretion of pus went on increasing daily, and advanced more rapidly toward the abdominal wall than in any other direction.

In the extremely low condition of the patient, she would most probably have died, before the abscess, if left to itself, could have broken either externally or internally.

MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. WM. INGALLS, M.D.,
OF WINCHESTER, SECRETARY.

THIS Society met at the house of Dr. J. D. MANSFIELD, in South Reading, on the evening of the 2d ult.

The following resolutions were unanimously voted, the subject being introduced by Dr. B. CUTTER, of Woburn.

"Resolved, That a registration of diseases, similar to that proposed by the State Medical Societies of the States of New York and South Carolina, should be instituted in this State, under the auspices of the Mass. Medical Society.

"Resolved, That the Councillors of this District Society present the subject of the Registration of Diseases to the Councillors of the parent Society, for their consideration, at the October meeting."

The heart of a hen, which died of pericarditis, was presented for inspection by Dr. E. CUTTER.

A case *simulating* puerperal peritonitis, occurring one week after delivery, was related by Dr. RICKARD. By the same—a case of acute bronchitis was treated with five-drop doses of tincture of veratrum viride, given every two hours, with most satisfactory results; patient, a female, 35 years of age.

Dr. INGALLS related his experience, during the past ten or twelve months, in the treatment of many cases of obstinate constipation in

adults and infants. In a very large proportion of the cases treated by this means, the results have been highly satisfactory. Ipecac and calomel have been used in the proportion of half a grain of the former to one tenth of a grain of the latter, given in powder—sometimes pill, but the powder is preferable—some fifteen or twenty minutes *before* each meal. The articles *must* be of the *best* quality, and the condition is essential that the two articles should be *most intimately* mixed. In many cases, after two to four weeks, the remedy has been gradually left off, and the patients have, for a long time after, been free from their old complaint. Dr. I. stated that a hint of this treatment was taken from some medical journal, a long time ago, but he could not give the author.

The accompanying paper* was read by Dr. B. Cutter.

Bibliographical Notices.

Traité des Applications de L'Electricité a la Thérapeutique, Médicale et Chirurgicale. Par A. BECQUEREL, Médecin de l'Hopital de la Pitié, &c.

A Treatise upon the Employment of Electricity in Medical and Surgical Therapeutics. By A. BECQUEREL, Physician to the Hospital of La Pitié, &c.

ELECTRICITY has long held a doubtful place in the materia medica. That it is an agent of great power, and capable of exerting a decided influence upon vital actions, modifying them in various ways, none have doubted. Whoever has witnessed a thunder storm will bear unequivocal testimony to the power, if not to the remedial influence of electricity. But, however potent it may be, and however undeniable its influence upon the economy, it has yet acquired no settled and determined position as one of the instruments of medical art. Physicians have always looked with hopefulness and longing upon it. They have wished to turn it to some good account; to make it do real service in their warfare with disease. Occasionally, here and there, one has been found hardy enough, or credulous enough, to believe that he has discovered the way of bringing the Leyden jar, or galvanism, or the electro-magnetic current, fairly among the *armamenta medicorum*, and of enabling practitioners to use electricity, according to the old motto, safely, readily and pleasantly in the treatment of disease. Thus Pascalis, Aldini de Bologne, Fabre-Palaprat, Haller, Magendie and others, published learned and not uninteresting essays and works, upon the application of electricity to practical medicine. They have detailed numerous cases of real or supposed cures. Yet, notwithstanding such high authority, the experience of the profession has belied the hopes which philosophers held out. Electricity, in whatever form applied, whether that of the spark, or of the direct or indirect current, has not been found obedient or serviceable to the practitioner.

But what physicians have thus failed to accomplish, charlatans have loudly proclaimed their ability to do. From the days when disease

* This paper, relating to dislocation of the thumb, was published in the last number of the Journal, at page 172.

was cured with marvellous rapidity by Perkins's magnetic tractors, to the present era of electro-chemical baths, electricity has proved an unfailing source of fleecing the public and enriching the quack. At last the profession seemed to renounce all hope of making it a serviceable agent, and by a sort of common consent neglected it almost altogether. We say *almost*, because there have always been some, both in this country and in Europe, who have not despaired of bringing it within the domain of therapeutics. There have been individual observers, who, with equal faith and perseverance, have experimented with electricity in disease, and have never despaired of final success. Of late years, undoubted advances have been made in this direction. We are not without a reasonable hope that the electric current will yet be employed by practitioners as a valuable therapeutic power. Two men, careful and scientific observers, stand out prominently, at the present day, as earnest cultivators of this branch of therapeutics. One is *M. Duchenne de Boulogne*, the other *A. Becquerel*, the title of whose book we have placed above.

It is the object of this notice to introduce to our readers the work of the latter of these physicians. The monograph of M. Becquerel is of more than ordinary merit, and in giving it to the public the author has made the profession his debtors. Its title indicates its character. It is not a treatise upon the science of pure electricity; nor is it a discussion of vague notions or abstract principles. It is strictly an endeavor to determine the exact therapeutic value of electricity; an attempt to point out the advantages, and also the dangers and inconveniences, which attend its employment. In the words of the author, the treatise is "an endeavor to dissipate somewhat the chaos which envelopes the application of electricity to therapeutics." For several years, M. Becquerel has been in the habit of experimenting with electricity, in various ways, upon his hospital patients. Latterly, as we learn from his book, he has given a course of lectures at La Pitié, upon what might be termed electrical therapeutics. This treatise, therefore, is founded on clinical observations. It is the author's lectures carefully written out and revised.

One of the leading characteristics of the book is its reliability. Clearly it is not the work of an enthusiast, who is anxious to make the most of a favorite remedy, or mode of treatment—not the labor of a special pleader, determined to make a strong case in support of a pre-conceived theory. A philosophic, or what might be termed a judicial spirit pervades it. The value of electricity, as a medical agent, is carefully investigated by M. Becquerel; tested by a rigid observation, and judged by the principles of a just therapeutics. The reader is more surprised by the limits within which its remedial influence and application is circumscribed by our author, than by the extension which is given to it. Its great power in modifying chemical and vital actions, in ways which we do not understand, and perhaps never shall, is fully admitted, but its remedial action in the hands of the practitioner is shown to be limited.

The first thirty pages of the work contain a brief history of the therapeutic applications of electricity. After this introduction, the treatise is divided into three parts. The first part is devoted to a detailed description of the different kinds of apparatus which have been and are used for the purpose of applying electricity to the system.

The second part presents an interesting and able account of the physiological action of electricity upon the body, and also points out the proper manner of using the apparatus, which was previously described. The third part consists of eight chapters, and forms by far the largest portion of the work. In this third portion are to be found the result of the author's observations. It is the most practical and important, as well as the largest division. In a remarkable degree, it evinces the cool and unprejudiced judgment and careful observation of the writer. The final chapter of the book is devoted to a sketch of the dangers and inconveniences which attend the use of electricity.

We should be glad to follow M. Becquerel more in detail, and give to our readers some of the important results which he arrives at, but the extent which our notice has already reached forbids any such attempt. We must refer those who are interested in this matter to the book itself. We cannot forbear, however, alluding to one disease, or, more properly speaking, to one class of diseases, in the treatment of which electricity holds an important place. We refer to diseases of the nervous system, and especially to paralysis in its many varieties. M. Becquerel shows, what we have never seen so clearly pointed out elsewhere, the principle which governs the use of electricity in all forms of paralysis. The difference between paralysis dependent on disease of the cerebral or spinal centres, and that dependent on some affection of the nervous system outside of those centres, or the difference between centric and eccentric paralysis, is familiar to us all. In this difference lies the principle which guides the therapeutic use of electricity. Whenever a paralysis of motion or sensibility, or of both, occurs, dependent upon, or, as M. Becquerel calls it, symptomatic of disease of the brain or spinal cord, then the stimulus of electricity is worse than useless; it is dangerous. When paralysis exists and such disease of the central nervous system is not its cause, then there is great hope of advantage from the judicious employment of the electric current. This principle is the key to the use of electricity in all cases. Is a function weakened or paralyzed, if that derangement is symptomatic of graver disease lying behind it, then the battery must not be used. The first thing for the practitioner to look to, who intends to employ this power successfully, or even safely, in paralysis, is to be sure that the paralysis, of whatever kind and wherever situated, is not symptomatic of cerebral or spinal disease. This is no new discovery or statement. But M. Becquerel has given to it a clearness of expression, and confirmed it by an abundance of experiment, which enhances its value. We cannot speak of the details into which he goes upon this matter. It is enough to say that it is clearly and carefully investigated. The chapter upon the use of electricity in nervous deafness is written by M. Menière, the physician-in-chief to the Hospital for the Deaf and Dumb in Paris. It is a valuable contribution to aural surgery, and is no inconsiderable addition to the treatise of M. Becquerel.

As we have already hinted, we should be glad to give a more satisfactory analysis of this contribution to practical therapeutics, but any attempt to do this, critically and with justice, implies a review rather than a notice. In conclusion, let us commend the book, not only to medical readers, but to any one who has both the *ability* and the *leisure* to translate French into English *that is English*, as a work worthy of an English dress.

E. H. C.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 8, 1857.

THE CITY HOSPITAL.

IN an article on the location of the City Hospital, in the *Courier* of Thursday, the Lying-in Hospital, situated between Springfield and Worcester streets, is recommended as being well adapted for the purpose on some accounts, although preference is given for the establishment of several small buildings, detached from each other, in order to secure protection against contagion. In one respect, the Lying-in Hospital building is all that could be desired; its ventilation appears to be almost perfect, every room having a duct for foul air near the ceiling, connected with a ventilating shaft seventy-five feet in height, and being besides furnished with a fire-place. A current is maintained in the shaft by means of the smoke-flues of the furnace and kitchen range, which are carried up within it, and also by a fire-place *within the shaft*, which can be used if necessary. About sixty patients could be accommodated in this hospital—possibly a few more; but this is doubtless much below the number which will seek its shelter. At the present rate of growth of Boston, probably beds for five times as many will be required in a few years. Additions would therefore have to be made to the building, and if the lot be large enough, separate pavilions might be built, in which cases of contagious disease could be placed.

A still better plan would be to occupy the Lying-in Hospital building for the present, and in the meantime, as the *Courier* suggests, another lot could be secured for the erection of a building better adapted for a City Hospital. We would suggest that perhaps the Corporation owning the building might be willing to lease it to the City for a term of years, at the end of which time it might revert to its original purpose, for which it is admirably adapted, if its officers could raise the necessary funds for this purpose. When the present financial difficulty shall have passed, and the prosperity of the community shall be again established, we are confident that a new generation of merchant princes will not be wanting, who will be as ready to endow every charitable undertaking as those have done whose recent misfortunes will also fall so heavily upon the poor and the suffering of our city.

We hope that if a new building is to be erected, it will be no palatial structure. An edifice for a city hospital should be constructed with reference to economy. The class of patients who are to be treated in it are in no wise benefited by free-stone or granite walls. Cleanliness and ventilation are the most important objects to be sought in its structure. It has often occurred to us that no building in Boston could be so easily converted into a hospital as Chickering's Piano Forte Manufactory. A plain brick building, in the form of a hollow square, or three sides of a square, is appropriate for the object, and would probably be the best adapted for relieving the necessities of the sick poor.

ABORTION ADVERTISEMENTS.

THE following communication, from a correspondent in Ohio, expresses the sentiments of every respectable physician upon an evil to which the public is lamentably indifferent. The evil is chiefly a moral one; there is no medicine which can be relied upon to cause the pregnant womb to expel its contents before the period of gestation is accomplished, and hence the medicines which are advertised for this purpose almost universally fail of their effects. Were it not so, we should not so often meet with cases of injury and death from the use of instruments employed with this wicked design. We hope the profession will be able to induce a better state of feeling on this subject in the community.

“ MESSRS. EDITORS,—As a new phase of quack advertising has of late presented itself, it may be proper to give it a little consideration. I refer to the practice of advertising drugs for *producing abortion*. These advertisements have become so villainously common that one can hardly find a weekly newspaper whose columns are free from the nuisance; which, while they recommend abortions in an indirect manner, do not fail to impress upon the minds of the public that miscarriage can be produced, certainly and safely, with drugs! The following will serve as a specimen of the whole class. It is taken from a paper published and extensively circulated in Northern Ohio:—

“ ‘ Ladies in want of a pleasant and safe remedy for irregularities, obstructions, &c., should use Dr. Miller’s Female Monthly Powders. It has been said that these powders will produce miscarriage. Without admitting the truth of this assertion, I must confess that it is the inevitable consequence of their use during the early months of pregnancy. Therefore ladies who desire an increase of family should not use them. If after this caution any lady in a certain situation should use them, she must hold herself responsible for the abortion which will surely follow. Price \$5. Sent by mail to any part of the country.’ ”

“ Such notices cannot fail to do evil by familiarizing the public with the idea that abortion may be produced whenever one does not desire an increase of family, and it is strange that editors and publishers, who claim to be the guardians of the public health and morals, should thus aid in sowing broadcast the seeds of grossest immorality, crime and suffering, and in robbing the public of money and health.

“ Whether any of the advertised articles are capable of producing miscarriage, I cannot say; but I am quite sure that many more cases of that nature have come under my observation in the past six months (which is about the time since these notices came in vogue in this vicinity), than in the preceding six years. This may be merely a coincidence, or the result of an epidemic tendency; but whatever its cause, those who circulate such advertisements are none the less culpable. If legislatures will not protect the public from such swindling, the medical profession should take the matter in hand. They can at least do something toward setting the mind of the public right.”

. YELLOW FEVER.

NOTWITHSTANDING the croakings of those who pretended, a year ago, that the yellow fever was assuming a more malignant type, approaching in its features to the original disease, before its supposed importation from Africa, and also that it was advancing northward in its invasions, the last season has passed away with a very light visitation

from the dreaded epidemic, even in our southern cities. A few cases have arrived at New York, but being detained at quarantine, the disease did not spread: certainly the preservation of the city from an epidemic could not be accounted for by any improvement in the condition of the streets. We have before stated our reasons for believing that the more northern cities of the Union can never be subjected to a severe epidemic of yellow fever; and we are inclined to think that similar reasons may be assigned for the mildness of the disease at the south this season. Not only in the north, but also in Charleston and New Orleans, has the temperature been much lower than common. In the former city, the thermometer has not often risen above 82 degrees, though the atmosphere has been uncomfortably oppressive; in New Orleans the temperature has not been above 94 degrees in the shade, and the nights have been cool.

THE BOOT ON THE OTHER LEG.

In the July number of the *North American Medico-Chirurgical Review* is an article written to prove that an English writer on the microscope, Mr. Hogg, had deliberately appropriated a part of a work on the same subject, by Dr. Wythe, without making the slightest acknowledgment. A letter from Mr. Hogg to the editor of the *London Medical Circular* places the matter in a different light, by showing that Dr. Wythe had copied largely from the "Practical Treatise on the Microscope," by Prof. Quekett, and from a work by Miss Agnes Catlow, with the title of "Drops of Water," not only whole pages of text, but also wood-cuts and plates. These proceedings of Dr. Wythe are severely animadverted upon by the editor of the *Quarterly Journal of Microscopical Science*, vol. i., 1853, who says, "on account of the proved plagiarism of this part of the work [the description of the Infusoria], we understand the publishers of Miss Catlow's work have been enabled to prevent the further sale of the American work." Mr. Hogg says, in conclusion, "The apparent resemblance in some of the American author's productions and my own, is therefore readily explained and easily understood, when it is known that I drew upon our English authors with *their knowledge, and in most instances with their consent*, which was invariably granted." We print the above in justice to Mr. Hogg, having in a former number called attention to the accusation in the *North American Med.-Chir. Review*.

Health of the City.—The number of deaths from cholera infantum last week was but little more than one third of that for the previous one; on the other hand, the deaths from pneumonia have increased from 5 to 11. The deaths from diseases of the respiratory organs were 39; those from diseases of the bowels, 22. There were 6 deaths from dysentery, 7 from "dropsy in the head," and 3 from scarlatina. Nine deaths were of individuals between the ages of 70 and 80, 2 of those between 80 and 90, and 2 of upwards of 90.

Deaths in Boston for the week ending Saturday noon, October 3d, 1866. Males, 59—Females, 47.—Accident, 2—apoplexy, 1—bronchitis, 1—inflammation of the brain, 3—congestion of the brain, 1—disease of the brain, 1—consumption, 16—convulsions, 1—cholera infantum, 13—croup, 3—dysentery, 6—diarrhoea, 2—dropsy, 3—dropsy in the head, 7—debility, 2—infantile diseases, 1—typhoid fever, 1—scarlet fever, 3—disease of the heart, 2—hernia, 1—inflammation of the lungs, 11—marasmus, 3—old age, 4—pleurisy, 4—rheumatism, 2—scrofula, 1—teething, 2—thrush, 2—tumor (in bowels, 2—in uterus, 1), 3—whoooping cough, 4.

Under 5 years, 47—between 5 and 20 years, 9—between 20 and 40 years, 23—between 40 and 60 years, 11—above 60 years, 16. Born in the United States, 77—Ireland, 21—other places, 8.

Intussusception.—W. H. Stanton, of Knoxville—perhaps a physician—writes to the editors of the New York Observer, respecting the treatment of this often fatal state of the intestines, as follows:—"In your issue of July 16th is an article entitled 'Intussusception,' with a remedy, viz., 'the drinking of a pint of hot molasses, without stopping.' When I was a boy, farming among the hills of Litchfield County, Ct., my father's sheep were sometimes afflicted with a similar disease, which he invariably cured, by taking the sheep by the hind legs, and swinging them around in a nearly horizontal position, soon after which the sheep walked about as usual. Now, this may be an undignified way to treat a human being, but I feel strongly convinced, that, foolish as the remedy may seem at first view, it lays claim to a more serious consideration than a sneer or a go-by, for nature is the same in either case, and acts alike in similar cases. And when all other remedies fail, I believe that, taking the person by the feet, and swinging him around, the bowels will be unpocketed, and the patient get well."

Physician's Bills in the Burdell Murder Case.—The bills presented to the County of New York for medical and chemical services connected with the murder of Dr. Burdell, last winter, were as follows:—Dr. J. W. S. Gouley, for microscopical examination of blood, &c., \$300. Dr. Wm. Knight, for surgical examination of the wounds, inspection of the clothing, furniture, dagger and other instruments, &c., \$350. Profs. Doremus and Childs, for ten days services in chemical and microscopical examinations, with chemical assistant, \$400.

Osseous Union of Teeth.—The senior editor has frequently had occasion to notice examples of osseous union of teeth, but the most remarkable specimen which he has ever seen, was presented to him at the late Convention in Boston, by Dr. H. A. Emery. It is a dens sapientiæ and a small supernumerary tooth. The side of the crown of the latter is united to the grinding surface of the crown of the former—the root of the supernumerary pointing upward and backward. In this most curious example of osseous union of teeth, the last mentioned tooth must have been developed from a sac given off from the coronal portion of the sac of the wisdom tooth, and a union of the enamel membrane of the two teeth must have taken place previous to the deposition of earthy salts in the cells of the enamel fibres. This, we believe, is the only way in which such an occurrence could possibly have taken place. We shall place the specimen in the Museum of the Baltimore College of Dental Surgery.—*Am. Jour. of Dental Science.*

Chloroform in Sea-Sickness.—Dr. Wm. Henderson, of Perth, in a note to the Editor of the London Lancet, says—"I lately had an opportunity of testing this remedy in my own person. At its commencement, chloroform will neither prevent nor alleviate sea-sickness; but after the stomach has been freely emptied, and that most distressing stage of the complaint, dry retching, has supervened, then from ten to fifteen drops by measure, being given on a piece of sugar, and when passed into the mouth, cold water imbibed by little and little so as to facilitate the melting of the sugar and dilution of the chloroform, the transition from a state of extreme suffering to one of quiescence and comfort will be instantaneous and complete. If the patient will now maintain the recumbent position, and take only small portions of food or drink at one time, he will continue to enjoy comfort; and should the retching return, the same remedy will be found equally effectual. The quantity of chloroform I have mentioned is for adults. For children, from five to eight drops will be sufficient."

A New Statue to Jenner.—France is cosmopolitan in her distribution of posthumous honors. Not content with raising enduring monuments to her own distinguished dead, in the munificence of her bounty she pays her debt of gratitude to the great of other countries. It is proposed to elevate a statue to the memory of Jenner, and Boulogne-sur-mer, the most frequented point of transit between France and England, has been selected as the place where to erect it. In the rivalry of the two countries, it would not be astonishing if the statue at Boulogne should anticipate the one in England.—*American Medical Monthly.*

The remains of a young man who died three years ago of consumption, in Illinois, were lately exhumed for the purpose of obtaining a portion of the lungs to "make a tea" for a sick member of the family!

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, OCTOBER 15, 1857.

No. 11.

CASE OF HYDROPHOBIA.

BY J. P. MAYNARD, M.D., DEDHAM.

[Communicated for the Boston Medical and Surgical Journal.]

MR. G. S., 56 years of age, subject for the last fifteen years to occasional attacks of asthma, but otherwise healthy, on returning to his home on the evening of August 8th, 1857, complained to his wife of feeling unwell, with absence of pain but a sense of fatigue and weakness, and remarked that although he could breathe better than usual, yet whenever he felt the wind blowing in his face it distressed him unaccountably. His wife, thinking it might be only the commencement of one of his asthmatic attacks, proposed his taking a bowl of gruel; but on attempting to drink it, he found difficulty in swallowing, accompanied with great distress in breathing, which he thought was relieved by the repeated inhalation of chloroform, this having been of service to him when troubled with asthma. He therefore resorted to it at intervals throughout the night.

I saw him the next morning (August 9th), and the second day of his illness, and gathered the above account from his family. I found him sitting on a couch, his countenance anxious, mind somewhat desponding, with partial delirium, singularly intermixed with sane conversation. Pulse 86; tongue clean and natural. He expressed a sense of great suffering, but could not locate his pain. Said he thought he had hydrophobia, as he was bitten by a dog a few weeks ago. On referring to the family for a corroboration of any such circumstance, they expressed their ignorance of his statement, and the remark was attributed to his partial delirium, though he persisted in reiterating the assertion.

On testing his ability to swallow, beef-tea was offered him, and though he evidently made great effort to drink, it was with much difficulty, and swallowing was imperfectly accomplished. By waiting for a favorable moment, just at the termination of an inspira-

tion, I could succeed in tossing into his open mouth part of a teaspoonful at a time, which with great exertion he would gulp down by a spasmodic effort. This was repeated frequently, and always with similar results.

The next day, August 10th, the symptoms became more marked, and it was plainly apparent, by the acts and appearance of the patient, that he was an ill-fated victim to that dire disease—canine rabies. The efforts to relieve the throat and fauces from the saliva by hawking, were frequent and labored. Occasionally the saliva would drule from his mouth, as in a teething baby. His desire for drink was great, but all attempts to swallow were invariably accompanied by sudden dyspnoea, or, more strictly speaking, a peculiar catching of the breath—a spasmodic action chiefly confined to the diaphragm and muscles of the thorax and larynx. On placing a basin of water near him to wash his hands, he was on the point of plunging them in, when, as they approached the liquid, his whole frame suddenly grew tremulous, and the usual catching of the breath returned. This was the only instance in which I had observed the spasm to affect the general system.

The dysphagia was not confined to liquids, but extended almost equally to solids, such as small pieces of bread. A sudden puff of air across the face would occasionally produce similar spasms.

A careful examination revealed no inflammatory condition of the œsophagus or larynx, and there was no tenderness on pressure in the tracheal region. Pulse 88. Tongue covered with a very slight whitish coat.

The great loquacity of the patient was very striking; indeed he indulged, for the greater portion of the time, in one incessant stream of conversation; and, what is most remarkable, frequently intermingling a perfectly sane remark with the wildest jargon.

In the treatment of the case, the main reliance was on the free administration of ether and chloroform, which had, however, merely the effect of slightly palliating the severity of the spasms. Without their aid, the appearance and demeanor of the patient was pitiable in the extreme. The most distressing tones and exclamations would escape his lips during his paroxysms, convincing evidence of the truth of his oft-repeated assertion “that ten deaths were preferable to one such spasm.”

The much-vaunted remedy of *datura stramonium* was resorted to, but without avail, drachm doses being given once in four hours, without any perceptible effect on the disease. The patient having passed some forty-eight hours without any sleep, I gave him two thirds of a grain of sulphate of morphia, and directed about half-grain doses to be given every hour until he became drowsy. At the expiration of four hours, as not the slightest somnolence was induced, its further administration was suspended, and subsequently sole reliance was placed on the inhalation of chloroform. The

pulse had now become gradually more rapid and somewhat irregular, the tongue still but slightly coated.

On the fourth day of the disease (August 11th) the patient was seen, in consultation with myself, by Dr. Jacob Bigelow, who, after a thorough examination of two hours, coincided in the opinion that it was a case of genuine hydrophobia, though some of the symptoms were not as strongly developed as in one other case he had previously witnessed.

The patient continued to be convulsed at intervals until about 1 o'clock, P.M., when, worn out and exhausted, he sank into a quiet sleep, until death terminated his sufferings at 5½, P.M., and on the fourth day of the disease. No *post-mortem* examination could be obtained.

The previous history of the case, collected from a trustworthy and reliable source, is briefly this. On Friday (the 6th), he complained to a friend of feeling very weak. On Saturday morning (the 7th), he was unable to continue his usual work, and stopping at a boarding house, laid down on a sofa, saying he felt so tired and faint he could hardly walk. At noon a cup of tea was offered him by the landlady, which it was observed he could not swallow. In the afternoon he was seen at a water-pail, endeavoring to drink, when he was seized with trembling of the whole body.

After his decease, a memorandum-book was found in his pocket, containing the following entry, "July 2d, bitten by a dog." The scar of a wound was quite perceptible, but presented nothing unusual in its appearance. There was no complaint of pain at that spot, nor could I learn that it had been the seat of any morbid sensation. This last-mentioned fact is not in accordance with the experience of the majority of observers, though the absence of pain or any abnormal appearance in the original wound has been noticed by a few authors.

It may not be amiss to recur to a few prominent points, strenuously insisted upon by those of acknowledged authority, as elements for a differential diagnosis between the genuine and simulated disease.

According to Elliotson, patients afflicted with the genuine disease usually make the greatest possible efforts to overcome the difficulty of swallowing; and although they may many times put the cup from their lips, their courage failing after they have promised to attempt to swallow, they will frequently at last, by great effort, open the mouth, throw the head back, and gulp down considerable draughts of fluid in violent haste, even in the midst of their greatest difficulty in swallowing. Except that the amount swallowed was very limited, the above description was in its graphic details remarkably applicable to this case, as well as those other pathognomonic signs, morbid impressibility of the surface of the skin to a current of

air, and a peculiar "catching of the breath," undeveloped by any other disease.

As a remarkable peculiarity of the delirium of hydrophobia, it is stated by Lawrence that it may be suddenly arrested, in its height, by the patient being quickly spoken to, when sane conversation will ensue. All of these symptoms were strongly marked in the case of my patient.

Owing to the extreme rarity of hydrophobia in this vicinity, I have reported the above abstract from my notes, embodying all the important features of the case, as well as its treatment, trusting it will not prove unacceptable to those of the profession who may never have witnessed the disease.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 155.]

NOT only is it wrong to say that convulsions in epilepsy are due only to laryngismus, but it would be wrong also to say that they are due only to asphyxia, whatever be its cause. The tonic convulsions, which, according to Dr. Copeland (*Dict. of Med.*, vol. i., p. 786), and to Herpin (*Loco cit.*, p. 451,) always exist in the beginning of fits of epilepsy, are not to be attributed to asphyxia, neither are the convulsive rotary movements which sometimes exist, and which result principally from the irritation of some parts of the isthmus of the encephalon. The tonic convulsions may occur in almost all the muscles of the body at once, simulating tetanus, or they come first in the larynx, the neck, the eyes, or the face, and thence extend to the upper limbs, and at last to the trunk and inferior limbs. These convulsions are mere reflex spasms, as are the contractions of the bloodvessels. Their duration is only of some seconds, according to Copeland (*Loco cit.*, p. 786), or a quarter of a minute, according to Herpin; but they may appear again during the seizure, as Hasse (p. 252) and Herpin (p. 430) justly observe, and as I have twice seen. This kind of convulsion, and also the rotary convulsions, cannot be the result of laryngismus, because asphyxia does not seem able to produce them. Asphyxia causes only clonic convulsions, and it seems that we must attribute to it the universal clonic convulsions of a complete fit of epilepsy. We have perused the history of many hundred cases of epilepsy, and we have witnessed eight violent fits in as many epileptics; and in all these cases, universal clonic convulsions have begun only after the appearance of symptoms of asphyxia. In healthy animals prevented from breathing, clonic convulsions begin in less than half a minute, and they are universal and very violent in about three

quarters of a minute. General clonic convulsions are produced sooner, *i. e.*, in twenty to thirty seconds, rarely later in my epileptic animals, when they are absolutely deprived of respiration.

If universal clonic convulsions in epilepsy seem to be due only to asphyxia, the same thing cannot be said of local clonic convulsions, which frequently occur before there is a sufficient degree of asphyxia to produce them. For more than six years I have, almost every day, seen in my animals local clonic convulsions following a tonic spasm of the muscles of the face and neck, long before the time when a complete deprivation of breathing, had it existed, could have produced convulsions.

We may conclude—1st, that neither the general nor local tonic spasms, nor the local clonic convulsions of epilepsy depend upon asphyxia, and that therefore they are independent of laryngismus; 2d, that asphyxia in epilepsy does not usually depend upon laryngismus alone, but that it may result from many other causes, such as the spasmodic contraction of the muscles of expiration, or from alternate contractions and relaxations of all the muscles of the chest and diaphragm. Asphyxia is also partly due to the accumulation of black blood in the nervous centres, by the obstacle to the return of venous blood; and partly also because the energetic actions of the nervous centres and of the muscles cause a rapid consumption of oxygen, and charge the blood with carbonic acid. The experiments of Roupell (*British Assoc.*, 1841; see *Am. Jour. of Med. Sciences*, January, 1842, p. 243) show conclusively the influence of carbonic acid in causing clonic convulsions, with foam at the mouth, &c., as in epilepsy.

Asphyxia is not only the cause of the most violent general clonic convulsions in a fit of epilepsy, but it is also the usual cause of the contractions of the bladder, of the bowels, of the uterus, and of the muscles which produce the erection of the penis and the ejaculation. We admit, however, that all these muscular contractions may be produced by the same cause to which are due the first tonic spasms, and that they exist sometimes when there is no considerable asphyxia, or before the beginning of asphyxia.

We do not pretend to give here an account of all the phenomena of epilepsy; we abstain from speaking of those which have been already well explained, such as relate to the tongue, and also to the coma so frequent after a very violent fit. We do not need to say that an immense variety of these phenomena may be observed in epileptics, and that this variety depends upon the part first excited in the nervous centres, and upon the degree of the reflex excitability and of the reflex force of these centres.

In the beginning of a fit of epilepsy, it sometimes happens that the heart's action is stopped more or less completely. This stoppage may be due to two essentially different causes: 1st, the heart being compressed by the spasmodic contraction of the chest, is me-

chanically rendered more or less completely unable to move, as may be the case even in a healthy man, according to the interesting experiments made by Ed. Weber (see *Müller's Archiv.*, 1851, p. 88) upon himself and upon other persons; 2d, a reflex action upon the bloodvessels of the heart may determine their contraction, and therefore stop at once the movements of this organ, in the same way that they are stopped sometimes by an emotion, by chloroform, by an irritation of the abdominal sympathetic or other nerves, &c. It is well known that the quantity of many secretions, or their quality, may be altered during a fit of epilepsy. These changes may be due to at least two distinct causes: 1st, there may be a reflex influence upon the various glands, or upon their bloodvessels,* as there is a reflex action upon the bloodvessels of the face, and very probably of the brain; 2d, asphyxia is certainly one of the causes of the changes in secretions during an epileptic seizure. (See my *Experimental Researches applied to Physiol. and Pathol.*, 1853, p. 113-114.) As regards *saliva*, Lehmann mentions that there is a great flow of it in horses which breathe for a few minutes atmospheric air containing ten per cent. of carbonic acid (*Physiol. Chemistry*, English translation, 1853, vol. ii., p. 177). In the experiments of Roupell, already quoted, there was much foam at the mouth in dogs, after injections of carbonic acid into their veins.

We must say a few words more to explain the relations of epilepsy with sleep, and with the loss of blood. It is well known that sleep is a very favorable condition for epileptic seizures; indeed, we may say that in many persons who are not, however, epileptic, sleep is a slight attack of epilepsy. The loss of consciousness, of course, exists, and convulsions in many muscles are very frequent. Whatever be the nature of sleep, it is quite certain that it is a state of sub-asphyxia, and in this respect also it resembles epilepsy. It is certain, also, that the circulation in the encephalon is modified in both epilepsy and sleep. But the kind of trouble in the encephalic circulation, in the beginning of an epileptic seizure, is not the same as that which takes place during sleep. In epilepsy, according to the theory we have proposed, there is at first a contraction of the bloodvessels of the brain proper, and it

* A discussion of priority took place, some time ago, between Dr. H. F. Campbell, of Augusta, Ga., and Dr. Marshall Hall, concerning the discovery of the existence of *reflex* secretions. There is no doubt that Dr. Campbell, who published his first paper in May, 1850, has the priority over Dr. Hall, but these two able physicians seem not to know that many of the German writers had long ago gone very far in that field of the reflex secretions. As regards the normal reflex secretions, I will point out a short note which I published in 1849 (*Comptes Rendus de la Soc. de Biologie*, p. 104, July, 1849, and *Gazette Méd. de Paris*, 1849, p. 614), in which, besides the citation of many facts, I mentioned particularly the production of sweat by a reflex influence. As regards the pathological reflex secretions, I will direct the reader particularly to the various works of Henle, published in 1840, in 1841, and later. I will add, that the question is not now whether there are such things as reflex secretions, but whether, in the reflex secretions and in the reflex changes of nutrition, there is only an influence upon the muscular elements of the bloodvessels, or if there is some special electric or nervous influence. (See the treatises by Prof. Ludwig, by Prof. Donders, and by O. Funke; and the great work of Spiess, *Pathologische Physiologie*, 1837.)

is only after a fit has existed a few seconds, or a little longer, that the spasm of these vessels ceasing, circulation of rather black blood takes place in them, as during sleep. We have said above that if the carotid arteries are compressed during a seizure of epilepsy, and if the fit is stopped by it, the reason of this influence is to be found in an increase of the pre-existing asphyxia. We find an interesting fact in harmony with this view, in a short paper by Prof. A. Fleming, of Cork, who states that sleep is easily produced in persons who are not epileptic, by the compression of the carotid arteries. (*British and Foreign Med.-Chir. Review*, April, 1855, p. 404, Am. ed.) The diminution in the supply of arterial blood produces the same effect as the obstacle to the return of venous blood, which obstacle is known to cause sleep. When the carotid arteries do not send blood to the brain proper, circulation is almost stopped in that part of the encephalon, and the absence of oxygen produces a sudden paralysis of the brain, and after a few seconds there is a state of slight asphyxia, marked by stertorous breathing. (Fleming.) If attacks of epilepsy take place more easily during sleep than during wakefulness, it seems that it is on account of the slight state of asphyxia existing during sleep.

In cases of epilepsy, or, at least, of convulsions, due to a loss of blood, or to insufficiency in the quantity of this liquid, there is also, as a cause of the fits, a state of asphyxia, due to the fact that as there is less blood reaching the cranio-spinal cavity, the circulation is slower in the nervous centres, and the blood has time to become charged with carbonic acid and to become an excitant. Besides, it is certain that when there is not blood enough circulating in the nervous centres, their reflex excitability becomes increased at the same time that their *reflex force* diminishes. The asphyxia due to a diminution of blood seems to cause both the state of the nervous system favorable to the production of epileptic fits, and the excitation which determines them. In the same way, the asphyxia due to various causes during a fit of epilepsy prepares new fits for the future, and actually causes clonic convulsions.

4th. As regards the last question we have to examine, which relates to the *effects* of attacks of epilepsy, we will only say that they depend upon three circumstances: 1st, the absence or great diminution of circulation in the brain proper in the beginning of a fit of epilepsy; 2d, the circulation of black blood through the nervous centres; 3d, the pressure upon many parts of the base of the encephalon and of the spinal cord, by the accumulation of blood in their vessels.

In consequence of these causes, various disorders of the mind, of the senses, and of the vital properties of the nervous centres, are produced. We will not speak of these disorders here, and will merely refer the reader to the analysis given of most of them

by Dr. Russell Reynolds, in his important researches on the inter-paroxysmal state of epilepsy. (See *Diagnosis of Diseases of the Brain, &c.*, 1855, p. 175, and the *London Lancet*, 1856.)

[To be continued.]

GUN-SHOT WOUND OF THE LEFT KIDNEY; URINARY FISTULA;
CURE. NINE YEARS AFTERWARD, ALBUMINURIA; FATTY
DEGENERATION OF BOTH KIDNEYS.

BY M. JULES LUYS.

[Translated for the Boston Med. and Surg. Journal from the *Gazette Médicale de Paris*, June 20th, 1857.]

THE patient was 28 years old. Nine years ago, he received a gun-shot wound in the left lumbar region. The ball passed out in the right sub-spinal region. The wounded man was immediately taken to the Hospital Saint Louis.

For twenty-four hours, urine flowed from the wound, and there was, at the same time, retention of urine. After catheterization, by which a large quantity of urine was drawn off, the latter resumed its usual course.

The actual cautery was applied to the fistulous passage, and the patient left the hospital cured, after a stay of about three months.

Nothing abnormal was remarked with regard to the functions of the genito-urinary organs, until the time of his entrance at La Pitié, under the care of M. Becquerel, with acute myelitis.

The urine, examined during the first two or three days after the patient's admission, contained neither albumen nor sugar.

Three weeks before the supervention of fatal symptoms, and which were those of acute tuberculization, the patient had intense fever, and, at the same time, general œdema appeared, most marked in the sub-cutaneous cellular tissue of the face, wrists, and thighs.

On examination at this time, the urine showed abundant albumen.

During M. Luys's observation of the case, also, a large amount of albumen was found, at each of six several trials.

Autopsy.—In the middle of the cicatrix of the wound in the lumbar region, there were evident traces of an old fracture of the tenth rib. A mass of very hard, fibrous tissue united the rib and the inner portion of the cicatrix. Another lump of fibrous material, going off from the inner surface of the rib, very hard, of cylindrical shape, and about as large around as the little finger, was prolonged to the front surface of the kidney, and then penetrated the substance of that organ.

The left kidney, in fact, was shrivelled; through its long diameter it hardly measured four inches; its lower third was encroached upon by a fibrous growth from the cicatrix, and which was in direct continuity with the similar growth given off from the inner surface of

the tenth rib. Fibrous radii, shooting toward the lower third of the kidney, formed thick ridges which rendered its surface uneven and knobbed. Its pelvis was likewise invaded by the fibrous and shrunken material. Notwithstanding, the urinary passages above this point were permeable.

The right kidney was very much enlarged, measuring seven inches through its longest diameter.

The tissue of *both* kidneys presented a softness and color wholly peculiar. A whitish-yellow hue pervaded the entire thickness of the cortical substance, and also showed itself in the intervals between the Malpighian pyramids.

By the microscope, it was ascertained, *first*, that the walls of the tubuli were infiltrated with fatty granulations in great abundance, and which also formed, here and there, layers of various thickness upon the tubular parietes.

Secondly, it was seen that certain of the tubuli were straight, and that they still retained the cells which normally line their walls; others were deprived of these cells, which were found floating about, isolated, and completely covered with fatty granulations. Others still were much larger, being distended by an amorphous material of granulo-fatty nature, and which filled their entire cavities, giving them an intestiniform appearance. The epithelial desquamation was particularly remarked in these large tubuli.

Thirdly, the glomeruli were also enlarged. They were surrounded by fatty granulations, which formed, as it were, a species of atmosphere for the glomeruli. Others did not present this sort of change; they were simply red, from the stasis of the blood in the capillaries.

Fourthly, all the inter-tubular spaces were infiltrated by an exudation composed of grayish and yellow molecular granulations. This exudation-matter appeared to be of the same nature as that which distended the tubuli. This substance was pressed out readily, by passing the back of a scalpel over a section of the kidney while fresh."

Woman with four Mammæ.—Margaret Talway, native of Indiana, has lived in Louisiana about four months; lived in Mississippi eight years; aged about 40 years. Was married at 15. Had her first child about fourteen months thereafter. Has had seven children. She has four nipples, the two extras being situated about two inches immediately below the normal one of each side. She has been accustomed to suckle from three of these nipples. All of them furnished milk equally well, but the extra one of the right side was always too small. The nipples seem to spring from extra mammary glands. She is now in the advanced stage of consumption.—*New Orleans Hospital Gazette.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 28th.—*Disease of the Eye, probably Cancerous.* Dr. WILLIAMS exhibited a disorganized eyeball, removed from a boy six years of age. The only history he could obtain of the case was, that the parents had noticed a dull appearance of the eye and loss of vision two years previous to the operation, but no pain or inflammation had occurred till within four weeks. Since this time he had suffered severe attacks of pain, with, at times, redness and swelling of the conjunctiva. These severe symptoms had subsided on the appearance of a protruding ridge on the lower and inner portion of the cornea, and involving the adjacent sclerotica. This seems to have been formed by a giving way of these structures.

At the time of operation (September 24th), there was little redness of the tissues, and the slightly enlarged globe, though very hard, was not painful and was perfectly movable in the socket. The slow progress the disease had manifested, with the absence of implication of other tissues of the orbit, seemed to render an operation proper, as there might be a chance that the disorganization was of a strumous rather than a malignant character.

The globe only was removed, and the muscles, together with the cellular tissue of the orbit, left *in situ*. The wound healed at once, almost without suppuration.

The disease was found not to extend outside the globe. On being divided, the organ was found filled with cheesy-looking masses, separated by portions of substance of gelatinous appearance.

Microscopic examination was made by Dr. Ellis, who found the masses composed of cells of suspicious aspect, intermixed with coarse fibrous organization.

SEPT. 28th.—*Fungoid Disease (Villous Cancer) of the Bladder; Echinococci in the Lung.* Case reported by Dr. GAY.

D. R., married, æt. 71, was in the enjoyment of good health up to last February. About that time he was obliged to pass his water oftener than usual during the day. In a short time, the same thing happened in the night. The quantity passed at any one time was small. The amount in twenty-four hours was somewhat beyond the average. There was no material change till the last of May, when there was an occasional pain in the glans penis and right testicle, but not enough to cause much inconvenience. In June these last symptoms increased, with a bearing-down sensation in the perinæum. He was now obliged to pass his water oftener in the night. As the remedial measures had given no decided relief, and as a brick-dust sediment had been noticed in the vessel for the last few days, a catheter was introduced, easily and without any pain or obstruction, into the bladder. Nothing was detected at this examination, nothing like a calculus, no sign of an enlarged prostate, nor any symptom of an inflamed or irritable bladder. By the rectum, the prostate felt smaller than natural. The bladder beyond was soft, yielding and not distended. Pressure gave no pain nor feeling of soreness. There was no symptom in the region of the kidney from percussion, or from his statements, to localize the disease

at that point. Everything seemed to proceed from the bladder. The diagnosis was obscure. In July, for the first time, he noticed some coagula in his water. A few days afterward, in attempting to pass his water early in the morning, nothing would come. This was the first time that his water had not passed easily and freely. By straining a few moments a coagulum was forced out of the penis, and then about a pint of pretty clear water came away. From this time, up to his death, blood was constantly passed and in increasing quantity, except during a period of three or four days while he was at the sea-shore, when the water was entirely free from blood. Sometimes a teacupful of coagula would be passed in the night, without any water following; at other times the blood would be liquid and well mixed with water. During all this time, there was no pain nor tenderness in the region of the bladder. A rectal examination, a few days previous to death, did not disclose any symptom to aid the diagnosis, *except by exclusion*. He walked out daily till two weeks ago, when a more copious hæmorrhage than he had had before, amounting to about two thirds of a pint, reduced him so much that he was obliged to keep his bed. Of late, from the absence of other symptoms, and from the particular and increasing prominence of the blood, the diagnosis rested, by exclusion, upon a malignant disease. While in bed, he said he had an uncomfortable sensation about his hip, as if it was rheumatism. He gradually failed, from the continued loss of blood. Two days before death, he complained, for the *first time*, of pain and soreness about the left kidney. The next day he made an attempt to empty his bladder. Nothing came but a pint or more of fresh blood. He fainted and was convulsed. From that time he sank more rapidly, and died early the next morning.

Sectio Cadaveris, by Dr. ELLIS. The body was much emaciated, and the tissues generally pale.

The bladder contained much dark coagulated blood. Attached by a broad pedicle to the posterior wall, just behind the vesical trigon, was a round, soft, vascular, encephaloid growth, an inch and a half in diameter. The upper surface was covered with a thin calcareous matter. On placing it in water, flocculi or villousities became visible. On microscopic examination, there were found large irregular cells of various shapes, some of them containing large nuclei with large nucleoli. The nuclei of many resembled those of epithelium. Villi were not noticed under the microscope by Dr. Ellis, but they were found by Dr. Shaw. Many bloodvessels were seen. The muscular coat was somewhat hypertrophied. A few small nodules, probably growths from the prostate, surrounded the opening of the urethra.

Both ureters were dilated, particularly the left.

The pelvis and infundibula of the left kidney were dilated. A little blood adhered to the limited portion of the lining membrane of several of the infundibula. The membrane here and there was opaque, yellow or reddish. In the substance of the kidney was a cyst half an inch in diameter, resembling those commonly found in the organ. The right kidney was healthy.

At the apex of the left lung was a layer of white, dense, fibrous tissue, about an inch in diameter, and between one and two lines in thickness. The surface in the immediate neighborhood was rendered opaque by thin patches of the same. Beneath the dense white

substance was a layer of pulmonary tissue, of about the same thickness, and within this a cavity upwards of half an inch in diameter, filled with serum and lined by a thin bluish-white membrane, which was everywhere studded with yellowish-white points. Most of the serous fluid was lost. That which remained was of a yellowish color, and contained a large number of echinococci, detached hooks and a few concentric corpuscles. The lining membrane itself was covered with the same parasites. It presented the usual striated appearance. The remainder of this and the other lung were perfectly healthy.

Nothing remarkable was noticed in the other organs.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION,
BY J. N. BORLAND, M.D., SECRETARY.

Case of Cephalic Disease.—Dr. BOWDITCH reported the case of a patient whom he found in the Hospital on taking charge of the wards, and who presented symptoms of severe cephalic disease, supposed by him to be a tumor at the base of the brain, which pressed upon the optic and olfactory nerves. When he first took charge of her, she had from four to ten paroxysms daily of intense pain at the vertex. Her functions were generally well performed, except for some incontinence of urine, and slightly diminished sensibility on one side of the body. Her hearing and mental powers were perfect.

This condition of things had lasted for about twelve months, coming on after labor. At her confinement she had hæmorrhage, which continued for several weeks, ceasing only upon having recourse to medical aid. She has never been well since. Having never been put upon a mercurial course, Dr. Bowditch suspecting that there might be inflammation about the tumor at the base, administered mercury. So soon as its peculiar effects were manifested, the paroxysms of pain ceased, there being no recurrence till two days ago, about a month having elapsed. Another physician, who was making the visit with him, afterward suggested uterine disease as the cause of the trouble. This had not been before thought of, but the early history of the case seemed to indicate that such disease might possibly exist. Digital examination revealed a vagina filled with pus, an enlarged uterus with dilated os, admitting the uterine sound for three and a half inches, with ulceration surrounding the os for a quarter of an inch. Solid nitrate of silver was applied, and followed by laudanum injections, without causing much suffering; but during the examination she had one of the old paroxysms of pain at the vertex.

Dr. Bowditch asked the Society whether they considered the cephalic disturbance due to uterine disease, or to a tumor at the base of the brain.

Dr. C. D. HOMANS, who had seen the patient before she entered the Hospital, stated that at her confinement she was attended by a midwife, and was not seen by a physician until two months afterward.

Dr. WILLIAMS asked Dr. Bowditch what he thought was the exact state of the first and second pairs of nerves; to which he replied, that it was difficult to say, but that he could not abandon the idea of there being organic disease of the brain. There was no approach to hysteria in the case.

Dr. H. R. STORER mentioned having under his charge two cases of

severe cephalic disease, one of which was combined with amenorrhœa, the other with constipation. He should not think Dr. Bowditch's case could be the result of ulceration of the os.

Purpura Hæmorrhagica in Children.—Dr. HODGES reported a case of purpura hæmorrhagica, occurring in a child four months old. It was weaned at a very early age, because of the mother's milk disagreeing with it. From that time it has existed on farinaceous diet. A week ago, he was called to it because of its debility. Two days afterward there was an effusion of blood in one thigh (looking as if it was into and between the muscles), which, from the knee to the hip, was hot, red, and swollen. As there was no blow or external cause to account for this condition, although there were no other spots to indicate it, he supposed it to be purpura. The next morning, the child appeared to be about the same; but in the afternoon he was suddenly called to it in a fit, and he then saw three or four spots of purpura in the scalp. The urine had become slightly bloody, looking, as he saw it collected and dried on a cloth, like ordinary high-colored urine. One hour and a half afterward, the child died, it being about forty-eight hours after the discoloration of the thigh was first seen. Dr. Hodges asked if this was not a very rare disease in children. He remembered a case in an adult, where more than one half of the entire surface of the body was discolored in large patches.

Dr. BUCKINGHAM said that he had had a child under his care since its birth in July last (six months). It was a seven months' child, and has never nursed. Every week or two fresh spots of purpura appear, although not so large as those described by Dr. Hodges. It has frequent hæmorrhages from its eyes, nose, and ears.

Hæmoptysis.—Dr. BOWDITCH spoke of several cases of hæmoptysis, which had been put on various sorts of treatment; cod-liver oil, wintering at the South, &c., were recommended. A more thorough examination showed blood merely to come from follicles at the root of the tongue, and in the throat, and the trouble was much alleviated by simple application of nitrate of silver.

Dr. COOLIDGE advised, in cases where there was doubt as to the source whence the blood was derived in hæmoptysis, to make a microscopical examination of the sputa, as the particular form of the epithelium cell might point out the locality of the trouble.

Scarlatina following upon Phlegmonous Erysipelas.—Dr. CABOT reported a case of scarlatina following upon phlegmonous erysipelas. A young man entered the Mass. General Hospital for what was supposed to be an inflamed bursa above the knee. It proved to be phlegmonous erysipelas. Numerous openings were made, to allow the free escape of the pus, which was copious. Soon afterward, febrile symptoms appeared, and the scarlet rash showed itself: and the previously purulent discharge now became serous. Since the desquamation it has again become purulent, but very fœtid, and there is a well-marked blush of the skin around the openings, which seemed to mark out the underlying cavity of an abscess large enough to allow the point of a probe, at full length, to sweep around its circumference. Probably extensive sloughing of this blush-marked skin will follow.

Pleurisy.—Dr. BOWDITCH reported the case of a man who entered the Massachusetts General Hospital in January, 1855, presenting the common signs of pleurisy of the left chest. The disease came on ra-

pidly and became obstinately chronic; the usual medicines were of no efficiency in promoting absorption, and the blisters which he applied were the largest he ever put on a patient. Dr. B. tapped his chest three or four times. After each time the fluid returned, and once it was bloody. Finally he was discharged, at his earnest request, to resume his occupation as a mechanic, although his chest was two-thirds full of fluid.

Dr. Bowditch has kept sight of the man since, and occasionally examined his chest. Each time the fluid was found to be decreasing in amount, although there was still dyspnoea on exertion. To-day he again examined him, and found no fluid in the chest, but impaired expansion. The heart, which was thrust over to the right side, has returned to its natural position. He has no cough, and the amount of dyspnoea is much less. There is slight dulness on percussion of the left side, and no marked contraction.

Dr. R. WARE asked Dr. Bowditch if it was not in opposition to his general experience, that pleuritic patients recovered after the appearance of bloody serum. Dr. B. replied that in this case he had looked forward with dread to its termination, when he saw the blood.

In answer to Dr. ELLIS, Dr. B. said the blood looked as if it might possibly have come from a vessel wounded at a previous operation. He always looked upon bloody serum as a very unfavorable symptom in paracentesis thoracis, and he asked the surgeons present if it was not so considered in paracentesis abdominis. He said that he had been told by an experienced surgeon, in a case which they saw together, that he did not think much of it in tapping the abdomen, as he had so often met with it.

Dr. Ellis thought it was remarkable that the gentleman referred to had so often met with bloody serum in the abdomen, during the life of the patient, while it was so rarely met with at the autopsy.

Dr. BUCKINGHAM referred to an operation for ovariectomy, in which there was bloody serum in the abdomen. There was some inflammation over the cyst, and before the operation a peculiar creaking feeling was felt on rubbing the abdominal walls over it. He remembered no particular gush of serum immediately on the incision. Blood was poured out so rapidly that there was long search in the stump for the wounded vessel, and very active sponging. The wound was left open for half an hour or more. In this case the patient recovered easily and well, and has since died of another disease.

Case of Mal-practice.—Dr. PAGE related a case which came under his care, that presented a glaring example of mal-practice. The patient, eighteen months previously, had mumps, and put himself under the care of a quack. Two months afterward, metastasis to the right testicle took place, whereupon the quack amputated it, and some time afterward he repeated the operation on the left testicle, which also had become inflamed and enlarged. Shortly afterward, an abscess formed in the neighborhood of the right knee, whereupon the quack, under pretence of examining it, and without permission, lanced it, and in so doing severed a branch of the anastomotic and applied a slippery-elm poultice. At this stage of treatment, Dr. Page was called to see the patient—to stop the hæmorrhage, which he found to be of a venous and arterial nature combined.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 15, 1857.

PRECOCIOUS CHILDREN; OVER-STUDY.

As long ago as we can remember, the sayings "too good to live long," or "too good for this world," were frequently in the mouths of the observant and the non-observant. The former had a reason for such remarks; the latter, by far the most numerous class, repeated the phrases, somewhat parrot-like, without referring the fact to its originating cause.

Looking upon the *mass* of human beings, there seems ample evidence that "whom the gods love, die young," from the paucity of excellent people; and the ratio, from year to year, not only seems to hold its own, but rather tends to increase in the wrong direction.

It becomes a serious question, however, whether the balance might not be favorably turned; and whether many of the very good, super-intelligent boys and girls of every land might not be spared to grow up and bless the community, instead of enriching the soil prematurely with their mortal remains. We may reasonably believe that a large portion of these excellently-gifted children were *intended*, by Providence, to stay with their fellow-beings the average time of human life. *Why*, then, do so many of them vanish so soon, and have parents and guardians any hand in the extradition? The truthful answers to these questions, and the whole subject, are of immense importance, actually and prospectively. We hear a great deal now-a-days about the deterioration of the race on this side of the Atlantic Ocean; and, we must confess, not without occasion. Whilst we do not believe that we shall, for some time at least, dwindle into dwarfs, or be exterminated by wild animals, we are very sure that the most serious faults in the training of the young exist amongst us. These evils are more evident, and naturally so, in our large cities, where the habits and nurture of the child from its cradle are hardly in any instance those which would lead to hardihood of the body or the *best* development of the mind. The ways, too, into which our boys and girls fall, here, are anything rather than such as result in strengthening the muscles and developing the frame of the western trapper, the New England farmer, or their rosy, vigorous and buxom wives and daughters. What, for example, can be more contrary to the fulness of physical and mental development than the confined, in-door, muscle-softening life of the dry-goods clerk and salesman? So with many other similarly sedentary, at least emprisoned, youth; the employments they have adopted or have had forced upon them, by necessity or the will of their relatives, would be far more properly allotted to others, and especially to women.

Another popular error, still too common, is that a delicate, susceptible boy must be shut up with books, and wrapped in luxurious indulgence, rather than kept in the open air and furnished with every inducement to invigorating exertion. Now, if men *must* be devoted to in-door occupation for the most of their time, let those who are strong enough to bear it be chosen, rather than the delicate.

One of the most disastrous delusions is that which has impelled so many doting parents to incite the child of highly intellectual and nervous organization to extra exertions in study, for the sake of rivalling all competition and looking back from an immeasurable distance upon his more lethargic, but far more healthily constructed companions. What a melancholy sight is what is termed "a youthful prodigy"! *Prodigy*, indeed—yes, a prodigy of diseased action, over-worked mental powers, whose beautiful but evanescent gleams, like those of a furnace under the forced bellows' blast, sink too soon into blackness of darkness, forever.

Strange, that parents, with such numerous examples yearly—nay, almost daily—before them, of the extinction of bright hopes and the curtailment of incipient life, should not take warning! The hot-house system of education, even with hearty, robust children and youth, is always a bad one. While it nearly always kills the plant after fostering for a while an exuberant growth and bringing out a crop of sickly though showy flowers, the *fruit* extorted from the tortured victim is insipid, of unpleasant odor, and nearly always rotten at the heart. Are not *school-hours*, both in public and private institutions, full lengthily enough, if not too protracted? Why then urge the weary mind, and cramp the unwilling body, *out* of those hours? The natural place for boys and girls, when released from school, is out-of-doors at play—*let them have all possible liberty in this.*

We lately saw, in one of our daily papers, a short, but pithy paragraph relating to this very subject. We now regret not using our scissors upon it, and transferring it to our pages; but the last sentence struck us with a *very painful* sense of the ludicrous. The writer averred, that if physical training, and the facilities for making the young of both sexes strong and well, were not more attended to as a prime element of education, we should by and by be obliged to have our children *carried* to their school-houses, and there supported by an assistant on each side, that they might be *held up to recite!*

We have seen "*prodigies*," before now, nearly reduced to this lamentable condition. They resembled, in their anatomy, the "jumping-jacks" which are given to unintellectual children to play with—only the *jump* was all out of them. Their gait was slow, their aspect pensive, their faces pale, their eyes large, with the conjunctivæ very pearly white, their knee-joints, apparently, were tied together (like the jacks') with twine, and were very loose; in walking, or rather shuffling, they bent the aforesaid joints at an uncomfortable obtuse angle, and their breathing was very short, especially when mounting an ascent. They had a horror of *balls*; and as for *bats*, they knew of them only as the uncouth creature that flies in and out of barns o' nights. Yet these flimsy beings that the north wind blows through and the hail knocks down, can reel you off the most astonishing amount of geographical, arithmetical and sometimes even of algebraic information. They can recite reams of poetic and prose composition, and often "do" a deal of it themselves; and their reputed parents (we have sometimes thought the tiny creatures sprites from some other sphere) keep them at it, day and night, it is so wonderful—so delightful—the "progress our Johnny makes—he's so bright, you know"! *Progress*, indeed—*bright!* yes, more so than the mature children who thus manage their offspring.

We are for looking leniently upon the "careless boy," the one who "can't be made to learn," who has the natural "dread of books and love of fun" which early years *should* be allowed, as a prerogative of Nature's own choosing. Let those who restrain it beware of the measure of their restrictions.

We append, from the *New York Observer*, a few lines that have a world of meaning; may they, and even our own, be pondered:

"We like mischievous children, and for this reason—they are apt to make old men. Good boys often die in their fifth year; not because they are good, but their quiet habits make them strangers to mud puddles, oxygen, dirt pies, and outdoor exercise. When a friend tells us he has a little boy who 'never wants to leave his books,' the knob of his front door immediately becomes an object of intense interest to us; we know, as if we were blessed with fore-knowledge, that in less than a year a strip of black crape will be throwing a shade across his path that time will never eradicate."

We have an impression that these sentiments are from the pen of Rev. Henry Ward Beecher; if so, they do him more credit than many other things he has written.

EFFECTS OF HOT-AIR FURNACES.

AMONG the conditions most unfavorable to health and longevity, is the want of an abundant supply of pure air. Public sanitary operations consist chiefly in the cleansing of streets and the introduction of effectual drainage. The importance of neither of these can be easily overrated, and yet, while every effort is being made to cut off all sources of impurity from without, we are apt to forget that we ourselves are contaminating the atmosphere around us with every breath we draw, and that unless means are taken to provide for a constant renewal of pure air, our health must suffer in proportion. The neglect of this important means of preserving health is doubtless one cause why the standard of vigor is lower in this country than in Europe, especially in females. The extremes of heat and cold render exercise in the open air difficult for a considerable portion of the year, especially to those who are not strong, while the construction of our houses and the modes of warming them tend to prevent a free circulation of air within doors. We regard the furnaces so generally in use among us as the cause of much ill health. In most families, for economy's sake, no open fire-places are used, and no means are provided for the discharge of air contaminated by breathing. The conducting power of the air being small, it must be heated to a high temperature before it supplies the requisite warmth, and being necessarily much rarified, it furnishes an inadequate amount of oxygen to the lungs with each inspiration. The tendency of the heated air to ascend causes an increased temperature in the upper part of the room, and a diminished one near the floor. Hence the flushings of the cheeks, headache, drowsiness and coldness of the feet, so commonly observed while remaining in a furnace-heated room without sufficient ventilation.

A room may be comfortably warmed by means of an open fire, at a much lower temperature than by a furnace, because the objects in it are exposed to the direct radiation from the fire. Hence such an apartment is much more agreeable than where the warmth is derived from hot air. The only advantage obtained by the furnace is economy of fuel; and where this is of paramount importance, some ventilation

may be obtained by a very small fire in a fire-place, or at least the fire-place may be left open to allow of a slight circulation of air, instead of being closed up, as is too often the case.

We have noticed that coughs and colds were much more common in families after they had given up fire-places and adopted furnaces. This is doubtless owing to the tenderness which the system acquires, after being subjected to the great heat of a furnace. Females, in particular, are especially subjected to the evils of over-heated and ill-ventilated rooms, on account of their sedentary habits. There is room for great reform, both in the mode of warming our houses and in our habits of exercise.

STRYCHNIA IN WHISKEY.

THE following note from Dr. Dana, of Lawrence, in this State, is in reply to queries by a correspondent in a late number of the JOURNAL.

"I notice in your JOURNAL of October 1st, 'that a statement had been going the rounds of the newspaper press, to the effect that the physician of the Almshouse at Lawrence finds delirium tremens more fatal than formerly, in consequence of the *strychnia* used in the manufacture of whiskey.'

"I cannot vouch for what the physician of that institution might have said; but I can state that there has been but one case of this disease in the Almshouse for nearly four years, and the patient died before whiskey had become so popular. At the Jail and House of Correction in Lawrence, I have had the medical care since they were opened, just three years ago. There we have delirium tremens frequently, one person having died from the disease during the three years. The idea never entered my head that the poor unfortunate drunkards, coming as they do from the lowest and most degraded class of human beings, should have become so fashionable as to drink whiskey; and I cannot but think that the statement in the newspapers above referred to, is false, and without the slightest foundation as regards the city of Lawrence."

IODIDE OF POTASSIUM IN ASTHMA.

THE attention of our readers has frequently been called to the beneficial effects of the iodide of potassium in asthma; we insert the following as confirming the results hitherto obtained in this respect.

"MESSRS. EDITORS,—A year since, I called the attention of your readers to the efficacy of iodide of potassium in asthma. In looking over some old numbers of *Brailhucaite's Retrospect*, in No 12, for the year 1847, I find an article from Dr. Casey, in which he speaks in equally laudatory terms of the unequivocal and decided relief obtained from exhibiting the same medicine: and what struck me as singular, the article first appeared in your JOURNAL also. I have tried the iodide in a number of cases, without having been disappointed in its effects in a single instance.

"There is a patent medicine manufactured in your city, and sold wholesale and retail by a druggist in Tremont Street, which has obtained a reputation as a specific for asthma. I recently purchased a bottle in order to analyze it. I found iodide of potassium to be one of its chief ingredients. I mention these circumstances as corroborating

evidences of the efficacy of this medicine in a disease which has heretofore been intractable. Yours truly,

C. S. S."

"Sag Harbor, Long Island, October, 1857.

Ducktown Copper Mines.—During the last month, says the *Southern (Tenn.) Jour. of Med. and Physical Sciences*, we had the pleasure of making a visit to these famous copper mines. The object of our visit was to explore certain property in what is called Fighting Town, and the result of our examination is contained in a report which we have submitted to those under whose instruction the survey was made.

At Ducktown we were struck with the devastation which is being made upon the vegetation of the entire district. It arises from the noxious fumes which are sent forth from the four smelting furnaces at present in operation, and if some remedy is not soon applied they will prove so destructive that the whole country will look like a waste. This might be effected by passing the smoke through condensing chambers, so as to free it from its poisonous qualities. As soon as we got within the atmosphere of the place, we felt an oppression on our lungs similar to that caused by inhaling the fumes of an ill-ventilated laboratory. There was noticed a great scarcity of game of all kinds.

At the time of our visit typhoid fever was prevailing fatally among the operatives and their families, and though attributed to the free use of beef—bacon being scarce—yet we could not refrain from the belief that the fumes of the furnaces had something to do with it. It is worthy of investigation, and if true the remedy should by all means be at once applied.

Health of the City.—There is a very close correspondence between the deaths for the last week and those during the same period in 1856. Thus, we have a total for the week just passed of 96, against 93 in 1856. Consumption furnished 19 deaths last year for the weekly record, to 18 the present. Cholera infantum, however, shows an aggregate, this season, more than double what it was for the same time in 1856, being 10 to 4. Dysentery counts 5 now to 6 then. Pneumonia 6 now to 4 then. Scarlet fever 4 in 1856, 5 in 1857.

The prevalence of influenza, or something closely resembling it, has been remarked amongst us of late. The very open weather, with the customary marked autumnal alternations of temperature at morning, noon and night, render "taking cold" an easy matter.

Communications Received.—Cases read before the Providence Medical Association.—Recovery of Drowned Persons.

Books and Pamphlets received.—General Therapeutics and Materia Medica, &c., by Robley Dunglison, M.D., LL.D., &c. Sixth Edition, revised and improved. (From Blanchard & Lea.)—Lectures on the Diseases of Women, by Charles West, M.D. Part I. Diseases of the Uterus. (From Blanchard & Lea.)—Practice of Surgery, by James Miller, F.R.S.E., &c. Fourth American Edition (From Blanchard & Lea.)—An Address delivered before the Medical Society of the State of Vermont, October 22, 1856, by Joseph Perkins, M.D.

MARRIED,—In West Randolph, Vt., Oct. 5th, Carleton P. Frost, M.D., of St. Johnsbury, Vt., to Miss Eliza A. Du Bois, of West Randolph.

Deaths in Boston for the week ending Saturday noon, October 10th, 96. Males, 52—Females, 44.—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 18—convulsions, 2—cholera infantum, 10—croup, 1—dysentery, 5—diarrhoea, 1—dropsy, 2—dropsy in the head, 5—infantile diseases, 7—typhoid fever, 3—scarlet fever, 5—homicide, 1—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 6—disease of the liver, 1—marasmus, 3—old age, 2—rheumatism, 1—suicide, 1—teething, 5—thrush, 2—ulceration of the intestines, 1—whooping cough, 4.

Under 5 years, 50—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 64—Ireland, 27—other places, 5.

The Solvent Property of Glycerine.—We make the following extracts from a communication addressed to the editor of the London Lancet, by A. F. Haselden, and published in the number of that work for August 15th.

"The especial property which glycerine possesses of dissolving the disulphate of quinine would alone be sufficient to render it an object of interest, but it is equally powerful with many other substances. It readily dissolves the disulphate of quinine in the proportion of two grains to the fluid drachm, forming at first an opaque fluid, which in the course of a few hours becomes a clear bright solution, possessing the peculiar pale blue, superficial tint peculiar to the solutions of that substance, and this without the aid of heat or any acid. This solution is miscible with waters and tinctures in various proportions, and it appears a great advantage to possess a clear, bright, elegant, and by no means disagreeable solution of the disulphate of quinine, without the addition of acid. Gallic acid, which requires one hundred parts of cold water for its solution, is soluble in rather less than twelve parts of glycerine, making a clear, straw-colored liquid, of a pleasant, sweetish, sub-acid taste, in this state offering a desirable mode of administering the gallic acid where the pills might be objectionable, and a large quantity of fluid impracticable.

"Tannic acid is also freely soluble in this substance, and as an external astrigent application might prove preferable in many instances to an oily or greasy compound. In the treatment of hæmorrhoidal affections, it may possibly offer, as an application combined with opium or the salts of morphia, some advantage over the reigning preparation—*unguentum gallæ compositum*, it being more tenacious and at the same time lubricating, and when combined with the salts of morphia, in place of opium, it possesses the decided advantage of not staining the linen.

"The hydrochlorate and acetate of morphia are readily soluble in glycerine, making a clear, limpid solution of a slightly yellow tinge, forming, as it were, a kind of syrup, which might possibly prove in many ways useful in the hands of the profession.

"Glycerine also dissolves the *ferri et quinæ citras*, in the proportion of five grains to the drachm, forming an olive-yellow-colored liquid peculiar to the solutions of that salt.

"There are other substances which glycerine eminently possesses the property of dissolving in a larger proportion than any other known fluid, but sufficient has been said to introduce the subject to your readers."

Bromide of Potassium in Hysterical Epilepsy.—Sir Charles Locock has been very successful with the employment of the bromide of potassium in a form of epilepsy to which special notice has not yet been drawn. It is confined to women, and the paroxysms only occur (except in cases of great mental excitement) at the menstrual period. In these cases, as well as in many hysterical cases unconnected with epilepsy, attended with a great deal of sexual excitement and disturbance, and with various distressing symptoms difficult to manage, he found that from five to ten grains of the salt, three times a day, had the happiest effects.—*Med. Times and Gazette.*

"*Hay Fever.*"—We have no faith in any specific for this very annoying and obstinate affection; but we find that a correspondent of the London Lancet, Dr. Silas Palmer, strongly recommends the inhalation of the fœtid spirit of ammonia, as being followed by marked results in all cases in which he has advised its trial. He has also prescribed the fœtid spirit of ammonia and sumbul combined, with advantage.

Suicide of a Physician.—On Tuesday morning, 6th inst., Dr. Wm. C. Williams, residing near Manchester Centre, Conn., committed suicide by hanging himself. Anxiety in regard to his pecuniary affairs is said to have induced the act. Dr. Williams was a native of Lebanon, about sixty-five years of age. He leaves a wife and five or six grown-up children.

Appointment.—Dr. A. W. Thompson, of Northampton, has been appointed by the Trustees of the State Lunatic Hospital at Northampton, Assistant Superintendent of that institution. Dr. Thompson is an Alumnus of Harvard University and of the Boston Medical School.

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SKETCHES IN MIDWIFERY PRACTICE.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. ——— was taken in her second labor, September 7th, 1857. Her first child was born nine years before, after three days of very severe suffering. Her present illness began favorably, and for several hours made fair progress. At length progress ceased, the head being fairly engaged in the bony outlet. Uterine contractions, which had been strong from the beginning, continued so. Ether was breathed in the freest manner, but without at all diminishing uterine action, or the expression of the pain with which they were apparently accompanied.

I was called to see Mrs. ——— early in the morning of the 8th, and found the case as described. In view of the length and suffering of the first labor, and existing unpromising circumstances, it was decided in consultation that the forceps should be used. This was done, and labor soon favorably accomplished. The child, a male, weighed eight pounds. Mother and child have done well.

Sept. 9th.—I was called in consultation in Mrs. ———'s case, about noon this day. I found her sitting in a chair, if that could be called sitting which was resting the limbs against a chair seat, with the least possible bending of the body upon them. She said she could not lie down for a moment, so embarrassing to breathing was that position. The difficulty arose from the anasarca enlargement, hardness and stiffness of the limbs. It was not possible to make indentation by pressure any way. At the wrinkles about the joints, large ridges or rings surrounded them, and between muscles and fascia, elsewhere, the water filled and projected the integuments in distinct tumors. One on the upper and inner part of the left thigh promised to embarrass any operation which might be in hand. Her age is 19, and this is her first labor. It began six days before my visit; continued two days, making fair progress, and then ceased, leaving the head at rest in the bony outlet. Her size was noticeable. I have seen many large persons

under her circumstances, but she excelled them all. Since the moment the pains ceased, no uterine action has manifested itself, and for four days her life has been a continuous misery. The pulse was rapid, skin hot, she was sleepless, and the functions of the bladder and rectum were embarrassed. Attempts had been made to produce uterine action, but in vain.

In consultation, the sole question regarded artificial delivery, and upon due consideration it was decided that an attempt should be made. After much difficulty, and suffering on her part, Mrs. ——— was laid on her bed, and her case being stated to her, she agreed to do her best to remain upon it. The forceps were first tried, and, it was thought, faithfully, but with no effect. The head was reduced, and after long-continued effort the child was removed. The abdomen was examined, and it seemed just as large, just as full as it did before the delivery was effected. It was clear that another child, at least, remained in the womb. It was agreed that this should be delivered by turning. This was done, during full etherization (this state was sustained from the first attempt at delivery), and after a prolonged and decided effort delivery was accomplished.

Now during these operations the womb remained perfectly quiet. I could not discover the least mark of contraction. When the first child was born, the part of the womb it had occupied remained perfectly soft and empty, while the tumor formed by the second child was at the highest point in the abdomen. After the second birth, the womb preserved its remarkable quietude. The placentas remained adherent, not a single drop of blood was shed. After waiting for action to occur, and having waited in vain, the placentas were taken away. While this was accomplishing, and the womb necessarily much irritated by the manipulations, the organ remained perfectly at rest. The cavity which had been filled by two fetuses, weighing together twenty-two pounds, one of them having been subjected to craniotomy, which certainly had not increased its weight—this cavity remained just as large as before delivery, and was absolutely embarrassing by its extent. The placentas were slowly raised, for the flaccid womb yielded too readily to pressure to allow any more than a peeling process to be practised. No hæmorrhage accompanied or followed the operation. A napkin was useless.

For two days after delivery there were involuntary rectal discharges, and the catheter was used for the same length of time. After these accidents, convalescence proceeded slowly but without interruption, and recovery was perfect.

September 13th.—This was Mrs. ———'s fifth labor. The four preceding were natural. I was called to see her between 11 and 12, P.M., and learned she had been ill for many hours. Uterine contractions had been strong, and had brought the head to the in-

ferior strait. About four hours before my visit, her first physician—for two were in attendance when I was called—had discovered a tumor of great size, projecting from the abdomen with the umbilicus for its central point, and tympanitic to a degree which to him had never been equalled in puerperal fever or in any other disease. At first it was thought it might depend upon some condition of the bladder, but the catheter shed no light upon it. There was no precedent tenderness of abdomen, and no constitutional condition which comes of inflammation anywhere.

I found this state of things as described by the physician who had come for me, or rather to borrow a long catheter, and who asked me to return with him. The tumor, for so it had been called, was found as tense as the integuments allowed it to be. These were made so thin by distension that they seemed reduced to a mere membrane, suggesting the idea that the skin would give way under the least outward pressure upon it. But that it would be trenching upon another department of literature, an illustration in the way of a comparison might, by a figure of rhetoric, make this extraordinary abdominal affix much more readily understood than can a merely verbal description. There were no uterine contractions. These had ceased for some time. Mrs. — was exhausted and entirely hopeless.

Upon examination, the head was found as described, closely impacted in the pelvis. The anterior lip of the womb was hanging down greatly enlarged, reaching almost to the external organs. It was firm, hard, compressed between the foetal head and symphysis, its free part being movable, thick, and having a rounded edge. At first it was thought it might be pressed up between the head and pelvis, and thus very much facilitate delivery. It did actually seem to recede by pressure, but this turned out to be nothing more than a mechanical shortening of it, for as soon as pressure ceased it came down into its former place. It was clear that delivery could only be effected by mechanical means, and it was quite as clear that the abdomen was rapidly growing larger. The long catheter brought away no water.

The forceps were tried—at first Davis's—but their breadth and large curvature made it impossible to introduce them without a degree of pressure upon the enlarged anterior lip of the womb, which was thought anything but safe. Davis's instrument was tried because one of the physicians present had brought it with him, and it was lying on the table. Prof. Hodge's, of Philadelphia, were now used, and were introduced with ease and success. Except when the cranium is very low, I always use Prof. H.'s. At other times Hamilton's are preferred in the other situations of the head. I brought one of Prof. Hamilton's instruments from Edinburgh more than forty years ago, and have never known it fail in proper cases.

As soon as the first branch was introduced, a great blast of most foetid air rushed from the vagina, and also a quantity of water of the same odor. The adventitious abdominal tumor at once disappeared, and the hand now rested upon the uterine walls, through the thin and relaxed abdominal walls. No contractions occurred upon the introduction of the forceps, or accompanied its use. Delivery was accomplished with great difficulty, the getting away of the trunk requiring much more effort than did the head. The only way, in fact, of accomplishing this task, was by carrying the blunt hook into the axillæ, first one and then the other. The placenta was adherent, and was removed by the hand.

Moderate re-action followed. On the third day some castor oil was given, which operated kindly. The milk came. On the sixth day the pulse was found quickened, and much weakness was complained of. There were no symptoms of peritonitis, nor of other local inflammatory trouble. Sinking came on, and rapidly increased, and on the tenth day from delivery Mrs. — died. Her medical attendant, who communicated these facts to me, could assign no internal cause for their occurrence. The room in which Mrs. — was confined was very small, without ventilation. Its door opened into another small room, in which was a cooking stove, and in which the family of four children, &c., lived. The weather was unusually hot for the season. These circumstances were certainly very unfavorable, and one would think quite sufficient to disturb the convalescence which had so kindly advanced, and promised so happy a result.

A question of the cause of the formation of gas in the womb may arise. I have met with no such case before, and I cannot call to mind its like from the books. It shows how closely was the head in contact with the vagina and pelvis, for the smallest opening would have allowed of the escape of the gas. Air might have entered the womb when the membranes broke, and a portion of the liquor amnii had come away. So it may do in other cases. But who has met with such an instance; and without the presence of atmospheric air, how would the chemical changes referred to have been produced? The dead fœtus may become emphysematous. This was not the case in Mrs. —'s child; and if it had been, how could the air escape through the unbroken integuments? The tumor occurred suddenly, and rapidly increased in size. From its feel it seemed utterly impossible that the womb should have been so thinned as to have aided in forming the walls which contained the gas. Why were not the relations between the after-birth and the womb changed by such an extreme expansion of its substance? The placenta does not grow *less* under such contractions as separate it; if so, it would have one of the properties of the cotyledons, which nourish the young ruminant during its intra-uterine life. The placenta is separated, because the womb to

which it is attached grows *smaller*, while itself preserves its natural size. The *less* cannot contain the *greater*, unless morbid adhesion exists.

However the reasoning may be, the fact remains. The womb was distended with gas, to the apparent threatening of its disruption. This gas was decomposed, or rather that from which it was produced was decomposed, and set it free. This gas was certainly contained in the womb. The marked convalescence continuing uninterrupted for a week, with the regular performance of all the functions, proves, I think, that no such lesion existed as would produce either disorder, disease, or death. It is seriously regretted that an examination after death was not made. The position of the patient—prejudices, religious and others, doubtless prevented this. I did not see Mrs. — after her delivery.

September 29th.—This was Mrs. —'s fourth labor. I had attended her in all of them, with her family physician. Her first labor was natural. The second was instrumental. The third natural; and the fourth, or last, was instrumental.

I was called to see Mrs. — at the date above, between 7 and 8, A.M. Uterine contractions strong. Began at 6, A.M., two hours before my arrival. Examination showed the first stage of labor perfectly accomplished. Os uteri had disappeared. Head fairly in the inferior strait, and advancing during contractions. In about an hour, progress ceased. Great suffering, strong bearing down, but conscious of no progress. This state continued about four hours, and precisely imitated the state of things in the second labor, when the forceps were used, and in a few minutes most favorably completed delivery. A single effort now with the instrument brought the head beyond the obstacle to its progress, and its continued advance made other than natural effort unnecessary. As the head emerged, the instrument was removed. Mother and child recovered without accident.

October 5th.—This was Mrs. —'s fifth labor. Its interest was in the rapidity of its stages, and the naturalness of its accomplishment. As in the last case, the first stage was completed in a very short time. The labor begun in the morning, and at noon I found the os uteri obliterated, and the head descending in every contraction, and the delivery was soon accomplished. As is the rule, I passed my hand over the abdomen to learn if the womb were contracted, and if a second child were in the womb. The abdomen remaining about as large as before the recent delivery, I was satisfied of the presence of another fœtus. A strong contraction soon declared itself, and Mrs. — expressed her surprise at the severity of the *pain*. It was the hardest pain that the afterbirth ever gave her. Then came another, and more wonder. Examination found the fœtus descending, and the nates were diagnosed. Recollecting that this required more time, and might

involve more hazard to the child than a footling presentation, I ruptured the membranes, and easily brought down the feet. Everything now proceeded favorably, and the second child was duly born. The first was a boy, and the second a brother; and as three girls were living, the first child—a boy—having died in infancy, even a double birth of sons was not painfully, if at all regretted.

October 8th.—Mrs. —, aged about 30; first labor; had been nearly a day in labor, and for about six hours the head had remained in the same place. I was called between 5 and 6, P.M., by Dr. —, to see Mrs. — with him. The action of the womb was vehement, and the suffering described as intolerable. Hours have passed, said Mrs. —, and I get no relief. The child remains just where it was, and there it will remain. I watched the labor for toward two hours, and saw nothing was gained by as strong contractions as I had ever witnessed. It was agreed to apply the forceps. The head being just within the external organs, Hamilton's instrument was used. The head advanced, under a firm but moderate extracting effort, and the child, a male, was soon delivered. The child and mother have done well.

Here, in just a month, the forceps was used in five cases, in consultation. A case of turning occurred in the writer's own practice. The question may arise if the instrument was not unnecessarily used—in cases, namely, which would have ultimately done well if let alone. The opinions of writers are in mind. They are against the use of instruments unless absolutely necessary. Can we ascertain this point except by taking the chances of what may be injurious, if not fatal, delay? Shall the head press upon the bladder until this organ is so injured that it will slough after delivery, leaving, it may be, incurable vesico-vaginal fistula—or until the rectum, in some part, is destroyed, and recto-vaginal fistula is produced? Shall we wait for the constitutional disturbances which accompany grave local lesion, or until such impression is made upon the nervous centres as may end in convulsions, puerperal mania, or puerperal fever? Authors have attempted to establish rules of practice in midwifery by the time which it may be safe to wait. Thus one authority tells us if the head remain under fair contractions six hours, the first stage of labor being completed, without progress, the forceps may be applied.

An authority considers that to be natural labor which is completed by uterine action within twenty-four hours from its beginning. He further teaches, that the os uteri should not be allowed to remain undilated beyond twelve hours from the beginning of labor. All rules of this kind—rules of time in determining what shall be done in the practice of midwifery, must have a large margin for exceptions. The rule is good, but the exception is often much better. A woman in labor has a right to the whole professional knowledge and skill within her reach. I say this, because I

think that surgical aid is denied to such sufferers because the attendant may not know how to afford that aid. It is certainly better to wait under such conditions, for no good could come to the patients from such attempts to aid them. I was talking to a friend, for whom I have sincere regard, on this very subject. He declared that he did not use forceps; that he had two pairs, and would change them for something named, which was worthless.

“What do you do when cases of protracted suffering—nay, of danger—occur to you?”

“I wait—wait hours and days; nourish, stimulate, encourage, and at length, in three or four days, the labor finishes itself. I never give aid; I never will.”

The exaggeration here of the virtue and duty of patience, for there is clearly exaggeration in it, doubtless arose from the fact that my friend was defending himself from a suspected charge of having failed in professional duty—of having waited too long. I asked him if he had ever used the forceps. He said “No.” “Then,” said I, “you are not acquainted with their application and use.” He admitted he was not. I could not but say, that under such circumstances patience is better than action.

I have seen cases which have satisfied me that the attempt to apply instruments should never have been thought of, or made. I have found that one branch of the instrument was within the pelvis, and that it was thought the other could not be introduced. A consultation had been called to settle this question. I have found the forceps well applied, but the degree of force which might be safely used was a question to be settled by a consultation. I have been called where the patient *was not in labor*—the head, covered by the womb, had been forced by *false pains* down to the inferior strait; the os uteri, not in the least dilated, was felt by me pressing against the hollow of the sacrum almost as high up as the promontory. Suppose for a moment the forceps had been applied, and been successful in bringing away what was within the pelvis. The *womb* would have been delivered with the child. A full opiate was given. The patient, who had not slept for many—many hours, went sound asleep. After many hours of entire repose, she awoke—natural labor declared itself, and a child was born; and soon after, another.

I believe, and am sustained by the best obstetrical authorities, that if a properly constructed instrument is employed—if the case be a proper one in which to use it, if it be properly applied, and is properly used—I believe in such a case this instrument may be as useful and as safe as is any other in the practice of surgery. There must be knowledge, and skill in its use. There are men who lack skill. You see this in surgeons, and of mark, too. All their fingers are thumbs. The scalpel is seized as an infant takes hold of a spoon, or a carpenter of a chisel. There is no grace, no adroit-

ness, and although such surgery may be successful, you cannot but think that it is practised at some risk. Operative midwifery is surgery. It is *the work of the hand*. It can be done well, and may be done ill. It strikes the observer as an application of dead force. But it is no such thing. Skill diminishes force, or what is as well, gives to it safe direction. An instrument well applied does not increase the size of the head; it rather diminishes it. Baudelocque proved, by many and decisive experiments, that the *lateral* compression of the foetal cranium does not increase its occipito-frontal length, or diameter. The operator here, in his important office, increases power, and if knowledge determine its direction and amount, there is certain safety.

Skill, adroitness, in the use of instruments in surgery, were alluded to above. Who does not remember a surgeon, now dead, who had these accomplishments in an extraordinary degree, and most admirably used them. I mean the late Dr. Warren. The scalpel in his hand was held with perfect ease, and perfect grace, and how artistically, yes, how beautifully did it make its safe progress through tissues of the extremest delicacy, however confused they might be by the near neighborhood, yes, the admixture of diseased tissues, every one of which must be removed to insure ultimate success.

I have spoken of the justly distinguished dead. I may not name his living successors, who were taught by his example and precept, and who are adding daily to those early treasures, the sure gains of distinguishing success. I claim for operative midwifery the same consideration which all other true and important surgery challenges, for I am sure it always brings with it the same relief from danger and suffering, and in its accomplishment has a double, a two-fold success.

EXTRA-UTERINE PREGNANCY—GASTROTOMY PERFORMED BY MEANS OF CAUSTIC.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have translated the following report by M. Martin, thinking it may be of interest to your readers.

S. L. A.

The subject of this case was a woman, aged 36, who, at the end of the second month of pregnancy, suffered in a most decided form all the symptoms of an intense peritonitis. When she recovered from this attack, it was perceived that her abdomen was decidedly deformed, and presented on the left side a tumor very appreciable to the touch. From this time menstruation was re-established in a regular manner. Having reached the full term of gestation, pains came on, but vague and irregular in their character, and it was noticed that they were not seated in the uterus itself; further, by

examination of the abdomen with the hand, it was evident that there existed an extra-uterine pregnancy, as the head, the sutures and the fontanelles could be distinctly made out. Was the child alive? It was impossible to ascertain this, for neither the beating of the fetal heart nor motion could be discovered, although the mother affirmed that she had felt the motion the day before. The fear of rupturing the cyst, which might cause the death of the mother, and the impossibility of acting through the rectum or vagina, decided M. Martin to advise gastrotomy, not by means of a cutting instrument, but by repeated applications of caustic potash and *pâte de canquoin*, for the purpose of producing adhesions and avoiding any opening into the abdominal cavity.

This plan, which had been previously tried by two of his friends, was put into execution. Five applications of the caustic were made before the destruction of the cyst was accomplished; and a fortnight after the first application it was possible to attempt and accomplish, with the most fortunate success for the mother, the extraction of a dead, but fully-developed fœtus.

Three weeks after the operation, the patient was able to rise and walk about in the garden. At the present moment the patient is doing well; the cyst is not completely closed, but is daily progressing toward a complete cure.—*Gazette Médicale de Paris*, July 18th, 1857, from *Gazette Méd. de Lyon*.

A similar case is reported in the *Gazette des Hôpitaux*, No. 46, 1855. In that case the fœtus was carried to the full period, and during the following month, cauterization with the actual cautery in the left iliac region, over the head of the fœtus, was performed six times. Adhesion having taken place, at the end of that time, the remaining tissues were divided by a bistoury, the cavity of the amnios was opened, the head perforated and the infant removed. The membranes and placenta were left behind. The patient recovered.

VOLUNTARY DISLOCATION OF THE JOINTS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following is a brief notice of a case that was quite interesting to me, and thinking that perhaps it might be so to others, I communicate it to you for the JOURNAL if you think proper to use it.

I was called to advise for G., a lad of seven years, with talipes varus—born of healthy parents, whose other children are generally healthy. He is very quick motioned, understands mostly what is said to him, but is only able to speak a few words indistinctly, did not walk until within a few months, and is of a scrofulous temperament.

What is of particular interest in this case, is the fact that he can

dislocate voluntarily nearly all of the joints of the extremities, and as readily reduce them. He will dislocate the knees and reduce them by muscular contraction with perfect ease, without manual aid, and he will do the same with the thumb, finger, wrist and elbow-joints.

SAMUEL HAYNES, M.D.

Saranac, N. Y., Oct. 10th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 28th.—*Imperforate Rectum*.—Dr. CABOT showed the specimen, which was from a patient of Dr. STORER, and gave the following details of the case.

He saw the patient on the fourth day after birth, in the evening, at which time it was reported that no discharge had taken place from the bowels. Castor oil had been given, but was rejected. An injection had also been ordered. The abdomen was now found distended. On examination per rectum, the finger passed in about one inch. When the child strained, the intestine could be felt pushing downward, the central portion of the part thus pushed down feeling considerably thicker than membrane. A trocar was thrust in, and a large quantity of fæces and meconium discharged.

On the following morning, two probes were passed in through the opening, into the intestine, as was supposed, the largest being left in, and a piece of gum-elastic catheter pushed down upon it. In the evening it was reported that nothing had passed through the canula. The child had also vomited fæculent matter. The opening was now enlarged by the knife and the intestine punctured: this being followed by the discharge of a small quantity of gas and meconium. Death took place on the following day.

It was found, on examination, that the internal and external cul de sac approached to within about a half inch of each other, and that the probe and catheter, instead of passing through the original opening into the intestine, had made a false passage in the cellular substance, by the side of the gut.

Dr. Cabot remarked that the objection to the operation by puncture, in these cases, is the liability of the opening made to contract, sooner or later. He advocated the method that is reported to have succeeded in several instances abroad, viz., by cutting down freely, drawing down the intestine and stitching it to the skin.

OCT. 12th.—*Imperforate Anus*.—Dr. C. G. PAGE read the two following cases. The first was that of a patient of Dr. F. HIGGINSON, of Brattleboro'.

The child, a female, apparently perfect in form, was born May 2d, 1855. The anus presented a wrinkled depression resembling the umbilical pit, but was lined with true skin: there was no appearance of mucous membrane. An attempt to relieve by operative interference was made first with the trocar, and afterward with the knife, but without result. The child lived eighteen days. At the *autopsy*, the fol-

lowing appearances were observed. The intestines were distended with flatus. The bladder contained a small quantity of dark-colored urine. It was drawn up out of the pelvis and lay almost entirely over the symphysis pubis, the urethra making quite a sharp curve under the pubic arch. The uterus was drawn from its normal position and rested on the posterior wall of the bladder, the whole space at the brim of the pelvis being occupied by the inflated rectum. This portion of intestine terminated in a cul de sac at a point just above the levator ani muscle, where the peritoneum is reflected over from the posterior wall of the uterus. At the lowest part of this cul de sac was an ecchymosis a few lines in length, where the muscular coat seemed to have been divided; *the wound did not extend into the mucous membrane.* The bottom of the sac was about on a level with the brim of the pelvis, having apparently been drawn up by the excessive distension, and carrying with it the other pelvic organs.

CASE II.—Mrs. K. was delivered of a female child, mature and of average size, early on the morning of Monday, July 20th, 1857.

On examination, two openings were found in the vagina, one occupying the place of the urethra, the other situated between the internal labia and surrounded by a small red tumor, the size and shape of a common bean. Both these openings barely admitted a common probe, and from both, while under examination, a small quantity of yellow meconium and urine was expelled. There was no external trace of the anus, the skin over the entire perineum being smooth, and the raphé extending to the coccyx. At each expulsion of meconium or urine by the vagina, a slight motion was observed in the perineum, as if some fibres of the levator ani were inserted into the fascia. On exploring the openings in the vagina, it was found that a probe carried upward close to the pubis passed into the bladder, and could be felt on the abdomen; but directed backward and upward, it passed in half its length and then encountered a firm body which was supposed to be the upper part of the sacrum. When passed downward, the point could be carried a few lines below the orifice and indistinctly felt in the perineum. The child being quiet and apparently healthy, it was decided to cut down on the perineum, and, if possible, bring down the rectum. On Tuesday, assisted by Drs. C. G. Page and C. H. Stedman, the operation was commenced by introducing a probe into the lower opening in the vagina and passing it downward as far as possible. An incision was then made along the raphé of the perineum, and continued in the track of the rectum about an inch and a half: the point of the probe was then distinctly felt, the tissues were carefully separated from the cul de sac, and the intestine easily drawn down to the external opening, where it was laid open, the serous surface everted, and confined by sutures to the edges of the external wound. A quantity of flatus escaped at the moment of opening the intestine. A small tent was placed in the wound, a wet compress on the perineum, and a T bandage applied. The patient, until the following Sunday, was attended by Dr. C. G. Page. During that time, the child did well. On visiting the child on Sunday, the wound was looking well. The nurse, for the first time, stated that there had been, since the birth, intervals of great distress in breathing, accompanied by a purple discoloration of the face, neck, lips and ears. These turns increased in frequency, and the child died on Tuesday, having lived eight days.

The following is the account of the autopsy.

The heart was found malformed, there being but one ventricle into which the aorta opened directly at its summit: the only auricle was situated on the right posterior aspect, communicating obliquely with the ventricle. The pulmonary artery was very small, given off below the point where the aorta enters the heart, and on the left side passing upward and backward and bifurcating behind the aorta. An imperfect valve projected into the ventricle, attached by two short and firm columnæ carneæ and by two slight chordæ tendinæ to the upper and lower left sides. The pulmonary veins opened into the auricle. The rectum terminated in a cul de sac about an inch and a quarter from the perineum, and communicated with the vagina from its upper borders. The uterus was bifid. No other abnormal appearances were observed.

Dr. H. J. BIGELOW remarked, that, judging from results, he did not consider the operation for imperforate rectum or even for imperforate anus, a desirable one. In the former case, the blind extremity of the upper portion of the intestine is often high up, and it would be practically impossible to maintain any communication with it after operation, except by a fistulous track through cellular tissue having a tendency to contract, to inflame and to become obliterated, like other fistulous openings. This might occur in a favorable case. But in the majority of the cases in which he had operated, he had failed to find the upper gut, even when distended. This result must not unfrequently occur; the peritoneum is often perforated and neighboring organs are injured. Indeed, the region is so deep and the canal so narrow, barely admitting the little finger, that manipulation is attended with much uncertainty, which should be considered, as well as the very unpromising character of the result. Dr. B. had never seen a successful case.

As to *imperforate anus*, he could only speak of one case; in which the tendency to contraction after dilatation was such as to render the life of the little child miserable. Defecation was always attended with pain, and the constant use of a bougie and repeated scarification were necessary. He believed that in the present state of the art, it is better that a child born with either of these imperfections, should die without this operation, although it must occasionally be performed in deference to established opinion.

Dr. JACKSON spoke of the liability to error on the part of the surgeon in operating, and the slight chance of the ultimate success of the operation under the most favorable circumstances. In one case, the rectum was transfixed, the instrument passing through its wall into the peritoneal cavity. In another, the instrument passed up by the side of the rectum without entering it. In a third case, the specimen of which is in the Society's Cabinet, a free opening was made into the vagina. He mentioned still a fourth, where the instrument did not enter the rectum, and probably passed into the cavity of the peritoneum.

With regard to the comparative frequency of cases of imperforate rectum and imperforate anus, his own record showed the number of each to be not far from equal. In remarking upon the prognosis, he alluded to the frequency, in females where this malformation exists, of an opening from the intestine into the vagina, the latter serving as a

channel for fecal matters. In a case mentioned to him by Dr. Mussey, the patient was still living, at the age of 20 years, in whom this opening existed. Dr. J. also referred to this malformation in the pig, where the same peculiarity was observed. (See Society's Records, Vol. I., p. 86.)

In males with this malformation, an opening is sometimes found from the rectum into the membranous portion of the urethra, as in the case reported by Dr. York, to which allusion is made in Vol. I., p. 86 of the Society's Records. In this case the opening made by the operation healed, and the fecal matters found their way, as before the operation, through the urethra. The child lived about 20 months. Nothing very noticeable was found in the rectum after death. The opening into the urethra was about the size of a common bougie. Dr. J. further alluded to the frequent co-existence of other malformations, in these cases.

In reply to Dr. COALE, who asked the proportion of cases in which operations for this malformation had proved successful, Dr. Cabot stated that the operation by puncture he had never known to prove ultimately successful.

Dr. JACKSON said that Dr. J. C. Warren had told him, some years since, in reply to the question as to the success of these operations, that he did not remember a single successful case. Dr. Walker had mentioned to him one in which the operation had succeeded.

Bibliographical Notices.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition, and the attentions required by the Child from Birth to the period of Weaning. By P. CAZEAUX. Second American, translated from the fifth French Edition, by WM. R. BULLOCK, M.D. With one hundred and forty Illustrations. Philadelphia: Lindsay & Blakiston. 1857. Pp. 992.

WE remember, many years ago, sending to Paris for a copy of Cazeaux's Midwifery, because we knew that it contained many things which no other book could give us. The book is before us now, and it is some hundred and fifty pages less in size than the new edition. These extra pages are Cazeaux's own work, not composed of passages in brackets, with "Translator" attached. Dr. Bullock is only responsible for the translation, M. Cazeaux for the material, and Lindsay & Blakiston for the illustrations, which are poor imitations of the originals.

It is to be presumed that, in this book, we learn the ideas of Du Bois: indeed, to him, Nægele and Scholtz, Cazeaux acknowledges his indebtedness for the views he has adopted, as he does to other prior laborers in the same field, while his cotemporaries also will find no reason to complain of plagiarism.

We have read almost the whole of this new edition, not omitting the anatomical descriptions, which, of course, do not vary much from those given by other writers. The attention of readers is asked to certain portions, which have been extended, such as the pathological and physiological observations. The theories of puerperal convul-

sions and puerperal hæmorrhage one always looks for in modern works upon obstetrics, and in Cazeaux will be found much food for thought. The day of indiscriminate depletion in the former disease has gone by, and there are few who now think of plugging the passage to a lately-empty uterus. Convulsions and hæmorrhage have been occasionally forced upon us, as a study, and the pages treating of them we always look at first, in an obstetrical treatise. It is gratifying to find that when there are new views, old ones are not passed over without allusion, as if the discovery of to-day might not also, to-morrow, turn out to be no discovery at all.

There are certain chapters in the fifth edition which are entirely new. Among them are those which treat of the effect of labor upon mother and child, the hygiene of children, and the use of anæsthetics.

This JOURNAL is not the medium for an extended review of any book. That duty must be performed by the larger quarterlies. If we had space, we could find passages to object to, as well as pages to praise.

Custom has made it necessary for writers on obstetrics to make their books into encyclopædias. We consider this a very objectionable custom. The diseases of females and the hygiene of children should not have place between the same covers. One who can find a little upon every subject in a single volume is sometimes tempted to read one book alone. He may become a smatterer, but not a student. He may be fit to talk to "experienced women," but he will dodge his brethren.

Cazeaux's is a good book, and we commend it to the profession.

C. E. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 22, 1857.

MASSACHUSETTS MEDICAL SOCIETY.

In a former number we alluded to the coincident movement, by the Censors of the Massachusetts Medical Society at the annual meeting of the Councillors, and by Dr. Perry in his Address at the Annual Meeting of the Society, to put in train measures by which the Society should free itself from its present liability to accept as Fellows individuals who, on account of their private character or modes of practice, must be regarded as prejudicial to the objects and good name of the Society, and therefore unworthy of membership. Since then, several of our editorial brethren have seen fit to express their virtuous concern at our deplorable condition. From the Lakes down the Great Valley to the mouth of the Mississippi, and thence all along the Atlantic borders, our delinquencies and our duties have been proclaimed. We have no objection to a kind and fraternal watch care over us; but think the animus of most of the comments we have seen is anything but benevolent. We would be glad of sympathy and friendly advice in our troubles, but not of taunts and dictation or denunciation. Having already plead guilty, in behalf of the Society, to offences which are

thus echoed back upon us, and having expressed its determination to abate them as fast and as fully as possible, we need no warning voice; and we had supposed that confession and a resolution to do better for the future was to be received by the aggrieved in a gentle and encouraging manner.

Of one thing, however, we wish our censors to take notice—namely, that the Mass. Medical Society and the Medical Schools are entirely different institutions; and the sins of the one are not to be charged upon the other. The Medical Schools are accountable for the manner in which they exercise their office of instruction, and thereupon of conferring medical degrees, and this they will doubtless vindicate if need be. The Society is accountable for the members it admits, and for the due administration of its laws. It is now embarrassed by a certain obligation, imposed by act of Legislature in former days, to receive to membership, without examination or demur, the graduates of the two Medical Schools in the State: and it is this perplexing relation which it is the duty and the intention of the Society to have modified. Indeed, this condition is so palpably inconsistent with the interests of the legitimate profession and with the right which every voluntary association is supposed to have of selecting its own associates, that we look for co-operation on the part of the medical professors in obtaining the repeal, if need be, of the offending statute.

The Society is now somewhat venerable, having passed its seventy-sixth anniversary, and we think it is entitled to some of the consideration which is due to seniority. Being one of the oldest, if not the oldest of the State Societies, it had an untried path to tread; and as it was instituted when the exigencies of the times were different from what they now are, like other institutions of long standing it is likely to have entailed upon it some conditions which, however appropriate they might have been at the time, we should now desire to cancel. In a subsequent number we propose to give a sketch of the legal duties and liabilities of the Society, for the benefit of its members, and of any others who may feel interested in our position.

As we have before declared, the Society is awake to its own inconsistencies and disabilities, and is intent upon remedying them. How and when this is to be done, the Society must be allowed to understand better than any of its outside friends. We think that the first step to be taken is to stop the further ingress of objectionable members, and this we believe will be accomplished as speedily as anything can be done by legislative action. We are told, by a source which we most highly respect, that it is a duty which the Society owes to the profession and to the American Medical Association "to exclude at once every homœopath and quack from among its members." But of what avail would it be to expel those to-day, while the door is open for ten times as many to come in unobstructed to-morrow, to go through with the farce of being excluded again the next day? And again, can a man be rightfully excluded from a society, on account of any change in the terms of membership made after his admission? Others may thereby be denied admission, but it could not, we think, operate to exclude actual members. Much the same would be our answer to the inquiry, "What right has the Mass. Medical Society to be exempted from this exclusion" (from representation at the American Medical Congress)? If we understand it, the Acts of the Ame-

rican Medical Association are all recommendatory, and not compulsory. The lecture period recommended has not been considered binding upon the schools; nor was any State bound, on pain of expulsion, to adopt the Code of Ethics after it was adopted as the general sense of the Association: and we doubt if any member, whether State or school, could be rightfully expelled for any conditions of membership made after its admission. The organization of this Society exists precisely as it did when it became a party to the original compact. No new conditions have been enacted, violating or discarding any article or clause of the Code of Ethics. In the case of the State Medical Society of Ohio, such an enactment, subsequent to its adoption of the Code, did take place. Whereas this Society is rather in the position of the Michigan Society, where the State, by an act of legislation, intruded a chair of Homœopathy into the Medical School of the University. No censure or prospective exclusion has been, nor, as we think, ought to be passed upon the protesting members of the Michigan, nor upon the Massachusetts Society, compelled as it now is by a legislative act, to open its doors to the graduates of certain schools, yet protesting against the obnoxious law and hoping for a remedy. As to homœopaths, if there are really any of the Simon Pures to be found among us, we may hope that we shall soon be spontaneously delivered of the whole mass of them, through an organization of their own. We cannot conceive what motive they can have in remaining associated with men whom, professionally, they affect to hold in supreme contempt: and we should suppose that self-respect would prompt them to withdraw from an association in which they well know they are neither wanted nor welcome.

However defective the organization of the Society may now be, more thorough abomination of and disfellowship with quackery, practically, higher standards of professional acquirement, or more generous and elevated professional relations, than are found in this Society, do not exist any where. The laws of other Societies may be wiser, but the spirit which actuates the individual members is nowhere better. This, we believe, will be acknowledged by all who know us. And that ours has the "disposition and back-bone" to contend manfully, let the consequences be what they may, is shown by some of its recent acts. The Censors have rejected homœopaths, specialists who profess superior skill or methods peculiar to themselves, female practitioners otherwise well qualified, whenever they have had the opportunity, although, by so doing, each Censor has subjected himself, in each instance, to a penalty of 400 dollars. The Society has recently arraigned and expelled a member on presumption that he procured abortions: and another for unfairness of dealing with one of his professional brethren. In this latter instance, the Society was considered by the defendant as persecuting him for his Hahnemannian doctrines, and the whole corps of homœopaths rallied in his behalf. He brought an action for damages against the two members who moved and seconded his expulsion, and another against a member who commented upon the act in the Medical Journal; and attached their property for the sums of ten to twenty thousand dollars each. The Society assumed the defence of the first action, and paid \$600 for it. The second, and also a third action growing out of it, were also brought to trial, and sustained by the parties indicted at quite as

large a sum. If other Societies can show that they have done and suffered more for the maintenance of the dignity and purity of the profession, then let them stone us and demolish our tabernacle as soon as they please.

CACAO BUTTER.

WE print the following from a correspondent, who is engaged in making trial of the pure oil (or butter) of cacao, as a substitute for cod-liver oil. An extended experience can alone determine the value of the article. We have as yet had no opportunity of administering it, except for hoarseness, for which we have found it of considerable efficacy.

“There has been placed on our table, for trial, a package of cacao butter, a solid oil, yielded in very large amount by the cacao-nut, the use of which, as a substitute for cod-liver oil, was proposed, we think, by Dr. C. J. B. Williams, of London. The process by which it is obtained in purity, we are not acquainted with, nor is it necessary to state it. This much is very certain, that it has been used by some physicians with apparent success. Others have made use of it for a short time only, and are as yet unable to report progress. There are those who consider it a perfect substitute for the cod-liver oil. It is surely a more agreeable form of fatty matter, and to those who are fond of chocolate, it is a pleasant medicine. It produces in some patients the same heartburn and headache which follow, occasionally, the use of oils, but not, so far as we can judge, any more frequently. The advantage of being solid, so that it can be carried in the pocket, has been spoken of by those who have tried it upon themselves as a lubricator in diseases of the throat.

“The specimen received by us was prepared by Mr. John Preston, No. 6 Long Wharf, Boston, and is *not* supplied by him to druggists, as he informs us, because he has not yet been able to furnish it faster than the retail trade demands. It has been sold in New York, and perhaps in this city, adulterated with other solid and cheaper fats, and sometimes covered to conceal, as far as can be, the adulteration.

“The pure cacao butter is of a light yellow, or straw color, solid at our usual summer temperature, but rubbed up and melting very easily between the fingers.

“Further experiments with it are desirable, and we trust the profession will make them.

“We would suggest to our friend, Mr. Preston, to lay aside the wrappers, with their labels, which have rather too much the look of quack advertisements, as he will thereby do more to induce members of the profession to make the trial of its virtues. In our own opinion, the profession have only to use it to convince themselves that it is worthy an introduction into the *materia medica*; and the recommendation of physicians generally, will make the call for it more permanent than any advertisement of its uses to the public, who may demand it by the ton to-day, but will throw it aside for the next new medicine to-morrow.”

* * *

HYGIENE OF DRESS: WINTER GEAR.

UNDER this caption, about a year ago, we said a few words about *putting on* warm and appropriate garments in cold weather; we now

desire to recommend *taking off* these envelopes, at particular times, during the same season. We hinted at the importance of this precaution, in our former article, but believe the subject worthy of being more fully considered.

That great danger is constantly incurred during the winter, especially by the gentler and more susceptible portion of humanity, by faulty management with regard to clothing, cannot reasonably be doubted. And here we may say, that we regret to observe our warnings, long since extended to the fair sex in reference to the circumference of their whalebone and steel-spring surroundings, have not met that prompt and amiable acquiescence which our great interest in feminine welfare should have commanded!

We are the more apprehensive on this account, as the winds of Autumn begin to herald the frosty days to come, and tell us that the ice-armorers are about to extend their operations and set up their workshops in the temperate zone. We can only repeat our words of former days, "*don't take cold*"! We *might* intimate, that the unreasonable portion of Boston's narrow sidewalks too often usurped by the walking hay-stacks of the day is an infringement of masculine rights, and is one of those things which might provoke a rebellion—on the principle of resistance to *barricades*! We are sorry thus to put the ladies in the position of Red Republicans; but if they will reflect upon the matter, their good sense and proverbial appreciation of what is fitting, just, generous, noble, beautiful, and, in one word, *feminine*, will settle the matter forever. Pray let the rougher bipeds have a few of the outermost inches of the *trottoir*—remember, it should ever be woman's endeavor to keep man *out of the gutter*! The instinct of self—we should rather say of hoop—preservation, we should suppose, would lead to a marked curtailment of the dress-circles, not to say anything of the pressure of the times.

We wish to refer, particularly, to one source of peril, chiefly affecting the health of women, viz.: the being obliged, by the present fashion of their outer garments, to retain the entire covering in heated rooms, as in paying visits, attending service in churches, or lectures in crowded and furnace-baked halls. Men can remove their surtouts or cloaks; but ladies cannot even loosen theirs from their throats and chests, or rarely do so, if they can. It is not an infrequent thing for the mantle or fur tippet to be kept quite as rigidly at its post in the hot atmosphere of the church building, or in the warm, luxurious drawing-room, as in the bracing air of the north wind, with the mercury hovering near the zero-point.

Habit, in this respect, cannot overcome natural laws; the penalty of this management is often paid, with disastrous interest. Every physician must be cognizant of cases upon cases where colds, feverish attacks, rheumatism, neuralgia, and even fatal pulmonary disease, are induced, every winter, by this destructive plan of dress.

Cannot the *modistes* of all the world, combined, devise some outer garment for ladies, which, while it is tasteful, graceful and protective out of doors, shall be so constructed as that it may be *salubrious* also, within? To so arrange it as that it may be opened at the throat would be something—to render it capable of being removed, altogether, in sufficiently warm places, would be everything. Whoever *does* "get up" such a desirable garment will deserve a *statue*, for the ameliora-

tion of many fleshly ills, and the conservation of life enshrined in its most bewitching and valued forms. It would be something to aspire after, O nymphs of the needle, to be presented to public gratitude in bronze or marble, like the immortals, Jenner and Bichat!

We trust we are not mistaken when we express a conviction that the microscopic bonnet, or "hat," as it is often preposterously termed, is emerging, gradually, from an almost non-entity: is rising gracefully from the back of the head or neck, so as to cover more of the head, ward off that "horrid neuralgia," prevent that "provoking catarrh" and render those "weak eyes" less susceptible of permanent injury. Go on, ladies! *this* is true progress; and those arrangements which terminate the bonnets rear-ward, we observe they are, if anything, more ample. Right—they keep many a *crick* out of your necks—continue to reform!

"When lovely woman stoops to folly,"
And finds excessive hoops betray;
That men grow savage, who were jolly,
Because such frowning stops the way;

Oh! what were sweeter than retrenching,
And giving their dear words upon it
That they will *shrink* without e'er blenching—
That they'll reform—at least, the bonnet?

For it is not in Art to cover
The monstrous frames that travel by—
They crush the husband—daunt the lover—
And all bare-headed dames *soon die!*

THE course of lectures in the Atlanta (Geo.) Medical College closed on the 3d of September. The degree of M.D. was conferred upon forty-six gentlemen.—The semi-annual meeting of the Medical Society of Virginia will be held at Danville on Tuesday, the 27th inst. Efforts are making to increase the interest of the members in the prosperity of the Society.—Plaster busts of Prof. R. D. Mussey, life-size and life-like, are selling in Cincinnati for the sum of ten dollars. They are quite ornamental for an office.

Health of the City.—We notice 10 deaths from cholera infantum last week, 5 from pneumonia, 4 from dysentery, and 2 from scarlatina. Old age is set down as the cause of death in 7 cases. We believe that deaths which can be fairly ascribed to this cause are very rare, the patient almost always dying of some distinct lesion, though, to be sure, in many cases his debilitated state doubtless contributed to the fatal result. The above 7 persons were all females, 2 above 90 years of age, and 5 above 80. The deaths for the corresponding week of 1856 were 77 in number, of which 16 were from consumption, 6 from cholera infantum, 1 from old age, 2 from pneumonia, 8 from scarlatina.

Communications Received.—Letter from San Francisco.—Case of Hemorrhage from the Rectum.—Case of Retained Placenta.—Inhalation in Pulmonary Diseases.

Books and Pamphlets received.—A Collection of Remarkable Cases in Surgery, by Paul F. Eve, M.D., Prof. of Surgery in the University of Nashville. (From J. B. Lippincott & Co.)

MARRIED.—In Dedham, Oct. 5th, Dr. J. Stimson to Miss Mary, daughter of the late Dr. Parker, of Norton.—In Plymouth, Oct. 14th, Dr. J. R. Lothrop, of Boston, to Miss Lydia G. Hedge.—In Beloit, Wis., Henry P. Strong, M.D. to Miss Sarah M. Clary, daughter of Rev. Dr. Clary.—In Dalton, Oct. 15th, Samuel Smead, M.D., of Madison, Ohio, to Miss Hattie Weston.

DIED.—In Framingham, Oct. 15th, suddenly, George A. Hoyt, M.D., son of Dr. Enos Hoyt.—In Westboro', 11th ult., Dr. John C. Gilman, 44.—In Rehoboth, Oct. 12th, Dr. William Blanding, in his 85th year.

Deaths in Boston for the week ending Saturday noon, October 17th, 52. Males, 42—Females, 40.—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—cancer of the uterus, 1—consumption, 19—convulsions, 2—cholera infantum, 10—croup, 1—dysentery, 4—dropsy, 2—dropsy in the head, 2—drowned, 1—debility, 3—infantile diseases, 4—bilious fever, 1—typhoid fever, 2—scarlet fever, 2—homicide, 1—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 2—old age, 7—palsy, 1—pleurisy, 1—prostate, enlargement of the, 1—disease of the spine, 1—suicide, 1—teething, 1—thrush, 1—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 2—between 20 and 40 years, 14—between 40 and 60 years, 19—above 60 years, 12. Born in the United States, 53—Ireland, 26—other places, 3.

Swallowing of Coins and other Metallic Substances.—At a late meeting of the Buffalo Medical Association, Dr. A. W. Nichols reported two cases in which the new American cent piece was swallowed. In the first case, a girl of three years, a dose of castor-oil was given, and the coin was passed the next day, slightly corroded, after remaining in the body about thirty-two hours. In the second, a girl of two years, no medicine was given, and the cent was voided in twenty hours, scarcely tarnished. No inconvenience was experienced in either case. Prof. Hamilton reported several cases—*one*, G. R., a boy, by whom a similar coin was swallowed in August last. In forty-eight hours, no inconvenience had been experienced, and he had not since been called on. E. A., aged 45, swallowed a shilling piece, and passed it the next day without inconvenience. W. B., aged nine months, swallowed a three-cent piece; had slight diarrhœa till the fourth day, when the piece was passed, much discolored, but not eroded. E. S., aged three years, swallowed a *bogus* ten-cent piece, but this “passed” as well as the genuine, on the third day, without physic. B. M., aged 7, swallowed a copper cent. Breathed with difficulty half an hour, uncomfortable sensation in stomach, and voided the coin on the third day, discolored, but not eroded. W. H., aged 45, swallowed a copper cent. Choking sensation and weight in stomach several weeks. Knows not what has become of the coin. E. M., aged 7, swallowed a copper cent. For several days vomited everything eaten—also greenish matter. About four months after, the cent was voided, smooth, not eroded or even discolored. W. C., aged 4, swallowed a copper cent in April last. Complained of pain at pit of stomach for a week, when a stomach tube was introduced and the penny apparently pushed from the cardiac orifice into the stomach. He was relieved, is now well, but the coin has not been seen. E. K., aged 10, swallowed a copper cent in 1835, and is now alive and well. Mr. F., aged 30, swallowed a \$20 gold piece, which lodged in the œsophagus. Dr. H. tried to remove it, and pushed it into the stomach. Two years afterward he was well, and was not aware that the coin had passed. An infant, aged 2, swallowed a brass pin in 1849. No remedies were ordered, no inconvenience was experienced, and the pin has not been seen. Mrs. H. swallowed a small pin. Three days after, she had had no inconvenience from it, and she has not since been heard from. Miss — swallowed a pin in 1855. She has experienced no trouble from it, and does not know what has become of it. H. L., aged 8 months, swallowed a tenpenny nail. The child had a hernia, and in two days the nail was felt in the hernial sac, and pushed back by a surgeon into the belly. In two weeks more it passed the rectum. E. R., aged two years, swallowed a brass button, and passed it in four months without receiving any inconvenience from it. Dr. S., when 8 years old, swallowed part of a glass door-knob, irregular, and with sharp angles—its longest diameter a little more than an inch, its shortest three quarters of an inch, and weighing 162 grains. He kept still, and took castor oil each day, till the third day, when the knob was passed. Dr. Hamilton also referred to many similar cases recorded by different authors, and likewise to one not mentioned in the books—in which the inventor of the “Cure-All” being sent for, after a silver dollar had been swallowed, administered his medicine in some West India treacle, and in an hour it is said the dollar was brought away in small change, mostly five-cent pieces! Dr. Strong referred to a case in which an old cent, five days after being swallowed, was dislodged from the œsophagus by a probang, and soon passed per anum. Cases were likewise related by other members:—*viz.*, several in which a cent of the old coinage had been swallowed; four or five, a new cent; one, a common brass coat-button; one, a piece of lead; one, a Spanish quarter; one, a piece of brass; and another, in which a highly-prized *bull’s-eye watch* was twice swallowed to preserve it when in danger of being lost. In none, was there any serious inconvenience. The opinion of the members seemed to be unanimous that neither emetics or cathartics were of any use in these cases.—The above analysis is from a full report of the proceedings of the Association in the Buffalo Medical Journal for October.

“We notice in one of our exchanges,” says the *Western Lancet*, “the recent death of a horse owned by Dr. Edward Dorsey, of Hagerstown, Md., in the 45th year of his age. The Doctor had used him in his practice for thirty-seven years. He well deserves an obituary.

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THE MASSACHUSETTS MEDICAL SOCIETY.

[Communicated for the Boston Medical and Surgical Journal.]

THE MASSACHUSETTS MEDICAL SOCIETY was incorporated in 1781, seventy-six years ago. It had full power and authority to examine all candidates for the practice of physic and surgery, respecting their skill in their profession; in order "that a just discrimination should be made between such as were duly educated and properly qualified for the duties of their profession, and those who may wickedly administer medicine." This examination it was bound to make, of every applicant, under a heavy penalty for refusal. It was not intended, however, that every licentiate should, as a matter of course, become a member of the Society. The body was to be a select one, limited to seventy members. Some question having arisen as to the extent to which it had a right to carry an examination, an additional act was passed in 1789, making it the duty of the Society to point out, from time to time, a course of "medical instruction or education," and cause it to be published.

In 1803, it was thought advisable that the limit as to the number of members (70) should be removed; and an act was passed authorizing the Society to elect as many physicians and surgeons, resident in the Commonwealth, as they should see fit, previous to the next annual meeting. It also provided, that subsequently, any person who by examination had become a licentiate, and also such as might be admitted to the degree of Bachelor of Medicine (now equivalent to Doctor of Medicine) at Harvard University, *after three years of approved practice in medicine and surgery, and being of good moral character, and not otherwise*, should, upon application and signing the By-laws, be admitted a member.

Thus the Society was invested with the whole duty and power of prescribing a course of preliminary studies, and of examining all persons who sought to become licentiates, with the exception of the graduates in medicine at Harvard, who were placed on the

same footing with licentiates. And the Society had also the power of rejecting any unwelcome practitioner, ample opportunity being afforded by the *three years' probation* to judge of his mode of practice and his moral character, both of which were to be approved.

This continued to be the state of things up to 1831, when the clause of the act which required the "three years' approved practice in medicine and surgery" was repealed, and the licentiate or the graduate at Harvard could enter the Society at once, by signing the By-laws; and in 1837, this liberty was extended by the Society itself, in courtesy, to the graduates at the Berkshire Medical Institution.

From this time, as is evident, all power of discrimination in the choice of members was at an end, so far as regards the graduates of the medical schools, and they constitute the majority of applicants. The Society is thus placed in the absurd position of being obliged to receive into its ranks individuals, however unwelcome, who may have complied with the conditions of other institutions over which it has no control whatever, and whose functions do not embrace all those of the Society; a state of things which is inconsistent with the very essence of a voluntary association, and which must continue to exist until some adequate remedy is procured. In the words of a Report, drawn up by a recent President and adopted by the Society, "To deny the privilege of determining with whom and on what terms we will hold professional intercourse, would be a gross violation of our rights, to which we ought not, and to which we never could submit. It is an interference with our personal concerns that cannot be tolerated."

At the present time, it would be difficult to conjecture what could have been the motives which led to the successive changes, especially the last one, which have brought the Society into such a dilemma. Knowing who were the leading spirits of the Society at that time (1831), Jackson, Warren, Wyman, Walker, Hayward, Hale, Peirson and the like, it cannot be doubted that the measure was well weighed, and believed to be for the best interests of the profession. In looking back to a Report made that year, by a Committee of which Dr. Hale was Chairman—and which is an admirable *exposé* of the history, policy and influences of the Society, well worthy of perusal—we learn, in regard to the privilege granted to Harvard graduates, that it "was the result of necessity, not of choice. Harvard University was in existence, and had the right to confer medical as well as other degrees, long before the establishment of this Society. The only means of avoiding collision with that ancient and respectable institution, was by the compromise which was adopted." In regard to the abolishment of the three years' probation, the Report says that the "proposition originated in a conviction in the minds of the Fellows of the Society,

that such an extension of privileges would be, on the whole, useful; and upon the same principle, it met with the unanimous approval of the Society." A more definite reason is given in a subsequent paper (1839) by the same writer, namely, "that the restriction of the three years' probation produced in the minds of some young men, feelings of jealousy and discontent"; and from the same paper we also gather that the ruling motive, at the time, was to extend the *privileges* of the Society as widely as possible. In effecting this desirable end, it is now plain that the dignity and purity of the Society were left insufficiently guarded.

We have thus endeavored to exhibit the introduction and nature of a difficulty about which there has been much feeling and complaint, both in the Society and out of it, but the precise relations of which few, perhaps, have understood. The question then comes, what is to be done? and while, like the merchants at their high meetings in the present monetary crisis, all proclaim and feel that *something must be done*, no one seems prepared to propose anything, or to do anything. Some, however, have said, let us abandon the old Society and begin anew. The strong objection against this, and one which always weighs heavily with all individuals and institutions, is, that there is already a fund of \$11,000, and another, very soon to be available, of double that sum, which would be forfeited by a disorganization of the Society. A fund like this, for such an institution, is not soon nor easily raised, and should not be sacrificed until at least some effort shall have been made to remedy existing evils in some other way.

If the Society retains its charter, it has been shown that it has not, directly, the power to change the terms of membership; inasmuch as these are imposed, so far as the medical schools are concerned, by the Legislature, and cannot be altered without a legislative act. The Society can apply for legislative relief; and this is undoubtedly its duty, and its paramount duty.

For what, then, shall it apply? What shall be the means for relief? The essential requisite is, that the Society should, *in all cases*, have the *power of discrimination* in receiving members. One obvious method of securing this would be, to cut aloof from all other associations. This, however, is not enough, nor is it essential. Were every applicant to subject his character and acquirements, on his graduation, to the scrutiny of a Board of Censors, however thorough it might be, and give entire satisfaction, there would be no security that he would not turn heretic the next day. A pledge on the reception of a diploma, or on admission to the Society, to continue orthodox or forfeit his position, would be of no avail to secure the man who, for interest alone, would prove recreant to his understanding and his conscience. Little would such a man care for the surrender of the College parchment, or for exclusion from the Society, after having once received their

imprimatur as to his full acquirements and standing. It would only give ten opportunities for proclaiming his qualifications to the public, where there would otherwise have been but one.

There must be a *period of probation*. Nor need we go back to the old custom of debarring physicians from admittance for a length of time. Every one might be admitted as now, and enjoy at once the privileges of the Society, on graduation, but it should be *on probation*; and at the end of the prescribed time, the Censors, or some other authorized body, should declare whether he should be admitted to full fellowship, in view of having given satisfaction during his probation, of "approved practice" and "being of good moral character, and *not otherwise*." This would not abridge any of the privileges now enjoyed by graduates, and would require no modification in the relations of the Society and the Medical Schools, so long as they act up to the expressed conditions for conferring degrees. But if, as has been insinuated far and wide, departures from these conditions have been made, and are to be persisted in, then a separation is indispensable.

This is the best plan we can suggest to meet the existing grand difficulty; and we think the Society should lose no time in putting in train this or some other method of relief.

As to the summary expulsion of all heretics, which we know is strongly advocated by many, that is sooner said than done. It is matter of universal experience how difficult it is to eject a member from any Society. There are always deficiencies of proof, palliations and differences of opinion, which render conviction and harmonious action difficult and rare. This, in a Society which meets but once a year, must necessarily be slow work. At any rate, we believe that it is expedient, *first*, to shut the door, whereby we might exclude ten that would enter while we could eject one, and then the few traitors within could be readily managed, and the business of expulsion would be entered upon with a will, in the prospect that it would avail.

G.

STRABISMUS TREATED BY TENOTOMY AND LIGATURE.

BY J. F. NOYES, M.D., CINCINNATI, OHIO.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—The following case is forwarded to the *JOURNAL*, not because the operation is entirely novel, since it has been often performed in Europe, but as comparatively new in this country, and not likely, therefore, to prove wholly uninteresting to the profession.

Last April, Mrs. Gyld, æt. 33, of Waterville, Me., consulted me while at that place, respecting a very bad congenital squint in the left eye. The eye had been operated upon, she said, by a noted

surgeon in Lowell; but it resulted in no improvement, as the eye remained, immediately after the operation, in the same position as before. I found it so much turned in, that the greater part of the cornea was hidden from view behind the internal canthus. The patient could with difficulty bring the eye into a position directly forward or straight, while the other was closed; but any effort made to carry the eye further outward produced a zig-zag or oscillating, up-and-down motion of the ball, clearly showing an action or contraction of the oblique muscles, while the abductor itself appeared quiescent or inactive.

From the examination thus made, the method of operation judged necessary and resorted to, especially in the manner of using the ligature, was the same as that first practised, if I mistake not, by Dr. Graefe, of Berlin, by whom I first saw it performed. It was as follows.

An incision was made through the conjunctiva, a little more than an eighth of an inch from the verge of the cornea, sufficiently large to introduce a blunt hook. The adductor tendon was raised upon the hook, and with the aid of a curved needle ligated very near to its insertion on the ball, and then divided immediately beyond. Tenotomy of the *abductor* was next made in the same manner, sub-conjunctival. The eye being thus set free, the ligature was carried, turning the eye strongly outward, over a bridge or roller of cloth placed on the temple or outer side of the eye, and secured by adhesive straps. In this position the eye was securely held for more than thirty-six hours, allowing sufficient time for the divided muscles or tendons to re-attach themselves, when the ligature was removed, and the eye remained straight. It healed kindly, and resulted in a permanent cure. Since the above operation was performed, I have met with three other cases requiring the same mode of treatment, and all attended by like good results.

ON THE RECOVERY OF DROWNED PERSONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It has surprised me that no mention is made by Marshall Hall, or Dr. Bell, of any application to the nose in the treatment of persons drowned.

One of the instances of longest submersion followed by recovery, of veritable authority, which I have read of, was by this method. To be sure, other means were not omitted at the same time, such as rubbing, warm blankets, and under these, in contact with the body, dry mustard; still the first signs of life were shown by pouring into the nostrils half a drachm of aromatic spirits of ammonia, and then dipping the feathered part of a quill into *aqua ammoniacæ*, and thrusting it into the nostril as far as it would go.

It was mentioned to me by the late Caspar Wistar, M.D., formerly Professor of Anatomy at Philadelphia, that his most successful treatment in the resuscitation of the drowned, was by applications to the rectum. He believed that life was wont to remain longer in that part of the body than in any other. Stimulating enemata, suppositories of mustard and red pepper, and a plaster of the two latter substances applied to the anus and perinæum, were the means advised.

Respectfully yours,

Lebanon, Conn., Oct. 12th, 1857.

JOSEPH COMSTOCK, M.D.

CASE OF RETAINED PLACENTA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the 13th of August last, I attended Mrs. B., of this place, taken with symptoms of abortion at about the eighteenth week of pregnancy. She was the mother of two children, the younger of 11 years, and at the birth of each, and in one previous abortion, she had had retention of the placenta. The fœtus was soon expelled, but the afterbirth seemed to adhere with great force and would not yield to uterine contractions produced by large doses of ergot, nor to the efforts to remove it by the hand or placenta-hook, except as I pulled it away *piece-meal*. After trying several hours all the means in my power, I left it to the efforts of Nature. Severe and obstinate hæmorrhage followed, but it was restrained by acetate of lead and opium. About the end of the second day, she was taken with rigors, followed by fever, with dry, brown tongue, a pulse of 125, hard and small, and extreme tenderness over the abdomen. On the fourth day, the placenta came away in three pieces, after several severe pains. The fever yielded, in a few days, to fomentations, mercury pushed to ptyalism, and tincture of veratrum viride.

Query.—Can an *adherent* placenta be removed *safely*, as early as the fifth month, in all cases?

WM. M. EAMES, M.D.

Orwell, Ohio, Sept. 26th, 1857.

SINGULAR EFFECTS OF INDIGESTION.

DR. ISRAEL N. SMITH, of Haverhill, Ms., reports to the Editors a case of "fits" to which he was called, in a boy of 3 years—the whole muscular system being convulsed. On attempting to remove him into a hot bath, opisthotonos took place and he remained stiff for fifteen or twenty minutes. The body was then gradually bent sideways, and pleurosthotonos occurred. A short stay in the bath relaxing the spasms, he was placed in dry flannel, and a copious injection of molasses and warm water produced a powerful discharge of crude, wholly undigested food. A dose of calomel and rhubarb was given, and the child rapidly recovered.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Concluded from page 216.]

§ XV. *Treatment of Epilepsy.*—Proposing to develop fully this subject elsewhere, we will merely lay down here a few propositions.

1. The first thing to be done in a case of epilepsy is to find out if its origin is peripheric. The state of all the organs must be inquired into as completely as possible. For some of the means to be employed to detect the peripheric origin of fits of epilepsy, we will refer to § XI.

2. If it be ascertained that epilepsy is of peripheric origin, employ proper means to separate the nervous centres from this origin, or to remove the cause of the excitation entirely. Leaving aside what relates to the viscera, the application of ligatures, as we have shown in § IX., ought to be tried first. Sometimes it happens, as in a very curious case recorded by Récamier, that the aura will disappear from a place, and re-appear in another; it will be well to pursue it thither, and apply ligatures in the new place.

3. If ligatures fail, this is no reason for despairing of other means having the same object. The nerve animating either the part of the skin from which originates the aura, or the muscle or muscles which are the first convulsed, must be laid bare, and sulphuric ether thrown upon it. This might, perhaps, be sufficient to cure the affection; if it is not, then the nerve must be divided.*

4. The amputation of a limb for epilepsy is a barbarous act, the section of the nerves being all that is necessary.

5. Sometimes blisters, setons, caustics, &c., in the neighborhood of a part which is the origin of an aura, may be sufficient to cure, but these means have not the same efficacy as the application of a red-hot iron.

6. The best means of treating epilepsy seem to consist in the application of a series of moxas along the spine, and particularly the nape of the neck.

7. The nutrition of the nervous centres may be modified, and thereby epilepsy be cured, principally by the medicines which act on the bloodvessels, such as strychnia, but particularly by those which determine contractions in these vessels, such as atropia, ergot of rye, &c.

8. Trepanning, in cases where a blow on the head or some other circumstance seems to indicate it, ought not to be resorted to until cauterization and other means of producing a modification of the conditions of the skin of the head have failed. (See § IX.)

9. Cauterization of the mucous membrane of the larynx, which has been successful in some cases in which there was considerable

* We proposed, many years ago, to employ ether instead of the section of the nerves, in traumatic tetanus; this simple treatment will prove more useful for tetanus than for epilepsy.

laryngismus, is an excellent means, not only of diminishing or preventing the spasm of the larynx, but as a mode of producing a modification in the nutrition of the medulla oblongata.

10. As a means of treatment too much neglected, we will point out the possibility of the transformation of epilepsy into intermittent fever, which has been proved by the important facts observed by Dr. Selade, by Dumas, &c. The frequent passage of an intermittent fever into epilepsy, and the facts which show that the nerves of the bloodvessels are excited in the nervous centres in fever and ague (the galvanization of the cervical sympathetic nerve produces the effects of this fever, viz., *cold*, soon followed by *warmth* and *perspiration*), show also that there are great analogies between epilepsy and intermittent fever. So it is as regards the efficacy of ligatures in both diseases. That intermittent fever is an affection of the nervous system is proved by a curious case of fracture of the spine, in which the parts paralyzed remained in their normal state, while the rest of the body had all the phenomena of a paroxysm of fever and ague. (Dr. Knapp, in *N. Y. Jour. of Med.*, Sept., 1851, p. 199.) From these facts and many others, we think it would be of the utmost importance to try to have fever and ague generated in epileptics (See Dumas, in *Bibliothèque Médicale*, vol. xxxi., and Delasiauve, *loco cit.*, p. 378, and p. 419), as a means of cure of epilepsy.

11. We will merely add, that hygienic means are as important as the treatment, and that sleeplessness ought to be as much combated as the disease itself.

As regards the treatment of the fits, we cannot insist too much upon the prevention or diminution of asphyxia, as it seems certain that the circulation of black blood in the nervous centres prepares for the production of future fits. For this object the best means are, 1st, dashing very cold water on the face; 2d, the inhalation of chloroform.

Bibliographical Notices.

Fiske Fund Prize Essays: The Effects of Climate on Tuberculous Disease, by EDWIN LEE, M.R.C.S.; and *The Influence of Pregnancy on the Development of Tubercles*, by EDWARD WARREN, M.D. Philadelphia: Blanchard & Lea. 1857. 8vo. Pp. 42.

THE first of these essays obtained the Fiske Fund Prize in 1855, and the second the same prize in the following year. From their relations to the same general subject, the Trustees of the Fund have thought proper to publish them together.

Mr. LEE's dissertation begins with a statement of the opinions of the most reliable authorities upon the subject of the *nature* of pulmonary consumption, and as a conclusion he observes, "The preceding

quotations may suffice to show that pulmonary consumption depends upon a vitiated state of the blood, principally caused by suppressed or diminished action of the functions of the skin, and a deficiency of red globules, and that consequently it should not be considered as a merely local disease, but requires to be treated with reference chiefly to the disordered condition of the blood, and to the causes which have been most instrumental in producing it, before it has arrived at so advanced a stage as to preclude all rational hopes of recovery."

The chief *causes* of phthisis are next discussed, including the action of a cold and humid atmosphere, deficiency of exercise and sedentary modes of life, insufficient clothing, the depressing passions and emotions, and derangements of the digestive functions. The subject of hereditary tendency is not treated of, as being foreign to the subject. In this section, also, Mr. Lee quotes largely from eminent writers, besides giving the results of his own observations.

In considering the effect of climate on tubercular consumption, Mr. Lee observes, that since the predisposing causes of the malady are all directly or indirectly of a debilitating character, the principal indication in the treatment at an early stage is to subject the patient to a generally strengthening regimen: hence, so far as change of air can be curative of this disease, the dry and bracing atmosphere of a cold climate is often extremely beneficial. The author, however, cautions us against the prolonged effects of cold upon a system already enfeebled, and suggests that "a climate which might be considered mild, would often, as respects others, be cold and prejudicial." It should be remembered, however, that a patient is not necessarily exposed to cold in a cold climate. By suitable clothing he may pass the greater part of the day in the open air without feeling cold: on the contrary, there is something exhilarating in our winter air to most consumptives who are thus protected from the cold. Mr. Lee is of the opinion that an equable climate is not favorable to consumptives, and he quotes Sir James Clark, who remarks that "a long residence in a very equable climate is not favorable to health, even with all the advantages of exercise in the open air. A moderate range of temperature and of atmospheric variation seems to be necessary for the preservation of health." The effect of wind, too, is not to be lost sight of, as an agent in the cure of the disease. Mr. Lee says, "in the course of my residences at various places frequented on account of their climate, I have had many opportunities of convincing myself of the advantages which patients with chronic disease of the respiratory organs derive from breathing an atmosphere moderately agitated, as also of the enervating influence produced by a calm state of the air, and a very warm and equable climate, too long continued."

Although a mild, dry and somewhat exciting climate is the most suitable for the majority of consumptives, yet there are patients of an excitable or nervous temperament, whose circulation is accelerated, with difficulty of breathing, much cough, and frequent hæmoptysis, who would be best affected by a climate of an opposite character, one which is warm, calm and somewhat moist, which would favor the repose of the organs of respiration and circulation. Such patients, however, says Mr. Lee, are less likely to regain a normal condition than those who can bear the action of a more bracing atmosphere. A marine climate, according to the author, is generally found advanta-

geous in cases of consumption, and sea voyages are also recommended. This important question has been made the subject of laborious research by M. Jules Rochard, whose very interesting memoir, entitled *De l'influence de la navigation et des pays chauds sur la marche de la phthisie pulmonaire* (see *Annales d'hygiène publique, &c.*, 1856, 2me série, tome vi., p. 257), was published since Mr. Lee's essay was written. M. Rochard concludes, from the analysis of a very large number of facts, obtained chiefly from reliable statistics, that a marine climate is unfavorable to consumptives, a result which agrees, as many of our readers are aware, with that obtained by Dr. Bowditch, in his remarkable and valuable investigation into the prevalence of consumption in different parts of Massachusetts.

The essay concludes with some remarks on the different localities which are chiefly resorted to by consumptives, as Egypt, Spain, Nice, Naples, the West Indies, &c., and also on the effects of mineral waters. The chief mineral springs in Europe are described, with the special effect of each on consumptives. An appendix contains particular notices of some of the places in Europe most frequented on account of their climate, derived in most cases from the personal observation of the author. These will prove of much assistance to the invalid, by furnishing him with desirable information, not only concerning the climate of the places he may desire to visit, but also on many other particulars on which his comfort depends.

On the whole, we can recommend Mr. Lee's essay to the profession and to the invalid as containing a considerable amount of useful information on the subject of the effect of climate on tuberculous diseases, though it is far from being what we require on this subject. We must call attention to one extraordinary statement by the author, that, in America, "exploration of the state of the organs contained in the thoracic cavity, by means of auscultation and percussion, forms no part of the education of medical students." Such ignorance on the part of Mr. Lee considerably impairs the authenticity of the work.

We wish we could speak favorably of Dr. EDWARD WARREN's essay on the *Influence of Pregnancy on the Development of Tubercles*, which forms the second part of this volume. We regret to say that it is quite unworthy of the important subject of which it treats. The question whether pregnancy exerts any influence upon the development or progress of tuberculous disease is one which can only be settled by the comparison of a large number of well-authenticated facts. Instead of facts, however, Dr. Warren gives us an ingenious but not original hypothesis, that pregnancy *ought* to be unfavorable to the development of tubercle, on the ground (in the words of Montgomery) that during the continuance of one very active operation in the system, it is thereby rendered less liable to be invaded or acted on by another; hence, Dr. Warren argues, pregnancy *is* unfavorable to such development. The author not only omits to furnish any facts in favor of his hypothesis, but rejects the conclusions of MM. Dubreuilh and Grisolle, which are founded upon thirty-five recorded cases, because, as he says, "neither of them has examined the physiological questions involved in the inquiry." With regard to the opinion of Louis, it is true, as Dr. Warren states, that he "gives no positive opinion on the subject, and he has not formed one," but he distinctly asserts that in order to arrive at any certainty on this question, it is necessary to

have a considerable number of facts for comparison. Louis, however, cites a remarkable case, which Dr. Warren does not notice, recorded by M. Cossy, in which the patient had no symptom whatever of tuberculous disease until the fourth month of pregnancy, when the disease began to develop itself, and proved fatal in fourteen months afterward. (*Recherches, &c., sur la phthisie*, 2d edition, pp. 335 and 459.) The author makes no allusion to the opinions of Andral on the subject (*Clinique Médicale*, 3d edition, vol. iv., p. 367), nor to those of Dr. Copland (*Medical Dictionary*, Art. Pregnancy), though both agree with him that pregnancy retards the development of tubercular disease; and he does not refer to the article of Dr. Montgomery, "Illustrations of the influence of Pregnancy in controlling or retarding the Development of Certain Diseases," in the *Dublin Quarterly Journal of Medical Science* for November, 1855, which is also favorable to his views.

A large part of Dr. Warren's essay is taken up with discussions concerning homeopathy and the nature of tuberculous disease, which are quite irrelevant to the subject to be considered. Had he employed himself in collecting the numerous facts which lie scattered through medical journals and works relating to pregnancy and to tuberculous disease, and arranged them with reference to the question at issue, he might have made an exceedingly interesting and valuable work. As it is, we are surprised that his paper should have been judged worthy of a prize.

The volume is neatly printed, and may be obtained in Boston at W. D. Ticknor & Co.'s.

Diseases of the Skin. By ERASMUS WILSON, F.R.S. Fourth American Edition from the Fourth English Edition. Philadelphia: Blanchard & Lea. 1857.

THE name of the author of the treatise above announced is perfectly well known, and has been for many years, to all the medical men of this country, as well as of Europe. No man has occasion to ask his neighbor, who is Erasmus Wilson? And in calling the attention of the medical community to his work, we are quite persuaded that there is no need of pointing out, in long review, the special merits of this last edition of his admirable volume on Diseases of the Skin. Let us say, by way of giving notice to the readers of this Journal, that the book now alluded to contains several hundred pages additional to those of previous editions; and of course this renders the treatise more valuable and complete than its predecessors. The practical matter with which it abounds constitutes a large portion of the book; and we venture to remark, that no practising physician or surgeon, who, from the nature of his calling, is brought in almost daily contact with some form of cutaneous disease, will regret the purchase he has made, if he obtains ownership of Wilson at the moderate price which it costs. Indeed, we consider that it is a duty which the general practitioner owes to those who patronize him, and who look to him for aid and for cure, in diseases of the skin, to have at his constant command for reference and for a guide, a copy of Wilson's masterly production. No matter what other treatises may be in the library of the medical attendant, he needs the clear and suggestive counsels of Wilson, who is thoroughly posted up on all subjects connected with cutaneous pathology.

We have, it is very true, other valuable works on the maladies that invade the skin; but, compared with the volume under consideration, they are certainly to be regarded as inferior lights in guiding the judgment of the medical man in those seasons of doubt and trial, which occur but too frequently in the routine practice of the day.

Ticknor & Co. are agents for the sale of the book in this city.

S. D.

General Therapeutics and Materia Medica, adapted for a Medical Text Book, with Indexes of Remedies and of Diseases and their Remedies. By ROBLEY DUNGLISON, M.D., LL.D., Professor of the Institutes of Medicine, &c. Two vols., pp. 544 and 539. Sixth Edition. Philadelphia: Blanchard & Lea.

A pious student of one of the English universities was once overheard at his devotions. Among other Divine mercies for which he was duly grateful, he returned thanks for compilers of dictionaries in general and for Dr. Johnson in particular. Had he been a medical student of the present time and of this country, he would have included, in his general thanksgiving, compilers of works on therapeutics and materia medica, as well as of dictionaries, and made for Dr. Dunglison a special thank-offering. It is needless for us to say much of a work of which the medical public have shown their appreciation by requiring a sixth edition. Dr. Dunglison is an excellent compiler. He is not a profound or original thinker. This book of his on *Materia Medica* and *Therapeutics* contains a sufficiently-detailed and accurate account of the various remedies which medical art at the present day has at its disposal. Its object is stated in the preface to the fourth edition, to be the preparation of a work "which might aid the medical student in acquiring the main results of modern observation and reflection; and, at the same time, be to the practitioner a trustworthy book of reference." This object the author has very successfully accomplished. He has not put forth any new views of great value; he has gone through the tedious labor of making an excellent compilation, and presented it to the medical public. Like his *Medical Dictionary* and his book on *New Remedies*, this work on *Materia Medica* is an evidence of indefatigable industry—of unremitting labor, for which the American medical profession have exhibited their gratitude, in a way doubtless more gratifying to Dr. Dunglison, or at least more useful, than was the pious thankfulness of the Englishman to the great lexicographer.

The work is in two volumes. It is printed on good paper, with a clear type, and possesses the great value of a copious and complete Index. This edition has been carefully revised by the author. It will form a valuable addition to the practitioner's library, though it will not take the place of works like *Pereira's Materia Medica*, or *Oesterlen's Therapeutics*.

E. H. C.

Lectures on the Diseases of Women. By CHARLES WEST, M.D., London. Part I.—Diseases of the Uterus. American Edition. Philadelphia: Blanchard & Lea. 1857.

THE author states that these lectures, now published, form the first portion of a treatise on the diseases of women, and hopes to be able

to conclude the subject in a second volume within three years from the issue of this (April, 1856). Dr. West established an American reputation by his work on the Diseases of Children, than which there is not a more thorough and reliable treatise to be found. The publication of his Croonian Lectures upon the Os Uteri has more recently brought him before American readers. About one half of this volume is devoted to the diseases of menstruation, uterine tumors and polypi, and malignant growths. The remainder of the book discusses the displacements of the womb, and inflammation, induration and ulceration of the body, neck and mouth. Upon these subjects he opposes the doctrines of Simpson and Bennett; asserting, from his experience and deductions, that the theories of mechanical support and caustic applications have been carried too far altogether. Details and statistics, upon questions arising with reference to the pathology of the os uteri, were given in the Croonian Lectures, and, in this work, the result of more extended observation, he thinks he is authorized still more firmly to maintain his ground. No better idea of his views can be given than by quoting from his work the following summaries.

“1st. Uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulceration of the os uteri—are met with independently of that condition almost as often as in connection with it.

“2d. These symptoms are observed in both classes of cases with a vastly preponderating frequency at the time of the greatest vigor of the sexual functions, and no cause has so great a share in their production as the different incidents connected with the active exercise of the reproductive powers. But it does not appear that ulceration of the os uteri exerts any special influence either in causing sterility or in producing abortion.

“3d. While the symptoms are identical in character in the two classes of cases, they seem to present a slightly increased degree of intensity in those cases in which ulceration of the os uteri exists.

“4th. In as far as could be ascertained by careful examination, four fifths of the cases of either class presented appreciable changes in the conditions of the uterus—such as misplacement, enlargement, and hardening of its tissue, while frequently several of these conditions co-existed. An indurated and hypertrophied state of the cervix uteri was, however, more frequent in connection with ulceration of the os uteri than independently of that condition.

“5th. The inference, however, to which the last-mentioned fact would seem to lead, as to the existence of some necessary relation—such as that of cause and effect—between ulceration of the os uteri and induration of its cervix, is in great measure negatived by two circumstances.

“1. That in numerous instances an indurated cervix co-existed with a healthy os uteri.

“2. That while in many of the cases in which induration of the cervix existed, the ulceration of the os was very slight, induration was entirely absent in other instances where the ulceration was noticed as having been very extensive.

“Since, then, we find that a very great degree of resemblance exists between the two classes of cases; that women of the same age, in similar circumstances, present the same symptoms, leading to the same results, having the same duration, and attended with similar structural changes, whether ulceration of the os uteri is present or absent; it may fairly be inferred, that ulceration of the womb is neither a general cause of uterine disease, nor a trustworthy index of its progress; and it follows, I think, as a necessary corollary, that the endeavor by local remedies to remove this condition of the os is not the all-important object in the treatment of uterine disease, which the teaching and the practice of some physicians would lead us to imagine.”

Speaking of mechanical support, he says :

“1st. The safe employment of the instrument requires that, as a general rule,

its use should be continued for only a very few hours at a time ; a necessity which implies that every woman who is submitted to this mode of treatment shall undergo two vaginal examinations every day, the one for the introduction of the instrument and the other for its withdrawal.

“ 2d. The quietude which its use imposes, and the restrictions to which the patient is compelled to submit in order to avoid severe suffering and the risk of serious danger, are at least as absolute in their kind and as irksome to be borne as those which any other mode of treatment involves, while it is necessary to continue them for as long a time.

“ 3d. In spite of all precautions, the treatment is generally painful, often dangerous, sometimes fatal ; and the untoward accidents have not been by any means constantly attributable to want of prudence either on the part of the practitioner or of his patient.

“ 4th. Cure, even by the long-continued employment of this means for several months, is uncertain, while relapses are very frequent after the mechanical support is discontinued ; besides which, the permanent cure of the displacement is far from being always followed by the cessation of the symptom.”

The Practice of Surgery. By JAMES MILLER, F.R.S.E., &c. Revised by the American Editor. Fourth American from the last Edinburgh Edition. Illustrated by three hundred and sixty-four Engravings on Wood. Philadelphia: Blanchard & Lea. 1857. 8vo. Pp. 632.

WE are glad to welcome a new edition of this excellent work. Together with the “ Principles,” by the same author, it makes one of the best compendiums of surgery in our language. Owing to the absence, in Europe, of Dr. Sargent, who edited the third American edition, the present issue has been entrusted to another hand, who has ably supplied his place. Additions to a considerable extent have been made, which enhance the value of the book, in proof of which we need only refer to the subjects of fracture of the radius, and vaginal fistula, among many others. The volume is handsomely printed, and the engravings are generally good. The “ Practice” as well as the “ Principles” of Mr. Miller should be in the hands of every practitioner who does not decline surgery. For sale in Boston by Ticknor & Co.

The Mother's Handbook ; a Guide in the Care of Young Children. By EDWARD H. PARKER, M.D., Physician to the Demilt Dispensary, &c. New York: Edward P. Allen. 1857. 12mo. Pp. 250.

WE have read this book with great satisfaction, and take pleasure in recommending it, for it belongs to a class of works which often do as much harm as good. It contains ample directions for the care of children, including the general hygienic treatment and the symptoms of disease, directions for emergencies, the way to prepare the different kinds of food, &c. &c. It is evidently written by a man of experience and judgment, and can safely be put into the hands of mothers. We feel confident that if carefully read it will often be the means of relieving suffering and anxiety, and of promoting the health and happiness of children. We are the more glad to recommend Dr. Parker's work because it has not been sent to us for notice.

Life ; its Relations, Animal and Mental. An Inaugural Dissertation. By J. DICKSON BRUNS, A.M., M.D. Charleston, S. C. 1857.

THIS dissertation is upon a much-discussed theme—the relation between mind and matter ; between the intellect and the brain. To

scrutinize it closely would be to enter into the discussion ourselves, for which we have neither the taste nor the time. It is not a question to be decided by medical men. We are not to apply to its solution anatomical or physiological laws alone. The dissecting-knife and the microscope have often told us *how* certain phenomena are produced, never *why*. The pamphlet is well written, but the author unfortunately selected a subject upon which he has thrown no new light. He found it a mystery, and it remains so still. C. E.

An Address delivered before the Medical Society of the State of Vermont, October 22d, 1856. By JOSEPH PERKINS, M.D.

DR. PERKINS takes for his theme the great subject of sanitary reform, and the importance of registration laws in aid of it. His discourse is an able exposition of the evils which have been caused by the want of such laws, and the blessings which have resulted from their enactment. He strongly recommends the subject to the attention of the legislature.

The Handbook of Practical Receipts of Every-day Use; a Manual for the Chemist, Druggist, Medical Practitioner, Manufacturer and Heads of Families. By THOMAS F. BRANSTON. First American from the Second London Edition. Philadelphia: Lindsay & Blakiston. 1857.

A VERY convenient book of reference, which would be useful in every family. It contains formulæ for all kinds of domestic preparations, mineral waters, powders, beverages, dietetic articles, perfumery, cosmetics, &c., besides the official medicines, their uses and modes of preparation, a glossary and a full index. We cordially recommend the work, which may be had of W. D. Ticknor & Co.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, OCTOBER 29, 1857.

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### MASSACHUSETTS MEDICAL SOCIETY.

WE to-day present our readers with an article upon the subject of the present condition of affairs in our State Medical Society, from the pen of a medical friend thoroughly conversant with its whole history. The facts are both interesting and important; and an attentive consideration of them will tend to dispel such erroneous ideas as may now be cherished, as well as revive the recollection of certain forgotten truths. Many Fellows, also, even in Boston, have doubtless never been fully cognizant of the real difficulties with which the Society has had to contend, with regard to the points referred to in our last issue. The remarks then offered will have prepared all who take an interest in the matter, for a communication of the nature of our leading paper.

### EFFECTS OF CLIMATE ON HEALTH.

A RECENT perusal of Mr. Lee's prize essay on the effect of climate on tuberculous disease, a brief notice of which appears in the present

number, has suggested to our mind how much is yet to be learned on the important subject of the relations between climate and health. The most imperfect ideas concerning it are still prevalent, to some extent, even in the medical profession, chiefly on account of the want of careful observation. There is a tendency in our community, at least, to place an exaggerated estimate upon the salubrity of foreign countries, and to undervalue, in this respect, our own. How often is the climate of America abused for its supposed tendency to produce nervous excitability, insanity, dyspepsia; how often we are told that the climate of New England tends peculiarly to favor the development of consumption, pleurisy and lung fever; and such statements are made with as much confidence as if they were founded on carefully-ascertained facts. It is hoped that the more exact method of study which of late years has characterized the pursuit of the science of medicine in other departments, will ere long throw as much light on this subject as it has on many others. Already an appeal to statistical information has disclosed the fact that warm climates, instead of being to a great extent exempt from tuberculous pulmonary disease, are, in fact, quite obnoxious to it. The fact seems to be, that the mortality from phthisis is pretty equally distributed over the earth.

It is a common fallacy to suppose that the prevailing diseases of any country are owing exclusively to the climate: many other circumstances, such as the habits, morals, and race of the inhabitants, are to be taken into consideration, of which some are of the utmost importance, since they are capable of such modification as will be followed by an improvement in the general health of the community. This is often seen in the beneficial results of sanitary reform. Thus, the prevalence of phthisis in this community cannot be accounted for by the influence of climate alone, since the disease is almost equally prevalent in countries of a very different climate. The habit of sleeping and working in close rooms, the insufficient amount of exercise in the open air, the incessant occupation of mind and body which are characteristic of our people, probably all predispose to this disease, if they are not among its exciting causes.

There are many circumstances which render it probable that the climate of New England is conducive to good health and longevity. This is shown in our great exemption from endemic diseases; we have no fever and ague, no bilious remittent or yellow fevers. It is also shown by the unusual longevity of our native inhabitants. We believe there are few places on the globe whose inhabitants attain a greater age than ours. We have already called attention to this fact, of which any one can convince himself by consulting the list of deaths in the daily papers. To take a single example—in the *Daily Advertiser* of October 14th, we find, in the list of deaths, twenty individuals whose ages are recorded, and who died in Massachusetts. Of these, 3 were over 90 years of age (1 of 94 years and 11 months, 1 of 93, and 1 of 90 years and 6 months): 3 were between 85 and 90; 3 between 80 and 85; 1 was 79 years of age, and 1 was 68; thus, more than one half were over 68. We believe that the sudden transitions of our climate, from cold to warm and from warm to cold, which are thought to be so trying to the constitution, are in reality of great benefit. The highest development of health is not to be found in an uniform climate, any more than is great intellectual vigor; variety of weather



is as important to the health as change of exercise is to the muscular strength, or variation of diet to the well-being of the whole system.

#### A SALT FOR THE PREVENTION OF COMBUSTION.

A CORRESPONDENT of the *Courrier des Etats Unis* relates some interesting experiments which he has witnessed at Paris, for the purpose of testing the efficacy of a substance discovered by M. Carteron, a chemist, which is said to render incombustible all objects to which it is applied. The substance is a salt, which may be dissolved in a solution of starch, and thus be used for preparing linen and other stuffs, or mixed with paint, and applied to wood-work, &c. The experiments were conducted in the presence of several eminent scientific persons. A small building was constructed in imitation of a theatre, and supplied with scenery, machinery, &c., all of which was made of the usual materials, but prepared with the salt of M. Carteron. Oil of turpentine was poured over the whole, and fire applied. The turpentine burned fiercely; the canvas of which the scenery was made was carbonized, but the flames did not attack the wood-work. Muslin and cotton cloths, prepared in the same way, were exposed to the action of fire. The material was carbonized and burnt through at the place of contact with the flame, but the fire did not extend to other parts of the tissue. We are not informed what is the composition of the salt. If further experiments confirm its utility, it will doubtless be given to the world.

#### THE FUNCTIONS OF THE PANCREAS.

THE brilliant experiments of M. Claude Bernard, which have thrown so much light upon the physiology of digestion, were supposed, until recently, to have definitely proved that the functions of the pancreas consisted in supplying a fluid which promotes the absorption of fatty matters, by reducing them to a state of emulsion. Recent pancreatic fluid forms, with the greatest facility, emulsions with all fatty matters and oils, and the mixture remains unchanged during a great length of time. In diseases of the pancreas, the oleaginous portions of the food are found unchanged in the evacuations. The emulsion of fatty matters only takes place in that part of the intestinal tract which is situated below the pancreatic duct, as is well shown in rabbits, whose duct enters the intestine ten or fifteen inches below the gall duct. If the pancreas be destroyed artificially, the fatty substances taken by the animal pass unchanged through the intestines. It is true that the conclusions of M. Bernard have been disputed by Bidder, Lehmann, Schmidt and Frerichs, but they have not succeeded in disproving them, and the emulsifying properties of the pancreas have been generally regarded as the function which that gland performed in the process of digestion.

In a paper read before the French Academy of Medicine, in July, 1856, M. Colin, demonstrator of anatomy at the Veterinary School at Alfort, asserted that fatty substances were digested and absorbed without the intervention of the pancreatic fluid. The communication was referred to a committee consisting of MM. Longet, Bussey, Bouley and Bérard, whose eminence in the departments of physiology, chemistry and veterinary medicine is an evidence of the interest which the Academy attached to this important question. The report of the

Committee, written by M. Bérard, is one of exceeding interest, and seems to prove conclusively that the secretion of the pancreas is not necessary for the absorption of fatty matters, nor for the formation of chyle in a state of emulsion, at least in herbivorous animals. We say *seems* to prove, for the contradictory results, each apparently conclusive, arrived at by such skilful and conscientious experimenters, only shows with how much caution we should receive the deductions made from experiments on animals, where the processes of nature, disturbed by the rough hand of art, must often yield unsatisfactory and contradictory replies to the scientific inquirer.

The experiments of M. Colin were repeated by the Committee upon 36 dogs, 3 horses, 5 bulls and 4 cows. They consisted simply in tying the pancreatic duct, at its opening into the intestine, and adapting to it a tube, through which all the pancreatic fluid was suffered to escape externally. The animals suffered little or no inconvenience from the operation, but continued to eat as usual. On the third day afterward, when it was supposed that all the fluid which might have entered into the intestine previously to the closure of the duct, had disappeared, the thoracic duct was opened, and its contents allowed to escape through a silver tube. The amount of chyle thus obtained from the thoracic duct was enormous, amounting in one instance to *twelve gallons* in twelve hours. This fluid resembled exactly, in appearance at least, that obtained from animals whose pancreatic duct had not been tied. In order to ascertain whether this chyle really contained fat in a state of emulsion, a large quantity of it was evaporated to the consistence of a dry extract, and then treated with ether, which dissolved the fat, and by evaporation left it in the form of a deposit very much resembling butter. Large quantities of the liquid chyle, of the dry extract, and of the pure fat obtained from it, were exhibited by M. Bérard to the Academy. It thus appears, from these experiments, that however important a part the pancreas may play in the process of digestion, its functions are not necessary to the absorption and assimilation of fat.

If any physiological doctrine appeared to be well established by conclusive experiments, it was that of Bernard, that the function of the pancreas was that of rendering fatty matters capable of being absorbed, by the process of emulsion; but there are more things in heaven and earth than are dreamed of in our philosophy. The experiments of M. Colin seem equally conclusive that such is *not* the function of this gland. Future experiments and observations can alone decide the question, and to them we look with the greatest interest.

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#### SUPERINTENDENT OF HEALTH IN PROVIDENCE.

WE have already alluded to the zeal manifested by the people of the State of Rhode Island in the subject of registration, and we are glad to perceive that its good effects are beginning to develop themselves. The city of Providence has wisely determined to ascertain, as far as possible, all the sources of disease within its limits, by the appointment of a Superintendent of Health. The city government acted judiciously in the selection of Dr. Edwin M. Snow to fill this most important office. Dr. Snow has made the subject of sanitary reform his study for many years, and his first Annual Report, recently issued, shows that he is eminently qualified for his situation. Although Pro-

vidence is a healthy city, compared with many others, yet this report shows conclusively not only that its sanitary condition is susceptible of much improvement, but that unless a better system of sewerage is introduced, and unless ordinances are enacted regulating the removal of house offal and the cleansing of vaults, the public health must soon begin to suffer. The report is full of admirable suggestions, and we hope it will be attentively read by the citizens of Providence.

The Registration Report of Rhode Island for 1856, prepared by Dr. Parsons, shows the same completeness and accuracy which have distinguished those of former years. Some improvements have been introduced, of value, and the work may be considered a most reliable compendium of the vital and mortuary statistics of the State, the value of which will not fail to be appreciated by its inhabitants.

*Lectures at the Mass. Medical College.*—The lecture term of the Boston Medical School, for 1857-58, commences next week. It will be seen, by an official notice in our advertising sheet, that the introductory lecture will be given on Wednesday, at the Medical College, by Professor Shattuck, and that the public are invited to attend. We hope a large number of our citizens will be found sufficiently interested in medical science to step in at the College at the time mentioned, and listen to the lecture of one so well qualified to entertain them. We understand that every preparation has been made by the Faculty for the coming course of lectures, and we doubt not it will be at least equal to any preceding course. The advantages to the student, of pursuing his medical studies in this city, are many, and we trust that a large class will be in attendance the coming season.

*Health of the City.*—The number of deaths last week was quite small, and no one disease exhibited a disproportionate mortality. There was no death from scarlatina. Influenza has been very prevalent here for several weeks past, and though in some cases it has been severe, we have heard of no death from the epidemic. The number of deaths for the corresponding week of 1856 was 77, of which 14 were from consumption, 6 from scarlatina, 3 from dysentery, and 2 from pneumonia.

ERRATUM.—In a part of our issue of the present number, page 265, 4th line from bottom, for *Louget* read "Longet."

*Communications Received.*—Attempted Abortion by Veratrum Viride.—Congenital Aneurismal Tumor treated by a new method.—Obituary Notice of Dr. William Blanding.

*Books and Pamphlets received.*—Lesions of the Epiglottic Cartilage, by Horace Green, M.D.

MARRIED.—In this city, Oct. 21, Seth Loring Sprague, M.D., to Miss Carrie Horton Foster.—In Burlington, Vt., Oct. 19th, Robert L. Flagg, M.D., of Waterville, Vt., to Miss Lucy D. Turner, of Leicester, Mass.—In Brownville, N. Y., John C. Fairfax, M.D., of the District of Columbia, to Miss Mary B. Kirby.

DIED.—In this city, 22d inst., at Quarantine Station, Deer Island, Dr. Thomas Badarazue, of Philadelphia. Dr. B. was landed from the brig Ellen Jane, from Truxillo, on the 20th inst.

*Deaths in Boston* for the week ending Saturday noon, October 24th, 67. Males, 32—Females, 35.—Accident, 2—apoplexy, 2—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer, 1—consumption, 9—convulsions, 1—cholera infantum, 4—croup, 3—dysentery, 3—diarrhoea, 4—dropsy, 2—debility, 2—infantile diseases, 4—enteritis, 1—typhoid fever, 5—homicide, 2—inflammation of the lungs, 4—marasmus, 2—old age, 3—palsy, 1—starvation, 1—strangled, 1—teething, 1—throat, inflammation of, 1—tumor, 1—unknown, 1—whooping cough, 3.

Under 5 years, 28—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 7—above 60 years, 13. Born in the United States, 43—Ireland, 16—other places, 8.



*Saccharine Protoxide of Iron.*—According to M. E. Latour, the addition of sugar to the protoxide of iron preserves this salt from alteration, and the preparation is of uniform composition and crystallizes in a regular manner. It is prepared as follows:—300 grains of pure sulphate of iron are dissolved in three and a half ounces of boiling distilled water, and 80 grains of sugar candy are dissolved in one ounce of boiling distilled water; the two solutions are mixed and quickly filtered, and left to crystallize at a temperature of from 95 to 100 degrees Fahr. The crystals are collected, dried between folds of filtering paper, and preserved in a phial which is perfectly dry. By concentration the liquor can be made to yield a further deposit of crystals. The crystals are oblique rhomboidal prisms. Their composition is as follows:—

|                                |         |        |
|--------------------------------|---------|--------|
| Sulphate of protoxide of iron, | - - - - | 54.57. |
| Water,                         | - - - - | 32.50. |
| Sugar                          | - - - - | 12.93. |

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100.

—*Union Medicale*, from *Gaz. Med. de Algerie*.

*Gelatinized Chloroform.*—Dr. Massart gives, in the *Revue de Therapeutique Medico-Chirurgicale*, the following methods of making a solid preparation of chloroform:—1st, mix equal parts of white of egg and chloroform; shake the mixture, and let it stand for three hours. Or, 2d, take one part of white of egg and four parts of chloroform; put them in a bottle and plunge it completely in a water bath of the temperature of from 120 to 140 degrees Fahr.; gelatinization takes place in four minutes. This preparation is to be rubbed on a painful part, and, according to M. Massart, its effects in relieving pain are remarkable. He prefers the cold method of making it. If allowed to remain long in contact with the skin, it produces a superficial cauterization and pain.

*Syrup of Borax.*—In cases of laryngeal catarrh, M. Trousseau prefers this syrup to the use of gargles. His formula is four drachms of borax to ten ounces of simple syrup. A teaspoonful may be taken seven, eight or ten times a day, care being taken not to drink immediately afterward, that the contact of the salt with the affected mucous membrane may be prolonged as much as possible.—*L'Union Medicale*.

*Health of St. Louis.*—The *St. Louis Medical and Surgical Journal* states that that city has never been more healthy than during the past season. A good deal of unnecessary alarm was caused by a general belief that the city would be visited by an epidemic of yellow fever, notwithstanding the fact that for the past thirty years there has been a constant intercourse between St. Louis and New Orleans, and numbers of persons laboring under yellow fever have been brought from the latter city, landed on the wharves, and sent to the hospitals, without ever causing the disease to spread. There has been no cholera, nor unusual disease of any kind.

*New Orleans Medical Journals.*—The old *Medical and Surgical Journal* is now owned by Drs. Warren Stone, James Jones and Stanford Chaille, who will also, with Dr. Bennet Dowler, hereafter be its editors. The *Medical News and Hospital Gazette* is now edited by Drs. D. Warren Brickell and E. D. Fenner, professors in the New Orleans School of Medicine. Both journals give promise of improvement, and have our best wishes.

*Medical Miscellany.*—From the 1st of May, 1855, to the 31st of August, 1856, there were born in the obstetrical clinic of the School of Medicine of Bordeaux, in France, 131 children, including 18 still-births. There were also among them 14 premature births, the children being feeble, and 11 deaths took place soon after birth—leaving 99 healthy living children. The sex of the whole was 63 male and 63 female.—The following regulation, in regard to vaccination, is adopted at Glasgow (Scotland) Faculty Hall:—“Children are vaccinated every Monday morning. The parent of each child pays one shilling, which is returned on the following Monday if the child be brought for inspection. No lymph is allowed to be taken from the patient unless there be more than one vesicle.”—Only 16 deaths by yellow fever took place at Charity Hospital in New Orleans during the month of September.

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PROF. OPPOLZER'S DIAGNOSIS AND TREATMENT OF ULCER  
OF THE STOMACH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Very little is known in America of Professor Johann Oppolzer, of Vienna. Now and then there comes to us, in some foreign journal, a meagre translation of some of his lectures, as reported in the Vienna medical gazettes; but I feel that this greatest of clinical instructors should be better appreciated here, exercising as much influence as he does at the present time over medical science in Europe, and I can find no place more suitable for an introduction than the wards of the Allgemeine Krankenhaus.

Enter, then, with me, any morning at 8 o'clock, these two long halls, but be not surprised at the lively tones and bustle which precede the arrival of the Professor. Out of these two hundred young men who follow him, you will find representatives of nearly every nation in Europe; the swarthy Hungarian, the detested Bohemian, the jewelled Russian, the hirsute Greek, the fastidious Prussian; Poles, Jews, Italians, Swiss, Danes, Swedes, and Dutchmen, all speaking their native tongues. It is rare to see Frenchmen so far from home, nor do they meet a pleasant welcome here. A few English and Americans, perhaps half a dozen only, may be seen, and one poor mulatto, a rarity, whose hair is much admired. On either side lie the sick, every patient in bed at the visit, according to rule. By each bedside stand flasks of glass, containing the night and morning urine, the vomitus, and the expectoration, and all medicine used by the patient. The fæces are retained in similar vessels in a side-closet, to be produced if necessary during the visit. On the wall above the beds hang blackboards, on which are inscribed the name, condition and age of the patient, date of disease and of entrance, number of evacuations daily, what diet is allowed, and the minute diagnosis always in Latin. In the centre of the room is a case for the chemical re-agents, and microscope, which play a very important part in the diagnosis by the bedside.

Oppolzer comes in punctually. I cannot give my first impression of him. It was, perhaps, that his pictures belie him; perhaps that he had made a very hasty toilet, had forgotten his collar, and had not made the same use of the Danube as we of the Cochituate. The engravings show you a man with a mild, pleasant cast of features, almost dull in their expression. The man himself has a small head, eyes beaming with fire and *bonhomie*. A great well of cunning and knowledge of the world lies hid therein. His hand, with which he reads such curious riddles of disease, any lady might envy for its shape. We may pardon the want of cleanliness, when we consider the low rank in social life to which the scientific men of Austria are condemned. During the sway of the last Emperor it was quite the fashion to look as idiotic as possible; and even now, no man without a title of nobility or a military frock dare hold his head erect. But it is with the man of science alone that we have to do, and we will watch his hands and listen to his words as he passes through the wards. I prefer rather to follow as nearly as possible the order of his remarks, than to attempt a more labored arrangement; and I propose, first, to speak of some of the diseases of the stomach, of which he recognizes the following varieties.

1st, simple catarrh of the mucous membrane, with swelling and sometimes hæmorrhage. 2d, affection of the submucous cellular tissue, with formation of abscesses, which may burst within or outwardly. 3d, an inflammation, with an exudation, as in croup; very rare, and never a primary disease. 4th, the follicular inflammation produced by poisons and irritants. 5th, round and perforating ulcer. 6th, carcinoma. 7th, enlargement of the organ.

*Ulcus rotundum*.—Patient, a man, 40 years old, had suffered several years from gastric symptoms. Had fixed pain in the pyloric region, and had vomited much blood. We should begin our percussion at the apex of the heart, for here generally the stomach begins. In its upper portion it is covered by the left lobe of the liver. Its lower limit may be ascertained by the difference of sound between it and the intestine below; and if both cavities should contain the same material, either gas or fluid, we should give the patient water to drink. By auscultation we may hear the entrance of the fluid during deglutition, and by change of position the fluid will be found in the dependent part. In this way we may define accurately the limits of the stomach. Here the sound was metallic and dull to the umbilicus, where full tympanitic sound began. The stomach, therefore, was dilated to the navel. On palpation, no tumor could be discovered. Here, from examination of the patient, we could not say whether we had to do with cancer or *ulcus perforans*, but the long course of the disease and appearance of the individual proved conclusively that it was the latter. In many cases it is difficult to distinguish which of the two it is;



for even the large swelling of cancer may be concealed behind the liver. If the tumor when found is movable, it is more likely to be cancer, because the *ulcus perforans* produces peritonitis, and thus becomes fixed, although cancer may also be fixed. No certain diagnosis can be made unless we find blood, cardialgia and fixed pain, though it may occur without any of these. It has often been confounded with hysteria (a word so long a convenient mask for our ignorance), and perforation alone has shown the mistake. Chlorosis is frequently mistaken for it, but we cannot be too careful in our diagnosis between the two, for iron is as detrimental to the one as beneficial to the other. It often occurs in tuberculosis, though there is no connection between them.

*Ulcus rotundum* usually affects the upper posterior pyloric portion of the stomach. Sometimes four or five ulcers occur, though rarely more than one. It does not produce death in the majority of cases; even when perforation takes place, the stomach may have joined itself to some other organ, by prior circumscribed peritonitis, and thus a fistula be formed, either with the liver, pancreas or abdominal walls. It may perforate any important vessel, and thus produce fatal hæmorrhage. The diaphragm may be attacked, and thus abscess of the lungs, gastro-pulmonary fistula, or pneumo-thorax follow. Cases have been known where the pericardium was bored through. The spleen generally escapes, on account of its position. The communication may be established with the colon or small intestine, and thus stercoraceous vomiting and marasmus ensue. The gall-ducts have also been perforated.

When, in case of such an ulcer, we have much bleeding from the stomach, we may infer that the muscular coat has been bored into. Sometimes it affects the pyloric orifice itself, and no food can pass into the intestine. The abdomen sinks, the stomach is distended even below the umbilicus, and unless the pylorus dilates again, marasmus carries the patient "to the ground," as the Germans say. Enlargement of the organ takes place in the case above mentioned, on account of paralysis of its muscles, induced by the collection of fluid in its cavity. Enlargement may also be caused by the chronic catarrh which accompanies the ulcer, and in this case we shall have the usual symptoms of dyspepsia. The stomach has been so much enlarged as to simulate pregnancy, and has been punctured for ascites. This state follows hydropathic treatment at times. An ulcer may, on the other hand, cause contraction of the organ by its cicatrix, or of the pylorus, as in cancer.

To repeat—pain is usually complained of in a fixed spot; cardialgia comes on two or three hours after eating, with vomiting, and pain is always produced on pressure; whereas in simple cardialgia, pain continues only while food is in the organ, and is relieved by pressure.

*Treatment.*—We must act as in cases of ordinary ulcers on the

surface of the body. Rest is the main thing, and they may be healed in six or eight weeks without any medicine. The diet is therefore all-important, and milk our chief and great reliance. And first sour milk, then butter-milk, which has been filtered to remove particles of butter, and lastly fresh milk, according to the taste of the patient. When fresh milk is given, the casein coagulates in the stomach in large masses, which are not so easily borne as the flocculi of the same as they occur in sour milk. So long as there is any cardialgia, no flesh and no bread can be allowed. If milk is not borne, or is not enough nourishment for the patient, we may give an egg uncooked in thin soup; or if a soup is not admissible, an uncooked egg in water. Finally, we may allow the finest arrowroot or a little rice, or whatever the stomach bears best. Very little of anything is to be given at once. Sometimes raw meat is the only thing which the stomach will retain. A case is cited, where a man was examined by all the first physicians on the continent, and the disease was pronounced to be cancer. The patient was dying of starvation. Oppolzer gave him pills of chopped raw veal, and the man is now living and well. There is also the cold cure, viz., ices, with the exception of vanilla, and cold meats; no soup, nothing warm allowed.

*Medicine.*—Nitrate of silver can have no effect, because only small doses can be taken, which must act (if it does at all, for is not the insoluble chloride formed?) equally over the whole surface of the organ, and cannot produce its specific effect upon the ulcer. Alum and tannin can also have no effect in small doses, or when given for a short time only, and if continued long they are injurious. The same may be said of acetate of lead, which would have caused many deaths, had not the insoluble and therefore harmless chloride been formed. Such means must therefore be used as will produce cicatrization without injurious consequences. Our treatment must be especially directed to the symptoms.

*Cardialgia* is best treated by opium, and a celebrated remedy is a powder of morph. acet., gr.  $\frac{1}{2}$  or  $\frac{1}{8}$ ; bismuth subnit., gr. i. or ij. This powder should be given every morning, to prevent the attack. If constipation contra-indicate the use of opium, we must substitute extract of belladonna for the acetate of morphia; but in the attack itself, morphine must be given. If the pain is produced by distension of the organ with gas, and not by the action of the ulcer on the nerves, then another plan should be followed. When the stomach is much distended, we obtain a clear, full tone on percussion, though not tympanitic, for to get this we must have air movable in a cavity. The gas may be removed by friction, by hot cloths, by rubbing with oil of lavender or aromatic tincture. Internal remedies are not so good.

*Hæmorrhage.*—Tannin, sulphate of zinc, acetate of lead and alum have a favorable effect upon this symptom, but all astringents

should be used in small doses, else they bring on emesis. Ice pills given often, iced water, and cold fomentations over the stomach, are the chief means to be relied upon. In severe hæmorrhage a state of collapse comes on. In such cases the first great rule is to examine the mouth and pharynx, and remove all coagula therefrom. The syncope must be treated by wine, inhalation of vinegar, hot cloths to the limbs, or by soup, if no wine or Hoffman's anodyne are at hand. If the hæmorrhage continue, the anæmia and faintness will return; then we must resort to strong astringents, and the cold remedies. We may judge of the amount of coagulated blood in the stomach by percussion. It must be left, unless it produces trouble by pressure or decomposition. We cannot give emetics, but we must rub the stomach and abdomen with aromatics to produce contraction, and also give enemata. Two drachms of *magnesia usta* may be administered to prevent flatulence in such cases, and to bring on an alvine evacuation. If the blood passes off with the stools, they will resemble wheel grease in color. Carbon ligni or charcoal, prepared from bread, may be given to correct the foul gas in the stomach also. The burning sensation in the stomach may be remedied by subnitrate of bismuth, given before meals, which prevents the acid secretion.

If chronic catarrh and enlargement of the organ are present, we must direct our treatment to the former, and we shall have already removed all inflammatory symptoms usually connected with this state, by our milk diet and antiphlogistic treatment. The mucous membrane of the stomach is usually thickened and covered with a dense, pale mucus, which does not allow the gastric juice to come in contact with the food, so that it is of the highest importance to remove this gluey covering, and this is best done by salted fluids, by which it is much diluted, or by salted food, as Dutch herring, or anchovies cured with salt. We use, moreover, muriate of ammonia, ipecacuanha and nux vomica. For the first fourteen days we give the salt of ammonia in solution; afterward the ipecacuanha, which has an alterative effect upon mucous membrane, for the same length of time, in small doses; and, lastly, the nux vomica. Contractility may often be induced by carminatives, never by astringents. The constipation, which is nearly always present, must be removed by rhubarb and aloes. Oppolzer thinks that when a cathartic is followed by an opiate, the confused action of the intestines may induce invagination. All oily and fatty substances are to be avoided.

From the frequent occurrence of this disease in Vienna, I am inclined to think that many of our cases of "dyspepsia" might be resolved into the same, were we not so easily satisfied and blinded by that very unsatisfactory word; a word which I never heard used by Oppolzer, for he is never satisfied until, by the aid



of his acute eyes and ears, and skilful fingers, he has found some actual organic change in an organ, and can point to the very spot.

*Boston, October, 1857.*

JAMES C. WHITE, M.D.

PECULIAR CASE OF HÆMORRHAGE FROM THE RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called to Mrs. E., June 22d, 1855, and found her suffering much pain, and, upon examination of the symptoms, found the case to be one of miscarriage. She was rather diffident, as she had been married but a short time, and did not incline to converse much respecting it. I proceeded in the case as we ordinarily do. She recovered, and was about in a few days as usual.

October 25th I was called again to see her, and found the case same as before, and I proceeded in the same way, as there was no chance to arrest the miscarriage. She recovered rapidly, and was soon quite comfortable. I then made it my business to inquire more particularly respecting her health before and since marriage. I learned that, some time since, she lost a twin sister by hæmorrhage from the rectum, and ever since her sister's death she had been constantly troubled in the same way. The hæmorrhage would come on without any premonitory symptoms, except a sense of fulness, as though the bowels wished to move. Generally there would be a pint or more of fresh blood, and she would see no more for several days, when it would return. This frequent discharge reduced her very much; she was troubled more or less with a cough, and serious lung symptoms, and fears were entertained by her friends that she might go into a decline. I accordingly administered the remedies generally given in such cases, viewing the lung symptoms and cough as merely secondary, and depending on other derangements aside from disease of the lungs. Many of these remedies she had taken before from the first physicians of N., Mass., her former place of residence, but all to no effect, except to improve the health somewhat, and she again became pregnant.

In February, 1856, I was called to see her, as she was again threatened with miscarriage; but by attention it was kept off, and I was in hope she would go her full time; but not so. March 1st I was again called; a hæmorrhagic discharge from the rectum, attended with after-pains, &c., occurred. Miscarriage again took place. She was now disheartened about ever having a child. I encouraged her, and alluded to many things which might be done for her, which had not been done, but did not speak in plain words. The husband asked me, as we were together, what hope I had that she would ever be any better, and what means I so often alluded to which had not been used. I told him that my views from the first were that all her difficulties sprang from uterine derangement, and that hereafter I should treat her case with the speculum and

caustic if they wished. He was anxious she should be treated, but could not obtain her consent until her health so far declined, that, as I told her, she must submit to it, or I feared it would be too late to be of any benefit to her, as I did not consider any other treatment worth a straw in her case.

She finally consented to the treatment, and on June 4th I made application with the speculum to the os uteri with solid nitrate of silver, and afterward with a solution of a scruple to the ounce of water. During the examination, I discovered by the plug in the os uteri that she was again pregnant, and found the os and neck of the womb in a very tumid state, which probably would have been one of ulceration had it not been for the hæmorrhage from the rectum, which kept the inflammation down. June 11th, I again made an examination and application as before, and found some improvement; there was less tumefaction, and the color was more natural. She said she thought she was better. June 18th and 26th, I made application as before; os much improved, color nearly natural. Says she has not felt so well for years, or since puberty, and feels much encouraged. July 2d, 11th and 20th, treatment as before, with speculum. She continues to improve, and gains strength. She has had no hæmorrhage from the rectum since treatment in this way, and feels, as regards her health, as well as when she was a child. August 3d, same treatment. I found the color of the os natural, and so much improved that I decided not to make any more applications, unless the bad symptoms should return. As she was some four months pregnant, I considered it was a good time to ease up on treatment. She continued to improve in health and strength, and went to her full term.

On the 30th of January, 1857, I attended her in confinement. The child was a healthy female. The labor was of short duration, the child being born in less than two hours after I was called. No bad symptoms came on, she went on to convalescence, and was able to leave her room in the ordinary time, having no return from her old difficulty.

I think many times miscarriage might be prevented, and the health of the patient much improved, if the speculum were more generally used in these cases. It has also been a question in my mind, for some time, why hæmorrhage from the rectum and hæmorrhoids in the female cannot be relieved by the use of the speculum and applications to the womb. There are cases where the bowels are regular, yet still the patient is laboring under one or both of these troubles, and on examination a relaxation in the pelvic viscera is found, and consequently an unnatural pressure upon the rectum, creating irritation and inflammation, which may be removed by giving tone and strength to those organs, and thereby to the whole system.

D. CALKINS, M.D.

*East Lyme, Ct., October, 1857.*

## OBSTETRICAL CASES.

BY WM. NICHOLSON, M.D., OF NEWBY'S BRIDGE, PERQUIMANS CO., N. C.

[Read before the Providence Med. Association, and communicated for the Boston Med. and Surg. Journal.]

CASE I.—10th mo. 21st, 1855. Called to E. H., married, *æt.* 35. in her first labor, which had already been protracted many hours. The midwife, to whom the case had been entrusted, informed me that she had used great efforts to effect delivery, but in vain. I found that the head had passed the superior strait, and was impacted in the pelvis. I could not correct the position, as I endeavored to do, by the introduction of my hand into the vagina. I therefore prepared to apply the forceps. At this stage, I discovered a slight laceration of the perinæum, which had doubtless been effected either by my own hand or that of the midwife, it is impossible to say which, as both had been freely used. The age of the patient at the time of this her first labor, doubtless should be regarded as one cause of the frangibility of the perinæum. Of course, I expected that the delivery of the child would greatly increase this commencing laceration, notwithstanding my best efforts to the contrary. The forceps being applied, I found that no degree of force which I deemed safe to apply, would cause the least advance of the head. The poor woman, from long-continued suffering, appeared to be entering into a state of exhaustion, and from considerations of safety for her, I perforated the cranium of the child, which was probably, though not certainly, already dead. and effected as careful a delivery as I could. I found, however, a complete laceration of the perinæum, extending through the sphincter ani and for an inch up the rectum and recto-vaginal septum. I immediately applied the interrupted suture, commencing at the rectum, and brought the parts into correct apposition. The after-treatment consisted mainly in maintaining, for a week, perfect constipation by the administration of opium; cleanliness, and attention to position, the knees being kept near together. There was no untoward symptom; complete union took place, and she had an excellent recovery.

In just about twelve months from the time of this labor, she was again confined. The labor was rapid, and natural, and entirely unassisted, as the midwife could not be obtained until its completion. There was no re-production of the laceration, and the mother and child are at this date, 6th mo. 8th, 1857, both doing very well.

Of the various methods of treatment of lacerated perinæum, I will not assert that I adopted the best. But I was far from home, far from any physician, had no instruments but such as are contained in a simple pocket case, and could not visit the patient oftener than once in two days. I had not then read the recent publication of I. B. Brown, on this and some other diseases of wo-



men admitting of surgical treatment. The most important steps in his mode of treatment are, the division of the coccygeal attachments of the sphincter ani muscle, the use of the quill sutures, the regular introduction, every four or six hours, of the catheter for the first three or four days subsequent to the operation, and constipation by opium until the union has become firm and complete.

The points of interest in this case are—the age of the patient at the time of her first labor, as a predisposing cause of the accident; the success which it encourages us to hope for in similar cases by similar treatment, whenever circumstances prevent us from adopting that which is more complex. It weighs in favor of *immediate* operation in cases of this accident. It proves that subsequent parturition (even when rapid and unassisted) is possible without a recurrence of the rupture. We may derive a caution, too, against a careless use, even of the *hand*, in endeavoring to rectify the position of the head; although I presume that, in this case, the extreme frangibility of the perinæum hardly would have resisted the instrumental delivery required, even if the laceration had not commenced previously.

CASE II.—M. B., aged about 30, married, the mother of several children, was attacked, in about twelve hours after the completion of a natural labor, with severe pain in the hypogastrium, intense fever, and all the symptoms of violent puerperal metritis. I bled her freely, and gave twenty grains of calomel, to be followed by a purgative. A second bleeding, in twelve hours after the first, completely relieved the symptoms of uterine inflammation; but pain, tenderness and swelling of the left lower extremity, immediately ensued. In the course of a fortnight several abscesses were opened in the limb, and gradual recovery took place, but she was unable to use the limb to much extent in two or three months. She has had one child since, but did not suffer in the same way.

The above case occurred over five years ago. At this time (6th mo., 1857) the superficial veins are much enlarged, and much walking or long-continued standing causes some swelling of the limb, which subsides by rest in the recumbent posture. In this case, it is fair to suppose that inflammation spread from the uterine veins to those of the inferior extremity, through their connecting trunks, and that the femoral and its tributaries were so blocked up as to prevent them from readily returning the blood toward the heart. The disproportion between the venous and the arterial circulation, gives rise to swelling from excess of blood and effusion of its serum in the limb upon exertion, even now, notwithstanding the partial compensating effect of the enlargement of the superficial veins.

CASE III.—5th mo., 1856. R. C., married, aged about 23, was seized, in ten or twelve hours after the conclusion of her first labor, which had been quite natural, with violent ague, succeeded by severe pain in the hypogastrium, high fever, tenderness of the

abdomen upon pressure and motion, and suppression of the lochial discharge. The attendants, through ignorance, did not send for medical aid until thirty-six hours after the attack. I then found her in nearly or quite a hopeless condition. The pain had subsided in the hypogastrium, but was very violent in the upper portion of the abdomen, which was considerably tumefied. The pulse was rapid, feeble, soft, small and unresisting, the respiration excessively hurried, and the countenance dusky. The pain progressively changed its location, from the upper part of the abdomen to the right side, right shoulder, and finally to the right arm and hand, and to the right leg, remaining in those extremities until about the close. These extremities were also tumefied, purplish and excessively tender, and maintained in a state of partial flexion. Death occurred at the end of the fourth day from the commencement of the attack. She was a healthy young woman, but was impressed with an indelible conviction, even before her pregnancy, that she would die in her first child-bed. The most important remedies used in treatment were calomel and opium, in regular doses. Ptyalism did not occur. I presume that this was a case of uterine phlebitis, resulting in pyæmia. *Post-mortem* examinations are seldom allowed here.

CASE IV.—1st mo. 13th, 1851. L. J., aged about 23, unmarried, was attacked, on the tenth day after her first labor, with the ordinary symptoms of inflammation of the uterus, which, at my first visit, two days from the commencement of the attack, had invaded the peritoneum. Neither exhortations nor warnings would induce the patient to submit to bleeding from the arm. She was purged freely with calomel and castor oil, and then took calomel, opium and ipecacuanha, regularly, with a view to ptyalism. Poultices at first were applied, and then a large blister to the abdomen, with tepid vaginal injections, and occasional turpentine and assafœtida enemata, as callèd for by tympanitis. Mercurial ointment was also applied to the blistered surface, and by friction upon the arms. On the eighth day of her disease, the gums became sore. The severe abdominal pain subsided, but the abdomen continued very tender and tumid, the pulse was very feeble, and the system prostrate. Milk punch with laudanum, and laxatives, were prescribed, until the 12th day, when severe abdominal pain recurred, with a hot and parched skin. Each side of her chest was also the seat of very acute pain. Respiration excessively hurried. Her mouth was nearly well. I again gave calomel moderately, re-blistered the abdomen and applied mercurial ointment, and continued the brandy and milk, until ptyalism recurred. The pains again immediately remitted, but the abdomen was as tender, hard and tumid as ever. Nitromuriatic acid, opium and camphor were now regularly administered, with the milk punch, until the twenty-third day of the disease, when the symptoms be-

coming decidedly hectic, sulphate of quinia and elixir of vitriol were substituted for the nitromuriatic acid and camphor. About this time her left forearm became suddenly very tender and slightly puffed, and soon presented some evidence of suppuration. It was immediately freely blistered, and in a few days was restored to its natural condition. Laxatives and enemata (especially of turpentine, as these alleviated the pain) were frequently used, as the slightest constipation caused great suffering.

At the end of the thirty-third day of the disease, a slight discharge of lumpy purulent matter, unmixed with fæces, occurred from the rectum. On the thirty-fourth, a pint of white sero-purulent and offensive matter came by the same channel. The patient now entered upon a slow and tedious convalescence. The purulent discharge from the rectum continued for a week or more. The tumefaction, hardness and tenderness of the abdomen gradually subsided, and she finally regained a state of good health.

After the commencement of the discharge, the patient declared that, when she turned from one side to the other, she felt a sensation as of a fluid in motion within the cavity of the abdomen. Ulceration into the rectum, giving discharge to the pus, was doubtless the mode of cure.

Such cases are certainly rare; few being, so far as I know, on record. Dr. Gordon, of Aberdeen, in his well-known treatise, gives three similar cases, in two of which the matter was evacuated at the umbilicus, and in the other by the urethra (see Cases 5, 6 and 7, Chapter 2d). In Hey's treatise (Appendix), Case 29th had a purulent discharge from the rectum. Dr. Burns says "similar cases have come under his observation," and speaks of matter being discharged from the rectum in cases of inflammation of the uterus, &c. (*Principles of Midwifery*, Articles Inflammation of the Uterus and Peritoneal Inflammation.)

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#### PHYSIOLOGY OF THE LARGE INTESTINE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I desire to invite your attention to an original article communicated to the *Medical Chronicle* (Montreal) by Dr. M. F. Colby, of Stanstead, C. E., entitled "New Views on the Physiology of the Large Intestine."

If agreeable to you, I should be pleased to see the article in your JOURNAL. The vital importance of the subject, as well as the high standing of the writer, will commend his suggestions to the close and studious scrutiny of our profession. That much remains to be known of the functions of this organ, is conceded by all. If Dr. Colby's views are erroneous, they may lead to the truth.



In that admirable book, "*Medical Notes and Reflections*, by Sir Henry Holland, Bart., M.D., F.R.S., &c.," the eminent author observes, in his able chapter on the "Pathology of the Colon," "I doubt whether all the functions and disorders of this bowel have obtained proper attention in practice, or their influence in producing disorder of other parts of the body been sufficiently regarded. The colon is often viewed merely as a part of the alimentary canal, with the office of simple transference through it after the more important stages of digestion have been completed. It is certain, however, that there is much beyond this in its actions, both of healthy and morbid kind. Its peculiar situation, connections, and flexures—its great extent of internal surface multiplied by the bands, folds, and other inequalities of the lining membrane—its liability to unequal distension, contraction or stricture—and the variety of secretions from the glands and vessels of its inner surface—all concur in giving great importance to this intestine in the animal economy. From its continuity with the rectum, many circumstances are common to the two portions of the canal, and to these the following remarks apply. But each part has its peculiarities, and those of the colon, for obvious reasons, have hitherto engaged less than their relative share of notice." And in a note he says:—"Numerous questions remain to be solved as to the especial functions of the several parts of the alimentary canal."

Not intending to express any opinion as to the accuracy of these views, I believe their publication will be useful.

A SUBSCRIBER.

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*New Views on the Physiology of the Large Intestine.* By M. F. COLBY, M.A., M.D., &c., Stanstead, C. E.

It is now more than eighteen months since I discovered the error in the received physiology of the function of the large intestine, particularly in that part of it called descending colon, sigmoid flexure and rectum. Every day's observation since, has confirmed me in the correctness of my views. Although I have not been able to engage in general practice, I have had numerous opportunities of testing them as to their bearing on pathology. The knowledge of the true function of the descending bowel does away with all the uncertainty complained of by medical men as to the effect of cathartics, and more particularly of enemas, in many cases. A discussion took place in the Westminster Medical Society, in 1833, which is reported in the *London Lancet*. The discussion developed one fact, that there was a consciousness among all present that there was something not satisfactory in the received physiology; which led to the question by the anatomists present, whether there was anything in the anatomical structure of the descending bowel which could operate as a valve?

I can demonstrate the received physiology of the function of

the descending bowel to be untenable, and that it implies the charge that the Creator has left a defect in the organization of a particular part, which renders it inadequate to the performance of the function assigned it. My new physiological doctrine recognizes two distinct apparatuses, each possessing peculiar and distinct functions over and above what is recognized by the old system. These functions were supposed to pertain to that apparatus called the large intestine, and heretofore assigned to the function of organic life, assisted by the voluntary co-operation of the abdominal muscles.

As to the purport of my new physiological doctrine, I quote from lectures which I am preparing, illustrative of the subject, the following recapitulation:—

1st. I assume that the organic function of the colon ceases at its left transverse extremity.

2d. That the portion called descending colon and sigmoid flexure has a separate and independent function.

3d. That this portion of the bowel is anatomically inadequate to the performance of the function heretofore assigned it.

4th. That this portion constitutes the link between the animal and organic life. That it is possessed of both animal sensibility and contractility, to such an extent as to entitle its functions to be considered those of animal life.

5th. That although it is to a certain extent subject to the will, and can be brought into action at any moment by it, yet it has an independent instinctive life, which gives it an influence and a power which neither its organic or its animal life could give it.

6th. I assume the name of *curator* as proper to express its function; and as it is a dualite acting under its instinctive life, at times in a separate capacity, I give the name *curator superior* to that portion above the superior spinous process of the ilium, and which for the time is devoted to the functions of organic life; and *curator inferior* to the portion below, usually called sigmoid flexure—this for the time being devoted to the functions of animal life.

7th. That the *curator*, when acting as a unit, occupies the post of observation between the two lives. That it takes cognizance of the time when the digestion and the nutritive absorption is completed in the small intestine; that it then opens the ileo-colic valve, and at the same time by a suctive and expansive action it takes the fæcal matter from the transverse colon and conveys it to the rectum, which it aids the levator ani muscles to raise, and by a divergent action of its two longitudinal muscles it opens to receive the same. The *curator*, by its instinctive power, recognizes the fitness of the rectum to receive and expel the fæcal matter simultaneous to the opening of the ileo-colic valve; it also at the same time brings into action the abdominal muscles, by which the contents of the small intestine are pressed forward to supply the

place of the refuse matter removed from the colon. Its office is therefore not only prehensile in taking the fæcal matter from the transverse colon and conveying it to the rectum; but it exercises the conservative function of keeping the ileo-colic valve closed till such time as the absorption of all nutritive matter from the contents of the small intestine renders its closure no longer necessary.

8th. That the rectum is part of an apparatus which I call rectal, and which is wholly under the domain of the will; that it exercises the function of defæcation, and aids in that of urination and parturition. In its anatomical structure it is analogous to that of the upper part of the digestive tube, with the difference of the reversion of the sphincters. It consists of the strongest muscular portion of the bowel; the rectum, with its muscles; the two sphincters, the levator ani, the coccygei, &c. The same looseness of the cellular tissue, which connects the mucous with the muscular coat of the œsophagus, is found between these coats of the rectum.

9th. That the power of the will extends over that part of the digestive tube which extends from the mouth to within two or three inches of the cardiac orifice of the stomach; so also the power of the will extends from the external sphincter ani to within two or three inches of the left transverse extremity of the colon.

10th. That the rectum, in that abnormal state which results from phlogosis of its muscular coat, has its contractility exalted so as to cause it to act antagonistically to the *curator*. This is the most frequent cause of constipation and its consequences. When this contractility becomes spasmodic, this resistance leaves the *curator* to mechanical forces—hence result accumulations and distension of its weakened side walls. It is this abnormal state of the most sensitive part of the digestive tube which fills the hospitals with the insane. It is also in this state that the *curator*, by its instinctive life, acts as a dualite by a peculiar transposition which gives it a great power in overcoming the resistance of the rectum.

11th. The ileo-colic valve may have its function suspended by local disease, as well as by peritoneal inflammation; but the most frequent cause is the suspension of the function of the *curator*, which may arise from antagonism from the abnormal state of the rectum, or from a phlogosed state of its own mucous membrane. A sudden closure of the valve would cause tympanites, ileus or strangulated hernia. A weakened or too active state of the valve would result in emaciation from the premature passing of the nutritive matter.—*Montreal Medical Chronicle.*

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PROFESSOR BARRIER, of Lyons, has published in the *Gazette Médicale de Lyon* an able article, wherein he contends that ether should be used in preference to chloroform as an anæsthetic. M. Barrier states that five deaths from inhalation of chloroform have to his knowledge taken place at Lyons, and that only *one* has been published.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, NOVEMBER 5, 1857.
 

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## ADULTERATION OF ARTICLES OF FOOD AND DRINK.

THE late examinations, instituted in England, for the detection of falsifications in edible substances, and particularly in those most commonly in use, and which constitute, in fact, the necessaries of life, are worthy of imitation in our own country. It would surprise the uninitiated to know the extent of the frauds perpetrated, while, all the time, dealers profess to sell "genuine" articles. Wherever the deception lies, the fact is indubitable that it is practised, and it should be ferretted out and punished.

It were, at present, but a fruitless task, even to enumerate the substances in ordinary dietetic use which are either wholly counterfeited or largely adulterated. Not until efficient action can be ensured, and the strong arm of the law can be brought to bear upon the abuse, will it be worth while systematically to point out its extent and variety.

We have alluded, upon more than one occasion, to the opportunity afforded the unprincipled to falsify specimens of various liquors. No one dreams, at the present day, unless under extraordinary circumstances, of securing pure wines, brandies, &c. ; to do this, one must grow up with the vine, watch the grapes to maturity, and never leave them for a moment, until he has their essence in glass of his own blowing! Even under this *espionage*, we doubt if he could be quite sure of the product. Then, again, we have the malt liquors; what a *farrago* some of them must be! As to *whiskey*, we have already set forth the beauties of the traffic in it, and the exceeding availability of assayers' testimonials in favor of any particular sample. To mention one or two of the more staple articles of consumption. *Bread* may be described as good, bad, or indifferent: there is an astonishing amount of the latter quality, enough to frighten us of the bad kind, and now and then a specimen of the good. To what are these facts owing? If we have pure flour, need we have poor bread? Certainly not, if cooks behave properly, and do not dash in handfuls of cream of tartar, soda, alum, and like abominations—abominations *in bread!*—very good in their legitimate places. If we turn from household bakings, to such as we must receive, on trust, from professed bakers for the public, are we any safer? Hardly so safe, since masters and mistresses can be sufficiently autocrats, at home, to exclude the objectionable ingredients of the dough, but can exercise no prescriptive rights over the outsiders. It is vastly to be desired that honesty were the adopted, as well as the "*best*" policy in these matters. But what is the remedy? Obviously none, unless the legitimate guardians of the public weal can protect us. It must be pernicious to health to swallow aluminated bread, sodaified bread or tartaric-acid bread, or bread partially compounded of *salæratius*, plaster of Paris, &c. ; but we submit, either quietly, or with unavailing wry faces, to these, and innumerable other impositions. People go on, for years, eating and

drinking the most extraordinary and unbelievable mixtures, get dyspeptic, and wonder how it can be possible, and when facts are revealed, the least of which explain the evils produced, they either lazily shrink from the trouble of investigation and reform, or else make a great stir for a time, and settle down upon their lees soon afterward, as the "genuine old Port," of our day, does upon the sloe, logwood, &c., which form its foundation.

The adulteration of bread in London has been ascertained to be enormous. Dr. John Snow, in the *Lancet* (July 4th, 1857), has given his views with regard to the production of *ricketts* from the use of aluminated bread. We have not space for his deductions, but the paper is well worthy of perusal. He asserts that the quantity of alum used by the London bakers is "*between twenty and thirty times as great as that usually stated by authors.*" He also says, "I have never examined a specimen of flour which contained alum, or a specimen of baker's bread which did not contain it." We suppose that London is not the *only* place open to such practices, although from the fact that a little alum makes bread lighter, its use has been advocated. A little may be harmless, but when over an ounce enters into each loaf, we would prefer to be without it.

These healthful pranks with flour may have the effect to reconcile the public to the extraordinary procedure of *constantly diminishing the size of the loaves, even while flour is falling* in value—an anomalous custom we are at a loss to explain, unless alum and other ingredients employed have risen! They have a capital way of arranging this fraud of diminution, in certain European countries; unless the loaves meet the prescribed legal weight and size, the entire batch is turned over to the poor—thus effecting a double good—teaching the baker a salutary lesson and providing for the needy. Now, if we could have some such regulation in force here, and also make the bread liable to condemnation, not only for deficiency in the weight and size of the loaves, but for adulteration also, we should soon have a satisfactory change.

Take *sugar* for another article. How extensively this widely-consumed staple may be adulterated, we cannot say; but we personally have suffered from such adulteration. Let all who purchase powdered white sugar, as we lately did (whether of East Boston make or not), for preparing preserves, beware! We discovered, *viâ* our cook, a very notable proportion of *sand* in the number of pounds employed. Thought we, verily "*the sand is weighty,*" but it sweeteneth not, though it be paid for with "current money of the merchant"! This pleasing occurrence set us to wondering how many good, honest traders there are in our land, who resemble the reputable *deacon*, who discoursed daily to his apprentice, somewhat after the following fashion: "John! have you *sanded* the sugar?" "Yes, sir!" "Have you watered the rum and the molasses?" "Yes, sir!" "Then, *come in to prayers*!!!"

The English scrutineers have done a good work, in exposing dishonest procedures and at the same time in publishing the *honest* dealers' names to the world, in contrast to their brethren. While much more remains to be done, in order to hold up to denunciation and weighty punishment, the perpetrators of, and the connivers at, these wholesale cheats in substances of such vital value and constant use, let the wholesome example set us abroad be imitated without delay

at home. It is not, however, only to determine the fact that sugar is sanded, flour *deflowered*, limed, plastered and mixed with Indian meal; coffee two thirds chicory, &c. &c., that a commission should be established; but it is that such a *penalty* may be affixed to any and every such and similar violation of right and justice, as shall protect the rich and poor from wrong and oppression: from literally giving their "money for that which is not bread, and their labor for that which satisfieth not!"

Far above the question of violated rights and the penalties which should be enforced, rise the great truths that physical, mental and moral injuries are inflicted through these iniquitous dealings. Surely, if a Committee of Inspection has been deemed necessary, and been formed by Government, for the thorough examination of drugs and medicines, there needs one to bring to light dietetic frauds, daily practised, and too long unwhipped of justice. It is well that our medicines should be genuine, and wholly reliable; but there would be far less use for them, were the statements and warnings of the physician and hygeist habitually listened to, and acted upon. In no way have conscientious and qualified medical men more frequently proved their disinterestedness, than by indicating abuses of public and private hygienic precautions.

The American nation has the disagreeable reputation of being "a dyspeptic nation." May we not add to the many reasons for producing dyspepsia with us—such as bolting our food, and running to business directly afterward; over-work, anxiety and haste to be rich, all which might be denominated *zeal to erect our tomb-stones*—the various substances *shovelled*, pell-mell, into those much-enduring, but *terribly-revenging* receptacles—human stomachs?

Health, Happiness, Humanity, Justice, mere *comfort*, appeal for an injunction against Falsehood, Theft, Meanness and the insidious induction of incurable disease. Give them a hearing, People, City Fathers, Legislators!

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#### MEMBERSHIP OF THE MASSACHUSETTS MEDICAL SOCIETY.

THE article on the Massachusetts Medical Society, which we printed in our last number, must commend itself to all the Fellows. It is a plain statement of the origin of the disadvantages under which we labor, in being compelled to associate with such irregular practitioners as succeed in obtaining a degree in the Harvard or Berkshire schools, and proposes a method of relief which seems likely to be effectual. It is obvious that the present state of things cannot last much longer without great dissatisfaction on the part of a considerable number of members, while there are not a few highly respectable practitioners, especially in the central and western districts, who decline joining the Society for the same reason. Although the delusion of homœopathy is now dying away, which has, more than any other form of empiricism, created ill-feeling and bitterness among the members, yet experience teaches that other forms of quackery will arise in its place to impose upon the public, and we should have it in our power at least to keep them out of our Society, whose object is to maintain such a standard as shall insure to the public a certain number, at least, of physicians who are "duly educated and properly qualified for the duties of their profession."



In the furtherance of this object, the Board of Censors for Suffolk District have addressed a remonstrance to the Councillors, praying them to take such measures as shall lead to an alteration of the third and fourth By-laws of the Society, and to the repeal of the first section of the Act of March 19, 1831, which repeals that portion of the Act of March 8, 1803, requiring that candidates shall have passed three years in approved practice before being admitted into the Society. For the third and fourth By-laws, the Censors propose the following substitutes.

"Any person may sign the by-laws, and be admitted a Fellow, who shall, upon examination, satisfy any Board of Censors that he has been duly educated, and is properly qualified for the duties of the medical profession; and that he has complied with the following requisitions, viz. :—

"He shall be not less than twenty-one years of age, and of good moral character; shall have such acquaintance with the Latin language, and with experimental philosophy, as is necessary for a good medical and surgical education; he shall have studied three full years under the direction of, and shall have attended the practice of, some respectable physician or physicians; and shall have attended two full courses of lectures on Anatomy, Physiology, Chemistry, Materia Medica, Obstetrics, and the Theory and Practice of Medicine and Surgery.

"Any candidate, whose examination shall be satisfactory to the majority of the Censors present at any meeting of the Board, shall be admitted a Fellow; but, if this examination be not satisfactory, he shall not be re-examined by any Board of Censors within less than six months."

The Memorial of the Censors of the Suffolk District was referred to a committee, with directions to print and distribute it to the Councillors, and to report on the whole subject at the next stated meeting of the Councillors, when it will no doubt meet with an attentive consideration. The subject will probably be brought before the Society at its next annual meeting, which will be held in Boston.

#### INSTRUCTION IN COOKING FOR THE POOR.

AMONG various benevolent institutions for the benefit of the poor, we have often wondered that none has been thought of having for its object gratuitous instruction in cooking. Next to reading and writing, we think the elements of the culinary art should be inculcated as one of the essential accomplishments of the female poor. If this art were better known to them, it would not only be a source of very considerable economy, but also have a very favorable effect on the health and happiness of the humbler classes. Every dispensary physician has been often called to cases of colic, diarrhœa, or dyspepsia, caused by eating ill-cooked food. A "School for Cookery" has been established in London by a committee of ladies, for the purpose of imparting to the poor a knowledge of this art, and also of instructing girls who are desirous of becoming cooks. The articles prepared in the kitchen are sold to the poor at a little more than cost price. The state of the times does not allow us to hope that a similar enterprise could be attempted here at present, but may we not anticipate, in a more favorable year, a successful effort for such an establishment?

#### ENEMATA OF ACETATE OF LEAD IN STRANGULATED HERNIA.

The *Lancet* quotes from a German journal a case of strangulated hernia which was relieved by the use of acetate of lead, in enema. The patient had suffered some time from an inguinal hernia of the right

side, which became strangulated while he was dancing. Taxis, ice and leeches did no good; vomiting set in, and twenty-seven hours after the strangulation there was much prostration and hiccough, with a pulse of 140, small and intermittent. An enema was then given, composed as follows: sugar of lead, twenty-two grains, in half a pound of water; some ice, besides, was put upon the tumor. An hour afterward the vomiting and hiccough were less frequent; the enema was repeated. The tumor then became less hard, and the sickness and hiccough ceased; pulse 128. The patient then slept for half an hour, and the swelling diminished one half, became soft, and was easily reduced. Alvine evacuations were then obtained by purgatives, and the patient left the hospital in perfect health. Dr. Floegel, under whose care the above case occurred, ascribes the successful result to the styptic action of the saturnine salt, which by causing retraction of the intestines, both in the longitudinal and transverse direction, draws the herniated portion of the bowel into the abdomen.

*Iron reduced by Hydrogen.*—This preparation is a powder, procured by re-acting on the peroxide of iron, when at a red heat, by an atmosphere of hydrogen gas, which attracts the oxygen, and, uniting with it, produces water or steam, leaving the iron in its purity, and in a state of extreme division. By this process, it becomes an impalpable powder, tasteless and of ready solubility, capable of forming all the chemical preparations of iron, and particularly suitable for medicinal use. Its facility of assimilation in the natural or imbibed fluids contained in the stomach, and its freedom from acid, or any other irritating ingredient, are among its chief recommendations. The ordinary dose is from one to two grains, to be taken before eating. It may be administered in powder with sugar, or in pills made up with oil and spermaceti, and which will keep unimpaired for a great length of time.

We refer to the preparation at this time more particularly, to say that a pure French specimen of it, in its natural state, and also combined with chocolate, may be found at the drug-store of Mr. I. B. Patten, whose advertisement is in to-day's JOURNAL.

*The Tortoise beaten.*—The English copy of the *British and Foreign Medico-Chirurgical Review* reached us on Monday, actually ahead of the American re-print.

*Health of the City.*—The number of deaths from consumption last week (8) was unusually small: but one male died from that disease. There were 8 deaths from cholera infantum, 7 from pneumonia, from "infantile diseases" and "teething" each 6, from scarlatina 4. The total number of deaths for the corresponding week of last year was 75, of which 19 were from consumption, 7 from pneumonia, 10 from scarlatina, and none from cholera infantum.

MARRIED.—In Pittsfield, Mass., Oct. 27th, Dr. William L. Jackson to Miss Caroline Janes, both of P.—In Albany, N. Y., H. W. Steenbergh, M.D., of Malta, N. Y., to Mrs. Cate C. Van Scharck, of Albany.

*Deaths in Boston* for the week ending Saturday noon, October 31st, 73. Males, 36—Females, 37.—Accident, 2—congestion of the brain, 1—disease of the brain, 1—consumption, 8—convulsions, 2—cholera infantum, 8—croup, 3—dysentery, 2—dropsy in the head, 2—debility, 4—infantile diseases, 6—typhoid fever, 2—scarlet fever, 4—disease of the heart, 4—inflammation of the lungs, 7—disease of the liver, 1—marasmus, 1—old age, 1—palsy, 2—pleurisy, 1—teething, 6—throat, inflammation of, 1—thrush, 1—unknown, 1—whooping cough, 2.

Under 5 years, 43—between 5 and 20 years, 2—between 20 and 40 years, 10—between 40 and 60 years, 7—above 60 years, 11. Born in the United States, 52—Ireland, 14—other places, 7.

*The Plantago Major in Spider Bite.*—Dr. MAULL states, in the *New Jersey Medical and Surgical Reporter*, that the expressed juice of the common plantain is an antidote to the bite of the venomous spider. This insect, which is black, with a red spot on its back, is found in cellars, along old fences, in lofts, and in dark and damp places generally. According to Dr. Maull, the effects of the bite of this insect are very severe, but are immediately allayed by the administration of three or four fluid ounces of the juice of the fresh leaves of the plant.

*Iodine in the Treatment of Neuralgia.*—In the *New Orleans Medical News*, a case is reported by Dr. W. G. Thornton, of Victoria, Texas, of neuralgia of the left side of the head, periodical in character, which could not be arrested with quinine. Tinct. of iodine was applied in the midst of a paroxysm, with entire and permanent relief. The application was followed by this prescription:—R. Syr. sarsaparil. com., eight ozs.; potass. iodid., one drachm.—M. Half an ounce to be given three times a day, and the tincture to be applied in anticipation of an attack.—*N. Jersey Med. and Surg. Reporter*.

*Hospital for Convalescent Workmen.*—At the command of the Emperor of France, there has been built, near Charenton—on the outskirts of the Bois de Vincennes, and some few miles from Paris—a hospital for the reception of convalescent workmen. Founded by a decree in March, 1855, the completed building was inaugurated on Monday last; the Minister of the Interior taking a principal part in the ceremony, and delivering the address on the occasion. This new building is arranged to accommodate five hundred invalids of the laboring classes.

Numerous and well-managed as are our London hospitals, there is abundant room for an institution similar to that originated by the French emperor. The one small convalescent hospital near London is rather an admirable working model than such an institution as should be provided for the metropolis as a half-way house to health for the poor. The wards of our hospitals are often unavailable for the reception of urgent cases, because the beds are occupied by patients who, though cured of their ailments, remain too enfeebled for labor; who, if turned adrift into the world, would eddy back to illness from sheer inability to force their way into the stream of life, and resume their bed of sickness with diminished chance of recovery. The establishment of a hospital for incurables was a noble exercise of benevolence. It was the work of that "tryve charite" which, saith Piers Plouhnan, "most helpeth men to Hevene." For no further worldly service could be rendered by its inmates—withered branches on the tree of life that might never more bear fruit. On the other hand, the establishment of a convalescent institution for the poor, proportionate to the size of London, would be not only a work of charity, but one of political economy; by helping to tide the poor man over the trying time when he is recovering his strength, and thus enabling him to resume his lowly, but not unimportant, place in the social scale.—*London Lancet*, Sept. 5.

*Twelve Toes; Removal of Two.*—This was of course a congenital deformity—not an arrest, but an increase, of development, in that there existed six toes on each foot of a little boy in St. Mary's Hospital. The supernumerary toes were growing parallel to the sides of the little toes, and had not complete regular joints, being somewhat rudimentary. They were removed by Mr. Ure, on the 16th of July, under the influence of chloroform, as they were proving an inconvenience.

Every one is familiar with the freaks of Nature in the instances of extra fingers and toes; sometimes the number may be normal, but their growth is irregular; some really wonderful specimens of the kind are to be seen in the museum of the London Hospital.—*Ib.*

*Duration of Cancer*—A case of some interest presented itself at the Cancer Hospital, on the 25th of August, in the person of a female, aged seventy-four years, the subject of cancer of the left breast for twelve years. She had been a patient at this hospital since its foundation, with the exception of the last three years, during which time she had been in good health. She came to show an ulcerated tuberculous mass in the same breast, the size of a small pear, otherwise the disease had dried up and disappeared. She still looked a hale and hearty old woman.—*Ib.*



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CAUTERIZATION OF THE INTERIOR OF THE UTERUS FOR  
POLYPUS.

BY DR. R. K. JONES, OF MARTHA'S VINEYARD.

[Read before the Boston Society for Medical Improvement, August 24th, 1857, and communicated for the Boston Medical and Surgical Journal.]

MRS. E. W., of very healthy parentage, mother of five children, of medium stature and good muscular development, dark hair and eyes, enjoyed good general health till January, 1856, when she had a neuralgic affection of the head, continuing about two weeks, after which she was not so robust as previously. The uterine functions had always been normally performed; menstruation ceased, without any constitutional disturbance, in 1854.

In the early part of March, 1856, she had an attack of uterine hæmorrhage. This continued, gradually increasing, especially after exercise, and accompanied with pain in the loins, hypogastric region and thighs. I was called to her for this trouble April 1, 1856. She was then flowing freely, and suffering much from expulsive efforts of the uterus. That organ was enlarged, its neck obliterated, and os closed. She was quite weakened by pain and loss of blood. She was treated with opiates, astringents, ergot, &c., p. r. n.

By the 28th of April, the os uteri had dilated, and a polypus had descended, presenting a tumor in the vagina as large as a goose's egg. The hæmorrhage and pains were urgent, and the strength failing. So far as could be ascertained, the polypus sprang from a broad base within the cavity of the uterus, toward the left side and somewhat in front. As I could see no advantage in waiting longer, I applied a ligature by means of Gooch's double canula, as high within the uterine cavity as possible. The ligature came off on the third day, with the included mass. The hæmorrhage and pain were entirely relieved, though a copious and very offensive discharge continued. Her appetite returned, and she regained color, flesh and strength, so that she was able to sit up.

This improvement continued till about the middle of June, when it was evident, by the return of the pain and flowing, that the polypus was again increasing, and re-exciting uterine action. On July 12th, in consultation with Dr. D. L. Adams, of New York city, as it was impossible to apply a ligature, it was determined to break the tumor down and remove it with forceps. It was very soft, so that only such portion as was actually included within the blades of the instrument could be removed at once; but after a tedious operation, the greater portion was removed or broken up, so that it would be discharged. The improvement in her general health was again very marked. Sept. 22d, another operation was deemed necessary, and quite satisfactorily performed. Nov. 26th, it was again repeated. After each of these operations the improvement was marked, and on the whole her general health had improved since April. But at each repetition of the operation, it was evident that an increased portion of the uterine cavity was implicated in the attachment, or by the adhesions of the tumor, and that the period was fast approaching when such merely palliative operations were becoming impracticable.

Feeling anxious to do something more effectual for the relief of the patient, and from the manner in which she had borne the repeated violence done to the interior of the uterus, and being convinced that no ill effects would follow the operation, I determined, when the next operation should become necessary, to apply some caustic to the origin of the polypus. I selected, as the easiest and safest application, the potassa c. calce, a roll of which I held in my forceps, and guarding it with the fingers of my other hand, applied it freely to the origin of the polypus, that having been removed as thoroughly as possible.

The operation was very painful, but there was no one ill effect which could be attributed to the application of the caustic within the uterine cavity. On the other hand, she recovered much more rapidly from the operation than from any previous one—the discharge was much less profuse, and much less offensive. This was February 11, 1857. February 20th, I applied a solution of argent. nit. to the same part. She was after this able to walk about the house, and out of doors, and to ride for the first time since March, 1856.

The tumor again returned, portions were discharged spontaneously, and other portions removed by instruments, but never so completely and satisfactorily as in the earlier operations. The character of the pains changed, and lost the severe expulsive character which they had earlier in the case.

Her strength gradually failed, exhausted by pain and the constant drain of the discharge, and she died in August, 1857. No autopsy was allowed. On examining the abdomen, a few days before her death, it was found very tender over the uterus, which was

apparently irregularly enlarged toward each iliac fossa, and cordate in form.

Were I to repeat the application of caustic within the uterine cavity—and from my experience I should not hesitate to do so in a similar case—I should have the potassa c. calce cast in a globular form and fastened upon the end of an instrument, like Simpson's sound, bent at a curve adapted to the case.

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### LARGE CONGENITAL ANEURISMAL TUMOR SUCCESSFULLY TREATED BY A NEW METHOD.

BY E. K. SANBORN, M.D., LOWELL, MASS., PROF. OF SURGERY IN THE BERKSHIRE  
MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

THE history of the following case is familiar to a large number of medical gentlemen, who as students and practitioners have witnessed the various expedients that have been resorted to, at various times during the last three years, at the clinique of the Berkshire Medical Institution, in attempts to arrest the growth of this tumor. As the disease is one of great surgical interest generally, I have thought the case worthy of record, and furnish the following brief account from minutes made at the time of the operation, with a drawing illustrating the successful method of treatment; and which, so far as I know, is new.

Mr. B., an intelligent young man, 20 years of age, was first brought before the class at the Medical College in Pittsfield, by his attending physician, Dr. Lawrence, of South Adams, Mass., in the autumn of 1855. He was somewhat pallid, and anæmic; but was in very good health, with the exception of a large, pulsating tumor extending from near the ear to the top of the head, forward to the temple, and backward to the mastoid process of the temporal bone. It was not covered with hair; was of a bluish color, pulsated, *visibly*, over its whole extent, and communicated the peculiar aneurismal thrill to the ear. The rush of blood through the tumor caused a continued and loud ringing noise in the ear of the patient, and at night especially this was often so disagreeable as to prevent sleep. Within a short time, there had also been several alarming attacks of hæmorrhage, of an arterial character, the blood coming from a small rupture of the thin walls of the tumor. These attacks usually occurred in the night, while the patient was asleep, and awoke him by causing throbbing in the tumor, and faintness. The bleeding had been arrested by long continued pressure.

Dr. Lawrence stated "that the tumor had first attracted notice soon after birth, as a small purple *nævus* in the scalp, just above the ear—that it had steadily increased with the growth of the pa-



tient, until the present time. The period when pulsation was first noticed could not be ascertained. The swelling had never been treated except by pressure—which had been thoroughly, but ineffectually tried, early in the history of the disease." Dr. T. Childs, then Professor of Surgery in the Berkshire Medical Institution, proposed to treat the disease by cutting off the arterial supply of blood. Accordingly, a large number of arteries leading to the tumor were tied. The *occipital*, *temporal* and several other arteries of the scalp, which had become greatly enlarged, were successively ligatured, but without any permanent benefit. The treatment by puncture with red-hot needles was also attempted, but was followed by profuse hæmorrhage, and it was abandoned. Finally, at the last clinique of the term of 1855, Prof. Childs tied the common carotid of the side corresponding to the tumor. The size of the tumor was sensibly diminished by this operation, and it was thought that, conjoined with local pressure, it might effect a cure. But pulsation was re-established soon after the separation of the ligature, and the tumor again began to increase.

During the autumn session of 1856, Mr. B. was again brought before the class, having recently suffered severely from hæmorrhage, and showing the effects of loss of blood in his countenance. The case now came under my care; and as the young man himself was quite desirous of having the carotid of the other side ligatured, a day was appointed for the operation. On reviewing the history of previous operations, and examining closely the nature of this tumor, in reference to further procedure, I was led to make a change in the plan of treatment, by the following considerations.

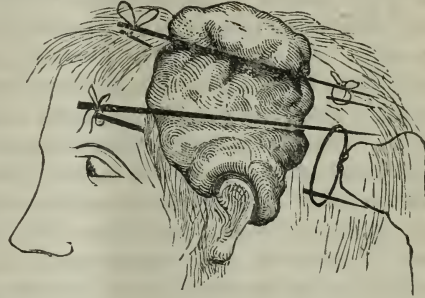
1st. That the tumor was composed of arteries and veins—the bulk of the tumor consisting of dilated veins; and therefore any operation performed on the supplying arteries would not materially change the structure of the tumor, and would be unavailing. 2d. Ligature of the carotid had shown that the tumor would retain a marked size, and pulsation, with a very small supply of blood; and as a year had elapsed since the operation, tying the other carotid would not be likely to entirely stop the passage of blood through the tumor, on account of the collateral circulation.

Accordingly, the idea of this operation was abandoned, and the subsequent treatment was directed to the tumor itself. The operation at first performed, was similar to that of tying a varicose vein over a pin or needle. A long needle was entered through the healthy scalp, opposite the middle of the tumor and about an inch from its border, and carried under the tumor, following the skull closely, and coming out at a corresponding point on the opposite side; great care being taken not to penetrate the cavity of the tumor itself. A strong silk ligature was then twisted over the ends of the needle, and drawn as tightly as possible. This operation was repeated five or six times in different parts of the tumor.

The needles were removed as soon as they were loosened by ulceration, which was usually in about a week. Under this treatment, the tumor perceptibly diminished in size, and, at times, the pulsations ceased; but it failed to arrest the circulation through the tumor, for the reason that as the ligature ulcerated through the folds of scalp which were necessarily gathered up between the needle and the silk, the pressure was diminished, the circulation was re-established, and at the end of three months it was found that, although smaller, the tumor was not radically changed in character.

The difficulty above alluded to was finally obviated, by the plan indicated in the wood-cut.

A long needle was thrust under the tumor as before; then, instead of the twisted suture, another needle, corresponding in length to the first, was placed over it, on the outside of the tumor, and the two ends were then tied together, so that the opposite walls of the tumor were



brought in contact with each other by a sort of clamp. The portion of the tumor and scalp embraced between the needles thus arranged, sloughed, and the lower needle ulcerated entirely through, and was lifted out or through the tumor, on the sixth day, without hæmorrhage.

Three others were then put in, and, at one time, the patient had four of these needles, fastened in the way described, and embracing the tumor in various directions, without suffering serious inconvenience. In performing this operation, the two needles were made fast together at one end, while the other ends were brought together gradually, the force being applied somewhat after the fashion of that of the ordinary nut-cracker. The pulsation disappeared after the application of the second needle; and I recently had the pleasure of presenting my patient to the class, entirely cured—the cicatrices left by the needles alone showing the situation of the former tumor.

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#### IMPERFORATE RECTUM.

[Read before the Suffolk District Medical Society, Oct. 31st, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE STEVENS JONES, M.D.

In the number of the Boston Medical and Surgical Journal for October 22d, I noticed, in the proceedings of the "Boston Society for Medical Improvement," cases reported of imperforate anus,

and one case of imperforate rectum. It appears, from the record, that the operations for the malformation were, in every case, unsuccessful; and further, those who took part in the discussion had never seen a successful case. My object in communicating the following case of imperforate rectum, is simply to place upon the records of our Society one case of this malformation, which was successfully remedied by an operation. The subject of it was a fine, plump male child, apparently otherwise in a healthy condition. The day after its birth, the nurse directed my attention to the fact that it had had no discharge from its bowels, although efforts had evidently been made to effect that object. I ordered castor oil to be given, and if it failed in producing an evacuation from the bowels, then injections of warm water, until the object desired was obtained. At my next visit, I was informed that neither the oil nor injections had accomplished the purpose for which they were intended, and that the little patient continued to have a "bearing down," which seemed to be accompanied with much suffering. A paroxysm of this effort to unload the bowels coming on while I was present, induced me to make a more thorough examination of his condition, than I had done at my previous visit. The abdomen was found quite tense and tympanitic; as he passed urine immediately after his birth, there was no anxiety or uncertainty respecting the functions of the bladder. The anal opening was normal, and freely admitted my oiled finger, but in attempting to pass it up into the bowel, I found that it could not penetrate further than to the second joint (about  $1\frac{1}{2}$  inches), in consequence of some obstruction. While the finger was in the passage, the little fellow would strain and bear down violently, and I could distinctly feel the blind or pouched extremity of the bowel distended with meconium. The case was evidently a clear one, and after representing its condition to the parents, they were exceedingly anxious to have me operate upon the child, if there was the least chance of saving its life.

Having decided to operate, I had the child placed upon its back in the lap of its nurse, with its legs flexed upon the abdomen. I then passed a very small bi-valve speculum, through the anal opening, up to the point of obstruction, when I dilated the passage to its fullest extent, and by the aid of light, I was now able to see, what I had only previously felt, the termination of the imperforate bowel. The child now straining quite hard, forced the gut down very tensely; I then, with a spear-pointed stilette, made an opening into it, and copious discharges of gas and meconium followed the withdrawal of the instrument. The opening was further enlarged by a crucial incision across the end of the pouch, and by the use of gum-elastic bougies; commencing with one, one fourth of an inch, and at the termination of six weeks, leaving off with one, half of an inch in diameter. It is now nearly two and a half



years since the operation, and the child appears well and hearty, and suffers no inconvenience from the malformation or operation. No doubt the successful result of this operation was in part due to the speculum, by the aid of which a view of the parts could be fully obtained, and a wrong direction could hardly be given the instrument in perforating the bowel; and also to the persevering use of the bougies several times during the day and night, for a period of six or seven weeks, in dilating the opening.

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## OBITUARY NOTICE OF DR. WILLIAM BLANDING.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, in Rehoboth, Ms., on the 12th ult., William Blanding, M.D., in the 85th year of his age.

Dr. Blanding was born in Rehoboth, in 1772, graduated at Brown University in the class of 1801, and entered his name, as a student of medicine, with Dr. Isaac Fowler, then a physician and surgeon of distinction in Rehoboth, with whom he remained until he had completed his medical education. In 1804 he commenced the practice of his profession in East Attleborough, Ms., where he remained about three years. He then removed to Camden, S. C., where he pursued a lucrative business in his profession, until 1831. Having acquired an ample competency, and becoming deeply interested in the study of natural science, he removed to Philadelphia about the year 1831.

In 1821, Dr. Blanding received the degree of M.D. from the University of Pennsylvania, and in 1850 became an honorary member of the Mass. Medical Society. He was twice married; first in 1805, and secondly in 1811, and yet died childless.

After his removal to Philadelphia, he devoted his entire attention to the study of the natural sciences, in travelling for the purpose of perfecting his knowledge in the geography and natural scenery of his country, and the collection of specimens in the various departments of natural history. We have been in his private but extensive cabinet at Philadelphia, when frogs and terrapins and lizards, and birds of every species and hue, occupied every nook and corner of it. At one time he probably possessed the most extensive private cabinet in natural history in the United States. He became deeply interested in the Academy of Natural Sciences in Philadelphia, and made large donations to it.

His benevolence and patriotism went hand in hand with his love of science. The needy never called upon him in vain; but especially was it his delight to afford aid to worthy but indigent young men, in fitting them for usefulness in after life—and many there are now living, who can look to him as affording them their first assistance in those pursuits, which resulted in the accumulation of

wealth and honors in after life. While in Camden, he labored with an untiring vigilance for the erection of a monument to the memory of that noble patriot, De Kalb, who fell in the ill-fated battle at that place in the Revolutionary war. He finally succeeded, but mostly at his own expense, in causing the erection of this monument. His cabinet at Rehoboth (which is still ample) contains many of the relics of that battle, gathered by himself from the battle-field.

On entering his private cabinet of natural history, one is surprised, and at the same time delighted, with the number and beauty of its specimens. They were not local in their origin, but gathered from all parts of the world. Especially are we delighted with those in ornithology. There we may behold, at the same view, the songster of the Alps and the beautiful Bird of Paradise; the inhabitant of the western prairie contrasted with the Condor of South America; the Golden Pheasant and the beautiful Oriole—all life-like, and in fancy's ear warbling together their sweet notes of music.

Having survived both of his companions, and being childless and in a declining state of health, in 1846 Dr. B. left his adopted city, Philadelphia, and returned to his native town and paternal estate, to spend the evening of his life, and lay his bones in the land that gave him birth. Peace to his ashes. All who knew him will acknowledge his virtues. None will speak of his faults, for they were hidden from even those who knew him best.

## INHALATION.

BY P. PINEO, M.D., QUEECHY, VT.

[Communicated for the Boston Medical and Surgical Journal.]

THE following are a few of the cases that I have treated during the summer, by inhalation, in connection with other general treatment. In every case, the advantage of using the inhalation was very apparent. In cases where the pulmonary disease is attended with irritable stomach, we can avoid offending that organ, obtain a better assimilation of the food, and consequently a more perfect nutrition of the body, which is perhaps the most important object in treatment, and at the same time produce an anodyne or alterative effect upon the diseased part itself. I feel quite confident that topical applications of medicinal substances to diseased lungs, are powerful auxiliaries in the treatment of the various diseases to which those organs are subject; and in connection with proper general treatment, and correct hygienic conditions, even tubercular disease, in its incipient stages, may be arrested, and sometimes even eradicated.

CASE I.—Mrs. W. had been suffering from a severe cough for

six months, with indigestion, flatulence and great emaciation; had been under treatment at different times without relief. The stethoscope revealed severe bronchitis, with urgent dyspnoea; could detect no tubercles. Ordered inhalation of tinct. opium, hyoseyamus and conium, three or four times a day, with an occasional inhalation of iodine and guaiacum tincture. Prescribed for flatulence and indigestion, and gave a cough mixture at night. After a long continuance of the treatment, her cough and dyspnoea left her; but paralysis of the lower extremities supervened from a disease of the lumbar vertebræ, and she died at length, apparently from disease of the spine.

CASE II.—Mr. T. had severe cough and large purulent expectoration of several months' standing, with some night sweats. Prescribed inhalation, with cough mixture at night. Convalescence was soon apparent, and the patient is now well.

CASE III.—Mrs. G. has had a cough, with purulent expectoration, for nearly a year. Tubercles clearly made out with Dr. Camman's stethoscope. She has used the inhalation for months. Condition of the lungs improved. Cough very much better, but returns on slight exposure.

CASE IV.—Mr. C., 18 years of age, took a severe cold a year ago, and coughed all winter. Was under the care of a physician until spring, when he went to Boston, and was treated by Drs. Clarke and Bowditch. He came home in August, when I was called. He had extensive tubercularization, with large expectoration, hectic, night sweats, and great emaciation. Prescribed anodyne and alterative inhalations, with tonics and cough mixture. His cough and general condition were ameliorated, but a large cavity formed in the left lung, and he gradually sank and died.

CASE V.—Miss A., sixteen years of age, has coughed badly for nearly a year. A few weeks ago, I first saw her. There was extensive tubercularization, with severe cough and large expectoration, night sweats and hectic, emaciation and anæmia. Inhalation produced a favorable influence upon her cough, and she became more comfortable. A cavity formed in her left lung about ten days ago, and she probably will not live long.

CASE VI.—Mrs. S. has had trouble in her chest for years. I found her with pleuro-pneumonia. After the disease subsided, she was left with aphonia, cough and pain in the left lung. Ordered inhalation of tinct. opium, hyoseyamus and conium. Her voice soon returned, the cough and pain in the chest gradually subsided, and she is about the house.

CASE VII.—Mr. M. Hæmoptysis, with cough. He first bled in April. In July, he bled largely, and I was called. Prescribed astringents and anodynes, with inhalation. Has not bled since. In September he exposed himself, and had an attack of pleuro-pneu-



monia, which brought him very low, but he is now well enough to ride twenty-five miles a day.

INFLAMMATION OF THE EYELID, AND CHEMOSIS OF THE CONJUNCTIVA, CAUSED BY THE STINGING OF WASPS.

BY DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

INEZ, a little girl thirteen years old, when about retiring at night, was stung by two or three wasps, upon the shoulder, immediately over the upper edge of the right scapula; also upon the middle finger of the right hand. The pain at the time was not severe, nor was there much tumefaction. I applied a cloth wet with diluted aqua ammonia, and the child went to bed, and slept soundly until morning. The above occurrences were on Saturday evening. On Sunday the child seemed as well as usual; in the evening she complained of itching of the right eyelid, and there was very slight tumefaction. Monday, the eyelids were more swollen, and somewhat painful, yet the child kept about her plays as usual. Tuesday, the swelling had increased, and there was considerable pain in the eyeball. Applied cloths wet with acetate of lead, ℥ iss.; water. ℥ viii. Changed them as often as they became dry through the night. Pain in the lids and through the eyeball very severe all night. The child got no sleep. Pulse small and quick. Wednesday morning the lids greatly tumefied, with what seemed to be erysipelatous inflammation. The whole side of the face swollen and painful, and pain in the shoulder in the region of the wasp stings. Glands in the right axilla swollen. Upon opening the eyelid I discovered almost complete chemosis of the conjunctiva, it being raised upon the sclerotic membrane, more than half over the eye to the border of the cornea, as if a fatty matter were underneath it, caused by the effusion of lymph. The case had really assumed a formidable aspect, and called for prompt treatment. Applied leeches to the temple and eyelid. Leeches did well, and the subsequent bleeding was encouraged by the application of wet cloths. Followed the leeches by linseed cataplasm, applied over the eye and cheek, and changed as often as dry. Applied every six hours a collyrium: Acetat. plumbi, gr. v.; tinct. opii. gtt. xl.; aquæ puræ, ℥ ii.—a few drops into the corner of the eye before applying the poultice. Gave a cathartic of Epsom salts.

Thursday, an abscess opened upon the inside of the upper eyelid about its centre. Continued the applications as on Wednesday, substituting for the cathartic a laxative of Rochelle salts. Friday the swelling began to abate, and the chemosis to flatten down, assuming, instead of a semi-transparent, a reddish hue, as in common ophthalmia. Discharge from the abscess profuse. Coat be-

gan to disappear from the tongue, and the fever to abate. After this, all the abnormal conditions subsided gradually, and in fourteen days the chemosis had entirely disappeared. During the whole progress of the case there was much pain and soreness on the shoulder blade where the stings were received, and it subsided only with the other symptoms. There is not the least doubt, in my own mind, that the whole train of symptoms came from the virus inoculated into the circulation by the stinging of the wasps.

Leverett, Mass., Oct. 1857.

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ATTEMPTED ABORTION BY THE USE OF VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case was interesting to me; perhaps it may be so to the readers of the Journal generally.

On the 6th of April last, I was requested to visit, as hastily as possible, Mrs. B., about four miles distant from my residence. I arrived at her house about day-break. Before I had warmed myself sufficiently to approach the bed-side of my patient, one of the ladies said to me, "I think you are too late, I believe she is dead." I found my patient a young woman about twenty-four years of age, the mother of one child then but a few months old. Mrs. B.'s appearance upon the bed certainly indicated that life was extinct; but on applying my finger to the artery at the wrist, I found the pulsations quite full, but the heart's action slow, not exceeding 48 beats to the minute. The surface of the body was generally cold. I then learned from her husband that she had been well until the evening previous, when at about midnight she commenced vomiting, and thus continued until she seemed too prostrate to vomit more. On inquiring what she had taken the evening previous, it was asserted at first that she had taken nothing but her usual food and drink. On assuring her husband and friends, however, that I knew she had taken some powerful drug into her stomach, and that perhaps I could detect the article, one of her lady friends beckoned me aside and handed me a parcel, marked, in large letters, " $\frac{1}{4}$  lb *American Hellebore*," and, said she, "Mrs. B. took only two teaspoonfuls of this powder on going to bed last night, for the purpose of procuring abortion upon herself."

The free administration of wine and morphine, internally, soon brought my patient to rally, and in about three hours I left her in a half sitting posture upon the bed—not willing to try the *veratrum* again by the teaspoonful, but still desiring something more *effectual* to accomplish her unlawful designs.

In August last, about five months after this transaction, Mrs. B. was delivered of a full-grown, healthy female child.

Deer River, N. Y., Oct. 20, 1857. H. S. HENDEE, M.D.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 23th.—*Enlarged Prostate.*—The specimen was shown and the case reported by Dr. GAY. Caleb B., aged 77, had never noticed any difficulty in passing his water, till three months ago, when, without any known cause, he found he was unable to void a drop. He sent for his physician, who easily relieved him with a catheter. There was no further trouble till Sept. 9th, when there was a recurrence of the inability to force any water from the bladder. At this time his physician was unable to relieve him, blood only coming away. The next day the desire to pass water was very great. There was a prominence above the pubes, tender to the touch, fluctuating, dull on percussion, midway between the pubes and umbilicus, and the seat of constant and severe pain. The bowels were regular. In the afternoon, at Dr. Gay's first visit, he was walking about the room, bent over, and with both hands supporting the lower part of the abdomen. He appeared in great distress. The lower part of the abdomen presented the condition as mentioned above. On introducing a catheter of very large size, and with large openings at the end, an obstruction was felt to its easy course somewhere behind the scrotum. On withdrawing it, a long, large coagulum escaped from the openings. The instrument was again slowly introduced, and again met with a roughness and obstruction. It was removed, and a similar coagulum came away. A third attempt was made, without using the slightest force, and, by the help of the finger in the rectum, the catheter went immediately into the bladder. At first some coagula came, followed by a pint and a half of clear water, and afterward by some liquid blood. The relief was instantaneous, and the swelling below the umbilicus subsided. In the region of the prostate was felt a large, firm, elastic swelling, as far as the finger could extend, flattening the rectum from above downward. There was no tenderness here on pressure. The patient had some sleep that night. On the next morning, the bladder was again filled, and there was the same inability to get a drop of water. His physician could not succeed in passing a catheter into the bladder. He was sent up to the Hospital, and, in the absence of Dr. G., Dr. Townsend succeeded, without much difficulty, in passing an instrument into the bladder and drawing off nearly a quart of bloody water. Again, on the following day, the symptoms were all as before. The soreness above the pubes was very marked, and there was an evident swelling, rising toward the umbilicus. Drs. Townsend and Gay made many unsuccessful attempts to pass the catheter. It would go nearly its whole length, but still nothing would come. The coagula were found as before. It evidently was external to the bladder. In the afternoon, there was a quick pulse, rigors, flushed face, headache and thirst. The soreness and swelling above the pubes had so much increased, that an attempt to reach the bladder with a trocar, through the rectum, was made, but without any success. The trocar seemed to lodge in some hard mass. A consultation was then held, and after a careful and thorough examination, the general opinion was against any active proceedings at that time. Some difference of opinion was expressed as to the nature of the difficulty. The next day, the symp-



toms were decidedly worse in every respect. The swelling reached nearly to the umbilicus. On conferring with Dr. Townsend, it was decided to attempt to relieve him either by the rectum, above the pubes, or by an operation as for lithotomy. The trocar luckily entered the bladder, and nearly a quart of thick, ropy and offensive water came away. The swelling above the pubes disappeared. The tenderness was very great. The next day he was generally worse and frequently inclined to coma, and he died early on the day following.

*Sectio Cadaveris.*—The patient was a large, fleshy man, with a naturally full and prominent abdomen. Between the os pubis and umbilicus was a well-defined swelling, moderately tense, and flat on percussion. This swelling could be seen as well as felt, and reached nearly to the umbilicus. On a section of the abdominal parietes a layer of fat, two and a half inches in thickness, was found covering them, which, in a measure, masked the extent of the swelling beneath.

The bladder was high up in the lower part of the abdomen, and about two-thirds full of a dirty, bloody fluid, having a strong urinous and ammoniacal odor, with a thick, ropy deposit. No pus was seen.

On opening the bladder, its walls were found to be a little thicker than natural. The interior showed no particular signs of any inflammation, but muscular bands were strongly prominent throughout and intersecting each other in every direction. A large tumor could be felt in the region of the prostate gland.

The bladder and penis were then removed entire, and the urethra was laid open through the dorsum of the penis, along the median line, through the enlargement of the prostate, till the incision met with the opening upon the upper surface of the bladder. The whole floor of the urethra and bladder was fully exposed. Both lateral lobes were greatly enlarged. The *left* was oval in shape, two inches in its longest diameter, and about six inches in circumference: the *right* was more regularly rounded and nearly twice as large as the left, the greatest diameter three inches, the circumference nine inches. By far the largest portion of the swelling was above the superior surface of the urethra. The verumontanum was little more than naturally prominent, compressed laterally, with a thin apex, and but little thicker base. Immediately behind this, in the median line, was an oval mass, somewhat larger than a robin's egg, lying transversely across the urethra, in the situation of the so called middle lobe, rising above the surface of the canal, and projecting posteriorly so as to push backward and upward the mucous membrane of the vesical trigone.

On one side of the verumontanum, was a small opening leading into the rectum, undoubtedly made by the trocar. It seemed almost impossible for the catheter to pass along the urethra and enter the bladder.

Commencing at the membranous portion of the urethra, were two or three sinuses, one running into the substance of the right lobe for about an inch, another curving along its under surface and nearly reaching the bladder, and a third posteriorly at a point midway between its superior and inferior surface.

There was no mark of any extravasation of blood.

Oct. 26th.—*Siliceous Calculus from the Urethra of an Ox.*—The specimen was exhibited by Dr. BACON, having been presented to the Society by Dr. KNEELAND, who obtained it near Lake Superior.

Dr. B. remarked that externally it resembled a mulberry calculus, but proved, on analysis, to be composed of silica, together with carbonate and phosphate of lime.

This calculus was found about ten inches from the meatus in the penis of a large and apparently healthy ox. It caused a complete retention of urine for three or four days, accompanied by severe pain and straining in the animal. The appetite was good. The bladder was evidently much swollen. The animal was treated in the usual way by turpentine, nitre and bougies, but without avail. He was finally killed, and the bladder was found distended with a very large quantity of bloody urine; the penis behind the calculus was also much distended.

Oct. 26th.—*Excessive Nausea during Pregnancy relieved by Cauterizing the Cervix Uteri.*—Case reported by Dr. PARKS.

Dr. Parks remarked that he gave the following abstract in consequence of a somewhat similar case reported by Dr. Churchill, in the *Dublin Quarterly* for August last, and which was stated to be, so far as Dr. C. knew, the first instance in which the nausea of pregnancy had been treated by applications to the cervix uteri. Dr. Churchill's case, however, occurred in November or December; that now reported, in January, 1856, and was read at a meeting of the Society for Medical Observation, before the publication of Dr. C.'s case.

Jan. 17th, 1856, Mrs. —, aged about 27, consulted Dr. P. for excessive nausea during pregnancy. She was rather a delicate woman, though active and energetic. At one time, since marriage, she had uterine symptoms, which were referred to inflammation of the uterus by the practitioner, under whose care she was, and who treated the patient locally, with the aid of the speculum. The result was successful, so far, at least, as the symptoms were concerned. In other respects she had been well, till the occurrence of a miscarriage, which took place a year or more since, she says, from some accidental cause.

The patient had not menstruated for three months, and had begun to enlarge as if from pregnancy. She had also, for a considerable time, been troubled with nausea, which had become almost constant, and so troublesome as to lead her to seek advice in relation to it. On examination with the speculum, an abrasion was found—marked, but not severe—at the *os tincae*, which was cauterized with nitrate of silver. Two days after, the patient stated that the nausea was greatly alleviated immediately after the operation, and on the day following had almost entirely ceased, now only existing to a slight extent. A mixture containing lavender, gentian and ginger, was prescribed. The patient went her full time, comfortably, and had a safe delivery.

Dr. STORER mentioned two cases of this affection, which were relieved by the application to the cervix uteri of the saturated tincture of iodine. He had also tried the tincture of iodine internally in doses of three drops, and found it even more effectual than creosote.

*Flatus in the Small Intestines.*—The most effectual remedy is finely-powdered charcoal, in doses of from one to twenty grains, and the aloes-and-myrrh pill just enough nightly not to act as a purgative. The air seems to be absorbed, and the peristaltic motions quickened, by this treatment. Should that not be effectual, you can employ strychnine in small doses in the pill.—Dr. T. K. CHAMBERS, in *London Lancet*.

### Bibliographical Notices.

*A Collection of Remarkable Cases in Surgery.* By PAUL F. EVE, M.D., Professor of Surgery in the Medical Department of the University of Nashville. Philadelphia: J. B. Lippincott & Co. 1857. Pp. 858.

THIS portly volume constitutes a valuable assemblage of cases, and might have been appropriately entitled *Curiosities of Surgery*. Although the book is to be looked upon mainly as a repository of unusual facts, it is by no means without a certain amount of practical value. There are not a few of the casualties described, which are likely to be repeated more or less frequently; and therefore the circumstantial description of these, together with the means employed in remedying their results, may often be found of essential service. It is true, the surgeon, in these instances, is nearly always imperatively called upon for immediate action, and must rely upon his own resources; and this is particularly the case in country districts, where professional assistants cannot readily be obtained. Such instances as those of impalement upon hay-hooks and -forks, are in point; and while mentioning these, it occurs to us to say, that our previous remark, as to the likelihood of recurrence of certain of these accidents, finds ratification in the fact that a case of impalement upon a hay-hock has quite lately happened at Dedham, Mass.; and has been admirably reported in this JOURNAL, by Dr. MAYNARD of that town.—(See No. 2, of the present volume, p. 29.)

Dr. Eve has taken a wide range of observation during his industrious accumulation of cases. In addition to certain works of standard reputation, he has examined most of the medical journals of the day—English, French, and American. The *London Lancet*, *Gazette des Hôpitaux*, *Gazette Médicale de Paris*, and other European periodicals, have been laid under tribute, whilst our own journals figure largely. The *American Journal of the Medical Sciences*, and other Philadelphia publications, together with those of New York, Buffalo and the farther West, yield many valuable reports. We observe numerous citations from the Reports of the Boston Society for Medical Improvement, certain of which were communicated to the *American Journal of the Medical Sciences*, and others to the *Boston Medical and Surgical Journal*. Out of the entire number of cases embodied in the volume, thirty-three are quoted from the latter. Dr. Eve has given eleven cases from his own practice, one of which, the very serious operation of extirpating the uterus *in situ*, was “presented to the profession” by Professor Meigs, in the *American Journal of the Medical Sciences*, in 1850, as the first instance by an American surgeon. It was successfully done, although a return of the disease (encephaloid) proved fatal; the patient having lived three months and one week.

The selection of these remarkable instances of accident and of operations, must have demanded a great deal of research and labor; and the collector deserves the acknowledgments of the Profession for his exertions. Many pages of the work command as much interest for the medical man, and for every one at all curious in respect to the “wonders of Nature and Art,” as the last new novel does for the most romantic young lady. Certain of the processes adopted in remedying the results of casualties, are worthy of the closest attention, and this *répertoire* will doubtless be of special service in this way.



The division adopted in recording the cases is the anatomical one of regions, beginning, of course, with the head, and proceeding to the spinal column, the face, neck, chest, abdomen, pelvis, genito-urinary organs, and the extremities. The last chapter is headed "Miscellaneous Cases:" it comprises certain instances not properly "surgical," although most of them are "remarkable." A few surgical anecdotes close the volume.

We remark now and then a report of a case which can hardly be deemed a remarkable one in surgery, but which might have been included under the title "Miscellaneous." Thus Dr. E. K. Sanborn's account of his apparatus for treating a fractured patella, originally published in this JOURNAL, is well worthy a place, for its ingenuity, but is not in the category of the marvellous, at least. Again, in the list of the Miscellaneous Cases, are to be found several not at all *surgical*, and therefore somewhat out of place. Of these, may be mentioned those entitled "Sensation and Motion restored to a paralyzed arm by a violent effort of the Will" (p. 774); "The introduction of anæsthetic agents into the modern practice of surgery" (p. 765), a highly important paper, yet not simply detailing a case, but mainly *historical* in its tenor. "Hydrophobia developing intelligence in a Cretin," is another, and "Simulated Death" still another (pp. 765, 803). We have noticed others, which, although "remarkable" and interesting, are not strictly, and some are in no wise, surgical.

The book is well printed, and of generally creditable appearance. A few typographical errors occur, easily remediable if another edition should be called for. We observe twice, at least, the French word *voies* spelled *vois* (pp. 196, 271): the name of the celebrated General, qui "fixa la victoire" at Marengo, is usually written Dessaix, not "Desaix;" if the reporters of surgical cases write "*spicule*" instead of *spicula*, the latter should be printed; and so in translating "toucher," we think, instead of leaving the word to stand thus, "the toucher," it would be better to say *vaginal examination* (p. 779). By inadvertence, a patient is made to "*wallow*," instead of *swallow*, her hair (p. 247); and the relator of a case (printed, alas! originally, in our own JOURNAL, *but before our day*) on page 89, speaks of "*diagnosing*," instead of *diagnosticating*. Of all the *nosing* perpetrated, this mutilation of a word makes us the soonest turn up our *nose*! It has come to be a frequent, and a "remarkable, surgical case," that this unfortunate word should have two of its syllables *excised*; it savors of castration—taking, thus, two essentials away! We may as well *prognose* as *diagnose*. As we before intimated, Dr. Eve is not responsible for this operative feat, but we could have felt it in our hearts to thank him had he here instituted a reparative process.

A full *Index*, that essential portion of a good and useful book, is appended to this one: it fills thirty-three pages. The volume is worthy a place in all medical libraries.

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*Medical Student's Vade-Mecum.* By GEORGE MENDENHALL, M.D. Fifth Edition. Philadelphia: Lindsay & Blakiston. 1857. 12mo.

WHEN a book reaches a fifth edition, it is evident that it is in good demand. We have examined this compendium, and find it what it purports to be, a brief outline of the various departments of medical science, and apparently prepared with care.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 12, 1857.

## CLINICAL INSTRUCTION IN MEDICINE.

FREE access to hospitals, both general and special, is of inestimable advantage to medical students, and particularly to those of an advanced grade. They ought to become familiar with the *physiognomy* of disease, so that, when thrown upon their own resources, and obliged to diagnosticate for themselves, without preparation, they may not be wholly like wanderers in a strange land, nor feel like a person at the junction of several roads, not knowing which to take.

But if it be true that a great deal may be gleaned by the careful student, even while only "walking" the wards of hospitals, the latter may be made of infinite value to him. The truth of this assertion is plain to all who have enjoyed the benefits of attendance upon some of the *cliniques* of the European medical institutions. And it is not only to follow the visiting physicians and surgeons, to hear what they say, see what they do, and note the effects upon the patients, which can be said to constitute the clinical study of disease. The opportunities afforded to students in certain foreign establishments, of exercising their powers of diagnosis upon patients, and rendering their account to the critical questioner in charge, are the genuine tests of knowledge, and the surest means of acquiring sound medical information. With these privileges, the young physician returns to his home with a feeling of strength and confidence, such as those cannot have who are launched into practice fresh from a three years' course of mere lectures and office study. The latter are at once quite "at sea," and may make such blunders as the "*vis medicatrix nature*" will have hard work to remedy. We trust, however, that even a neophyte would not so egregiously stumble, as did, to our knowledge, a popular homœopathist, who gravely pronounced a patient to be laboring under *mild typhoid fever*, when he had serious congestion of one lung, and not a whit of any intestinal disorder.

We were led to the consideration of the advantages of true clinical instruction in medicine and surgery, by listening to the admirable lecture, introductory to the course for this year, under the auspices of the Medical Faculty of Harvard College, and which was delivered on Wednesday, the 4th inst., at the Medical College in Grove Street.

Professor Shattuck was eminently successful in entertaining and instructing his audience, in which we noticed clergymen and other gentlemen not "to the manor born," who heard many wholesome truths worth remembering. We trust that the production may be given to the public, for, unlike many introductory and valedictory addresses, it seemed to us very worthy of a typographical dress. There are many sayings in it so necessary to be known, by the laity, as well as the profession and students of medicine, that we should esteem its wide circulation a real benefit.

The lecturer gave a "bird's-eye view" of the clinical advantages to be obtained in France and Italy particularly, with allusions to the

schools of England. The system adopted at Florence is an admirable one; and the action of the government most creditable. By its liberality and strict *surveillance*, a body of wholly reliable practitioners is constantly secured to the community; and thus, more than in any other way, is quackery discouraged, and, in fact, repressed.

Dr. Shattuck did not, if we rightly remember, refer to the German schools. We have been much interested, of late, by the perusal of letters from some of our younger medical men, who have spent most of the time allotted by them to study abroad, in the German institutions. Conversations with some of them, since their return, confirm us in the very favorable opinion we had formed of the advantages to be secured by the faithful student under such incentives and with such facilities.

The question will occur, in conclusion, why cannot *more* be made of our own hospital advantages? If we cannot boast the colossal establishments of the older countries, we certainly have enough material, and plenty of opportunity might be afforded, for a most efficient and valuable course of clinical teaching. And why cannot the system of foreign instruction, which has also of late obtained in certain of our sister cities, be set on foot here? Nothing would attract students more quickly, nothing could fit them more thoroughly for the duties of their responsible profession. It seems to us a duty which the profession owe to those about to enter it, to do this. We say the profession—we mean especially those who are teachers and hospital medical officers—but we think that the profession, *as a body*, should call for this plan to be thoroughly put into execution. Practitioners and patients would alike reap the benefits which result from such a course of instruction; the former in having well-educated brethren, and securing, at first, a great diminution of quacks, and finally, it may be hoped, their extermination: the latter, in being sure of always having sound practitioners, versed in the *practical*, as well as the theoretical knowledge of their art.

The subject should command the earnest attention of the profession everywhere; and we trust the time is not far distant when we shall boast a well-organized, fully-attended, and widely-reaching system of clinical instruction in medicine and surgery.

#### EXCITO-SECRETORY SYSTEM—NEW CLAIMANTS OF THE DISCOVERY.

OUR readers are aware that after the application of the doctrine of reflex nervous action to the process of secretion, by Dr. Marshall Hall, the priority of the suggestion was claimed by Dr. Campbell, of Augusta, Ga., and subsequently acknowledged by the illustrious English physiologist. Of late, Dr. Campbell's claim has been contested by two other American physicians. In the September number of the *Medical Independent*, Dr. J. Adams Allen, Professor of *Materia Medica* in the University of Michigan, announced that the excito-secretory doctrine had been publicly taught and illustrated by him, while professor at the Indiana Medical College, as early as November, 1848, that is, two years before the date claimed by Dr. Campbell for *his* announcement. But in the November number of the same Journal, we find an article by Dr. Martyn Paine, of New York, who states that the idea of the excito-secretory function has been publicly taught by him ever since the year 1841, in his lectures at the Univer-



sity of New York, and is embodied in his "Institutes of Medicine," published in 1847; and that, moreover, the idea of the *generalization* of excito-motory action throughout the system, which Dr. Marshall Hall believed originated with himself, may be found in the same work.

## LETTER FROM DR. EDWARD WARREN.

MESSRS. EDITORS,—I observe in the JOURNAL of Oct. 29th, a notice of a Prize Dissertation, by a gentleman of my name. Singularly enough, while I was in Paris three years since, a letter was published in a New York medical journal, giving, I am informed, a very able account of the hospitals in Paris—purporting to be written from Paris, and bearing my name. Some of my friends were so sure I wrote it, that I felt in doubt myself; especially as I had written an account of the French Hospitals in a letter published in the *Boston Med. and Surg. Journal* twenty-five years previous. Singularly enough, my Prize Dissertations were published in Philadelphia, seventeen years ago—the same place where those in question are published.

The writer, if he is not my wraith, probably supposes he is the only one in the country of the name, as I believe he mentions no residence.

If you know where he lives and practises, may I not ask you to communicate it in your JOURNAL, for the benefit of any who may feel an interest in the subject.

Very truly yours,

Newton Lower Falls, Mass.

EDWARD WARREN.

As requested above by Dr. Warren, we will state that the author of the dissertation referred to, resides at Edenton, N. C., as intimated in our announcement of the award of the prize.

*Physician's Account Book.*—The difficulty of finding a good method of keeping accounts is a frequent subject of complaint among physicians, and is shown by the numerous methods which are recommended from time to time. None of these are perfect, and several offer grave objections. Yet physicians' accounts must be kept, and we have before called attention to a system published by the proprietor of this JOURNAL, as the best with which we are acquainted. The last edition having been completely exhausted, a new one has just been issued, and we take the occasion to again recommend it to our brethren as likely to save them a great deal of trouble and also some money. By this method, one page is appropriated to each month, containing separate columns for the name of the patient, member of his family, day of the month, number of visits, amount charged, page of ledger and page of cash book. The ledger and cash book are in the same volume with the journal. Three different sizes are issued, of good material and neat workmanship, adapted to the wants of practitioners. The small size will contain 5040 separate entries of one month's visits, sufficing for 420 patients per month; the medium size contains 8100 entries, for 700 patients per month; and the large size contains 11,760 entries, for 980 patients per month. The prices for the three sizes, as will be seen by the publisher's advertisement, are very low.

*Deaths in Boston* for the week ending Saturday noon, November 7th, 68. Males, 30—Females, 38.—Accident, 2—apoplexy, 1—inflammation of the bladder, 1—congestion of the brain, 1—disease of the brain, 2—brouchitis, 1—cholera infantum, 5—consumption, 15—convulsions, 1—croup, 4—diarrhoea, 2—dropsy, 1—dropsy in the head, 6—infantile diseases, 4—erysipelas 1—scarlet fever, 1—gangrene, 1—hæmorrhage, 1—inflammation of the lungs, 5—congestion of the lungs, 2—marasmus, 1—old age, 1—pleurisy, 1—rheumatism, 1—teething, 3—tumor (in uterus), 1—unknown, 3

Under 5 years, 38—between 5 and 20 years, 2—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 53—Ireland, 13—Scotland, 1—England, 1.

*Medical Lectures the present Season.*—The Lecture Term at the Mass. Medical College was commenced in this city last week, with an Introductory Lecture by Prof. G. C. Shattuek, which is noticed on another page.—A series of clinical lectures for the coming season was commenced at the Bellevue Hospital, New York city, October 19th, with an Introductory Lecture by Dr. J. W. Francis. The lectures are to be weekly through the winter, by the following gentlemen:—Prof. Alouzo Clark, B. F. Barker and J. T. Metcalfe, and Drs. Geo. T. Elliot and James R. Wood.—Prof. St. John delivered, on the same day, the Introductory Lecture at the College of Physicians and Surgeons; and Prof. Valentine Mott the one at the University Medical College.—On the evening of the 21st, Prof. J. M. Carnochan delivered the Introductory at the New York Medical College.—The 38th session of lectures at the Medical College of Ohio commenced on the 15th of October; the Introductory was delivered by Prof. L. M. Lawson.

*New York Academy of Medicine.*—The following, from the New York Times, is reported as part of the proceedings at the November meeting of the Academy. Dr. Van Buren read a report on Dr. Squibb's paper on chloroform, which asserted substantially that an article of chloroform is manufactured in Williamsburg not at all inferior to the best made in Europe. Dr. Janes, from the Committee on Materia Medica, reported in terms of glowing admiration of Borden's Concentrated Milk. Dr. Garrish presented a carcinomatous liver weighing 8 pounds, from a patient who died aged 61 years. Dr. Barge read a paper on his improved splint. Dr. Rotton read a compiled paper, and exhibited some of the coca plant so generally chewed by the Peruvian Indians. The Fellows took a chew all around, but exhibited none of the effects named in the paper, probably for the lack of the quicklime with which the aborigines take it.

*Ergot as a Hæmostatic.*—At the last meeting of the Belmont (O.) Medical Society—as reported in the Western Lancet—Dr. Affleck related a case of labor preceded by severe hæmorrhage, in which the use of ergot operated favorably. He also thinks it one of the best hæmostaties we have, in cases of hæmorrhage after the child is born. Dr. H. West had used the ergot to advantage in some cases of hæmorrhage, but had also used it in prior and post hæmorrhages without any apparent effect. Both gentlemen thought it had no abortive effect. Dr. Wierick thought it a good hæmostatic in cases of post delivery where the natural efforts of the uterus were present. He is now using it in a case of passive uterine hæmorrhage, as follows: Ergot. pulv., gr. v.; acetate of lead, gr. ij.; Opium, gr. i., M., three times a day. Dr. S. B. West had great confidence in its hæmostatic virtues. He had used it before and after delivery to arrest hæmorrhage, to expel the placenta, and also as a general hæmostatic.

*A Physician putting too much confidence in his own Medicine.*—A German doctor of Urbana, Ill., the manufacturer of snake-bite medicine, caught a rattlesnake on the prairie and took it home, and offered to let the snake bite him every time any person bought a box of his medicine for one dollar. On Sunday of last week, while fooling with his pet, it bit him in the hand. He applied his medicine without effect. On Monday he sent for a doctor, but too late; he died the same day.—*Western Lancet*, Oct. 1.

*A School of Medicine at Algiers.*—By a decree, dated August 4th of this year, a preparatory school of medicine and pharmacy is to be instituted in Algiers. There will be the usual number of Chairs (eight), and both the civil and military hospitals are to be opened to the pupils for clinical instruction. The school will, as far as examinations are concerned, be in connection with the Faculty of Montpellier; but the diplomas granted in Africa will entitle to practise in the French possessions of that part of the world. To commence medical studies, the young men, be they either Arab or other Mussulmen, must produce a certificate from the director of the Franco-Arabian College as to literary acquirements; the French, from the rector of the Academy of Algiers. There will be no religious restrictions.—*London Lancet*.

No death from smallpox has taken place in Providence (R.I.) for 17 months past. In the same city, during the last six weeks, it is estimated that there have been not less than 5000 cases of influenza—only four of which have proved fatal.

# THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

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### CASES OF CYSTICERCI IN THE POSTERIOR CHAMBER OF THE HUMAN EYE, WITH REMARKS.

[Read before the Suffolk District Medical Society, Oct. 31st, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY S. F. HAVEN, JR., M.D.

SINCE the discovery of entozoa upon the human conjunctiva, and especially since the one seen in the anterior chamber by Dr. Schott (and described by Dr. Soemmerring\*), it has naturally been conjectured that they probably also exist in the posterior chamber; and it only remained for the ophthalmoscope to substantiate this belief. I have drawn up the following paper, partly from the published cases of Dr. Graefe, and partly from notes taken while abroad. The nine cases given are all those of cysticerci in the posterior part of the eye.

I. *Cysticercus on or in the Retina*.—A married woman, 28 years of age, free from superficial cysticerci, and from symptoms of a tape worm, presented herself at Dr. Graefe's clinique. Three weeks previous, she had begun to perceive before the left eye a cloud, which appeared first in the centre of vision, and then spread gradually toward the sides. At the time of examination only the glimmering of large and strongly-lighted objects in the direct axis of vision could be seen, which seemed as though viewed through a thick mist. Above and below, however, and on both sides, fingers could be counted at the distance of some feet. The ophthalmoscope showed the lens and vitreous humor to be clear; but, covering the central part of the retina, there appeared a shining greenish body, the convex circular sides of which were sharply defined upon the retina. It was so large that, with the pupil dilated, and with the instrument in close proximity, the whole extent could hardly be seen at once. As it lay somewhat outward, the distance of its inner border from the entrance of the optic nerve was about equal to the diameter of the latter. That the anterior surface of

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\* Mackenzie in his last edition mentions four other cases of cysticerci in the anterior chamber.



the body stood at some distance from the retina, was proved from the fact that it could be distinctly seen without a concave glass at a greater distance than it was possible to see the retina. In order to obtain a general view of this body, its inverted image was examined.\* It now appeared as a perfectly round greenish bladder, of a diameter nearly four times that of the entrance to the optic nerve, and was firmly seated on the retina. The neighboring parts of the retina seemed normal. From them some fine-pointed vessels elevated themselves upon the sides of the body, though whether they ran into the walls themselves, or into a transparent membrane covering the bladder, was then uncertain. In the middle of the anterior wall a white knob-like appendix could be seen, which manifested itself both by its greater opacity and by its color. This was not stationary, but changed its position frequently, and at the same time, with the eye in a perfect state of rest, cup-like depressions in the walls of the bladder could be seen to form and disappear. Dr. Graefe tried in vain to make out different parts of the head, and to discover a neck-piece. The thing seemed, as it were, veiled, which strengthened him in the belief of an enveloping membrane.

Three weeks later the bladder had increased about one third in diameter. The inner border had now reached the outer edge of the optic nerve, on which latter the normal distribution of vessels could be seen. The knob-like appendix or head was no longer in the centre, but close under the upper edge of the bladder, and, as it were, in the middle of a second small bladder which had grown out from the larger one. The fact that at this point the ophthalmoscopic view was much clearer, and that there was a cessation of vessels, convinced Dr. Graefe that there was an enveloping membrane which was here broken through by the further growth of the bladder-like projection. By this time not only were bunches (sucking-cups) on the side of the head to be seen, but also the previously concealed neck-piece, which was now extended and now drawn in, thus allowing the head, by a series of trunk-like motions, a great variety of positions. The patient's sight was much diminished, only a faint perception of light downward and outward remaining.

Ten weeks after the first observation, the original bladder had not greatly increased, but had lost its greenish appearance, and was more transparent. The vessels on it had mostly either entirely disappeared, or were remaining merely as faint lines. On the other hand, the second bladder had so enlarged as nearly to

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\* As the terms "inverted" and "uninverted images" may not be familiar to all, I would say that a simple mirror, with or without a concave lens, gives an uninverted image. With this, however, only a portion of the bottom of the eye can be seen at once. A convex lens held before the mirror gives an inverted image, which is much smaller than the other, and which allows a proportionately greater extent of surface to be seen. The inverted image is better for obtaining a general view of the bottom of the eye, and the uninverted is more convenient for examining in detail.

equal the original one, exhibited, as that one did before, a shining greenish color, was separated from it by a constriction, and covered the optic nerve entirely. The visible portion of the retina was no longer normal, but was sprinkled with irregular bluish-white spots. Vision was almost null.

Five months after the first observation, the original bladder had fallen to pieces, and only a membrane floating in folds and without form was to be seen. The contour of the second bladder was with difficulty made out, because it was covered with a similar membrane. For some time Dr. Graefe thought the worm dead, but was mistaken. The head and neck lay so far inward toward the nose, that, in order to see them, it was necessary to make the patient look strongly to the right. The bladder, between the membrane and retina, seemed to be movable. Vision was null.

At one time Dr. Graefe proposed the attempted destruction of the worm by means of a cataract needle through the sclerotica, guided by the ophthalmoscope. The appearance of degeneration in the bottom of the eye, however, prevented it. Instead of this, he tried dropping anthelmintic substances into the eye, viz., a solution of acetate of potash, and a santouin preparation. These were, however, unsuccessful, inasmuch as, eight months after the first observation, the worm was still living.

II. *Cysticercus on the Retina.*—An instructress, of pale appearance, and with a constitution not very strong, who had in childhood suffered much from ascarides, came to Dr. Graefe on account of her sight. Some months before, she first discovered some pieces of a tape worm, but no cysticerci were to be found on the surface of the body. A year previous to this, she had experienced pains in the limbs, and transient feebleness in one arm. After this, she had a weakness in both eyes (but without limitation of vision), which soon disappeared from the left one, whilst in the right a slight inflammation set in. At the same time a glimmering and mistiness came before this eye, accompanied by severe headache on the right side. Two months ago, she could not read with the right eye, and soon after ceased to recognize any one with it.

At the time of her appearance at Dr. Graefe's, only a faint perception of light was left. Externally, the eye seemed normal. The ophthalmoscope showed upon the retina a round, greenish, bladder-like body—though upward and inward it was drawn out into a cylindrical continuation—which, by the characteristic motions described in the preceding case, rendered the diagnosis of cysticercus easy. A light membranous veil seemed to soften the handsome bluish-green color. Where the cylinder joined the bladder, there was a whitish head, which appeared to be alternately stretched out from and drawn into the bladder by means of a neck-piece of variable length. How the union of the cylinder with the retina was made, could not be seen. Prolongations of vessels could neither

be seen upon the bladder nor upon the neck-portion. Spots similar to those described in the first case were found upon the bottom of the eye. Fig. 1 represents the bladder with the head drawn in, and Fig. 2 with it stretched out. The spots are given in both.

Fig 1.

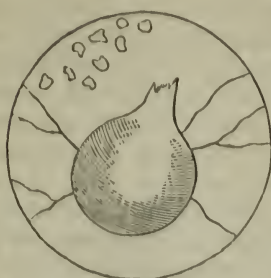
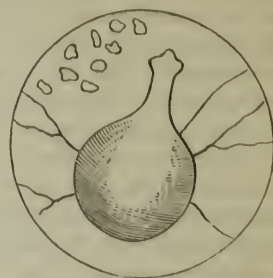


Fig. 2.



A series of observations for several months showed no material changes in the size or form of the entozoon, only the color became gradually paler. On examining the eye, nine months after the first observation, Dr. Graefe found, instead of the bladder, only a colorless membrane, or rather a system of membranes, floating in the vitreous humor, and covering most of the retina. All perception of light had disappeared since the first few months. A still later examination showed that phthisis bulbi had set in. The former weakness of one arm, the severe headache, and the glimmerings and flashings of light which troubled the other eye—though nothing could be seen within it—caused Dr. Graefe to suspect the existence of entozoa within the brain; and the presence of intestinal worms also served to increase this suspicion.

III. *Cysticercus on the Retina.*—The third case of retinal cysticercus seen by Dr. Graefe was in the right eye of a strong, hearty peasant, who exhibited neither superficial cysticerci nor any symptoms of tape-worms. The bladder was adherent to the outer part of the bottom of the eye, and glimmered through a system of transparent membranes. The motions of the bladder and neck-piece were evident, but the sucking-cups were only imperfectly made out. This eye was entirely blind, while the other one remained sound. The patient was seen but once.

IV. *Cysticercus on the Retina.*—A lady, 20 years old, of a rather delicate constitution, had been as a child much troubled with epistaxis and oppressive headaches. The latter had continued up to the time of her appearance at Dr. Graefe's, with only short intermissions weekly. She had been married two and a half years, was for the first time confined fifteen months before, and at the time of her appearance, January 1st, 1855, was again five months pregnant. In August, 1854, according to the patient's account, some days after conception, she observed before the left eye a slight



veil, which covered the whole field of vision, so that she could scarcely make out medium-sized print. At the same time there set in periodical flashes of light, in the form of small circular appearances. The veil grew gradually darker, so that now little else than quantitative perception of light\* remained. On examination, the left eye was found softer than the right, though no marked flatness near the recti muscles existed. The iris was discolored, the aqueous humor not quite clear, and the pupil immovable and a little dilated. The disturbed aqueous humor somewhat hindered the ophthalmoscopic examination. With the inverted image a membrane, continuous and in folds, was seen floating to and fro in the vitreous humor, not far, as it seemed, before the retina. In some places, viz., inward and downward, it appeared to be attached to the retina itself. At these points several greenish and strongly-reflecting stripes hid the bottom of the eye from view. In the upper and outer part there glimmered through the membrane a round greenish bladder, which terminated downward in a neck and head-piece. Continued observations showed undulating motions in the surface of the bladder, and contractions and extensions in the neck portion similar to those mentioned in the previous cases. With regard to the existence of tæniæ, no decided information was given by the patient. No superficial entozoa were found. This case distinguishes itself from the previous ones by the marked affection of the vitreous humor, and probably also of the inner membranes, as the iritis betokened.

V. *Cysticercus in or behind the Retina.*—Dorothea M., aged 58. Has been perfectly healthy, and has never suffered from tape worms. Says that the sight of both eyes has always been equal, though this is not to be depended upon, as she never compared them together. Eight weeks ago, after having suffered some time from rheumatic headache, she began to feel an internal pressure in the right eye. This was continued, without paroxysms, maintained its position, and was not heavy enough to prevent sleep. At the same time the patient noticed a redness in the corner of the eye. Made attentive by this, she closed the left eye, and now perceived in the middle of the right one a black spot, together with marked weakness of vision. At that time she was also troubled with muscæ volitantes, which afterward disappeared.

Externally, no disease is to be seen. The ophthalmoscope exhibits, through normal refracting media, a cysticercus bladder placed on the bottom of the eye and projecting forward, and nearly four times as large in diameter as the entrance of the optic nerve. The general appearances and movements are similar to those described in the other cases. The bladder is evidently en-

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\* Dr. Graefe uses the expression *quantitive* perception, in contradistinction to *qualitive*; the latter referring to the power of recognizing objects, and the former merely to the impression of light. The terms prove very convenient.

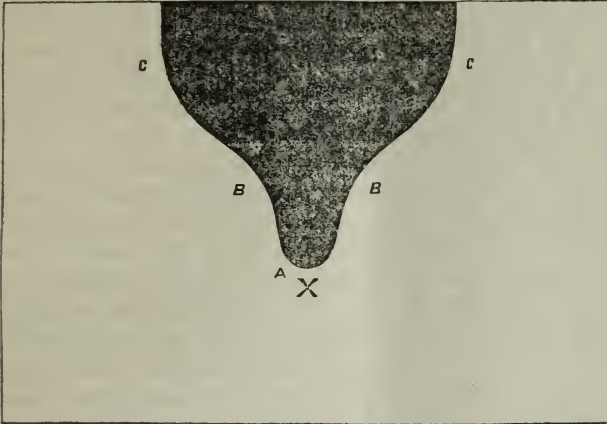
veloped in a second membrane, as is shown by the distension of the latter during the movements of the cysticercus. From all sides the retinal vessels run up on to this membrane, and especially from the inner side (where the principal vessels usually lie). The ramifications on the membrane are similar to those on the retina. It is very probable that the retina itself covers the cysticercus sac, and that the latter lies between the choroid and the retina; though, possibly, only the inner layer of the retina, with the stratum of vessels, has been pressed forward, and the entozoon has been developed in the retinal tissue itself. What speaks in favor of an origin from the choroid, is the presence of a yellow spotted, circumscribed choroidal portion, lying outward from the bladder, and slightly spread over its contour, which is connected with the choroidal portion lying under the bladder. This may, perhaps, be the result of a limited choroiditis which accompanied, as is generally the rule, the first appearance of the entozoon. The former inflammatory condition of the eye, and the intra-ocular pain, may also point in the same direction.

VI. *Cysticercus on the Retina.*—At the end of March, 1856, there came to Dr. Graefe a servant maid, aged 25, and perfectly healthy, who had observed, for from two to three months, a weakness of the right eye. Vision was now reduced almost to quantitative perception of light, it being a little clearer downward than elsewhere. She had never experienced pain or flashes of light. The left eye was quite sound. The ophthalmoscope showed an extensive granular degeneration in the central field of vision, as to the nature of which Dr. Graefe was in considerable doubt, though in some portions it bore a resemblance to that described in Case II. (see figs. 1 and 2). On the lower part of the retina, and separated from this degeneration by a healthy portion, lay a cysticercus of a diameter nearly four times that of the optic papilla. It exhibited the usual characteristics, and was firmly attached to the retina. No vessels ran over the bladder; on the other hand, one retinal vessel was plainly to be seen disappearing under the body, so that the latter could not be underneath the retina. The association of the above-mentioned degeneration with the cysticercus was highly interesting. Dr. Graefe hoped to make some further observations, but in the course of a few weeks a series of fine membranes were developed in the vitreous humor, which prevented the examinations. The patient exhibited no superficial cysticerci, had neither suffered from taniæ nor headache, and was not pregnant.

VII. *Cysticercus behind the Retina.*—An engraver, aged 46, of pale color, but otherwise healthy, while using a lens some months before coming to Dr. Graefe, observed a circular defect in the upper and outer part of the field of vision of the right eye. This round "black" spot gradually increased, but changed its position

in such a way that, when the patient was seen, it lay directly upward, while the lower border nearly reached the centre of vision. The sharpness of sight had been gradually lost in the whole field of vision, so that the patient saw as through a veil. On testing the field of vision with a black-board,\* it was found free on both sides and below, but above showed a defect which began a short distance from the centre (X Fig. 3), with a rounded end (A), con-

Fig. 3.



tinued for a short distance slightly increasing (B—B), and then rapidly bulged out at the sides (C—C), to a considerable size. The ophthalmoscope showed a quantity of fine membranes floating in the vitreous humor, which were sufficiently developed to account for the weakness of sight, but not for the defect above described. They also interfered somewhat with the ophthalmoscopic view, but, under favorable positions, and with a dilated pupil, an unmistakable cysticercus could be made out, the white head-portion of which lay outward from the centre. The condition of the retina was especially interesting. It was raised near the centre in a fold (partial separation), which bulged out and so covered the cysticercus that tolerably large vessels could be seen running over the bladder. The form of this retinal separation explained the defect of vision, since the cysticercus (lying partially eccentric) was not sufficient to do so. The condition of the choroid was also interesting. Almost the whole periphery of the cysticercus

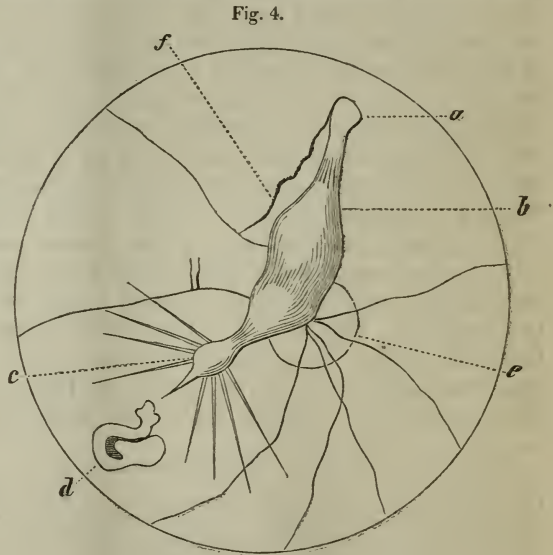
\* Dr. Graefe's method of testing the field of vision is as follows: The patient is placed one or two feet from a black-board, in the centre of which a cross is marked with chalk. He is told to cover up the sound eye, and to gaze steadily at the cross with the other. The chalk is then held between the thumb and forefinger, and passed over the surface of the board with short shaking motions, and the patient, with his eye always fixed upon the cross, is requested to say when the chalk disappears from sight. The points of disappearance are marked on the board, and by this means a rough outline of the field of vision is drawn. This process is repeated two, three, or more times (in proportion to the uncertainty of the vision, or the stupidity of the patient), until a correct map of the field of vision is marked out. Considerable difficulty is often experienced at first in keeping the eye fixed upon the cross, and some patience has to be exercised. The practitioner should stand so as to be able to watch the patient's eye and keep it from wandering.



bladder, but especially the inner portion (with inverted image), was surrounded by a white and tolerably broad zone, which, from its sclerotic reflection, indicated clearly an atrophied portion of the choroid. It seemed similarly atrophied under the bladder, so that the latter lay between the retina and sclerotica, or, if one wishes it, between the retina and the atrophied choroidal tissue. The borders of the atrophied portion were irregular, here and there, as it were, indented, and showed pathological pigmentation. Similar choroidal changes, with pigment, were seen in other directions, especially in the outer part of the bottom of the eye. Whether Dr. Graefe has followed the further progress of the disease, I am unable to say. The left eye was quite sound, and the patient was neither troubled with tape-worms or superficial cysticerci, nor had he cranial symptoms.

VIII. *Cysticercus in the Vitreous Humor*.<sup>\*</sup>—A journeyman joiner, ætat. 23, with convergent strabismus, came to Dr. Graefe to be operated upon. The patient said that the vision of the left eye, which squinted, had been weak from childhood. The left iris was only slightly less active than the right one, and of a yellowish-green color quite different from that of the right eye. This difference, together with the squinting, the patient's mother affirmed to be congenital. Single letters,  $\frac{3}{4}$  in. in height, could be made out with this eye. The ophthalmoscope showed a round, central, circumscribed opacity, which looked like a posterior capsular cataract. A little behind this appeared a small bluish body, which,

attached to a darker bullet-shaped bladder, seemed, with the movements of the eye, to float to and fro in the vitreous humor. An examination with the inverted image, however, placed the form and position of these parts in a different light. The opacity appeared as a shining, white, oval figure, as is shown in Fig. 4 at *d*.



<sup>\*</sup> This case was reported, with a colored drawing, by Dr. Liebreich, Dr. Graefe's chief assistant,

Behind and above it an oblong, bluish gray bladder extended through almost the whole vitreous humor. The anterior pear-shaped end at *c* seemed to represent the head, the succeeding portion the neck, and the sharply-defined oval piece, the bladder of a cysticercus. A fine membrane evidently surrounded the whole worm, and was continued backward in the form of a transparent sac (*a*) which could be traced to the bottom of the eye. Besides an irregular pigmentation on the retina, as shown in the figure (*f*), there was a marked discoloration in the papilla (*e*), and the retinal vessels were wanting in the outer and upper part.

The movements of the body were confirmed by the different parallaxes, thereby occasioned, of the several parts of the worm as they lay behind one another. After a prolonged examination, Dr. Graefe succeeded in detecting some slight movements in the oval end of the bladder (*b*), independent of the motions of the whole body. The extension and withdrawal of the head could not be seen here as in the previous cases, owing probably to the closely enveloping membrane which was evidently stiffly distended between the lens and retina. A peculiar wrinkling, occasioned by this, manifested itself by a series of fine shining rays, diverging anteriorly from the head of the worm, which were visible only by certain turns of the retina. (The rays are somewhat exaggerated in the engraving.) The peculiar appearance of the above-mentioned opacity (*d*) led to the suspicion that it might be a calcareous cysticercus which was placed flat against the posterior capsule. The closest examination with a strong microscope failed to show any further light upon the nature of it. No data could be obtained as to when the cysticercus was probably developed, nor could the former existence of inflammatory symptoms be elicited. More than a year's observation showed no particular change in the body. Several pieces of a tænia were passed after the exhibition of an anthelmintic. No cysticerci could be felt through the skin.

IX. *Cysticercus in the Vitreous Humor.*—H. M., a boy of 10 years, was brought to Dr. Graefe on account of weakness of vision in the right eye. The right iris was somewhat discolored, but gave more the appearance of a natural than a diseased discoloration. It was also slightly inactive and dilated. An ophthalmoscopic examination showed a cysticercus in the vitreous humor, so exactly like the one last mentioned that further description is hardly necessary. It is worthy of remark that the same ray-like wrinkles in the enveloping membrane were present in this case. Concerning the development of the entozoon, nothing was to be learned, since the patient had discovered his weakness of vision only a few weeks before, while experimenting with a lorgnette. The father of the child affirms that, twenty years before, he himself had passed tape-worms. The boy had had in his second year

otorrhœa, repeated impetigo capitis, many worms, and, as was said, tæniæ. An anthelmintic lately taken for tape-worms had been without result. The vision seemed to be limited more by the presence of a foreign body than by any amaurotic affection of the retina.

*Remarks.*—The above given cases of cysticerci in the posterior chamber of the eye, are the only ones that I have ever met with or heard of, and Dr. Graefe seems to have been more than ordinarily fortunate in discovering so many. It is a well-known fact that in Germany tape-worms are of very frequent occurrence. This is especially the case in Brunswick, where the famous Brunswick sausages are manufactured, which with many people constitute the chief article of animal food. Possibly, in those countries where tæniæ are common, no inconsiderable portion of amaurotic affections may have their origin in cysticerci.\*

Cysticerci attached to the retina or behind it, prove to be much more frequent than those floating in the vitreous humor, the latter numbering only two, and the former seven. Cysticerci in the vitreous humor follow the rule of all foreign bodies, and become enveloped by a membrane. Their destructive progress seems to be remarkably slow, thus offering an important difference from those of the retina. Future experiments may perhaps bring them within reach of an operation.

With regard to the diagnosis, it is important to distinguish cysticerci from a separation and projection of the retina, which has also a rounded and bluish appearance. The existence of cysticerci may be suspected by the presence of fine floating membranes, which are to be distinguished from ordinary membranous opacities of the vitreous humor (the latter are generally of a fatty nature) by their much greater continuity. The sequelæ of cysticerci seem to be the same as those of retinal projection. When the disease has reached a certain development, there sets in a slow inflammation of the inner membranes, with separation of the retina and iris, which ends with closure of the pupil, projection of the iris against the cornea, and phthisis bulbi.

To conclude—the appearance of little round bluish spots at the bottom of the eye, like those in Cases I. and II. (Figs. 1 and 2), are regarded by Dr. Graefe as generally indicating choroidal affection, the color being occasioned by the sclerotica shining through. These spots often become united and form a larger circle. This *choroiditis disseminata* is frequently present in syphilitic and puerperal patients, and its course is much more rapid than that of the staphyloma posticum (which is an atrophy of the choroidal tissue immediately about the optic nerve). It may exist extensively without disturbing the functions of the retina.

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\* The identity of the cysticercus and tape-worm is well established.



## EMPIRICAL ADVERTISEMENTS.\*

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The New York Observer, a religious newspaper, in the number for Oct. 1 gives utterance to the following sentiments:—

“CAUGHT NAPPING.—Homer sometimes nods; we sometimes do as Homer did. In one of those moments of repose, a fortnight since, an article found its way into the Observer, among the selections, which we did not design to print without subjecting it to the pruning knife. It was credited to the London Christian Times, and contained some valuable remarks on the subject of health, which we wished to lay before our readers. The puff of the pills in the body of it was the part that we would not have printed for the weight of the pills, box and all, in gold. Indeed, we would rather have taken the pills, and the risk of being poisoned, than to have been the medium of thus unwittingly commending them. In this connection we would be disposed to censure the practice of thus insinuating puffs into the literature of the day; but as every man's eyes are his own, we have no right to complain if we are taken in. So much, at least, it is due to ourselves to say, that our readers may not suppose that we are smuggling recommendations of pills into the columns of our paper.”

The disclaimer is honorable, and does vast credit to the high, manly and moral tone of the editor. The Observer is remarkable for articles of an elevated character, and has a deservedly wide circulation. The editors are Presbyterian, but the information comprised in its pages reaches all denominations. I have taken it for twenty-nine years, continuously, and on the subject of empirical pretensions and advertisements it has ever been consistent and decided—in keeping with the above quotation.

The American Presbyterian, published at Philadelphia, takes a similar ground, as you have stated in your No. of Oct. 1, under the caption “Questionable Advertisements.” Our profession will give to that and the N. York Observer their hearty commendation.

The Congregationalist, published in Boston, has at this time, I believe, only one empirical advertisement to mar its surface, viz. the *Peruvian Syrup*; and the editor doubtless entrenches himself behind the very valid and high authority, “A. A. Hayes, M.D., Assayer to the State of Massachusetts.” The same may be seen in at least one other *religious* weekly. Verily, the proprietors of the nostrum are blessed in having so distinguished a Levite for their priest!

The Independent, a Congregational newspaper published in New York, is before me; the date, Oct. 22. It boasts of a circulation “larger than that of any similar journal in the world.” If so, its influence must be correspondingly extensive. It has for its motto, “But as we were allowed of God to be put in trust with the Gos-

pel, even so we speak, not as pleasing men, but God, which trieth our hearts." Why, then, does it not adhere to its appropriate and legitimate work—the dissemination of the Gospel? And how much, think you, can God be pleased with the falsehood and deception uttered and so widely circulated in its advertisements of some empirical medicines?

The Puritan Recorder, a Congregational weekly newspaper, published in Boston, I have had to do with before. Several years ago I called personally on one of the editors, and expostulated with him on the absurdity and immorality of some of the advertisements of patent medicines contained in the paper, and requested that my name might be stricken from the list of subscribers. Since then, I have occasionally seen the paper, and always find it polluted with the same and other mendacious notices. The number for Oct. 1 is now before me, and there are in it nine advertisements of empirical medicines, occupying a space equal to a column and a half of the paper. To mention each, and point out the arrogance, absurdity and mendacity comprised in them, would require more space than you would be willing to spare.

Dr. Mussey, of Cincinnati, once said that "he would take no religious newspaper which advertised empirical medicines," or words to the same effect. In your editorial of Oct. 1, under the head "Questionable Advertisements," you have brought the subject before us. And now let the ball be kept rolling. You have brought to our notice the error of the *Christian Witness* in its advocacy of charlatany. I have reviewed some Congregational papers in relation to the same; and now let some of our brethren of other denominations show their religious presses their inconsistencies in the matter, when they are found to err; and let the subject be placed where it appropriately belongs—on the category of immoralities, of fraudulence and swindling.

It is certain that if the medical press uttered and advertised half as many religious falsities and absurdities, the clergy would "be down" hard upon it; and if the religious press proclaimed as many errors and as much sheer nonsense under the agricultural head, as they do under the medical, how much would it be *raised* in the estimate of our farmers?

The secular papers, too, often debase themselves and lay themselves open to censure, by the foul and flagitious notices which they publish—advertising false pretensions and unlawful measures for the special emolument of unprincipled charlatans. But it is with the religious papers that we have to do, because of the stand they profess for right and truth; and the consequent greater injury they do, when they transgress. And further, let the religious press purify itself in the matter, and the secular papers will follow—the more respectable will do so.

Now we none of us can object to a medical and hygienic depart-

ment in every newspaper in the land—we would rather rejoice in and assist it, if properly conducted; but, like the other departments—agricultural, mercantile, &c.—let it be under the guidance of responsible and capable men. Let it be sensible, truthful and instructive, and vast good may be done, popular errors corrected, and a better understanding created between the medical and clerical professions, and between physicians of intelligence and principle and the community at large.

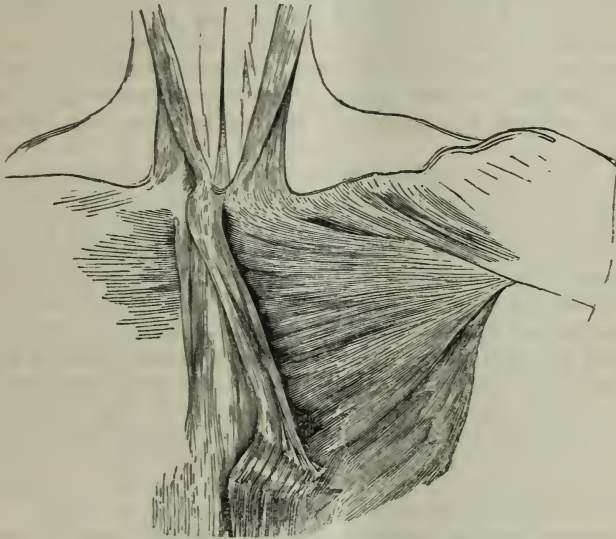
A. C.

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### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 12th.—*The Rectus Sternalis Muscle*.—Dr. HODGES showed the specimen, of which he read a description, together with a brief historical sketch of the muscle, from the pen of Dr. O. W. HOLMES, from whom the specimen was received. The form and situation of the muscle may be seen in the accompanying cut, from a drawing by Dr. L. M. SARGENT.



“The muscle which has been called *musculus thoracicus, rectus sternalis*, or *sternalis brutorum*, is well shown in this specimen from an adult white male. It arises, tendinous, from the anterior face of the upper bone of the sternum, passes downward and outward, tendinous and adherent at its inner edge; fleshy, and connected to the parts beneath by areolar tissue, in its outer portion; widens somewhat, and is inserted by tendinous slips into the cartilages of the third, fourth and fifth ribs. It lies over the inner edge of the pectoralis major and the intercostal muscles. The little force it can exert tends to raise the ribs and favor inspiration.



“Muscular anomalies, and especially supernumerary slips, are very often met with, and attract little attention. This muscle, however, is both physiologically and historically interesting.

“Physiologically, from its seeming correspondence with the thoracic continuation of the abdominal muscles seen in some of the lower animals, especially in the simiæ. But as that prolongation is placed beneath the pectoralis major, Theile considers the muscle we are examining as related to the sterno-mastoid. The axis of the muscle before us does not coincide with that of either, unless we should consider it as continued from the sterno-mastoid of the *opposite* side.

“Historically, this muscle is interesting from the attention which has been drawn to it by the extraordinary figure given by Vesalius, and the somewhat extensive literature belonging to it.

“In the fifth plate of the second book of the great work ‘*De Corporis Humani Fabrica*’ the recti muscles are represented as reaching to the first rib. In his first edition (*Basileæ*, 1543) Vesalius alludes to this formation as belonging to the simiæ. In the second edition (1555) he adds, ‘this broad tendon and fleshy portion is the muscle which Galen calls the fifth of those moving the thorax, which is by no means so obvious in man as in caudate simiæ and in dogs. But we have delineated it for the sake of understanding Galen,’ &c.

“Vesalius confesses, on the same page, that being accustomed to swear by Galen, he had favored his opinions more than he ought to have done, at the time when the drawings were made.

“Galen says, speaking of the recti, ‘Their summit is a membranous tendon ascending to the upper part of the chest. This, however, naturally escaped the professors of anatomy, because the pectoral muscles lie over it.’

“The modern literature of this muscle would occupy many pages. Meckel gives a page to it, with various references. Theile also mentions it and has a brief reference to Vesalius. The first of these authors speaks of the muscle as being met with pretty frequently, the second as not being rare. I do not remember any thing like this out of many hundred subjects that I have examined.

“John Bell says, in his easy and rather careless way, ‘Vesalius, Albinus, and Sabatier, were thought to have found the recti abdominis extending up to the throat. But it is now found that Vesalius had only represented the muscles of a monkey or of a dog, which are very long upon the thorax of a human subject. Sabatier, after revising his notes, retracts what he had said: and Albinus also is supposed to have seen only a production of the mastoid muscle extending down the breast: for irregularities of this kind have been found.’

“Several of the more extensive modern anatomical works do not refer to this muscle, and it may perhaps be inferred that it is not so common as Meckel and Theile seem to have found it. It is one of those anomalies which could hardly fail to attract attention.”

Dr. GAY remarked that he remembered a case in which this muscle was found fully developed on both sides, in a male subject of moderate muscular development, it being continuous *superiorly* with the tendon of the *sterno mastoid*, *inferiorly* with the *rectus abdominis*, and situated along the inner border of the pectoralis.

Dr. JACKSON was not inclined to regard this muscle as a portion of the rectus abdominis; first, from its being unconnected with the lat-

ter; secondly, from the difference in the direction of the fibres of the two muscles; and thirdly, from its having so tendinous an origin, while the rectus is rather fleshy than tendinous in its character.

Dr. HODGES expressed himself surprised that the existence of this muscle is not more familiar; it being alluded to in nearly all the books of anatomy, and accurately described by Sharpey and Quain.

With regard to its connection with the rectus, he quoted the opinion of Meckel, who speaks of the latter as a polygastric muscle, "this formation leading by an insensible gradation to the formation of a special, external, abnormal, sternal muscle."

He thought the existence of this muscular anomaly no more remarkable than that of other muscular slips, often found, and which are usually assigned to contiguous muscles, or are considered as analogues of certain muscles existing in the lower animals. It would seem to require no greater stretch of the imagination to find in this slip an analogy of the long rectus of brutes, than to see in the platysma myoides, which is a muscle of mastication and expression, an analogue of the panniculus carnosus. The great peculiarity in this instance would seem to be its obliquity, to which, so far as he knew, authors had not alluded.

[The account of the anomalous thoracic muscle given above, is presented to the reader as it was written for the Boston Society for Medical Improvement and laid before the members at the meeting of October 12th. Since this account has been in the hands of the Editors of this Journal, by one of those singular coincidences which often attract the attention of scientific observers, the muscle in question has seen fit to make itself notoriously prominent.

In the *Virginia Medical Journal* for November, is an article entitled, "Respiratory Muscle. Observed by Powhatan Jordan, M.D., of Washington, D. C.," accompanied by a figure representing it, and designating it as "Jordan's Muscle." It is described as "a very beautiful triangularly shaped muscle, arising from fifth costal cartilage of the side, by a triangular fleshy belly, becoming tendinous about two inches from its origin, passing upward obliquely across the sternum, and inserting by a long, fine, bright, silvery tendon into the tendon of the sterno-mastoideus of the left side, or rather, in common with that muscle, into the left superior portion of the sternum."—It had no fellow. The same gentleman met with a pair of muscles of similar general character in a subsequent dissection. The numerous professors who held an inquest over this myological phenomenon, tumbled over the leaves of "Sharpey, Harrison, Horner, Wilson, Bichat, Cruveilhier," and other anatomical authors, without finding any mention of it. An editorial note in the same journal, however, mentions a brief reference to a sternal prolongation of the rectus, in Cruveilhier's Anatomy.

In the mean time, since my note was in the Editor's hands, Mr. Nichols, a student of Prof. Jeffries Wyman, has met with a well-marked case of this muscular anomaly, of which he promises to read a description at the meeting of the Boylston Medical Society.

I had contented myself with little more than references to some of the leading authorities, and feel unwilling to take up more time with this foolish little muscle, which is good for nothing in a practical point of view except to teach professors and editors to be circumspect in pro-

claiming novelties, and to add a shelf to their libraries. Meckel's account (to be found with the description of the pectoralis major), is so complete, and his work is supposed to be so well known every where in the original, or in Jourdain's translation, or our own Dr. Doane's English version, that the idea of naming the venerable anomaly after any individual of the recent geological formations, is as if one should call the *equus caballus* Mr. Smith's animal, or the *bos taurus* Mr. Brown's quadruped. We are willing, however, to attribute the indiscreet naming of the muscle to the engraver, and not to the observer or his scientific friends, for it is simply called "respiratory muscle" in the text.

Those who are not tired of the matter may look at the fifth and sixth plates of Vesalius's second book for another of his Galenic muscles (X. *Tertius thoracem moventium*, fifth plate, and F. sixth plate). These old figures are suggestive, but probably wholly imaginary.

The figure accompanying my paper owes something to the artist's imagination, as he had only half of the sternum to draw it from. This bone had been sawed and the muscles of the neck partially removed when the muscle was described. It should have been added in the description that its tendon was continuous inferiorly with the sheath of the rectus, and that a mere trace of a corresponding muscle existed on the other side in the shape of a few longitudinal fibres.]

O. W. H.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 19, 1857.

PLAGIARISM.

IN a recent number we quoted part of a letter from Mr. Hogg, author of a work on the Microscope, in which he shows that certain allegations made by the *North American Medico-Chirurgical Review*, to the effect that he had quoted largely from Dr. Wythe without acknowledgment, were not only destitute of foundation, but that Dr. Wythe himself had copied whole pages from two English works, without intimating that he was indebted to any one for them. A correspondent calls our attention to another instance of plagiarism on the part of Dr. Wythe, scarcely less remarkable, in the following communication.

MESSRS. EDITORS.—In the July number of the *North American Medico-Chirurgical Review*, the writer makes use of the following language, introductory to a conclusive *expose* of certain "Hogg-ish proceedings."—"Our Transatlantic neighbors have so often indulged in whining complaints of the appropriation of their literary labors by others, that it has become a sort of stereotyped criticism upon American publications, no matter how faithfully they may have given credit to their contemporaries, when occasion required a reference to their productions." Your readers have now abundant reasons to suppose the boot to be on the right foot after all. But I wish to call attention more particularly at this time to "The Physician's Pocket Dose and Symptom Book," to see how far this charge of "whining complaints" may be justified in fact. At least one month prior to the issue of the review of the Dose Book, the Editors of the aforesaid Journal were advised concerning the nature of its contents. Yet in a companion article to the severe castigation which Mr. Hogg received, with other flattering commendations, we have



the following:—"Dr. Wythe, who is favorably known as the author of several small works of merit, has performed his task well. He possesses the faculty of condensation in a remarkable degree, and his little work does not contain one ambiguous expression." Now this may be a just tribute to Dr. W., but certainly we can draw no such inferences from his "Dose Book." His "Rules to proportion the doses of medicine," save Dr. Young's rule, are taken *verbatim*, from A. T. Thomson's "Conspectus." His "Alphabetical list of Medicines, with their uses and doses, etc." with "Dietetic Preparations," occupying pages 20 to 178 inclusive, is entirely copied from the "Conspectus," and the whole without acknowledgment. The "Classification of the Materia Medica," consisting of a synoptical view of Headland's arrangement, is acknowledged. What other "whining" "Transatlantic neighbors" anticipated the doctor in writing his "table of symptomatology," and "Outlines of General Pathology and Therapeutics," my library does not inform me. Hence, I have no disposition to dispute Dr. Wythe's claims to have used his own language for at least 35 or 40 pages. But if he can find any words or sentences in the before-mentioned portions of 160 pages of the work, which should have been accredited to Thomson, that do not occur *verbatim* in Lee's edition of the Conspectus, he would further enhance his reputation of originality by giving them immediate publicity. Whatever we may think of the position of the *Review* regarding Foreign Medical Literature, there is now no reason to doubt its devoted attachment to the American variety.

Yours, very truly,

W. A. P.

The Editors of the *Review* are either singularly oblivious, or else are most easily imposed upon. In the March number of their journal they printed as original, a paper, purporting to be written by "Thomas Graham, M.D., F.R.S.C., &c., late of Sydney, Australia," on the subject of Strabismus, which proved to be a communication from Mr. Critchett, already printed in the London Lancet. The editors of the *Review* have before now accused us of undue partiality for English medical literature, to the neglect of our own. We deny the justice of this charge. We have always been eager to do honor to the *original* authors of our country, among whom we are proud to reckon the senior editor of the *Review*; but we must be allowed to express our contempt for the crowd of filibustering writers who live by appropriating, without acknowledgment, not only the discoveries and thoughts of others, but even their very words.

#### VISITORS *versus* HEALTH.

A highly esteemed clerical friend, who resides near this city, referring to our late article upon the hygiene of dress, &c., suggests to us a very important matter for consideration, and one which has often occurred to us, because we have personally been sufferers in the same manner. The inconsiderateness of persons who call for advice, or merely in a friendly way, in keeping one at the door, exposed to unceremonious breezes, which fairly riddle the frame of the host, while the visitors, wrapped in warm garments, have apparently no suspicion of the downright physical injury they are inflicting upon him, is the crying evil we would inveigh against. It is a *thoughtless* act, but all such acts become discourteous and selfish, when looked at in the light of their *results*. We do not hesitate to say, that no true gentleman or lady will ever be guilty of such an infliction upon a friend; and those who are exposed to the abuse, should resolutely decline immolation upon the altar of a forced and *quasi* politeness. They should say, "my friend, if you *are* my friend, pray come in again, and stand within the porch, or sit in the parlor, if you have forgotten anything impor-

tant which you had to say; but don't expose me to bronchitis, rheumatism, neuralgia, *et id omne*, standing thus in my *house-gear*, to hear you prate from the midst of your furs, shawls, wrappers, &c.; it is really '*too bad!*' "

A little reflection upon this matter, will surely soon rectify the abuse; for one, *we* mean to rebel lustily against being sacrificed in this truculent fashion. Hear our correspondent:—"I sincerely wish you could diffuse your ideas about the hygiene of winter days, and make people see their practical wisdom. I would be glad if you will extend your remarks to the hygiene of morning and other *calls*. I refer to the custom of calling at the door frequently—at mine at least—summoning me there, on some cold, blustering, raw days—the east wind blowing great guns—when, emerging out of a warm room, the callers wrapped in cloaks and furs, I with nothing on except my ordinary house attire—yet I must stand, first for them *to say a few words* (italics our own), which takes about half an hour," &c.

We need add nothing to the vivid, and somewhat *chilling* picture above given. We shiver, by reminiscence, whilst we look at it. Such visitors should be either dismissed at once, on the ground of being health destroyers—and the reason stated to them—or, if "affection hold them dear," erring though they be, they should, as before intimated, be invited in-doors again, to complete their communications, unexposed and unexposing to Jack Frost, east wind, rain, hail and snow. If they *will not* come in, they should be desired to wait outside (the door being shut in their faces), until the occupant of the house can don his fear-nought coat, fur cap, boots, galoshes and mittens—then, and "not till then," let him "meet the enemy."—Such enemies are "ours," as well as our friend's—let these atrocities be suppressed!

Finally, we would state our belief that clergymen and physicians are *peculiarly* exposed to the dangerous risks above described: their door-bells being illustrations of "perpetual motion," if not in the way of summoning them to render professional aid, yet to answer the calls of charity.

APPLICATION OF CAUSTIC POTASH TO THE INTERIOR OF THE UTERUS.  
NOTE FROM DR. H. R. STORER.

MESSRS. EDITORS,—You will permit me to call attention to the very interesting case read before the Society for Medical Improvement by Dr. Jones, of Martha's Vineyard, and published in your last issue, and to its bearing upon a discussion some time since at the Suffolk District Medical Society, as reported in your Journal for July 24th, 1856.

It may be recollected that after relating a case of successful operation for unpediculated, intra-uterine fibrous tumor, removed by excision, I proposed the local application of caustic potash in case the disease returned. This operation, so far as I know, had then never been performed. "The Secretary," it may be recollected, "could not forbear to express his astonishment at this extraordinary proposition." (See this Journal, Vol. LIV., No. 25, p. 500.)

The operation of Dr. Jones probably relieves me from the imputation then cast.

Yours sincerely,

H. R. S.

7 Chester Street, Nov. 13th, 1857.

"Dr. Ayer," of Lowell.—We are requested to publish the following statement, and would quote from the circular referred to, in order to anticipate inquiries which might otherwise be made, that "Dr. Ayer does not wish to be mistaken for J. C. Ayer, of Lowell," the proprietor of certain cathartic pills. He claims to be "a graduate of Harvard Medical University"; this may be true, but as he does not give his whole name, we have no means of ascertaining the fact, and we are strongly inclined to doubt it.

"Dr. Ayer," of Lowell, who advertises as being now on "his annual tour of the United States," and is at this present time in Bangor, Me., having in one of his hand-bills referred to the undersigned, they would hereby state that they know nothing of such a person, and have never given him permission to use their names.

JACOB BIGELOW, WINSLOW LEWIS, WALTER CHANNING,  
 F. S. AINSWORTH, CHARLES T. JACKSON, C. H. STEDMAN,  
 AUG. A. HAYES, J. B. S. JACKSON.  
 IRA WARREN—(know something of Dr. Ayer, but have not given him permission to use my name.)

*Mortality after Operations in Paris.*—Dr. Wm. A. McPheeters, of Natchez, in a letter to Dr. Cartwright, from Paris, published in the *New Orleans Medical Journal*, says, that in the Parisian Hospitals, it is the exception rather than the rule, for a patient to recover after an amputation of the leg. At first he was inclined to attribute this result to the enfeebled condition of hospital patients; but M. Nelaton, in a lecture on this subject, says that equally fatal results occur in private practice. Nelaton accounts for the great mortality by some peculiarity in the atmosphere of Paris, which produces purulent absorption, for in the provinces of France similar operations are performed with much better results.—*Virginia Medical Journal.*

*Health of the City.*—The chief causes of mortality during the past week, besides consumption, were scarlatina and pneumonia, each of which caused 7 deaths. To "convulsions," "croup" and "disease of the heart" are assigned 4 deaths each. There was but one death from typhoid fever. The number of deaths for the corresponding week of 1856 was 79, of which 19 were from consumption, 6 from scarlatina, 3 from pneumonia and 2 from disease of the heart.

*Communications Received.*—Imperforate Rectum.—Function of the Descending Bowel.—Foreign Body in the Oesophagus.

*Books and Pamphlets received.*—Medical Students' Vade Mecum.—Smith's Domestic Medicine.—Report on Infant Mortality in Large Cities, &c., by D. Meredith Reese, M.D., &c.—Exsection of the entire Os Calcis, by J. M. Carnochan, M.D.—Report on the Medical-Legal Duties of Coroners, by Alexander J. Semmes, M.D., &c.—Compendium of Domestic Medicine, &c., by Francis Gurney Smith, M.D., &c. Second edition. (From the publishers.)—Human Histology in its relations to Descriptive Anatomy, Physiology and Pathology, by E. K. Peaslee, M.D., &c. (From the publishers.)

**MARRIED.**—In this city, Oct. 28th, George B. Parks, M.D., to Miss Ellen M. Parsons, all of Boston.—In New York city, Oct. 29th, Robert Stewart, M.D., to Miss Anna L. Beebe, all of New York.—In New Sharon, Me., Nov. 12th, J. Frank Pratt, M.D., to Miss Annie W. Currier, both of N. S.

**DIED.**—In Bucksport, Me., Nov. 3, Dr. Jotham Moulton, Sr.—In Williamsburg, Mass., Daniel Collins, M.D., 76.

*Deaths in Boston for the week ending Saturday noon, November 14th, 73.* Males, 38—Females, 35—Accident, 1—apoplexy, 2—Inflammation of the bowels, 1—bronchitis, 2—congestion of the brain, 1—consumption, 18—convulsions, 4—cholera infantum, 1—chorea, 1—croup, 4—diarrhoea, 1—dropsy in the head, 1—drowned, 1—debility, 2—infantile diseases, 1—puerperal, 1—typhoid fever, 1—scarlet fever, 7—disease of the heart, 4—intemperance, 1—Inflammation of the lungs, 7—congestion of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 1—teething, 3—unknown, 1—whooping cough, 1.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 51—Ireland, 15—other places, 7.



*Massachusetts Eye and Ear Infirmary.*—By the Treasurer's report of this Institution, it appears that the expenses have been, for the past year, \$4,4378 84. The whole number of patients for the year has been 2,158: viz., males, 1,111; females, 1,057. Patients with disease of the eyes, 1,736; of the ear, 322, of whom 115 have been boarders in the Infirmary. Fifty-six important operations have been performed during the year.

Since the commencement of the Eye Infirmary, more than thirty thousand patients have applied, and in the last few years the annual average has been two thousand. A little more than half this number is from the city proper; many are from the suburbs, and from distances varying from a few miles to many hundred miles.

The following officers have been chosen for the ensuing year: President, S. D. Townsend; Treasurer, J. W. Edmonds; Managers, Henry Rice, Edward Reynolds, Moses Grant, T. H. Wolcott, G. H. Shaw, J. A. Blanchard, Chas. H. Mills, James Lawrence, Charles R. Codman. Secretary, Theodore Frothingham.

*Cancer of the Lip in a Woman.*—About a week ago, a case of large cancerous ulcer on the lower lip of a woman was operated on at the Metropolitan Free Hospital. The patient was eighty-one years old, but tolerably vigorous. She had for years been accustomed to smoke, and had held her pipe on the side that had now become affected. There was no hereditary history of malignant diseases. It had existed for about six months, and had involved half the lip. It had been very painful. The V-shaped incision was practised, and the wound healed well. Mr. Hutchinson adverted to the great rarity of cancer of the lip in women, and stated his belief that it was due almost solely to the comparatively small extent to which smoking prevailed amongst them. Still it was by no means infrequent to meet with cancer of the lip in men who had not smoked. In this instance, as in one or two others which he had examined, the structure under the microscope showed a much less abundance both of epithelial and of the compound cells than are usually met with in similar ulcers from the lips of men. Indeed, in some parts the ulcer seemed rather of the rodent character than of the true epithelial; yet before excision nothing could have been better characterised than the condition of the sore, and, indeed, with the microscope, some, though but few, of the elements of undoubted cancer were seen. Mr. Paget, we believe, has made a similar observation.—*London Lancet.*

*Morals of the Viennese.*—From the "Times and Gazette," we learn that, by the statistics published under the auspices of the Common Council Bureau of Vienna, the number of illegitimate births in that city has almost equalled the number of legitimate births during the four years from 1852 to 1856. The following are the figures on the subject: 1853, legitimate births, 11,264; illegitimate, 10,686. 1854, legitimate births, 11,252; illegitimate, 10,801. 1855, legitimate births, 10,650; illegitimate, 9,522. 1856, legitimate births, 10,870; illegitimate, 10,311.—*N. A. Med. Chirurg. Review.*

*Laurel Hill Cemetery.*—During a recent visit to this beautiful city of the dead, we had an opportunity of seeing the monument which has been erected by the "Philadelphia Contributors," in memory of the physicians, druggists and nurses of this city who volunteered to aid the sufferers by yellow fever at Norfolk and Portsmouth, Virginia, in 1855, and died in the discharge of their duties—*martyrs to the cause of humanity.* It is a beautiful column of white marble, about twenty-five feet high, with appropriate devices and inscriptions, and comprises the names of Drs. Thomas Craycroft, Courtlen Cole, and Herman Kierson, with that of Edmund Barrett, Student of Medicine.—*Ibid.*

*Drs. Gibson and Mutter.*—These Ex-Professors of Surgery, it appears from a correspondent of the New York Journal, are at Rome. They design sojourning there the coming winter. It is also stated that Dr. F. W. Sargent, of Philadelphia, had arrived there, to reside and practise his profession. Who can but admire the taste that has led these savans to the classic spots of the old world—Rome, the city of a civilization that lasted for twelve hundred years, the city of a people who were at peace profound with all the world for two hundred years—who could resist the temptation to live for a time within her borders?—*Ohio Med. & Surg. Jour.*

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LVII.

THURSDAY, NOVEMBER 26, 1857.

No. 17.

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ON THE THERAPEUTICS OF DISEASES OF THE STOMACH.

BY PROFESSOR OPPOLZER.

[Translated for the Boston Medical and Surgical Journal, from the *Zeitschrift der k. k. Gesellschaft der Aertze zu Wien*, by ALGERNON COOLIDGE, M.D.]

WE are far from knowing all the morbid changes to which the stomach is subject, nor are we always able to diagnosticate with certainty those of which we understand the pathological anatomy. The practitioner has often to treat derangements of the digestion, whose organic causes he cannot determine. It will not be considered improper, therefore, if in the course of these remarks I often make use of the words difficult digestion, excessive formation of acid, and flatulence. I am perfectly convinced that all these functional disturbances have their origin in some organic change, though in the present state of medical knowledge these changes are not known to us. Who, for instance, can describe the changes which occur in the rennet cells? Who knows the changes of the organic muscular fibres which surround the gastric glands? Who can explain the derangements of innervation, or the minute changes in the blood, all of which have a special influence in the quantity and composition of the gastric juice? Even the changes in the mucus of the stomach, or of the epithelial cells, have not as yet been sufficiently studied, and there is no doubt that in them also originate derangements of the digestion.

In disease of the stomach, the regimen, in the widest sense of the word, is by far the most important part of the treatment. I will therefore begin with my experience of the dietetic treatment of affections of the stomach.

Milk is among the most important of dietetic remedies, and one in which I have made most observations. I have used cow's milk in all cases, and, provided it was not disagreeable to the patient, always preferred sour milk to new milk, or even to buttermilk; for in sour milk the casein being very finely divided, is more easily

digested, while in the other forms of milk, if taken in any quantity, it is coagulated into large lumps, which impede the digestion considerably.

By some patients, sour milk was taken more willingly than curd, while others preferred to dissolve this in cold water, and take it as a drink. But most patients took simple cold milk; others preferred boiled milk, either warm or cold. Skimmed milk was always used, in order that it might be free from fat, and the buttermilk was passed through a fine sieve to separate from it all the small particles of fat which it contained.

In diseases of the stomach, milk must at first be administered in small quantities, especially if the stomach habitually rejects what it takes. I generally begin with a few spoonfuls, and increase the quantity only when the stomach readily bears what is given. Some patients took from four to six pints of sour milk daily, which quantity was divided into four portions, that sufficient time might be allowed for the digestion of each portion. New milk I gave always in small quantities, and preferred administering it frequently, to prevent the formation of lumps of casein.

With some patients, water-brash was produced during the milk regimen. In these cases, I gave small quantities of carbonate of magnesia, at the time it was likely to come on. With others, diarrhœa occurred; and in such cases I generally ordered a small dose of prepared chalk, after taking the milk.

In severe diseases of the stomach, especially with obstinate vomiting, I gave milk alone, especially sour milk. Those patients who bore milk diet well were allowed milk pap made with groats, rice, or fine arrowroot meal; some, under the milk regimen, bore weak broth, with the yolk of an egg.

In many cases I have seen chronic inflammation of the stomach, erosions, perforating ulcers, the vomiting of pregnant women who have disease of the womb, the obstinate vomiting after typhus (which is sometimes, though not always, caused by inflammation of the mucous membrane of the stomach), the vomiting which occurs sometimes in boyhood, without evidence of any inflammation of the stomach, and likewise that of hysterical persons, cured by a milk regimen. Cancer of the stomach cannot, it is true, be cured by a milk diet, though in some cases this procured relief to the patient. Moreover, sour milk is the only food that some sufferers from cancer of the stomach are able to bear.

With a few persons suffering from disease of the stomach, who could not bear a milk regimen, I tried raw meat. Minced veal was made into small balls, which the patients swallowed generally without hesitation. With a few there existed an unconquerable disgust to this diet, which prevented a trial of it.

In one case I used exclusively cold victuals—namely, cold meat. It was the case of a man who, whenever he took warm food, was



seized with pain in the stomach, and consequent vomiting; cold food caused him no trouble. After living for two months solely on cold meat, he tried warm food, which he then bore without difficulty.

We often hear persons, leading a sedentary life, complain of labored digestion; after every meal, but particularly after dinner, they feel a weight in the stomach which torments them for many hours. In such patients regurgitations occur, which have the taste of the last meal, taken many hours before; also pyrosis, and the sensation of a foreign body lodged in the throat behind the larynx, which they try in vain to expel. Flatulency of the bowels occurs, and the stools become irregular. They feel themselves indisposed to any mental labor, as their heads are affected, and even the exercise so necessary to them becomes disagreeable; after dinner, they feel like lying down and sleeping. In the right season, I sent such patients to the mountains, where moderate excursions on foot, and the mountain air, agreed with them so well that for the most part they returned with good digestion and the appearance of better health.

Herewith ends my experience in the dietetic treatment of diseases of the stomach. I now pass to the remedies I have used. Every year I send patients to the Bohemian watering-places, especially to Karlsbad,\* Marienbad, Franzensbad, and recommend to some to use cold baths.

To the cold-water cure I submit those patients who, in consequence of good living, with a sedentary mode of life, have deranged their digestion. Gouty patients, with affections of the stomach, who for fear of congestion, or on account of bleeding hæmorrhoids, dared not try Karlsbad or Marienbad, were benefited by the cold-water cure.

Waters rich in carbonic acid, or in the alkaline carbonates, as the baths of Seltus, Giesshübel, Bilin, and soda-water, I used with good effect where there was tendency to acidity of the stomach, and in the sympathetic vomiting accompanying gall-stones, renal calculi, diseases of the uterus, and pulmonary tuberculosis. In using them, I took particular care that the stomach should not be distended with gas, and that they should be taken in small quantities.

I never found it necessary to resort to general bleeding in diseases of the stomach. I have often seen good effects from local bleeding, in pain in the epigastrium which was increased on pressure, consequent upon inflammation of the stomach, or ulcers pro-

\* *Karlsbad*, 42-50° R., contains principally sulphate of soda, chlorides and carbonates of metals; carbonic acid, and traces of iodine.

*Marienbad* is rich in sulphate of soda, chloride of soda, carbonate of soda, with carbonate of iron dissolved in carbonic acid.

*Franzensbad* contains, besides sulphate of soda and alkaline carbonates, much carbonic acid, and particularly iron.

ducing inflammation in their neighborhood, or in the diaphragm. But local bleeding I only used in strong persons, and when great tenderness existed.

I have often with good success employed heat and cold. I have used ice water, or small pieces of ice, in inflammation of the mucous membranes of the stomach, and in hæmatemesis. The vomiting, sympathetic of diseases of the kidneys, uterus, or brain, was frequently diminished or quite relieved by small pieces of ice.

Internally, I have employed cold compresses, beginning always with merely cool water, and increased the temperature gradually to that of ice. If ice is used at first, violent movements in the stomach and intestines may be brought on, which, especially in gastric hæmorrhage, are very injurious. Warmth, by means of warm towels, poultices and baths, I found very useful in simple and sympathetic cardialgia.

As irritants to the skin, I employed pieces of flannel, or rabbit's or hare's skin with the fur innermost, or aromatic plasters, and mustard. I ordered the first, in tendency to cardialgia during the cold months; the others, in slight pain of the stomach depending on chronic inflammation.

In many cases of painful affection of the stomach, I found narcotics of great use. Opium and its preparations are of surer benefit in other painful disorders. In ulcers of the stomach I preferred opium to its tinctures. In patients suffering at the same time from obstinate constipation, I was obliged to resort to belladonna or conium. These also I have seen followed with good results. In danger of perforation of the stomach, the best agent is opium, which stops peristaltic motion, thereby favoring the chance of adhesion. I have likewise found opium useful in the affections of the stomach in drunkards, in their cardialgic and chronic vomiting. The water of the cherry laurel is useful merely in slight pain, such as that which so frequently occurs in catarrhal inflammation. Of all the narcotics, it is the one which disturbs digestion the least.

I used emetics only in indigestion, and that with all necessary precaution. Purgatives are often necessary; when cold or laxative enemata were sufficient, I omitted the use of cathartics; in some cases, however, I was obliged to resort to them, namely, in sympathetic vomiting where constipation existed. Even in some cases of ulcers of the stomach, I remarked that, in such cases, aloes and epsom salts in small doses were borne the best, while castor oil and senna were injurious.

I found nitrate of bismuth, which is so generally used in all cardialgias, only to be relied upon in those pains of the stomach which are produced by excessive acidity; in such cases its effects are more lasting than those of the antacids. The antacids I used were the carbonate of magnesia, carbonate of lime (in the form of *testa præparata*, or *lapilli cancrorum*), carbonate or bicarbonate

of soda. They alleviate the pain of an excessive formation of acid, which is generally the result of fermentation. It is best to administer these remedies after eating, as the water-brash occurs, for taken before meals they may easily disturb the digestion, as is proved by experiments in artificial digestion. In ulcers of the stomach of any kind, I always prefer the carbonates of the earths to those of the alkalies, because they irritate less the surface of the ulcers. When, in consequence of an excessive formation of acid, diarrhœa is produced, I prefer the carbonate of lime to all others.

It is very important, with children especially, as also in cases of excessive formation of acid in those suffering from tubercles, in diseases of the brain or of the uterus, in ulcer of the stomach, and cancer, in distension of the stomach following a narrowing of the pylorus, to neutralize the acid, for it causes great distress, and can even produce a softening of the stomach, which, though occurring mostly after death, can also take place during life, as the occurrence of pneumothorax after perforation of the diaphragm proves. The symptoms which are mentioned in cases of so called softening of the stomach in infants, are produced by an excess of acidity; the children show their suffering by their cries, and the drawing up of their feet; they throw up green matter, with a very acid reaction, and pass green watery stools. Alkalies, especially carbonate of lime, and the vegetable astringents, are the best remedies for it.

I found vegetable astringents, such as tannin, extract of rhatany, extract of willow bark, extract of logwood, &c., very useful in excessive acidity, and secretion of mucus, also in hæmorrhage from the stomach.

In cases of hæmorrhage, in which neither cold nor astringents were of any use, I have employed sugar of lead with very good results. I gave it only in doses of one-quarter grain, to prevent vomiting, which takes place easily if larger quantities be given. Salted substances, as sardines and caviar, also weak spices, as horse-radish and mustard, I used successfully in imperfect digestion when not of long standing. I have seen good results follow small doses of nux vomica and of ipecac in obstinate cases of imperfect digestion. I administered these remedies shortly before meals.

I have used bitters, such as the centaurium minor, gentian, extract. cardui benedicti, herba trifolii fibrini, quassia, colombo, rhu-barb, &c., in imperfect digestion, with chronic catarrh of the stomach, especially in weak and anemic persons. I found the use of iron beneficial in such persons, who can easily bear the milder preparations, as the lactate, carbonate and ammonio-chloride.

The medicines which stimulate the stomach, the bitter remedies, and the preparations of iron, ought never to be administered when symptoms of inflammation exist. The carminatives, of which I used fennel water and anise water internally, and the balsamum



vitæ Hoffmani\* externally, alleviated regurgitation, which, in more than one case, produced a sense of constriction, palpitation of the heart, oppression, and occasionally pains in different parts of the body, which the patients ascribed to wind. Creosote, in doses of a quarter to half a drop, taken before meals, was useful in preventing flatulency consequent on fermentation. I have also seen the use of this remedy in some cases alleviate vomiting in Bright's disease. On account of its bad taste, however, many people take it very unwillingly.

Vegetable charcoal is useful in the putrid decomposition of the contents of the stomach, with eructations having the taste of rotten eggs, as in closure of the pylorus, or suppurating cancer. As common wood coal generally contains splinters, which cause irritation, it is best to use coal made of burnt bread.

In chronic inflammation of the stomach, I have given with success small doses of iodide of potassium, from three to four grains daily. In two cases of obstinate vomiting, after many other remedies had been used in vain, I tried small doses of tincture of iodine, three or four drops daily, and with success.

I tried aqua regia (according to Prout's recommendation), in two cases in which a feeling of weight in the stomach after eating was complained of, with heaviness of the head, flatulency, and water-brash, and in which there was much loss of strength; in these cases oxalate of lime was found in the urine. The result was successful.

#### OPERATION FOR IMPERFORATE RECTUM NOT IMPRACTICABLE.

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

WILLIAM, the son of Wm. Lund, was born on the 6th of December, 1851, and on the morning of the following day the nurse reported that there was an obstructed anus. On examination, the cleft of the nates was found sufficiently marked, but there was no evidence of an anus, either by protrusion or discoloration. During the night there had been occasionally bilious vomiting, and latterly straining, as if to evacuate the bowels. There had been no discharge of urine. Had taken no food of consequence, but had tried to nurse. The countenance looked badly, and there was lividity about the mouth and eyes. Was somewhat stupid; did not cry, but was constantly moaning.

Operation thirty-two and a half hours after birth, with the assistance of Dr. Henry Osgood Stone. The child was held upon the lap of the nurse, its nates resting over the right knee, and the

\* A compound of the ethereal oils of lavender, cloves, cinnamon, lemon, mace, marjoram, thyme, orange flowers (also rue and amber), and balsamum Peruvianum, macerated in alcohol.

knees raised as for lithotomy. I made an incision in the centre of the cleft of the nates from the scrotum to the coccyx, and crossed this with another, at right angles, from the tuberosity of one ischium to the other. The dissection was carried on with a sharp-pointed, straight bistoury, backward and a little to the left, for two inches. No evidence of the neighborhood of the rectum being obtained with the finger, I passed a hydrocele trocar into the wound, in the same direction, a half inch further. On withdrawing it, meconium was found upon it. The wound was then enlarged with the knife, and a female catheter was introduced, through which an enema of warm water was administered. There was immediately a fair discharge of meconium, and a slight discharge of urine.

The child cried but little, and the whole loss of blood was not much more than two drachms. A few spoonfuls of milk and water were given, and it was dressed in the usual manner, no application being made to the wound. Half an hour later, the moaning had ceased, the child looked brighter, and there was a profuse dejection.

5, P.M.—Has had two full evacuations, but has not vomited nor passed urine. At 5, P.M., on the 8th, I introduced a sponge tent two and a half inches, with some little difficulty. During the attempt at introduction, the efforts of the child to evacuate the bowels produced an audible passage of air through the penis, which was rendered visible by the spattering of urine, and perceptible to the hand, which was laid above the pubes.

Dec. 9th.—Removed the tent, immediately after which, he passed a large amount of almost colorless urine in a jerking stream. No passage, either fluid or solid, by the anus at the time.

I have the regular reports of each visit, but select only such as are of particular consequence.

Dec. 14th.—Tried unsuccessfully to introduce a bougie of more than one fourth of an inch in diameter. Umbilical cord has not yet separated.

16th.—Introduced a female catheter with difficulty.

25th.—Free dejection. Passed a bougie of ebony, seven sixteenths of an inch in diameter.

27th.—In pain all night. Tumor in left side just over short ribs, size of a small walnut. Nurse says, she discovered it last night.

29th.—Tumor increasing in size. Passed bougie of 25th again with ease. Some bloody pus followed it.

Jan. 1st, 1852.—Opened tumor, which discharged an ounce of pus.

7th.—For several days the left side of the scrotum has been swelling.

13th.—Opened small abscess in front of scrotum. Child weighs  $9\frac{1}{2}$  pounds, an increase of  $2\frac{1}{2}$  pounds since birth.

22d.—Bougie has not been introduced since the 16th. Has two

dejections daily, and sometimes more. The scrotal abscess is well; there has been a slight gathering again on the left side, which broke yesterday and does not discharge to-day.

Feb. 13th.—No bougie since Jan. 16th. Three dejections. Weighs  $11\frac{1}{2}$  pounds.

March 11th.—Gains daily. Nurses well. Bowels open freely every day, without medicine. No bougie since Jan. 16th. Has gained another pound.

Soon after this last report, the child left town for Gardiner, Me., and returned on the 28th of May. Saw it that afternoon. Looks well, and is fat and hearty. About the 1st of May, discharged urine and fæces mixed, by urethra; but has not since. For several days last week, had diarrhœa, which stopped on the 21st. No instrument has been passed into the anus, which is red and shining about its edges, and bled a little on separating the nates.

Aug. 5th.—Has six teeth. For several weeks has had diarrhœa, and fæcal matter passes by the urethra, as much as by the anus.

In the fall, the family removed to Malden.

Oct. 21st, 1857.—Saw Mrs. Lund, the mother, at 36 Leverett Street. She informs me that her boy upon whom I operated is still living, and is generally in good health. He occasionally has pain in the pubic region, but she considers him well. There is, however, at times, difficult micturition. The family still reside at Malden.

The above case is given, because it was stated, as appears by the records, at the Boston Society for Medical Improvement, as the belief of one gentleman, "that in the present state of the art it is better that a child born with either of these imperfections (*of anus or rectum*) should die without this operation, although it must occasionally be performed in deference to established opinion." The question may be asked, if my case is not one of those exceptions which are said "to prove the rule." If it be so, then the rule is one of those which should be honored in the breach. An *ex cathedrâ* statement, as that from an officer of the Massachusetts Medical College is, and ought to be, may have an unfortunate effect upon many a timid physician, who dares not think for himself, and who would hesitate to ask the aid of one who denounced the operation. If there has been one successful case, which the profession have not known, it is very probable that in the case-books of other private practitioners there are other such. It is very likely that they have not been brought to light, because physicians have had no reason to suppose them peculiarly fatal until now.

The case reported by Dr. Jones, at the Suffolk District Medical Society, has been spoken of as if it were not a fair case of imperforate rectum, because the sphincter contracted upon the finger. If the child had died without a *post mortem*, would any one have questioned its being a *bonâ fide* case? The recovery is the only evidence that there was merely a septum across the gut.



The case which I have reported is one of imperforate anus, absence of the lower part of the rectum, and communication with the bladder.

So far as my own reading extends, I do not find any great distinction made by writers between imperforate anus and imperforate rectum. The names do not convey a just idea of the malformations, particularly if, by the name, one is to decide upon the propriety of attempting to save life.

In the *Edinburgh Monthly Medical Journal* for January, 1857, which must have been seen by a large number of the members of the profession in this city, is a case, precisely like the above. The patient is still living at the age of 36 years, and in perfect health.

Samuel Cooper not only thinks the operation justifiable, but says "it is the surgeon's duty to do everything in his power to afford relief," and then goes on to describe the operation. He follows with the statement that "by such proceedings many infants have been preserved," in some of whom incisions two inches and more have been made, and alludes to cases by Wolff, Hildanus, La Motte, Roonhuysen, Hutchison, Benj. Bell and Miller.

It is certainly remarkable that these cases should have escaped the notice of the gentlemen connected with the only institution for instruction in medicine and surgery in active operation in this city at the present time; and it will be equally remarkable if the officers of other schools should arrive at the same conclusion as they have respecting the operation.

#### RUPTURE OF THE GALL-BLADDER.

[Reported to the Medical Society of the County of Albany by S. H. FREEMAN, M.D., and communicated to the Boston Medical and Surgical Journal by LEVI MOORE, M.D., Secretary.]

THE patient was a gentleman retired from business, of vigorous constitution, florid complexion, and 65 years of age. He had usually enjoyed good health and spirits, with the exception of occasional attacks of cardialgia and other minor symptoms of dyspepsia.

I was first called on the 15th of October, 1857, to visit Mr. K., who was supposed to be suffering from an ordinary attack of colic. Found him vomiting and suffering occasional paroxysms of spasmodic pain, which he referred to the pit of the stomach and to the region of the umbilicus. There was no tumefaction of the bowels, nor tenderness on pressure. The tongue was slightly coated brown, moist; pulse 80, full and regular. The vomiting and pain were soon relieved by the immediate administration of a dose of dilute chloric ether, followed by the exhibition of small doses of calomel and opium. He enjoyed a comfortable night, and the following morning had a free bilious evacuation from the bowels.

On my second visit the next day, at noon, I found him sitting in his easy chair, quite comfortable; and, indeed, he expressed him-

self "perfectly well." During the afternoon, however, he had a return of violent intestinal pain and vomiting, discharging with the contents of the stomach about a pint of grumous blood, which was followed soon after by a copious bloody passage. He was, again, soon relieved, and had no return of farther unpleasant symptoms, with the exception of occasional paroxysms of pain, until a fortnight from the time of the first attack, when I was hastily summoned, at night, to visit him. I then found him *in articulo mortis*—the surface of his body was covered with cold perspiration, and though he conversed intelligently and calmly, his pulse, which the evening previous was perfectly normal, was now rapid, irregular and feeble; and in half an hour from the time I entered his room, he gently breathed his last.

*Autopsy.* 56 hours after death. On opening the cavity of the abdomen, there appeared a mixture of sanguineous fluid and bile, amounting, by estimate, to three or four pints. On farther examination *eleven* large biliary calculi (resembling chestnuts in size and shape) were found in the peritoneal cavity and in the gall-bladder. The gall-bladder was adherent to the duodenum and transverse colon. Its cavity was more than double the normal capacity, and its walls were much thickened. The *ductus choledochus communis* was greatly enlarged, and about midway between the fundus and the duct there was a free opening, about an inch and a half in diameter, through which the contents of the bladder had escaped into the cavity of the abdomen. The surrounding parietes were also much thickened, but presented no well-marked appearance of recent inflammation or ulceration. The other organs, with the exception of the liver, which presented the pathological condition of incipient cirrhosis, appeared healthy.

REMARK.—This case derives especial interest from the obscurity of the diagnosis; and though I had inferred that the *liver* was probably the *seat* of the *disease*, the absence of tenderness and continued pain in the right hypochondrium and at the scrobiculus cordis, the want of an icteric tinge in the conjunctiva, and the regular bilious evacuations, seemed to preclude the possibility of an obstruction of the gall ducts, nor in any way determined the precise *nature* of the disease.

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#### NEW WORK ON HUMAN HISTOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Allow me to introduce to the notice of your readers a work which for many reasons it seems to me should be in the hands of every physician. It is that just completed by Professor Peaslee, on Human Histology. Heretofore the subject of Minute Anatomy and Physiological Chemistry, upon which princi-

pally the great advancement in modern physiology rests, has been unavailable to medical men and students generally. The works of Simon, Lehmann, Robin and Verdeil, Kölliker, Hassall and others, were before them, but some of these were still locked up in a foreign language. Others were too voluminous, being swelled to a great size from the full details of experiments, and in some instances controversial matter; and no one covering the whole ground. They are all admirable treatises upon particular divisions of the wonderfully accurate and minute analyses of the entire body, that has been so successfully accomplished by the profession in the short space of half a century. We would call attention to this work for many reasons, a few only of which will suffice.

There is need always, and as much now as ever, that we should know distinctly upon what our science rests. Or, in other words, we need a precise knowledge of physiology, upon which the whole fabric of medical science reposes. It is not enough that we can say that we know who has accomplished an accurate and rigid chemical analysis of the fluids and solids of the body; or that we can say by whose protracted and laborious researches a full insight of the most minute structural elements of the economy has been obtained; but we must know for ourselves what are the results of this analysis, and what this minute structure is. The young physician and the medical student cannot take such a work as the great repository of physiological knowledge by Carpenter, or indeed any modern physiology, and read it understandingly, or in such a way that it shall be, as it ought, the foundation upon which all his medical knowledge shall rest, without having first prepared himself by carefully studying the subject of histology in a comprehensive way. He needs, first, to know what are the chemical and physical elements that are subject to vital laws; and, above all, he needs to know what are their combinations and arrangement in the ultimate structure of parts.

With an untiring zeal and unremitting labor, Professor Peaslee has reduced the continually accumulating material on these subjects to a connected form, that covers the whole ground, and within a little more than 600 pages gives a good knowledge of what has cost so many laborers a great portion of their lives to establish as known. But more than this should in justice to him be said; he has not merely compiled, but has in a most judicious manner compared the differences of opinion that must occasionally be found in a science that is so rapidly expanding as is our own at this day, and given what will perhaps, to all disinterested persons, seem the most correct conclusion.

With a work of this kind in the hands of the profession to open the way for physiological study, faithfully studied, it would be easy for us all to understand those great principles of pathology that are so necessary to our success in diagnosis. As my object is not to



review or criticise the valuable production of Professor Peaslee's scientific acquirements. I will not occupy more time, but give the testimony of one who, having perused it carefully, cannot refrain from saying that it is capable, if properly used, of meeting a want now experienced by the profession, and would, if generally read, assist materially in putting us more firmly upon the physiological foundation upon which alone the science of medicine can stand.

We ought not to omit that the work is highly and judiciously illustrated by well-executed wood cuts—a matter of great importance where the details of structure are so constantly the subject.

EDWARD E. PHELPS, M.D.

### **Bibliographical Notices.**

*Indigenous Races of the Earth; or New Chapters of Ethnological Inquiry, &c.* By J. C. NOTT and GEORGE R. GLIDDEN. 8vo. 1857.

*Catalogue of Human Crania in the Collection of the Academy of Natural Sciences at Philadelphia.* By J. AITKEN MEIGS, M.D. 8vo. Philadelphia: 1857.

THE science of ethnology, like most other sciences, presenting at first but a few obscure outline traces, scarcely attracting the attention of any one, has gradually grown into importance. Deriving light and strength from various kindred branches of study, it has assumed a definite form, and has engaged and is now engaging some of the best minds of the age; and the results of their researches are becoming matters of general interest. The original derivation and subsequent distribution of mankind is a subject for philosophical research; and the solution of the question can be arrived at only by a long series of profound and unbiassed investigations in civil and natural history, language, archæology, geography, &c. At first it might seem hopeless to go back to periods even beyond those concerning which nothing but unwritten monumental history is extant, and be able to deduce satisfactory conclusions; and that we must of necessity rest content with the very brief and general statements of Holy Writ—statements which have always seemed to us most extraordinary as setting forth great general truths in such a manner as to admit of all the dilatations of progressive scientific research without conflicting with those truths; giving evidence of an original insight into our physical conditions which could not have been attained, and is not yet comprehended, by human wisdom. In astronomy and geology especially, great advances have already been made in deciphering the details of the great general statements in regard to the celestial system and the structure of our own little planet, giving a new interpretation to previously-received opinions: and we ought to be prepared for similar modifications in regard to the history of our race. To foreclose the whole question is as unphilosophical as it would be futile; and while we feel assured that every revelation of science will only elucidate and confirm the cardinal statements of the Bible, yet past experience in other branches of science has led us to expect to be compelled, by and by, to modify, in some respects, the notions of our race which were so long held un-

questioned. The investigation is scarcely touched as yet, and we do not feel that any positive conclusions have been arrived at, except, perhaps, that the duration of man on the earth has been much longer than usually estimated; but we are sure that the unqualified rejection, and we might say denunciation of new speculations, has afforded some just ground for the scoffing sneers which Mr. Glidden bestows upon "Theologians," as he is pleased to call them, and must in the end recoil disastrously upon their own heads.

The book before us is a very important one in relation to this subject. It is made up of various papers by several authors, very different in the style and animus in which they are presented. No matter what may be the predilections of the ethnologist or the general reader who consults it, he will find an immense fund of curious facts, and material, from the most recent sources, which have required great research, and which have hitherto been accessible to only a favored few. It is a sort of cyclopædia, posting up the facts bearing on ethnology to its date. It shows how light is to be derived from various sources, and how inquiries entirely independent of each other educe similar answers, thereby giving a probability at least to their combined result.

In a journal like this, there is not space to give a full analysis of this large volume: we can only give an index of its contents.

The prefatory remarks include a letter from Professor Agassiz, in which he shows that the question of races attaches to other animals quite as much as to man; and holds that they should all be subjected to examination by the same rules. In regard to the proof of unity from affinity of language, he brings some examples to show that similar proof exists to unite animals universally admitted to be different species, as is applied to man.

Professor Leidy, in another letter, presents some facts which might bear in favor of the existence of man at a geological epoch anterior to the present: but the inferences seem to us rather feeble and far-fetched.

M. Maury, of the French Institute, gives an essay on the distribution and classification of tongues, and their relation to the distribution of man on the earth. His theory is, that from the outset there were various types of language, by the modification of which, all subsequent dialects were formed: that linguistic types are not now formed any more than new types of animals. In this, he considers it as an admitted point that the word Adam means mankind in general, and hence assumes that there were several primitive men, each of which had a language given him.

A chapter by Francis Pulszky, entitled "Iconographic Researches on Human Races and their Art," is replete with curious facts, fully and beautifully illustrated by wood cuts and lithographs. His object is to show the permanency of races by the characteristics of their art, and to illustrate the permanent traits of a race as exhibited by their delineations. To use his own words in summing up, "painting and sculpture are always the result of a peculiar artistic endowment of certain races, which cannot be imparted by instruction to unartistic nations. This fitness or aptitude for art, seems to be altogether independent of the mental culture and civilization of a people: and no civil or religious prohibitions can destroy the natural impulse of an artistic race to express its feelings in pictures, statuary and relief."

Chapter III., by J. Aitken Meigs, is an able paper on the Cranial

Characteristics of the Races of Men. It is founded on the great collection of Skulls made by Dr. Morton, which Dr. Meigs has recently re-arranged, labelled and catalogued. He first gives a sketch of the science of craniology from its origin with Blumenbach, seventy years ago. Twenty years before his death, Dr. Morton found that he could neither borrow nor buy, in Philadelphia, skulls to represent the five great races of men. This instigated him to supply the deficiency, and at his death he had accumulated 867 human skulls, and 601 of the inferior animals. Many others arrived afterward, and the collection now numbers 1035 crania, representing more than 150 nations, tribes and races. It is fortunate that so able and zealous a craniologist has succeeded to the care of this wonderful collection, and to a continuation of the researches so inopportunistically interrupted by death. We cannot enter into the subject farther than to produce a few of the conclusions deduced by Dr. Meigs. He concludes that cranial characters constitute an enduring, natural, and therefore strictly reliable basis upon which to establish a true classification of the races of men;—that the persistence of forms through time renders it difficult, if indeed possible, to assign to the leading cranial types other than specific values—that in the present state of our knowledge, however, we are by no means certain that such types were primitively distinct;—that the lower forms are found in the regions of excessive cold and excessive heat, the higher occupying the middle temperate region—that cranial forms are inseparably connected with the physics of the globe.

Chapter IV. is entitled “Acclimation; or the comparative influence of climate, endemic and epidemic diseases on the Races of Men,” by Dr. J. C. Nott. This is a subject which interests the medical profession more especially. The object of Dr. Nott is to show that each type of mankind has its appropriate station like other animals and plants, and that it cannot by any process, however gradual or long continued, become habituated to any other. In doing this, he passes by the influence of strictly physical causes which has been so fully set forth by Pritchard and others, and considers the *diseases* which are peculiar to particular races, and also the effects of *medical climate* upon races dwelling in physical regions to which they are strangers: such, for instance, as the exemption of the black from yellow fever in hot climates, and the universal liability of the white to contract it. He illustrates his point by the protracted residences of the English in India, the Dutch in Batavia, the French in Algeria. His conclusions are, that the types of man have as well-marked distinctive characters as any which divide species in other genera: that each type has its own physiological and pathological characters, which are peculiarly affected by both physical and medical climate; that no race of man can be regarded as cosmopolite, and that were it not for the expedients which reason enables him to adopt for his protection, the types of man would be as limited in range as are any of the higher species of animals: and, that any one race has, or ever can be, assimilated to all physical or all medical climates, is a hypothesis unsustained by a single historical fact, and opposed to the teachings of natural history, man forming no exception to the universal law of limitation to prescribed realms. The article contains a fund of well-digested facts, and is well worthy of study.



The last and longest article is by Mr. Glidden, entitled the "Monogenists and the Polygenists": in other words, it is a discussion of the doctrines of the Unity and Diversity of the Human Races. This no doubt is intended as the crowning essay of the volume. What shall we say of it? His object is to sustain his already well-known position as a polygenist, or believer in many original types of mankind. This much at least may be said, that a vast amount of archæological learning is displayed, both in the text itself and in the numberless references to other authors and citations from them. Something curious may be learned from almost every line, and whoever will undertake to read it for individual facts will be well repaid. But as an argument arranged so as to be apprehended, expressed in plain English and in a spirit calculated to invite conviction, we consider it a failure. Throughout, it is so encumbered with parenthetical and divergent propositions, new-coined words, new orthography, and constant self-aggrandizement by the introduction of distinguished men as his special friends, as to become both misty and disgusting. For its rhetorical vices we consider it worthy of all reprobation. In spirit, with the exception of himself and a few other Egyptologists and archæologists, he writes down all other men numbskulls and fit subjects for his ribaldry. His uncalled-for jeers at Scripture history cannot fail of the reprobation of all good men. See, for instance, his allusion to Paul at the Areopagus. Well might he have exhibited some of that "decent respect for the opinions of mankind," which he arrogates to himself. It is infamous, as well as impolitic, to trifle with what men hold sacred, and will inevitably call out resistance, and shut the ears to argument. The alleged effect of the greased cartridges in exciting the Indian rebellion, is an example in point. However impregnable may be his argument, it will fail of carrying conviction, from the ungracious and scoffing manner in which it is presented. In short, for self-conceit, bombastic pedantry and heartless trifling with the cherished opinions of Christendom, a parallel to this paper can scarcely be found. It indicates anything but the true scholar and philosopher. Nevertheless it is well worth the reading, and abounds in points which, like the accompanying papers, bear most strongly upon the side of the diversity of races.

As a book, it is well got up, and filled with well-executed illustrations, though confessedly not in all respects up to what was promised. But the numerous attempts, by which the reader is constantly offended, to show that his subscribers have got their money's worth, indicate that Mr. G. was quite as anxious to make up a book for sale as to advance knowledge.

A. A. G.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 26, 1857.

MARRIAGES OF CONSANGUINITY.

WE commend the following appeal to the consideration of the profession generally. The subject has long been esteemed one of the very highest importance, and has elicited much thought and observation.

We have called attention to it long since, and trust that Dr. Bemiss will receive all the aid possible in making up his Report.

“The undersigned, Committee of the American Medical Association on Influence of Marriages of Consanguinity upon Offspring, solicits the aid of the medical profession throughout the Union in collecting facts upon this interesting subject. The points of information more especially desired are:—

“1st. The degree of consanguinity of parties, and whether by father or mother’s side.

“As first, second, third or fourth cousins; or, more rarely, uncle and niece or brother and sister.

“2d. The approximate date of marriage.

“This is only requisite in order to show whether the fruitful period is passed and the case complete in its results.

“3d. The constitutional diathesis and temperament of each parent, their occupation, and such habits or circumstances as are in the opinion of the observer calculated to influence the normal development of offspring.

“Where the parties are personally known to the contributor, the Committee requests the color of the hair, eyes and complexion to be noted.

“4th. The number, sex and condition of children produced by each marriage.

“5th. The number and sex of children who have died young, their ages at death, and causes when known.

“It is probable that in very many cases all the points of information required above, cannot be obtained; it is hoped that those who favor the purposes of the reporter will not suffer an inability to procure *all* the facts to deter them from furnishing such as may be within their reach. The Committee desires to accumulate a mass of statistical truths whose aggregate will determine, beyond question, whether marriages of consanguinity are in the main prejudicial to offspring; and that he may accomplish this purpose, he begs his co-laborers to report the instances of such marriages within their various circles of observation without selection, whether followed by well-developed or imperfect issue, or sterility. Contributions are requested to be forwarded as early as practicable, but will be accepted until the first of April next.

“N. B.—Names of parties not desired, as all personal allusion by which either contributors or their subjects of observation may be designated, will be avoided in the Report.

Louisville, Ky.

S. M. BEMISS, M.D.”

INJURIES BY FALLING FROM SCAFFOLDS.

WE have been struck with the frequency of severe and even fatal accidents, lately, to laborers employed about buildings, by falling from a height, both inside and outside of such structures. There are several causes for these casualties: such as sudden giddiness, faintness, a mis-step, the giving way of supports, &c. No laborer *who is liable* to attacks of dizziness or faintness, should ever ascend to perilous heights; if he values his life, he ought to restrict his work to a lower level.

There seems not the shadow of an excuse, at the present time, for

accidents of the nature we have noticed, when attributable to the last cause we have named. Every now and then we hear of a staging breaking down, carrying with it such and such persons, some of whom are maimed, it may be for life, whilst others are killed outright. Generally, these men have wives and children dependent upon their daily exertions, to whom it is even worse than death to have their guardian and provider die.

We take occasion to allude to these matters, because not only have the daily papers teemed with reports of casualties of this sort, but because we personally were lately cognizant of an accident from faulty and weak scaffolding, not many steps from our own residence. When this staging was first erected, we remember looking at it with the presentiment that it would not be quite safe even to pass underneath it, much less to mount and stand upon it. In a few days, a portion of the foot-boards gave way beneath a workman, who fell to the sidewalk, and sustained a fracture of the wrist. A slight variation in his mode of descent might have made this a fracture of the cranium or of the neck.

Now, so far as security of foothold, and solidity of structure throughout, are concerned, there need be no risk incurred by workmen or overseers, whether the inside or outside of a building is to be repaired or painted. There has lately been devised and perfected a scaffold so completely secure when erected, and so admirable in its construction, that it both constitutes the most convenient medium for working, and seems to set accidents, by falling, at defiance.—We refer to the “Portable Self-Sustaining Scaffold,” planned and made by Mr. JOHN M. DEARBORN, at No. 40 Essex Street, long and most favorably known to his fellow citizens.—If ever there were a life- and limb-saving apparatus, this is one; and we are glad to know that the worthy inventor, who has made large personal sacrifices to bring it into notice, is likely to reap an abundant reward. None who have used it, are willing ever to employ another sort of staging, for this is at once portable, convenient for every purpose for which a scaffold can be used, is put up without nails, being “self-sustaining,” does no injury even to the inside of a decorated hall, and more than all will not give way, and betray those who trust to it for support.

We think we are doing master-builders and painters, as well as the working community generally, a real service in urging the universal adoption of this “life-preserver.” It is soon destined, however, to work its way to triumphant success by its own merits, without the written or spoken recommendation of any one—it need only be seen, to be approved.

After this disinterested attempt on our part to save limb and life, never more valuable than to the hard-working mechanic, and, in connection with him, to all of us, we shall confidently count upon escaping the imputation of seeking to multiply cases for surgery by winking at insufficient supports in carpentry, &c. Moreover, we are of that benevolent class who are scrupulous, in winter, about the removal of snow and ice from before our door, or at least are careful to give a faithful coating of ashes, sand or saw-dust. Now this cannot be said of all of our craft; we once heard a gentleman say in slippery (and therefore “hard”) times, that of eight doors he had just passed, where an icy accusation might be laid, *six* were those of physicians!

He could hardly be blamed for avowing his belief that a conspiracy was in hand or on foot to furnish a crop of bruises, fractures and dislocations. We look upon such culpable individuals as the said "six," as worthy of a more truculent *scaffold* than Dearborn's!

APPLICATION OF CAUSTIC POTASH TO THE INTERIOR OF THE UTERUS.
NOTE FROM DR. L. PARKS, JR., IN REPLY TO DR. H. R. STORER.

MESSRS EDITORS,—Your issue of this week contains a note from Dr. H. R. Storer, having for its caption the "Application of Caustic Potash to the interior of the Uterus," referring to the case of Dr. Jones, in which Dr. J. claims to have made such an application; and mentioning the proposal made by Dr. Storer, on a former occasion, of "the local application of caustic potash."

From this the apparent inference is that Dr. Storer had, some time or other, proposed to cauterize the interior of the uterus with potash. Now, the undersigned, when Secretary of the Suffolk District Medical Society, once reported Dr. S. as having, at a certain meeting, expressed an "intention to cauterize the interior of the womb with caustic potash" (see this Journal, Vol. LIV., page 500); a proposal at which the Secretary, in a note, could not "forbear to express his astonishment." *But*, in the record of a subsequent meeting (which record was privately inspected and assented to by Dr. Storer, and the acceptance of which was publicly moved by him), occurs the following passage, viz.: "Dr. Storer explained the purport of the proposition commented upon in the note to be, that he intended 'the application [of potassa fusa] should be made only to the tumor itself, and only to so much of it as could be fairly and safely reached, and that the caustic should then be properly neutralized, not at all implying that he thought potassa fusa a proper agent to be freely* applied 'to the interior of the womb.'" Dr. Storer, however, did not care 'to retract the statement as made, or in any further way modify it.' It was not of the report of his remarks that he complained, 'although he considered that these had been misinterpreted by the Secretary,' but of the note commenting thereupon." (See this Journal, Vol. LV., page 186.)

As to the idea, then, of canterizing the interior of the uterus, does Dr. Storer, or does he not, claim it as his thunder? If he does, why his statement just quoted from page 186, Vol. LV.? If he does not, why re-open the discussion?

L. P., JR.

88 Dover Street, Nov. 20th, 1857.

POLYPUS OF THE UTERUS.—NOTE FROM DR. BARTLETT.

MESSRS. EDITORS,—Regard for the interests of medical science prompts me to question the correctness of the diagnosis in the case reported in the Journal of the 2th inst., under the caption of "Cauterization of the interior of the Uterus for Polypus." Had it been a case of polypus, cauterization would not have been necessary, for that non-malignant growth invariably yields to the ligature, the whole sloughing, and without re-production. The discharge incident to polypus is not peculiarly *offensive*, and that symptom, with the tenderness over the uterus; and the irregular enlargement of that organ, leads to the conclusion that the disease was malignant.

Exeter, N. H., Nov. 19th, 1857.

Yours, &c. EZRA BARTLETT.

* Dr. Jones says he applied potassa c. calce "freely to the origin of the polypus, that having been removed as thoroughly as possible"; assuming said origin to be in the "cavity of the uterus."

OUR LATE EDITORIAL ON THE "HYGIENE OF DRESS."

OUR *confrère* of the *Virginia Medical Journal*, in his November number, offers to "wager a hundred *pay* subscribers" that the writer of the article, "Hygiene of Dress—Winter Gear," in our issue of October 22d, "is an ugly old bachelor who has no friends." Now we may be very ugly, but we are not a bachelor, and we have friends—a few!

The truth is, friend of the "Old Dominion," we are not, *editorially*, in Wordsworth's phrase, "seven," but we are two: one of us, alas! is a bachelor—but the other has been rescued from that abyss of misery. We will, however, according to your offer, just take that "cool hundred"! We can produce satisfactory testimony in proof that a Benedick wrote the article in question; and though we fail to see in it aught but what breathes the most genuine spirit of devotion to the weal of the fair, nor anything which would not do credit (for its intentions) to the ugliest or the handsomest "bachelor," we are willing to defer to our brother Editor's opinion in the matter, for the sake of the goodly number of subscribers he is bound in honor to transfer to us. We will, moreover, be generous and large-hearted: we will not require him to resign his subscribers wholly, but only to send us the amount of the subscription-money for one year. This, we insist, is only fair under the circumstances! 'Tis passing strange how the wisest heads are sometimes mistaken in their decisions. We await payment, anxiously. Boston bills will be received in lieu of specie.

THE total number of deaths registered in London for the week ending Oct. 17th, was 1003, of which 507 were deaths of males, 496 those of females. The average, compared with the last ten years, would have been 1118. The births were numerous, and exceeded the deaths by 782.

Health of the City.—The most striking feature in the mortality of the past week is the large number of deaths from pneumonia, no less than 11 having been reported. The late sudden changes of temperature, acting upon a number of subjects predisposed to the disease by influenza and bronchitis, have doubtless been the cause of this increase. We hear of many cases of typhoid fever, but hitherto it has been of a mild character. The mortality from scarlatina presents a striking contrast to the ravages of that epidemic a year since. The total number of deaths for the corresponding week of 1856 was 91, of which 25 were from scarlatina, 13 from consumption and 6 from pneumonia.

Communications Received.—Recovery of an Infant after taking two grains of Opium.—On some Ancient Medical Delusions, and their connection with Errors still existing.

Books and Pamphlets received.—A Dictionary of Medical Science, &c., by Robley Dunglison, M.D., &c. Revised and very greatly enlarged. (From Blanchard & Lea)—Scriptural Evidences of a General System of Medical Practice being taught in the Bible, and a comparison of this system with Rational Medicine and Homœopathy, by N. D. Stebbins, M.D. (From the author.)

Deaths in Boston for the week ending Saturday noon, November 21st, 82. Males, 47—Females, 35.—Accide it, 1—apoplexy, 1—Inflammation of the bowels, 2—bronchitis, 3—congestion of the brain, 2—disease of the brain, 2—burns, 1—cancer, 2—consumption, 16—convulsions, 1—cholera infantum, 1—croup, 4—diarrhoea, 2—dropsy in the head, 3—drowned, 1—debility, 2—erysipelas, 1—typhoid fever, 2—scarlet fever, 2—disease of the heart, 4—disease of the hip, 1—Inflammation of the lungs, 11—congestion of the lungs, 1—disease of the liver, 3—marasmus, 2—old age, 2—pleurisy, 1—rheumatism, 1—thrush, 1—unknown, 2—whooping cough, 4.

Under 5 years, 33—between 5 and 20 years, 7—between 20 and 40 years, 17—between 40 and 60 years, 15—above 60 years, 7. Born in the United States, 47—Ireland, 30—other places, 5.

Medical Classes in St. Louis.—The number of students at present in attendance in our Medical Colleges is considerably greater than at a corresponding period last year, and the probabilities are that we shall have larger classes this winter. The "hard times," which are bearing so heavily on the commercial interests of the land, seem not to have reached the farmers in the country, and will in all probability not affect the Medical Schools injuriously. Indeed, we believe it will hold true, as a general rule, that when a check is given to commerce and speculation, the effect will be to increase, rather than to diminish, the number of those seeking admission to the learned professions, as by these reverses men are brought to realize the fact that the slow way of making a living is, after all, the better way.

The public Introductory Lecture before the class in the St. Louis Medical College was delivered on Monday evening, Nov. 2d, by Prof. Charles W. Stevens; and that before the Missouri Medical College on Tuesday evening, Nov. 3d, by Prof. S. G. Armor.—*St. Louis Med. and Surg. Journal.*

Green Color in Paper Hangings.—A few weeks since, some observations appeared in the "Lancet" respecting the injurious effects resulting from the use of green papers, colored with some green salt containing arsenic, usually the arsenite of copper or Scheele's green. Our attention has recently been directed to this subject, and, as it is one of considerable importance, we have instituted a few experiments, in order to ascertain how far the opinions expressed in regard to these green papers is correct or otherwise. We find that the arsenite of copper does not sublime at ordinary temperatures. This fact was first ascertained by experiments upon some of the pigment itself, and next with some papers manufactured by Mess. Haigh, Walker & Co., of Manchester. Some large boxes were lined with these papers; they were exposed for some days to a temperature of 110 deg. Fahr., and finally the atmosphere contained in them was tested for arsenic, which was not present in any case. We are, therefore, of opinion that green papers containing arsenic, when carefully manufactured and well sized, may be employed with safety in the papering of rooms. There is one precaution, however, which ought to be observed—that is, not to make use of the room for a few days after it has been papered, and until it has been well ventilated, and this for the following reason: During the operation of papering, some of the arsenical pigment becomes mechanically detached, and is suspended for a time in the atmosphere of the room, and is of course inhaled by those who occupy it. We are inclined to attribute to this cause some of the injurious results stated to have followed the papering of rooms with certain descriptions of green paper.—*London Lancet.*

Nitrate of Silver in Toothache.—The common methods of destroying the nerve in a tooth without extracting it, are the application of nitric or sulphuric acid, or a red-hot wire, but these are very painful expedients.

Some time ago I tried the application of a small piece, about the size of a pin-head, of stick caustic (nitrate of silver) in the hollow of a decayed tooth, from which I was suffering extreme pain. To my great surprise the pain instantly ceased on the caustic touching the nerve, and I had not a return of the toothache for twenty-four hours: when I again applied the caustic, and again got immediate relief, which continued other twenty-four hours. I had occasion to make a third application of the caustic, but since that time, now some months ago, I have not been troubled with the toothache.

This cure will be found ineffectual if gum-boils accompany the toothache, for in that case the decayed part of the tooth is on the outside of it, and therefore the application of the caustic to the interior of the tooth can do no good.—Dr. JAMES JOHNSTONE, in *London Lancet.*

Dr. N. D. Benedict states, in the N. Y. Times, that the epidemic which has been prevailing in Jacksonville, Fa., is confined to that place, and that other parts of the State are remarkably healthy.—Two persons have been arrested in New York on suspicion of being the parties who attempted to garrote Dr. Alex. B. Mott, on the 20th inst.—Dr. Joseph T. Curtis, a homœopathic physician of New York, committed suicide recently, in his own office, by shooting himself through the heart with a pistol. He was a native of Danbury, Conn.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVII.

THURSDAY, DECEMBER 3, 1857.

No. 18.

OPERATIONS FOR ARTIFICIAL PUPIL.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—May I ask room in your JOURNAL for a report of two recent operations for artificial pupil—not on account of any novelty which they present, but as instances of how much may be done for the relief of cases which are otherwise hopeless, and are too often neglected as incurable.

Mr. ———, æt. 35, had suffered from catarrhal ophthalmia, in consequence of which the right cornea was destroyed, and the left became perforated by extensive ulceration. Prolapsus of the iris had occurred, and the edge of the pupil had become adherent to the cicatrix of the cornea, so as to deprive him of vision. The lower portion of the cornea and iris were, however, sufficiently healthy to allow of the formation of an artificial pupil, and this operation was performed on the 24th of September, 1857.

A small incision was made a little below the centre of the cornea, in a portion already opaque, so that the amount of clear space would not be lessened by the slight scar resulting from the wound. Through this opening a pair of toothed forceps, scarcely larger than a hair, was introduced, and the iris was seized at its lower margin. It was then torn away from its ciliary attachments, and brought carefully out through the wound, to an extent sufficient to form a pupil of the requisite size. This portion was then quickly excised by one of the gentlemen assisting me, with fine curved scissors.

As usual, the anterior chamber became filled with blood the instant the iris was torn, and the form and size of the new-formed pupil could not be seen. The edges of the wound of the cornea were placed in perfect apposition, and the patient was allowed to be led home, some two miles distant.

On the 26th, he reported that he had no pain of any consequence.

There was little injection of the eye, and the blood was already partially absorbed.

29th, the blood had been absorbed, so that the new pupil could be seen, having the average size of the natural pupil, and almost perfectly round. The injection of the eye had nearly disappeared.

From that time to the present (Nov. 7th) his vision has continued to improve. He can guide himself, and as he is still constantly gaining, I think he will be able to earn his livelihood by ordinary labor.

Mr. ———, æt. 65, lost the left eye many years since, in consequence of a prick from a twig of rose-bush. The right eye has been recently lost, apparently from a sub-acute iritis, which has caused entire obliteration of the pupil by a deposit of lymph. When I saw him, on the 24th of October, 1857, the eye was free from evidences of inflammation, and the entire cornea was clear. I deemed it advisable to form an artificial opening in the iris, rather than to attempt the re-opening of the natural pupil, which would probably have involved the necessity of a removal of the crystalline lens. As, however, it was desirable that the aperture should be as nearly central as possible, I made the wound of the cornea at its lower margin, and applied the forceps to the part of the iris just below the obliterated pupil. A portion was then drawn out and excised, as in the operation previously reported.

The next day, the patient was about the house, and took his meals as usual. The anterior chamber was still filled with blood. He has had no pain, and the eye is only slightly injected.

Two days after the operation, the blood was partially absorbed, but the pupil could not be seen.

On the fifth day, he was able to guide himself.

November 7th, a fortnight after the operation, he could see quite well, and can even read a large print without glasses. Vision will improve for some time to come, and promises to be very perfect.

In regard to operations of this kind, I think it worthy of remark, that the tolerance of the iris seems to be most complete. Though this tissue is so very susceptible to inflammation in consequence of punctured wounds, the presence of small foreign bodies, or pressure from any fragments of the lens after operations for cataract; yet in the many cases where I have performed operations for artificial pupil, not merely lacerating, but almost always excising a portion of the iris, I have never seen an instance where the slightest inflammation has supervened. Of course the results of these operations are less brilliant than those of operations for cataract on eyes which are otherwise healthy; for they are performed only where the visual organs have been seriously injured and often nearly destroyed by previous inflammation. But the success obtained seems to be no less gratifying to those who are the sub-

jects of operation, as they are relieved of their absolute dependence upon others, and are frequently able to live by their own exertions.

Essex Street, November 7th, 1857.

CARCINOMA OF STOMACH, WITH SUBSEQUENT DILATATION
RESULTING FROM CONTRACTION OF THE PYLORUS.

UNDER THE CARE OF PROFESSOR OPPOLZER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I translate the following case from the *Allgemeine Wiener Medizinische Zeitung*, as I find the stenographical notes of that Journal much fuller than my own relative to the same.

Boston, November, 1857.

JAMES C. WHITE, M.D.

The patient, 52 years old, ascribes a duration of five years to his present disease. In the commencement, his digestive powers, previously good, began to give way. Soon afterward, various troubles came on. Pains in the gastric region arose, which at first were confined to a small spot in the neighborhood of the left hypochondrium, but gradually extended over the whole stomach in the later stages of the disease. These pains came on immediately after eating, or after external pressure, and the quality of the food taken had little influence over them. He was also much troubled with eructations after meals, and could often recognize the odor of articles of food which were easily digestible, many hours after taking them. Heartburn frequently came on after the ingestion of food, followed, after a few minutes, by the rushing of a watery fluid into the mouth. Action of intestinal canal was very irregular, both in regard to quality and frequency of stools. During the last six weeks, the condition of the patient had become much worse. The pains became more intense; he was frequently attacked with cardialgia; his appetite diminished much; and as often as he ate anything, eructation, nausea and vomiting followed, a half or quarter of an hour subsequently, so that the food was to be recognized for the most part unchanged in the vomitus. The patient also vomited, besides this, a dirty-brown fluid mass, even when no food had been taken. Under these symptoms he became much emaciated, his strength diminished, he was obliged to keep the bed, and was brought to the clinique in the following condition.

The patient has a cachectic appearance and pale complexion. The fat in the subcutaneous cellular tissue has disappeared, and the muscles are emaciated. The face is fallen in, the eyes deeply sunken, the expression weak, the lips pale, the tongue coated, the appetite very small, the thirst increased, and the temperature of the skin diminished.

By observation of the abdomen we perceive a bulging up, which

begins nearly in the middle between the lower end of the processus xiphoideus and the umbilicus, extends downward two inches below the latter, and to the right as far as the right side of the musculus rectus, and is lost under the left hypochondrium. The protuberance is of the greatest width toward the left hypochondrium, and diminishes toward the right; its upper edge is concave, and its lower convex. The first is, as will be shown, the small, the latter the large curvature of the stomach. This protuberance (belonging to the stomach) does not always preserve the same form, magnitude and position, but shows distinctly, now and then, irregular contractions, which can neither be considered peristaltic nor anti-peristaltic. The stomach draws itself together now at the middle, now at the right, now at the left, whereby evident pain is produced. These contractions may be easily produced by friction with the hand, and by this means the tumor becomes smaller, especially toward the left. By inspiration it is moved downward, by expiration upward. Its consistence is elastic.

In its upper portion the percussion gives a clear, tympanitic sound, in its lower a dull sound; farther down the percussion sound becomes again tympanitic. That is, the stomach contains much fluid, and in the upper part gas. When the patient lies upon the left side, we find at the pylorus a clear, tympanitic sound, and at the fundus a flat sound; and the reverse of this is true when he turns upon the right side.

If we examine the patient while lying upon the left side, we can feel a tumor of the size of a pippin situated two inches to the right of the processus xiphoideus, corresponding to the pylorus, which is oblong, knotty, of unequal density, and very painful on pressure. It is also somewhat movable, follows the respiratory movements of the diaphragm, and transmits the pulsations of the abdominal aorta. If the patient assumes any other position, the tumor disappears behind the liver. The lower portion of the abdomen below the stomach is much sunken, and there has been no dejection for four days.

Examination of Vomitus.—The matter rejected forms a fluid, dirty-brown mass, resembling the sediment of coffee, and has the odor of fermenting beer. It is frothy on the surface, ropy, contains mucous lumps, and its re-action is strongly acid. By treatment with nitric acid, albumen is found. By the addition of acetic acid many flocculi are found, characteristic of mucus. The potash test for hematine fails to give a definite result, owing to the complicated nature of the fluid.* Under the microscope a great many blood corpuscles were found, already changed in form, and of a blackish-brown color. In addition there were mucus corpuscles, sarcina ventriculi in considerable quantity, and debris of food,

* The fluid should be filtered, and then on addition of a solution of potash it appears green if held up to the light, but red when the light falls upon it, provided any hematine be present. We may also evaporate to dryness, and test the residue for iron with the usual re-agents.

such as amyline corpuscles, spiral fibres of vegetables, elastic and muscular fibres. No pus, cancer cells or stroma were found.

Diagnosis.—There can be hardly any doubt that the disease before us is seated in the stomach. The appearances from which we deduce this, are: the nausea, the frequent vomiting, especially after eating, the character of the vomitus, the heartburn (produced by a sort of fermentation which the food undergoes), the frequent eructation, the attacks of cardialgia and the pains in the gastric region which are produced by the ingestion of food. From the blood in the vomitus we may infer that one or more blood-vessels have been laid open. Hæmatemesis occurs in various diseases; in acute catarrh of the stomach, in erosions, in *ulcus rotundum*, in carcinoma, especially in the villous form, in polypi, whether they are merely an hypertrophy of the mucous membrane, or a real fibrous growth, in lipoma, in varicose veins of the stomach, and when an aneurism bursts into its cavity. Of all these we consider a cancer of the stomach the most probable cause of the hæmorrhage before us, which is produced by the erosion of bloodvessels in the softening stage of carcinoma. In order to pronounce a well-grounded diagnosis, we must reconsider the results of the physical examination. The stomach, the contour of which is visible by mere inspection, is of an undue size, and extends below the umbilicus. Moreover, we perceive in it movements which do not exist in the normal condition. The natural movements of the stomach only take place after meals, by which the food is moved about from the fundus to the pylorus and in the opposite direction; and these movements are never connected with any sensation of pain. In our patient, however, the contractions are of frequent and irregular occurrence, are painful, and often so severe that the stomach appears to be divided into two halves. We must therefore conclude that the muscles of the stomach are hypertrophied. The evidence of percussion teaches us the same. We find in a space bounded inferiorly by a convex line, and which corresponds both in position and form to a dilated stomach, at all times a flat sound in the dependent portions; and only in the more elevated parts a tympanitic sound. The stomach must therefore be partly filled with fluid, partly with gas. In a healthy individual, on the contrary, the stomach is full only after eating, and, as soon as the food has left it, contracts like the intestine. It follows, therefore, that the organ cannot rid itself in the natural way of its contents. This is the case either when a contraction of the pylorus, or a paralytic or subparalytic condition of the walls of the stomach exists. In the present case, where the contractions of the organ are distinctly perceptible, a stricture of the pylorus is alone admissible. Besides the above-mentioned symptoms, there are also others by which we may ascertain the existence of dilatation of the stomach; for if we allow the patient to drink while

we auscult in the gastric region, we shall hear the fluid fall deeper than in the normal condition—"as if it dropped down into a well," as the old observers expressed it. Moreover, the patient vomits at times quantities so enormous that no stomach of normal capacity could contain them. The sum of all these appearances leads us, then, to the opinion that a narrowing of the pylorus, with secondary dilatation of the stomach and hypertrophy of its walls, has taken place. Such an hypertrophy comes on in the same manner as hypertrophy of the heart in obstruction of the circulatory system. The muscles contract energetically in order to expel the contents, in consequence of which the flow of blood to the part is increased, as is the case with every muscular organ which is burdened with extra duties to fulfil, and thus the hypertrophy comes about. Of course this implies a gradual development of the obstruction, since by a hindrance of sudden growth the muscular system does not have time to become hypertrophied, the walls of the stomach become weakened on account of the rapid stretching they undergo, and the consequence is a passive dilatation analogous to the same process in the heart.

Let us now consider the pathological process which has caused the stricture. Obstructions of the pylorus may be seated within itself, in its walls, or outside the walls.

A. Within the pylorus they are mostly polypi, fibroid tumors, lipoma, villous cancer, &c., all of which occasion generally only a temporary or alternating obstruction, inasmuch as they at one time fall down into the opening of the pylorus and close it, and at another change their position and leave it free. This alternation in the symptoms leads us to suspect such a movable obstruction. In our patient, however, every ground for such a conclusion is wanting.

B. Obstructions which have their seat in the walls are generally cicatrices, which are established as a sequence of the various ulcerative processes about the pylorus. To this class belong the nodules, which arise in the process of cicatrization of a round ulcer, and are confounded with scirrhus, and those cicatrices resulting from poisoning with mineral acids, especially sulphuric acid, which often flows along the smaller curvature of the stomach, from the œsophageal opening to the pylorus, without touching the other portions of the organ, and forms ulcers, which healing leave behind cicatrices, the so-called false cheloid; just as when it is applied to the external skin. In other cases, cicatrices result from tuberculous ulcers and catarrhal affections in the stomach, though very rarely. But with all these we can have nothing to do. The callous cicatrices, which follow an ulcer, owe their existence to a partial peritonitis, by which adhesion takes place, and thus the tumor becomes fixed; it is a movable tumor, however, which we have before us. Neither has any poisoning with mineral acids occurred,

and there is no evidence of any tubercular or typhoid disease having preceded. A simple hypertrophy of the coats of the stomach, such as occurs most frequently in chronic catarrh of the organ, and in old spirit-drinkers, can, it is true, produce a contraction of the pylorus; but these cause a uniform tumor, and not, as here, an uneven one, and cannot either explain the severe hæmatemesis and subsequent symptoms; moreover our patient was never given to drink. But another and not a seldom cause of stenosis of the pyloric orifice is cancer of the stomach, and it is to this disease that all the symptoms point. We find in an individual, 52 years old, borne down by some cachexia, a hard, knobbed, painful and movable tumor, which corresponds to the region of the pylorus, and from which all the above-mentioned disturbances spring. All this directs us to seek in a carcinoma of the stomach the cause of the whole process of the disease. We have still to take into consideration,

C. The obstructions which are situated outside the pylorus. In this class are to be reckoned the various tumors which by pressure from without make the pylorus impervious, as cancer or echinococcus of the liver; moreover tumors of the transverse colon, for instance masses of indurated fæces, tumors of the head of the pancreas, of the neighboring lymph-glands, retro-peritoneal masses, and the like, can be excluded here, since they are for the most part fixed, and must have obtained a considerable volume in order to cause pressure enough to produce such a stenosis: excessive tightening of the abdominal walls must also be required to act as counter pressure, and assist in the compression. Finally, a dislocation of the stomach may lead to stenosis pylori.

After these reflections, we arrive at the conclusion that the stenosis in our patient is produced by a cancer of the pylorus, and the notable deterioration in his condition during the last six weeks, the frequent hæmatemesis, and the painfulness of the tumor, tell us that within this time the stage of softening has come on, and that we have now to do with an open cancer.

Prognosis.—No favorable termination can be hoped for; and no case of cure ever came under our observation.

Treatment.—I shall not translate the plan of treatment advised by Oppolzer at length, because it is symptomatic, and essentially the same as that reported in the article on *Ulcus Rotundum*. He insists upon the most careful attention to the diet, and a resort to the milk diet if none other be borne. The dyspepsia he thinks will be little benefited by the bitter remedies, which, if long continued, tend only to destroy the appetite entirely.

This patient went on suffering much from frequent and severe cardialgia; hæmatemesis occurred several times, and during the last days of life there came on a profuse hæmorrhage from the intestinal canal. He emaciated to a skeleton, became paler and

colder, the pulse became very small and frequent, and he died from exhaustion, in consequence of anæmia of a high degree, brought on partly by loss of blood, partly by means of deficient nourishment, since the little he took was soon vomited.

Autopsy.—The body was greatly emaciated, the color of the skin of a dirty yellow, and the muscular system had almost disappeared. The pupils were wide, the thorax well arched, the abdomen sunken. The substance of the brain infiltrated with serum. Thyroid gland small. Both lungs glued to the costal pleura in places, and infiltrated with serum. The bronchi in the lower lobe of the right lung contained puriform mucus. The liver unduly vascular and tough; gall thick. The stomach much dilated at fundus, and contained gas. In the submucous cellular tissue of the pylorus there was found a tough growth (fibrous cancer), by means of which the calibre of the orifice was reduced to the size of a goose-quill. In two places the mucous covering had been exfoliated, which laid bare the new growth. The remainder of the gastric mucous membrane was well preserved; somewhat eroded in spots. The muscles of the organ were very much hypertrophied. The cancer was united to the mesentery and transverse colon. The mesentery was shrunken. The mucous membrane of the transverse colon was not much changed, but lower down it was swollen and injected.

[The names malignant and benign, as applied to new growths, are not much used by the modern pathological anatomists of Germany. No man can give a distinction between the two which will hold good in every case, for the ordinary enchondroma or any harmless formation may take on ulceration and produce death. It is often difficult to distinguish between fibrous growth and scirrhus; for instance, in the formations about the pylorus, which some consider scirrhus, others only fibrous, because no cancer cells can be found. Yet we find just such growths in which the cancerous juice has begun to form, and in the later stages of the same true encephaloid appearances. It is probable that the fibrous growth is the first step, and that scirrhus is only the first stage of encephaloid, and that cancer usually begins fibrous and may remain so a long time, but when the encephaloid stage ensues the course of the disease is rapid, since it is ulcerative in its nature. J. C. W.]

NOVEL METHOD OF EXTRACTING A FOREIGN BODY FROM THE ŒSOPHAGUS.

BY DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. FIELD, a lady aged 70, while eating chicken-soup, accidentally swallowed a piece of bone, the size of an American quarter

of a dollar cut into a triangular form. The bone lodged in the œsophagus, about two inches below the top of the sternum. Thinking that it might fall into the stomach, she neglected to apply for surgical aid until the fifth day after the accident. In the meantime, she had swallowed neither food nor drinks, both regurgitating back into the mouth with every attempt to do so.

I was called the fifth day, to try to remove the bone by surgical means. My first attempt was with a piece of whalebone, the extremity being perforated with numerous small holes, into which were fastened a dozen or more loops, about an inch long, made with small linen twist.

With this contrivance I failed, after many patient trials. I could readily reach the bone, but the loops did not fasten to any point of its angular form with sufficient permanency to enable me to extract it. I could even pass the piece of whalebone beyond the foreign body, and ascertained that it rested upon the posterior side of the œsophagus, standing perpendicularly, with two of its corners fastened into the gullet.

I finally took a piece of dry sponge, about an inch long, and of such a shape, when dry, as to fill one half of the œsophagus. This I tied to the extremity of my whalebone sound. Turning back the head of my patient, I passed it down the œsophagus, *in a dry state*, as rapidly as I dared to do, until I was certain it had passed beyond the bone. I then introduced a little fluid into the mouth, which quickly reached the dry sponge, enlarging it to twice its natural size, completely filling the gullet. I drew it out, and with it came the bone, much to my own gratification and my patient's relief.

Leverett, Mass., November, 1857.

RECOVERY OF A YOUNG INFANT AFTER TAKING TWO GRAINS OF OPIUM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The subjoined case is at your disposal.

July 29th, 1856, at 11 o'clock, P.M., the infant child of Mr. N. R., of Granby, *only six days old*, received at the hands of its nurse, who was ignorant of the power of the medicine, two grains of the powder of opium, suspended in a teaspoonful of simple syrup. It was given to allay pain, which its intense cries indicated that it was suffering. The powder was one of several which had been left at the recent confinement of its mother, to subdue post-partum pains. Inquiries made of the nurse, elicited the statement that "a similar powder had produced such a good effect on the mother, they thought it would do the same for the child," and that "the child had got nearly the whole of the powder."

On my arrival, at one o'clock, A.M., two hours later, I was met

with the remark, that the child "had breathed its last some moments before." The respiratory function was suspended, the face and lips were livid, the pupils contracted to a point, and it was not only perfectly comatose, but in a state of complete asphyxia. The finger applied to the wrist detected the pulsations of the radial artery, slow and irregular. With scarce a hope of restoring the suspended animation, or of sustaining life long enough to permit the influence of the narcotic to pass off, but rather for the purpose of watching the result of the experiment, artificial respiration was resorted to, and continued, with my finger on the pulse, for the space of ten minutes, resulting in a greater distinctness and regularity of the arterial beat, and a partial bleaching of the leaden features. Encouraged by these slight results, the same means were continued, to which were joined the application of energetic rubefacients to the spine and extremities, dry heat to the rest of the cutaneous surface, and the application of volatile ammonia over different portions of the body, together with repeated enemas of brandy and turpentine. At the expiration of half an hour, while suspending the artificial respiration, for the purpose of rest, a sudden, spasmodic inflation of the lungs occurred, succeeded by an apparently perfect quiescence of the respiratory muscles, attended by an increasing lividity of the face and lips, and a more laboring and irregular pulse. In from three to four minutes, the same phenomenon was repeated, when the lungs were again set in motion by external aid, which was continued, with occasional interruptions, for the space of more than three hours, before continuous unaided respiration was sustained.

At the close of the second hour, it was observed that the above-mentioned spasmodic expansion of the lungs would occur at irregular intervals of one or two minutes, succeeded by perfect rest, except the slow and *imperceptible* contraction of the lungs as the air gradually oozed out from their cells. At the close of the third hour, the respirations were more regular and uninterrupted, and repeated about twice per minute. The artificial aids were withheld—the external agents continued, broth was added to the injections, and to one of them, castor oil, which was followed by a copious alvine dejection. But it was not until ten hours had elapsed after the narcotic had been taken, that anything could be introduced into the child *per vias naturales*. Tincture of belladonna was subsequently given, with no perceptible effect. In twenty-four hours, scarce a trace of the effects of the poison was observable, and the child triumphantly vindicated its title to life, which was disputed by the reprehensible carelessness of its guardians, and evinced that tenacity of life which is not infrequently exhibited by infants at that tender age.

This case was regarded by me with especial interest, for the following reasons.

1st. The age of the child—only six days. I have met with no recorded case where so young an infant has recovered from effects, so intense, of a narcotic poison.

2d. The quantity of opium taken into the stomach, and *remaining there*. There could have been no less than a *grain and a half*—probably more—swallowed by the child. The quality of the article, I have no reason to question.

3d. The entire suspension of the cerebral influence over the respiratory function, which must necessarily have been followed by speedy death unless the function had been artificially sustained. The asphyxia was complete, and not the slightest evidence of sensibility could be elicited by the application of various tests to different portions of the cutaneous surface or to the Schneiderian membrane. Deglutition could not be excited until ten hours after the poison was taken.

4th. The effects of the artificial respiration, which was performed in the simplest manner and prolonged for a period of more than three hours, by which the heart was kept in motion, until the brain had “struggled through its conflict with the narcotic and was enabled to resume its natural action.”

There were no convulsions, although the muscles were for most of the time in a state of tonic rigidity. C. N. CHAMBERLAIN.

Northampton, Mass., Nov. 5th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 9th.—*Cancer of the Uterus; Sacs containing Albuminous Fluid, involving the Psoas Muscle.* Case reported by Dr. AYER.

Mrs. H., aged 32 years, intelligent, of lymphatic diathesis, anæmic, and emaciated in appearance, came under my care the 2d of July last. She had arrived a few days before in a steamer from Baltimore, and bore the fatigue of the voyage without particular inconvenience. It was difficult for her to walk in the street without support, and she complained of the jar of a carriage. The following is the history of her case:

Born in Boston, for the last eight years she had resided at New York, and in Southern cities—spending a portion of every summer with friends at the North. In early life her health was good, but for several years past, she had suffered much from general debility and leucorrhœa. For the last two years her health had materially declined, and she had felt a great degree of lassitude. About a year before her arrival, her case was examined by several physicians, all of whom pronounced it ulceration of the mouth of the womb. A variety of topical applications, such as nitrate of silver and caustic potash, from which she suffered acutely, were freely employed; general remedies also were freely ordered. At times her medical attendants believed that the ulceration diminished; but no reliable progress was made toward

a cure. Her strength, in the meanwhile, gradually failed, and her sufferings increased.

In September, 1856, after a long walk, and in a state of perspiration, she took a cold bath—a practice she was in the habit of indulging in, without special care, and in all states of the weather. Immediately after this bath she had a violent chill, and thereafter began to feel frequent pains extending from the left hip downward as far as the knee. Pain in the lumbar region was also experienced. Painful and scanty micturition supervened, which continued more or less to the present time.

Physicians in other cities, subsequently consulted by her, diagnosed her case as one of ulceration, and some of them apprehended cancerous degeneration.

The pains of the hip and thigh gradually increased in frequency and severity. These were considered to be neuralgic, and growing out of the uterine affection. Early in the past summer she began to experience a degree of difficulty in walking, and at times exercise caused considerable pain of the left leg, attended by slight contraction of the tendons under the knee.

During this period, there had been repeated hæmorrhages from the womb; and two or three times it was profuse. There was a constant discharge from the vagina—usually thin and watery—and always offensive. But little purulent matter had appeared. Morphia, in doses of a quarter to half a grain, was taken to alleviate pain, and procure sleep. Her nights became more wakeful and the general symptoms more serious. Thus the case wore on, and she determined to visit her friends in this city.

On examination, Dr. A. found her pale, with lax muscular fibre, the lines of her face indicating suffering, pulse 80 to 90 per minute, variable and irritable, and an impoverished circulation. There was no apparent swelling of the abdomen, hip or thigh. The appetite was generally good, though capricious. The bowels were costive, and rarely moved except by cathartics; they had been for a long time in this torpid condition. Urine scanty, light-colored, and micturition painful. Pain of the loins was complained of, together with moderate night sweats.

A speculum, of the usual size, was passed without difficulty. The vagina and external organs appeared perfectly healthy. The anterior lip of the os uteri was very tumid, and presented an extensive ulcer, larger in circumference than a dime, lozenge-shaped, with its edges well defined, and prominent. There was, otherwise, nothing particularly noticeable in its appearance. Its color was light brown; no blood or pus was discovered—only a thin watery fluid. The diseased parts were rather tender, though the examination was well borne. A second examination, a few days after, confirmed the first appearances, except that the ulcer had rather increased. Injections with chloride of soda, alternated with astringents, were ordered, with morphia to allay pain, and sulphate of quinia and citrate of iron with porter, as tonics. In the third week of Dr. A.'s attendance, Dr. Channing saw the patient in consultation. The ulcer continued about the same as at the last inspection, and the uterus had not the hardness or feel of scirrhus. The hip and leg had become more painful, and the outside of the thigh—especially about six inches above the knee, and

over an extent as large as the hand—was particularly sensitive. The upper portion of the thigh, on the inside, had become slightly puffy, but no induration, or tenderness on pressure, or fluctuation, were perceptible. The veins of the limb were neither hard nor corded, nor painful to the touch. Considerable pain began to be experienced in moving the right limb. The leg was drawn up, or bent, and usually laid on a pillow, as the most comfortable position. This contraction was well-marked, and became permanent.

A variety of anodyne liniments were ordered to the limb, and morphia was chiefly relied upon to induce sleep, given in half-grain doses, and frequently repeated. The extract of belladonna, cicuta, valerianate of morphia, hyoscyamus and other sedatives, were employed with but partial relief.

Toward the last of July the patient had a severe diarrhœa, which exhausted, to a great degree, her strength. Accompanying this attack, there was aphthous mouth, which troubled her through her illness.

In August, Dr. Channing again saw the patient, but the leg had become so extremely tender, and it was so difficult to move her, that an examination with the speculum was deemed impracticable. Attention was withdrawn from the uterus to the sufferings in the limb, which afterward claimed the entire treatment. No inspection of the ulcer was made after the fourth week. The discharge continued about the same, with a few drops of blood occasionally intermixed.

In September, the entire left leg had become very much swollen—the foot and ankle pitting on pressure. The tender spot above the knee gradually became less painful, and the whole leg became more sensitive. Sulphate of morphia, in grain doses, was found inadequate to procure much sleep, and sulphuric ether was inhaled. As the sufferings augmented, the quantity employed was increased, so that six or seven weeks before death the patient inhaled sometimes three pounds in twenty-four hours. This great quantity was not required all the time—but frequently was for three or four days in succession, when the pain would partially subside, and a less quantity, with morphia, would suffice. The pulse was small—averaging 100 per minute.

The alvine discharges were reported healthy, and never offensive like the vaginal. No examination, per anum, was ever made.

For the last few weeks Mrs. H. could take but little nourishment, or stimulants. The vital forces at last yielded to her painful and anomalous affection, and she died October 31st.

Ulceration was known to exist, and cancerous degeneration was suspected. Obstruction of the veins, with pressure on the nerves of the leg, were supposed to exist, from some unknown cause.

To the last, neither inequality or tenderness of the abdomen, nor symptoms of peritoneal inflammation, nor fluctuation in the groin or elsewhere, were detected. The intellect continued clear throughout.

It should have been mentioned that for the last few weeks pain was complained of in the right hip, extending down the thigh, similar to that of the left, but far less severe, and the entire limb became moderately œdematous, with pitting at the ankle and foot.

The post-mortem examination rendered comparatively clear, a morbid condition altogether unsuspected during life.

Sectio-Cadaveris, by Dr. ELLIS. On examination, it was seen that the greater part or the whole of the neck of the uterus had been destroyed. The lower portion of the body was converted into a firm bluish-white cancerous growth, which gradually blended with the healthy tissue above. The upper part of the vagina and the adjacent structures were extensively involved in the same disease, which presented a different appearance, however, from that found in the uterus. It was quite soft, finely lobulated, in parts of a dark-brown or blackish color, and very offensive. A portion of the anterior wall of the rectum, more than an inch in diameter, had been destroyed. The mucous membrane of the intestine was, for some distance, of a bright-red color. At the bottom of the cul de sac, behind the uterus, the disease could be felt through a large opening in the peritoneum. There was no peritonitis.

In the left lumbar region was found a large sac, extending from the lower rib to a point three inches below Poupart's ligament. It apparently occupied the psoas muscle and others in the neighborhood. The anterior parietes were three or four lines in thickness. It contained about four pints of slightly-yellowish, viscous, albuminous fluid, like that found in the peritoneal cavity in ascites, and some ovarian cysts. Much of the interior was coated with an irregular, yellowish-white layer several lines in thickness, resembling firm lymph. Portions of the muscular substance forming the walls, appeared to be in immediate contact with the fluid, and had a somewhat macerated look. The crural nerve passed through the upper part of the sac, partly imbedded in muscle; these lay upon the outside, beneath the anterior superior spinous process of the ilium. The external iliac artery passed through the lower part of the cavity, isolated from the tissues by which it is usually supported. On being opened it was found perfectly healthy. The cavity of the vein was obliterated. In the right psoas muscle was a similar cavity containing about four ounces of the same fluid.

No disease of the spine was found, nor any connection with that of the uterus.

The thoracic organs were not examined. The others presented no appearances worthy of note.

The most remarkable feature in the case was the existence of the two sacs filled with albuminous fluid, the disease having probably commenced on the psoas muscle; for on the right side this alone was affected. No dead bone was found, and, indeed, the appearance of the fluid and the interior of the cavities was such as to exclude the idea of an abscess from any cause.

Nov. 23d.—*Perforation at the Umbilicus; Discharge of a kernel of Hulled Corn.* The following account of the case, furnished by Dr. PATCH, was read by Dr. STORER.

"W. H. D. called on me on Tuesday morning, May 26th, and complained of a slight discharge of matter at the navel, which had troubled him about three weeks. He said he thought it was caused by his flannel. I examined the part carefully—more so than I should have done, perhaps, in consequence of having recently had a case of perforation at that part under my care. No redness, heat, hardness, swelling or tenderness was to be detected there, or in any part of the

abdomen. He said, at the same time kneading his bowels violently, that nothing was the matter with him except the trouble from the discharge.

"Considering it only an irritation, I ordered the part to be carefully cleansed, and an ointment containing tannin and morphia to be applied, at the same time advising quiet, with a light diet, and great caution, fearful of what might occur. He told me he should return to his business, that of a restorateur, as he had no one on whom he could depend. He kept at his work all day without trouble. After retiring and sleeping easily, he was awakened, about midnight, by an uneasy feeling at the navel. He arose and applied the ointment. While applying it he nearly fainted, as he said, from the effect of the application. His wife helped him back to bed, he being unable to return alone. He remained in bed all day on Wednesday.

"On Thursday, I was called to him and found him in bed, complaining of pain in the abdomen, on motion, mostly on the right side, and around the navel, which he said he thought was caused by the ointment. I found, on examination, some swelling, with tenderness and hardness, around the navel. Pulse 72. Skin natural. Tongue slightly furred. No appetite or thirst. He had had no operation from the bowels since Tuesday. The urine was rather high colored. A cataplasm was ordered to the part.

"On Friday, I found him very comfortable, without pain. He had rested well. On removing the cataplasm to examine the navel, I observed a white substance, apparently protruding from the part. (There was a cloth between the cataplasm and the abdomen.) I attempted to remove this substance, at the same time remarking to his wife that she had put a bean under the cloth. She said she had not. On moving the substance, which so closely resembled a bean, a gush of fecal matter at once followed. On close examination this proved to be a kernel of hulled corn. Without making this known, I inquired if he had eaten anything of the kind of late; at first he said no, but his wife reminded him of having eaten hulled corn for dinner about three weeks before, but not since. His dinner at that time caused him no trouble that he could remember. His bowels had, during this time, been regular, and when I told him what I taken from the navel, and the danger he was in, he was much surprised as well as alarmed.

"I kept him quiet, ordered light diet, and gave mild laxatives, as his bowels were inclined to be costive, and when in that state I found the discharge at the navel increased. Kept up gentle pressure on the part. In about a fortnight, he began to sit up, contrary to my wishes. In less than three weeks he called on me at my office. The discharge at this time was very slight, but decidedly fecal in character.

"Saw him June 25th, and examined the part carefully and found no discharge or trouble of any kind. I recommended great care. Saw him again, July 22d, and, from the examination, I should not have known that he had ever had any trouble at the navel. He said he felt as well as he ever had, and on the whole thought he was better, on account of his being obliged to live so carefully. He continues well to the present time (October)."

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BOSTON, DECEMBER 3, 1857.

INFANT MORTALITY.

THE great preponderance of deaths during the first five years of existence, compared with the mortality at any other period of life, has been well known ever since the application of statistics to the important subject of the duration of human life; and various causes have been assigned for the fact. In a paper presented at the last meeting of the American Medical Association, by Dr. D. Meredith Reese, and lately re-published in a pamphlet form, it is stated that this disproportion is much greater in the city of New York than elsewhere, and that it is constantly increasing, the deaths of those under 5 years of age having been 49 per cent. of the entire mortality of the city during a period of 50 years. Within the ten years ending with 1853, an increase of 8,375 such deaths occurred, which is greatly beyond the proportional increase of the population for the same time. Dr. Reese observes that the infant mortality in American cities is 8 per cent. above that of Glasgow, 10 per cent. above that of Liverpool, and nearly 13 per cent. above that of London. If these figures are correct, they show a much greater infantile mortality in New York than prevails in Boston. Thus, the deaths of those under 5 years of age in the former city amounted in 1851 to 61 per cent. of the total number of deaths, while the number under 5 years of age who died in Boston during the same year, was 48.45 per cent. of all the deaths.

The principal causes assigned by Dr. Reese for this great infant mortality are, defective vitality at birth, mismanagement of infancy by parents, nurses, or doctors, bad hygienic influences, and, above all, the criminal production of abortion, which last he maintains is practised to an alarming extent, encouraged as it is by a large and influential portion of the community, who countenance that infamous race of murderers who are always ready for hire to assist those desirous of preventing an increase of family, or to remove the consequences of guilt.

Among the remedies proposed by Dr. Reese for this sacrifice of life, is one so utterly impracticable that we are surprised it should even be suggested. He gravely proposes the enactment of laws requiring parties intending marriage to subject themselves to a medical examination, in order to prohibit such alliances as are likely to be followed by unhealthy offspring. "Celibacy should be required by statute of all consumptive, scrofulous, scorbutic, gouty, insane, intemperate, and especially syphilitic individuals of either sex, and this for grave reasons of state which concern the public weal." A very good thing, if it could only be done. The idea of prohibiting by law marriages between parties connected by consanguinity, which comes within the limits of possibility, does not seem to have occurred to Dr. Reese.

In order to remove temptation to the unnatural crime of "abortionism" and infanticide, Dr. Reese recommends the establishment of

foundling hospitals by the State, in large cities, "for the reception of infants, and the concealment of the shame of unhallowed mothers." We greatly question the expediency of this last proposal, which would be offering a direct encouragement to crime: and it would be unjustifiable to seek to remedy one evil by the establishment of another. A much more efficient and practical remedy for the prevention of this crime would be a law requiring the causes of death to be certified by the physician in attendance, or, where there has been no physician, by one called in for the purpose. In this way the cause of death, both in infants and mothers, could be traced to attempts to procure abortion. In three cases which occurred in Boston in 1855, the death was reported by friends to be owing to natural causes, and in each it was subsequently ascertained that the patient died in consequence of injuries received in procuring abortion. It is probable that such cases are by no means rare: and if the cause of death were known, an immediate investigation might lead to the detection of the guilty party.

One suggestion of Dr. Reese, that of the establishment of hospitals for sick children, meets with our hearty approval. We believe that in the present condition of the lower classes of society they constitute the most effective means for diminishing the mortality among children, and of promoting the growth of a healthy and vigorous population.

DR. FELL'S TREATMENT OF CANCER.

WE have lately seen a Report of the Surgical Staff of the Middlesex Hospital to the Weekly Board of Governors, upon the treatment of cancerous diseases in the Hospital on the plan introduced by Dr. Fell. Including an appendix of 52 cases, it makes a small duodecimo volume of over a hundred pages. From the perusal of a work on Cancer, by Dr. Fell, in which he discloses his secret, we had arrived at the conclusion, that, like most secret methods of cure, it was good for nothing. The Surgeons of Middlesex Hospital having so far departed from the standard of medical ethics as to patronize one who pretends to cure by a secret remedy, would, we suppose, naturally seek to justify themselves by giving as favorable a report as possible. They candidly state, however, that neither Dr. Fell's "paste," nor the sanguinaria used internally, possesses the slightest control or curative effect over the constitutional nature of cancer: that there is severe pain at some time or other in every case subjected to the treatment, and constant, but bearable pain, in the majority of cases; and that so far as observed, the new plan of treatment is not superior to that of the knife in preventing the return of the disease. In regard to the mode of applying the caustic, however, by inserting it into incisions made in the tumor, they consider it a clear advance upon the past. To quote their own words, "The sanguinaria is inert the chloride of zinc paste was known before: but the incisions constitute a new feature in the treatment of cancerous tumors, for which we find no parallel in the writings of the past, or in the practice of present surgeons."

If it be true that the application of caustics to cancerous tumors by means of incisions is original with Dr. Fell, and that it is of real advantage in the treatment of the disease, it is the more to be regretted that he should have sought to involve it in mystery by associating it

with an inert secret remedy, in order to profit by appealing to the love of the marvellous which is inherent in the minds of the vulgar, instead of achieving for himself an enviable reputation by advancing the progress of medicine in a legitimate way.

LECTURES ON DISEASES OF THE EYE.

WE would call attention to the course of lectures to be delivered by Dr. H. W. Williams, upon Ophthalmology, and which will commence this afternoon, at 3½ o'clock, at the Central Office of the Boston Dispensary, corner of Bennet and Ash Streets.

The great advantage to students, and to general practitioners, also, to be derived from a *clinique* of this description, is undoubted. The number of patients with various ophthalmic affections, registered at the central office, is very large: and an opportunity is thus afforded for witnessing operations and for observing the results of treatment, which ought to be improved by all who wish to acquire the requisite knowledge of these exceedingly common and important diseases.

We need hardly say, that the lecturer's experience and facility in communicating information, ensure the acquisition of valuable knowledge to attentive auditors and observers.

DR. BROWN-SEQUARD'S RESEARCHES ON EPILEPSY.

✓ THOSE of our readers who are interested in physiology must have perused with much satisfaction the interesting series of papers on the subject of Epilepsy, written for this *JOURNAL* by Dr. BROWN-SEQUARD. These papers have been re-printed in a separate volume, which will render them convenient for preservation and reference. We refer those wishing to obtain copies to the advertisement in the present number. It will be recollected that for the discoveries announced in these papers, Dr. Séquard received a prize of £100 from the Queen of England, being part of a fund annually appropriated for the encouragement of scientific researches, and awarded under direction of the Royal Society to those who have made the most important discoveries in any branch of science during the year. It is satisfactory to know that Dr. Séquard's investigations in the pathology of epilepsy are likely to throw light, eventually, upon the treatment of this disease, which has so long baffled the skill of physicians. Dr. Séquard is about to issue a quarterly *Journal of Physiology*, in Paris, the first number of which will appear early the present month, and which will be a most valuable addition to scientific periodical literature.

GREEN COLOR IN PAPER HANGINGS.

MESSRS. EDITORS,—An article, copied from the *London Lancet*, upon the use of wall-paper colored with arsenite of copper (Scheele's green), which appeared in your issue of last week, is so well calculated to mislead, that a word of comment seems called for. It has been repeatedly noticed in Germany, that when the walls of damp rooms have been covered with green paper containing arsenic, a partial decomposition of the arsenical compound has occurred, attended with an extremely disagreeable odor, and seriously affecting the health of the inmates.

Louyet, a Belgian chemist, is of opinion that the deleterious agent is arseniuretted hydrogen, formed by the action of water, in presence

of decomposing organic matter, upon the arsenite of copper. In support of this, Louyet calls attention to the similar odor given off by metallic arsenic which has been kept for some time under water. Louyet's view has been generally adopted by chemists. Whether this be true or not, the fact is well established that the use of green arsenical wall-paper is very dangerous in localities exposed to dampness.

Several European States have forbidden the sale of such papers, under severe penalties. The experiments detailed by the *Lancet* are not new, and are entirely negative: that "the arsenite of copper does not sublime at ordinary temperatures" has long been known, while the fact that the use of green arsenical paper in well-ventilated, dry apartments is unattended with danger, is laid down as law in every German "Complete Housewife." FRANK H. STORER.

Arrests for Disinterment of Dead Bodies.—The newspapers have lately given an account of the arrest of the City Sexton and also a medical student in Chicago, for unlawfully taking bodies from a cemetery in that city. It appears that the student has since been discharged, and the sexton held to bail. No little excitement, it seems, has been caused by the affair, and regrets were expressed in the *Chicago Daily Tribune* that the offence had not been made punishable by imprisonment in the penitentiary. In regard to this expression, as well as to the whole subject, an able letter was addressed to the editors of that paper, and is copied into the last number of the *North Western Medical and Surgical Journal*. The writer views the matter in a plain, common-sense light, and shows that, legally, even without the penitentiary penalty, the profession in Illinois "are placed very much in the condition of the Israelites in Egypt, when they were required to make the full number of bricks daily, but denied the straw or materials necessary to make them of." Instead of increasing the penalty, the writer urges the passage of a law like the one lately enacted in New York, and, he might have added, long before enacted in Massachusetts, by which dead bodies in poor-houses, &c., not claimed by friends, are given up for dissection.

WE are requested to state that the publication of Dr. Metcalfe's work on "Caloric" is necessarily delayed until the ensuing spring, in consequence of the general financial depression.

Health of the City.—Pneumonia still continues to be fatal among us, 7 deaths having been reported last week from that disease, being the largest number from any one cause except consumption. There were 4 deaths from typhoid fever, and 2 from scarlatina. The number of deaths for the corresponding week of 1856 was 88, of which 15 were from consumption, 3 from pneumonia, 2 from typhoid fever, and 16 from scarlatina.

Deaths in Boston for the week ending Saturday noon, November 28th, 67. Males, 31—Females, 36.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—cancer (in the stomach), 1—consumption, 16—convulsions, 3—croup, 3—dropsy, 2—infantile diseases, 2—puerperal, 1—erysipelas, 1—typhoid fever, 4—scarlet fever, 2—cravel, 1—disease of the heart, 2—hernia 1—inflammation of the lungs, 7—marasmus, 5—old age, 1—palsy, 2—pleurisy, 2—rheumatism, 1—tumour (abdominal), 1—unknown, 1—whooping cough, 3.

Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 19—above 60 years, 6. Born in the United States, 37—Ireland, 24—other places, 6.

THE VERMONT MEDICAL SOCIETY—held its annual meeting at Montpelier, Oct. 21st. Officers for 1857-8:

President—H. F. Stevens, St. Albans. *Vice President*—Kimball Russ, Pomfret. *Secretary*—W. H. H. Richardson, Montpelier. *Treasurer*—Charles Clarke, Montpelier. *Executive Committee*—James Spalding, C. B. Chandler, C. M. Rublee, all of Montpelier.

Delegates to Burlington Medical School—J. L. Chandler, St. Albans; E. D. Warner, New Haven.

Delegates to Castleton Medical College—P. D. Bradford, Northfield; C. B. Chandler, Montpelier.

Delegates to the American Medical Association—Drs. Converse of Norwich, S. Nichols, Gibson of Pomfret, Dickerman of Brattleboro', Ru-sell of Middlebury, Spaulding of Montpelier.

Prof. W. Carpenter will address the Society at its semi-annual meeting to be held at Rutland, on the last Wednesday in June and the Thursday following.

Prof. J. Perkins will deliver an obituary address upon the late Dr. Bowen, of Clarendon, at the next annual meeting.

Committee of Arrangements for the Meeting at Rutland—C. Cook, J. B. Porter, Rutland; Prof. J. Perkins.

Drs. Stevens of St. Albans, and Allen of Middlebury, were appointed a committee to assist the Secretary of State in carrying out the Registration laws of 1856.

Borden's Condensed Milk.—The Section of the New York Academy of Medicine, to whom was referred the subject of condensed milk, which article has lately been brought into use, have reported very favorably respecting it. The conclusion of their report, as published in the American Medical Gazette, is as follows:

"In conclusion, the Section beg leave to assure the Academy that they believe Borden's Condensed Milk to be what it purports to be, and nothing more; viz., pure milk deprived of most of its water, and deficient in none of its nutritive elements. They believe it to be the best possible substitute for pure new milk that can be had in this or any other city—equally adapted to the wants of all conditions of life, and often a valuable auxiliary to the physician, either in private or hospital practice. And as such, the Section would earnestly recommend it to the favorable notice of the Academy."

Poisoning by Lead, at Norwich, Conn.—It is stated in the papers of the day, that several persons have recently died at Norwich, Conn., it was feared from lead poison, taken into the system with the water supplied from "Kenney's Aqueduct." The Norwich Courier says the worst fears are confirmed. A quantity of this water was lately sent to Dr. James R. Chilton, chemist, New York, for analysis. He states that it contains lead in solution, in the proportion, as near as he can estimate, of four grains of lead to one gallon of water. The water thus tested was drawn from the supply pipe which has supplied for years the family of Deacon Charles Lee, and there is no reason to suppose that it was any more strongly impregnated than that used by every other family supplied from the same aqueduct. The Courier says:

"The aqueduct which has thus been doing its work of death, has been in operation for many years—probably not less than twenty-five—and how many, young and old, have gone, within that period, to premature graves, no one can tell. But busy memory in the minds of those most familiar with the history of families residing on Church and Washington streets, recalls cases after cases of death, the symptoms of which point to the poisoned water of this aqueduct as the cause."

The Anniversary Oration before the New York Academy of Medicine was delivered on the 18th ultimo, in the new building of the Historical Society, before a large audience. The orator, Dr. J. Marion Sims, selected as his topic the specialty to which he has been so long devoted, illustrating by drawings, &c., his method of operation. As the publication is ordered, it is only necessary to say that it will be found to enhance the author's high reputation.—*Am. Med. Gaz.*

M. Migette, a farmer in Algeria, and M. Alguie, military surgeon, have just respectively obtained the premium of £10, for having made known to the authorities two cases of cow-pox upon cattle belonging to M. Migette.—*Lond. Lancet.*

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ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNECTION WITH ERRORS STILL EXISTING.

[An Address delivered before the Norfolk (Mass.) District Medical Society, November 11th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY A. MARTIN, M.D.

WE are told by Plutarch that the life of a vestal virgin was divided into three portions: in the first, she learned the duties of her profession; in the second, she practised them; and in the third, taught them to others. Such, says Heberden, should be the life of a physician; and although it would not be difficult to find some "modern instances" of a different view of the matter, in which teaching has preceded practising, nay even learning our art, I shall not allow myself to be led aside by such examples and precedents, but, agreeing with Heberden, and not yet having reached that mature third period of life in which I might assume the teacher's "eye severe," I shall not presume to teach, nor to give you any views, original or otherwise, of any of the complicated duties of a physician. I propose confining the remarks, I am permitted to make on this occasion, to some general reflections on the history of Medicine, on the influence of false doctrines on Therapeutics, and more particularly on the connection of some absurd ancient hypotheses with some more modern but no less absurd; with several popular fallacies, and some still lingering errors in our own *materia medica*.

No study can present to the mind of the philosophic physician a more remarkable series of subjects for reflection, than the history of his own most ancient and inexact science. To such an one it must often seem that he has wandered into some dark, stormy chaos of

"All the unaccomplish works of Nature's hand
Abortive, monstrous, or unkindly mixt."

Now and then, to be sure, may be discerned, far distant, some small reflection "of glimmering air less vext with tempest loud"; but,

faint indeed, and far off is the light, and serves only to make visible the masses of darkness, and the strange forms of folly about him. Here and there flicker delusive "ignes-fatui," the relics of brilliant meteoric theories, each of which has in its time been hailed and worshipped as a sun by thousands, and which now, even with their waning light, do sometimes entice a fantastic traveller from the rocky, laborious path of true scientific investigation; along which path, for ages, there was indeed but scant illumination, now and then a little ray. As the student journeys onward, however, the lights of science and truth become more frequent, and project farther their luminous and beneficent beams, the clouds of error and false doctrine roll away in dense volumes, and what still remain linger on a distant horizon. The road lies clear before him—rude and difficult, it is true, but leading, let us not doubt, to a resting place, whence, if we cannot gaze full on the sun of truth, we may at least look toward it, and bathe in its floods of light.

Every candid student of medical history will allow that in its earliest records he has perceived, not only a strong desire, and seeking after truth, but the acquirement of much positive knowledge. In the works of that greatest of all merely human physicians, who has been most fitly called the Father of Medicine, are to be found rules for the investigation of Nature in every aspect of disease, and wonderful results of his own researches and observations, filling the reader with admiration and astonishment at every page. Had the methods practised by Hippocrates been carried on by his followers with the same energy and integrity, no one can doubt the result; had physicians confined themselves to that exact observation of the phenomena of disease, and logical induction from such observations, so characteristic of the great master, the history of our profession would not have been tarnished by the myriad follies of mere theorizers, who once held the world an admiring audience, and whose vagaries are even now not infrequently revived for popular and even professional edification. Unfortunately, the most enlightened and honest of succeeding physicians were content to carry, in a napkin, the talent the master had left them, carefully, reverently, it is true, but adding nothing to it; they eulogized his efforts, but made few like them, and in eulogies, commentaries upon, and plagiarisms from the works of Hippocrates, the energies of his followers seem, for the most part, to have been exhausted. They did little but preserve the fire of the master, very little to develop the science; and Medicine soon fell into the hands of the philosophers by whom she was indeed most evil entreated. Every new and contending sect of philosophy seized upon her, and bedizened in their theoretic rags, tinsel and tawdry, she was little indeed like the fair goddess she shall yet appear when her only enrobement shall be her own pure beauty enlightened by the rays of truth.

While Surgery and Anatomy, more exact and demonstrative in their nature, were making real advances, Medicine continued to be the pet of the learned, and hardly progressed at all. Physic was studied rather as a branch of a complete philosophical education than as a profession, and thus became naturally a mere reflection of the opinions of the great masters of Philosophy—now Pythagoras, anon Plato, Epicurus or Aristotle—gaining, indeed, illustrious names among its students, but very little else.

Such continued to be the state of our art, with now and then a brief revival of the methods and doctrines of Hippocrates through the influence of some admiring commentator, till the latter part of the second century of our era, the commencement of the true dark ages of Medicine, when all theories and sects were merged and lost in one, all sunk beneath the mighty dead sea of Galenism. For more than twelve centuries the opinions of Galen held almost undisputed sway in every department of medical science, an empire over the minds of men wonderful for its perfection and continuance, and as an evidence of the power possessed by a transcendent intellect for the perpetuation even of error.

Throughout this long period, there was little or no true investigation of Nature. The respectable portion of the profession agreed in a firm faith in Galen; they would rather be wrong with him than right with any one else; that disputative spirit, the exercise of which, say the malignant, has ever been the most valued privilege of the physician, found its ample gratification, not in denial of the axioms of the master, but in furious disagreements as to their proper interpretation.

During this more than millennium of theory, existed occasionally uneasy spirits, daring faintly to dispute some of the reigning dogmas, but, "rare swimmers in the gulf profound," their appearance hardly rippled the dismal tranquillity of its surface.

The revival of learning and the arts, which has rendered the fifteenth and sixteenth centuries such a glorious era in the history of humanity, and more particularly the restoration of the classics and their study under the auspices of Leo X. and the Medici, soon had the effect of shaking the confidence of men in many ancient systems, philosophical as well as religious. The long-neglected and almost forgotten works of Hippocrates and the early Greek physicians were diligently and enthusiastically studied, and the results of this study were soon perceptible; the brilliant sophistries of Galen paled before the light of truth, the foundations of his system began to crumble. But the first rude and really effective assault upon them, was made by the school of chemical physicians, and chief among them, that arch quack Paracelsus, a strange, unfathomable vagabond, respectable in nothing, but distinguished for a self-conceit and audacity beyond all example, and which, it

need hardly be said, led him to great popularity, renown, and a professorship.

The monstrous chemical, astrological and demonological theories of Paracelsus far transcended, in folly, the hypotheses of the school he so violently attacked. Such absurdities and such unblushing and unbending impudence were the fit means to distract men's minds from one class of errors to another, and from both to true methods of investigation—to the philosophy of Bacon, that wonderful reform, which soon began to shed its benignant light over our own science as over all others; that system of exact observation and logical deduction, the result of which is fruit, not flowers and foliage alone, and among the first fruits of which for our profession was that great physician who has, not inappropriately, been called the "Hippocrates of England"—Thomas Sydenham; the chiefest of the noble concourse of men, who, since that time, have been the glory of our annals; men who have felt that "the first deficiency had been the discontinuance of the ancient and serious diligence of Hippocrates," and so feeling, have repaired and continue to repair the long-cherished error by the most indefatigable labor in the right way.

I here conclude this, perhaps superfluous, historical preface. One of my objects being to demonstrate the influence of false doctrine on therapeutics, I stop at a period when that influence was most strikingly perceptible, the era of Paracelsus and the chemists.

The invigorating and enlightening effects of the inductive philosophy were not so soon perceptible in medicine as in the other and more demonstrative sciences; no avenue of human research was more infested by what Bacon calls "the idols of the Theatre," encumbered on all sides with the rubbish of false and exploded systems, and overgrown by the rank weeds of superstition, credulity and imposture. That all this rubbish has been cleared away, that all this weedy growth has been eradicated, let no one venture to say; that such will ever be the happy result, who is so sanguine as to predict? That much has been done, is true; that much remains undone, is no less so. Old seeds of error germinate afresh, and new ones are still planted. That such will be the case while ignorance and credulity continue to exist not only outside, but also within the profession, is to be expected. While scores of very imperfectly-educated men are yearly suffered to enter our ranks, "armed and equipped as the law directs," with diplomas, assuring all to whom they come, of the bearer's sufficient knowledge of an art in whose every branch he is wofully deficient, so long will every medical delusion, new, or revived, find followers, disciples and eulogists, not only among the laity, but even in our own professional body. While knaves—and there are knaves in all professions—find that a quicker and more brilliant penny can be turned by appealing to the

credulity, rather than to the reason, of the public; while straws are grasped by drowning men and shadows pass for substance, so long will old delusions be revived, and new ones conjured up; every new "pathy" find its myriad followers, and every new "path" reap a goodly golden harvest from the broad fields of human weakness.

The so-called science of Therapeutics was, of all branches of Medicine, during the seventeenth century, the most peculiarly overwhelmed and involved in every species of absurdity. While for ages scientific medicine lay dead, and what stood clothed in its likeness was, for the most part, not a study of Nature but of the opinions of some theorist; while very few steps were taken toward truth, but an infinite number in error, theory succeeded theory, passed away, and was forgotten, but in passing away left a greater or less impress on Therapeutics—threw some parting tokens into her ever open coffers. Thus the materia medica became a mighty granary of chaff, with here and there a grain; a great treasure-house of rubbish, with now and then a jewel. For ages steadily increasing, steadily accumulating, went on the vast mass of good, evil and inertness, which has been to multitudes a stumbling-block and rock of offence, until under the school of the chemists the pharmacopœia assumed the most formidable aspect, both from the number and absurdity of its contents.

The student of the present day, after the disinfecting lapse of two centuries, can hardly turn over the pages of a pharmaceutical work, of the period to which I refer, without a feeling of nausea. When he scans the "carte," with its *bufones exsiccata*—*sanguis et fel canis*—*ungulus et urina asini*—*stercus cati domestici*—*testiculi cervi*—*cor*—*pinguedo exuvieque serpentis*—*saliva equi et hominis jejuni*—*omentum*—*butyrum*—*urina*—*stercus*—*sanguis menstruale*—*aurium sordes*—*sudor*—*secundina*—*semen hominis*, and ten thousand more; a first course with *jus viperinum* and a delicate dessert with *poma ambra*—*trochisci vipera*—*pili leporis*—*cornua scarabæi*, and the like; he may be willing to admit that the entertainment is extensive, and curious, nay unique, but inclined to deny its appetizing qualities, and to think that even those sapient men who long ago nodded over the board spread by their own infinite perception of occult value and virtue, must have felt, if not an occasional "*embarras gastrique*," an "*embarras des richesses*" most certainly.

Among the best services of the best men who have illustrated our annals, has been, not adding to, but gradually clearing away, in a great measure, this Augean accumulation. Sydenham's admirable reform in the treatment of smallpox relieved the materia medica of a great many substances supposed to favorably influence the course of that terrible disease, once an opprobrium of medicine, but now, through the labors of Sydenham and Jenner, one of its

proudest triumphs. The dressing of wounds with cold water was a part of the practice of Hippocrates; its revival, which modern surgery owes to a quack, one Maitre Doublet, and to the good sense of Ambroise Paré, in adopting the quack's practice, drove from the materia medica of surgery such a multitude of vulneraries and such farragoes of salves, fomentations and other dressings, as appears utterly incredible to the student not versed in the antiquities of our art. Thousands of articles, which formed the wealth of the ancient pharmacist, are now forgotten; multitudes of labored formulæ, the glory and pride of old physic, are clean gone forever; even that mighty medical saurian, the Theriaca Andromachi, to whose care and ornament the greatest physicians of Rome were proud to devote their thoughts and energies, is dead; that wondrous monster, which in its prime boasted seventy-five articulations in its learned length; which, shorn of a few of its caudal vertebræ, still lived in the genial academic nurture of the London College of Physicians till the middle of the last century, was at last killed, transfix'd by a weapon of wit and wisdom in the hands of the illustrious William Heberden, and even that conservative publication, the London Pharmacopœia, has no trace, no record, of its ever having existed, though Dr. Paris informs us that in the "Codex" are still to be found its embalmed remains.

We have got rid of a vast deal of rubbish, and enough light is thrown on what is still left, to convince us that much of that is far from valuable—that although the materia medica has lost the glaring absurdity which once characterized it, there is still a great deal contained in it that is useless, or of such doubtful value that it could well be spared. If such remedies as, after long, careful and repeated observation, have been well ascertained to possess decided and valuable medicinal power, should be retained, and the multitudes of "incipia remedia" and articles that are plainly now merely employed through reverence for old authority and prescription, discarded, the student would more easily acquire a valuable and thorough knowledge of the comparatively few really reliable means at his command, than he now can a very uncertain and superficial acquaintance with the whole of the existing materia medica; a vain, empty and delusive learning, difficult of acquisition, and worthless when acquired—filling the mind with froth and fustian, notions and prejudices and reliances, gradually one by one to be resigned, not without humiliation and chagrin, by the true and earnest inquirer as experience and reflection demonstrate their futility.

Many substances, really inert and useless, owe their reputation to their connection with some forgotten theory. The theory is dead, but some of the errors it engendered are living. It has sometimes occurred to me that if such connection could be clearly demonstrated, something might thereby be done to shake the con-

fidence of the profession in what is unworthy of confidence, but still lays claim to it from long usage, authority, and that antiquity which does so much in many minds to adorn even deformity and establish error. To trace the reputation of every supposed remedy to its origin in some exploded theory, or the discovery of its virtues by accident, or in rare instances by philosophic inductive reasoning, would be a vast, but, I doubt not, most useful undertaking. It would do much to strengthen that belief, which at present exists in many minds, that the science of pharmaceutics is one of great uncertainty, and much of it of little compared with its reputed value. Its strikingly valuable truths are comparatively few, its errors and doubts are innumerable. What have appeared to many the effects of a remedy, have been often doubtless the natural sequence of the phenomena of disease. Many articles are used because they have been used before; their employment is sanctioned by authority and routine. Something, it seems to be supposed, must be done; if one doctor won't dose, there are plenty who will; people must have physic, whether in gilded or ungilded pill, or infinitesimal globule, in disagreeable draught or delightful dilution; they must die "*selon les règles*" now, as well as in the days of Molière. And while this is what the public expect from a medical man, that he should be, or pretend to be, not *minister*, but *magister naturæ*, so long will those medicines which, however valueless, enjoy a traditional reputation as quellers, annihilators, jugulators of disease, be used, and physicians who do not use them be liable to the censure of knowing, officious friends, and the whispered criticisms of professional brethren whose faith is more abounding; so long will the pill or potion be esteemed the cause of the ensuing phenomena, whether auspicious or otherwise. It is very important, however, that a different mode of regarding medical science should possess the popular mind, and that men should consider the physician, not merely, on the one hand, as "an affable and accomplished gentleman who amuses the patient while nature cures the disease," or, on the other, as a person whose whole business is "*clysterium donare, postea saignare, ensuite purgare, resaignare, repurgare et reclysterisare*"—but as a man who, while he fully recognizes and understands the great value of many, very many of the remedial appliances of his art, has paid vastly the greater part of his attention to the study of the phenomena of disease; and while, in a given case, these phenomena follow each other in natural sequence, and without complication, considers himself often best employed in simply watching them, and as it were guarding the patient. It is proper that the invaluable remedies of which we possess a goodly array should be carefully reserved till there is a clear indication for their use; it is also proper that remedies of this high order should be those principally employed, and that when unimportant medicines are used, it should be fully understood

that they *are* unimportant, and that they exercise no considerable control over disease or its developments. Had such been ever the practice of physicians, our profession would have had a firmer hold on the affection and respect of the people than it has at present, and the upright, conscientious practitioner, who, seeing no occasion for a prescription, says so, and gives none, would not be liable, as now, to have his patient, with his often much-needed fees, slip into the hands and pocket of some more knowing brother, who soothes with genial placebo the physic-craving fancy of the patient, or some charlatan who with his mystic globules accomplishes the same benevolent object.

[To be continued.]

NEW STAND FOR THE COMPOUND MICROSCOPE.

BY O. W. HOLMES, M.D.

[From the Proceedings of the department of Microscopy of the Boston Society of Natural History, Aug., 1857.]

THE more especial object of this mechanical arrangement is to facilitate the use of the *direct light* of a lamp placed close to the object. Many of our microscopists must have seen Mr. Spencer use a lamp in this way, holding it in his hand and varying the distance and obliquity so as to produce the particular effect desired. The advantages of direct light are its easy management, its brilliant effects, and the more perfect definition it gives of delicate objects. But, inasmuch as the heat and smoke of the lamp ascend, this method of illumination can only be used with the microscope-tube (or *compound body*) in the horizontal or moderately inclined position, unless the lamp be so far removed as to lose its peculiar advantages. It is evident that the lamp cannot be used at all with the tube vertical and directly over it.

If an instrument is to be employed in the horizontal or slightly inclined position, it will require a *stage movement*; otherwise both hands will be needed to move the object, and will even then find it awkward to do so, as the object must be secured to prevent its sliding. Again, if the stage is inclined, and the lamp close to it, it is evident that the broader the stage the more it overhangs the lamp, and the more it is exposed to its smoke and heat. By making the stage open at top, like a horseshoe, we get rid of this difficulty entirely.

An instrument that answers this *special* object alone, namely, the use of direct light, can be made, on the general plan of the one I show the Society, with great ease, and at small expense. But as it is sometimes necessary or convenient that the object should be placed horizontally and the microscope-tube vertically—as in examining fluids with low powers, or opaque bodies—certain additions have been made to this model to render it capable of

being so used; reflected light, or the use of the condensing lens, being substituted for the mode of illumination for which it is specially adapted. This, of course, involves the expense of a mirror and lens with their adjustments, which is, however, trifling, if the plan here shown is followed.

The instrument is represented in working order in figure 1.

The base of the whole is a box made of black walnut, three quarters of an inch thick, having two uprights, of the same material and thickness, firmly screwed to the inner edges of the strips which partly cover it. On each side of these uprights, over these partial covers, are screwed two thick pieces of black walnut, with holes for the eyeglasses on one side and the objectives on the other.

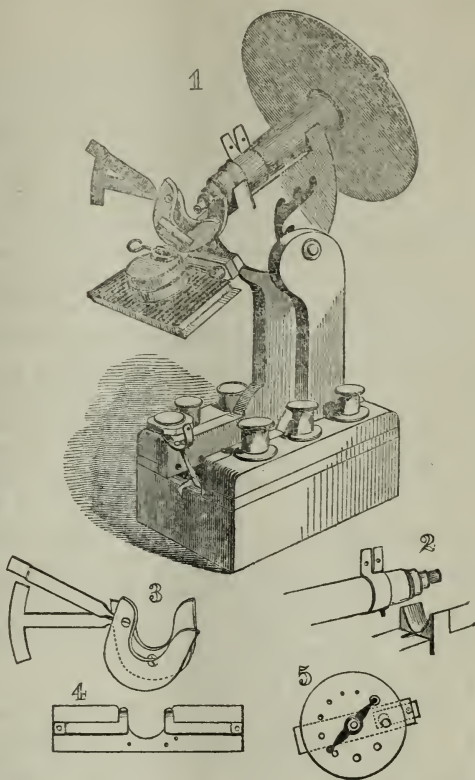
This box is open at one end to receive a flat-iron or other weight, if required, and to admit the other parts when the instrument is packed.

Between the uprights is received the *bearing semicircle*, made of three pieces of black walnut glued together, the inner one having the grain directed lengthwise, the two outer ones vertically. This is provided with a "slot" partly vertical, partly horizontal, and several notches. A binding screw holds it at any angle and at various heights between the uprights.

The microscope-tube, made heavy by a leaden tube inside, is laid upon two V-shaped supports cut out of the wood, being held solely by its weight when used in the horizontal or inclined position.

The microscope-tube has a ring an inch wide, fitting tight, but becoming loose on pressing its handles, and having a little projection or spur on the side opposite its handles, as shown in figure 2.

The anterior V-shaped support is also shown in this figure. It has a piece of brass let into the wood for the spur on the ring to



play against. As the posterior surface of this support is slanted about one sixteenth of an inch, it is evident that in turning the tube through a semicircle it will advance or recede that distance. This turning of the tube is performed by means of the black paste-board disk clasped to the tube near the eye-piece, which makes a sufficiently delicate fine adjustment.

The horseshoe stage consists of two pieces of brass, cast and planed, 4 inches across at the widest part, and 3 inches in height. The first, nearest the observer, turns on a screw at the centre of its semi-circumference against a brass plate screwed to the bearing semicircle. The second turns on a screw which unites one of its arms—the right—to the corresponding arm of the first horseshoe. The first horseshoe therefore carries the other with it; the second *turning very easily*, is moved independently of the first. The handles are flat, the one with the cross next the observer, the other projecting three quarters of an inch beyond it, so that a slight change of the thumb determines whether one alone shall move, and the object be carried up and down, or both, and the object move from side to side. Figure 3 shows the principle of arrangement, and figure 4 the object-holder with its springs, which is held against the horseshoe by a piece of brass plate screwed upon the latter, as shown in figure 1—the object-holder sliding between the two. The tray that holds the lamp is of sheet-iron, 5 inches by 3, with a ledge of half an inch in width at its remote edge. On this tray rests a thin piece of wood of the same size, covered with velvet. The lamp having its base covered with velvet also, cannot slide off, even when the microscope is much inclined—but the lamp, with the piece of wood on which it rests, is easily slid from side to side.

Figure 5 represents the diaphragm with the achromatic condenser. This is arranged in place by sliding its foot under a spring upon the same piece of wood to which the tray for the lamp is fastened.

The dimensions of various parts not yet given are as follows: *Inside* dimensions of the box, length 8 inches; width 5; height 2; from bottom of inside of box to binding screw, 11 inches. Distance between uprights $1\frac{1}{2}$ inches. Bearing semicircle same thickness. Radius of this semi-circle $3\frac{1}{4}$ inches. Object-holder $7+2$. Diaphragm 3 inches in diameter.

If desired to use the microscope in the vertical position, the tube must be held firmly against the supports, the tray removed, and the mirror represented in figure 1 brought into its place. A loose ring of plate brass capable of being made fast to the bearing semicircle serves to fix the tube. The mirror is a plane one, set in an open frame. If a plano-convex lens is placed over it, it acts like a concave mirror; if the mirror is removed, the same lens may be used as a condenser.

In packing this instrument, the tray and diaphragm go at the bottom of the box, the bearing semicircle is held by the binding-screw between the uprights, and the pasteboard disk is held at the side of one of the uprights. The lamp and other accessions go into the box.

The leading peculiarities and novelties of the instrument will now be indicated.

1. Union of stability and portability. The base gives a sufficient degree of steadiness for common purposes. But by sliding a common *flat-iron* into its interior it becomes as firm as the most ponderous instruments of Ross, which are too heavy to be carried about with comfort.

2. The facility with which the *height* of the compound body, as well as its inclination, may be varied by means of the "slots" and notches in the bearing semicircle.

3. The mode of focal adjustment by rotation of the tube, or compound body. This has a movable ring upon it with a projecting spur, which bears against the slightly inclined posterior surface of the anterior V-shaped support of the tube. The disk which protects the eyes is used as a lever, and thus a very smooth and uniform motion without the smallest amount of "lost time" or "back lash" is obtained without rack and pinion, spring or screw.

4. The open horseshoe stage, with the movable object-holder received upon its remote (anterior or inferior) surface, the glass object-slide being itself pressed by springs against the remote surface of the object-holder. It follows from this arrangement, 1st. That if one object is in focus, all others mounted in a similar manner are in focus, or very nearly so; 2d. That the thickness of the stage becomes practically reduced to nothing, as the glass side is next the lamp, and behind, or below, everything except the springs that press it forward against the remote face of the object-holder.

5. The double *radial* stage-movement. The horseshoe piece next the observer turns from side to side on a screw passing through the lower or middle portion of its arc. The other horseshoe piece turns on a screw fixing it to one arm of the first, so that it moves up and down. The arcs they follow form so small a part of a circle that the eye cannot distinguish their movement from a rectilinear one. The *bolt and crossbow* flat handles, working singly or together, make the management of the stage-movement very convenient.

6. The flat-wicked lamp, so mounted as to move freely without the possibility of slipping, at whatever angle the apparatus may be inclined.

7. The combination of mirror and lens in an open frame, so as,

by slight alterations, to serve a triple purpose; that of a plane mirror, of a condenser, and of a substitute for the concave mirror.

8. The simple and effective mounting of the achromatic condenser and the diaphragm attached to it.

It remains for others to determine if any or all of these innovations are improvements.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

The Middlesex East District Medical Society held its eighth annual meeting, Nov. 4th, at the house of Dr. J. Nelson, in Woburn. After the transaction of business and the election of officers for the ensuing year, Richard L. Hodgdon, M.D., and Joseph Underwood, M.D., both of West Cambridge, were chosen honorary members.

The following paper on a case of inversion of the uterus was then read by Dr. Truman Rickard, of Woburn.

Inversion of the Womb, complete, or even partial, is a very grave occurrence—"one of the most dangerous accidents that can happen to a lying-in woman." Our profession has reason to rejoice that the intelligent practitioner seldom knows anything of it, except what knowledge he derives from books. But cases now and then occur—melancholy cases—especially where our own personal friends are in peril, when the physician is summoned in haste to witness, with a bleeding heart, the sad results ignorance has brought about, and to do what best he may, in the face of fearful odds, to correct the mischief, to stay the rapidly ebbing powers of life, and rescue the sufferer from the perilous position in which she is situated.

CASE.—On the evening of Sept. 7th, 1857, at about half past nine o'clock, I was requested to visit Mrs. C. I was informed that a midwife was in attendance—that the child was born several hours previous, but that there was trouble with the afterbirth. I subsequently learned that Mrs. C. was taken in labor at eleven o'clock on the evening of Sept. 6th, and that the child was born at five o'clock in the afternoon of Sept. 7th. Of the character of the labor I have no knowledge; but immediately following the birth of the child, she was very comfortable, and mutual congratulations were expressed by herself and husband in view of the favorable progress of affairs. The husband subsequently went to his office, and spent the usual time there. On his return home, in the latter part of the evening, he found that there was trouble—that the midwife had not succeeded in removing the placenta—and I was sent for. Upon entering the chamber, I found the attendant sitting by the patient and bathing her face with camphor. I took my seat by the patient, laid my finger upon the radial artery, and asked her how she did. She replied, "I don't know." Her appearance was as follows: face very pale, lips white, respiration sighing, pulse small, feeble and frequent. The midwife remarked to me that something was the matter; that she had *almost* got the afterbirth

away *two or three times*, but she had not succeeded in removing it. I found the placenta low down in the vagina, and resting upon the perineum. As I passed my finger along the cord, it came in contact with a denuded surface of the placenta, and the substance of the placenta tore easily under my finger. Upon attempting to remove the afterbirth with my finger, and making *very gentle traction* upon the cord at the same time, the cord came away. I then introduced three fingers and removed the placenta without trouble. The sensation made upon my finger by the cord at its *apparent* point of insertion, was as if a strip of cloth had been slit into shreds, and the impression made by the parting of the cord was like the separation of the fibres of an untwisted thread—*there was no strength in it*. As I passed my fingers over the placenta, I perceived an elongated, ovoid tumor immediately above it, and on laying my hand upon the hypogastrium, the uterine globe could not be felt there. She was not flooding when I removed the afterbirth, neither did she flow at all subsequently, and the midwife says she had not flowed previously.

Regarding the patient as in imminent danger, I requested that Dr. B. Cutter might be called in consultation. He was sent for, and arrived in a few minutes. While the messenger was gone for him, I administered a full draught of old Madeira wine. Dr. Cutter, on examination, found the womb partially inverted. The os uteri was about four inches in diameter, and situated a little above the middle of the inverted fundus. He immediately reduced the uterus, which did not contract readily. Two drachms of the wine of ergot were administered, and Dr. Cutter passed a bit of ice into the womb, where his hand was still remaining. Compresses and a bandage were applied to the abdomen. The pillows were taken from under her head, and three bricks were placed under each post of the bedstead at her feet. Hot brandy and water was administered freely. Sinapisms were applied to the breasts and arms, and bottles of hot water to the lower extremities. For a time the pulse rallied after each dose of brandy, but soon began to fail again. Before midnight it ceased to respond to the brandy, and ceased at the wrist. There was now great distress at the præcordium, and an earnest desire to pass water. The catheter was introduced, though but little water was found in the bladder, yet the desire to urinate continued. Great restlessness and jactitation, with an oppressed respiration, supervened. We attempted to administer ammonia and water, from a feeding-cup. She may have swallowed a little of the first dose, but deglutition had become difficult, and on attempting soon after to repeat the dose, I found the teeth firmly set. She continued to sink till a little before one o'clock, when the vital spark became extinct.

Dr. Cutter and myself carefully examined the cord and the placenta. The cord was of good length and medium size. Its placental end was deprived of its covering for an inch or more, and its vessels and nerve were separated. The placenta was perfectly healthy and its membranes very strong. There was a hole through it where the cord had been torn out, about the size of a half dollar.

From an intelligent lady, who was present from seven o'clock till a few minutes past nine in the evening, we have learned some of the facts pertaining to this sad case. Upon her arrival at seven o'clock, she found the midwife pulling vigorously at the cord. Upon being

asked if she understood the case, the midwife replied that she did; and when asked "if she had pulled as hard as she could upon the cord," she replied that "she did not know as she had, *but she had pulled very hard.*" *At this time* the patient was *very pale, faint and exhausted.* Once afterwards she was taken up and placed upon a chamber vessel, with the hope that this would favor the removal of the placenta. As soon as she was seated, she threw up her arms, threw back her head and swooned.

The appearance of the patient indicated that she had flowed profusely. But it was stated by the midwife that there had been no flooding, and although Dr. Cutter and myself sought for proofs of it among the soiled clothes, we could find none.

Dr. Ephraim Cutter made a *post-mortem* examination of the body, thirty-two hours after death. The womb was found perfectly in place. There was no rupture of the organ, and consequently no hæmorrhage into the peritoneal cavity. The bloodvessels appeared emptied. Upon turning the womb inside out, minute portions of the placenta were found adherent. The probability is, that it was a case of adherent placenta.

But what was the cause of death? While the appearance of the patient externally and internally indicated that the system had been drained of the vital fluid, we have no proof of hæmorrhage, but a statement to the contrary. We are left, then, to the conclusion that the patient died of exhaustion from the violent and long-continued efforts made to extract the placenta, in connection with the overpowering influence of an inverted uterus produced by pulling upon the cord. The symptoms clearly indicate that inversion had occurred as early as seven o'clock. The patient was healthy, and the uterine system normal, and everything connected with the labor, up to the birth of the child, natural.

A discussion upon the subject of Dr. Rickard's case ensued, in the course of which circumstantial evidence was adduced to show that the funis had been torn off and the placenta removed, and both replaced, by the midwife, before she sent for a "doctor." The cord was of medium size, at least twenty-five inches long; the placenta was perfectly healthy, and the membrane, which covered its foetal face, at the insertion of the cord, was too strong to be torn by a strong pull with a thumb and finger—evidently proving that the cord could not have been separated from the placenta without a great degree of violence.

At this juncture, the Society adjourned to partake of a bountiful supper provided by the host. Afterward, the following communication, detailing two cases of placenta prævia, was read.

Mrs. D. came to her second labor on the 17th of July, 1857. Her first labor was natural. On two occasions—one six, the other, two weeks previous to her present sickness—there had been a sudden discharge of blood from the vagina. This soon ceased, and she asked no medical advice at those times. This morning (July 17th), on rising from bed, there was a gush of blood upon the floor. She returned to her bed, and the hæmorrhage recurred at intervals during the morning. She declined calling a physician, because she had no pain. Her friends becoming alarmed, I saw her at 11½, A.M. She was lying on her back, in a perfect pool of blood, the pulse hardly perceptible. On

examination, the os uteri was found fully dilated, and the placenta directly over it. She had fainted several times, and was now in the condition described by Ramsbotham, "faint and gasping and cold; the uterus quite inactive, with its mouth widely open, and possessing that degree of unresisting flabbiness which to an experienced hand is indicative of the most urgent danger." In this condition I deemed any attempt to empty the uterus injudicious, as it would not probably contract sufficiently to render the woman safe. Stimulants were exhibited till the patient was roused from her torpid state, and then a full dose of ergot was given with a view of causing the uterus to contract after delivery. Shortly afterward, without changing the position of the patient, the edge of the placenta was detached sufficiently to allow of the passage of the right hand, with which the feet of the fœtus were seized and the delivery slowly accomplished—the left hand pressing over the uterus to excite it to contraction. The placenta followed the child immediately, and the womb soon contracted. The mother now seemed out of immediate danger, and attention was directed to the child. It was not supposed that the child could have survived the repeated fainting of the mother. There were no indications of life, but Marshall Hall's ready method was adopted with it, and at the end of twenty minutes it gasped and shortly after cried. From this time the mother and child went on as well as in ordinary cases. The points of interest in this case, other than those which placenta prævia always presents, are the full dilatation of the os uteri, with no more pain than the slight griping which is felt on the first accession of uterine contractions; and, secondly, the success of the ready method in the asphyxia of a new-born infant.

CASE II.—Mrs. L. was taken in her third labor, July 12th, 1857, at 12, P.M. Her former labors had been natural; the first under the care of a physician, the second, and this one, attended by a female, of whose qualifications let the case speak. The patient had had a sudden flow of blood from the vagina, without pain, six weeks previous, at which time she called her attendant, who thought she was about to be confined. She kept her bed a week, and then resumed her duties. The same thing occurred two weeks before her present illness. July 10th, she commenced flowing at 12 o'clock at night, without pain, and continued to do so under the assurance that she was doing well, till the next afternoon, at two. At this time she was faint and cold, and covered by a cold perspiration. This state of things she was told was caused by the death of the child. After friction and external stimulants, she rallied, and continued to flow. At 7½, P.M., a "professor" of the N. E. Female Medical College arrived. Brandy was given, and some medicine from a vial, of the nature of which the mother, my informant, knew nothing. At 10½, P.M., three hours after the arrival of the professor, the child was brought into the world; and at 12½ the patient expired.

Oil of Tansy.—Dr. Chapin, of Winchester, introduced the subject of oil of tansy in its æcboic and toxicological relations, and related a case in which he was summoned at midnight to visit a married female, "in a fit." The patient was found in bed, partly conscious, and in paroxysms. A distinct smell of the oil pervaded the apartment. Vomiting had occurred. He immediately exhibited ipecacuanha and sulphate of zinc, which was followed by free emesis. In an hour the

mind became clear and she got along very well. The woman was four months advanced in pregnancy, and took the oil for abortion. The quantity taken was half a fluid ounce. Dr. C. stated that some cases have been fatal.

Drs. B. Cutter and Drew, of Woburn, adduced similar cases, and Dr. Underwood, of West Cambridge, spoke of a young woman in a hotel who took the oil to procure abortion. The immediate effect was violent convulsions. At full term a child was born, *not larger than a rat*. The child lived three weeks. This case was mentioned to show that the oil sometimes arrests growth. Dr. Toothaker, of Wilmington, spoke of a middle-aged married woman who took two fluid ounces of oil of tansy in divided doses without effect. She then resorted to the woods, although it was midwinter, and the snow knee-deep, and gathered a quantity of savin leaves, an infusion of which was freely taken without success. At term, she bore a medium-sized child, which for some time was esteemed *non compos*. Now, however, at the age of ten, the child is a bright boy.

Oil of Cedar.—Dr. Ingalls, of Winchester, spoke of the exhibition of half a fluid ounce of oil of cedar, which was followed by nausea and fright. The girl took it for an emmenagogue. Dr. Hodgdon, of West Cambridge, said he attended a woman who had been in convulsions three or four hours on taking cedar oil. After an emetic, she recovered, with no ill effects. The patient was chlorotic, and dosed for amenorrhœa. Dr. Underwood asked if the use, by midwives, of an infusion of raspberry leaves, in place of ergot, was known to the Society. Drs. B. Cutter and Drew had found draughts of cold water useful to increase pains, and allowed their patients a free use of the article during labor. Dr. Toothaker inquired if the *uva ursi* would act as ergot. In one case he used the infusion very freely, *with no effects*. On exhibiting a moderate dose of ergot, contractions immediately ensued.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 10, 1857.

NEWSPAPER REPORTS OF MEDICAL MEETINGS.

At a late meeting of the New York Academy of Medicine, a discussion took place concerning a resolution which was offered two months previously by Dr. J. G. Adams, and then laid upon the table. The resolution was as follows :

Resolved, That this Academy, recognizing the medical journals as the legitimate channels of communication with the profession, cannot, except in extraordinary emergencies, sanction the publication of its proceedings in the daily newspapers, and more especially in such as are in the habit of publishing quack advertisements."

Dr. Adams supported his resolution by some able remarks, in the course of which he read a scurrilous attack upon the Academy from the *New York Times*, called forth by this very resolution. Now the *New York Times* is the identical paper in which the proceedings of the

Academy are reported, and yet in spite of this indecent and abusive paragraph, the Academy proceeded, after a discussion, to lay the resolution again upon the table, by a nearly unanimous vote, Dr. Adams only voting in the negative. That we may not be accused of exaggeration, we quote the offensive paragraph alluded to, which was published in the *Times* for Oct. 10th.

“Unless the times mellow we shall have the whole Academy of Medicine drawn up with hat in hand on the steps of the hospital, and if they hang on their breasts the improved sign-board, ‘I am poor and blind to my own interests,’ the people will give them credit for telling the truth. For at their last meeting a silly fellow moved, and the Academy entertained the motion, that its proceedings be forbidden to the reporters—never suspecting, what all sensible men know, that if the daily press should let them alone in their stupidity, they would tumble forth into such a bottomless pit of oblivion that the oldest fog in the Historical Society could not remember they ever slept and did nothing above ground.”

Our curiosity was greatly excited to discover the reasons why the Fellows of the Academy wished to have their proceedings published in a daily paper, and especially in one which had so grossly insulted them; but we have searched in vain for them in the report in the *Times*; on the contrary, we find in the report itself the best reasons why the proceedings of the Academy should not be published in that paper, at least: its report is very imperfect, and contains numerous blunders which admit of no excuse.

Although there are some instances in which it is obviously allowable to publish reports of the proceedings of scientific bodies in the daily papers, we believe that the opinion of the medical profession is decidedly against it, and we know of no city, except New York, in which the transactions of medical societies appear in the newspapers. We regret that this exception should occur in a city which contains so many eminent medical men. It is an appeal to the public, instead of the profession; in other words, it is quackery. There must necessarily be much in the transactions of a medical society which is unfit for the perusal of children and females, and, we may add, for many of the other sex, and there is also much in medical discussions which tends to unsettle the mind of the public, incapable as it is of judging of a purely scientific matter. The proper medium for the publication of the proceedings of medical societies is that of journals which are devoted exclusively to medical science. The only reason we can imagine which could have induced the Fellows of the New York Academy of Medicine to allow their transactions to appear in a secular journal, is the desire of bringing their names before the public, and not that of advancing the science of medicine.

REPORT ON TYPHOID FEVER.

WE notice, in the *New Hampshire Journal of Medicine*, a letter from Dr. W. H. Thayer, of Keene, asking contributions for the history of typhoid fever during the years 1856 and 1857, in New Hampshire, to be presented to the New Hampshire Medical Society, at the next annual meeting. We feel so sure that Dr. Thayer's report will be one of interest and value, if his efforts are seconded by the various physicians of the State, that we take the liberty of calling the attention of those of our readers who reside in New Hampshire to his circular. It is very desirable that the following particulars be given:—Number of

cases in each month. 2. Number of families. 3. Number of fatal cases. 4. Age, sex and occupation. 5. Name of town. 6. General character of the disease in each year; prominence of abdominal, pulmonary or cerebral symptoms. 7. In how many of the cases did each of the symptoms, diarrhœa, delirium, cough and rusty sputa occur? 8. Character and frequency of secondary affections. 9. Topography of the town; elevation, character of soil, water-courses or ponds, &c.

NEW WORK ON PARASITES.

WE have seen the prospectus of a work on the "Parasites of Man," which is now in the course of preparation by Dr. David F. Weinland, a gentleman who has paid special attention to this subject for many years, and whose opportunities for investigation, both while Curator of the Royal Zoölogical Museum of Berlin, and at the present time in the laboratory of Prof. Agassiz, have been very great. The work will be issued in four parts, each containing eighty pages in quarto, and two or three plates on stone by M. Sonrel, the artist who executed the splendid illustrations in Prof. Agassiz's "Contributions to the Natural History of the United States." Dr. Weinland was induced to commence this undertaking by the advice of Drs. A. A. Gould and Morrill Wyman, and the plan is highly approved of by Prof. Agassiz. We cannot but believe that Dr. Weinland will obtain the necessary number of subscribers to warrant his printing the work, especially since there is no good book on the subject in the English language.

THE DAGUERREAN ART IN MEDICINE AND SURGERY.

FOR some time, the daguerreotype has conferred much benefit upon the profession, by enabling practitioners to secure representations of disease externally manifested, and also copies of internal lesions observed *post mortem*. In surgical cases, especially, much advantage has been derived from thus taking views of the diseased part at different times, and also in exhibiting the final result.

A few days since, Dr. John B. Brown, of this city, showed to us certain daguerreotype views of individuals residing at a distance—some of them in Canada—who were affected with distortion of the feet, of different degrees of intensity. The representations thus sent enabled him to decide what procedure should be adopted, and whether it would be necessary for the patient to be under daily inspection or not. The results of operations done to remedy club-foot have often of late thus been sent to Dr. B. The same plan has been effectively adopted in cases of spinal distortion. The many advantages secured both to patients and their advisers by this method, must be evident, and the daguerreotype apparatus may be fairly considered one of the articles of the surgeon's *armamentarium*. The Talbotype process is even better suited than that of Daguerre for sending these views to a distance—paper being used to receive them instead of a heavy plate.

OPERATIONS FOR IMPERFORATE ANUS.

DR. GILMAN, of Hatfield, calls our attention to a case of imperforate anus operated upon successfully by him, a report of which may be found in the *JOURNAL* for Sept. 7th, 1853, and which is of interest in connection with the late discussions on this subject in several of the medical societies of Boston. In this case, the feces passed through

the bladder in small quantities. The operation consisted of an incision from the extremity of the coccyx along the perinæum, and continued up the natural course of the bowel one and a half inch, until the rectum was reached. The parts were kept open by tents, and afterward by a tube. In a few weeks, the parts were healed, and an artificial anus established, as good as natural. No fæces appeared afterward in the urine, nor was there any reason to believe that the urine passed into the rectum. The child, at the age of one year, was remarkably large and vigorous, but has not since been seen.

"WINTER RETREAT" FOR INVALIDS.

DR. N. D. BENEDICT has established a *Sanitarium*, with the above title, at Magnolia, Florida; and from the description of the surrounding country, the nature of the climate, and the good character of the physician, we think those who are obliged to seek restoration of health will have every reason to be satisfied with the arrangements, and will derive benefit from a residence at Magnolia.

It will, of course, devolve upon the medical attendants of such persons, to advise them whether a mild or warm climate will benefit them more than a dry and cool one. Those who need the former, it would seem, could not be better situated than at the "Retreat."

Dr. Benedict is well known to professional men, in New York city, particularly, where he at one time held responsible offices with much credit to himself. He also practised his profession in Philadelphia, and is well spoken of by physicians of the highest reputation there. Ill health, originally, forced him to seek a more congenial climate, and being restored, he now devotes himself to the management of this institution. We wish him success, and can confidently recommend his establishment. His testimonials are of the highest description.

AFTER the last monthly meeting of the Suffolk District Medical Society, on Saturday evening, the 28th ult., there was a social entertainment, which, it is needless to say, was numerously attended.—We would call the attention of our readers to the medical works in New York advertised in the present number of the *JOURNAL*, and also to the library of foreign professional books offered for sale in that city.

NOTICE TO SUBSCRIBERS.—In the next number of the *Journal*, bills will be enclosed to those of our subscribers who have not already paid their dues. It is hoped that the importance of prompt payment, under the present state of the times, will be obvious to all. The amount due from each one is small, while the aggregate is of the utmost importance to the publisher.

Books and Pamphlets Received.—Reports of Cases in the Surgical Practice of the Brooklyn (N. Y.) City Hospital.—Annual Announcement of Lectures in the Atlanta (Ga.) Medical College for 1853.—The Rights of Authors, by Dr. Martyn Paine.

MARRIED.—In Medford, Dec. 2d, Dr. Ruel Spooner, of New Bedford, to Miss Susan Bursley, of Barnstable.—In Worcester, Dec. 2, Dr. David E. Hall, of West Killingly, Conn., to Nancy P. Tenney, of Sutton.—In Epping, N. H., Dec. 1st, Dr. Francis V. Noyes, of New York, to Miss Sarah E. Plummer, of Epping.—In Concord, N. H., Nov. 21st, Francis W. Cragin, M.D., late U. S. Consul at Paramaribo, to Miss Mary A. LeBosquet, of Greenfield, N. H.—In Rockland, Me., Nov. 23d, Dr. Herbert C. Bradford, of Lewiston, to Miss Julia M. Fales, of Rockland.—In Orange, N. J., Nov. 25th, J. B. Moffett, M.D., of Mineral Point, Wis., to Miss H. A. Larned, of Watertown, N. Y.

Deaths in Boston for the week ending Saturday noon, December 5th, 81. Males, 50—Females, 31.—Apoplexy, 2—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—cancer in the stomach, 1—cancer in the uterus, 1—consumption, 16—convulsions, 3—chloera infantum, 1—colic, 1—croup, 2—debility, 1—diarrhoea, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 7—puerperal, 1—exhaustion, 1—scarlet fever, 4—typhoid fever, 2—homicide, 1—disease of the heart, 1—intemperance, 2—disease of the kidneys, 1—inflammation of the lungs, 5—old age, 1—palsy, 1—pleurisy, 6—rheumatism, 1—scrofula, 1—suicide, 1—syphilis, 1—teething, 5—thrush, 1—sore throat, 1—unknown, 1.

Under 5 years, 32—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 18—above 60 years, 9. Born in the United States, 52—Ireland, 22—other places, 7.

IMMORAL ADVERTISEMENTS.

THE following note is from a highly respected correspondent and subscriber in Western New York, and affords increased evidence that the subject on which it treats is beginnig to receive the attention which it merits from the profession.

Messrs. Editors.—The article on quack advertisements in the Journal of the 19th ult., is timely, and to the purpose. The subject is one that deserves more attention from the profession than it has hitherto received.

The proprietors of newspapers are accustomed to plead that they are not responsible for the truth or the consequences of what is published as advertisements. It is the business of the public, they say, to look out for themselves. If they are deceived and cheated, it is their own concern.

However this may be—and the argument is not essential to our present purpose—it is undeniable that whatever is hostile to purity and morality, admits of no such defence. Indecent and immoral advertisements are wholly unjustifiable. It is no part of the legitimate business of newspapers, to come into families defiled with the disgusting details of the most debasing of all vices, or even with notices of the diseases peculiar to women. To these indecencies we must add the immoral feature of many of these advertisements, which are framed to attract the attention of the profligate and vicious, who desire to prevent or remedy the consequences of unlawful indulgence.

That which the law would punish as a crime, namely, the administration of medicine to produce abortion and destruction of offspring, is boldly advertised with a hypocritical "warning," that the real object of the medicine may be the better understood.

A prominent newspaper before me, contains several advertisements of this description. One of them, more unguarded than the rest, declares, that the medicine never fails to restore "suppressed men-es" from whatever cause; that it is unequalled as a "preventive of conception," enabling women to "prevent or regulate the increase of their families as they desire;" and that it "will certainly produce miscarriage" if used by females in a "certain situation."

Besides the ordinary fraud of quackery, these advertisements delude ignorant and weak-minded persons with the belief that medicine will enable them to escape the consequences of criminal conduct, by which means temptation is inevitably strengthened. Then, after loss of character, they are robbed of their money by those whose falsehoods have probably been instrumental in causing their ruin.

Can it be possible that respectable proprietors of newspapers will consent to sustain this scandalous system, and divide the profits with its infamous projectors? Will not physicians begin to give this matter some attention, using their influence to abate the evil? The recent multiplication of these advertisements may be considered an exponent of a corresponding increase of licentiousness. Those who are careful to provide their families with a pure literature, have also something to do in this matter, if they would not have the minds of the young familiarized with impurity and its consequences.

It may be said that the removal of indecent and immoral advertisements would obviate only a fraction of the evil, since the criminal reports, with all their disgusting details, would remain, and it would be vain to hope for a thoroughly expurgated newspaper. But does it follow that the family newspaper should be made as bad in these respects as possible? Besides, the objection does not reach at all the immoral quality of the advertisements under consideration.

If the publishers of newspapers will adhere to the "business rule" which allows them to ignore the character of everything which bears the name of "advertisement," that they may thus add a little to their gains, would it not be well to apply the pecuniary argument to the *other* side, by refusing the admission into families of newspapers which contain the nuisances in question. E.

The new building for the Louisville (Ky.) University, to supply the place of the one burnt down, is in a state of readiness for a session the ensuing winter.

The fourth course of lectures in the Atlanta (Geo.) Medical College, will commence on the first Monday in May next, and continue until the last of the following August.

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No. 20.

EFFECTS OF A LARGE QUANTITY OF EXTRACT OF BELLADONNA.

[Communicated for the Boston Medical and Surgical Journal.]

WE have so few descriptions of the sensations and influence on the system of the more active organic poisons related by the sufferers, that I deemed the following account worthy of preservation.

Mr. Quinby was formerly the editor of the *Star of the West*, a religious paper. In consequence of the unfortunate mistake of a respectable apothecary, his life was nearly lost, and his physical and mental energies were for a time destroyed.

A portion of the mass of extract of belladonna referred to in his note was analyzed by myself, and proved to have retained all its activity, being, in fact, an excellent preparation, apparently of German manufacture.

A. A. H.

Waterville, Me., Sept. 25th, 1857.

DR. HAYES,—Dear Sir,—When I saw you in Boston, in August last, you expressed a wish that I should describe the symptoms which followed the taking of so large a portion of belladonna as I unfortunately drank in November last, which was nearly a teaspoonful of the pure extract, in its pasty state. I dissolved more than this amount in about two thirds of a tumbler of warm water, but it was heavy and thick, and as soon as I stopped stirring it, it would settle to the bottom; I did not, therefore, drink all I put into the tumbler.

In fifteen or twenty minutes after I had taken it, I felt a very disagreeable sensation in my chest and head, and slightly in my stomach. It seemed to me as if there was an accumulation of wind at the pit of the stomach, which should come up. The vital organs were *weary*. I wished to draw a long breath every moment, and soon grew worse. My face became flushed. The pupil of the eye was much dilated, covering nearly the entire iris. My head felt full and heavy. Giddiness followed—the room appeared to whirl and the floor to move. There was a sort of constriction in the chest and throat, slightly spasmodic, and a sense of suffocation. This condition rapidly increased in intensity till I felt I

was assuredly dying. I could think of no other result. It appeared as if every breath I drew would be the last. I took leave of my family, as I found my voice failing and the sense of vision losing itself in darkness, when I became unconscious. I remained in this condition from about 8 o'clock in the morning, till after dark in the evening.

When I came to myself, so as to know those around (which was as soon as there was a passage from the bowels—both a cathartic and injections were administered), the faces of persons looked exceedingly large, broad and out of proportion. Any little speck or spot on the ceiling over head, or on the wall of the room, as large as a fly—for instance, the head of a nail—appeared to my vision precisely like a spider with legs, and the legs constantly in motion.* This appearance continued for three or four days, but gradually corrected itself so far as *addition* to the real object seen, went. Still, for weeks and months, everything I looked upon, the ground, houses, trees, &c. &c., appeared as if there were a sort of glimmer upon their surface, resembling the wavy motion of heated air, rising from the roof or sides of a building. The figures of a carpet seemed to blend as I looked down upon them; indeed, nothing appeared natural to the vision.

The poison had a marked effect upon my stomach and bowels, rendering them torpid and inactive. For weeks and months I had no appetite, much of the time actually loathing the sight and smell of food.

But the most marked effect has been upon the brain and through the nervous system. I have suffered much, *very* much in consequence. It may not be out of place here to notice one singular sensation (singular to *me*, but perhaps nothing new or remarkable to the minds of medical men), which I experienced when consciousness was leaving me and immediately on its return. It was this. Whatever I touched with my hands felt exceedingly cold. The hands and fingers of my wife were as cold to my touch as icicles, and the longer I retained them in my hand, with the thought that they might soon become warm, *the more intensely cold did they seem*. This feeling was not imaginary, because about the first thing I remember on coming to myself, when my wife spoke to me and took hold of my hand, was the sensation I have described; but it did not then feel as cold as when I was going into a state of unconsciousness. The *feeling* to me was real, but the hand was warm as usual; and I attribute the fact, or phenomenon, to the state of the brain in consequence of congestion, or its condition in consequence of the effect of the belladonna directly on the nervous system.

In four or five days I was able to sit up, and in ten or twelve to

* All the symptoms which I have described above, followed in the case of my sister, who took but half the amount I did. She, however, did not become unconscious.

go out. But I was weak and trembling, easily excited, quick and hasty in my motions, with a sort of wild and glassy expression about the eye. I felt as if my nervous system was completely shattered. Symptoms appeared which I have nowhere found described in medical works, though I have examined somewhat extensively for the purpose, and which no physician, and no person with nervous habits with whom I have conversed, seem to know anything about. The feelings I have experienced in my brain, at the pit of the stomach, and through my limbs, to which I allude, are difficult to describe. At times, when excited, or a little weary, and sometimes when there is no apparent cause, even when I feel uncommonly well and bright, I experience what I call a sort of *spasm in the brain*. (Perhaps science teaches that this is impossible. I do not mean to be understood that there is really any spasmodic action of this organ, but only that it *appears* so to me.) The sensation comes quite suddenly. There is a sort of drawing and giving away, again, as if the nerves of the brain were in motion, when all upon which I look appears to move slightly in one direction, and then back to their former position. If the objects are at a distance, either forests, houses or mountains upon which I chance to look at the time, they seem to swing. At these moments I feel as if I should fall to the earth, though I experience no giddiness, but only a strange and alarming sensation at the pit of the stomach, corresponding to the feeling in the brain and coming at the same moment, as if the two were connected—and the whole on the sympathetic nerves. This sensation was first experienced in about two weeks after my prostration. I have since felt it many times, and generally when standing or walking, *but seldom when I either stand or sit with my back leaning against something to sustain me*. In two months after I was prostrated, I felt these spasms at times so powerfully that it would seem I could not live if they should continue for the space of a minute. They generally pass off in a few seconds, and do not return for some hours, perhaps not for a day or two. They are gradually wearing out and disappearing from the system.

For months I have refrained from all intellectual labor, and the perplexity of business, and have exercised physically, travelled through mountains and upon the ocean—hunted, fished, bathed in the surf, and lived upon simple but nourishing food, fresh fish—halibut, cod, mackerel and trout suiting my wants and the condition of my digestive organs better than meats or fowl. Though I am much improved, the effects of the medicine—rather poison—are still felt upon the brain and nervous system; but with proper exercise and diet, and refraining from too much head-work, I am in hopes to fully recover.

Yours respectfully,

GEO. W. QUINBY.

ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNECTION WITH ERRORS STILL EXISTING.

BY HENRY A. MARTIN, M.D.

[Continued from page 376.]

BUT as the Curé of Meudon, who was also a learned doctor, says, "*Révénons a nos moutons*"; that is, to the chemists and their *matéria medica*. The leading and perhaps most preposterous of all the doctrines adopted and developed by the school of chemical physicians, was that of signatures and celestial influences. Had this doctrine left no traces still existing, it would be hardly worth while to exhume its history from the musty tomes in which it lies buried; but such traces do exist in great number, in popular tradition, and in regular and irregular medical practice. I may be mistaken, and over-estimate the profit to be derived from an investigation of these, certainly more than coincidences, between ancient and modern delusion; but whatever the profit, I feel quite certain that some amusement and curious professional information is to be gained, and on that ground, if there were no other, I feel encouraged to make an attempt to demonstrate the connection to which I have alluded.

I may say that the only modern works in which I have met anything more than the slightest mention of the doctrine of signatures and celestial influences, are the learned introduction of Dr. Paris to his *Pharmacologia*, and the article on "*Paracelsus und seine Lehren*" in Sprengel's admirable *History of Medicine*. In neither of these works is there more than a brief sketch. My principal sources of information have been in three old works, all of them very rare, and one of them perhaps unique. First, the *Praxeos Mayerniana*, a sort of digest of the opinions and practice of Sir Theodore de Mayerne, a great court doctor in his day. He was successively physician in ordinary to three kings—Henry IV. of France, James I. of England, and his son the unlucky Charles. Other claims he has to renown, are that he was the original of the Dr. Caius of Shakspeare, and that by his great learning and influence he first fully reconciled the differences of the Galenic and chemical physicians in England. The work was published in London in 1696, sixty years after his death. Second, the *Opera Omnia* of Daniel Sennertus, a famous doctor and professor in the renowned University of Wittemberg, in two mighty folios, republished in 1656 at Lyons, from the original German edition. Last, though very far from least, a stout quarto, the *Pharmacopœia Medico-Chymica sive Thesaurus Pharmacologicus* of Johannis Schrœderus, also republished at Lyons in 1649 from the German edition. Who John Schrœder was, I have in vain ransacked medical dictionaries and biographical encyclopædias to discover; but that he was a very laborious and learned individual, I know,

and that he must have been very famous in his day, I cannot doubt, but he seems to have passed from human memory into some vast limbo,

“Of all things vain, and all who in vain things
Built their fond hopes of glory or lasting fame,
All who have their reward on Earth, the fruits
Of painful superstition and blind zeal,”

where many a brilliant theory and its teachers preceded, and have followed, and continue, and will continue to follow him to the end of time. To the perhaps unique relic of his labors, in my possession, I am indebted for a large portion of the facts I propose to offer to your notice.

The doctrine of signatures was simply the belief that every natural production of any remedial power had some visible indication of its possession of such power, and of the disease or class of diseases to which it was applicable. Thus the millefolium, which when pressed exudes a crimson juice like blood, was esteemed a vulnerary or remedy for wounds; the root of the minor chelidony and the polypodium resemble polypus, and therefore must cure that disease; the capsules of poppy and the bulb of squills resemble the head, and were considered most admirable cephalics; affections of the testes found large relief in the whole tribe of orchids, in the root satyrion, and in garlick; the fox is long-winded, so a powder of his burnt lungs was “sov’ran” for the asthma; and so on. The indications of virtue in medicinal substances were generally evident and unmistakable, sometimes, however, rather occult; thus although the merest tyro would recognize the efficacy of the yellow juices of chelidony and centaury in the cure of jaundice, it must have taken rather an “old hand” to discover that snails were good for spasmodic affections, because they spasmodically contract themselves when touched.

The doctrine of celestial influences was intimately associated with, in fact a part of, that of signatures. It was necessary to have some doctrine to account for the medicinal power, real or supposed, of substances in which there was no outward and visible sign of such efficacy; the doctrine of celestial influences supplied this deficiency and some others. It was founded on the idea of Plato and others, that man is microcosmos, an abstract or model in every respect of the universe or macrocosmos. This notion was “fantastically strained,” says Bacon, “by Paracelsus and the alchemists, as if there were to be found in man’s body certain correspondences and parallels, which should have respect to all varieties of things, as stars, planets, minerals, which are extant in the great world.”

The planets were presumed to exercise the most powerful influence in human affairs. Sol was the heart of our mighty prototype, and over the heart of man exercised the most absolute control. Certain minerals, vegetables and animals were particularly patron-

ized by the sun, and were supposed to be cardiacs, comforting and beneficial to the heart of man in sickness and in health. Saturn presided over the spleen; Jupiter over the liver; Mars, the gall-bladder; Venus, appropriately, over the genito-urinary apparatus. Next to the planets, the constellations of the Zodiac were most potential, having more particular relation to the members of the human body. Aries presided over the head, Aquarius over the legs and thighs, Pisces over the feet, and the influence of the rest was equitably divided among the other members and those organs not sufficiently protected by the planets.

Among these celestial organs and members, existed warm sympathies and bitter antipathies, and out of these must have arisen grave difficulties in practice. For instance, Mercurius, a most friendly planet, was friend of Saturn, Jupiter, Venus and the Moon, but inimical to Mars. Mercury's particular business was with the lungs; in the treatment of pulmonary affections, the use of any of the various mineral, vegetable or animal substances in the domain of Mercury would be most scientific; and if from the hundred or more articles in this category, the practitioner could not elaborate a sufficiently stupendous prescription, it was good practice for him to make up the deficiency from the realms of either of the planets or constellations friendly to Mercury. But woe unto all concerned if *amethystus, ferrum, arum, helleborus, accipiter, falco*, or anything else from the ample *medicamentarium* of the churlly Mars slipped into the potion; the most serious consequences were to be anticipated for the patient, and the doctor's reputation was in danger of being most deservedly damaged.

Into further definition of these wondrous fantasies I do not think it necessary to enter, nor to relate any of the grave good reasons and most learned arguments by which their advocates supported them. My only object is to demonstrate their extreme absurdity, and of course the perfect futility of all notions distinctly derived from them; as it is my intention to show that some modern heresies are thus derived, such demonstration seems proper. I think it fit, also, to observe that these extraordinary follies were not, in their day, confined to the people and an obscure and unimportant portion of the profession. From the time of Paracelsus, nay, long anterior, till that of Cullen, late in the last century, these doctrines continued to be very important ones, a large portion of the time leading doctrines in medical science. During this period there were numerous theorists—iatro-mathematicians, animists, vitalists, solidists, and a host of others, but all of them admitted, to a greater or less degree, the truth of the doctrines alluded to; they included among their votaries the most learned and diligent of the profession, and kings, princes, philosophers and statesmen, the most elevated and enlightened of the laity, among their victims. Even now, five centuries after their first pro-

mulgation, there are existing vastly more traces of their former great reputation than will in one century remain of the system of Hahnemann, that kindred delusion of our own time.

I have long been forcibly impressed with the belief that the medical absurdities of the people, for which much pity and contempt are often felt and expressed as evidences of the tendencies of unguided ignorance and superstition, would be found, almost without exception, not to have their origin in the popular mind, but to be the rags and scraps of once famous medical systems garnered in the minds of that same class to which we owe the preservation of the vast mass of the ballad poetry of our language; to that conservative order, the old women, those withered fire-side beldames, who, in the words of Bacon, "have at all times, in the opinion of the multitude, had a competition with physicians."

It is a popular conceit that a draught of the husband's urine is the most powerful oxytoxic that can be administered to his parturient spouse; the origin of this is to be found in Schröderus—"*Mariti urina hausta partum difficilem facilitare dicitur.*" Again, it is a common notion that washing the eyes in urine has a most salutary influence in affections of those organs. Dr. Watson, I think, alludes to this practice as a frequent cause of gonorrhœal ophthalmia. Our author writes, "*Oculorum rubedini subvenit.*" He also recommends not only various other external, but very numerous internal exhibitions of this fluid, in dropsies, obstructions of the liver, spleen and gall-bladder, and in jaundice. I think we should not despise the people, but admire their good taste in retaining so few of the ancient uses of this once renowned remedy.

Poultices of recent cow-dung are frequently used, especially in cases of painful inflammatory swellings; *stercus vaccinum*, according to Schröder, *refrigerat, siccaturque, moderate discutit, dolores insigniter mitigat, &c. &c.* Shortly after, under the same head, he says of "*Priapus Tauri,*" that *Mulieribus fastidium coitus parere creditur.* This extraordinary medication seems to have gone out of use, not, I trust, because the fastidiousness has become obsolete, but from the remedial means proposed having proved useless.

The ashes of burnt mice are a popular remedy for incontinence of urine. "Mice," says our author, "opened alive and laid on the part, extract splinters, needles, darts, &c., cure the sting of the scorpion, and extract poison; burnt, they cure nocturnal and involuntary micturition."

I have found, among the Germans, an abounding faith in dog's fat in cases of phthisis and atrophica, and we find in the Thesaurus Pharmacologicus, "*canis axungia*" is recommended in "*phthisi et cruore ex casu dissolvendo.*"

I have known the dung of sheep, and a syrup of earth-worms and white sugar, to be used in the rural districts of New England;

the first for measles, and the second for phthisis. Both these substances are to be found in the *Pharmacopœia Medico-Chymica*, and such virtues ascribed to them as leaves no doubt that this use of them would have been most approved practice in the seventeenth century.

It is well known that bear's grease is thought to possess wondrous power over the diseases of what Bichat calls "*le système pileux*;" and that this opinion is well founded, no reader of excellent John Schröder can doubt. First of all the remedies derived from the bear, he places "*pinguedo*," which, according to him, *calfacit, resolvit, emollit, discutit, &c., usus præcipuis in alopecia*; afterward he says, "*in usu externo pinguedinis hujus*" (*ursus*) "*observare expedit quod pilis albedinem conciliat*." Its frequent failure in these cases, now-a-days, is doubtless to be ascribed to the perfumers, who, faithless to their high charge, never give you pure bear's grease, but all sorts of vulgar lard and tallow instead. While on the subject of "*ursus*," I may as well mention a curious belief of the Paracelsians, that that animal's right eye, dried and attached to some part of the body, cured in children what Charles Lamb calls "*night-fears*," of which the genial, nervous humorist has written so plaintive an account in his "*Essays of Elia*." The left eye was not destitute of virtue, for, tied to the left arm, it drove the quartan fever far from the lucky possessor.

The famous remark of Shakspeare, that "the toad, ugly and venomous, wears yet a precious jewel in his head," has its full proof and explanation in the work so frequently alluded to. *Lapis bufonites*, also called *chelonites*, *batrachites* and *borax*, was a stone of a peculiar shape, one side concave, the other convex, of various colors—black, white, green, and variegated—supposed to be generated in the head of the toad, and possessed of precious virtues indeed. It was useful in the plague and in poisoning. Many thought that any one carrying it was poison-proof. Gently rubbed on the swellings resulting from the bites of venomous animals, the swellings would disappear. In a note it is stated that, in presence of a poisoned cup, the stone would change color, and a sweat would break out upon its surface. *Lapides bufonites* probably sold well in the time of the Borgias; and Catherine de Medicis, we need not doubt, had a choice specimen among the gems upon her jewelled hand.*

The extraordinary virtues of mothers' milk in ophthalmia, of snake oil, goose oil and many more popular remedies, are extolled in the pharmaceutic works of the seventeenth century. There also is to be found the origin of the popular dogmas, "like cures

* At last he (Panurge) with a low courtesy put on her (the sybil of Pauzoust's) medial finger a pretty handsome gold ring, whereinto was right artificially enchased a precious toadstone of Beause.—*Rabelais Pantagruel*, Book iii., Chap. xvii.

like," and "part strengthens part," those relics among the vulgar of the same systems of which *similia similibus curantur* is a relic among the pseudo-learned and enlightened.

These traces of ancient medicine in literature and in popular tradition have occurred to me so readily while writing, that I doubt not a very little investigation would discover many more; that in fact almost every popular medical ignorance and superstition, as it is called, would be found to be the relic of some ancient famous system. Although the matter is by no means exhausted, nor devoid of interest, I will not pursue it farther, but conclude my remarks on this branch of my subject by an allusion to a still existing relic of that strange infatuation, the *unguentum armarium* or weapon ointment. This famous notion was, in brief, that when a person was wounded, the weapon inflicting the wound, or, wanting that, as near a representation of it as possible in wood, was to be smeared with an ointment, some of the ingredients of which were mummy, powdered earth-worms, and the moss scraped from human skulls; the part injured was to be at the same time washed and carefully enveloped in clean bandages. The ointment was, in bad cases, to be applied once a day to the weapon; in slighter cases, once in two or three days would suffice—the bandages remaining undisturbed until the cure was completed. We are told by legions of medical writers that the results were marvellous, and vast numbers of patients had a faith as firm, not in the clean bandages, but in the mystic ointment, as the same class have now in the tincture of arnica, and not in the cold water to which it is so sparingly added. The relic of this old delusion still remaining is to be found in a popular treatment of wounds of the feet from rusty nails; the foot is washed, a clean piece of pork rind carefully bandaged over the wound, and the rusty nail immersed and allowed to remain in a phial or cup of oil. I may here say, as a proof that my favorite author John Schreder was not a visionary, but, on the contrary, a very moderate, sensible man for his day, that after telling all about the weapon ointment, he observes that he and a good many others thought it quite as well to anoint the weapon with simple lard.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 23d.—*Imperforate Anus and absence of the Rectum.*—Case reported by Dr. G. H. GAY, who also presented the accompanying paper. The child was first seen Nov. 14th, 1857, about sixty hours after birth. By the mother's account, it had passed nothing from its bowels, and only a slight quantity of urine from the penis, and was in

nearly constant distress, with occasional nausea and the vomiting of a greenish fluid. It was also restless and crying most of the time.

On examination, there was the brownish discoloration and puckering of the skin where the anus ought to be, but no opening could be found. On pressure with the finger, active contraction and retraction of the skin followed, indicating a strong muscular power. A moderately firm, bluish membrane, completely closed up the anal aperture. During the longest straining, there was no forcing down nor protrusion of this membrane. The abdomen was swollen, but apparently not tender to the touch. The skin of the face and upper extremities was yellowish.

A probe passed through the penis into the bladder could not be felt in the perineum.

The parents urged an operation.

Operation.—The membrane being freely divided, the point of the little finger was passed through the opening, but no obstruction was met with, no cul de sac could be felt, nor was there any impression on the finger, during the most violent straining. While the finger was in the opening there was strong contraction upon it. The finger passed easily to the top of the sacrum. A probe was then passed into the bladder, and traced to the upper part of the sacrum with nothing intervening but the thin coat of the bladder. This was apparently closely attached to the bone, as nothing would pass between them. The bladder was not distended. As far as the fore finger could reach, nothing was felt but the probe in the bladder, and the sacrum.

Under the circumstances, nothing further was attempted. The parents would not permit an operation in the iliac or lumbar region.

During the operation, some good-colored urine was passed. All the symptoms that were present before the operation, now increased, together with fecal vomiting, hiccough, and great yellowness of the skin. The child died about two days and a half from the operation. No autopsy was permitted.

Before death, there was evidently meconium mixed with the urine, from the appearance on the cloths. The mother said that there was the same greenish color, though not so marked, once before the operation. As there was meconium evidently mixed with the urine, the intestine, whether it was the lower part of the colon or the commencement of the rectum, in all probability terminated at, and communicated with, the upper posterior part of the bladder, and was out of the reach of any operative procedure at that point.

This case, coming on so soon after the recent interesting specimens and discussion before the Society, respecting these anal and intestinal malformations, and differing from the instances most commonly met with in the greater deficiency of the intestine, and the impossibility of reaching it through the usual channel, induced me to examine some of the recorded cases of Ruysch, Hildanus, Morgagni, Heister, Petit, Van Swieten, Littre, Dubois, and others of the older surgeons, together with those of our own day, and give the characteristic peculiarity of each case and its termination.

In order to make a clear arrangement, the following division has been made:—*Imperforate Anus*; *Imperforate Rectum*; *Imperforate Anus, with an abnormal opening of the Rectum*; *Anus natural, and the*

Rectum with an abnormal opening; Imperforate Anus and Rectum; Imperforate Anus, with an absence of the Rectum; Imperforate Anus, with an absence of the Rectum and Colon (large intestine); Abnormal Anus.

1st. *Imperforate Anus.*—In this congenital defect the anal opening is closed either by a *thin membrane*, or by one that is *thick and firm*. Here the anus is strictly closed and rendered *imperforate* by a membranous septum.

In other forms there is really no anus, nor any trace to indicate where it ought to be. The scrotal raphé is continued back to the coccyx, and the skin is thicker and more condensed than is natural in that region. This is much more common than the membranous variety. Though called an imperforate anus, there is strictly no anus—an absence of an anus.

In some cases the raphé does not extend so far back. This division of the malformation seems to preponderate in the male sex.

2d. *Imperforate Rectum.*—Here the intestine terminates in a pouch or cul de sac, at variable distances from the anus, usually from one half of an inch to an inch and a half. Sometimes it terminates higher up, with a hard, firm, vermiform appendage, or twisted like a cord, with compact, indurated cellular tissue around it.

Sometimes there is a thin or thick, annular, membranous septum a short distance from the anus, the intestine above and below it being perfectly natural. The septum sometimes has been of the consistency of horn.

Sometimes the walls of the intestine touch, and are, as it were, glued or grown together, but natural above and below it.

3d. *Imperforate Anus, with an Abnormal Opening of the Rectum.*—In these cases, besides the imperforation or absence of an anus, the rectum opens externally by a canal in the *perinæum*, or at various points *beneath the urethra* as far up as the *frænum præputii*, or *directly into the urethra* just in front of the *verumontanum*. This last is the most commonly met with. It rarely opens or communicates with the bladder. When it does, it is at a point between the openings of the ureters, or at the upper posterior surface. Instead of a direct opening into the urethra or bladder, there is sometimes a narrow, short canal, connecting the two, as Dr. Jackson remarks, like the *ductus arteriosus*.

In females, the rectum opens or communicates with the vagina by a small or large opening; it rarely opens into the bladder.

4th. *Anus natural, with an abnormal opening of the Rectum.*—Instances of this variety are very uncommon. One is mentioned as opening into the *vagina*, another into the *bladder*, another into the *urethra*.

5th. *Imperforate Anus and Rectum.*—In this variety both the anus and rectum are imperforate. There is no outlet for the meconium. A case is recorded of this particular malformation, where the child was *three months old* before an operation was performed, and two years afterward had natural evacuations and perfect control over them.

6th. *Imperforate Anus, with an Absence of the Rectum.*—In these cases the end of the colon terminates in a cul de sac or in a ligamentous substance, floating in the pelvis or in the abdominal cavity, or at times adherent. In this malformation death soon follows where no operation is attempted.

7th. *Imperforate Anus, with an Absence of the Rectum and Colon, and with an Abnormal Anus.*—In these cases, the *abnormal anus* may

be at the *umbilicus*, the *left iliac fossa*, the lower part of the abdomen just above the *symphysis pubis*, or in other extraordinary regions.

In *Bushe* on the *Diseases of the Rectum, &c.*, he refers, in relation to an abnormal anus, to the case of *Dinmore*, of an infant in whom the inferior portion of the abdomen was badly developed, while the intestine turned upward and opened under the border of the *right scapula*; a still more extraordinary case is referred to of *Bils*, in which the intestine mounted from the pelvis, through the chest into the neck, and opened on the *face* by a very small orifice.

Imperforate anus. Cases 5, 6, 8, 29, 30, 34, 37, 38, 52, 53, 54, 55, 69, 73, 83, 97.

Imperforate rectum. Cases 1, 2, 3, 17, 23, 40, 43, 44, 48, 57, 62, 66, 61, 86, 91, 92, 93, 94, 95, 96, 98, 99, 100, 101, 103, 104.

Imperforate anus, with an abnormal opening of the rectum. Cases 4, 9, 10, 12, 13, 14, 15, 16, 39, 47, 51, 58, 63, 68, 74, 78, 79, 80, 81, 82, 85, 87, 88, 90.

Anus natural, and rectum with an abnormal opening. Cases 11, 42, 102.

Imperforate anus and rectum. Cases 7, 18, 28, 32, 33, 35, 36, 41, 45, 46, 49, 50, 56, 59, 64, 65, 67, 70, 71, 72, 75, 76, 77, 84, 88.

Imperforate anus, with an absence of the rectum. Cases 19, 20, 21, 22, 24, 25, 31, 60.

Imperforate anus, with an absence of the rectum and colon (large intestine). Cases 26, 27.

Abnormal anus. Cases 24, 25, 26, 27.

	No. of Cases.	Opera- tion.	No Op'n.	Cure.	Deaths.	
					No Op'n.	Opera- tion.
Imperforate anus, - - - - -	16	16		2		14
Imperforate rectum, - - - - -	26	19	7	4	7	15
Imp. anus—abnormal opening of rectum, -	24	14	10	9	4	5
Anus natural—rectum with abnormal opening,	3	1	2	1	2	
Imperforate anus and rectum, - - - - -	25	23	2	8	2	15
Imperforate anus, with an absence of rectum,	8	4	4	1	4	3
Imperforate anus—absence of rectum & colon,	2		2		2	
Total, - - - - -	104	77	27	25	21	52

Total operations, 77; cures, 25; deaths, 52.

In making up the result, it will be, perhaps, more proper to place the *five* cases (9, 37, 38, 73, 74) under a separate head of "partial success," and take them from the number of *deaths*. Thus, cures, 25; partial success, 5; deaths, 47.

In the cases of *imperforate anus*, Cases 29, 30, 83 were operated on for an artificial anus. Among the *deaths* are placed Cases 37, 38, 73, which though partially successful and affording more or less temporary relief to the patients on account of an operation, still were ultimately unsuccessful.

Imperforate Anus, with an Abnormal Opening of the Rectum.—In Case 4, the *rectum* opened at the *root* of the *penis*; Cases 9, 10, 58, 74, 85, into the *urethra*; Case 63, into the *bladder*; Cases 68, 78, 79, 80, 81, into the *vagina*; Case 82, *beneath* the *urethra* near the *prepuce*.

In the cases where there was *no* operation, Cases 12, 13, 14, 15, 16, 47, *all females*, lived from 8 years to 100 years. Case 39 died from *scrofula*, at the age of 17.

Of the *successful* operations, the rectum opened in *one* case (63) into the *bladder*; in *one* case (4) into the *perinæum*; in *three* cases (10, 58, 82) into the *urethra*; in *four* cases (78, 79, 80, 81) into the *vagina*.

Of the *deaths*, *one* case (39) died from *scrofula*, at the age of 17; in *three* cases (51, 87, 89) there was *no* operation; of the remaining *five* cases (9, 68, 74, 85, 90) *three* only (68, 85, 90) may be said to have died from the immediate effects of the operation; while cases 9 and 74 were attended with partial success and temporary relief, though ultimately terminating in death, and included among the deaths.

In the cases where there was an abnormal opening of the *rectum* (11, 42, 102), while the *anus* was *natural*, *one* of them (42) was operated on *successfully* by Amussat; in the others (11, 102) *no* operation was had.

Among the cases operated upon for *imperforate anus* and *rectum*, *one* (49) was *successful* in the *right* iliac fossa; the other (84) was *unsuccessful* in the *left* iliac fossa.

In the cases of *imperforate anus*, with an *absence* of the *rectum*, there was *no* operation in *four* of them (19, 20, 24, 25), 24 and 25 having an *abnormal anus* at the *umbilicus*, and all of them were *fatal*. In the cases operated upon (21, 22, 60, 31), *three* (21, 22, 60) were *unsuccessful*; and *one* (31), Duret's case, was *successful*, after performing *Littre's* operation in the *left* iliac region.

1. (PETIT.)—*Imperforate Rectum*. A very thin membrane an inch from the anus. The anus was natural.

The child had an operation, lived two months, and did not die of the operation, nor of anal disease. The sphincter was sound.

2. (ENGERRAN.)—*Imperforate Rectum*. The rectum was drawn up like the umbilicus, the distance from the anus not being mentioned. Had an operation when four days old, and died at the end of a month.

3. (TROIEN.)—*Imperforate Rectum*. A female child. About a finger's breadth from the anus, was a membrane, ten lines thick, of almost the consistency of horn.

Operation. Death in three days.

4. (HILDANUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. Membrane strong and hard, without any trace of an anus. There was a small opening at the root of the penis, of the size of a pea.

Operation on the 6th day. Cure.

5. (DURR.)—*Imperforate Anus*. Membrane from a line commencing at a point where the anus ought to be, and extending to the root of the penis, where there was an opening of the size of a pea, from which meconium and wind escaped.

Operation. The membrane was cut through, two months after birth, with a lancet, and a perfect cure was the result.

6. (PETIT.)—*Imperforate Anus*. There was no trace of an anus.

Operation on the third day. Meconium passed. Died in convulsions.

7. (PETIT.)—*Imperforate Anus and Rectum*. *Operation*. The septum was divided, and the opening dilated with the finger, but no rectum was found. At the end of three hours, a soft, black tumor, of the size of a prune, appeared, and entirely concealed the incision that had been made. This tumor was punctured, and the child was relieved, but died eight days afterward.

Autopsy. On examination, it was found to be the posterior part of the upper portion of the rectum forced down by the efforts of the patient. Between the sphincter and the portion forced down was a hard cord, into which a very fine-pointed needle could hardly be introduced.

8. (PETIT.)—*Imperforate Anus.* Operation. First, with a lancet, without relief, then with a trocar, with a discharge of fæces. Died the next day.

9. (FLAJANI.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* When seen, at the age of four months, there was no trace of an anus, and the fæces passed through the urethra. In other respects the child was pretty well. The abdomen swelled, and there was much suffering when there was a desire to have a dejection.

Operation. At the age of seven months, with a trocar, in a spot where the anus ought to be. Nothing came but drops of blood. A deeper puncture was made without success. One hour after, fæces came by the urethra.

Patient lived to the age of eighteen months, suffering when passing fæces, and died in convulsions, with the abdomen enormously distended.

Autopsy. The rectum, three inches long, was found terminating in a canal four inches long, which passed beneath the prostate and opened into the membranous portion of the urethra. Here it was blocked up by a cherry-stone.

10. (LUSITANUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Anus closed by a membrane. Fæces were passed by the urethra for three months.

Operation, when three months old. Membrane was incised, a cure being the result.

11. (MORGAGNI.)—*Rectum with an Abnormal Opening.* Fæces were passed by the urethra, mixed with urine, in a female. There is no mention of any operation.

12. (DE JUSSIEU.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* The child was a female, and lived to the age of seven or eight years, and always discharged the fæces by the vagina. There was no operation.

13. (BENIVENIUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* The fæces came, a few days after birth, by the vagina, and continued so up to the time of her death, at the age of sixteen. Died with the most violent colic pains. There was no operation.

14. (VAN SWIETEN.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Fæces by the vagina, in a marriageable female. There was no operation.

15. (HAESBART.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Patient was twenty years old, and had always passed fæces by the vagina. Enjoyed good health. There was no operation.

16. (MERCURIALI.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* According to Morgagni, a Jewess, named Teutonicus, passed all her fæces by the vagina, and lived to the age of one hundred years. There was no operation.

17. (SCHENK.)—*Imperforate Rectum.* Anus open and natural.

Operation by incision. Injections could not enter the intestine. Death.

Autopsy. The walls of the rectum were found glued together at two points, and closed in two other points by two membranes.

18. (SCHULTZ.) *Imperforate Anus and Rectum. Operation.* Nothing came but blood. Death the next day.

Autopsy. The rectum had no cavity for a distance of nine fingers' breadth, and was twisted like a cord down to the point where the anus ought to be.

19. (RUYSCH.)—*Imperforate Anus and Absence of the Rectum.* There was no trace whatever of either anus or rectum. There was no operation. Death.

20. (RUYSCH.)—*Imperforate Anus and Absence of the Rectum.* Case similar to No. 19.

21. (BINNINGER.)—*Imperforate Anus and Absence of the Rectum. Operation.* Death on the next day.

Autopsy. There was no rectum whatever. The end of the colon was contracted and closed as if tied with a cord, and degenerated into a short ligamentous substance.

22. (JAMIESON.)—*Imperforate Anus and Absence of the Rectum. Operation* by incision, and the finger was introduced. Nothing was felt. The trocar was then used, and nothing came but blood. Death on the next day.

Autopsy. The entire rectum was wanting. The colon was closed and filled with meconium, and was floating in the pelvis. All the other parts were in a natural condition.

23. (WAGNER.)—*Imperforate Rectum.* An ordinary probe could be passed to the depth of just an inch and a half, but no further. Child died on the *tenth* day from birth. There was no operation.

Autopsy. There were two kinds of rectum—one, very short, terminating at the anus; the other, forming the continuity of the intestinal canal, was very full of fæces and wind, and was reflected upon the superior part of the sacrum, to which it was strongly adherent.

24. (MERY.)—*Imperforate Anus and Absence of the Rectum.* The colon terminated in a nipple-like projection at the umbilicus, in an opening a line and a half in diameter. Fæces came through this opening. There was no operation. Death.

25. (MERY.)—*Imperforate Anus and Absence of the Rectum.* Precisely similar to Case No. 24. Male twins.

26. (PETIT.)—*Imperforate Anus and Absence of the Rectum and Colon.* The end of the ilium terminated at the left side of the bas ventre. There was no rectum, nor colon, and only a portion of the cœcum.

27. (LITRE.)—*Imperforate Anus and Absence of the Rectum and Colon.* The ilium opened into a fleshy pocket of the size of a hen's egg, from the inferior extremity of which was a tube, three lines long and two thick, terminating in a round opening externally, a line and a half in diameter, just above the symphysis pubis. This opening served as an anus. There was no operation. Death.

28. (LITRE.)—*Imperforate Anus and Rectum.* Death on the sixth day.

Autopsy. The rectum was found divided in two parts.

29. (DUBOIS.)—*Imperforate Anus.* There was no appearance of an anus.

Operation, on the third day, for artificial anus (Littre's) in the left lumbar region. Death, ten days afterward.

Autopsy. The borders of the wound in the intestine were consolidated with the walls of the abdominal wound.

30. (DESAULT.)—*Imperforate Anus. Operation* (Littre's) *forty-eight* hours from birth. Death four days afterward.

31. (DURET.)—*Imperforate Anus and Absence of the Rectum.* There was no trace of an anus. There was no swelling there in the efforts made by the child to have an evacuation. The scrotum was divided into two parts along the median line, with a testicle in each. In the perinæum was the glans, with its meatus, from which the urine passed freely.

Operation, thirty-four hours from birth, first with a bistoury. A sound was then introduced, but no rectum was felt. Twenty-four hours afterward, the abdomen was much swollen, there were frequent vomitings and cold extremities. When the child was *three* days old, an incision was made into the abdominal cavity above the iliac region, in the situation where the sigmoid flexure of the colon formed a tumor. This portion of the intestine was drawn out by the finger, and a ligature was passed through the meso-colon to retain it out of the abdomen. An incision was then made into it an inch and a half long. The meconium escaped in abundance. The next day, the patient was comfortable. On the fifth day, the sutures uniting the intestine to the abdominal wall were removed. On the *sixth* day, the opening of the intestine, an inch long, gave passage to the prolapsed mucous membrane. The next, the patient seemed to be cured, and had no further need of the surgeon. *Twelve years afterward,* the patient was alive with his artificial anus.

32. (HEISTER.)—*Imperforate Anus and Rectum.* The rectum was closed to the upper part of the sacrum. *Operation.* Death.

33. (HEISTER.)—*Imperforate Anus and Rectum.* Similar to Case No. 32. Death.

34. (RUYSCHE.)—*Imperforate Anus.* The anus was closed by a thin membrane. On the fifth day there was a spontaneous rupture, and death followed a short time afterward.

35. (PETRUS ADRIANI.) *Imperforate Anus and Rectum. Operation* with the trocar, which penetrated to the depth of the little finger. Meconium came. Death.

36. (PETRUS ADRIANI.) *Imperforate Anus and Rectum.* Similar to Case No. 35. Death.

37. (HOWSHIP.) *Imperforate Anus. Operation* when two days old, with a lancet. Meconium came, black and offensive. It oozed away. There was apparently no sphincter. When six months old, was taken to the surgeon, but nothing was done. When a year and a half old, the abdomen was very large, but without any particular inconvenience. The appetite was excessive and unnatural. Picked up and ate everything about him, bits of stick, broom, straws, plum or fruit stones, &c. Ate heartily and never seemed to be satisfied. Was seen by several medical gentlemen, none of whom were satisfied as to the nature of the complaint. There was evidently some abdominal tumor. When two years old, was still suckling. About this time had uneasiness and pain in the belly, which increased so that, in the night, it would hang over the edge of the cradle with his hands on the floor, and the abdomen pressing upon the edge of the cradle. Death six days after the commencement of the sickness.

Autopsy. On opening the abdomen, a soft, white elastic tumor was found, which proved to be the rectum. The stomach and small intes-

tines were healthy. The large intestine was double its natural size. Just where the rectum commences, the coats of the intestine were suddenly distended into a large oval pouch or bag, large enough to contain three pints of fluid. This bag contained a large quantity of fruit stones, with bits of stick, straws and dirt, together with a large mass of fluid, dark faecal matter, with which the whole of the colon was more or less filled, as well as the large sac which contained the stones. The enlargement of the rectum was quite down to the anus, which was so confined as to allow with difficulty a medium-sized bougie to be passed, and consequently only the thinnest faecal matter.

38. (MERRIMAN.)—*Imperforate Anus*. The abdomen was much enlarged.

Operation with a trocar. The meconium came first, then faecal matter. The mother would not allow the further treatment by bougies. The patient went on tolerably well for six months, and the abdomen was constantly enlarging. Death soon came on. No autopsy permitted.

39. (HOWSHIP.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. At the request of Dr. Merriman, examined the body of a young woman, aged 17, who died from scrofulous disease, and who from birth had evacuated her stools by the vagina, although there was no want of the power of retention.

Autopsy. There was an external mark in the situation of the anus, but no opening. On opening the abdomen, the rectum was traced down to the posterior part of the vagina, to which it was adherent. On removing the vagina and laying it open, the rectum was found to open upon its surface by a very vascular and prominent sort of papilla, within the vagina, near the os externum.

[To be continued.]

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MEDICAL TREATMENT OF THE POOR.

It is well known that a large proportion of the ailments of the poor is to be credited to their poverty, solely. Insufficient clothing, food and cleanliness are fertile elements in producing disease. Nowhere is this more abundantly and clearly exemplified than amongst the out-patients of a hospital or dispensary. The attending physicians and surgeons at our own institutions of this description, can ratify this assertion from their daily experience.

Ignorance, also, is, with the poor, a powerful agent in causing and aggravating illness. Frequently some slight affection is magnified till it threatens life, or an amount of exposure is incurred which provokes the onset of more or less serious disease.

This element of ignorance also often defeats the best remedial means instituted. If patients of the above class be ordered small doses of a mercurial, for instance, ten chances to one that some blunder will be made by them; or else, supposing that the more of the medicine taken, at once, the more rapid will be the recovery, they will swallow the whole, and return for more! Quite lately, a patient at the office

of the Boston Dispensary, on being asked why she had transgressed the physician's order, and taken two or three pills at a time, instead of one (protiodide of mercury), replied that they were so *small* she thought one was not enough—that she must take more in order to be cured sooner! Such patients are very alarming individuals—they might, in certain instances, commit involuntary suicide, which would surely be charged to the “doctor.” Thus, we knew another beneficiary at the Dispensary Central Office, who, being provided with a cough mixture containing a notable amount of prussic acid, and particularly instructed as to the quantity to be taken at a dose, put the bottle to his lips, so soon as he had received it from the apothecary, and began to pull at it as if it were “genuine, copper-distilled Bourbon whiskey.” As this interesting manœuvre was performed within the precincts of the office, the man was prevented from finishing the contents of the phial, and being duly terrified, by suitable information as to what would become of him if he “went on” in that style, was allowed to depart, and “still lives”—as inveterate an old medicine-seeker and drinker as there is extant.

We have often thought, when contemplating the motley groups assembling day by day, and in increasing numbers at the Central Office, how much good a thorough ablution, diurnally repeated, would do nearly every individual. That many skin affections would be thus prevented, or, if existent, greatly modified by this means, perseveringly kept up, is indubitable. In default of any extended municipal provision for supplying this great hygienic benefit to the poor, we trust that, when the City Hospital gets fairly into working order, some effectual bathing conveniences may be connected with it, or, at all events, be under the control of its medical officers. This would be hydrotherapy to some purpose, and, in many cases, would render medication, otherwise, unnecessary.

There is one other point connected with prescribing for the poor, which should always enlist the careful attention of the physician; and this is the *dietary* they use. Often, indeed, they have no choice—they must eat what they can get, and there is little enough, usually, of that—but not infrequently they *can* choose, and much may be done to relieve their complaints by regulating their diet alone. We mention this (which may be thought a truism not called for here), because we have been struck with the large number of poor patients badly and habitually constipated, who from ignorance, or because they like it better, constantly live upon the most binding articles of food. Upon changing their course, in the majority of cases the bowels become regular; the health, of course, improves, and the patients can abandon the pernicious custom of swallowing drugs every time they wish to procure an alvine evacuation.

All classes of people, undoubtedly, need occasional hygienic advice from their medical attendants; but the poor peculiarly require it. Whenever medication can be avoided, such is the duty and practice of every conscientious physician: and whilst the expense of medicines should be saved to the rich, enlightenment of the poor upon their physical necessities will alike save them pain and annoyance, and their advisers much trouble, as well as diminish the cost to medical institutions. Moreover, in the present aspect of matters pertaining to the gratuitous care of the sick poor, it is *imperative* upon those

who manage the funds and regulate the dispensing, to exercise all safe economy in outlays of every description.

The need of a City Hospital is every day more evident to those who are initiated into the real wants of the poor of this city, increasing as they do with each year; and it is to be hoped that the hand of Charity will not be slack to meet those calls for bare nourishment, for covering to the body, and shelter for the houseless, which are now more numerous than ever in our community. The action of these direct influences upon disease is boundless—seeds are sown hourly under such deprivations, which are prolific of a terrible harvest. We have thus two evils to contend against; the physical, and the moral or mental. Under the pressure of poverty, the mind is often more surely the destroying agent, in the end, than is the original ill which afflicts the body.

We take this occasion to say, that impostors not infrequently seek aid at medical dispensaries, as well as at charitable *rendezvous* of other sorts. Such should be condignly dealt with, and never suffered to interfere with aid to the worthy. And we cannot but suggest, what is only just and reasonable, that those affected with gonorrhœa and syphilis, who apply at a charitable institution for medical advice and medicines, should at least pay for the latter. If they can afford to get such affections fastened upon them, they should not be encouraged to persist in their evil courses, by being brought out of the scrape for nothing.

SYDENHAM SOCIETY.

FROM the Report of the fifteenth annual meeting of the Sydenham Society, we regret to learn that the income of the Society has been for some years barely sufficient to meet the current expenses. It is a matter of extreme regret that such a valuable series of publications as that issued by this Association should not be continued, and we trust that the announcement that the Society is in want of funds will be sufficient to induce many to subscribe who have not hitherto done so. When one considers that for the small sum of about *five dollars* the members receive from two to four volumes, of great value, and beautifully printed, it is remarkable that the list of subscribers should be so small. One of the books for the current year has just been received here. It is a translation of Küchenmeister's "Manual on the Animal and Vegetable Parasites of the Human Body," and will be shortly followed by the second volume. It is illustrated by superb colored plates, and although a translation from the German, will supply the void which, we lately remarked, existed on this subject in English medical literature. Von Siebold's essay on "Intestinal Worms" will also be supplied to subscribers for this year. Gentlemen wishing to subscribe, can do so by applying to Dr. R. H. Salter, No. 1 Staniford Street.

NOTICE TO CORRESPONDENTS.—The communications of Drs. Warren, Hoffendahl, Kneeland, White and others, which we regret have been crowded out hitherto, will appear in as early a number as possible.

Deaths in Boston for the week ending Saturday noon, December 12th, 60. Males, 28—Females, 32.—Accident, 1—asthma, 1—bronchitis, 1—disease of the brain, 1—consumption, 11—convulsions, 2—cholera infantum, 1—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 1—drowned, 1—infantile diseases, 3—puerperal, 2—typhoid fever, 1—scarlet fever, 5—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 3—marasmus, 3—measles. 1—rheumatism, 1—strangled, 1—teething, 1—throat, disease of the, 2—tumor, 1—unknown, 3—whooping cough, 4.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 10—between 40 and 60 years, 8—above 60 years, 3. Born in the United States, 42—Ireland, 13—other places, 5.

The Union Medical Association, in Illinois.—This Association met at the city of Jonesboro', Nov. 10th. A paper was read by Dr. Haller, of Vandalia, on "Retention of the Placenta from Morbid Adhesions," the subject of which was discussed by the members. Another paper was read by Dr. Stearns, on the Physiological, Pathological and Therapeutical Effects of Sulphate of Quinine. The following resolution was offered, and will come up at the next meeting :

Resolved, That all regular members of the legal (?) profession, of moral character, be permitted and invited to become full members of this Association.

The following resolution was passed, and Drs. Goodman, Dunning and Toler appointed the Committee :

Resolved, That a Committee of three be appointed to petition the Legislature, or by any other means, to procure the passage of a law to prevent incompetent persons from collecting fees for any medical services.

Three members were fined \$5 each for failing to deliver addresses at the meeting. The Convention lasted two days, and adjourned to the next regular meeting in Centralia.

Dr. P. Cassidy, of Lancaster, Pa., invites the aid of his medical brethren, by mailing to his address copies of the Transactions of State and County Medical Societies in Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, and the New England States. He needs them in the preparation of the Report on Medical Literature, for the American Medical Association, by the Committee, of which he is a member. Publishing houses will consult their interest also, by sending copies of new publications, or newly improved editions, to his address, or to Professor Palmer, Chairman of the Committee, at Ann Arbor, Michigan.—*American Med. Gaz.*

Molasses from the Chinese Cane.—Our hope in regard to the successful production of sugar from the "Sorgho Sucre," is small, but we agree with the *South* (Richmond) that the Patent-office at Washington did a good thing in distributing through the country the seed of the "Sorgho Sucre," or Chinese sugar-cane; for, in view of the high price of molasses, it is likely before many years to be extensively cultivated for the saccharine juice with which it abounds, and which, by an easy process, can be converted into very good syrup or molasses. Messrs. Joseph Sinton & Sons, of Henrico, Va., according to the *South*, obtained some of the seed and raised a good crop of the cane, which is valuable as cattle-feed, even after all the saccharine juice is pressed out. The gentlemen tried the cane as a molasses-producer, with the following results:—One hundred and ten stalks were cut and pressed twice in a cider-mill. The juice obtained, amounting to twenty-seven quarts, was then put in a large dinner-pot and boiled one hour and forty-five minutes, making one gallon and a pint of molasses. The article is good and very enticing to those who like sweet things of the kind. The "Sorgho Sucre," though a foreigner, grows and thrives like a native of American soil.—*Hunt's Merchants' Magazine*.

Medical Practice in Beloochistan.—To the practice of medicine in Beloochistan there are only two slight draw-backs. When the physician gives a dose, he is expected to partake of a similar one himself, as a guarantee of his good faith. Should the patient die under his hands, the relatives (though by no means bound to exercise it in all circumstances) have the right of putting him to death, unless a special agreement has been made freeing him from all responsibility as to the consequences; while he, should they decide on immolating him, has no reasonable ground for complaint, but is expected to submit to his fate like a man and a hakim. In other respects the amateur will find an easy field.—*Blackwood's Magazine* for October.

M. Perret, the editor of the well-known medical Journal, the *Moniteur des Hopitaux*, has been sentenced to three months' imprisonment for speaking (not in his Journal, but by word of mouth) disrespectfully of the Emperor.

O'Brien Bellingham, M.D., F.R.C.S.I., &c.; and author of a Treatise on Diseases of the Heart, recently died at Edinburgh.

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ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNECTION WITH ERRORS STILL EXISTING.

BY HENRY A. MARTIN, M.D.

[Continued from page 397.]

THERE are not many remains of the doctrine of signatures and celestial influences to be found in the materia medica of Great Britain and this country, but there are some that have occurred to me, and I doubt not that more might be discovered. These relics, with perhaps one exception, are more matters of curiosity than of importance; their removal from the various pharmacopœiæ is only desirable on the general principle that medicine should be purged as much as possible of everything positively useless. If utterly devoid of medicinal efficacy, no substance, however innocent, should be allowed to remain among the officinal articles of any regular pharmacopœia. It probably is not generally known that the sign \mathfrak{R} usually prefixed to prescriptions, is an undoubted relic of the doctrine of sidereal influences. If one of the old school of chemical physicians, Paracelsus, or his immediate disciples, had occasion to write one of those formidable farragoes for which they were remarkable, he would precede it by the sign of the planet or constellation in the domain of which lay the suffering organ or member. Thus, if the patient had an hepatic affection, the prescription would bear the sign of Jupiter, for Jove was lord of the liver (\mathfrak{J}); if of the lungs, Mercury's sign would be proper (\mathfrak{M}). Dr. Paris has alluded to this, in the learned introduction to his Pharmacologia, and gives an engraving illustrative of the derivation of the modern \mathfrak{R} from the ancient symbol of Jupiter, and there can be no doubt that he is correct; for to each of the almost countless formulæ in the two vast folios of my Sennertus is prefixed the Jovial sign, and in my Latin copy of Sydenham, published at Geneva in 1736, the sign of Jupiter and the modern \mathfrak{R} are used indifferently. The crossed M, which now signifies *misce*, may, it is not impossible, be the sign of Virgo, that sign being a partially-

crossed M (♁). Virgo was supposed to be particularly auspicious to the liver, stomach and intestines; a combination of Virgo's remedies and those of Jupiter would have been a perfectly legitimate one, and such combinations, intended to relieve hepatic, and associated gastric and intestinal disorder, must have been then, as now, the most in demand. In this way, after the significance of the signs was forgotten, those which had been most employed continued in use. This, however, is a notion of my own, for which Dr. Paris is not at all responsible.

In the Dublin Pharmacopœia is to be found an ointment of scrophularia nodosa, which is recommended by Evanson and Maunsell as efficacious in a variety of pemphigus, the *pemphigus gangrenosus*, or "burnt holes," frequent among the poverty-stricken children of Ireland. It was admitted into the pharmacopœia at the instance of the celebrated Dr. Stokes, on account of the great reputation it enjoyed among the Irish peasantry. In Schrœder's Pharmacologia, scrophularia is to be found, and it owes its place there to the resemblance of the nodosities on its roots to the excrescences called *mariscæ* and *fici ani*, and to scrofulous glands, for which cases, internally administered, it was esteemed particularly efficacious, and was also used in cancerous and serpiginous ulceration, and in malignant scabies, &c. &c.; externally, as well, it was recommended in all these affections.

Saffron exists as an ingredient in several extant officinal compounds, as the compound decoction of aloes of the British Pharmacopœia; the compound tincture of aloes, the elixir proprietatis of Paracelsus; the pill of aloes and myrrh; the ammoniated tincture of opium of the Edinburgh Pharmacopœia; and many more. Doubtless it owes its admittance to these formulæ to the doctrine of signatures, saffron having been considered, from the resemblance of its juice to yellow bile, a powerful hepatic remedy, and on that account a proper adjunct to a purgative, or as valuable in counteracting the constant tendency of opium to impede the action of the liver. Saffron was also used in jaundice, on account of its resemblance to the color of the skin in that complaint; and its almost universal popular use in measles may be derived from its once reputed power as a pulmonary cordial, as an anodyne, hypnotic, and as a preventive of contagion. It is employed, popularly, from the notion that by its use the morbillous eruption is thrown to the surface, and the pulmonary complications, so evident and frequent in the disease, relieved and modified.

The metal copper was a special favorite of Venus, being her symbol among the metals; its various preparations were supposed to have a powerful effect on all those parts over which Venus most presides, and in the diseases arising from the malignant influence of that, in modern times, far from amiable planet. One of these preparations was the *ens veneris*, or muriate of copper, and I have

within a few days seen it under the old name in a prescription from an eminent physician of Boston, in combination with tincture of aloes and myrrh. I doubt not that it was ordered from its old reputed emmenagogue effect. The very general use of the sulphate of copper as a caustic in venereal sores, and as an astringent in gonorrhœa, and both externally and internally in leucorrhœa, may have some connection with the old associations of the metal.

The most important error that I can discover still existing in practice, as a relic of the same delusion, is the use of the nitrate of silver in epilepsy. It is of course known to you that this salt has perhaps the greatest reputation of all the thousand remedies that have been proposed and used in the treatment of that terrible disease. That it has no claim to any such reputation is, I believe, the opinion of many of the most intelligent of the profession; that it is as worthless as all the rest, I do not doubt, and the fearful and permanent disfigurement arising from the long-continued use which its advocates recommend, make it really very important that, if useless, it should be erased at once and forever as an anti-epileptic from the pages of the *materia medica*. The peculiar metal of Luna was silver; hence its nitrate is still called lunar caustic. Luna was, in the macrocosm, the analogue of the brain in microcosmos, or man. The terms "lunatic" and "moon-struck," applied to the insane, are relics of this belief. Hence silver was, of all other means, considered the most beneficial in cerebral disorders. Schrœderus is so decided about silver and its effects, that I will quote him at length. "*ARGENTUM metallum est nobilissimum, candidum, auro imperfectius, dicitur chymicis Luna vel cerebrum, eo quod in Macrocosmo Lunæ, in Microcosmo, cerebro sympathicum sit. VIRES—capitis corroborans perhibiter specificum, spiritusque animales confortare, unde et in omnibus capitis affectibus peculiaris efficacis consetur, quales imprimis Epilepsia, Apoplexia et similia.*" That this old folly gave the first impetus to the use of silver in epilepsy, I firmly believe, and I am sure that a careful study of the history of that extraordinary disease, and its still more extraordinary treatment, will convince any candid inquirer that it never had any better claim to notice; that its virtues in epilepsy were and are all moonshine, not one whit greater than those of the myriad specifics which have thronged the *materia medica* for ages, and still are almost daily thrust forward by their over-zealous and ever credulous advocates. It will be a blessed thing, for all concerned, when the profession generally shall cease to treat actively diseases truly incurable, and shall calmly resign itself to the fact that many cases of centric epilepsy belong to this category; at any rate, the search for a specific for a disease whose causes are so various and so inscrutable, will ever be a delusion. If what I have said may shake the confidence of one medical man in the nitrate of silver as an anti-

epileptic, and thus possibly prevent an addition to the number of those victims who, blue as indigo, and as epileptic as ever, are true *opprobria medicorum*, and already far too numerous, I shall feel well rewarded for my pains.

The cochineal insect has a great popular and some professional reputation in pertussis, and is most certainly an entirely worthless drug. It owes its remedial reputation to the doctrine of signatures, for under that doctrine it was considered very efficacious in measles, from the red color of the eruption in that disease, and the immemorial association of pertussis with measles will fully account for its use in the former. I have seen that lately, in England, the value of the combination of carbonate of potash with cochineal is loudly urged by some practitioners. That the carbonate of potash, as well as other alkaline salts, may be and is useful in pertussis in some of its stages, I do not doubt; but it is perhaps desirable that the merit should be ascribed where it is due, and that cochineal should have none of it.

The *hermodactylus*, which it is interesting to know was recognized by Schröder in 1649 as colchicum, was supposed to bear evidence of its anti-arthritic powers, in the resemblance of its corn to a swollen joint. This was very far-fetched, and I doubt not was one of those cases where a resemblance was made out to account for the already ascertained remedial efficacy.

I feel the necessity of saying no more of the connection of the modern materia medica with these old absurdities; not that the subject is exhausted, but because, if I continue, I shall have to forego the opportunity of attempting to demonstrate the intimate relation borne to them by that most remarkable hypothetic system called Homœopathy. As it is, I shall not be able to go as fully into this part of my theme as I had designed, for I have already consumed a large portion of the time for which I could reasonably claim your attention.

It is no part of my purpose to enter any further into the history of Homœopathy or its founder, than seems necessary to my particular object, that of proving the connection of ancient delusion with this most strange modern hypothesis. Drs. Holmes, Simpson and many others have done all that need be done to expose the crudities, contradictions and infinite absurdity of this, so-called system; vastly more than enough to convince any medical reader, or even reader ignorant of medicine but in any way open to conviction—any sensible, candid inquirer—of the utter futility of homœopathy. The task of convincing that class of minds which has always furnished the zealous partizans of every new system of delusion, by argument, reason, or even demonstration, is one that has ever proved vain. A mind of this class rides its pet hobby with great parade, fury and clamor, until some other, newer, and more fantastic in its trappings, prances into the arena, when

straightway it vaults into its saddle and rides with greater fury, clamor and parade than before; or, perhaps, with a facility worthy of Ducrow, rides them both at once. To such minds, the value of those slow, but sure-footed nags, "common sense" and "scientific investigation," never seems to occur; they wander from one folly to another; they are accessible to all that appeals to the imagination, to nothing that addresses the reason. On such minds, the arguments of Simpson and Holmes, cogent as they are, make no impression; were it possible to make them a thousand times as convincing, they would be no more efficacious. Writers have been accused of turning homœopathy into unjust ridicule, and such accusations have doubtless weight with some gentle minds thereby led to sympathize with such abused martyrs of the truth, such patient followers in the thorny path of persecution, trod before by so much ill-appreciated genius. But, really, the accusation of unfairly ridiculing the follies of this system, are very unjust. While wading through the fantastic pages of that Koran of Homœopathy, the Organon of Hahnemann—marking how hypothesis is piled on hypothesis, "Pelion on Ossa," each new one only more absurd than the one preceding—I have wondered at, and admired the forbearance of our gifted brethren, that with such tempting opportunity they have so sparingly used the lance of ridicule, regarded as it always has been as the only weapon capable of piercing that tough hide of ignorance and delusion, so impenetrable to the choicer weapons of reason.

About the peculiarities of homœopathy, I have at present little to say. I propose merely to attack its claim to originality and novelty, and show that, to some extent at least, it is a *rifacimento* of the broken meat of an old feast of folly. My object in doing even this, is not to convince you of the futility of its pretensions; you need no arguments of mine to settle that question; nor certainly do I expect, in the slightest degree, to shake the faith of any of its partizans and dupes, who, hugging delusion, feel that

"The pleasure surely is as great
In being cheated as to cheat;"

or of those who find, in the liberal fees of their clients, a weighty reason for admiring the truth of the quotation slightly transposed. My principal desire is to afford you, from sources not often explored or easily accessible, some slight amusement, if nothing more.

No one can read the life of Hahnemann without being convinced that he was a laborious, diligent student—more, however, of the voluminous medical literature then existing, than of Nature. Of the learning of Galen, of Boerhaave, Cullen, and a thousand more, he was master, besides being a good deal of a chemist and something of a Numismatist. His mind was like Faust's study—

“Wo selbst das liebe Himmelslicht
 'Trueb' durch gemalte Scheiben bricht
 * * * * *
 Mit Glaesern, Buechsen rings umstellt
 Mit Instrumenten vollgepfropft
 Urvaeter Hausrath drein gestopft ;”

full of the apparatus and *dissecta membra* of ancient theories and exploded systems; that learning of the schools, of which so much is like the fabled apples of Sodom, beautiful to the eye, and in the mouth, ashes. There is not much evidence that his opportunities of observing disease were many, or that he was diligent in seeking for such opportunity. His practice, to the age of 35, had certainly not been extensive, for till that period we find his time principally occupied in that most wretched of all intellectual drudgery, translating for the booksellers as a means of subsistence, and in chemical researches. He was, in fact, a book-worm rather than a physician; a theoretical rather than a practical disciple of Æsculapius. So much was this the case, that for one year after he commenced his medical studies, he occupied the situation of house-physician, librarian and curator of old coins to the Governor of Vienna. He was a man more known among the shelves of the vast libraries of Leipsic and Vienna, than in the hospital and autopsy room; more at home among the crucibles and alembics of a science, which, in his day, reflected more the flickering rays of the dying embers of alchemy, than of any of the glorious light which now enfolds it, than in the living laboratory of Nature and disease. Was not this a mind peculiarly fitted for the elaboration of just such a doctrine? Was it not the most natural thing in the world that this diligent student of theoretic antiquity, bred in that Germany always so fertile in intellectual speculation, should have himself been ambitious to originate a new medical theory; that this obscure and neglected scholar should have panted for some of that sunshine of renown and emolument vouchsafed to so many so much less worthy? From that brain, pregnant with the idealism of Van Helmont, Hoffman and Stahl, teeming with the vagaries of Paracelsus and a thousand others, sprang, at the close of the last century, the mental Minerva, Homœopathia; a strange offspring—for although the brain of Hahnemann was her “procreant cradle,” her features resemble those of more than one intellectual parent.

As to the discovery of the principle of Homœopathy expressed in the words “*similia similibus curantur*,” we are vouchsafed, by the apostle of the system, the following history. In 1790, while translating the *Materia Medica* of Cullen, he became dissatisfied with that author’s theoretic explanation of the action of cinchona, and determined, with a view to more accurate knowledge, to experiment in his own person on its effects. To this end, he took twice daily four drachms of bark, and in a few days was astonished to discover that his experiment had resulted in the production of all the symptoms of a perfectly-marked intermittent fever. Thence

the road was a straight one to the doctrine of Homœopathy, and the adoption of its banner-cry.

Hahnemann tell us that a subsequent diligent study of the ancients brought to light several passages corroborating the new doctrine, and, above all, to his great satisfaction, one in the works of Basil Valentine, almost, if not exactly, identical with the famous dogma, "*similia*," &c. Now for the truth of all this pretty narrative, and for all direct evidence that the discovery of the passage in Valentine succeeded and did not *precede* the wondrous cinchona experiment, we have precisely the word of Samuel Hahnemann, and nothing more; behind this record it is, of course, not possible, by any direct evidence, to go. So far as probabilities will carry us, they tend decidedly to the conviction that the discovery of ancient homœopathic passages preceded any real or pretended experiments with cinchona, and of course any inductions from the unique result of such experiments. It is strikingly improbable that, full as all the old chemical writers are of remarks of an homœopathic complexion, Hahnemann, a diligent student of those writers, should not have repeatedly encountered them prior to 1790 and his own 36th year. I fully believe that Hahnemann, if honest, which I doubt, was at least unconsciously influenced by his reading of these old authors, and that thus, without any imputation on his veracity, there might have been an absolute derivation of the Homœopathy of its reputed originator from the "like cures like" of the Paracelsians.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

[Concluded from page 405.]

40. (JOHN WAYTE.) *Imperforate Rectum*. There was a complete obstruction about an inch from the anus, apparently a membranous septum.

Operation, by a pointed probe, trocar and bougie. Meconium and feces escaped. In a week, the opening closed. A new puncture was made, and the opening dilated with a bougie. As the tendency to contraction was strong and constant, repeated operations were found necessary with the trocar and bougies. Was going on well, the opening allowing a middle-sized rectum-bougie, when one day the bougie was found to produce a grating sensation, and was scratched on being withdrawn. On further examination, the os coccygis was found carious, which continued to increase till the child's death, at the end of six months.

41. (ROUX DE BRIGNOLLES.)—*Imperforate Anus, Urethra and Rectum*. There was no movement or prominence in the region of the anus after crying. The skin was hard and thick, and without a raphé.

The urethra was closed at the base of the glans, by a thin mem-

brane constituting a sort of hypospadias. The membrane was perforated with a stilette, and the urine voided.

Operation. An incision an inch long was made in the line of the raphé. The fibres of the sphincter were seen, their internal borders being in contact and in a straight line, but contracted in a circle, and with considerable force when the infant cried.

The incision was then carried an inch deep toward the coccyx, and ended in a mass of cellular tissue. A bistoury was then thrust upward and backward, and entered a cavity. On withdrawing it, meconium followed. The first phalanx of the index finger reached the bottom of the wound, which was dressed with charpie and ointment. This was kept up for fifteen days. Then granulations sprung up from the edges of the wound, impeding the progress of the fæces, and producing colicky pains. As the anal opening became constricted and obstructed, the stools were less frequent and more difficult, and the urine was followed by fæcal matter. The wound was enlarged toward the coccyx, the bowels were again relieved, and the urine was voided without the fæces. The granulations again obstructed the anus, and fæces again came with the urine. The granulations were checked by the nitrate of silver, and the anus kept open by large-sized bougies till cicatrization. There were no more fæces by the urethra. The border of the anus assumed the plicated appearance of the natural outlet.

42. (AMUSSAT.)—*Anus natural, with the Rectum opening into the Vagina.* Was seen thirty-four hours after birth. No meconium had passed. Water was injected into the anus and returned by the vagina. The abdomen was hard and swollen. A flexible canula penetrated two inches. A sound passed into the vagina, struck the canula introduced by the anus. The opinion was that the rectum stopped at the depth of two inches, and there communicated with the vagina through an opening or deficiency of the natural septum between the vagina and rectum.

Operation. Eight hours were occupied in dilating the anus with prepared sponge. On examining with the finger, the imperforate rectum was judged to be above the sacro-vertebral angle on the left side. An attempt was now made to separate the rectum as much as possible from the surrounding points, so as to bring it down as near as possible to the external wound. What was supposed to be the cul de sac of the rectum was seized and held by hooks, while the dissection was carried on mainly by the finger and occasionally by a slight touch of the bistoury. Being successful in bringing the bowel down to the anus, a large opening was made into it, and after the meconium had passed, several ligatures kept it united to the skin. The parts were kept open by bougies smeared with lard. The result was successful.

43. (AMUSSAT.)—*Imperforate Rectum. Operation. Death.*

44. (AMUSSAT.)—*Imperforate Rectum. Operation. Death.*

45. (CAMPBELL. *Medical Repository*, Vol. V.: New York. 1802.)—*Imperforate Anus and Rectum.* Female child. The abdomen was much distended, and there was fæcal vomiting.

Operation on the third day. A longitudinal incision was made with a lancet, where the anus ought to be, in the direction of the os sacrum. It was then carried deeper, with a scalpel, to a cavity. Meconium flowed freely. A warm bath was given, and then a tallow bougie was passed. This was continued a few days only, with some rhubarb

and magnesia. In four months the child was doing well, the operation being in every way successful.

46. (WEYMOTT. London Lancet, Vol. XVIII.)—*Imperforate Anus, Rectum and Vagina.* The child was in great suffering. The abdomen was swollen and tender. There was vomiting and straining.

Operation on the second day. A longitudinal incision was made in the direction where the anus ought to be. At two inches from the external opening, penetrated the rectum, when meconium escaped. A tent of lint was introduced, well oiled, and oleum ricini ℥ij. was given. The passage of meconium gave relief. A moderate-sized urethra-bougie was then passed from time to time, to dilate it. The medicine produced but a very slight action, and death occurred seventy-six hours from the operation. There was no autopsy.

47. (RICORD. London Lancet, Vol. XXV., p. 295.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* The patient, æt. 22, came to R. for an examination, at the request of her lover. The speculum was introduced easily, and at first nothing abnormal was seen. However, the depth to which the instrument was carried, without meeting the neck of the uterus, began to excite some astonishment, when a lump of fæcal matter was brought into view, simulating, to the touch, the os uteri; and also some grape seeds, at first taken for vegetations. Some malformation being now suspected, a more careful examination was made. The external organs were natural, but there was no anus, the place where it ought to be being marked by a brown spot, irregularly radiated and of the size of a shilling. The ring of the vulva did not present any carunculæ myrtiformes, had eccentric folds of mucous membrane, and possessed a much greater contraction than the natural constrictors of the lower part of the vagina, but less than the sphincter ani. Beyond this vulvar ring, the finger passed easily into the recto-vaginal canal. No transverse rugæ were found as usual in the vagina, and the speculum, when introduced to its full length, was arrested by fæcal matter. No trace of the uterus could be seen or felt. By her account, the fæces were always passed by the vulva, and were perfectly under the command of volition, but flatus sometimes escaped involuntarily. When the fæces were at the vulvar ring, she felt a desire to go to stool, and when this desire was satisfied, the finger, introduced as far as possible, no longer met with any obstacle. An injection was always used immediately after, and she was careful in keeping herself clean. Menstruation had never shown itself under any form, and no trace of blood was ever found in the urine or fæces. Although she had lived with this man for three years, he never suspected any malformation.

48. (FORGET. Révue Médicale. 1835.)—*Imperforate Rectum. Operation* ten days after birth, with a lancet. Cure.

49. (Boston Med. and Surg. Journal, Vol. XXI., p. 101, 1840.)—*Imperforate Anus and Rectum.* There was no anal opening when three days old. The raphé of the perinæum extended without interruption to the point of the coccyx. The abdomen was tender and tympanitic, but there was no vomiting. The urine passed without difficulty.

Operation. An incision was carried, three quarters of an inch or more deep, over the supposed situation of the anus, but without success. It was then decided to open the cœcum in the right iliac fossa, which was done, and several ounces of fæces escaped, with great re-

lief to the symptoms. Eight days after the operation the sutures were removed, and the progress toward the cure was rapid.

50. (Boston Med. and Surg. Journal, Vol. XXIII., p. 210. SHIRMAN.)—*Imperforate Anus and Rectum*. Three months after the birth of a child, was consulted and found the abdomen was enlarged and hard; there had been vomiting, fits of crying and straining

On examination, there was no opening into the rectum, but a little posterior to the natural situation of the anus, a slight projection of the skin was observed, giving an obscure feel of fluctuation. The skin was also slightly inflamed. It was opened at this point, and about a tablespoonful of pus was discharged, but no fæces. On examining with the probe, no communication with the intestine was found. A sharp-pointed narrow bistoury, with the edge toward the sacrum, was then passed three inches in the direction of the rectum. On withdrawing it, the point was smeared with fæces. There was considerable hæmorrhage. A small gum-elastic bougie was then passed, afterward larger ones till they passed without difficulty. An injection of warm water was then thrown through the tube, and a quantity of liquid fæces came away. The tube was passed twice a day, with an injection each time, and in the interval a large wax bougie was constantly worn. The day after the operation, a pint of fæces escaped at one time, and the same amount continued to escape daily for a week. The symptoms had ceased before the operation. The bougie was persevered with for four weeks, when it was discontinued, and the child improved very fast in flesh. The evacuations became natural, and two years afterward the control over the bowels was as natural and perfect as in any healthy child.

51. (Boston Med. and Surg. Journal, Vol. XXXVI. (HOUGHTON.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. Saw the child when it was about ten hours old. On examination, there was no appearance of an anus. The raphé along the perinæum extended only a short distance back of the scrotum. The child was otherwise malformed—the sacral portion of the spine was wanting, and no operation was attempted on that account. A few hours after the doctor left, meconium passed by the urethra, and continued to do so until death, forty-eight hours after birth.

Autopsy. The rectum terminated in the neck of the bladder by a very small opening, barely sufficient to admit an ordinary-sized probe. The rectum also terminated against the lower lumbar vertebra.

52. (Med.-Chir. Soc., London. 1853. STANLEY.)—*Imperforate Anus. Operation. Death*.

53, 54, 55. (STANLEY.)—*Imperforate Anus*. Similar to case No. 52.

56. (Boston Med. and Surg. Journal, Vol. XLIV. MITCHELL.)—*Imperforate Anus and Rectum*. Was called to see a child three days old, without the slightest trace of an anus, and with the raphé of the scrotum running down nearly to the coccyx. The child was drowsy, and the skin purplish.

Operation. The child was placed upon its face. An incision was then made, nearly an inch long, commencing just anterior to the coccyx, and continued through the skin and firm ligamentous growth beneath. Then a long, narrow, straight bistoury was carried up an inch and a half in the direction of the curve of the sacrum, and entered the intestine. Meconium and gas immediately escaped. About two tea-

spoonfuls of blood were lost, and yet he began to fail and sink into syncope. Oleum ricini was given, with brandy and water. Tent to be kept in constantly. The bowels were freely opened, but the child grew feeble, and died two days after the operation.

57. (Boston Med. and Surg. Journal, Vol. XLVI., p. 100. A. B. CLARKE.)—*Imperforate Rectum*. Examined a child two days after birth. The little finger entered the anus easily, but felt a resistance after passing about three quarters of an inch.

Operation was not done till the ninth day, when a trocar was used. No meconium came at first. Forcing up the canula still further, it came in abundance. There was but little loss of blood. The child made no cries, and seemed to be relieved, yet it died in twenty-four hours.

Autopsy. The colon was adherent on the left side, throughout its whole course, to the internal walls of the abdomen. The abnormal state of the rectum was now seen to consist of a fleshy-looking mass, interspersed with fat and cellular tissue, which made it resemble the muscular tissue of other parts; it closed up the rectum for the space of an inch and a half. The trocar had gone directly through the centre of the mass, and was perfectly successful so far as the operation was concerned.

58. (Boston Med. and Surg. Journal, Vol. XLIX., p. 115. GILMAN.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. Saw the child twenty-four hours after its birth. There was no rudiment of an anus or where it should be. The abdomen was not distended. There was a mere apogly for a penis, with the urethra terminating near its root, just above the scrotum. A probe was introduced into the bladder, and its removal was followed by urine and fæces. The probe was also smeared with meconium.

Operation. An incision, two and a half inches long, was made through the skin and cellular membrane, from the extremity of the coccyx, and extended along the perinæum. No muscular fibres were divided. The dissection was then carried in the direction of the rectum for the distance of an inch and a half, where the cul de sac of the rectum was felt enormously distended. This was freely laid open, and a copious evacuation took place, with great relief to the child. There was not hæmorrhage enough for a ligature. Tents were at first used, and then a tube, which produced some straining, but in a short time the parts were quiet. After the operation, there were no fæces in the urine, nor did the urine pass into the rectum. In a few weeks the parts were entirely healed. At the end of a year, the child was vigorous and large.

59. (COLLISON.)—*Imperforate Anus and Rectum*. There was no operation. Death.

60. First Case.

61. (S. PARKMAN.)—*Imperforate Rectum*. Patient was fifty-two hours old. The anus was natural. The obstruction was nearly two inches within the anus. After waiting eighteen hours, till the septum was distended with meconium, a trocar was forced through the septum, an enema given, and the bowel washed out. The opening not remaining free, a director was passed into the aperture made by the trocar, and both the sphincter ani and septum were divided from before backward by a free incision. The finger could then be passed, and it entered a large cavity. Three months after the opera-

tion, the child was doing well. Directions were given to have the finger, well oiled, passed in daily.

62. (Boston Med. and Surg. Journal, Vol. LVII., p. 293. G. S. JONES.)—*Imperforate Rectum*. On the second day from birth, the abdomen was tense and tympanitic. Urine had been passed. The anal opening was normal and freely admitted the finger, well oiled, but the finger could not penetrate beyond an inch and a half, on account of some obstruction. While the finger was in the passage, the bowel could be felt above, during the efforts and straining of the child.

Operation. A small bivalve speculum was first introduced into the anal opening. With a spear-pointed stilette, an opening was made into the part that was forced down, and on withdrawing the instrument there were copious discharges of gas and meconium. A crucial incision was then made across the end of the pouch, and the opening further enlarged by bougies. At the end of six weeks, a bougie one half of an inch in diameter could be used. Two and a half years after the operation the child appears well and hearty, and suffers no inconvenience from the malformation or operation.

63. (Boston Med. and Surg. Journal, Vol. LVII., p. 334. C. E. BUCKINGHAM.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. The child being examined on the second day, there was no evidence of an anus, either by protrusion or discoloration. During the night there was bilious vomiting, and latterly straining, as if to evacuate the bowels. There had not been any discharge of urine. Did not cry, but was constantly moaning.

Operation, thirty-two hours after birth. An incision was made in the centre of the cleft of the nates, from the scrotum to the coccyx, crossed by another at right angles from one tuber ischii to the other. The dissection was then carried backward and a little to the left, for two inches, with a sharp-pointed bistoury. No evidence of the neighborhood of the rectum being obtained by the finger, a hydrocele trocar was passed into the wound in the same direction an inch and a half further. On withdrawing it, meconium was found upon it. The wound was then enlarged with a knife, a female catheter introduced, and an enema given. Immediately there was a fair discharge of meconium, and a slight discharge of urine. No applications were made to the wound. On the next day, a sponge tent was introduced two and a half inches, and air came through the penis. Had a small abscess over the short ribs and scrotum of the left side. A female catheter and ebony bougie were used. About five months afterward, urine and fæces, mixed, were passed by the urethra. Was alive nearly six years afterward, and generally in good health.

64. (G. H. GAY.)—*Imperforate Anus and Rectum*. *Operation* upon a patient of Dr. Dupee, when five days old, with a trocar. Death the next day.

65. (G. H. GAY.)—*Imperforate Anus and Rectum*. *Operation*. Death.

66. (Boston Med. and Surg. Journal, Vol. LVII., p. 238. S. CABOT.) *Imperforate Rectum*. Child was seen on the fourth day, and the anus was found natural. The finger passed in one inch. When the child strained, the bowel could be felt pushing downward, the central portion of it feeling considerably thicker than membrane. A trocar was thrust in, and a large quantity of fæces and meconium was discharg-

ed. The next morning, two probes and a catheter were introduced. Nothing came through the canula. In the evening there was vomiting of feces. The opening was enlarged by the knife and the intestine punctured, which was followed by a small quantity of gas and meconium. Death the next day.

67. (Boston Med. and Surg. Journal, Vol. LVII., p. 238. F. HIGGINSON.)—*Imperforate Anus and Rectum*. The anus presented a wrinkled depression like the umbilical pit, and was lined with true skin. There was no appearance of mucous membrane.

Operation by the trocar and knife. The child lived eighteen days.

Autopsy. The intestines were distended with flatus. The bladder contained a small quantity of dark-colored urine, and was drawn up and lay almost entirely over the symphysis pubis, the urethra making quite a sharp curve under the pubic arch. The uterus was drawn up and rested upon the posterior surface of the bladder. The whole space at the brim of the pelvis was occupied by the inflated rectum. This terminated in a cul de sac, where the peritoneum is reflected back from the posterior wall of the uterus. At the lower part of this cul de sac was an ecchymosis a few lines in length, where the muscular coat seemed to have been divided. The wound did not extend into the mucous membrane. The bottom of the sac, on a level with the brim of the pelvis, had been apparently drawn up by the excessive distension, carrying with it the other pelvic organs.

68. (Boston Med. and Surg. Journal, Vol. LVII., p. 239. C. G. PAGE.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. There was no external trace of an anus. The skin over the entire perinæum was smooth, and the raphé extended to the coccyx. At each expulsion of meconium or urine by the vagina, a slight motion was observed in the perinæum. There were two openings in the vagina—one occupying the place of the urethra, the other between the internal labia, surrounded by a small, red tumor of the size and shape of a bean. These openings barely admitted a common probe, and from both a small quantity of meconium and urine was expelled. On exploring the opening into the vagina, a probe, carried upward close to the pubis, passed into the bladder, and was felt on the abdomen; but directed backward and upward, it passed one half its length, and encountered a firm body, supposed to be the upper part of the sacrum. When passed downward, the point could be carried a few lines below the orifice, and indistinctly felt in the perinæum.

Operation. A probe in the lower opening in the vagina was passed downward as far as possible. The incision was then made along the raphé of the perinæum, and continued one and a half inches in the track of the rectum. The point of the probe was distinctly felt. The tissues were then separated from the cul de sac, the intestine was brought down to the external opening, laid open, and confined by sutures to the external wound. Flatus escaped when the intestine was opened. A tent was introduced. For a few days the patient did well. Then, there were intervals of great distress in the breathing, with a purple discoloration of the face, neck, lips and ears. These increased, and the patient died after living eight days.

Autopsy. The heart was malformed. There was only one ventricle, into which the aorta opened at its summit. The only auricle was on the right posterior aspect, communicating obliquely with the ventricle.

The pulmonary artery, small, was given off below the point where the aorta enters the heart, and on the left side passing upward and backward, and bifurcating behind the aorta. The rectum terminated in a cul de sac, one and a quarter inches from the perinæum, and communicated with the vagina from its upper border. The uterus was bifid.

69. (DR. LEWIS.)—*Imperforate Anus*. The anus was closed by a thin membrane.

Operation, by incision. Cure.

70. (DR. LEWIS.)—*Imperforate Anus and Rectum*. Operation. Death.

71. (B. BELL.)—*Imperforate Anus and Rectum*. The rectum was very high up.

Operation. Lint and tents were kept in, after the trocar had been used. There was great tendency to strong contraction. Gentian root was used to keep the passage open, together with sponge tent and other substances. The irritation and pain were frequently so great that all the dressings were discontinued. Nothing but a continued attendance for eight or ten months prevented the necessity of a frequent repetition of the operation. Cure.

72. (B. BELL.)—*Imperforate Anus and Rectum*. Similar in every respect to Case No. 71.

73. (Boston Med. and Surg. Journal, Vol. XLII., p. 206. *Imperforate Anus*. Operation, when two days old. For fifteen months continued well, at which time it was discovered that the fæces passed by the urethra. For thirteen months afterward there was no passage by the anus, fæces still passing off by the urethra.

74. (Boston Med. and Surg. Journal, Vol. XLII., p. 273. YORK.) *Imperforate Anus, with an Abnormal Opening of the Rectum*. Operation, on the third day, with a trocar, and about two ounces of meconium drawn off. The canula was left in for a week, and the opening being dilated with a sponge, the fæces passed tolerably well. The instrument was occasionally removed and cleaned. Once or twice it was corroded and obstructed. The fæces then came through the penis, and was first noticed when the child was six months old. Three or four months before death, the parents removed the tube without the sanction of Dr. Y., and soon after fæces passed through the penis, and continued so ever after, and for a time also through the artificial opening. Died from a fall.

Autopsy. The rectum was much enlarged and moderately thickened, containing some liquid fæces and foreign matter. The opening into the urethra was direct, and just in front of the verumontanum. The artificial opening was nearly closed, so that the head of a very small pin would not pass. There was liquid fæces in the bladder.

75. (WOLFF.)—*Imperforate Anus and Rectum*. The imperforate state of the anus was not discovered till the twelfth day, when hic-cough and convulsions had come on. The abdomen was hard and painful. There was also nausea and vomiting.

Operation. A lancet was thrust in, on the next day, in front of the coccyx, to the depth of an inch, without finding any rectum. The incision was then carried an inch deeper, without effect. Then, with a pharyngotome, he succeeded in penetrating the intestine. An enema was given, which brought away some meconium. With enemata and tents, the child recovered.

76. (LATTA.)—*Imperforate Anus and Rectum. Operation.* An incision an inch and a half in depth was made before the rectum was laid open. Oval canula were introduced, and removed once in twenty-four hours. In two months there was a cure. The instrument was used for nine months, to prevent contraction.

77. (LATTA.)—*Imperforate Anus and Rectum.* Similar in every respect to Case No. 76.

78. (Medical Recorder, Vol. VII. Philadelphia. 1824. I. R. BARTON.)—*Imperforate Anus and Abnormal Opening of the Rectum.* The infant was six weeks old, with not the slightest trace of an anus. The *fæces* came per vaginam. A fistulous opening was found through the recto-vaginal septum.

Operation. An incision was made through the parts where the anus ought to be. The instrument then passed into the rectum, and the *fæces* escaped freely. The wound was plugged with oiled lint. In a few days, it began to granulate and cicatrize. A piece of a bougie was then introduced through the wound, and brought out of the vagina through the original opening into it. This was persisted in for several weeks. The mother withdrew it, and the opening (anus) closed up, rendering the operation abortive. The evacuations came every four or five days; sometimes the period was longer. This was at the age of nine months. A director was then passed into the rectum through the opening in the vagina. The vagina and integuments were laid open as far back as where the anus ought to be. The dissection was carried down till the end of the bowel was felt, and opened freely. The subsequent treatment was to promote granulations and the cicatrization of the original opening, and so much of the anterior portion of the incision as rendered the vagina incomplete. The original aperture closed up with that part of the incision connected with it. The vagina became complete, and a route direct from the rectum was established, having no connection whatever with the vagina, and there was control over the *fæces*.

79. (SATCHELL. Vide the same Vol. as Case No. 78.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* There was some depression where the anus ought to be. The *fæces* were passed by the vagina, through a small opening, an inch and a half from the os externum. The *fæces* came with considerable pain, at intervals of ten days or two weeks, which were fluid or of very soft consistence.

Operation, by Dr. Parish. A curved probe was introduced into the vagina, then through the orifice of communication into the rectum, so as to protrude the integuments in the place where the anus should have been. An incision was then made on the point of the probe, with a scalpel, and the opening thus made was enlarged anteriorly and posteriorly by a bistoury, until it was supposed that the intestine was opened, the non-discharge of *fæces* being the only circumstance evidencing the contrary. Presuming that the rectum was opened, a silver curved tube was introduced to prevent the closure of the wound, and to permit the evacuation of the *fæces*. In two or three days, it was found that the rectum was opened. Dr. Barton's operation was then done, with a successful result.

A large quantity of *fæces* was found in the rectum, and with the handle of a teaspoon, enemata, and repeated doses of oleum ricini, the bowels were thoroughly emptied. Two days after this operation, an

unaltered melon seed was passed, which must have been in the bowels since the preceding fall. Three weeks and two days from the time of the second operation, she was discharged cured. At that time she could retain or discharge her fæces. No dressing was used, but the finger was introduced every day or two.

80. (CHELIUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Operation. Cure.

81. (DIEFFENBACH.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.*

Operation. A curved director was introduced through the vagina into the aperture of the rectum. A pointed bistoury was then thrust behind the fossa navicularis into the groove of the director and cut outward, dividing the whole perinæum and widening the aperture of the anus to near the coccyx. The rectum was laid bare by the division of the cellular tissue, stretching forward to the vagina and presenting at the bottom of the wound. The edge of the rectum was then dissected from the wound, divided to the extent of an inch in the direction of the external skin and muscular wound, and fastened to the separated edges of the rectum on each side of the cleft perinæum. The aperture of the rectum into the vagina was closed completely by occasionally touching it with nit. argent. Three weeks after this operation, the formation of a new perinæum was attempted. The hind surface of the open end of the rectum was farther separated from the vagina. The portion of the intestine thus set free in the middle, contracted and receded about four or five lines. The scar of muscle and skin was removed from this inter space, the deep lying parts were brought together with a needle, and the edges of the wound with harepins and twisted suture. The cure was completely successful.

82. (I. F. SOUTH.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* There was no anus, but a slight puckering where the anus ought to be, which was protruded when the child cried. In front of the scrotum and along the line of the raphé as it went on to the prepuce, was a small opening just large enough to admit a probe, from which meconium escaped.

Operation. An incision, dividing the puckered skin, was carried an inch deep before the rectum could be felt, which was then opened and an urethral bougie passed in, from which meconium escaped. A probe in the ante-scrotal opening passed in a canal beneath the urethra, through the perinæum, and became larger and larger as it approached the rectum where it terminated. No bougie nor anything else was left in. In two weeks the opening had closed up, and the meconium came by the aperture in front of the scrotum. A second opening was made again into the rectum, a piece of bougie was introduced and removed three or four times daily, for emptying the bowels. At the end of three months, the anal opening had so contracted that it would not admit the point of a probe. Another operation was done, and a larger bougie used and worn two weeks, then a pewter pipe the thickness of a finger was tried. Two months after, the pipe had slipped out by neglect, and the opening again closed. Another operation was required, and a large bougie ordered to be passed frequently. Did not see him again till he was seven years old, when he was a well-grown boy, with an immense belly. The anus continued open, as also the opening in front of the scrotum. The mother would not allow any

operation for the ante-scrotal canal. Saw him again when eighteen years old, and the anus looked like a bullet-hole in a board. Said he had no difficulty in passing or retaining his fæces. The anal orifice was completely filled with prolapsed mucous membrane or rectum; the finger readily passed through this as far as the knuckle into a cavity full of fæces, and run along the perinæum beneath the membranous part and bulb of the penis to the back of the scrotum, where the canal narrowed and would only admit the finger. This communicated with the opening before the scrotum. The prolapsed mucous membrane acted like a valve, and prevented an involuntary passage of fæces.

83. (DUPUYTREN.)—*Imperforate Anus.* Operation for an artificial anus in the right iliac region. Death.

84. (NELATON.)—*Imperforate Anus and Rectum.* Operation for an artificial anus in the left iliac fossa. Death.

85. (THOMAS COPLAND.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Was five days old when first seen. The fæces came by the penis.

Operation. Death.

86. (T. COPLAND.)—*Imperforate Rectum.* The cul de sac was an inch from the anus.

Operation. Cure.

87. (DR. PALMER.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* No operation. Death in five days.

88. (PETIT.)—*Imperforate Anus and Rectum.* Operation. Death on the next day.

Autopsy. The rectum was found converted into a round, solid mass, eight lines long.

89. (LANE.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* No operation. Death on the ninth day.

90. (DOANE.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Operation. Death on the eighth day.

91. (FLINT.)—*Imperforate Rectum.* No operation. Death.

92. (DALE.)—*Imperforate Rectum.* No operation. Death.

93. (H. G. CLARK.)—*Imperforate Rectum.* Operation. Death two and a half days after birth, and nine after the operation. No fæces ever escaped.

94. (G. B. DOANE.)—*Imperforate Rectum.* The finger could be passed up an inch.

Operation. Death seventeen hours afterward, and four days from birth. The rectum was not opened.

95. (DAVIS.)—*Imperforate Rectum.* There was a thin membrane an inch and a half from the anus. No operation. Death on the sixth day.

96. (WHEELER.)—*Imperforate Rectum.* No operation. Lived two days.

97. (E. C. PHINNEY.)—*Imperforate Anus.* Operation. Intestine not opened. Lived five days.

98. (FISHER.)—*Imperforate Rectum.* Operation. Intestine opened. Lived three days.

99. (GORDON.)—*Imperforate Rectum.* Operation. Intestine opened. Lived three days.

100. (MOORE.)—*Imperforate Rectum.* Operation. Intestine not opened. Death.

101. (COTTING.)—*Imperforate Rectum.* No operation. Lived two days. The intestine was found lacerated.

102. (AYER.)—*Imperforate Rectum, with an Abnormal Opening.* No operation. Fæces came by the penis. Death.

103. (WARE.)—*Imperforate Rectum.* No operation. Lived fourteen days.

104. (PARKMAN.)—*Imperforate Rectum.* Operation. Intestine not opened. Lived a few hours.*

In children born with any of the malformations above alluded to, and where no operation is attempted for the purpose of relieving them, some of the following symptoms sooner or later appear:—swelling of the bowels, increasing to great distension; pain; local and general distress; cries or moanings; painful straining; nausea; vomiting, at last of fecal matter; hiccough; general yellowness of the skin; convulsions; death.

With these malformations, there is frequently in the same individual, a further malformation of the neighboring sexual organs, in a greater or less degree of imperforation, or of some arrest of development, as fissure of the scrotum, with the glans penis and the meatus in the perinæum; spina bifida; the absence of a portion of an extremity, or the interesting peculiarity of the heart in Dr. Page's case, No. 68.

In some cases the sphincter ani is present when there is an imperforate anus and rectum; in other cases it has been found absent when the anal aperture only is closed. But the fact of a more or less control over the fæces after many of the operations, demonstrates its presence in some degree, and sufficiency to prevent the soiling of the clothes.

In case No. 60, before the operation there was strong contraction and retraction about the anal region on pressure with the finger. When the septum was divided and the finger introduced through the opening, it still contracted strongly, and yet there was no intestine as far as the finger could reach. So that the sphincter is sometimes present when there is an absence of the rectum, and sometimes deficient when the rectum is very near the anus.

Nothing can be expected from any effort of nature to effect any substantial relief. If no operation is undertaken, death must soon follow.

Nothing will avail but some surgical interference. The question arises whether it is well to recommend a doubtful remedy or wait for certain death. The encouraging results in some of the above cases certainly authorize and warrant an attempt at relief by some operation. An operation may not be followed by the desired result, still an attempt should be made, unless there are other complications or conditions of the system that would contra-indicate an operation. The kind of operation must be adapted to the particular case, and care should be taken against a too long delay in order to prevent a laceration of the intestine, and also against giving purgatives to force down the intestine for the same reason.

* For the last sixteen cases, I am indebted to Dr. J. B. S. Jackson for a reference to his numerous notes upon this malformation.

When the anus is closed by simply a thin membrane, a circular incision may be used to remove it, or a crucial one, with the after removal of the flaps. Then measures should be taken to prevent any union of the divided parts for a longer or shorter period. When there is no trace of an anus, and with it a closure of the rectum at a greater or less distance from the anus, or a communication of it with the bladder, urethra or vagina, the operation is more difficult, and more uncertain in its results. For an operation to be successful, the opening must be sufficiently free and permanent. Instead of using a trocar and making a hole merely, with the risk of tearing the parts in the process of dilatation, a free incision with a sharp-pointed instrument, guided by the finger, is by all means to be recommended. Whatever the operation, let the opening into the intestine be made large enough at the first operation, if possible. The tendency to contraction will be much greater in the subsequent operations. If possible, the incision should enter the obstructed end of the intestine rather than the sides, and where the obstruction is hard and firm, remove the whole of it, if it can be done safely, for frequently it seems similar to cicatricial tissue. The success of an operation will be greatly increased by the thinness of the obstructing septum, and by its close proximity to the situation of the natural anus. In the after treatment, the important element in the way of success is the persevering efforts to overcome the contraction of the parts. Here arises the main difficulty and labor. It may be work, and very hard work too, to overcome the contractions; but if success follows, the greater will be the credit. Cases may occur to corroborate practically the truth of B. Bell's remarks in speaking of the exceeding difficulty of preserving the passage sufficiently wide, when he says, "Indeed, no case in which I was ever concerned gave so much perplexity and trouble, either to the patient or myself, as each of those I have mentioned (Cases No. 71, 72); for although in both, the openings were at first made sufficiently large, yet nothing but continued attention for the space of *eight or ten months* prevented the necessity of a frequent repetition of the operation." Again, "but when the rectum lies deep, I am inclined to think, from the event of those cases, that although ultimately a complete cure may commonly be obtained, after a free discharge of fæces is procured, much care and attention on the part of the operator will always be required for a considerable time after the operation; and in general we may suppose that the difficulty will be in proportion to the depth of the gut." He succeeded by his perseverance. Latta and others have succeeded.

Use the finger as a director, and with it dissect away the intestine from the neighboring parts when it can be done. Also have a probe in the bladder, as an additional adjuvant. Try to bring the intestine down and secure it to the external wound, as Amussat did successfully.

To dilate and keep the opening sufficiently free, use whatever means agree the best with the patient, by causing the least irritation, whether a soft or hard solid.

Single or double metallic tubes of different sizes, similar to the tracheotomy tubes, may be used with advantage.

The greater the distance of the cul de sac of the rectum from the anus, the greater will be the danger from fæcal infiltration and the

difficulty of maintaining a sufficiently free and permanent opening after the operation.

In the cases where the rectum communicates with the urethra or bladder and are left to themselves, a fatal result is almost inevitable as soon as the fecal matter is firm or hard and accumulates. When the communication is with the vagina, the danger has not been so great, on account of the greater size of the opening, and the facility of sufficiently enlarging it when near the vulva.

The question of the propriety of performing or recommending an operation to establish an artificial anus in the left iliac, left lumbar or right iliac region, must rest with the parents and surgeon. If they are fully conscious of the state of things that must necessarily follow an operation, supposing it to be successful, and, in spite of all these difficulties and discomforts, urge an operation, there seems to be no other alternative but to do the best we can.

Bibliographical Notices.

Transactions of the American Medical Association. Vol. X. Philadelphia: Collins. 1857. Pp. 676.

THIS volume, less by two hundred and thirty-one pages than its immediate predecessor, has been received. Ten years have passed since the organization of the *American Medical Association*, and amidst various auguries and opinions as to its actual benefit to the profession and its future success, it "still lives," and this year announces its existence very worthily.

We cannot, in the limited space at our command, do more than rapidly sketch the chief points of interest presented by this valuable collection of facts and careful researches. We may say, at the outset, that it seems to us a wise regulation which has been adopted, that of restricting the size of the yearly issue of reports to something portable, or at least mailable. The last volume was fearfully obese! It was, to be sure, rich in its fatness, but it nearly smothered one even to look at it.

In the present number of the *Transactions*, we have, in addition to the reports of the Committee of Publication and of the Treasurer, the Address of Dr. Pitcher, the presiding officer, and eleven other reports purely medical or surgical. Following these, the two Prize Essays for the year are printed; and the work is completed by presenting the Plan of Organization of the Association, its Code of Ethics, and a list of its Officers and Permanent Members.

The Association met at Nashville, Tennessee, May 5th, 1857. The members were warmly welcomed by Dr. C. H. Winston, Chairman of the Committee of Arrangements. On organization, it was found that twenty States had sent delegates. We are sorry not to see the name of Massachusetts amongst them, and somewhat surprised also—for distance did not deter her delegates from visiting *Detroit*; indeed it rather seemed to "lend enchantment to the view"! Nor, last Spring, were the times "hard." We do not know why some of us were not there—but so it is recorded.

On perusing the "minutes," we observe the dreadful words, "no

report," very often; also, "further time asked," "committee continued," &c. Next year ought to bring up these arrears, and a large volume is threatened. One expression in the minutes struck us painfully; an honorable judge "was invited to a seat on the stand." We hope it was a *platform*, and well "defined," and that the gentleman did sit, and not stand.

We have some time since given all needful particulars with regard to the mere details of the meeting. We would allude with satisfaction to the opportunity afforded by a recommended amendment, that the "first Tuesday of June" may be adopted as the day of meeting. In our climate, at all events, it is far to be preferred to the first Tuesday in May.

Next to the minutes come the Reports of the Committee on Publication and of the Treasurer. In each of these, we remark that our friend Dr. J. N. Borland, of this city, has been rudely dealt with by the *types*, while the reporters have accorded to him all due credit for his aid in advancing the sale of the last volume.

The Treasurer, Dr. Caspar Wister, refers to the wisdom of the Association in abandoning compulsory subscription to the publishing of the *Transactions*; still he urges the necessity of very general subscription from permanent members, in order that the balance in the Treasury be not wholly expended, in the event of two successive small meetings diminishing the receipts. This, and continued exertion by members in increasing the circulation of the volumes and prompt payments therefor, are rightly urged upon our attention.

We can barely do more than name the several *Reports*, in the order of their succession. First, that upon the *Medical Topography and Epidemics of Maryland*, by Dr. Wroth, aided by Drs. Cox, White and Waters. We observe, in the portion by the latter gentleman, that in acute pneumonia and bronchitis the lancet is considered "admissible" in those districts regarded by the report. As this question has, of late, much occupied the attention of the medical world, the conclusions of careful observers upon it, everywhere, are very desirable. The typhoid aspect sometimes attaches to the above affections in Maryland, and of course the lancet was found *in-admissible*.

The Report on *Infant Mortality in Large Cities, the Sources of its Increase and Means for its Diminution*, is next in order, and is prepared by Dr. Reese, of New York. The subject is a most important one, and deserves a far more extended consideration than can be given to it within the limits of a mere report. So far as it goes, that of Dr. Reese is well; it sketches the outlines of a picture which is sad to behold, and can hardly, soon, be drawn in any more favorable colors. It is all very well to recommend legislative restrictions upon matrimonial alliances, and we would that they could be made effective in the view the reporter alludes to,—viz., the prevention of them between individuals of constitution so tainted as that their offspring, if any, *must* be unhealthy. This is of *national* as well as private interest; but when, and how, can it be effectively acted upon? We would fain concur in the *opinion* that "celibacy should be required by statute of all consumptive, scrofulous, scorbutic, gouty, insane, intemperate, and especially syphilitic individuals of either sex, and this for grave reasons of state, which concern the public weal." This Spartan procedure, however, we fear, the genius of Republicanism, here, will

repudiate; and, indeed, under any government, its rigid enforcement seems nearly impossible. Much of this Report commands our respectful consideration; and, not the least among its animadversions, do the remarks upon the procuring of abortion meet with our unqualified approval. We can only here record our regret, in common with so many of our cotemporaries, that one so capable of castigating evil practices, and of laying down judicious rules of action, should ever have lent himself, by any means or from any reasons, to the support of quackery or the defence of its followers. It matters not whether personal considerations, in the light of friendship, or others unknown to us, induced Dr. Reese to defend the dereliction of Dr. McClintock,—his doing so will be an everlasting reproach to him, and, we must add, should have debarred him from receiving so marked an honor at the hands of the American Medical Association, as to be installed one of its Vice-Presidents.

The Report on the *Medico-Legal Duties of Coroners* is the third; it is by Alexander J. Semmes, M.D., of Washington, D. C. This subject is of great importance, and particularly do we consider it so relatively to the *qualifications* of those who are called to the responsible office of coroner. This requisite has not been sufficiently recognized in any community. In our own, at present, grave accusations have lately been brought against the coroners, particularly the medical ones, of over-charging, &c., which, in our view, demand from them personal vindication. We conclude that such will soon be made. In the mean time, we take occasion to say that it seems to be too much the opinion that *any* man can be a coroner, supposing him only to have a *modicum* of common sense. This, however, is a delusion; and the State will find it so, should it act upon the view urged in certain quarters. Whilst we hold to fairness in all things, we believe that it takes, oftentimes, thorough medical and surgical knowledge to pronounce a righteous verdict. Let those who have the ordering of these matters weigh them well. The recommendation of the Committee (p. 119, *Transactions*) that coroners be, in all cases, medical men, will yet be adopted, in our opinion, by the unanimous decree of the legal and popular mind. We cannot refrain from quoting a sentence from this Report, which bears directly upon the remuneration to be received by medical coroners. "The members of the profession of medicine, everywhere, are, as a class, beneficent and self-sacrificing, laboring always cheerfully and gratuitously in the cause of humanity and in the service of the destitute. But they, too, must live while they thus labor, and it cannot be expected, by government, they should serve the wealthy in their most professional position without the obligation being recognized and requited."—(p. 124.)

Dr. John F. Posey's Report upon the *Topography and Epidemic Diseases of the State of Georgia*, comes next, and consists mainly of replies to queries addressed to practitioners in the State. It is especially valuable to the latter, but is well worthy of perusal by all who are interested in such important topics. The same variation in respect to pneumonia, &c., as has been previously referred to, at one time demands, at another forbids, bleeding. The discretion of the practitioner must decide this question. Tubercular disease is pronounced "not infrequent" in some portions of Georgia. In one district, it is said that "tubercles in the lungs are more common than in more south-

ern and less elevated regions, where there are fewer alternations in the weather, and less humidity."—(p. 146.) Alternations in weather, it is true, may be considered unfavorable in tuberculous predisposition or actual disease, but that northern and elevated regions are so, has been, of late, disproved, as a general thing—particularly by the observations of Dr. H. I. Bowditch, of Boston. The particular portion of Georgia referred to, may be an exception.

Dr. Hinkle's Report on the *Use of Cinchonia in Malarious Diseases*; that of Dr. Pease, of Wisconsin, on the Blending and Conversion of Types in Fever; of Prof. Dugas, on a *New Principle of Diagnosis in Dislocations of the Shoulder-Joint*; of Dr. Geo. Suckley, U. S. A., on the Fauna and Medical Topography of Washington Territory; of Dr. J. G. Cooper, on the Medical Flora of Washington Territory; of Prof. F. H. Hamilton, on Deformities after Fractures; and that of Dr. H. F. Campbell (a "partial" one) on the Nervous System in Febrile Diseases, together with the Prize Essays, conclude the volume.

It is impossible for us to say more of these than that they are all creditable, apparently, to the gentlemen who have prepared them. Were we to particularize any as especially worthy of note, and deserving attentive perusal and study, we should select Dr. Suckley's very extended and carefully-prepared paper; Prof. Dugas's short but interesting diagnostic remarks on a frequent surgical accident; Dr. Cooper's report, and, "last not least," the voluminous contribution of Dr. Hamilton, being a book by itself, as to bulk and importance, and a continuation of those indefatigable labors to which we have alluded on more than one occasion. The work which these papers will hereafter constitute, will be a monument to the industry, sagacity and *esprit du corps* of the writer, and an invaluable contribution to the records of fracture.

We have been unable to find time to examine the "Prize Essays;" the fact of their success must be sufficient for the present. We do not doubt their excellence.

Enough has been presented, we think, in our somewhat extended sketch of the *Transactions*, to show that they are, this year, fully as worthy of being subscribed and paid for, as ever; more so, indeed, than in some years. We hope the Treasurer will receive calls to an extent not only capable of supplying the means of discharging all expenses, but that he also may find an ample surplus in his hands.

We omitted to say that there are many illustrations, of value; connected chiefly with Dr. Hamilton's report. Dr. Dugas has also given engravings in his paper, and a few others appear elsewhere, as in Dr. Campbell's Essay.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 24, 1857.

MONSTROSITY.

OUR attention has been directed, by Dr. J. B. S. Jackson, to the following account of a monster of the human species, and which appears under the head of *Items*, in the *Boston Traveller*, of the 17th inst. We

are usually distrustful of newspaper reports of such instances; but, in the present case, the use of certain terms leads us to suppose that some medical or scientific man has furnished a description, of which this is a condensed form. We extract the "*item*," entire.

"The Folsom *Dispatch* reports that a female child was born a short time since at Alder Creek, with two heads—one on top of the other. The lower head is perfect in all its parts. The upper one presents a complete os frontis, with all the upper regions of the head developed, presenting the different features, but deficient in the lower portion, which is seemingly hid from view by being imbedded in the top of the natural head. It is still living."

Dr. Jackson has also indicated to us the remarks of M. Isidore Geoffroy Saint Hilaire upon the peculiar form of monstrosity to which it would appear this specimen belongs. It is termed by Saint Hilaire, *Epicome*, i. e., upon the hairy scalp; and he refers to the well-known case reported by Sir Everard Home ("*An account of a child with a double head*"; Philosophical Transactions, 1790, Vol. LXXX., p. 296), and the specimen illustrating which is preserved in the Hunterian Museum.

In 1799, Home added certain observations (Vol. LXXXIX., p. 28). These papers were accompanied by illustrations; and such are given also by Saint Hilaire.

The exceeding rarity of the occurrence renders every authentic case very interesting, and its permanent record most desirable. We translate a paragraph from the work of the French natural historian,* which shows the infrequency of the anomaly.

"Nearly thirty years elapsed from the date of the first publication upon this subject by Home, without any known re-production of an instance really analogous to his. It was not until the year 1828, that a learned surgeon of Liége, M. Vottem, made known a second example of epicomia, which has to this day been as completely unknown as the former instance has become celebrated."

The accuracy of detail and thorough anatomical investigation given to his case by Vottem, are highly praised by Saint Hilaire, who regrets that no representations were taken of the child. The death of the latter followed its birth in half an hour; and it is remarked that this rapid demise has detracted much from the interest of the case, physiologically and psychologically—the instance by Home far surpassing it in these points, and having "greatly contributed to its wide-spread celebrity."

If this notice should meet the eye of the physician in charge of the mother of this anomalous child, or of any one who can furnish us with a detailed and reliable description of it, and of the circumstances attending its birth, we shall esteem ourselves fortunate in obtaining the information, and will gladly publish the same in our pages.

STATISTICS OF TRACHEOTOMY.

WE notice, in a late number of the *Gazette des Hôpitaux*, an article on the statistics of the operation of tracheotomy in croup, derived from a thesis by M. André. We take from it some figures which will be of interest to our readers at the present time, being the season

* Anomalies de l'Organization, Tome III., p. 329, *et seq.*

when this disease is most common. This operation has been twice performed within a few weeks in this city by Dr. GAY, and both the patients, we are happy to say, are likely to recover. As these cases will be published, hereafter, in the JOURNAL, we will merely say that the first patient was a female of 20 years, in whom the false membrane was so tough that there was considerable difficulty in penetrating it after the trachea was opened. The second case was that of a boy of 8 years; here there was no membrane found in the trachea at the time of the operation, but a considerable quantity was afterward expelled.

The thesis of M. André contains the results of all the operations of tracheotomy for croup which were performed at the Hospital for Sick Children in Paris during the year 1856. They are well represented in the following table :

AGES.	No.	Deaths.		Recoveries.	
		Boys.	Girls.	Boys.	Girls.
From 15 months to 2 years,	6	2	4	0	0
“ 2 to 3 years,	9	4	3	2	0
“ 3 to 4 “	13	5	4	4	0
“ 4 to 5 “	11	6	3	1	1
“ 5 to 6 “	6	3	1	1	1
“ 6 to 6½ “	3	1	1	0	1
7 years,	2	0	1	0	1
8 “	2	0	1	1	0
9 “	1	0	0	1	0
9½ “	1	0	0	0	1
Total,	54	21	18	10	15

Thus out of 54 operations there were 39 deaths and 15 recoveries, or over 27 per cent. According to the *Gazette*, the proportion of recoveries obtained by M. Guersant, in a very considerable number of operations during the last four or five years, was about *one third*. It will be seen that the number of recoveries is greater in proportion to the age of the child: all the six patients under 2 years died; 7 out of 9 died who were operated on between the ages of 2 and 3 years; 9 out of 13 of those between 3 and 4 years; but of the two at 7 years, one died and the other recovered; at 8 years the proportion is the same; at 9 and 9½ years, there were two operations, both successful. The reasons of this advantage possessed by older children may probably be found in their greater vigor, and in their docility, which renders the manœuvres of removing, cleansing and replacing the canula much more easy than with young infants.

An important question is left unanswered by M. André's table—how far is the result of the case dependent upon the period at which the operation is performed? There is every reason to believe that the earlier the trachea is opened, if it is to be done at all, the greater are the chances of success, since not only is the system sooner relieved from the depressed condition consequent upon an insufficient supply of oxygen, but the congested state of the lungs is relieved, and their tendency to subsequent inflammation diminished.

M. André has endeavored to ascertain the period at which the canula ought to be removed. This period was noted in 17 cases: in one it was taken out on the fourth day; in 5 on the sixth day; in 2 on the seventh; in 3 on the eighth; 1 on the eleventh; 1 on the thirteenth; 1 on the fourteenth, and 1 after the fourteenth. From the fourth to

the fifth is the time recommended by M. André for the first removal of the tube, which is to be replaced if dyspnœa recur. By means of a canula provided with an opening in the convex part of the curve, the necessity of removing the tube is obviated, it being only necessary to close the external opening, to allow the patient to breathe through the larynx. This was done in the first case operated on by Dr. Gay. On the twelfth day, a cork was placed in the orifice, and retained there for eight hours. The respiration was accelerated, but not laborious. The next day the canula was removed, and the patient from that time continued to breathe, with perfect ease, through the larynx, the wound contracting rapidly.

STATE ASSAYERS AGAIN.

“*Quis custodiet custodes ipsos?*”

MESSRS. EDITORS,—During the past week or two, a firm in this city has been distributing a new circular, setting forth the purity of “Copper Distilled Pure Old Bourbon Whiskey.” As they “beg leave to call your attention to its claims, and also ask you to judge, personally, of its merits,” of course you will do so, when they send you a dozen. This circular, in the regular style of all quack advertisements, expresses the *delicacy* of the proprietors “in resorting to any of the usual modes of announcement, as they have heralded indiscriminately the good, the bad, and the indifferent.” Notwithstanding this unwillingness to register their “Copper Distilled Pure Old Bourbon Whiskey” among the quack medicines, the proprietors proceed to perpetrate that outrage upon Picken & Co.’s copper distilled, &c. Notwithstanding this JOURNAL has shown the fallacy of believing in the certificates of State Assayers’ [examiners of ores and metals, that is] analyses of such articles, unless each bottle is tested, this firm must attach to their circulars the very certificates of the very men.

Now, in our view, if the reputation of any firm is not of itself sufficient to warrant the goodness and purity of any article they may sell, upon their own statement, the certificates of all the assayers in Christendom would not save them, whether the article sold be Antiphlogistic Salt, or Copper Distilled Pure Old Bourbon Whiskey.

This circular is a very queer one, and contains numerous certifications. First, Messrs. Weeks & Potter “pledge their personal credit to support the character of the whiskey.” Secondly, one assayer of ores and metals certifies to the character of a *sample* sent to him by Weeks & Potter. Thirdly, another assayer of ores and metals certifies to the character of a *sample* of whiskey sent to him. Both these gentlemen regard their particular samples as Bourbon Whiskey; but neither of them certify that they are what the circular states, and what whiskey drinkers are very desirous of knowing, that they are samples of *Copper Distilled Pure Old Bourbon Whiskey*. A link in the chain appears to be wanting. *Were* those, samples of the “Copper Distilled”? That is all that the public wants to know, and we supposed that the assayers of ores and metals would give us the analysis, not of the whiskey, but of the still. Unfortunate omission. Did the proprietors not remember that

“Whatever link you strike;

Tenth or ten thousandth, breaks the chain alike”?

However, to make up for this, they give us a fifth certificate, signed by nine M.D.’s, as if “confidence in the above statements of Drs.

Jackson and Hayes" would give us confidence in the still, which they do not appear to have assayed.

Well, well. This reminds us of a story, which was told, we believe of John Randolph, but of some one, at any rate. Two gentlemen, both unacquainted with the Virginian, agreed to become acquainted, and that one should introduce the other. The operation was somewhat in the following style. "Mr. Randolph, I wish to introduce to you my friend, Mr. —. Mr. —, Mr. Randolph." "Ah, Mr. —, I am very happy to make your acquaintance—but—who the devil introduced you, Sir?" C. E. B.

Transactions of the American Medical Association, Vol. X.—The volume of the Transactions which we notice in to-day's JOURNAL, may be had on application to Dr. J. N. Borland, 16 Winter Street. Three dollars is charged, and the volume is well worth the sum. Early notice should be given to Dr. Borland, in order to facilitate the arrangements to be made by him for securing copies, and to lessen as much as possible the task he has so kindly undertaken.

Illness of Dr. Chauncy Booth.—We deeply regret to hear of the serious illness of this gentleman, so highly respected and well known as the Superintendent of the McLean Asylum for the Insane, at Somerville. Dr. Booth has long struggled manfully against physical infirmities, and has manifested an endurance and cheerfulness which have done him infinite credit. We trust he may be restored and enabled to resume the duties he has so long and so faithfully discharged.

Health of the City.—The mortality during the last two weeks presents a striking contrast with that of the same period last year; the number of deaths has been much smaller, and the class of fatal diseases different. Last year at this season scarlatina was very prevalent and fatal, having caused the unprecedented number of 40 deaths in the week corresponding to the one ending last Saturday, during which not a single fatal case was reported. Diseases of the lungs are much more prevalent now than last year. We notice 22 deaths by consumption and 6 from pneumonia, the numbers a year ago having been 16 and 1.

TO CORRESPONDENTS, &c.—Although we have given eight additional pages of matter in the present number of the Journal, several original communications are still on hand awaiting insertion, besides bibliographical and other notices. We regret the occasional necessity of disappointing correspondents by a delay in printing their favors. This will be avoided hereafter as much as possible, though an immediate insertion should never be considered as certain.—The following books have been received:—Principles and Practice of Obstetrics, &c., by Henry Miller, M.D., Prof. of Obstet. Med. in the University of Louisville.—Urethro-Vaginal and Vesico-Vaginal Fistules, by N. Bozeman, M.D.—Address before the graduating class of Dartmouth Medical College, by Geo. H. Hubbard, M.D.

MARRIED,—In this city, Dec. 9th, Eugene F. Sanger, M.D., of Bangor, Me., to Miss Emily Fay.—In Rowe, Dec. 16th, Dr. J. P. Lynde, of Athol, formerly of Hardwick, to Miss Lizzie C. Brooks, of Athol.—In Prescott, Dec. 15th, Dr. A. R. Holmes, of New Bedford, to Mrs. H. F. Newhall.—In Plympton, Dec. 6th, Matthew McClearn, M.D., of Northfield, Vt., to Miss Ruth S. Ripley, of P.—In Providence, R. I., Nov. 8th, Joseph C. Hathaway, M.D., of Ottawa, Ill., to Miss Annie Crane, of Assonet, Mass.—In Lyndon, Vt., Dec. 4th, Charles S. Cahoon, M.D., to Miss Charlotte Chase, both of Lyndon.—In Brooklyn, N. Y., Dec. 9th, William Swift, M.D., of Brooklyn, to Miss Nellie M. Bates, of this city.

DIED,—In Charlotte, N. C., Dec. 7th, of apoplexy, Dr. J. Livingstone Van Doren, of New York city.

Deaths in Boston for the week ending Saturday noon, December 19th, 73. Males, 36—Females, 37.—Apoplexy, 1—inflammation of the bowels, 1—bronchitis, 1—cancer in the breast, 1—chclera infantum, 1—consumption, 22—convulsions, 3—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 3—drowned, 1—infantile diseases, 7—puerperal, 1—typhoid fever, 3—bilious fever, 1—inflammation of the lungs, 6—gangrene of the lungs, 1—marasmus, 1—measles, 1—old age, 5—palsy, 1—pleurisy, 1—teething, 1—unknown, 2—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years 10—above 60 years, 12. Born in the United States, 45—Ireland, 21—other places, 7.

ATTEMPTED ABORTION BY AMERICAN HELLEBORE.

Messrs. Editors,—Having noticed a case of attempted abortion by the use of *veratrum viride*, reported in a late number of the Journal, I extract a similar case from my note-book, which may be of interest in connection with the other.

I was sent for in great haste, and on arriving at the house found a young woman vomiting freely and complaining of intense pain in the stomach. She was cold and pale. Pulse 40. I inquired what she had taken, and was told "skunk-cabbage." Doubting this, I made further inquiries, and learned that she had taken a teacupful of infusion, prepared from the fresh root of what they thought was skunk-cabbage (*symplocarpus fetida*), but which I found was *veratrum viride*, gathered by mistake. I was shown what they called a "doctor-book" (a small, popular treatise on medicine, &c.), in which it was stated that skunk-cabbage would relieve the womb of its contents. The person gathering the root was ignorant of the distinction between the two plants, and hence the mistake. She vomited freely for some time. After the stomach was relieved of its contents, I prescribed an opiate, and she soon recovered. It had no effect on the fœtus in the womb, and in about six months she was delivered of a healthy child.

Stratford, N. H., Dec. 15, 1857.

CHAS. PALMER, M.D.

The Medical Society of South-Western New York held its Fall Session at Fredonia, Chautauque Co., on Nov. 4th and 5th. The session terminated by a social dinner, at which the wives of the members were present. A full report of the proceedings is given in the *Fredonia Censor*, from which we gather that the occasion must have been one of unusual interest. A number of excellent speeches were made, by the President, Dr. G. W. Hazeltine, by Dr. T. D. Strong, Rev. E. S. Wright, Prof. A. Bradish, Rev. L. L. Noble, Dr. H. M. T. Smith, Rev. Mr. Hyde, Dr. C. E. Washburn and others. The festivities were continued till a late hour, and the company dispersed after a most agreeable evening. The Society meets again at Jamestown, on the first Wednesday of February.

Asylums for Idiots.—On Wednesday, 9th inst., an interesting meeting was held in Philadelphia, by the representatives of the following institutions: "The Massachusetts School for Idiotic and Feeble-minded Youth," at Boston; "The Massachusetts Private Institution for Idiotic, Imbecile and Backward Children," at Barre, Mass.; "The New York Asylum for Idiots," at Syracuse; "The Ohio Asylum for Idiots," at Columbus; "The Pennsylvania Institution," at Germantown. The object of the meeting was to organize an Association for the purpose of bringing the subject of Idiocy before the people, discussing questions of interest and maturing methods of treatment relative to this unfortunate class. As the result of these discussions, which were purely practical, certain principles were adopted. The next meeting of the Association will be held in N. York.—*Phil. Inq.*

Medical Examination at Dartmouth College.—It was our privilege to attend the annual examination of the candidates for graduation in our State Medical School, on the 9th and 10th of Nov. Eleven young gentlemen were admitted to the degree of M.D., after an examination every way creditable to themselves and the Institution. We were pleased with the manifestations of a thorough training evinced by the candidates, as well as by the impartial course pursued by the Faculty in the examination.—*N. Hampshire Journal of Medicine.*

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INTRODUCTION OF REMEDIES BY INCISION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—From an editorial in your JOURNAL for Dec. 3d, it appears that the only novel feature in Dr. Fell's treatment of cancer is his introduction of remedies by means of incision. But it is probable that even on this point Dr. Fell's claim of originality may be with justice disputed by a German physician, Dr. Langenbeck, of Hanover. Dr. Fell's method, for some time used secretly, was divulged in 1857. Langenbeck, in a book published in 1856, entitled "The Inoculation of Remedies,"* makes known the results of his experiments during four years, on the introduction of remedies by means of incisions in various diseases, cancer among the rest.

The following are Prof. Langenbeck's words on this subject:—
"Many fruitless endeavors to apply with success a variety of remedies endermatically, finally led me, about four years ago, to the method of introducing them at a certain depth under the skin, into the subcutaneous cellular tissue, particularly in such localities as are rich in lymphatic vessels, and where convolutions of lymphatic glands may be found. The first few experiments showed that remedies were much more rapidly absorbed, and had a more satisfactory effect on diseased organs, than was the case in applying them endermatically. I therefore soon gave a wide application to this, what might be called the hypodermatic or subcutaneous method."

As Prof. L.'s method is a decided novelty, a short description of his manipulations may be interesting to the readers of your JOURNAL. For introducing the remedy a lancet is used, "Myrtiform, two-edged, pointed, with a spoon-shaped depression on one side, for the reception of the medicament. The smallest size has a blade one or two lines in width and about an inch long; the

* Die Impfung der Arzneikörper, von Max. Langenbeck, Prof., Dr. Med., Hannover, 1856.

largest size, for incisions into tumors, or fleshy parts, is four or five times as large." The lancet, with the remedy placed in its concavity, is introduced as if for vaccination, only to a greater depth. It is important that the remedy should be deposited directly in the morbid tissues, or, if this is impossible, in the subcutaneous cellular tissues, as near the diseased part as possible. Occasionally Prof. L. employs what he calls "plaster inoculation." For this purpose he makes an incision through the skin, only three or four lines in length, with a small lancet, or even a common needle. Over this wound a small pledget of lint, spread with the remedy, is placed with great exactness. The plaster-inoculation is less painful than the incision, but the action of remedies is not so intense.

With a few exceptions, the remedy to be introduced is mixed with a "vehicle," consisting of croton oil, or tartar emetic ointment, or both together, combined with almond oil in such proportion as to form a mass of a soft solid consistence, which is most easily introduced. The effect of this vehicle is said to be twofold; it stimulates the absorption, and exercises a derivative, revulsive action, which Prof. L. considers very important in many diseases.

The following appearances are usually presented after an inoculation. "The place where the remedy has been introduced under the skin reddens more or less, in proportion to the quantity of the medicament. If two or three drops of croton oil, or four or six grains of tartar emetic ointment, have been used, an intense redness is visible in a few hours. At the same time the skin becomes warmer and hard to the touch. A local, subcutaneous inflammation therefore occurs, corresponding in intensity to the frequency with which a certain quantity of the irritating matter has been introduced. These appearances are also modified by the greater or less depth to which the lancet has been introduced, so that after a very deep incision only a slight redness can be detected at the surface. Other modifying elements are the qualities of the remedies introduced, as well as the condition of the tissues which are attacked, whether they are soft, relaxed or tense, normal or diseased. If the tissues are healthy, a passage is formed, corresponding to the length of the incision, which feels like a hard cord, and generally does not close until the act of absorption is finished at its deepest point. A fluid may be pressed out of this passage, which is at first limpid and afterward puriform. A trace of the remedy can seldom be detected in this secretion, unless pressure is applied within a few hours from the time of the inoculation. If the lancet has been introduced from one point in several directions, then several passages are formed, which, following the same course as a single passage, generally unite at their openings to form a little cavity. In an adult a single passage, after two or three inoculations, remains open for eight or ten days, so that at subse-

quent attempts the lancet can be introduced without encountering any obstacle. If the openings of several passages lie close together, they coalesce and form a small ulcer. In this cavity the remedy may subsequently be placed, either in fluid or solid form, the former being the best. In a short time the remedy will then be entirely absorbed by the passages leading from the ulcer; at least this may undoubtedly be assumed from the fact that in four or six hours the remedy will have entirely disappeared, while the passages are still permeable. Abnormal, diseased tissue re-acts differently according to its conditions. Usually the harder the tissue is, the longer will the passages remain open."

And now a few words about the success of Prof. L.'s treatment. In malignant disease, he says, "I have frequently used inoculations of iodine. In some cases the morbid tissue sloughed off entirely, but it always returned. The benefits of inoculation were prolongation of life and avoidance of surgical operations, and even these slight advantages are worthy of some consideration."

"The quick and satisfactory result of inoculation in one case of cancer faciei is worthy of remark, since a similar cure has, to my knowledge, never been achieved with any remedy."

"A surgeon from the country, 50 years of age, had lost by cancer the whole lower lid, as far as the inner canthus, the external commissure of the lids and a third of the upper lid. The ulceration, of a dirty yellow color, had extended to some distance over the cheek and temple, and had a border of strong hardness. The patient's appearance was cachectic, he was low spirited, &c. He came to me to have the operation of blepharoplasty performed. I would not undertake it, as there was no possibility of succeeding. For a few weeks the patient was kept on a strict diet, and drank a mineral water (Carlsbader Mühlbrunnen). I then inoculated daily the whole base of the ulcer and its edges, with the exception of one point on the temple. The lancet was made to penetrate down to the bone. After ten or twelve inoculations, the base and the callous edges of the ulcer had separated, with the exception of the point on the temple, and a cicatrix was formed of perfectly healthy appearance. The lower lid was entirely regenerated; the upper one remained somewhat defective. Recently, half a year after the operation, the patient returned. Nothing had changed; the cicatrix was soft and looked healthy. The eye, which had formerly always been congested, also looked well. The part of the callous edge on the temple, which had not been inoculated, remained unchanged, or, if anything, had become a little thicker. The patient no longer had any pain, and his appearance was more fresh and healthy." The remedy used in this case was a mixture of iodine, corrosive sublimate, tartar emetic ointment and croton oil. The incisions were very painful, and sometimes bled considerably.

As this was Langenbeck's most successful case, it is evident that these inoculations cannot be relied upon in malignant disease. But in non-malignant forms, such as lipoma, fibroid and encysted tumors, polypus of the nose, &c., iodine was used with the best results. Non-malignant induration of the mammary gland was also successfully treated, the iodine being introduced into the diseased tissue itself by incisions often an inch in depth. In fact, probably owing to its resorbent powers, iodine appears to have been an efficacious remedy in almost every disease characterized by hypertrophy of tissue or the presence of some form of exudation. Thus it was used for glandular induration, struma, otorrhœa, lachrymal fistula, granular conjunctivitis; scrofulous, rheumatic and gouty swellings of the joints; hydrocs patellæ, hydrocele, ovarian dropsy, &c. &c. [An interesting cure is reported of a case of extensive ovarian dropsy of several years' standing, in a woman of 30, married, but childless. About three months were consumed in the treatment. Inoculations were made on the abdomen, nearly every day, with a quantity of the following: Iodini, ℥ss.; hydrarg. ox. rubr., gr. iv.; ung. tart. stib., ℥ss.; ol. croton., gtt. iij.; ext. squill., gr. viij.; ol. amygdal., ℥ss.]

At the risk of occupying more space than you care to devote to this subject, I shall proceed to speak of the application of a few other remedies.

Sulphur was a favorite remedy in most of the chronic diseases of the skin, such as eczema, impetigo, ecthyma, tinea, favus, lichen, porrigo, herpes, pemphigus, psoriasis, lepra, furuncle. But the following remedies were also used: veratrine, where there was a tendency to rigidity or induration of the skin (*lepra vulgaris*, psoriasis, pityriasis). Iodine was used when the skin was thick and hard, chloride of lime and creosote when the secretion was offensive, lead and zinc when the secretion was profuse. The remedies were generally introduced where the eruption of the skin was most copious, but disease of the scalp was often cured by inoculation on the arm.

Syphilitic ulcers were treated with inoculation in the inguinal region, or the inner and upper part of the thigh. Formerly Langenbeck was in the habit of giving some diaphoretic potion at the same time, but of late he has used the inoculation alone, and with the best results. The remedy generally consisted of red oxide of mercury, or corrosive sublimate, the latter being frequently introduced without the vehicle, simply dissolved in water. Syphilitic ulceration of the throat was treated with alternate inoculations of iodine and mercury, applied behind the ramus of the lower jaw. Other secondary and tertiary forms of syphilis were not submitted to treatment by inoculation.

For gonorrhœa, inoculations of cubebs and copaiba were used, together with injections of cold water every two hours, for the

first few days. Stricture, subsequent to gonorrhœa, was treated with inoculations of iodine and extract of belladonna.

Neuralgia was treated with inoculations of atropine, extract of belladonna, morphine and musk. The latter remedy, often used in substance, without the vehicle, was by far the most reliable.

A notice of Prof. L.'s method, from my pen, has already appeared in another journal (*Medical World*, July, 1857). That article was merely a translation of a German review, embracing a pretty complete list of the remedies used, and their application. But at that time I was not in possession of Prof. L.'s book, and, therefore, before this time, I have been unable to give a full description of his process and the phenomena attending it.

Now, it appears that Prof. Langenbeck has introduced remedies by means of incisions for the last five years. Moreover, he has done so openly—he has communicated his results to the profession, and has given the same publicity to his failures as to his successes. In consideration of these facts, Prof. Langenbeck ought certainly to obtain due credit for his exertions; and if on more extended trial his method is found to possess the advantages claimed for it, justice demands that the honor of the discovery should be awarded where it really belongs.

H. L. H. HOFFENDAHL.

Boston, Dec. 8th, 1857.

ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNECTION WITH ERRORS STILL EXISTING.

BY HENRY A. MARTIN, M.D.

[Concluded from page 415.]

I HAVE spoken of the passages more or less homœopathic, to be found in the mediæval writers on medicine. In the copy of the "Organon" studied by me fifteen years ago, was to be found quite an assemblage of these passages, and it may be worth while to try to account for their existence. The early chemical physicians were true revolutionists, of the *sans culottes* fashion; they reformed not only evil, but good, into what, according to them, was alone excellent. Veritable Iconoclasts, they tore from their niches not only the false, but the true gods of Medicine. Of course Hippocrates, truest and greatest of all, was not spared; every assertion of his was attacked; against his every dogma was erected one precisely opposite. In fact, one great glory and aim of Paracelsus, and his sect before and after him, was to turn everything emanating from Hippocrates into the most unbounded ridicule and contempt; and this for good reason, for in the Hippocratic writings were to be found the strongest bulwarks against the attacks of medical fanaticism, and the principal strength of the system of Galen lay in the incorporation into that system of many of the opinions of the Father of Medicine. The twenty-second in the

second section of the aphorisms of Hippocrates runs, in the Latin version, thus, "*A repletione quicumque morbi fiunt, eos inanitas sanat: qui autem ab inanitate, eos repletio, et sic aliorum contrarie relata.*" From this aphorism has been educed the dogma, "*contraria contrariis curantur*"; with that "premature and forward haste of the understanding, jumping or flying to generalities,"* of which Bacon speaks, and which has ever been the foremost curse of medical as well as all other reasoning, there has been erected on this single dogma a system of medicine, "*Antipathia,*" or the cure of diseases by the production of their exact opposites.† It was to be expected that this leading opinion of Hippocrates would be a salient point of attack to the chemists; they would, and did most naturally contradict it entirely, and establish a dogma directly antagonistic, "*similia similibus curantur*, although perhaps not expressed in that exact verbal formula. In their furious hatred, therefore, of everything Hippocratic, is to be found the true source of the homœopathic opinions of the chemists.

So much satisfaction seems to have been felt by Hahnemann at the corroboration of his doctrine in the works of Basilius Valentinus, that it may be well to know who he was and what his support is probably worth. His history is somewhat mythic and obscure. About all that is known of him is that he flourished at the beginning of the fifteenth century, and was a Benedictine Monk in the Monastery of St. Peter at Erfurt. He was of those earliest of the chemical physicians called alchemists, and was one of the most violent of that violent sect in his opposition to preceding opinion. A vast number of works are still extant, bearing his name; of a very few of these, however, was he even the probable author. All these works are marked by the utmost wildness and absurdity; his "pompous name," as Sprengel calls it, was used as a convenient "*nom de plume*" by contemporary and succeeding writers when they wished to thrust upon the world some novel opinions whose extravagance they were unwilling personally to acknowledge. So much was this the case, that, more than a century after his time, there appeared under his name a work probably written by Paracelsus or one of his true disciples, Carrichter or Thurneysser—the "*Currus Triumphalis Antimonii,*" which, had the Organon and Treatise on chronic diseases never been written, would have had a fair claim to be considered the crowning absurdity of medical literature. So much for the dogma, "*similia,*" &c., and one at least of its authors, Frater Basilius Valentinus.

Many of the substances considered remedial under the doctrine of signatures, are so considered by the homœopathists, and in the same cases. This, I think, if it can be proved, will be admitted as

* *Novum Organon*, Book I, Aphorism LXIV.

† Allopathia, of which, with cool impudence and ignorance, we are, by the homœopathists, denominated followers, is the system of curing diseases by producing other diseases, different but not opposite to the original disease.

decided evidence that the surprising effects ascribed to Hahnemannian remedies were not always first discovered through the elaborate, long-suffering experiments or "provings" of the master and his disciples. I propose to state a few instances of this identity of effect ascribed to the same remedy under the two delusions. I will also mention some cases in which remedies were used by the chemists in a manner perfectly homœopathic, and also other coincidences in the ascription by both schools of theorists of marvelous virtues to substances usually considered nearly or quite inert. My object is to show that there is a marked resemblance between prominent features of homœopathy and of an ancient system which probably most homœopaths would agree to call absurd; also to prove that the new system is really founded on exploded theories and superannuated dogmas, as well as on long-understood and familiar truths—that there is little originality about it, and what there is, the psoric origin of chronic disease, and so much of the doctrine of trituration, &c., as is peculiar to Hahnemann, is worthless; that, in the words of Dr. Johnson, "what is good is not original, and what is original is good for nothing"—"*Novum non verum, verum non novum.*"

The list of homœopathic remedies to which I have convenient access contains but seventy-four articles. These, however, are all fully recognized by the sect. I have no doubt that, if I were conversant with the entire wealth of the materia medica, comprising, as I understand it now does, many hundred remedies, I could make more striking and evident the facts which I desire to prove.

Euphrasia.—The *Euphrasia*, or common "Eyebright," exhibits in its corolla a black spot resembling the pupil of the eye, whence its trivial name and a distinguished place in the Paracelsian materia medica as a remedy for various affections of the eyes. The flowers were officinal, and among the common people of England still continue to enjoy their ancient reputation. *Euphrasia* is utterly useless in this or any other class of diseases, but we find that, with the homœopaths, it is, *par excellence*, the leading remedy for catarrhal ophthalmia and other ophthalmic affections. "*Euphrasia*," according to Schröder, is "*ophthalmica et cephalica; usus præcipuus suus in oculorum suffusiendus, caligine, memoriâ debilitata.*" The homœopaths recommend its use in just the same cases—"headache, with abundant flow of corrosive tears, inflammation of the eyelids, extreme confusion of the head, &c. &c." A late homœopathic work on diseases of the eyes, by one Dr. Peters, speaks highly of *Euphrasia*, and tells us that it was always much esteemed by physicians. His principal, in fact his only authority for this remarkable assertion, is a quotation from Milton, about "purging the visual nerve with *Euphrasia* and *Rue*."

Bryonia.—The root of *bryonia alba* has a place in the old pharmacopœia on account of its resemblance to a hydropic foot. It

enjoyed, of course, a great reputation for the cure of all diseases in which the feet are liable to swell, as gout, dropsy, and rheumatism. The flowers of bryony are of a pale color, approaching white; and in cases of obstruction of the liver, where the alvine discharges were of a white clayey appearance, owing, according to the ancients, to their admixture with bile of a depraved character (*bilis pallida*), the flowers of bryonia were deemed efficacious—as also in chlorosis, asthma and other diseases supposed to be due to the presence in the system of an excess of serous, phlegmatic humors, and in which the patient presented a pallid aspect (*leukophlegmatic*). The homœopathists esteem bryonia in swellings of the feet and legs, in all suppressions of the menstrual flow, congestions of the liver, in asthmatic symptoms, and in every variety of rheumatic and arthritic affection.

Symphytum.—The term *Katagmatikon* was applied by Paracelsus and his school to such substances as served to consolidate fractures of bone. The word is not to be found in any modern medical lexicon, for it need hardly be said that the belief in any such specific, or class of specifics, has for ages been regarded as one of the wildest dreams of folly. The chemical physicians, however, recognized a large number of such remedies, and foremost of them all stood *symphytum*, or golden rod in several varieties, “He boldly stated,” says Sprengel, speaking of Paracelsus, “that he could infallibly and rapidly cause the union of fractures; and to do this, *symphytum* was his universal means.” In looking for the reason for the high appreciation of this plant, we find it in the supposed fact that such plants as, when wounded, bruised, or broken, possess the power of repair by the effusion and consolidation of their glutinous juices, were, in proportion as they possessed such power, *vulneraria* and *katagmatika*—healers of wounds and uniters of fractures.* *Symphytum* possessed this peculiarity in a marked degree, and was considered remedial on this ground and on no other.

Among the homœopathists, *symphytum* is esteemed as having a specific virtue in hastening the union of fractures. A few drops of its tincture are added to a large quantity of water, and cloths wet in the mixture applied to the seat of injury, and, they would have us believe, with very remarkable effects in hastening the union. Some of the old uses of *symphytum*, growing out of its mucilaginous qualities, were founded in common sense; these the homœopathists have, of course, not retained.

Before finishing with *katagmatika*, I would call your attention to the fact that the name *symphytum*, and its other name, *solidago*

* Other uniters of fractures were found in substances which bear a resemblance to bones, particularly *osteocolla*, a mineral called also by an infinity of other names. This mineral was of an osseous form and structure, and may perhaps have been fossil bone. It was used internally, in doses of one drachm or a drachm and a half, and externally in cataplasms and plasters, and was esteemed nearly as efficacious as *symphytum*.

(which, however, is but a translation of the first), point to its ancient fame, and suggest that in the Eupatorium or "boneset" the disciples of Hahnemann may be neglecting a means as valuable for the reduction of fractures which have no existence, as symphytum is for hastening an union* in such cases, or at least in accounting for their rapid recovery.

Other drugs, used alike by the chemists, and their modern plagiarists, are nux juglandis or butternut, and the bulb of squills, as cephalics, from their resemblance to the head; and crocus as an hepatic, from the likeness of its color to that of yellow bile (*bilis flava* of the ancients).

I cannot dwell longer on the identity of Paracelsian and Hahnemannic uses of the same signatural remedies—the instances I have mentioned are marked ones, and sufficiently numerous for my purpose. If more are required, a little investigation will discover them.

Under the doctrine of signatures, some substances were used quite homœopathically. Two I will mention—*lumbrici intestinorum*, burnt and powdered, were esteemed anthelmintic. Coccus or kermes was recommended in epithems for erysipelas and buboes, on account of the red erysipelatous color such applications would produce on a healthy surface. I give these to show how easily the two delusions glide into one another; how naturally the old disciples of Paracelsus practised homœopathy, as M. Jourdain spoke prose, without knowing it, and how the modern theorists practise the old follies as easily and as ignorantly.

Every one who has met with the names of a dozen homœopathic medicines, must have been struck with the fact that many of them are generally considered inert, or nearly so. How such wondrous virtues, as are by Hahnemann's disciples ascribed to these substances, came ever to be guessed at, is a curious problem, and finds, I think, some solution in the errors of ancient pharmaceutics, and in the belief that Hahnemann and his disciples were diligent and credulous students of those errors. Among the seventy-four medicines on the list in my possession, occur many inert and obsolete

* It is frequently observed that in medical practice ignorance and stupidity often reap the reward too often denied to merit. It is certainly a fact that many a man has gained much reputation for the skilful management and happy result of treatment of fractures, which never existed. Once on a time, a consultation with an individual for whose professional attainments he has not the slightest respect, was proposed to the writer of this paper. The case was a simple fracture of the thigh, and the consultation was declined. The advice that such a consultation should be held was given by the happy parents of a child, who, three days after a fracture of the leg, was able to run about as well as ever. The friends of my patient were naturally desirous to be benefited by the advice of a surgeon under whose care such good results were brought about. It so happened that, some years after, the luckless youth who erstwhile broke his thigh, got another tumble, and his friends brought to him the wondrous practitioner they had wished for before. He pronounced the principal injury to be a fracture of the leg. The patient, however, discharged his doctor, and two or three days after the accident came under my care. My attendance was comprised in one visit, for I found there was nothing for me to do but to tell him to arise and walk; the bone had perfectly united, and was as strong and as long as ever. It is needless to say, that among a somewhat more enlightened class of society symphytum might play an important rôle in accounting for these almost too successful cases.

remedies:—crude antimony—metallic gold—carbonate of lime—charcoal—saffron—graphites or plumbago—lycopodium—metallic tin—petroleum—sambucus—sepia—silicia—ruta—urtica urens or nettle—arnica montana, and many more. All these are to be found in the old chemical pharmacopœiæ, and to them are there ascribed powers very incredible to us—often similar to those acknowledged by the homœopathists, but generally much less wonderful. A curious instance of the identity of ancient and modern fallacy is to be found in connection with one of the substances first enumerated, crude antimony, which has the power, according to homœopathic investigation, to produce “corns on the soles of the feet, callous excrescences on the tips of the toes and under the nail of the great toe.” For such grave affections occurring spontaneously, it is, of course, a most perfect homœopathic specific. Schrœderus mentions crude antimony as efficacious in excrescences, and it need hardly be doubted that the modern use is derived from the ancient one.

A remedy, not on my list, but enjoying, I understand, a distinguished place in homœopathic pharmacy, is the *pediculus capitis*. Schrœderus mentions the *pediculus*, and recommends it to be applied alive to the orifice of the urethra, stating that in this manner the expulsive action of the bladder is promoted. He also tells us that the peasantry of Germany had great faith in lice as a remedy in jaundice and atrophy, and devoured them eagerly when thus afflicted; he does not consider, however, that the popular opinion is supported by sufficient proof. Whether the modern advocates of this dainty remedy ascribe to it virtues similar to the rustics of Schrœder's time, or different, I do not know.

I believe that the votaries of “*similia*,” &c., have great faith in the poison of the honey-bee, and in that of a species of serpent. Both bees and serpents have an honored place in ancient pharmaceuticals. Apropos of serpents—I must trespass on your patience for a moment longer, to mention a curious illustration, which I have this moment encountered, of the ancient practice of homœopathy. One mode of preparing a serpent for medicinal use, was to reduce the entire body to ashes (*pulvis serpentum*). This powder was considered of surpassing virtue in all poisonous and malignant diseases, such as the plague, petechial fevers, leprosy, and the like. When we consider the symptoms resulting from the bite of a venomous serpent, and how much they resemble the prominent phenomena of these affections, we cannot doubt the perfect homœopathic propriety of the remedy recommended.

The time usually occupied in addresses before you is, I fear, more than exhausted. I feel therefore obliged, however abruptly, to discontinue these desultory, but, to me, very interesting researches into medical antiquity. I hope that some student, more fitted for the task than myself, and with access to those recondite authorities whose study is necessary to a full understanding of the

subject, may be tempted to give it attention. I am sure that much that is curious would reward his labor, and that, not impossibly, a valuable service might be done to our science and the cause of common sense in dissipating false notions and demonstrating the antiquity of existing hypotheses, which, losing the *prestige* of novelty, would lose their greatest attraction. If I have not labored profitably, it will be a great satisfaction to know that I have drawn attention to a field where better husbandmen may reap a fuller harvest.

I strongly desired, and intended, from a sense of duty, to have made, this day, some extended remarks on the anomalous relation of the physicians of Massachusetts to the practitioners of homœopathy, principally growing out of their common membership in our Society, and the fact that some men, nominally of us, are false, and trim their sails to catch the breath of popularity and emolument from all points of the compass; men who think that "there is good in everything," practise "both ways" if it can be done on the sly—nay, even consult with an homœopathist now and then, *sub rosâ*, especially when there is a good consultation fee involved, and by these paltry devices gain with the unthinking a reputation for liberality, and the profitable esteem of our enemies. Such men I should like to have spoken of, and stigmatized as they deserve, had my leisure and your time permitted; for a bold though imperfect utterance of truth and honest conviction, is preferable to a dumb, assenting submission to error.

I should like to urge that all the excuses of eminent physicians for homœopathy were made on the supposition that its practitioners were honest, and do not in any way apply to the charlatans who "practise both ways," who vilify rational remedies, and still constantly use them; I should like to urge that these men are dishonest—that they are charlatans in every sense of the word, and notwithstanding their somewhat better coats, and wealthier patients, should be branded as such, just as decidedly and fearlessly as quacks of lower degree. I believe the system to be dishonest, and that the credulous few who practise it honestly should not save the Sodom of those who do not, from the imputation they merit. I regret my inability to enter into this subject as I had proposed, for much has yet to be written and done to rescue the profession in Massachusetts from the false position in which it has been placed in this matter. I believe that in the indirect support which homœopathy has received from the profession in Boston, in its practitioners having been allowed to remain in, and to be newly admitted to our Medical Society—in the consultations which, under various flimsy pretexts, regular physicians of eminence have held with them—in the occasional use and toleration of some of their preposterous remedies and prophylactics, their arnica water and belladonna dilutions—are to be found the principal reasons that

Boston is a centre and strong hold of this heresy. But, be that as it may, I, for one, desire the entire and unmistakable separation of homœopathists from our body, and earnestly pray that it may yet be fully understood that true men cannot serve God and Mammon; cannot, under one hood, carry two faces, and practise two medical systems having nothing in common.

If anything I may have this day said shall tend in any way or degree toward defining the practitioners of homœopathy as a distinct caste from us—a caste welcome to what of popularity and pelf it may acquire, but apart entirely from us, and having nothing professionally in common with us—I shall be well pleased. There is nothing to be gained by temporizing with these votaries, at the best, of what we know to be error; there is no good reason why there should be extended to them a forbearance that is firmly withheld from less fashionable visionaries. Enemies they are to us—let it be fully understood that they are so, and that their proper place is without our walls, and not within them. Inside our fortress they are ungenial companions and disturbers of our peace; and outside, their enmity is less to be dreaded. Let no man fear that the foundations of that fortress, laid ages since by our great master, broad and deep, in truth and reason, will ever crumble, or that of the “vast courses” laid upon them by the great men who have succeeded him, one stone shall lose its sharp-defined outline, or be started from its place by the assaults of folly, however furious. Though clouds may temporarily obscure its towers from the eyes of the people, they will be ever visible to us; though foggy night *must* sometimes envelop them, the fog and night will most certainly clear away, and the fabric, strong and glorious as ever, hail the morning sun, and, kindling in its blaze,

“Shine all radiance o'er the scattered fleet
Of gulls and boobies brainless at its feet.”

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

OCT. 26th.—*Operation for Internal Piles with the Ecraseur.* Dr. COALE mentioned the case. Accompanying the piles, was a prolapsus of the rectum. The attendant mentioned that the patient had lost, on the day before, half a teacupful of blood. Dr. C. had previously tried the ligature, but ineffectually. The patient was etherized, and the ecraseur applied. In six minutes, the tumor was removed, the hæmorrhage not exceeding half a teaspoonful. Cold water dressings were applied, and in the afternoon of the same day the patient was comfortable. There was no sloughing; the surface of the wound became covered with healthy pus, and in one week cicatrization was complete. No pain was experienced at any time. The disease had existed for more than a year.

Oct. 12th.—*Apoplexy.* Dr CABOT related the following case. The patient was a Scotchman, aged 30, a machinist by trade, who for eight or ten years of his life had been addicted to drink. He had been one year in this country, since which time he had not felt well. For the last two months, he had had pain and an uneasy feeling in the head, which led him to be careful lest it should receive a shock or jar; he had also had turns of yelling in the night, attributed by those about him to delirium tremens.

On the 27th of September, he was taken, after breakfast, with vomiting. At about half past ten, he was found upon the floor speechless, but noticing those about him. Dr. C. saw him at 2, P.M. He had then had two convulsions; he also had one during his visit, which was violent, and epileptiform in character; both sides were equally convulsed, the head being twitched first to one side, and afterward turned to the opposite. The pupils were dilated, and the pulse, during the paroxysms, was over 100 in frequency, and quick, being, in the intervals, about 70. The tongue was not bitten.

Cold was ordered to the head, counter-irritation to the lower extremities, and a turpentine enema. Between the visit and the evening, the patient had eight convulsions, and grew worse. In the evening, he had a free evacuation from the bowels. Croton oil was ordered; to be repeated if necessary. The skin was covered with a profuse perspiration from the first.

During the night he had six more paroxysms, and died at 4, A.M. He was comatose, but not convulsed during the half hour immediately preceding death.

On examination, by Dr. ELLIS, the longitudinal sinus, the veins emptying into it, and many in the pia mater, were found filled with blackish coagula, evidently formed some time before death; the surface of both hemispheres, and particularly of the left, was of a red color, the redness, on section, involving in many places the whole thickness of the cortical substance. In the posterior part of the right hemisphere was a well-marked apoplectic effusion, of which there were also several in the left, all recent, and near the cortical substance. They were apparently owing to obstruction of the veins. Both corpora striata were filled with minute dark red points as in capillary apoplexy, and there were several in other parts of the brain.

Dr. Cabot also alluded to the circumstance that the effusions were all vertical in direction, being not more than from one half to three quarters of an inch in diameter.

Dr. Ellis stated, in reply to Dr. JACKSON, that there had been no phlebitis, although the coagula had evidently undergone a change, and resembled an old formation.

In reply to Dr. MORLAND, Dr. Cabot also said that the patient had had delirium tremens.

Oct. 26th.—*Apoplexy.* In connection with the foregoing, Dr. SLADE reported the following case. The patient was a gentleman, 70 years old, of spare figure and medium height. On the 4th of August, while engaged in his counting room, he suddenly fell to the floor, and was insensible when Dr. S. saw him, twenty minutes after. He had had a similar attack six months before, terminating in a few hours' illness. On the morning of the present attack he complained of slight headache, and was somewhat incoherent.

When Dr. S. saw him, the pulse was full, the pupils were contracted, and the limbs motionless, but not rigid. Cold was ordered to the head, sinapisms to the feet, and in a few minutes he got up and sat in a chair. Soon after, however, another paroxysm came on, and notwithstanding he was bled to the amount of from twelve to sixteen ounces, he remained insensible for forty-eight hours. He was carried to the Hospital on the following day, where he remained a fortnight. He recovered his consciousness on the day after, since which time he has been gradually improving; the mind, however, continues enfeebled.

Dr. CABOT remarked that this case was interesting from its striking resemblance, in some respects, to the case reported by him; the patient having epileptiform convulsions, while the general condition was apoplectic.

Nov. 9th.—*Chronic Ulceration of the Duodenum in a Child five years of age, terminating in Fatal Hæmorrhage; Pleurisy with Effusion.* Case reported by Dr. GRAY.

Dr. G. was called to a child, five years of age, in convulsions, on Sunday, Oct. 25th. The fit lasted about an hour, and was followed by prostration, slight delirium, occasional vomiting, contraction of the pupils, closing of the thumb upon the palms; these, without other marked symptoms, continuing for forty hours. At the morning visit on the 27th, some difficulty of breathing was noticed, attended with slight dulness of respiration, and less resonance on percussion on the right side. 28th.—Respirations 60 in the minute, with some cough. Marked flatness, with absence of respiration in the lower half of the right lung.

The case was now diagnosticated as pleurisy, with effusion. Had the dyspnoea been less urgent, more attention would have been given to certain signs suggestive of typhoid fever, such as occasional wandering, stupor, and great meteorism. There was no diarrhoea. The child improved gradually, the respiration coming down from 60 to 38 per minute, and the pulse from 180 to 120, or a little less. On the first of November, one week from its attack, a marked paleness suggested the thought of hæmorrhage, but the parents assured Dr. G. no blood had been seen. The child was in other respects about as well as on the day before. The pulse was somewhat accelerated, but the respiration better. Before three hours had elapsed, the child was dead. In moving the body, blood escaped from the mouth and anus.

Sectio Cadaveris, by Dr. ELLIS.—The brain was not examined.

The right pleural cavity contained considerable thick purulent fluid, by which the lung was somewhat compressed.

The liver was of a light yellow color, and very fatty.

A large amount of blood was found in the stomach, and throughout the intestinal canal.

In the duodenum, a short distance below the pyloric valve, were two ulcers—one perhaps two thirds of an inch in its longest diameter, the other considerably smaller. The first was of a somewhat irregular oblong shape, with a smooth, rounded margin. Its base was mostly formed by the pancreas, but at one extremity it must have approached very near the peritoneal coat. No vessel was seen from which the hæmorrhage had proceeded. The other ulcer had extended as far as the submucous cellular coat, and had a smooth margin and base. There was no discoloration of the mucous membrane around either.

The solitary glands and Peyer's patches were reddened and thickened, but nowhere ulcerated, so that the blood undoubtedly came from the ulcer in the duodenum. The change extended as high up as a point three feet from the pylorus.

The other organs were not remarkable.

Bibliographical Notices.

A Dictionary of Medical Science, &c. &c., with French and other Synonyms. By ROBLEY DUNGLISON, M.D., LL.D., Professor of the Institutes of Medicine, &c., in the Jefferson Medical College of Philadelphia. Fifteenth Edition, &c. Revised and very greatly enlarged. Philadelphia: Blanchard & Lea. 1857. Pp. 992.

WE have great respect for, and indeed stand in no little awe of, a man who can go through with the labor of preparing a Dictionary of Medical Terms. The original amount of research must have been tremendous; and we consider the estimate formed of an edition some time since noticed by the *British and Foreign Medico-Chirurgical Review*, to be not only a complimentary, but a just one. "Prodigious," was the adjective applied to Dr. Dunghison's book, as then issued, when speaking of the work done, and so well done; "pro-digious" we echo, *à la mode de* Dominic Sampson, in view of this, the fifteenth edition! We need only say, that the addition of 6000 new terms, with their accompanying definitions, may be said to constitute a new work, by itself. We have examined the Dictionary attentively, and are most happy to pronounce it unrivalled of its kind. The erudition displayed, and the extraordinary industry which must have been demanded, in its preparation and perfection, redound to the lasting credit of its author, and have furnished us with a volume *indispensable* at the present day, to all who would find themselves *au niveau* with the highest standards of medical information.

In addition to these recommendations, notwithstanding the greatly enlarged size of the work, and the consequently much increased expense in issuing it, the enterprising publishers, Messrs. Blanchard & Lea, furnish it at the same price as heretofore—*only four dollars*. No cheaper book can be bought for that money. Every medical practitioner and every medical student should own it. Ticknor & Fields have it for sale.

Transactions of the Medical Association of Southern Central New York, at the tenth and eleventh Annual Meetings. Binghamton: 1857. Svo. pp. 106.

THIS pamphlet contains several interesting reports of cases read before the Association at two annual meetings. Among them we notice an account of an epidemic of *puerperal fever* in the practice of Dr. H. S. Chubbuck, of Elmira, who attended three women in succession, on the 4th, 8th and 13th of December, all of whom died of the disease. A week after the last case, he attended a patient in the same neighborhood, and subsequently several others, all of whom did well, including one in the same house with the first woman who died. In the space

of about ten weeks Dr. C. had nine cases of puerperal fever and three cases of puerperal convulsions: and intermingled with these, he attended twelve other cases which had no symptoms of puerperal disease at all. Some of the cases were of very easy, and others of tedious labor. All the cases which occurred in the village, with two exceptions, were in the practice of Dr. Chubbuck. To be sure, three of them were in succession, but then for two or three weeks there was no appearance of the disease in his other patients, when it re-appeared, and in another locality. These facts tend strongly to show that in this instance the disease was not contagious.

Contributions to Clinical Pathology is the title of a paper by Dr. John G. Orton, of Binghamton, showing the assistance which may be afforded by chemistry in the diagnosis and treatment of disease, and illustrated by cases.

Dr. Frederick Hyde, of Courtlandville, contributes an interesting case of *dislocation of the head of the femur* upon the dorsum of the ilium, which was supposed to be reduced, but the bone was subsequently found to be in the sciatic notch. It was finally reduced by the aid of Jarvis's adjuster. The case was one of those difficult ones in which it is impossible to make an exact diagnosis, and Dr. Hyde is entitled to the thanks of the profession for the candor with which he has published the details, which are very instructive.

We could wish that more care had been bestowed upon the printing of the Transactions: the pamphlet abounds in typographical errors. In the paper to which we have just alluded, the word *ilium* occurs nine times, and in every instance it is spelled *illeum*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 31, 1857.

CLINICAL INSTRUCTION IN MEDICINE.

WE made some remarks upon this subject in the number of the *JOURNAL* issued November 12th, 1857, and our attention is again directed to it by a perusal of Professor Shattuck's Introductory Lecture, which has been printed by the medical class, and for a copy of which we are indebted to our publisher.

We are glad of an opportunity to read what pleased us so much in the delivery; and are more especially happy of the chance of recurring to the topic of which it treats, because it enables us to say something upon the arrangements for affording clinical instruction which our Medical College possesses, and mainly through the disinterested exertions of Professor Shattuck himself. We say disinterested, because the great efforts which he has made are entirely beyond any mere pecuniary remuneration, and the zeal which he manifests in the cause of medical science does him infinite credit.

We are the more earnest to make these statements, because, wholly inadvertently, we may have given a wrong impression, by the use of certain expressions, in our former article. We then asked, "why

cannot *more* be done" here for the advancement of clinical instruction in medicine? From this it might be inferred that we deemed the members of the Faculty inactive or negligent. The truth is, we were unaware, at the time of asking the question, of the *extent* of the course of clinical instruction, even then "in the full tide of successful experiment." We take pleasure in saying that, since our attention has been called to the actual facts, we not only do not see how the Faculty, at present, can do "more," but we are surprised they find time and means to do so much. We know that none of them shrink from either expense or labor to render our College equal to any in the land for the advantages it offers to students. It seems to us, it is true, very desirable, if the material and opportunity are presented, that private *cliniques* be established by those who are willing to give a portion of their time to them; and we take this occasion again to refer to the admirable opportunity for witnessing diseases of the eyes, and of learning their nature and treatment, which is now being afforded at the Boston Dispensary, under the auspices of Dr. Williams. Those students who can avail themselves of this chance, should do so diligently.

A good course of clinical instruction upon diseases of the skin is certainly a *desideratum* here; and we think that material enough is presented at the Central Dispensary Office to begin upon. We have thought that Dr. Durkee might render good service in this department, if time and inclination permit; and we incline to the belief that the latter would not be wanting, if suitable arrangements could be made.

In reference to the "Clinical Conference," established, if we mistake not, by Professor Shattuck, and whose sessions are held upon the Friday afternoons of each week, at 4 o'clock, we may say that if due advantage be taken of its privileges, the classes cannot fail to be rapidly advanced. Indeed, we need hardly do more than mention the names of the medical gentlemen whose services Professor Shattuck has enlisted, in addition to his own—Drs. Bowditch, Bacon, Ellis and Abbot. Auscultation, microscopy, chemistry, and examinations of interesting cases selected from the out-patients of the Massachusetts General Hospital, are thus afforded. The regular exercises of the advanced class which attends the "Conference" are the reading of the previous records by a secretary, and then of carefully-prepared papers by two students, only, each day, and which give accounts of cases chosen in the wards of the Hospital for them to describe: questions by the Clinical Professor, and by others, upon these cases, &c. Drs. Bacon and Ellis generally exhibit specimens; and analyses of urine, &c., are made before the class.

We understand, also, that practitioners are invited to bring patients presenting unusual and interesting symptoms, or pathological specimens, to these meetings, and that this invitation has, at several times, been accepted. The exercises for the students are such as must finally make them ready and judicious, when the responsibilities of practice come upon them.

This is the true way to impart knowledge to the learners of our difficult art, whose mysteries, rapidly as they are being unravelled, and diligently as they are studied, are yet many and great. Moreover, whilst some are being eliminated from the original number, every now and then, a new one steps in, shadowy, perplexing, inscrutable.

In the profession we follow, more than in any other, men must be students all their days.

We congratulate the College upon the earnest and successful endeavor of the Clinical Professor and his able coadjutors; and we advise the students to secure advantages than which none can be of a higher order.

We have a few words to say in reference to the Introductory Lecture which has twice afforded us a worthy theme. It must be a somewhat difficult thing to pen one of these productions, exacted, as they seem to be, by the voice of medical college usage. And truly, we have reason to know, to our cost, from perusal of many floundering and wordy specimens of this periodical literature, that it must have been to their writers "a dreadful hard job"; but it is a harder one to listen to and read them. We have, however, in several instances, been glad to chronicle entire exceptions to this; and we believe universal judgment will agree with us in pronouncing a like opinion in the present case. We need hardly say that the facile pen of the writer, and his complete acquaintance with the subject of which he treats, are abundantly evident. The strain, too, in which the discourse is written, is somewhat unusual; and the drift of the whole highly beneficial.

We cannot forbear quoting one or two sentences which to our mind contain valuable truths, not always kept in view either by our professional brethren or the public generally. It is often said, and very extensively believed, that if a physician devote some of his time to general study, or to a particular branch outside of, or collateral with, medicine, he in so far damages his usefulness as a medical attendant. Nothing surely can be more erroneous; hear what Dr. Shattuck says of Galen and others.

"Galen attributes his great success in after life to the training and discipline of his early years. He attached great importance to studies in logic, dialectics and rhetoric, as enabling him to set forth persuasively and convincingly the truths of medical science. He attributes to the study of mathematics a certainty of his being right, that he was thus prevented from skepticism into which he might have fallen by dwelling too exclusively amongst the conflicting opinions of schools of philosophy."

"A contemporary of Galen, Madaurensis, who styles himself the not unknown priest, nor recent worshipper, nor unfavored minister of *Æsculapius*, says to the people of Carthage, of the goblet of the muses, 'The oftener it is drained, and the more unmixed it is, the more it conduces to soundness of mind. The first cup, that of the reading master, takes away ignorance; the second, that of the grammarian, instructs in science; the third, that of the rhetorician, arms with eloquence. Thus far most people drink. But I have drunk other cups at Athens: the cup of poetry, the inventive; of geometry, the limpid; of music, the sweet; of dialectics, the roughish; and of universal philosophy, the never-satiating nectareous cup.'"

The lecture terminates with some very apposite and truthful remarks upon the "supernatural and the unknown," and with well-placed allusion to the moral bearing which should characterize medical men. We quote one more paragraph:—

"And, gentlemen, as a proper appreciation of the supernatural is valuable and important for intellectual health and growth, it is still more so for the well-being of our moral nature. Medical men see so much of the evils of disorderly passions and appetites, that they ought to value highly whatever will bring and keep

these in subjection. We read that he who ruleth his own spirit is greater than he who taketh a city. How forcibly, how constantly is this truth brought home to those who minister in sick chambers and by the beds of the dying! We read, too, that the fear of the Lord is the beginning of wisdom. How important this truth for physicians, so much confided in by patients lacking the intellectual training to appreciate the soundness of advice, and often the moral sense to remunerate properly their arduous services!

We cannot close without referring to the just and beautiful tribute which completes the address, and which is paid to one whom we all delight to honor; and who, in the evening of his days, illustrates our idea of the gentleman, the scholar, and the true physician.

LETTER FROM DR. REESE.

We have received from Dr. D. Meredith Reese a letter of remonstrance, in consequence of some reflections upon his conduct in the affair of Dr. McClintock. We have not room for the whole of Dr. R.'s communication, but the concluding paragraph, which follows, contains the substance of it.

"Here is 'the head and front of my offending.' My personal relations to the family of Dr. McClintock, and my former friendship for himself, constrained me to reply to the letter asking my opinion of his medical acquirements, *truly*, as I did. And if this merits the 'everlasting reproach,' cast upon me in the Boston Medical and Surgical Journal, then I have lived in vain. I only ask that your readers who know me may have my remonstrance in the same channel; and that those who do not know me may learn my denial and repudiation of the allegations, in fact and in form. Yours aggrieved, D. MEREDITH REESE,
Editor of the American Medical Gazette."

Clinical Instruction in Diseases of the Eye.—We would call the attention of our New York readers to the advertisement of Dr. Stephenson's course of lectures on operative ophthalmic surgery, as offering great inducements to those wishing to obtain instruction in this department.

PROF. A. P. MERRILL has resigned the editorial charge of the Memphis (Tenn.) Medical Recorder, and is succeeded by Prof. Daniel F. Wright, M.D.,—both of the Memphis Medical College.

NOTICE TO SUBSCRIBERS.—The bills due by subscribers having recently been enclosed in their copies of the Journal, and the mail being the most convenient method for many of them to make their remittances, the publisher requests that if in any case a receipt is not returned to the subscriber in the number of the Journal succeeding the remittance, notice may be at once given to him. The mistake, whatever it may be, can be much more easily ascertained and corrected at the time, than at some future period. Subscribers are also requested in no case to send a check for a small amount on a bank out of Boston. The expense for collecting a check on any such bank is as great for \$3 as for \$300; a bank bill on the same bank is as easily sent, and, if current, is subject to only a trifling discount.

Correction.—In the table of statistics of operations of tracheotomy, in the last number, an error occurs in the total under the last column; the number should be 5, instead of 15, as will be readily seen.

Communications Received.—Case of Tape Worm.—Successful case of Caesarean Operation
Books and Pamphlets Received.—Materia Medica and Therapeutics, by Thomas D. Mitchell, M.D., Prof. of Theory and Practice of Medicine in the Philadelphia College of Medicine, &c.

DIED.—In Phillipston, Mass., Dec. 18th, Dr. James Stone, aged 74.—In Hubbardston, Mass., Dec. 23d, Dr. Enoch H. Pillsbury, aged 33 years.—In Brattleboro', Vt., Dr. John L. Dickerman, aged 69.

Deaths in Boston for the week ending Saturday noon, December 26th, 62. Males, 33—Females, 29.—Accident, 1—apoplexy, 2—bronchitis, 3—congestion of the brain, 1—softening of the brain, 1—cancer, 2—consumption, 10—convulsions, 3—croup, 4—dropsy, 3—dropsy in the head, 3—infantile diseases, 4—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 6—old age, 1—peritonitis, 1—rheumatism, 2—teething, 3—thrush, 1—unknown, 3.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 12—between 40 and 60 years, 14—above 60 years, 5. Born in the United States, 39—Ireland, 17—other places, 6.

CHLOROFORM IN CONVULSIONS.

MESSEURS. EDITORS.—A case of convulsions recently came under my observation, which, from its severity, inefficiency of the usual treatment, and charming effect of the remedy last resorted to, renders it a case of some interest, and confirmatory of those already published in the JOURNAL.

It was in the subject of a little girl aged nearly five years; her previous health having been good, with the exception of two transient convulsive attacks, some weeks before.

At this time the attack came on in church, at the close of the morning service. She was removed to her home. On my arrival, I found the left half of the body uninterruptedly convulsed, with frequent general convulsive movements; respiration and deglutition so difficult that emetics were administered with the utmost difficulty, partial vomiting only ensuing. The warm bath was perseveringly employed for the third time; mustard applied to various parts of the body; stimulating and antispasmodic injections administered, and an active cathartic given, all to no purpose. Chloroform was then carefully administered by inhalation. The convulsive movements gradually ceased, and after a momentary pause, the patient waked up as from a sleep, with every thing apparently set to rights.

The convulsions had continued for a period of seven hours, without an appreciable interval of consciousness or quietude. Some slight contractions occasionally took place in the left arm; they however gave way in a day or two, and health was restored.

GEO. H. FOX, M.D.

Wallingford, Vt., Dec. 24th, 1857.

Ohio State Medical Society.—This Society held its eleventh annual meeting at Columbus, in June last. From its Transactions, lately published, we take the following extract, which shows that a commendable zeal exists among its members to keep free from all non-professional practices.

“An action was taken in relation to one of their members who was guilty of making and vending a secret nostrum; he was unanimously expelled.

“Another member, who was represented to be a medical gentleman of fine talent and extensive medical knowledge, was dismissed after a lengthy discussion, without a vote of expulsion. The Dr. had been an active member of the Society, and about three months since, entered upon the business of a druggist, and commenced the sale of secret nostrums, but before opening his establishment, proposed to the physicians of his vicinity to sell no patent medicines, if the faculty would purchase drugs exclusively of him. They were not willing to thus bind themselves, and he commenced the sale of drugs, medicines and nostrums, but prior to opening his store, he resigned his membership in the County Society, where he had long been a member. His friend stated that he would have resigned his membership in the State Society if he could have done so at an earlier date, but the late session was the first opportunity he had had, since he concluded to prostitute his profession.

“His friend applied for an honorable dismissal for him, but was defeated in his undertaking. After further discussion he was dismissed, *minus the honorable.*”

Dental Convention of Northern Ohio.—The Dental Profession of Northern Ohio assembled in convention, in Tremont Hall, Cleveland, Ohio, on Tuesday, Nov. 3d, 1857. An association was organized, with the title of the Dental Convention of Northern Ohio, and Dr. F. S. Slosson was elected President. Six practical subjects were presented for discussion, and, with the business transactions, occupied the time of the convention during two entire days. On the second day the members met at *eight o'clock* in the morning, held three sessions, and adjourned late at night to meet again in Cleveland on the first Tuesday of May next. A resolution was passed that not less than one dollar should be charged for the smallest class of gold fillings, out of Cleveland and Toledo; in those cities, one dollar and a half.

Dr. D. W. Yandell contemplates the founding of a new medical journal at Louisville, Ky., where the Western Medical Journal, latterly under the care of Dr. L. P. Yandell, was so long published.

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THURSDAY, JANUARY 7, 1858.

No. 23.

ON THE PRACTICE OF MEDICINE IN THE LAKE SUPERIOR
COPPER REGION.

BY S. KNEELAND, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE district to which my observations were principally confined, between the months of August, 1856, and June, 1857, is that known as Portage Lake, in which the Isle Royale, Pewabic, and Quincy Mines are situated; it also includes the Anse of Keweenaw Bay, Lake Superior, where are situated the Methodist and Catholic Missions, the residence of a few hundred Chippewa Indians. The "Copper Region" includes, in addition, Keweenaw Point and the Ontonagon district, the sites of the Cliff and Minnesota Mines, which, as far as I can ascertain, do not differ materially in their diseases from Portage Lake. This region is between 47° and 48° north latitude, and between 88° and 90° longitude west from Greenwich. Portage Lake is a sluggish piece of water, extending nearly across Keweenaw Point from Keweenaw Bay in a northerly direction; at the mines it is about one fourth of a mile wide, very deep, sluggish, and so charged with vegetable and mineral impurities that none but the Indians pretend to drink its water. From the lake, the hills rise abruptly to the height of over 300 feet, on the top and sides of which the mines and the houses are situated; the country is heavily wooded with evergreen trees of immense size, maples, birches, and poplars, so that the air in them always feels damp and chilly (except in the winter season), both from the inability of the sun to penetrate the thick foliage and from the frequent occurrence of streams and swamps. In the summer, the most sickly season, the changes of weather are often quite sudden. I have known a frost to occur about the 1st of September, and in a few days after the thermometer indicate 82° Fahr. But from October to June the climate may be considered as delightful and most healthy; snow begins to fall about the middle of November, from which time until the middle of March, scarcely a day passes

without a fall of snow sometime in the twenty-four hours. During the winter months proper the sky is almost constantly overcast with lead-colored clouds. The greatest cold I experienced was 30° below zero, Fahr., but that was only for a few days; the average temperature would not go below 10° Fahr. On account of the stillness of the air, the extreme cold is felt less than a temperature a few degrees below freezing is with us, if accompanied by a high wind. I never could wear with comfort a thick over-coat, even in the coldest weather, unless when riding; the moment you begin to exercise, you feel warm, and the perspiration will roll down your cheeks as in midsummer, freezing, however, as it falls, or encasing your face in an icy mask. On my visits, I invariably wore a thin summer over-coat, and even that was at times uncomfortable, as I climbed the steep hills or crossed the lake with the temperature below zero. Another agreeable feature of the winter climate is the extreme dryness; it never rains from November to April, and it is rare to see any moisture, except on the icicles hanging from the heated roofs; the snow is so dry that the sole of your mocassin is not moistened after the day's wearing.

With the healthy climate in their favor, the causes of disease are peculiar. In the midst of the wilderness, there is no room for the enervating luxuries of civilized life; the diseases, therefore, are few in number and generally simple in their character; in more populous parts of the region complications doubtless occur, which do not exist at Portage Lake. As this region is shut off from communication with the lower peninsula by ice and snow for about six months of the year, the provisions, of which salt pork and beef and ham are the principal articles, must be brought up in the autumn. The woods afford but a scanty supply of game, the Indians are too lazy to fish under the ice for anything more than their own necessity, and agriculture as yet is so little attended to that the supply of vegetables, and, consequently, of fresh meat, always runs short; so that salted food is the great article of subsistence during the winter. The water, even at the best, is poor, impregnated with vegetable, and perhaps mineral impurities; in the winter it is little more than melted snow and ice. There is any quantity of vile beer, and viler brandy and whiskey, to be had at every turn; and this invariably inflames the digestive apparatus and the tempers of the people, from Saturday night to Monday morning.

The principal part of the population consists of foreigners, employed at the mines, under ground or on the surface; these are Irish, Cornish, German, and French Canadians, almost always of a decidedly low gradé. The work in the mines is laborious, being prosecuted in damp, cold shafts, from which the water is continually dropping, and in which the air is always thick with powder-smoke. The workmen are well protected by flannel clothes, but

the lungs, and eyes, and joints, are found out by the penetrating cold and the irritating vapors. Improperly fed on an almost exclusively salt food, with irregular habits, exposed constantly in their labor, the men are still more abused by ill-ventilated and ill-constructed houses. In the new houses, the beds are bunks for two, in two tiers, and all around the space which is unoccupied by windows. The closeness of these rooms is almost insupportable to the well, and to the sick perfectly pestiferous. As an instance, I will relate the following as a good specimen of the hygienic condition of most of my patients. In the month of April, 1857, three men were seriously burned about the face by the premature explosion of a blast. On the following morning I found the worst of the three in bed under a cover of *snow* over an inch deep, with his lotion a lump of ice, a foot of snow at his bed-side, and the space between his head and the rickety roof filled with the glistening crystals which were continually sifting through the cracks and whirling in all directions around the room. The other two had fared better, as their companions had nailed blankets along the roof; their lotions, however, were frozen. This might be called practising medicine, or, at any rate, getting well, under difficulties.

Last winter I often thought how different was the practice of medicine in Boston and at Lake Superior. Instead of dashing about the streets in a jingling cutter, or plodding through the slush in India-rubber boots, with the satisfaction of being able to send to a convenient druggist after a brief visit in a comfortable room, I was skimming over the crust of a six-foot snow, in woods pathless but for the track of my own snow-shoes, and at a temperature considerably below zero, with my heavy bag of medicines on my back, and my gun on my shoulder—suffering less from cold than my Boston brethren who were obliged to go round Park Street corner. I was also sure of my fees at the end of the month, and often came home with a fat partridge or a brace of rabbits for dinner—going three or four miles at a stretch, visiting my patients in the coldest hovels, and dispensing medicines with tingling fingers—yet coming back with a healthy glow after my tramp up hill and down dale, and across lakes and frozen swamps, which would be in vain sought for in the bleak streets of Boston. Occasionally, a cold ride of thirty miles on a dog train, to the Indian Missions, would suggest a comparison with rail-road trains decidedly in favor of the latter. But, all things considered, medical life is very pleasant there, being free from unscrupulous competition, professional cliques, false systems of practice, and even Indian quackeries.

Most of the laborers possess vigorous constitutions. The fecundity of the women is astonishing; the puny yearling is often crowded out of existence, to make way for the coming baby. The chief mortality is among the children; the weak die early, and

only the vigorous can live under the privations, cold and filth of a mining location. Many die from premature weaning, dysentery, cholera infantum, aphthous affections, and various complaints arising from, and kept up by, want of cleanliness, improper food, and insufficient clothing.

We find, then, abundant exciting causes of disease in the cold, damp places in which the men work, in the necessary privations of pioneer life, in the proverbial carelessness of this class, and in the absence of comforts which the companies ought to furnish; everything, except the climate, seems leagued against health. Even the Indians, and more especially the half-breeds, are subject to scrofulous diseases, ophthalmia, scurvy, various deformities, and cutaneous affections. The Indian doctors, whom quackish puffs make so famous in the cure of complicated diseases which Indians never have in their natural state, are powerless before those few and simple ones which really occur among them.

Enormous doses are required to move the stomach and bowels of these copper-fastened, copper-bottomed, copper-colored, and copper-digging communities. Nothing less than a dose for a horse will have any effect on the mucous membrane of a Cornishman, and the whole population, as a general thing, require triple doses of all drugs. The favorite medicine of the Cornish is Epsom salts, which, if they can get it, they will take every Saturday night; chamomile tea is the heal-all with the Germans, while essence of peppermint, wintergreen, and cinnamon, are the specifics of the Irish.

Among diseases of the digestive organs, *dyspepsia* is almost unknown, notwithstanding the incongruous mixtures daily poured into the stomach in the shape of fat pork, heavy bread, sour kroust, and villainous beer. *Diarrhæas*, however, are very common, and *dysentery* prevails, in an aggravated form, all the year round, kept up, I think, by the bad water and worse liquors drank; the best medicine I found to be tannin and powdered opium, seconded by regular and proper diet. *Cholera infantum* destroys many children at all seasons of the year.

Among diseases of the respiratory system, *catarrhs*, *sore throat* and *bronchitis* are exceedingly common, as would be supposed from the cold and wet to which the men are necessarily exposed; yet there was no fatal, nor even a dangerous case. In a population of over 500, there was not a case of *pneumonia*, and only one, and that quite mild, of *pleurisy*. In the practice of another physician there were one or two cases of *croup*. I saw several cases of *croup-like disease*, caused by stomachal and intestinal irritation, which disappeared, as usual, under the effects of emetics and purgatives. I saw no cases of *whooping cough*.

The uncommon dryness of the winter air, and the comparatively trifling changes of temperature, render the climate of Lake Supe-

rior eminently suited to the requirements of phthisical complaints. I never saw a case of *phthisis* there, and know that they must be exceedingly rare throughout the district; this is also the opinion of all physicians there. The climate is equally beneficial to the follicular inflammation of the mucous membrane of the air-passages, known as *pharyngitis*, *laryngitis*, *tracheitis*, chronic ulcerations on the tonsils, uvula, and epiglottis, and, indeed, the whole category of complaints called "clergyman's sore throat," and improperly "bronchitis." I knew several persons who had been troubled with these complaints in Boston, New York and Philadelphia, who felt entirely well during the severe winters on Lake Superior. It seems to me that sufficient evidence is now accumulated from Canada, the northern parts of Maine, and from Lake Superior, to warrant the conclusion that a radical change is demanded in the climatic treatment of phthisis; that the enervating climates of Florida and the West Indies, the dysentery- and cholera-infested islands of the Atlantic, and the capricious and positively dangerous charms of the Mediterranean, should be discarded for the dry and uniform cold of the northern regions. The sooner physicians become convinced of this fact, the better for the victims of consumption; who, then, instead of being sent to die in the lands of the orange, and the palm, and the vine, will spend their winters in active out-door exercise, perhaps chasing the deer on snow-shoes, with the thermometer 10° below zero,

" By the great lakes of the Northland,
In the land of the Ojibways,
By the shores of Gitche Gumee,
By the shining Big-Sea-Water."

One of the most remarkable features of the district where I was located, was the entire absence of *exanthematous* diseases; among the numerous children, I saw not a case of *measles*, *scarlet fever*, *chicken pox*, or *smallpox*. I had not a single application to vaccinate a child; indeed, the Cornish seemed not to fear the small-pox, and had an idea that vaccination was not only useless but dangerous. I saw not a case of *mumps*.

Scrofulous affections, as ulcers, ophthalmic and glandular suppurations, are occasionally met with, more especially in children. From the great quantity of salt food consumed, and the scarcity of fresh meat and vegetables, *scorbutic* symptoms begin to manifest themselves in the spring, in the shape of spongy gums, loosened teeth, obstinate diarrhœas, and rebellious ophthalmiæ. The "Copper district" is remarkable for the prevalence of *ophthalmiæ*, which resist all plans of treatment. The causes are partly mechanical, as the dust of the blasts, the spicula from the iron drills, the smoke of the powder and kiln-fires; but the principal exciting cause is the reflection of the sun from the bright surface

of the snow. So painful is the glare from this shining white surface, that almost every one wears goggles of colored glass in the winter. I found that these were uncomfortable, as I thought from confining the warmth and moisture of the eyes, so that I adopted the practice of nearly closing the lids, in imitation of the Esquimaux slit in a piece of wood, which proved a sufficient protection under very considerable exposure. The eyes being thus weakened, trifling causes, as above enumerated, and a scorbutic diathesis (as I believe), were enough to keep up a continual irritation until the departure of the snow. The usual symptoms were pain in the globe, redness of the conjunctivæ, great secretion of tears running over the cheeks, with more or less granulation of the lids. The best lotion I found to be a warm infusion of chamomile flowers, with one or two grains of acetate of lead, or sulphate of zinc, to the ounce of fluid. For the granulations, sulphate of copper, nitrate of silver, and chloride of zinc, were used; but these cases were generally very obstinate, and no one remedy answered anything more than a temporary purpose.

Typhoid and typhus, and other continued fevers, I saw nothing of. From the newness of the country, the abundance of the streams, and the great amount of virgin soil opened to the sun's rays by the felling of the trees, it would be naturally supposed that *intermittent fever* would be endemic there. But though intermittents are common, I never knew one to be originated in the copper region; I invariably traced them to Southern Michigan, or to some other infected district. I found *chinoidine*, mixed with oil of black pepper and a little compound extract of colocynth, quite as efficacious as *quinine* in the intervals of the paroxysms, besides being more agreeable to take, and very much cheaper.

The air is so still and cold, and the water so impregnated with snow and ice, that we almost have the circumstances necessary for the production of *bronchocele*. I saw three cases in Cornish women, who, however, brought the disease with them from England; whenever they took cold, the gland would swell to a large size, in one case threatening suffocation. In Cornish language, it is called a "*swelling under the chuck*."

Muscular rheumatisms were exceedingly common; but, notwithstanding the unfavorable circumstances under which the labor is prosecuted, I never knew of a case of acute rheumatism or rheumatic fever. For chronic rheumatic complaints, generally imported from Europe, the wine of colchicum seeds was very advantageous.

Scabies was not uncommon; on account of the close sleeping quarters, one case was enough to affect a household. Besides the demand thus caused for sulphur, mercurial ointment was constantly in requisition for the purpose of destroying *pediculi pubis*. Re-

luctant as I am to destroy the romance connected with the American Indian, truth compels me to say that the heads, groins and bodies of the aborigines swarm in many cases with vermin, rendering a near approach decidedly dangerous. Very few travellers who have traversed the wilderness of Lake Superior, and have purchased the hospitalities of the Indian's hut, have escaped without the acquaintance of some of these parasites. On the head, they occasionally use the comb, and on the genitals mercurial ointment; those which infest the body are exterminated, when too populous, by drawing the seams of the garment in which they hide through the teeth, or by plunging it into boiling water.

The uterine system being almost constantly active in gestation, in the midst of exposure and laborious occupation, it was not uncommon to meet with prolapsus uteri and the various complaints attendant on pregnant and over-worked poverty.

The practice of obstetrics was, as is customary in such communities, chiefly in the hands of female practitioners, and the advice or assistance of the physician was not asked until matters assumed an unexpected aspect. After the first case of spina bifida reported by me last winter, three cases of malformed fetus occurred in rapid succession, which rather shook the confidence of the cronies in their own medical ability.

The principal surgical diseases were fractures and dislocations, incised, contused and lacerated wounds, and burns of the face and limbs from powder. Fractures were liable to be complicated with frost-bites, from the time lost in conveying a patient from the depths of a mine to his house. In one case of this kind, a simple but comminuted fracture of tibia and fibula, vesication took place from the knee to the toes, with gangrene of the skin about the instep and heel; gangrene also occurred at the seat of fracture, uncovering and denuding the bones of their periosteum. Under the stimulus of yeast poultices, and the support of wine, camphor, and nourishing food, the diseased portions were thrown off, exposing the vessels, which could be seen at the bottom of the wound; it became necessary to amputate the thigh, which healed readily, though the weather was extremely cold.

Falling down shafts, the slipping of the chains, the escape of rock from the buckets or of heavy plank from the ropes, the giving way of scaffoldings and frame works, the detachment of stones from the top of a gallery, and various other effects of accident or carelessness, result in many cases in severe wounds, and in a few cases in instant death. On one occasion, a heavy plank, two inches thick, slipped from the icy ropes and fell a distance of 90 feet perpendicular. The men at work at the bottom heard it as it struck the sides of the shaft in its descent, and all escaped into a side passage but one, whose foot got caught in a projecting rock. The

plank struck him obliquely about the middle of the left leg, completely severing both bones and the flesh, leaving the separated foot in the boot. It was more than an hour before he could be got to the surface, during which time he lost much blood, and was half dead with cold. The limb was amputated below the knee, and the patient left comfortable; no further bleeding occurred, but death took place in a few hours, either from previous loss of blood or from the shock of the combined accident and operation.

The temperature of the mines is not low enough to cause frost-bites; none of the shafts on Portage Lake are sunk lower than 270 feet. For walking in the winter, mocassins are almost invariably worn; these are made of deer-skin, and are worn with many thicknesses of heavy blanket on the inside, so that a man's foot, with this covering, is about as large as an elephant's. Now and then some careless miner undertakes to walk several miles in boots; the perspiration of the foot permeates the leather, which soon becomes as hard as a board, and under such a covering the toes are almost sure to get frost-bitten. Frost-bites are common, though not to the extent of gangrene; the usual treatment is by stimulating liniments, turpentine, and coverings of flannel. Indolent ulcers about the ankles are common, and are as rebellious to treatment as in more favored localities.

All the copper-bearing rock is thrown down by powder; and, as the workmen are quite careless, it is not surprising that many are injured by premature or delayed explosions. The face and eyes suffer most from such explosions; for the face, a constant covering with olive oil is the most soothing, and the most efficacious in speedily removing the black stains. For the eyes, the tears take care of the powder, and the only thing for the surgeon to do is to guard against inflammation and swelling of the lids. Experience has proved that the less the surgeon attempts to pick out the powder and wash the eyes, the speedier is the recovery, and the less deformity and discoloration the result.

As the miners pay a certain sum from their wages every month for the doctor, whether they are sick or well, they are always entitled to medical and surgical treatment without farther expense. The great want in the Copper Region is a small house, on each large location, to be used as a hospital; where the sick and wounded can be attended to, undisturbed by and undisturbing their well companions. Not only expediency but humanity demands this. Such a building was in contemplation at the Minnesota Mine, but I know not if it was ever built. It would save much suffering and many lives, and add many working days to the year of the laborious and much-abused miner.

December, 1857.

CASE OF DISEASED TIBIA, WITH CONTRACTION OF THE KNEE-
AND ANKLE-JOINT, TERMINATING FAVORABLY.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DEC. 9th, 184—. A young man, of the age of 13, after bathing and remaining for a long while in the water, had a contraction of the knee-joint, which was succeeded by fever. Subsequently fistulous openings appeared about two inches below the head of the tibia, coming on at the intervals of a year each.

I saw him three years after the occurrence of the disease. The fistulæ on the tibia discharge abundantly. He states that pieces of bone have been discharged; and that about once a month, the knee swells and becomes very painful. The limb is now contracted at an obtuse angle. Flexion of the knee is easy, but extension cannot be performed, and the attempt produces extreme pain. The thigh is greatly emaciated, but there is no alteration in the shape of the knee-joint, or of the leg. The foot is strongly contracted downwards, and he walks upon the ball of his toe, but without crutch or cane.

I stated the case, in writing, to Dr. John C. Warren; requesting his opinion as to the necessity of an operation for removing the diseased bone, and the expediency of attempting the gradual extension of the limb by machinery. He replied that the case was one in which nature could do more than art. The diseased bone could not, he thought, be removed by any operation, but must be left to separate by a natural process, and while any inflammation continued, no forcible extension could be made. Something, perhaps, might be done by placing the limb in a hollow splint. He advised the following treatment:—1st. Wash the limb daily in a warm solution of chloride of lime. 2d. Dress with iodine ointment. 3d. Give two drachms of the wine of iron in a tablespoonful of water, three times a day.

In addition to this treatment, I directed the patient to be confined to his bed, and a rigid diet adopted.

Under this course there was marked improvement, and after continuing it until January 30th, one month, I considered the inflammation sufficiently removed to resort to means of extension. I directed two splints to be made, by an ingenious mechanic of this place, fitted to the posterior part of the thigh and leg, connected by a hinge. A brass screw was fitted underneath, by which the splint could be kept immovable at any angle, and this angle reduced by turning the screw; an apparatus, in fact, similar to one of which I had seen a figure in a volume of this JOURNAL. The splints were firmly applied to the limb, at the angle in which it then was, and I directed the attendants to give the screw one turn daily. This was done, and with much less inconvenience than I

expected. There was no pain or inflammation excited; and by the 18th of February, or in about four weeks, the leg was brought perfectly straight.

I now allowed the patient to attempt to walk, hoping, that as the primary affection was removed, the ankle would become movable without much difficulty, merely by use. This not taking place, I directed a foot-piece to be made, with a contrivance similar to that at the knee. This, however, was not as successful as the former, the foot-piece rendering the apparatus exceedingly clumsy. I found, somewhat to my surprise, the ankle-joint much firmer in its resistance than the knee.

After persevering in its use for some time, with benefit, I advised a division of the tendons, and sent the patient to Dr. J. C. Warren for that purpose. The operation was performed, in his presence, by Dr. J. Mason Warren, who divided the tendo-Achillis and one other. He was directed to wear a spring boot to keep the foot in its proper place.

For some time, there seemed to be no great benefit. He had become tired of a long medical course, and probably expected an immediate and entire cure from the operation. He wanted full liberty. It was easier and probably less painful to walk as he had done, rather than take pains to set his foot fair to the ground. In this state he left this place and went to a relative in a neighboring town, where he was able to do something in the way of driving a cart or wagon. He continued, however, to take the wine of iron, which he had become habituated to, and felt the want of whenever he did not take it. About a year after this, I was informed that he had not improved; and his friends feared he was losing ground. Nevertheless, not long after this time, he began to amend, the leg grew stronger and the lameness gradually disappeared. He is now, I am informed, perfectly well, and holding a lucrative office as clerk.

The weakness of the joint and the time needed for complete recovery after the freedom of motion was restored, doubtless delayed his cure; but as he gained health and strength, the strength of the joint also returned, and its natural motions were acquired anew. He continued the wine of iron for two years or more.

The wine of iron was always much used in surgical diseases, by Dr. John C. Warren. Singularly enough, it was dismissed from the London and other pharmacopœias, in 1838—possibly from the trouble of preparing it. It is, however, one of the best forms of iron which we possess, especially for a long-continued use. It keeps well, and is not unpleasant to the taste.

Whether any benefit was received from the use of the iodine, it is difficult to decide. This is a remedy that has been so much extolled, and of course has so often failed, that its efficacy is always doubted, and its action is not well understood. It can only be said,

in this case, that healthy action in the bone took place very rapidly, and the cause of the fistulæ was removed with as much rapidity as the healing of the bony substance admits of.

It should perhaps be stated that this patient, a young man, tall in stature and thin, in very feeble health when I first saw him, was one of a large family, who are all stout and robust.

Newton Lower Falls, Nov. 30th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 23d.—*Cancer of the Liver.* Dr. HOMANS read the following history of the case, received from Dr. H. W. Rivers, of Providence.

“At the age of 17, Mr. W. had an attack of typhoid fever, from which he recovered, and continued in good health until within a few months of his death, with the exception of a tendency of blood to the head and attacks of nightmare. He has always been a good liver, but seldom exceeded one glass of brandy or gin and water a day, which he usually took just before dinner. A few months previous to his last illness, he had (as I am informed) palpitation of the heart and an intermittent pulse. In the month of May last, he first complained of trouble in the rectum.

About the middle of July, feeling general malaise, he consulted Dr. Mauran. After a few days, he began to show the jaundiced appearance which he had when you saw him: on the 29th of July, was confined to the house, and on the 6th of August, to his bed. Dr. M. at this time prescribed for him blue pill and large doses of olive oil, which induced violent and excessive vomitings. On the 18th of August, I first saw him, and found him as I have heretofore described to you, viz.: complaining of pain in the region of the liver, which was considerably enlarged, obstinate constipation of the bowels—alvine evacuations, when procured, of a clay or putty color—great pain in the rectum, especially when injections were administered; pulse varying from 80 to 100 in frequency, but quite regular. The tongue, for the first two weeks, was covered with a thick brown coat, which cleaned off and was followed by aphthæ. He had, during this time, occasional vomitings, which had, for the last few days of his life, a decidedly fæcal odor. The urine was for the most part heavily loaded with bile. The yellowness of the skin continued. He was attended by Dr. Mauran and myself, with occasional visits from you, until the 30th of September, when he expired.

“Mr. W. was what might be called a man of active habits, having been engaged from early life in mercantile pursuits. He usually took a nap after dinner, and when doing so, if his feet or legs rested on the seat of a chair or ottoman, nightmare invariably followed.”

The following account of the *post-mortem* appearances is from Dr. G. L. COLLINS.

“*Sectio Cadaveris*, made Wednesday, Sept. 23d, 1857, at 4 o'clock, P.M.

“ The external surface was everywhere deeply jaundiced, as were all the tissues of the body.

“ The abdomen was full and tumid, but not very resonant.

“ There was some omental adhesion with the peritoneum, in the right iliac region, and near the caput coli.

“ The stomach was distended to the capacity of nearly three pints, with gas and a pint and a half of bloody fluid. Its mucous surface was ecchymosed in spots, and, about the lesser curvature, presented many small ulcerations.

“ The duodenum was very firmly adherent to the liver and the neck of the gall-bladder.

“ The small intestine, to within four inches of the ileo-cæcal valve, was distended (by a thinnish, grumous substance) to a diameter of nearly two inches; at this point, an old fibrinous band, thick and dense, encircled the bowel, reducing its calibre to the size of the point of the fore-finger, offering a great obstacle to the passage of fæcal matter. This obstruction was evidently the result of some early inflammation. Beyond this point, the ileum was of the normal size and collapsed.

“ The whole colon, particularly the caput, was moderately distended with a thick, pasty, clay-colored fæcal matter.

“ The vermiform appendix was adherent to the peritoneum, and its cavity partially obliterated. The colon, where it came in contact with the liver and gall-bladder, had become firmly adherent, completely obscuring the latter organ.

“ A portion of the rectum was surrounded by a dense abnormal deposit, adherent to it, and, apparently, producing some constriction. Within the coats of the rectum, and near this deposit, was imbedded a small yellowish tumor, of the size of half a filbert.

“ The spleen was a little large—rather soft. The pancreas was healthy, and the duct pervious.

“ The liver was of medium size—rather thick—and the borders rounded. It was adherent to the diaphragm, from old inflammation, and to the colon and duodenum, as stated above. The gall-bladder was small—its coats thickened, and the lining membrane ulcerated. It contained about an ounce of pus, and seven gall-stones, five of which were small and irregular—about the size of small peas. Two were bean-shaped and smooth, measuring, one seven eighths of an inch in length, and the other three fourths of an inch. The cystic duct, the hepatic and the ductus communis were obliterated, but the latter was pervious an inch before entering the duodenum. This obliteration was owing to the deposit about them of a whitish, dense, though friable substance, imbedding them, and a portion of the neck of the gall-bladder, and extending into the substance of the liver, under the gall-bladder, to the depth of an inch. The liver contained, in all its parts, numerous other deposits, of a similar nature, varying in size from a small shot up to an inch in diameter—some of them just under the peritoneum, and others deep in its substance.

“ The urinary organs were sufficiently healthy.

“ The lungs were healthy—no adhesions. The heart was small, contained little blood, and its structure was rather soft. The mitral valves were atheromatous, and calcareous at the base. The aortic valves were also atheromatous.

“ A microscopic examination fully confirmed the previous supposition, that the disease of the liver was cancerous. The little tumor in the coats of the rectum was shown to be of the same nature, as was also the abnormal deposit surrounding this portion of the intestinal tube.

“ The cause of death, therefore, in my opinion, was due to cancer of the liver.”

Nov. 23d.—*Recurrent Fibro-plastic Tumor of the Axilla.* The case was reported by Dr. GAY, and is interesting from the fact that this was the second recurrence of the disease, the patient having been operated upon twice before.

All the right axillary space was blocked up by the diseased mass, except a small portion just beneath the clavicle. On bringing the arm to the side of the body, pressure was made upon the tumor, which necessarily forced upward and forward the pectoralis major muscle, and at the same time pushed outward and backward the scapula, with its muscles and the latissimus dorsi, giving, at a first view, the appearance of a very extended growth. In this position of the arm, there was scarcely any mobility to the tumor. On a full abduction of the arm, the pectoralis major compressed and forced downward somewhat the tumor, so that in this position scarcely any movement could be given to it. But on separating the arm from the body just enough to pass up the hand, the tumor was found to be freely movable in every direction, and to be made up apparently of two lobes, one a little larger than a hen's egg, mostly external to the axilla, with small irregularly rounded prominences upon its surface; the skin over this was generally movable, but thin, vascular, and including two or three inches of the old cicatrix. The larger lobe, constituting the main portion of the tumor, filled the axilla, the skin over which was movable and healthy.

Operation.—With the arm abducted, an incision was commenced at the top of the axilla, which was carried down straight to the smaller lobe; from this point it branched off on either side, till the whole of it, with the skin, was included in the incision. The attachments at various points were then carefully dissected away by the knife-handle and finger, and the whole tumor peeled out at last, smooth and clean. The tumor was pretty regularly smooth, elastic and soft. There was a larger and a smaller tumor. On a section of the larger, which was $3\frac{1}{2}$ inches long by $2\frac{1}{4}$ wide, its interior appeared to be mostly of a yellowish-white color, strongly fibrous, with two reddish patches—one two inches long and an inch wide, the other about an inch in both directions—looking like some recent inflammatory action and deposit. Under the microscope, fibro-plastic material was strongly marked.

The smaller one, two inches long and three fourths of an inch broad, was made up of many small cysts, with yellowish fluid, and crevices, with glandular tissue projecting into them, like the proliferous cysts of Paget. Under the microscope, it appeared to consist of glandular hypertrophy.

The previous history of the patient, Ellen McFaine, may be found in Dr. Gay's report of June 9th, 1856. See *Society's Records*, Vol. III., page 5.

Bibliographical Notices.

Elements of Pathological Anatomy. By SAMUEL D. GROSS, M.D. Third Edition. Philadelphia: 1857.

In the preface of this large octavo volume, we are informed that it "has been brought up to the existing state of the science of which it treats;" that many "new cuts have been added;" and the writer flatters himself that the "treatise may, at least, have the effect of rousing the attention of the profession to the importance of a more thorough study of this department of medical science."

We have here an index of our author's aim—certainly a high one. Guided by it, we will endeavor to decide justly upon the merits of his work. In a brief notice like this, it is impossible to enter much into details; an accurate analysis can only be made in a lengthy review. We must therefore judge of the quality of the whole, by the examination of certain parts, testing it as we do certain edibles (too bulky for immediate consumption), by random probing and chance cuts.

We open at a chapter on parasites. One of these, the echinococcus, is described as "a capsule analogous in structure to that of the acephalocyst, attached to the inner surface of which are numerous animalcules," one of which is represented by something resembling a small acorn. On the next page the *acephalocyst* is described as a distinct genus, within which young *acephalocysts* may form, and these last are represented in Fig. 37. Here is strange confusion. It is true we are afterward told that the *acephalocysts* of Laennec are probably nothing but echinococci, whose bodies have become hydropic. This is an approximation toward the truth; but, whether the striated membrane which forms the cyst be a transformation of the parasite, as some suppose, or not, it is hardly proper to bestow upon it the name of the animal which lies within in all its integrity, and dismiss the latter as an animalcule, introducing him again, if we may trust the text and the cut, as a young hydatid upon the inner surface of the *acephalocyst*.

In speaking of the organization of tubercle, the occasional presence of blood vessels is strongly insisted upon; but, after citing cases to prove the fact, the writer informs us that "he has never seen the vessels which are supposed to form the proper circulation of tubercle, but that their existence is altogether assumed, from the analogy afforded by encephaloid growths and adventitious membranes." We are thus left in the dark with regard to the author's meaning, but cannot think that any analogy should be drawn from growths so distinct from tubercle as those mentioned.

The singular view taken of atheromatous deposits in a former edition, we are glad to see has been abandoned. They are no longer regarded as of a tubercular nature.

In the chapter on inflammation of the brain, we are informed that yellow softening is owing to the formation of pus in the cerebral substance. If this be the result of the author's researches, it is a most important fact, and the grounds upon which the assertion is made should be most distinctly stated, for pathologists of the highest standing have declared that such is not the case. That a suppurating brain

is yellow and soft, no one will deny ; but the term yellow softening has been applied to a very different change.

In attempting to give an idea of the vascularity due to inflammation of the gastro-enteric mucous membrane, various appearances have been described, not one of which can be relied upon. The author himself gives us reason to suppose that he has been misled by his own doctrines, for we are told that the stomach is a common seat of acute inflammation—a statement contradicted by the highest authorities and by every day's experience. We do not deny that certain forms of redness may indicate to the experienced eye the existence of inflammation, but we would not take the responsibility of describing them ; words cannot do it justly. It is with such changes that the medical jurist often has to deal, and erroneous ideas with regard to them may involve the loss of innocent life.

Such are some of the objectionable points noticed in a cursory glance at the contents. Our attention was also attracted by such English substitutes for Latin terms as "Varolian bridge" and "optic couches." The motive of the author, in introducing them, was undoubtedly good. It was probably done with a desire to simplify the text, and render it more comprehensible to students. We have no sympathy for the pedantry that interlard good English with Latin terms or those derived from other languages, when the meaning can be equally well expressed in our own. But many of the anatomical names are appropriate and beautiful. They are understood by well-educated physicians throughout the world. If their constant occurrence annoys the ignorant student, and reminds him of his deficiencies, it is not our fault, but his. In speaking of the corpora quadrigemina, we should certainly object to any attempt to adapt to his comprehension the terms *nates* and *testes*, by christening them buttocks and testicles.

Before closing, let us for a moment examine those wood cuts, drawn for the most part from the author's own specimens, and under his immediate superintendence by Mr. Daniels, and engraved by Mr. Baxter. We know neither Mr. Daniels nor Mr. Baxter, but hope they will not be offended when we confess that we are somewhat at a loss how to speak of the results of their labor. A person would only make himself ridiculous by standing gravely before an Indian sketch upon a buffalo robe, or the production of some *medium*, and applying to them the ordinary rules of criticism. Still, we will venture to say, that we object to many of the wood cuts, because they are so hopelessly wooden, and must express our astonishment at the coolness with which we are informed that Fig. 145 represents "chronic inflammation of the lungs" ; Fig. 152, "false membrane of the pleura" ; Fig. 244, "tubercular excavation of the kidney" ; Fig. 250, "hypertrophy of the bladder" ; Fig. 311, "fibrous tumor of the uterus" ; and Fig. 317, cancer of the same organ. The remark is often made that there is no limit to human credulity, but we must doubt whether any one could be made to believe that these peculiar combinations of black lines and white spaces resemble in the remotest degree the objects for which they were intended.

And now let us return to our text. We were told that the work had been brought up to the existing state of the science of which it treats. This can hardly be admitted. As the cuts are particularly alluded to, we must suppose that our author intends to endorse them.

We have shown some specimens, upon which farther comment is unnecessary. Whether the attention of the profession will be roused to a more thorough study of this department of medical science, we cannot say, but it certainly ought to be.

We would gladly have spoken in a very different manner. We should have preferred to pronounce this American work a credit to the writer and the country, but truth compels us to admit that it is neither.

C. E.

Qu'est-ce que la Fièvre Puerpérale? Etudes sur les Maladies des Femmes en Couches. Par le Dr. T. GALLARD, Ancien Interne, Lauréat (médaille d'or) des Hôpitaux de Paris, etc.

WITH the above title, our friend M. Gallard sends us another of his well-written *brochures*, in addition to those already noticed in the *Journal*. The subject of the present paper is one which has been of late somewhat discussed on the other side of the water, to wit, the essential nature of puerperal fever. M. Gallard seeks the elements of his discussion in certain theses which have appeared in Paris during the last two years. From the data afforded in these theses, M. Gallard seems to conclude that there is no distinct disease which merits the name of puerperal fever; and that all the cases, to which that name has been applied, may be resolved into instances of purulent infection, putrid infection, or hospital gangrene. I shall offer no comment on this position of M. Gallard, but will take leave to mention one or two points in his pamphlet which seem to me especially noteworthy.

The following fact is quoted by our author from the thesis of M. A. Chanier (1855), who, unlike M. Gallard, sustains the theory that puerperal fever is an idiopathic affection. During the prevalence of that disease in 1854, as observed by M. Chanier, at the Maternity Hospital in Paris, "the abdominal form, with predominance of lesions of the peritoneum, and of the intestines, reigned during the first months, when Paris was under the influence of an epidemic of cholera; whilst, toward the end of the year, when thoracic affections of an inflammatory nature predominated in that locality, puerperal fever was seen to take on the thoracic form, and determine numerous pleuritic effusions."

Among the facts alleged on the other side of the question, we notice the following, quoted from M. Billoir's paper entitled "*De la phlébite utérine puerpérale*" (1857). M. Billoir says that M. Behier, of the "*Hôpital Beaujon*," in all the autopsies made by him of patients carried off by puerperal fever, found pus in the uterine sinuses, or the neighboring veins. But, this pus would hardly have been found, he says, in all cases, without a knowledge where to look for it. "It is upon the lateral borders of the organ [the uterus], at the union of the body with the cervix, that it is observed most usually, and in the largest quantity; and if care is not taken to explore with the minutest attention this extremely limited region, the presence of pus might very easily escape detection."

L. P., JR.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JANUARY 7, 1858.

HYGIENE OF DRESS:—LADIES' BOOTS.

WE have indulged ourselves, from time to time, in sundry and manifold lucubrations upon dress; and trust, especially, that our disinterested and persevering efforts to benefit the fairer portion of creation have been duly appreciated. Our interest in their welfare is constant, and is almost daily increased by witnessing or hearing of dangerous, or at least injurious, practices, into which they are all too prone to fall—and they must be careful not to fall, or even to slip. Femininely, such proceedings are dreadful, and not to be tolerated, as we shall now proceed to demonstrate.

Speaking of demonstration, we should be glad to give an *engraving* of an implement of mischief, with respect to which we have a few words to say. When we say "with respect to which," we do not mean that we respect it—quite the contrary, we *dis-respect* it, and are about to utter our anathema against it; and we hope that our ban upon it will lead to its immediate banishment from the *feminine understanding!*

We refer to the abominable high heel of the boot or shoe, and which, in order to the attainment of that much-abused epithet "genteel," is pared down, until its base is about the size of a quarter-dollar (new style), and can afford no adequate support either to active misses, or substantial matrons.

Now there are two evils, directly referrible to this fashion, and which we will merely mention, leaving it to the good sense of ladies, young and more than young, to draw the practical inferences which must result from due reflection. First, when the heels of their pretty little boots are too high, the toes (same adjectives *originally* applicable, but not, subsequently to such treatment) are pressed violently and continuously downwards, until *corns* are inevitable. Take warning, *demoiselles et dames!* Next, and more serious, these heels have in many instances rendered the healing art imperatively requisite. A week or two since, a young lady fell down a flight of stairs, and fractured her leg, merely by catching this atrocious conical heel against the edge of the upper stair. Why this should not constantly happen, we do not know. At this very time, we have a married lady under our care, who has *twice* fallen from this same cause; the second time inflicting serious injury upon one knee and ankle—obliging her to remain in *limb-o* for an indefinite period.

Thus it is evident, that instead of being permanently elevated by these appendages, their wearers are in constant peril of being brought low; and it may happen that a permanent prostration will sometimes follow—a state not susceptible of healing, and for which it would be bootless to prescribe.

Having formerly animadverted upon the bonnet, the head and front of woman's offending (so far as dress is concerned—in close conjunction, however, with hoops), we thus go at once to extremes, and foot

up our account for the year, for the *sole* purpose of saving them from broken bones, and reforming their understanding, in the point of view from which we behold it.

MEDICAL CORONERS FOR SUFFOLK COUNTY.

MESSRS. EDITORS,—I was not a little surprised at finding, in your issue of Dec. 24th, 1857, the following remarks respecting the *coroners* in this "community." "In our own [community], at present, grave accusations have lately been brought against the coroners, particularly the medical ones, of over-charging, &c., which, in our view, demand from them personal vindication. We conclude that such will soon be made." Respecting these remarks (I speak for myself alone, and am responsible for what I say: the other "medical coroners" of Suffolk County, being of age, and highly respectable men, are capable of speaking for themselves), I submit the following. If, by "over-charging, &c.," you mean (which would seem to be the proper understanding of the words) that they have charged *more* for their services than the "Statute" provides, I have never seen any such "charge" made by any one. No such charge was preferred against "the medical coroners," or any others, when they were asked to appear before the "County Commissioners," a board chosen from the *Aldermanic* branch of the "City Council;" and no such charge is made against them in the published "Report" of that Committee. It was stated that the coroners' bills had largely increased within a few years, and since "medical coroners had been appointed." This has, undoubtedly, been the case. My commission is dated October 17th, 1853, more than four years ago. I was the *second* medical man who received such an appointment. Hon. C. H. Stedman, M.D., was commissioned to this office, a short time previous to myself. It was to have been expected that these bills, like all others, would increase in four years. Our population has increased, and, what tends still more to the increase of coroners' bills, *crime* has increased, during this period, in an unprecedented ratio. But the *coroners'* bills had *not* increased to such an unexpected degree as the "Report" of the Committee seemed to show; for, *with* these bills, for a specified time, they had added in bills of *Justices of the Peace* and their juries, for *fire inquests*; which bills had no more connection with coroners' bills than those for *street paving*. The "Act" authorizing "Fire Inquests" was of recent date, first passed in the year 1854, and, as its title imports, for a different purpose, and no *coroner*, by virtue of a coroner's commission, could discharge the duties named in it, or make *any* charge for such service. It is true, one or two of the coroners, by virtue of a commission of a "Justice of the Peace," did officiate under this act. Yet, these bills, if I rightly remember (the Report of the Committee is not before me), amounted to about *one third* of the whole expense, during the time specified. The act for "fire inquests" has no reference to inquests made upon dead bodies, and the only reference in it to coroners is, that the charges for such service shall be *similar* to that of coroners, and paid from the same source.

But, if you have any reference to the statements of a *certain newspaper*, even in that, no charge is made of *over-charging*, or charging *more* than the "Statute" allows, for any service. The *peculiar tone* of that paper, so far as I am apprised, satisfied all the coroners that

it deserved no answer, and, I presume, none of them doubted the source from which the article originated.

And now, in conclusion, I have only to say for myself, I have never gone to see a dead body, as a coroner, unless called to do so. I have never ordered a jury to be summoned, nor an autopsy, unless the circumstances demanded it, and I challenge any man, over his own name, to show to the contrary. Nor have I ever sent in a bill which has not been approved and paid, and the only *mistake* that has happened was when I was called to view the body of a child, and another coroner was called to see the same case. But neither of us held an inquest, and neither of us knew that the other had been called, till both our bills had been paid; and when so apprised, the *three dollars*, for one of the views, was refunded to the City.

I was authorized, I think, to believe you intended to deal fairly and justly by the "medical coroners," from the *candor* manifested in your article published in Vol. LV., page 534 of your Journal, about the time that the "Report" of the County Commissioners appeared. Hence, I have written the above, which you may publish, if you please.

Very respectfully,
WM. M. CORNELL,
One of the Coroners for the County of Suffolk.

DR. REESE AND DR. McCLINTOCK.

In our last number we published an extract from a letter from Dr. D. Meredith Reese, remonstrating against some allusion to his support of Dr. McClintock, contained in a notice of the Transactions of the American Medical Association, printed in a late number of this JOURNAL. The paragraph which we quoted does not clearly convey the statement which Dr. Reese wished to make known, and in our desire to do him justice we make the following additional quotation from his communication; merely observing, in respect to his expression "foul charge," that we have made no charge against Dr. Reese, but only expressed our regret that he should have done what he admits that he did do.

"The fact upon which this foul charge is based, is simply this. During the last year, I received a letter from a distinguished professional brother, officially related to the civic government of Philadelphia, submitting the following question, viz.:

"Are you sufficiently acquainted with the professional education and experience of Dr. James McClintock to express your opinion of his capability to take the medical charge of our Alms-house Hospital?"

"Having already learned, by authority, that Dr. McClintock had abandoned nostrum vending, and had returned to the practice of the legitimate profession, I replied, that his medical training and opportunities as a teacher and practitioner, for many years, in my opinion, made him capable of filling the place in question."

Health of the City.—For the last two weeks the number of deaths has been unusually small, and the fatal diseases have been chiefly those of the throat and chest.

DIED.—In New Bedford, 23th ult., Dr. William C. Whitridge, in his 74th year.—At Mt. Desert, Me., 5th ult., Dr. Kendall Kittredge, a native of Billerica, Mass., 84.

Deaths in Boston for the week ending Saturday noon, January 2d, 67. Males, 35—Females, 32.—Aneurism, 1—accident, 1—inflammation of the brain, 2—congestion of the brain, 1—burns, 1—consumption, 17—convulsions, 2—cholera infantum, 1—croup, 1—dropsy, 1—dropsy in the head, 2—infantile diseases, 6—lockjaw, 1—puerperal disease, 1—epilepsy, 1—erysipelas, 1—typhoid fever, 3—scarlet fever, 1—disease of the heart, 2—interperna, 1—inflammation of the lungs, 4—marasmus, 2—old age, 1—palsy, 1—peritonitis, 1—pleurisy, 2—rheumatism, 1—scalded, 1—teething, 1—unknown, 3—whooping cough, 4.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 45—Ireland, 13—other places, 4.

PUMPKIN SEEDS IN TÆNIA.

MESSRS. EDITORS,—I have quite recently, for the first time during several years' practice, met with a case of tape-worm. Having been successful in the treatment of it, I send a brief account of the same to the JOURNAL. I do not regard it as a great achievement, as I but followed in the footsteps of others. But the result has been very agreeable to the patient and myself, and there is a possibility that an added fact may crown the pyramid of proof, that a safe specific has been discovered for the speedy dislodgment of a formidable human parasite.

Mr. K., a slight, spare man, about fifty years of age, of active business habits, not "a butcher nor provision dealer," but a manufacturer, sent me, a few days since, some specimens of a substance "which, he said, had been passing from his bowels for a number of weeks." It was present, not only at the usual fecal evacuations, but escaped from him occasionally when walking or riding, and even at meals. On examination, I had no difficulty in deciding them to be portions or joints of the *tænia solium*. I ordered an emulsion, prepared from four ounces of the common pumpkin seeds, to be taken in the morning, fasting. He made nearly a pint of it, and like a good and true man, took the whole. Three hours after, he performed the feat of swallowing four ounces of castor oil. Waiting anxiously some six hours, troubled with slight nausea, he had, at length, a small evacuation, with the usual accompanying fragments of the *tænia*. Four hours subsequently, a full and free discharge took place, which brought something, to use his own words, "worth seeing." The entire worm had been dislodged, and was now lying *hors du combat*, at the bottom of the chamber. Its minute head, long neck and broad body, afforded trophies of complete success. On measurement it was found to be eleven feet in length. Mr. K. being a methodical business man, cautious in the use of terms, and not given to exaggeration, expresses the opinion that he had passed from fifteen to twenty feet of the worm previous to his using the means for its expulsion. *Query*.—What homœopathic decillionth would have produced the like result in this case?

H. C.

Upton, Dec. 23d, 1857.

DR. WILLIAM C. WHITRIDGE, LATE OF NEW BEDFORD.

MESSRS. EDITORS,—In accordance with the vote of the physicians of this city, I forward you the enclosed resolutions. Yours respectfully,

New Bedford, Jan. 2d, 1858.

JOHN H. MACKIE.

"At a meeting of the physicians of this city, held at the residence of Dr. Spooner on the 31st December, the following resolutions were adopted:—

"*Resolved*, That we do most sincerely lament the death of our venerable friend and associate Dr. WILLIAM C. WHITRIDGE. He has been in the practice of his profession for a full half century; and by his knowledge, judgment, and fairness in counsel, has commanded the confidence of his professional brethren; while by the kindness of his heart, and the urbanity of his manners, he endeared himself to all who knew him.

"*Resolved*, That to the bereaved companion and children of our deceased friend, we tender our heart-felt sympathies; and while we deeply deplore his loss, with them we will cherish a fond remembrance of his many excellences, and gratefully recollect the happiness it has been ours to enjoy in his society.

"*Resolved*, That a copy of these resolutions be signed by the Chairman and Secretary of this meeting, and respectfully presented to the family of the deceased, and also be published in the several papers in this city and in the *Boston Medical and Surgical Journal*.

PAUL SPOONER, Chairman.

JOHN H. MACKIE, Sec'y.

Medical Students in England.—From inquiries we have made, it appears there are fewer students than usual registered this session at the different metropolitan schools, where an increase was expected: the total number being about 1050; the number last session was upwards of 1100. In the provincial schools there is a still greater deficiency; and the same, we are told, in Scotland and Ireland.—*London Lancet*.

M. Geoffroy, the chief physician of the Hospital for the Insane at Vacluse, has been assassinated by an epileptic patient.—*Ib.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVII.

THURSDAY, JANUARY 14, 1858.

No. 24.

PROCIDENTIA UTERI, SEVENTEEN DAYS BEFORE LABOR.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY WM. READ, M.D., FORMERLY PHYSICIAN TO THE BOSTON LYING-IN HOSPITAL.

THE patient, Elizabeth Hanagan, aged 25, a widow, was seized, on the 16th of April, 1856, while at her work as housemaid, with great pains and bearing down, after having taken a powerful dose of cathartic medicine. These increased till she was obliged to take to her bed and send for advice. I was called in, and found her in great distress, complaining of "something having come down." An examination disclosed a prolapse of the uterus, which protruded about six inches beyond the labia. It was about an inch and a half in diameter, livid and engorged—almost black, and dry from long exposure to the air. The meatus urinarius was on the upper side of the tumor, about midway between the pubes and the os uteri, which was distinctly visible at the apex.

With considerable difficulty, and after some manipulation, the uterus was replaced, and the patient was ordered to keep perfectly quiet in bed, take a pill containing a grain of opium, and to repeat it in three hours, if the pains continued. Compresses wet in cold water were applied, and their use enjoined as long as might be necessary. At the next visit, on the following day, she was so much relieved that further attendance was not thought necessary and the visits were discontinued. There was no suspicion of pregnancy, and no feeling of any "contents" in the portion of the uterus that had prolapsed.

Nothing more was heard from the case until May 3d, when a messenger came for me in great haste. I found the woman in labor. The uterus was *in situ*, the os dilated, the membranes ruptured some hours, by her own account, and the vaginal canal exceedingly hot and dry. Pains frequent and strong. The information of her condition, as might naturally be supposed, suggested to her mistress the propriety of her speedy removal, and she was accordingly carried to the Lying-In Hospital, where she was attend-

ed by Dr. Dupee, from whose note-book I am permitted to extract the subsequent history of the case.

She had complained of a "stoppage," from having taken cold, to her mistress, who applied to the family physician for something to relieve her. It had no effect. A stronger dose was given, with equally unsuccessful effect. This course had been persevered in till just before I saw her, when a very powerful dose of some cathartic, a sort of medical Ballista, had nearly propelled the whole apparatus from the body, but with no effect to get rid of the contents of the uterus.

The record made at the Hospital is as follows:—Last menstruation, second week in August, 1855. Quickening not remembered. Labor commenced about 4, P.M., May 3d, 1856. Child born, 9, P.M., on the 5th. Duration of labor, 53 hours.

May 3d, 10, P.M.—Pains frequent, but not strong. Os uteri slightly dilated, but rigid.

4th, 8, A.M.—As before. 4, P.M.—Pains somewhat stronger; os uteri still rigid. 10, P.M.—Pains have diminished in force and frequency; os dilated to about the size of a half dollar. \mathcal{R} . Tr. opii, gtts. xl.

5th, 8, A.M.—Patient has slept most of the night. Slight pains this morning. Os uteri still unyielding. 10, A.M.—Pains strong and expulsive—in other respects as before. Ordered, as an enema, antimon. tart., gr. iv.; water, \mathfrak{z} vi. 12, M.—Progress of labor slow. No effect produced by enema. Ordered another, containing six grains of tartrate of antimony in six ounces of water. At 4, P.M., the patient continued about the same. No effect having been produced by the last enema, another was ordered, consisting of lobelia inflata, \mathfrak{z} ss.; water, \mathfrak{z} viij. 9, P.M.—The enema caused some nausea and vomiting, and two or three dejections. Pains frequent, but lacking force. Os uteri considerably dilated, but still somewhat rigid. The head having now descended into the cavity of the pelvis, ether was administered, the forceps applied, and the child delivered, the patient having been entirely unconscious during the delivery. Placenta expelled soon after. Vertex presentation; male child; weight, 6 pounds; length of child, 20 inches; length of funis, 23 inches; length to umbilicus, 11 inches; diameter, occipito frontal, 4 inches; bi-parietal, 3 inches.

6th.—Patient complains of pain in the head and limbs; otherwise comfortable. Has slept somewhat. No hæmorrhage of consequence. Pulse 96. Some fulness and tenderness of abdomen. Apply fomentations of tincture of camphor to abdomen.

7th.—More comfortable. Less tenderness in abdomen. Pulse 80.

8th.—Doing well. Some secretion of milk. Mother and child were discharged well.

Procidentia uteri, although rare, is not of very unusual occur-

rence in the later periods of pregnancy. From the great increase in size which the organ acquires, there is less apprehension of its occurrence in those subjects who are predisposed to it from laxity of the vaginal canal, or other causes, than in the earlier periods, and much less than in the unimpregnated state. Cases can, however, be found, scattered through the works upon obstetric medicine, both ancient and modern, and there is nothing new to propose in regard to its treatment; the indications being to restore it to its proper position as speedily and with as little rough handling as possible, and then to overcome the pains by appropriate remedies. This case becomes interesting, however, from two considerations—one of which is, that no effect was produced by the administration of antimony or lobelia with reference to dilating the os uteri; and the other, that the administration of emmenagogue medicines for so long a time (about six months) exerted no apparent influence, except to bring on the proclivencia.

DISLOCATION OF BOTH THIGHS—ONE INTO THE FORAMEN
OVALE, THE OTHER ON THE DORSUM OF THE ILIUM, WITH
FRACTURE OF THE CERVIX FEMORIS.

[Communicated to the Boston Society for Medical Improvement.]

BY J. MASON WARREN, M.D.

THE patient was brought into the Massachusetts General Hospital, having been crushed by the giving way of a wooden house, which he was engaged in moving, being struck upon the back as he was making the attempt to escape. The right leg first attracted attention. The thigh was fixed, slightly flexed on the body, standing off from it, the foot presenting nearly forward, the limb apparently elongated. A deep hollow was felt in the region of the trochanter, which had itself disappeared. The man being etherized, and the pulleys adjusted, a gradually increased force was applied to extend the limb. A sheet was now placed under the upper part of it, and an assistant, standing on the table, directed to lift the limb. A slight rotation was now made to disengage the head of the bone, and it went into its place without any perceptible noise or action of the muscles.

The right limb being replaced, it was now perceived that the left limb was distorted, and presented all the signs of a dislocation upon the dorsum ilii. It was firmly fixed, shortened, the toes everted and resting upon the upper part of the other foot. The trochanter was prominent, and drawn up from its place to within about three inches of the crest of the ilium. On making an effort to move the limb, an indistinct, but very decided crepitus was perceived.

The pulleys being adjusted, and a fresh dose of ether administered,

the limb was slowly and with much difficulty drawn down, a slight rotatory motion being given to it when the head was on a level with the socket. It went into its place with a loud crack, which was heard by all the assistants. The limb now appeared, at first, to have regained its natural condition. As the effect of the ether upon the muscular system subsided, the limb gradually contracted, and the foot became slightly everted. An examination now being made, by rotating the limb, and placing the finger on the trochanter, it was perfectly evident to all present, that there was a comminuted fracture of the thigh-bone, passing through the trochanter. The two limbs were therefore confined—the right one by a weight attached to it, and a cradle placed over it. To the left, Desault's splint, as used at the Hospital, was applied. In addition to the above injuries, there was a fracture of two or three ribs on the left side.

The best explanation of the appearances offered by the left limb is this. The violent crushing force dislocated the femur, at the same time breaking the neck of the bone. The separation of the parts was not, however, sufficient to prevent them from being replaced, but the fracture was made complete, on the bone being returned to its socket.

The subsequent history of this case is not without interest. The patient, from the time of his admission, had complained of his chest, where, it may be remembered, one or two ribs were broken. Suddenly, one night, great difficulty of breathing came on, and, upon examining the chest, it was discovered that a congestion of the posterior part of both lungs had taken place, such as has before been observed at the Hospital, in patients who for a long period of time have been confined on the back, without movement, after serious injuries to the lower limbs. From this affection he very gradually recovered.

At the end of two months, he left the Hospital well. The motion of the right limb was natural. The left leg was a little shortened. The motions of the hip-joint were limited; on examination, the trochanter was found irregular at the point of fracture. As it had been thought possible that the head of the femur might have been left on the dorsum of the ilium when the complete fracture of the limb took place, search was made for it, but it could not be found there.

In this connection, Dr. Warren mentioned the following case of dislocation, and which was interesting in a practical point of view. A man was brought into the Hospital with a dislocation on the dorsum ilii, which was caused by a wagon passing over him, the limb being at a right angle with the body. Ether was given, the pulleys applied, and the dislocation reduced. On raising the limb slightly, to examine it, it at once slipped out of place, and was reduced again with some difficulty. This experiment was once or twice

repeated, with the same result. Dr. Townsend, who saw the man, verified the fact. Slight, though not very marked crepitus attended the movements of the joint. From fear of displacement, and with the idea of a fracture of the edge of the upper and back part of the cotyloid cavity, the limb of the patient was kept rigidly confined in Desault's apparatus, and his desire to return home resisted. The precautions taken in this case were afterward shown to be not without reason. About three weeks after the accident, Dr. W. being out of town, the patient got out of bed, and while resting on the injured limb, attempted to turn around, thus giving a slight twist to the hip-joint. The bone immediately slipped from its socket. This accident afterward, in the course of the next week, recurred a number of times from simple motions made by the patient while in bed. It was then determined to put on a permanent splint, and allow it to remain on for several months. This had the desired effect, and the patient was seen by Dr. W. some months after leaving the Hospital; the joint was then slowly regaining its mobility.

SUCCESSFUL CÆSAREAN SECTION.

[Communicated for the Boston Medical and Surgical Journal.]

On the morning of the 9th of November, 1857, I was sent for to attend Mrs. Mullen, aged 30 years, and who was in labor, being at full term. The pains recurred at intervals of about ten minutes.

A vaginal examination was attempted, but could not be satisfactorily made on account of an obstruction which the finger encountered, about one inch from the vulva. The passage was so much closed that I could not force my finger farther than the matrix of the nail. The character of this obstacle resembled that of the hymen, with the opening in its centre.

I questioned my patient with regard to her previous labor, which was five years anteriorly. She stated that she was five days and nights in labor, and that the child was taken from her with instruments, and by piece-meal. There was severe laceration of the vagina at the time, and this readily accounted for the obstruction, which was the result of adhesion of the torn parts. I now called my partner, Dr. ———, in consultation, and he advised delay until the head should come down and distend the vagina, when the obstruction might be divided. The labor was allowed to progress for eight hours more, when examination showed that the head of the fœtus had not descended at all. I now took a probe-pointed bistoury, the blade being wrapped around, except its terminal inch, and divided the obstructing septum in two places. I was thus enabled to feel the mouth of the uterus, which was dilatable; the foetal head was found to be pressing firmly against the pelvic bones.

The pelvis was very much deformed. The diameters were as follows: antero-posterior, one inch and five eighths; transverse, one inch and a half; there was very great inward curvature of the sacrum. The rami of the ischia and pubis approached each other so closely, that the pubic angle was rendered very acute. The labor-pains continued to be very severe, and had already lasted about fifteen hours. A second consultation with my partner terminated in the mutual opinion that nothing but the Cæsarean section could give the woman any chance. Our conclusion was that the dimensions of the pelvis were too small, not only for instrumental interference by the natural passage, but also for the fragments of the fœtal cranium to pass, had perforation and separation of the bones been practicable. The Cæsarean section was therefore decided upon. The patient was informed that her delivery, in the usual way, was impracticable; and that the Cæsarean section, the nature of which I briefly explained to her, could alone afford either her, or the child, a chance of life. She consented to have the operation done, without a moment's hesitation; and had begged me to use instruments, several hours previously.

The bladder being emptied, and other necessary preliminaries arranged, chloroform was administered by Dr. Grimes, whom we had invited to witness the operation. She was placed upon her back, her shoulders being slightly elevated by pillows. I made the external incision in the line of the uterine axis, beginning it about one inch below the umbilicus and carrying it downward to a point two inches above the pubes, in the direction of the *linea alba*. The length of this incision was about eight inches; and it penetrated through the entire thickness of the abdominal parietes. The wound made in the uterus corresponded with the external one in direction, but was about six inches long. First, a small incision was made into the uterus with a scalpel, and cautiously deepened, making a director of my fingers, instead of a grooved probe. Having completed the incisions, I extracted the child, which cried lustily. The cord was then secured, while Dr. ——— removed the placenta. There was quite profuse hæmorrhage, at first; and free use was made of cold affusion, by means of sponges, under which treatment the uterus soon contracted, and the bleeding ceased. I then laid the omentum carefully back, brought the edges of the wound together by means of several sutures and adhesive plaster, leaving the lower angle free, and gave an anodyne. The patient rested as well as could be expected, having some after-pains. On the next day, there were no unpleasant symptoms. The pulse was 96; the lochia were naturally discharged through the vagina. On the morning of the second day, the pulse was 106; there was considerable feverishness, great tenderness of the abdomen and tympanites; twelve ounces of blood were drawn, twenty grains of calomel were given, and fomentations applied to the abdomen.

About 3 o'clock the same afternoon, there were three discharges from the bowels; the feverish symptoms subsided, the pulse was 100 in the minute, and the patient slept well nearly all night.

On the third day after delivery, milk came freely to the breasts, so that she nursed her child. From that time, she had no unpleasant symptoms, and required no further medical treatment, except an occasional enema, to evacuate the contents of the bowels. During the second week, the wound entirely healed; and during the third week, she was allowed to sit up in bed. In the fourth week, she was up and going about the house, enjoying nearly her usual health; and continues quite as well at the present time.

W. F. M'CLELLAN, M.D.

Councils Bluffs, Iowa, Dec. 16th, 1857.

EPILEPTIFORM CONVULSIONS—IMPERFORATE ANUS AND RECTUM
—UTERINE INJECTIONS. ✓

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DURING the last summer, I was called to see a man, who had been in ill health for three years, and had been troubled with a variety of symptoms, one of which will perhaps be worth relating, on account of its resemblance to the case of M. Brown-Séquard's guinea pig, which I saw, with other medical gentlemen, in Boston last winter.

The slightest rubbing of the left side of the face of my patient, either with his own hand or that of another person, produced great discomfort and dizziness, with partial loss of consciousness, which would have been entire, he thought, had the rubbing been continued.

On inquiry, I found that, when a boy, he received an injury to the lower portion of the spinal column, which produced a large protuberance near the junction of the lumbar vertebræ with the sacrum; and ever after, his health was very delicate. I explained to him the character of the experiment with the guinea pig, by Brown-Séquard, the lateral division of the spinal cord producing often a true epileptiform fit, when the left side of the face was irritated. He thought it was a solution of his difficulty. He had inquired of very many physicians the cause of this symptom, which was a matter of much trouble and anxiety. This is the only case that has come under my observation at all resembling the symptoms of M. Brown-Séquard's pig. Dr. B. operated on the pig nearly a year before, in Paris. The wound healed perfectly; the animal was lively, could eat well, and perform the various functions of the system, but the slightest irritation of the left side of the face would produce the epileptiform fit.

Is it probable that a similar condition of the spinal marrow was obtained by the injury, in my patient, that was present in the case of the guinea pig?

A case of imperforate anus and rectum came under my observation last year, in this place, in consultation. A slightly wrinkled depression was perceptible where the anus should be, and, on straining, the distended bowel could be felt pushing downward. An incision was made, and the rectum reached, within about an inch of the external opening. A gum-elastic tube was introduced, and free fecal discharges obtained. The child died when about a week old. No autopsy.

Permit me to add a word with regard to the subject of injecting the uterine cavity with a solution of caustic potash.

I can state, from *reliable* authority, that Dr. Dixie Crosby, Prof. of Surgery in Dartmouth College, has injected the uterus with a solution of caustic potash in two cases of malignant disease. In one case the inflammation obtained entirely closed the uterus, hermetically sealed the mouth and neck, and the lady perfectly recovered. In the other case, the patient got better and went about, but died about a year afterward. Both cases were, of course, subsequent to the cessation of menstruation.

Queechy, Vt., Dec. 29th, 1857.

INVERSION OF THE UTERUS, WITH ADHESION OF PLACENTA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case was of interest to me, and may prove so to some of the numerous readers of the JOURNAL. You are at liberty to dispose of it as you please.

Yours truly,

J. H. WARREN, M.D.

Dorchester, Mass., Dec. 28th, 1857.

Mrs. —, aged 21 years, of delicate constitution, advanced five and a half months in her first pregnancy, after a ride in a coach was attacked with slight pain in the back and loins. Soon after the pains commenced, she discovered a hæmorrhage from the vagina. She continued flowing slightly all night. The next morning I visited her, and found, on examination, the mouth of the uterus dilated to the size of a shilling. Ordered rest in the longitudinal position, cold applications over the hypogastrium, low diet and the following mixture internally: \mathcal{R} . Ex. kino, fl. \mathfrak{z} iv.; acid. sulph. aromat., \mathfrak{z} ij. M. A dessert spoonful once in four hours, until the flowing should cease.

This succeeded admirably for three days, when an accident occurring to one of the family, by having an arm broken, she again began to have labor pains, which continued through the night. Early in the morning the membranes burst. I saw her soon after,

when she expressed herself as flowing a great deal, but the discharge had no color. The pains continued to increase with great sharpness soon after I made my morning visit. At noon I was again requested to see her. I found the mouth of the womb very much dilated, and a foot and knee presenting, which had made considerable advance. Efforts were now made to push back the child in order to extricate the foot, as it had caught upon the anterior part of the pelvis, but they proved unavailing. In continuing the examination, I detected a second substance, which felt much like a diseased umbilical cord. In my efforts to release the foot, which I succeeded in doing by carrying it round to one side of the pelvis, and bringing it down, as by this time the dilatation of the womb allowed me to do, this substance began to advance with the child, and, as it did so, increased in size. I soon found it was another foetus, lying obliquely across the first one, from the left hip to the right shoulder, thus binding down the first child by being just far enough advanced to press against the pelvic bones. It could not be pushed back, nor could it now advance forward until further contractions of the womb took place; these continued, however, with great force, thus compressing the partially-decomposed foetus into a very small compass. Both now advanced very slowly at each pain, and I felt confident that the labor would soon terminate, even in this position, as the children were only about half the usual size, and the pelvis was a very roomy and well-formed one. In about one hour afterward, she was delivered of two male children, one in a state of decomposition.

I judged, by the development of the dead foetus, that it died when about four months advanced, and in this I proved to be correct, as the mother informed me that about six weeks previous to her present confinement she fell down a number of steps; that a great amount of pain followed, and that she was sick for two or three weeks afterward. I was greatly gratified at the birth of the twins, as their position was quite complicated.

Immediately after the expulsion of the foetuses the patient began to vomit very violently, although she had vomited occasionally through the process of labor, but without much apparent effort. By the act of vomiting and straining, the expulsion of the after-birth, together with inversion of the womb, took place, although I had not removed the pressure of the napkin from the perinaeum. On attempting to put back the uterus into its proper position, I found the placenta of the oldest foetus adherent to the womb; I therefore immediately cut and tied the cord, and replaced the placenta and womb in the pelvis—not, however, without a great deal of difficulty.

The patient flowed very freely all the while I was restoring the womb to its place; syncope came on; and that peculiar cold, clammy sweat, which usually follows cases of extreme exhaustion,

now made its appearance—all the symptoms thus indicating a fatal termination. As soon as anything could be got down after the fit of vomiting ceased, I ordered brandy to be drunk freely; this was before I succeeded in putting the uterus and placenta back in their place, which was done in a very few minutes, they returning with a sensible jerk. The brandy was continued, with an infusion of ergot, and cold water was applied to the abdomen and vulva, together with pressure of the hand upon the hypogastric region and gentle manipulation of the womb. Under this treatment, contraction of the womb took place quite rapidly, attended with much pain in the back and loins. As the contraction continued, the hæmorrhage ceased, and at the expiration of two hours she had rallied sufficiently to allow me to make an attempt to remove the afterbirth, which I found adherent in two places, upon the posterior wall of the womb. The adhesions were both about the size of a crown-piece. The placenta was peeled off by the forefinger very readily, the finger being rubbed between the placenta and the walls of the womb with a saw-like motion. Having thus succeeded in removing the placenta, the flowing, which was now not much, ceased altogether, and the womb contracted very readily to its normal position. So favorable and rapid was the contraction, that I had no little difficulty in removing my hand, with the placenta in the palm of it. These adhesions were, together with the violent straining in the act of vomiting, the cause of the inversion of the womb, as traction upon the cord had not been attempted; indeed, vomiting and expulsion of the fœtus, womb and afterbirth, seemed all to take place together. The adhesions were probably caused by the previous death of one fœtus, which excited inflammation sufficient to produce exudation of coagulable lymph, and this united the placenta to the womb firmly.

A question of interest in this case presents itself to our notice, and that is, what produced the miscarriage? Was it the ride over the pavement, or was it caused by the decomposition of the dead fœtus and placenta? I should have mentioned, in this connection, that the placenta belonging to the dead fœtus was detached from the womb, and in a soft, decomposed condition. Both causes might work advantageously toward producing a miscarriage.

Probably the decomposing fœtus and placenta acted as a foreign body in the womb, thereby causing great irritation and excitability of that organ. I think, however, in this condition even, she might have gone her full time, and absorption of the diseased members would have taken place, or partly so, had she not received the jostle in the coach. If absorption in these cases takes place completely, may there not then often be a twin conception, and one child from some cause be diseased and absorbed, even without our knowledge of the fact? It is certain that the placenta is often absorbed, and sometimes a part and even the whole of the fœtus.

In conclusion, I would add that the lady is doing very well, and has suffered but little from metritis. I think the cold application of water and tincture of opium had a great tendency to keep down all inflammation.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 23d.—*Epithelial Cancer of the Thumb.* Dr. C. D. HOMANS showed the specimen.

The patient was a physician, over 70 years of age. He had had a wart upon the thumb, which one year ago had attained the size of a pea. Four months ago, he attended an obstetrical case, at which time he supposed himself to have been poisoned, the tumor upon the thumb since that time having increased in size and become extremely painful. Nitric acid and nitrate of silver had been applied without avail. The tumor was situated over the joint, and was somewhat larger than the thumb nail in diameter. The last phalanx was removed. The microscope showed the disease to be epithelial cancer.

Nov. 23d.—*Fibrous Tumor of the Uterus.* Dr. JACKSON showed the specimen, taken from a dissecting-room subject. The patient was probably about 75 years old. The tumor was single, and situated in the anterior parietes. It was remarkably rounded, nearly the size of the fist, very dense, and partially ossified. It was free from peritoneal adhesion, except at one small point. The uterus was elongated, the elongation resembling that in the case reported by Dr. HODGES. See *Society Records*, Vol. III.

DEC. 14th.—*Remarkable Changes of Internal Structures of the Eye.* Case reported by Dr. WILLIAMS.

Dr. W. was requested, on the 5th of October, 1857, to visit a lady, aged about 60, in a neighboring town, for the purpose of performing an operation for cataract.

She stated that for two years past she had observed dimness of vision in the right eye, gradually increasing, till objects could only be perceived when they were in motion, and then only as passing shadows.

Within a few months, vision of the left eye has also diminished, though she can still guide herself without much difficulty. No pain has been felt in either eye. She is not aware of the occurrence of any cases of cataract or of loss of vision in her family, and knows no cause to which may be attributed the disease in her own eyes. The eyes are free from injection, and the pupils of natural size and sensibility to light.

After dilatation of the pupil by atropia, it was at once perceived that the right eye was not simply affected with cataract, but that it presented other and very interesting phenomena.

The opacity of the lens was very slight, seeming to affect principally its anterior cortical portion, and did not prevent a view of the peculiar changes exhibited in the middle and posterior part of the globe. In the space appropriated to the vitreous mass, there was an

appearance resembling a transparent and very delicate membrane, irregularly convoluted upon itself, and dotted with small particles of yellowish deposit. These were in some parts thinly scattered: in other portions they formed clusters, and even small masses. None of the particles were free, but they appeared to be entangled in a nearly transparent tissue, by which their movements were controlled. As the eye was turned in various directions, a considerable change occurred in the position of the described appearances. They moved up and down, and at times seemed to revolve, as if the whole constituted a very light membrane, floating in a vitreous humor, which had become disorganized and fluid. The yellow particles did not have the well-defined outline exhibited by crystals of cholesterine when seen in the posterior chamber, but rather resembled minute deposits of lymph.

In this eye, the deficiency of visual power was greater than could be attributed to the slight opacity of the lens, or to the additional obstacle to the passage of light caused by the changes in the vitreous. It is probable that it was occasioned by a loss of sensibility of the retina, in consequence of a constant impulsion of waves of softened vitreous humor against its delicate structure, as the loosened tissue, probably the hyaloid, moved in various directions during the rotations of the globe.

In view of these very considerable changes of structure, and of the evident loss of sensibility in the retina, no operation for the removal of the lens was deemed justifiable, as the prognosis could not be otherwise than unfavorable.

The left eye also exhibited a commencement of cataract; but no apparent changes resembling those seen in the vitreous of the other eye.

These phenomena are worthy of record, as having been observed in an eye which had never been the subject of accident or operation, and in which no inflammatory action had ever taken place, of which the patient had been conscious.

In this connection, Dr. H. J. BIGELOW mentioned the case of a lady, who, in 1851, suddenly had impaired vision of one eye, this gradually growing worse for six months. On examination, the same appearances were observed as in the case reported by Dr. Williams. After artificial dilatation of the pupil, a dark and waving cloud or veil could be seen deep in the eye. The eye ultimately lost its sight by opaque cataract.

This patient had several times had ecchymosis of the conjunctiva, and Dr. B. questioned whether the appearances above described were not attributable to apoplexy within the eye, the blood being effused into the vitreous humor, and the coloring matter of the coagulum afterward absorbed. A softening of the vitreous humor would readily permit the movable appearance in the cloud on motion of the ball.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.
CHARLES D. HOMANS, M.D., SECRETARY.

Nov. 28th, 1857.—*Case of Impalement.* Reported by Dr. A. C. GARRATT, formerly of Hadover, Mass.

The case I am about to relate came under my observation on a pas-

sage from Boston to Liverpool, and I think it must be the most terrible wound of the thorax from which any person ever so entirely recovered. The subject was a sailor, whose magnificent chest I accidentally saw as he was at work, my attention being particularly attracted by a very large depressed, semilunar cicatrix, situated directly over the region of the heart; its appearance was so peculiar, and the man seemed so well and strong, that I determined, if possible, to learn its cause.

His name was John Taylor. On the 6th of May, 1831, when about 20 years old, he shipped on board the Danish brig *Ann*, of Scarborough, then lying at the London docks, getting ready for sea; on that very day, while endeavoring to direct and enter what is called the step-bolt, or iron pivot, of the trysail mast into its socket in the rail, the tackling gave way, precipitating him backward upon the deck. The mast, with the iron bar fixed in its lower end, dropped almost perpendicularly upon his chest, driving the rough iron through him into the plank beneath, while the square end of the spar fell upon his thorax, compressing it in a most frightful manner. He remained thus transfixed to the deck, with the mast upon him, until new tackling could be rigged to hoist the spar. He was taken to the London Hospital, apparently in a dying condition, but, rallying under prompt surgical treatment, he gradually recovered. At the end of twelve months, he left the hospital, soon after shipped again as a sailor, and has continued in that employment up to the present time, about twenty-six years. He said that he had not been in London for eighteen years, but that his case must be known to the surgeons there, and that the bar of iron was taken from the mast and placed in the Museum of the Royal College, together with a sketch showing the position, size and shape of his cicatrices.

So extraordinary a history seemed to warrant investigation, and I prevailed on Mr. Taylor to accompany me to London, where Drs. Ferguson and Partridge recognized him and corroborated his statement. In the Museum I found the sketch and the bolt, and also a record of the case, from which I gained some additional facts. The scalp was extensively laid open; the inferior maxillary bone was fractured, and a portion of it, with several teeth, removed, and there was considerable exfoliation from the different wounds, during his convalescence. At the time of the accident, the anterior extremities of the fifth and sixth ribs of the left side, together with their cartilages, were removed from the wound in front, while portions of the necks of the seventh and ninth ribs of the same side, with a mass of muscle and integument, were removed from near the spine where the bolt made its exit. These are preserved as a wet preparation in the Museum of the London Hospital. The mast weighed 600 pounds, and was 39 feet in length. The bolt was 6 inches in length. He left the Hospital in good condition, and since the accident has had uniform good health, suffering from no general or local weakness, no sensation of stricture about the thorax, no pain, no cough. He lives well, but temperately. On auscultation and percussion, the organs of the chest and abdomen seemed perfectly normal: in short, he presented, in all respects, the appearance of a perfectly healthy and robust man.*

* The interest felt in this case was so great, after I brought the man to London, that he was retained as Janitor of the Museum.

On reviewing this case, we are naturally led to inquire what circumstances could have saved the man from instant death. Was it simply from the fact that the bolt of iron was blunt on its end, and, therefore, after penetrating the anterior parietes of the thorax, it pushed aside, without piercing the heart, bloodvessels and other important organs, and came out through the back without having caused a necessarily fatal wound? It is instructive, because it is recorded that the man had prompt and thorough surgical treatment, as if he were expected to recover. It also reminds the profession of what the "*vis medicatrix nature*" can, and sometimes will do, if aided by skilful hands.

Bibliographical Notices.

A Compendium of Domestic Medicine, Surgery and Materia Medica, &c. &c. By FRANCIS GURNEY SMITH, M.D., Prof. of the Institutes of Medicine in the Medical Department of the University of Pennsylvania, &c. Second Edition. Philadelphia: Lindsay & Blakiston. 1857. 8vo. pp. 496.

It seems to be a very difficult thing to write a good popular work on medicine. The one before us appears to be as good as many we have seen, and yet it is far from being what we ought to have—a safe and intelligible guide for sea captains, planters, miners, and others who are unable to obtain the services of a medical man. We need a book adapted to the present state of the science, and especially to the present state of treatment of disease. Dr. Smith's compendium is compiled from a number of works, and hence its contents offer great inequalities. We regard those portions relating to the rearing and treatment of children, and the management of the sick room, as among the most valuable, and we trust that these portions of the work will have a favorable influence upon the health of the rising generation.

The directions for the treatment of disease might in some instances be very much improved upon. In apoplexy, we are told to "bleed freely or sparingly, according to the age and habit of the patient, either from the jugular vein or from the vein of one arm: and if the patient is able to swallow, the most active purgative should be administered." A fearful amount of mischief may be done by such heroic practice in the hands of a person ignorant of medicine, supposing him to have correctly diagnosed the disease. The practice of indiscriminate bleeding in apoplexy is no longer recommended by the best authorities, among whom we will cite Dr. Todd. The directions for the treatment of diarrhœa are unnecessarily complicated, some of the formulæ being composed of six or seven ingredients, which are not likely to be had in an ordinary medicine chest: indeed some of them, such as James's powder, and dill-seed water, are scarcely ever used in this country, and their mention shows that the directions were copied from English works, without revision.

In seeking for the treatment recommended for burns, we find the subject alluded to in three separate places, under the heads of "domestic medicine," "domestic surgery," and "medical resources:" and as the directions are different in each case, the unfortunate victim may have long to wait before his friends can ascertain under which

department the case comes. On page 146, we are advised to apply iced water immediately to the part, after which, Goulard's cerate, lime water and oil, cotton wool, &c., are recommended. On page 315, we are told that "all remedies that relieve the pain are objectionable: most remedies that increase it, are so far useful." Hence we should avoid iced water, but apply oil of turpentine, alcohol, or a solution of lunar caustic, or hot water may be substituted, if nearer at hand. On page 379, the directions are to bathe the part in heated vinegar, and afterward apply a liniment composed of oil of turpentine and basilicon cerate, &c. No mention is made of the mucilage of gum Arabic, one of the safest and best applications that can be made to burns and scalds.

We looked in vain, under the head of resuscitation from drowning, &c., for some mention of Dr. Marshall Hall's method; on the contrary, the old-fashioned treatment is recommended, in all its details. It is a grave fault in a new book that it should contain no allusion to so simple, philosophical and successful a means of restoring life in cases of suspended animation, whether in cases of drowning, hanging, suffocation, or parturition. We may observe, by the way, that the words *drowning, hanging, asphyxia, suffocation*, are not to be found in the index, where one would naturally look for them in emergencies.

There is nothing so disagreeable to us as to have to find fault with a new book. We wish Dr. Smith had written an original work, instead of compiling from old ones. We are confident that by so doing he would have supplied what has been so long needed—plain, short, *modern* directions for the treatment of diseases and accidents in cases where the services of a medical man cannot be obtained; such a book, for instance, as Dr. Parker's "*Hand-book for Mothers.*" He does himself injustice in allowing his name to be put on the title-page of a compilation which, we are compelled to say, is behind the age.

The "*Compendium*" may be had of Ticknor & Co., in Boston.

A Practical Treatise on the Diseases of Children. By J. FORSYTH MEIGS, M.D., &c. Third Edition, carefully revised. Philadelphia: Lindsay & Blakiston. 1858. 8vo. pp. 724.

This work is mainly founded upon the author's recorded experience in 1180 cases which have occurred in his private practice. The second edition was increased by large additions, and improved by the re-writing of several articles on important subjects; the present one has been carefully revised, and differs from the last chiefly by the incorporation of the experience which Dr. Meigs has obtained during the interval of more than three years which has elapsed between the two publications.

We have examined the work with some care, and are glad to be able to recommend it as an excellent practical treatise on children's diseases. We would especially commend the introductory essay on the clinical examination of children, a subject which, notwithstanding its importance, is much neglected by writers on this branch of medicine. Every practitioner must often be painfully aware of the difficulties in the way of an examination of these young subjects, who are unable to give an account of their sensations, and whose fears at the manipulations and even at the presence of a stranger, enhanced as they

are by the state of their bodily health, often embarrass the practitioner, and in some instances render a satisfactory conclusion impossible. Unless the physician be naturally fond of children, and be endowed with a considerable share of patience and tact, he must often be baffled in his endeavors to make out his diagnosis, and his treatment must be to some extent the result of conjecture; but we think that no one can read the admirable remarks of Dr. Meigs without feeling that he is prepared to meet these difficulties with more confidence than before.

Although the author constantly refers to his own experience in his descriptions of disease and the effects of remedies, he also makes extensive reference to the works of all the most eminent writers on these subjects, always selecting what is most valuable, and rejecting mere theoretical discussions. In the department of treatment, the work is peculiarly valuable and comprehensive. As an example of this, we refer to the subject of the treatment of scarlatina, embracing twenty-seven pages, contrasting in this respect with Dr. West's treatise, in which scarcely three pages are devoted to this important topic.

We regret that the author's engagements have not allowed him to introduce a few subjects of interest into the work. Among them is that of hæmorrhage from the navel in new-born infants, which, from its frequency and fatality, claims the attention of every writer on children's diseases, and which has been strangely neglected by most authors, Dr. Condie being the only one, so far as we know, who has devoted any considerable space to it. This omission, however, is of the less importance, as an ample report will be made to the American Medical Association, probably at its next annual meeting, by Dr. J. Foster Jenkins, of Yonkers, N. Y., and which, we have reason to believe, will be the most extensive and valuable paper which has ever appeared on this obscure malady.

In conclusion, we cordially recommend Dr. Meigs's work as one of the best with which we are acquainted on the subject of the Diseases of Children.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 14, 1858.

NEW THEORY OF UTERINE DEVELOPMENT.

At a late meeting of the Boston Society for Medical Improvement, an interesting paper was read on the subject of "The Influence of the Placenta upon the Development of the Uterus during Pregnancy," by Dr. WILLIAM READ. As Dr. Read's paper is too long for insertion in the JOURNAL, we have thought that a sketch of his views might not be uninteresting to our readers.

The theory of uterine development as recognized at the present day, is, that the uterus begins to develop, in consequence of pregnancy, at the fundus—next, the body is implicated, then the cervical portion, and finally the cervix itself; that this development goes on in the fundus exclusively for five or six or seven months, or even longer, and that after this time, the increase of its capacity is gained at the

expense of the neck, the rest of the uterus remaining comparatively at rest; that in consequence of this process, the uterus at the end of gestation acquires a pyriform shape, the smallest end resting in the pelvic basin.

In the first place," says Dr. Read, "it is not true that the uterus is pyriform in all cases at the end of gestation. It is so in cases where the presentation is natural, but in breech presentations it is almost globular, and in transverse presentations the long diameter is at right angles to the axis of the pelvis, proving that its shape is dependent on the position of the contained fœtus. Were the theory true, the uterus ought always to have the same shape, no matter how the contents are disposed. Neither is it symmetrical at the close of gestation; three fifths of its circumference is behind the Fallopian tubes, and two fifths in front of them. The insertion of the tubes has also approached very much nearer the os than in the unimpregnated state, showing that a much greater enlargement has taken place in one direction than another. The apparent rising of the uterus in the abdominal cavity proves nothing, for there being no room for its expansion in any other direction, it must, no matter at what point the increase in size begins, take this direction. The proofs derived from changes going on in the neck are not reliable, except in first pregnancies, and there is too much difference of opinion among observers for any reliance to be placed on them, except as to general inferences.

The same diversity of opinion exists among writers as to the different periods at which the changes take place in the different portions of the uterus. This is stated to commence at various periods between the fifth and the seventh or eighth month, and to continue through the whole of the remaining period of pregnancy, allowing in this respect a latitude of three months for the commencement of a process, which, according to all analogy, if it depended upon a vital law, ought to begin at the same period under equal circumstances. The proofs derived from the comparative growth of the placenta are not any more reliable, for not only is the placenta oftentimes situated elsewhere than on the fundus, but it is situated there rarest of all—so that any theory drawn from the mutual adaptation of the placenta to the fundus, on account of their simultaneous growth, falls to the ground at once. Nor can the theory of M. Velpeau, that the placenta grows with the uterine walls with which it is in contact, be substantiated by proof. Dr. Carpenter's assumption, that the placenta increases in accordance with the growth of the ovum, is directly disproved by fact. There is not the slightest agreement between the weight of the child and the placenta, as will at once be seen by reference to actual weights. But beyond the weakness of the proofs upon which the theory is founded, it will not explain why, in some cases, where the placenta is attached over the whole cervix uteri, no hæmorrhage takes place before labor sets in, and *vice versa*; and why the more complete the placental presentation, the less the hæmorrhage, within certain bounds.

In place of the present theory, Dr. Read proposes to substitute the following: The attachment of the placenta to any portion of the uterine walls causes a development at that place, which proceeds, *pari passu*, till the limits of growth in the placenta having been reached, the enlargement is continued and kept up by the pressure constantly exerted on the uterine walls, by the growing contents, till the time of

parturition. That is to say, at whatever point the radicles of the placenta first attach themselves after their issue from the Fallopian tubes, at that point the development of the uterus commences, and from that point it spreads as from a common centre, and takes shape according to the position of the contained fœtus. By adopting this, the difficulty already alluded to as occurring in exceptional cases, will disappear, as, according to it, the more complete the presentation, the less the antecedent hæmorrhage; and the less the presentation, the more flooding, which is in accordance with observed facts.

LETTER FROM DR. REESE.

WE have received a letter from Dr. Reese, complaining that the extract from his communication, which we printed in our last number, does not give a satisfactory explanation of his relations to Dr. McClintock. In order, therefore, to prevent any further misunderstanding in the matter, we print Dr. Reese's letter entire.

"MESSRS. EDITORS,—I find, in your last number, p. 430, that I am accused of professional misdemeanors of grave character, and this, too, in an otherwise kindly notice of my Report in the recent volume of the Transactions of our National Association.

"I claim the privilege, through your own pages, to say to your readers, that the statement, charging me with 'defending the dereliction of Dr. McClintock,' and 'lending myself to the support of quackery, or the defence of its followers,' is regarded by me, and hereby declared, to be grossly libellous, and false.

"So far from 'defending' the dereliction of Dr. McClintock, the pages of the *American Medical Gazette* will prove that I was the first to condemn and denounce it on its first inception, though he had been till then my friend. And on his exclusion from the Association, which I had predicted, my Journal sustained that action as a just and necessary penalty for such a prostitution of the profession. Does this look like a 'defence or support of quackery or its followers'?

"Such an accusation against any man of my age in the profession is simply absurd, but when brought against one so well known at home and abroad as having spent my whole life in uncompromising war upon every phase of quackery, it merits the title of calumny, and betrays a motive which I forbear to characterize.

"The fact upon which this foul charge is based, is simply this. During the last year, I received a letter from a distinguished professional brother, officially related to the civic government of Philadelphia, submitting the following question, viz.:

"Are you sufficiently acquainted with the professional education and experience of Dr. James McClintock, to express your opinion of his capability to take the medical charge of our Alms-house Hospital?"

"Having already learned, by authority, that Dr. McClintock had abandoned nostrum vending, and had returned to the practice of the legitimate profession, I replied, that his medical training and opportunities as a teacher and practitioner, for many years, in my opinion, made him capable of filling the place in question."

"Similar letters, it seems, were sent to other medical men, from whom similar answers were received, no one of whom ever dreamed that he was 'defending quackery,' for the condition precedent in every case, was his utter abandonment of quackery! Whereupon, it appears, he received and retains the appointment from the city authorities of Philadelphia.

"Here is 'the head and front of my offending.' My personal relations to the family of Dr. McClintock, and my former friendship for himself, constrained me to reply to the letter asking my opinion of his medical acquirements, *truly*, as I did. And if this merits the 'everlasting reproach,' cast upon me in the Boston Medical and Surgical Journal, then I have lived in vain. I only ask that your readers who know me may have my remonstrance in the same channel; and that those who do not know me may learn my denial, and repudiation of the allegations, in fact and in form.

Yours aggrieved,

D. MEREDITH REESE,

Editor of the American Medical Gazette."

New York, Dec. 26th, 1857.

American Medical Association.—We have received the following letter, to which we would call attention:

“The eleventh annual meeting of the American Medical Association will be held in the city of Washington, on Tuesday, May 4, 1858. The secretaries of all societies, and 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.

ALEX. I. SEMMES, M.D.

One of the Secretaries of the Amer. Med. Asso., Washington, D. C.”
The medical press will please copy the above.

Pharmaceutical Granules and Dragées.—Specimens of these convenient preparations have lately been shown to us by Mr. I. B. Patten, druggist, of this city. Messrs. Metcalf & Co., and, we presume, other apothecaries, have them for sale. We obtained from Messrs. Metcalf & Co. some of the sugar-coated *santonin* pills, last summer, and were pleased with their convenient form and efficacy. For children the *dragées* will prove very useful, from the ease with which they are administered. The specimens shown us by Mr. Patten were of protiodide of mercury, blue pill, veratrin, &c. A specimen of the ferruginous chocolate, advertised in this JOURNAL, accompanied the above; it is very palatable, and affords an easy mode of giving iron.

Health of the City.—The mortality of the last week, like that of several preceding ones, offers a striking contrast with that of the corresponding period of 1857, there having been 78 deaths in place of 91. The chief causes of death continue to be diseases of the respiratory organs, among which were 7 cases of croup. There were 4 deaths from scarlatina, instead of 27 of the corresponding week of 1857. This difference in the class of fatal diseases is doubtless owing, in a considerable degree, to the difference in the average temperature of the two seasons. The mild weather of the present winter has been favorable to exposure, on account of neglect of sufficient clothing, &c., to the sudden, though not severe, changes of temperature which have occurred, the effects of which are chiefly felt on the respiratory organs. The total mortality for the corresponding week of 1857 was 91, of which 14 were from consumption, 2 from pneumonia, 3 from croup and 27 from scarlatina.

Books and Pamphlets Received.—Physician's Hand-book of Practice and Memoranda for 1858. By William Elmer, M.D., and Levi Reuben, M.D. (From the publishers.)

MARRIED.—In this city, 1st inst., Dr. E. Phelps, of Windsor, Vt., to Miss Lucretia M. Baker.

DIED.—In New York city, 7th inst., Francis U. Johnston, M.D., in the 62d year of his age.—In Baltimore, Md., Washington R. Handy, M.D., Professor of Anatomy and Physiology in the Baltimore College of Dental Surgery, for many years an occasional contributor to this JOURNAL.—In Watertown, Jan. 9th, Dr. Eliakim Morse, 98 years, 11 months.

Deaths in Boston for the week ending Saturday noon, January 9th, 78. Males, 41—Females, 37.—Accident, 1—inflammation of the bowels, 4—inflammation of the brain, 2—congestion of the brain, 3—burns, 1—chorea, 1—consumption, 13—convulsions, 4—croup, 7—chicken-pox, 1—dropsy, 1—dropsy in the head, 6—infantile diseases, 5—puerperal disease, 2—epilepsy, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 4—disease of the heart, 2—inflammation of the lungs, 4—marasmus, 2—measles, 2—neuralgia, 1—old age, 1—palsy, 1—rheumatism, 2—disease of the spine, 1—thrush, 1—unknown, 1.

Under 5 years, 37—between 5 and 20 years, 12—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 6. Born in the United States, 62—Ireland, 10—other places, 6.

PHYSICIANS IN SAN FRANCISCO.

FROM a communication received some time since from a correspondent in San Francisco, we copy the following representation of the large number of physicians there in 1854, and of the particular occurrence which then gave rise to the formation of the Medical Society of that city.

"You inquire if there is a good opening for a young physician in San Francisco. I cannot give you a better idea of your chance for competition, and probable success, than by relating an anecdote; the facts of which gave origin to the San Francisco Medical Society. In the month of October, 1854, I was passing leisurely up Clay street, when my steps were arrested by the call of 'Doctor!' from a person hastening his walk from the opposite side of the plaza; and as we were all at that time on the *qui vive* for acquaintances, if not calls, I halted, and turned to answer, but found he was addressing a person below me. On turning still further, two persons in my rear had been brought to a stand, by the same summons. As the person calling, approached, we saw that he was addressing a fourth party upon the steps of an apothecary's shop. As we turned to re-sume our way, with the quadruple grin of medical coincidence, giving latitude to the buccal and buccal features of our faces, the longitude and latitude of the aforesaid features became mixed, when on bringing ourselves to the original position, we observed three other postulants, with a drayman who had brought his horse in *statu quo*, upon the same answering plea. After our features had resumed their bearings from the coincident cachinating effects of the horse latitudes, a general self-introduction took place between the eight strange medicos thus strangely brought together.

"When we had compared notes, and taken relative bearings, it was proposed to take the initiatory steps for the formation of the San Francisco Medical Society, and the officers were elected according to their relative standing, when answering to the call of doctor. The M.D. of the dray was made President, and your humble servant Secretary.

"I call the above relation a coincidence, as it is hardly to be supposed that we could, with twenty experiments, succeed in finding eight so closely congregated, upon the public street; but from frequent experiments of the kind, with variously modulated tones, we are able to give you the consecutive minimum as three. It is nearly a year since we tried the last experiment, and there have been various causes which have served to diminish our general as well as professional population."

Vermont Asylum for the Insane.—From the twenty-first Annual Report of the Superintendent of this Institution, we learn that the number of patients remaining Aug. 1, 1856, was 407; there have been admitted during the year, 147. Total enjoying the benefits of the Asylum, 554. There have been discharged during the year, 141. Remaining Aug. 1, 1857, 413. Of the 141 discharged there have recovered, 74; improved, 19; not improved, 11; died, 37.

Since the opening of the Asylum, 2712 patients have been admitted, 2299 have been discharged, and 413 now remain in the Institution. Of the 2299 that have been discharged, 1283 have recovered.

Brooklyn Dispensary.—During the past six months, 4,426 patients were treated in this Institution. Diseases of eye and ear, 315; diseases of females, 180; surgical diseases, 928; diseases of head and abdomen, 774; diseases of head and lungs, 654; diseases of children, 688; diseases of skin, 164; vaccination, 170; dental surgery, 558. Of the above, 1,956 were males, and 2,470 were females. Natives of the United States, 1,513; of foreign birth, 2,913. During the above-named time, 10,566 prescriptions have been gratuitously dispensed.

A communication in the Richmond *Enquirer* gives some interesting particulars of the history of Dr. Turnipseed, the young American physician to whom the Emperor Alexander recently sent the cross of St. Anne. The writer says: "During his sojourn at Sebastopol, he won the admiration and personal regards of General Count Osten Sacken, who was the defender of the city, and who has testified to his fine merits in a letter written to the Russian Government."

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, JANUARY 21, 1858.

No. 25.

CROUP IN AN ADULT—TRACHEOTOMY—RECOVERY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE H. GAY, M.D., ONE OF THE SURGEONS OF THE MASS. GEN. HOSPITAL.

THE patient was under the care of Dr. MINOT, who gives the following account of the case previous to the operation.

Jane —, æt. 20, an Irish domestic, rather tall and stout, had a cold, with hoarseness, for several weeks, and latterly almost complete aphonia. She was, however, about the house, Nov. 26th, 1857, though very unwell. On the 27th, she kept her room, having had dyspnœa during the night. Dr. M. saw her in the afternoon, between one and two o'clock. She was in bed, sitting up, and breathing with great difficulty. The air seemed to enter the trachea with difficulty, inspiration being accompanied with a loud, hissing sound. The muscles about the neck and face were strongly contracted. Her expression was that of suffering, but without much anxiety. The pulse was 120. The skin was cool. The countenance was free from lividity. The voice was almost extinct. A blister was applied to the front of the neck, an emetic was administered, a solution of nitrate of silver was applied to the throat and upper part of the larynx, and a solution of the carbonate of potassa was given internally. During the night she had much trouble in swallowing, with a pain shooting up to the ears. There was tenderness, also, under the angle of the jaw on the right side. The dyspnœa continued to increase during the night and on the following day, though the countenance was not livid until the time of the operation, when it was somewhat so, and covered with perspiration. By accident, she took about five grains of the nitrate of silver in solution.

I saw the patient, with Dr. M., on Saturday, Nov. 28th, at about 9, A.M. At that time the respiration was much labored, noisy, hoarse and accelerated. There was no interval of comparative ease or quiet. She was very restless, and struggling from want of breath. Swallowing anything, particularly liquids, increased the

dyspnœa, and brought on a paroxysm of hoarse and ringing cough. The voice was guttural and scarcely audible. She was sitting up in the bed, resting almost entirely upon her hands. The head and neck were constantly moving, as if to get relief by a change of position. The front of the neck was swollen. The nostrils were much dilated. The eyes were prominent, with an expression of great distress. The pulse was frequent and small. The skin was hot, and more dry than it had been. The cheeks were somewhat livid. The veins of the neck and face were swollen and full. The noisy and hurried respiration masked any sound from the lungs and trachea. There was some flatness in the right lower back. The tongue was covered with a thick white coat. No membrane could be seen in the throat.

Before resorting to tracheotomy, it was proposed to try the effect of constant hot applications to the neck, and the breathing of steam from hot vinegar and water.

At 1 o'clock the symptoms were much more alarming. The voice was merely a faint whisper. The cheeks, lips and hands had become more purplish. The veins of the neck were full. The breathing was more difficult and hurried, and she was becoming every moment more and more asphyxiated. It was not deemed advisable to defer the operation any longer.

Operation—Nov. 28th, at 1½ o'clock, with the assistance of Drs. Lewis, Minot and Morland; without ether. The patient was lying on her back, with her shoulders raised by pillows, and her head and neck slightly drawn backward and downward, and held straight and steady by an assistant. The left hand then partially controlled the movements of the thyroid cartilage, and an incision was made in the median line, from the top of the crico-thyroid membrane downward two inches or more toward the sternum. The dissection was then carefully carried through the subcutaneous fat, about half an inch in thickness, the small veins of which were much distended and bled freely. The lips of the wound were then held separated by spatulæ, the blood was sponged away, and the fascia freely divided. The muscles covering the trachea were then drawn to each side, exposing the isthmus of the thyroid gland, with several distended veins. The two principal ones were separated, and the isthmus, which was narrow, was divided. The hæmorrhage was now pretty free, but it soon lessened.

It was noticed, while separating the muscles from the trachea, that there were some bubbles of air mixed with the blood. At first this was supposed to be owing to some divided vein. But this would not account for it. This point will be alluded to again. The hæmorrhage being momentarily checked, the point of the knife was passed into the trachea, and three or four rings were divided from below upward, but no bubbles of air were seen. The point of the finger was then passed between the divided rings,

and a hard, firm substance was felt in the cavity of the trachea, like injection in a prepared artery, or like the interior of an aneurism. A director was then passed in between the inner wall of the trachea and this substance, but it did not remove it. It was then seized with a pair of dressing forceps, and a portion torn off. Air was immediately inspired, and the hæmorrhage instantly stopped. Some more of this membrane was then taken out, which was pretty firm, and looked as much like the coats of the aorta as anything else. There were two or three severe paroxysms of coughing, which expelled many membranous shreds and some tenacious mucus. The tube was then inserted; in a few minutes the breathing was much relieved, and the tube was fastened by tape passed round the neck.

Directions were given to sponge away whatever was forced out of the tube. In the course of the afternoon a considerable quantity of membrane, with some purulent-looking mucus, was expelled through the tube. At 6, P.M., the pulse was 130, the skin hot and dry. The respiration was much less labored, though hurried, being nearly fifty in a minute. The lividity of the face had gone. The cheeks were red. At times, there was considerable thirst. On taking any liquid, some of it entered the larynx, producing a paroxysm of coughing, and was then blown from the tube.

Sunday, Nov. 29th.—A large quantity of membrane and mucus was expelled last night. The tube was obstructed, taken out in the night, cleaned and replaced. Had some sleep. This morning, there is considerable distress in breathing; during the paroxysm of coughing, membrane, with much stringy mucus, was expelled. The tube was again removed and replaced. The respiration was then more easy and quiet. The pulse was 130. The skin was slightly moist. The wound and the neck are swollen. The blistered surface about the wound was covered with a white exudation. There is a slight erysipelatous blush on the lower part of the neck and upper part of the chest. A cathartic of calomel and jalap was given, and a powder of calomel and Dover's powder was ordered every three hours. Beef-tea and arrow-root were taken as food. Toward night, the pulse was 120. Skin softer. Patient appears more comfortable. The tube is removed, without much difficulty, three or four times a day. A portion of the liquids taken by the mouth is still forced out of the tube after a paroxysm of coughing.

Monday, Nov. 30th.—Coughed and raised much through the tube in the night, of tenacious, stringy mucus. At intervals, had some pretty quiet sleep. Was not so well during the latter part of the night, on account of the obstruction in the tube. Dr. M. was called up, cleaned and replaced the tube. This morning, is easier. The tube was again cleaned. The expectoration was more of a purulent character. The skin is still hot and dry. The pulse was

120. The tongue looks pretty well. The erysipelatous blush is fainter. 6, P.M.—Has had a quiet day. The respiration is less frequent. The pulse 112. Has not expelled any membrane. Has taken considerable nourishment. Is menstruating. Expelled much mucus by the tube, by the mouth and by the nose. The bowels are sufficiently free.

Tuesday, Dec. 1st.—Had a good night, and slept well. There was occasional coughing, with the expulsion of a muco-purulent secretion. There was no sign of any membrane. This morning, is decidedly better. The swelling and redness of the neck is much less. The blistered surface is tender, but improving. Feels generally more comfortable. The pulse is 113. The tongue is nearly natural. The skin is still dry. On taking out the tube and closing the wound with the finger, the air passed through the glottis with considerable ease. Can speak in a hoarse whisper while the tube is in place. Appetite sufficient. At noon, was comfortable. At 5, P.M., the breathing was very quiet. The pulse was 100. There was not much discharge from the wound. In coughing, some of the secretion is raised by the mouth and some by the tube. Some dulness on percussion and bronchial respiration are heard in the right lower back.

Dec. 2d.—Dr. M. was called at 4 this A.M. to remove the canula, which had become obstructed. At 9, A.M., the pulse was about 100. The tongue had a moist brownish coat. There was more thirst. Is still menstruating. Sonorous râles are heard in both backs. Had two dejections from Epsom salts. The discharge from the trachea consists now of frothy mucus. Syrup of scillæ and wine of antimony were given.

3d.—Had much pain yesterday evening, in the right lower back, with a loud souffle at that point and along the side. There was also a souffle and coarse crackling in the left side of the back. The pulse was 112. To-day, there is much pain in the right side, particularly during inspiration. The respiration is feeble or inaudible, on account of the noise in the trachea. The pulse is 100. She slept tolerably well. The countenance is good. The tongue is moist. The expectoration is less and less purulent, containing, in fact, a large quantity of pure mucus. In the afternoon, raised some bloody sputa. The cough is hoarse.

4th.—Coughed and raised a good deal in the night, at times—mucus, muco-pus and blood. Was rather uneasy from the pain in the right side. Had a Burgundy pitch plaster to side, and took some calomel and Dover's powder. Afterward, slept somewhat, and the breathing was then quiet. This morning, the respiration is easy, not quick nor noisy. The skin is softer, and somewhat moist. The tongue is pretty clean. The pulse is 100. On removing the tube, the breathing is easier than before. Some discharge from the wound. One dejection. The expectoration is

chiefly mucus, with some blood, and occasionally some tenacious mucus. The lower part of the right lung is still congested. The râles are not so strong as yesterday. In the evening, there was some dyspnœa, apparently as if from some obstruction in the trachea. The pulse was 100.

5th.—Had a good night. The tongue is nearly clean. The pulse is 100. Patient breathes partly through the canula, and when this is removed, and the opening is partly closed, she breathes comparatively well through the larynx; that is to say, without much difficulty, though hoarsely. Takes nourishment well. No souffle is heard in the chest. Toward night, had much pain in the right side. The pulse was 96 to 100. There is some mercurial fœtor of the breath, on account of which the calomel was omitted from the Dover's powder. The voice is hoarse and not full.

6th.—Slept well till toward morning, when she coughed a great deal. The pulse is 104. Complains of great pain in the right side. On auscultation, there is heard beneath the right axilla a loud sound resembling a souffle, but not perfectly synchronous with respiration; that is, it begins after the commencement of the inspiration and ceases before the end of the expiration. Moreover, it is sometimes of longer duration than at others, seeming to depend, in this respect, upon the force of the respiration. Accompanying it are some crackling sounds. The percussion over the right back is decidedly dull compared with that of the left, and patient lies on her left side. The margin of the wound is covered with dry crusts. The expectoration is muco-purulent. A blister was applied to the right side, and one sixteenth of a grain of tartrate of antimony given every two hours.

7th.—Has been much troubled with the cough, but otherwise appears better. The cough is looser. Has much less pain in the side. Has taken more food than yesterday. The skin and tongue are moist. Complains of soreness in the mouth. There is some mercurial fœtor in the breath. The pulse is 100. Had one dejection yesterday. The expectoration is abundant, and of the same character as yesterday. Has taken the antimony as directed. There is nothing like salivation.

8th.—Was much troubled with coughing yesterday and this morning. Otherwise, remains about the same.

9th.—Coughed much all night, and seems much exhausted this morning. The pulse is 112. The skin is moist. The tongue is clean. There is a souffle in the lower part of the right back, with dulness on percussion. A double canula, with fenestra, was substituted for the one she had previously worn. The inner tube being removed, a cork was placed in the orifice of the outer one, through which, at the convex opening, the patient breathed easily. In about an hour and a half, she was found asleep, with accelerated respiration (48 per minute). The cork was removed to enable

her to expectorate, and then replaced. It remained in place *eight* hours without much inconvenience. When removed, there was much coughing, followed by an expulsion of a large quantity of purulent mucus. At 10, P.M., she had been coughing much all the evening, and was greatly exhausted. The pulse was 108. Took, during the day, iodide of potassium, for the condition of the mouth.

10th.—Souffle and dull percussion throughout the right back. The respiration seems healthy in the left back. The Dover's powder made her sick last evening. The tube was removed this morning. Through the day the respiration was mostly through the nose, and easy. The chief complaint is from the pain in coughing. Appetite is poor. Slept most of the day. There is still hoarseness in the voice, and cough.

11th.—There was less cough; in fact, but very little during the night, till this morning. The respiration is now tranquil, and free from noise. When she coughs, some air is forced out of the orifice in the trachea, which is contracting daily. The souffle is muffled, with coarse râles in the right back. The pulse is 100. Some little appetite.

12th.—More comfortable to-day. The cough is less.

13th.—She had an uncomfortable night, and more cough. There is still a souffle and dull percussion in the right back. The pulse is from 96 to 100. The bowels are free. Mouth is much better. A cough mixture, with naphtha, was prescribed.

14th.—Had a better night, with much less cough. To-day, feels generally better. The appetite is improving. Sits up a few hours.

16th.—Slept well, but had a severe paroxysm of coughing this morning. The tongue is nearly clean. The skin is rather warm. The pulse is from 108 to 112. (The patient was sitting up, and had just passed through a paroxysm of coughing.) The expression is improving. The voice is decidedly stronger. No air comes out of the wound, except during hard coughing. The percussion is very flat over the lower part of the right back, right front and side. In these regions, tubular respiration is heard, which is loudest and most harsh in the lower part of the back, and ceases at about the level of the angle of the scapula. It is less loud in the lateral and anterior regions. Above the level of the angle of the scapula, the respiration and percussion is quite natural, as they are throughout the left chest. No distinct ægophony is heard in the region of the tubular respiration, but some tremulousness of the voice approaching that sign. But on account of the state of the patient's voice, and the difficulty of speaking, no certain result could be ascertained. By measure, the left chest appears to be slightly larger (one third of an inch) than the right, both below and above the mammæ. For the account of the preceding auscultatory phenomena, we are indebted to Dr. Minot.

17th.—The pulse is 96. The souffle in the right chest is con-

siderably diminished, both before and behind. General condition and voice are much improved.

18th.—The pulse is as yesterday. The souffle as before, with ægophony.

21st.—Physical signs as before. The pulse is from 92 to 96.

23d.—A souffle in the lower part of the right back and side. Scarcely any distinct sound is heard below the spine of the scapula; above that level, the respiration is vesicular. The percussion is as before. Still complains of pain in the right side, with some tenderness. The pulse is 96. The tongue is nearly clean. The cough, on the whole, is less, but she had a severe paroxysm this morning.

In this case it will be observed that the patient had had a cold, with hoarseness, for several weeks, and latterly it had been attended with almost complete aphonia. She was about the house on Thursday, Nov. 26th, 1857. That night she was troubled with difficulty of breathing. The next day, Friday, not feeling so well, she kept her room. Between 1 and 2, P.M., Dr. Minot was sent for, and found her with evident symptoms of the croup, in the breathing and voice. The proper remedial measures were immediately resorted to, both internally and locally. That night the symptoms increased in severity, and on Saturday morning the disease was still advancing, with indications of commencing asphyxia. Still further treatment was persisted in for three or four hours, but the symptoms became so urgent and alarming that tracheotomy was performed. From what examination could be made, there was some congestion in the lower part of the right lung.

Judging from the rapid progress of the dangerous symptoms, and the exhausted condition of the patient, she could have survived but a few hours without the operation.

It is impossible to say how much membrane there was at the time of the operation. The space occupied by the three or four rings of the trachea that were divided, was lined with it, at that point partially detached; so much so, that the director, without much force, passed between it and the mucous surface of the trachea. Its brittleness prevented the removal of but a small quantity. Portions of membrane continued to be expelled for *thirty-six hours*, after which the expectoration was somewhat purulent.

It may be asked, whether or not the patient could have lived twelve hours or more, without an operation, thus allowing her some chance of expelling at least a portion of the membrane. There is no hesitation in saying that at that period the powers of the system would have been too feeble to force it through the glottis, for the great obstruction to the passage of air is generally at that point. If the efforts of coughing had separated the membrane, the opening in the glottis would, in all probability, have been completely blocked up, causing a more instantaneous death.

The appearance of an erysipelatous blush below the wound, on the next morning, and the thick, white exudation on the blistered surface, made the prognosis look unfavorable. But these disappeared, and the patient was comparatively comfortable.

The following Tuesday, there was much suffering from pain in the right side, with symptoms of an attack of pleuro-pneumonia. These symptoms increased, so that the distress and restlessness became much greater. From day to day there was considerable fluctuation in the amount of pain, distress, difficulty in breathing and coughing.

There was no particular trouble in the larynx after the tube was removed. The pain in the side came back, and was attended with more marked auscultatory signs. From Dec. 23d, the cough has varied in frequency and intensity, and there was no decided and continued change for the better in it or in the auscultatory signs until within ten days. From that time an improvement has been noticed in these symptoms and her strength. Owing to the hard coughing, the opening in the neck was necessarily prevented from closing. It has now entirely healed. Her voice is still somewhat hoarse, and there is an occasional paroxysm of coughing.

Dr. Minot saw her three or four times every day, and was frequently called to her in the night. To his attentive exertions the patient's comfort and recovery are mainly attributable. With ordinary care, we do not believe that the patient would have lived.

This is the first case of membranous croup in an adult that I have ever seen. It is well known that cases of the kind are very rare. And it is still more rare for an adult to recover after the operation of tracheotomy for this disease, even when it is not complicated with a severe attack of pleurisy and lung fever.

[To be continued.]

PROF. SKODA ON EMPHYSEMA OF THE LUNGS.

[Translated for the Boston Med. and Surg. Journal from the *Allgemeine Wiener Medizinische Zeitung*.]

BY J. C. WHITE, M.D.

By emphysema pulmonum, in the sense in which this expression is generally used, we understand that condition of the lungs in which the contractile power of their parenchyma is lessened and unable to draw them together in the same degree as in a healthy state, where the contraction is limited only by the resistance of the thoracic walls and diaphragm, and when at the moment of expiration the latter is elevated as high as possible, and the thorax narrowed to its utmost. If, on the contrary, the contractile power of the lungs is diminished, the diaphragm is not so much drawn up, and the walls of the chest do not perform perfectly the respiratory movements. The diaphragm maintains, therefore, a

deeper position, both during inspiration and expiration, which is shown by the lower situation of the liver and vertical position of the heart. In the normal condition, the point of the heart looks toward the left, but by a deeper position of the diaphragm it falls more to the right, and the direction of the heart approaches more the perpendicular. Still this low position of the diaphragm is, by itself alone, no sure sign of emphysema, since a pleuritic exudation and pneumo-thorax may produce the same. It is necessary, therefore, to confirm our diagnosis by other testimony, and for this purpose physical examination is all-sufficient.

When, by percussion, we find the sound clear and full, where a deep position of the diaphragm, liver and spleen co-exists, with an altered situation of the heart, we may be sure of vesicular emphysema. If the same fulness of sound extend over the whole lobe to the very lower edge of the thorax, we may conclude that the whole lobe is affected; if the sound in the lower portion is very full, but above less so, then the emphysema must be confined to the first-mentioned part. We obtain a tympanitic sound only when the fully-expanded portion of lung borders upon one entirely free from air; and in total loss of contractile power. By auscultation we generally recognize vesicular or obscure respiration, together with the rattling, whistling and hissing murmurs of bronchial catarrh, which usually accompanies the emphysema.

The differential diagnosis between emphysema and pneumo-thorax, by means of auscultation and percussion, is somewhat difficult. We cannot distinguish between them by the tympanitic sound, for it may or may not occur in both. The amphoric echo, on the other hand, is an unmistakable sign of pneumo-thorax. For its recognition we make use both of auscultation and percussion; that is, we auscult the percussion sound, because this murmur is not heard readily at a distance. The amphoric echo must not be confounded with the sound produced always in percussion, and which resembles that obtained by percussing the hand laid upon the ear. But although the amphoric echo is unmistakably diagnostic when heard, it is unfortunately not constant, and we are obliged to call auscultation to our aid.

Inspiration in emphysema of the lungs is either simply vesicular, or accompanied by the sounds of bronchial catarrh above mentioned; but in pneumo-thorax we hear undefined, bronchial respiration, and a resonance, amphoric echo and metallic tone of the voice, but no vesicular respiration or near râle. But vesicular emphysema of the lungs can make the percussion sound tympanitic under the conditions above considered; it can also be accompanied by indistinct respiration, as well as pneumo-thorax, and by bronchial respiration and râle by consonance, if tubercular cavities, a central pneumonia or bronchiectasis occur at the same time. On the other hand, the characteristic amphoric echo and metallic tone of the voice are

sometimes wanting in pneumo-thorax. We see, therefore, that in many cases the differential diagnosis between emphysema of the lungs and pneumo-thorax cannot be made out at once and with certainty. When, however, we can exclude pneumonia, phthisis, and bronchiectasis, the bronchial respiration will serve as a distinguishing sign, for it never occurs in simple emphysema of the lungs.

The friction murmur and dull percussion sound will serve to distinguish a pleuritic exudation, and we scarcely need fear any confusion with pneumonia.

Finally, emphysema does not always produce enlargement and increased resistance of the liver and spleen. The cardiac pulse is not felt in the usual place, but instead of it a tremulousness of the walls is perceptible. Even over the sternum the percussion sound is not wholly dull, because the long-protracted respiratory movements draw the spine backward, and the anterior thoracic walls forward, so as to prevent any close contact between the heart and walls of the chest.

Hitherto we have considered emphysema as universal, but it also occurs, and very frequently, in a partial form. It is constant in the neighborhood of those portions of a lung which are impenetrable by the air, whenever the space is not filled up in some other manner. Every portion of lung is destined to fill a certain space in the chest, and there can be no such thing as a vacuum in the thorax. The lung is therefore just so much expanded as to fill up every nook of space not occupied by some other organ. Whenever, then, a single portion of the lung becomes impervious to the air, and can no longer be expanded by it, the space destined for it must be filled by the bordering pulmonary tissue, and this enlargement may encroach upon the whole lobe, provided it is not fixed by adhesions, and even extend itself to the other lung, if called for. This sort of partial emphysema is most frequently observed in pneumonia. Since, moreover, certain portions of a lung are capable of offering less resistance than others, we often find the emphysema partial and limited, when it might have been distributed over the whole lung.

In earlier times, it was maintained that every shrinking of the lungs and destruction of the parenchyma by ulceration, must be accompanied by a falling in of the chest wall, and the expression was used that the thorax sank inward, so soon as it was not longer supported by the lung. This view is false. Whenever a drawing-in of the chest takes place, it is occasioned by the shrinking of some fibrous exudation, which exercises a strong tractile power. On the other hand, the shrinking of any portion of lung, when such adhesions do not exist, produces a partial emphysema, from which not only no contraction of the chest wall follows, but rather an enlargement of the thorax.

The universal and partial emphysema of the lungs which we have hitherto spoken of, is called vesicular, in order to distinguish it from that form which we are now about to consider, viz., the *interlobular*, which is not produced, as the vesicular is, by loss of contractility of the parenchyma, but by a rent in a healthy lung, by which the air penetrates the fibrous tissue, and there forms cells or caverns, the walls of which consist merely of a thin membrane. Such a cavity can exist, both within the pulmonary tissue and on its surface; can, provided their continuity is not destroyed, lift up the pleura, and form on the superficial surface of the lung an air-filled bladder, the contents of which may be prevented from communicating with the bronchi, by the union of the original fissure in the lung. The interlobular emphysema consists either of only one bladder, or of many already destroyed, which are not enlarged by inspiration or diminished by expiration. The surroundings of these bladders give the usual auscultatory signs of vesicular breathing, or hissing, rattling and whistling, according as the bronchus contain mucus or air alone. Generally, the neighborhood of such sacs is not infiltrated, but is soft and undistinguishable from the remaining pulmonary substance. In rare cases, such a bladder may produce a friction sound, when it is situated on the superficial surface of the lung, and causes the pleura to bulge. In these cases the elevated pleura becomes rough on its outer surface, by means of the exudation which always follows. In this way the friction murmurs are caused, which may remain a long time, or, in fact, never disappear. Laennec first discovered this sign as a characteristic of this form of emphysema, and called it "*frottement ascendant et descendant.*" Interlobular emphysema can neither be diagnosticated nor suspected, because we are ignorant of its relations, and it seldom occurs. It causes no troublesome symptoms, and is only so far dangerous, that a new rent and pneumo-thorax may ensue, if such a bladder lie directly under the elevated pleura.

Generally speaking, emphysema can only be diagnosticated during life, when it is the result of the loss of contractile power of the lungs. In simple shrinking, without any diminution of contractile power, the position of the liver and heart will not be changed, or, instead of being pushed downward, may obtain a higher situation than normal. We may suspect the partial form in tuberculosis, or in cases of pneumonia not affecting the whole lobe; also when the contracted portion is very large, as a whole lobe for instance. In this last case the other lung will become emphysematous, and be recognized by the distortion of the mediastinum. It would be better, however, not to call such an enlargement emphysema, because such a lung retains, or can retain, its normal contractility, in which case there would be no morbid phenomena, and the respiration even be alleviated. In addition, we may have, though

very rarely, a loss of contractile power without any enlargement of the lungs, when, namely, they are firmly united in their whole extent with the costal pleura, and the diaphragm thereby fixed in its high position. In this case, neither the diaphragm or heart can descend, nor can the lungs expand, and still the contractile power be lost. In the dead body we shall then find, of course, only a partial emphysema.

As regards the etiology of emphysema, we find that, in addition to chronic tuberculosis and pneumonia, bronchial catarrh is its most frequent cause, which may be produced itself by any disturbance in the secretory organs. Very frequently emphysema is combined with diseases of heart, to which we should especially direct our attention.

It is also to be noticed that an abnormal condition of the pulmonary artery may co-exist with emphysema, because the capillaries of the lungs are, not infrequently, found greatly enlarged and destroyed, and always lose their elasticity more or less, by which a greater resistance is afforded to the circulation. But if auscultation of the second sound of the pulmonary artery is a sign of emphysema, we must also remember that diseases of the heart may co-exist, and the diagnosis will be all the more difficult, because the left ventricle is far removed from the walls of the chest in such patients. It will be easier, however, when the tones of the right side of the heart become stronger from the dilatation resulting from emphysema. The bicuspidalis may be diseased, even when the radial pulse is perceptible, for if the emphysema does not serve to diminish it, certainly any abnormal state of the mitralis need not.

In regard to the distribution of emphysema, it may occur in one or both lungs, in one or more lobes. Under such circumstances, as already stated, the healthy portion of lung grows smaller, the diseased larger, till the resistance in both is equal. In the majority of cases the disease affects both lungs, the chief reason of which is, that in chronic bronchial catarrh the diseased condition extends throughout all the bronchi, even when originally confined to a small portion, which is explained by the fact that the secretion from the diseased bronchial mucous membrane is not immediately expelled, but remains a long time in contact with other portions, inasmuch as it sinks downward into the healthy bronchi.

The attacks and course of emphysema are very various, as might be expected. It can come on quite rapidly, but generally develops itself slowly. The first is the case in consequence of sudden and extensive bronchial catarrh, where the finest bronchi are affected, and which, by its tendency to return within a definite time, often produces a chronic emphysema. When this acute bronchial inflammation affects persons otherwise robust, the emphysema is much more easily borne by them, than by the scrofulous and others,

whose constitution is able to offer little resistance to the oft-repeated attacks of the exudative process and consequent chronic emphysema. Occasionally, however, the development is so rapid that we can hardly attribute its existence to any catarrhal inflammation. The auscultation, it is true, gives in the beginning both whistling and hissing, but the secretion is either nothing at all, or in a very small quantity, and it is some time before the attack of dyspnœa is accompanied by a copious secretion from the bronchi, which possesses the usual serous character. In these cases the nervous affection, as indicated by the dyspnœa and loss of contractility of the parenchyma, precedes the disturbance in the secretion, and must explain the symptoms usually called inflammatory, just as we may have paralysis of a voluntary muscle, before any exudation becomes evident.

Emphysema of the lungs does not necessarily cause constant dyspnœa, and a patient by living in a quiet manner may appear perfectly well, but whenever the respiration becomes taxed by bodily exertion the dyspnœa will show itself. In some cases no symptoms whatever are present, in spite of the disease; the patient does not become cyanotic; no especial hyperæmy is developed, and the secretions and functions of digestion, nourishment and circulation are normal. These symptoms, in whatever degree they may occur, depend much upon the cause of the attack. For instance, the organic change in the lungs can have reached to so high a degree as to greatly impede the circulation through them, and the greatest quiet may then be insufficient to remove the cyanosis; while, on the other hand, a chronic emphysema, which comes on slowly, can, by good care and slight exertion, be borne for years. We see, then, that the prognosis depends upon the cause, the degree and symptoms of the disease. An unfavorable termination very seldom follows an attack of dyspnœa, but in the majority of cases is the result of the various sequelæ of the disease, which are hypertrophy and dilatation of the right cavities of the heart, brought about by the impermeability of the pulmonary capillaries, diseases of the valves, loss of nervous power of the heart, œdema of the lungs, dropsy, cerebral hæmorrhage and marasmus.

In our treatment of vesicular emphysema we must, above all things, seek out the causes of the attacks, so as to prevent their return. Especially should catarrhs be avoided, and corporeal exertion as much as possible, and an equable climate be obtained. The attention must also be given to strengthening the system by proper nourishment, clothing and cleanliness. Medicines should be used to check the catarrh, and distressing, dry cough; and the sooner this is accomplished the more hope will there be that the emphysema will quickly disappear, or for so long at least, as no new catarrh appears to recall it. Narcotics, combined with diaphoretics, are best for this purpose, inasmuch as they tend to keep

the secretions of the intestinal canal and kidneys in order. Finally, we must endeavor to regulate the action of the heart by laurel-water or digitalis. If the patient can bear it, we may try the inhalation of turpentine oil, which has obtained a celebrity, and is without doubt beneficial, since it promotes diuresis without bringing on diarrhœa; but as it can be used by so few persons, and by long employment may cause giddiness and oppression in the head, we must look upon it merely as an experimental remedy.

It is needless to say anything, at this time, about the peculiar views of Prof. Skoda on auscultation and percussion, as they have little bearing on the present subject. I should say that emphysema of the lungs was a very frequent disease, in a slight degree, in Vienna; and I infer this not only from the cases diagnosticated as such in the wards of the Hospital, but also from the frequency with which it is found *post mortem*. I have observed it here in several cases, and in one the accentuation of the second sound of the pulmonary artery was quite marked—strong enough to have led, under other circumstances, to the diagnosis of insufficiency of the vicuspidalis. As regards the metallic echo referred to in pneumo-thorax, it may be best heard by placing the stethoscope two inches below the clavicle of the affected side, and percussing below the nipple with a short, quick blow, upon which we shall hear the echo of the stroke—a peculiarly metallic tone.

Boston, December, 1857.

J. C. W.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

CHARLES D. HOMANS, M.D., SECRETARY.

Imperforate Anus and Rectum.—*Cases and Remarks*.—Dr. E. B. MOORE said he had operated with success upon three cases of Imperforate Anus. One was a child born Nov: 22d, 1853. Where the anal opening should have been, there existed a sac projecting three-fourths of an inch from the body of the child. Dr. Moore operated three days after birth with a trocar, and afterward dilated the opening by bougies, beginning with one the size of a pipe-stem and gradually increasing the size until one three-fourths of an inch in diameter could be passed. Dec. 3d, eight days after the operation, the child was dismissed as cured. He has been generally, and is now, well and hearty.

Dr. Moore has operated upon two other children successfully, as he supposes, but has not seen them since. He has also met with an instance of imperforate rectum, and had operated without success. In this patient the colon only reached to the promontory of the sacrum. In neither of these cases was there passage of the fœces by the urethra.

Cases of Imperforate Rectum.—Reported by Dr. AYER. The first case occurred five years ago; the subject being a male child. The

anus was perfectly formed. On introducing the finger a few hours after birth, its passage was obstructed a short distance from the anus, but the upper portion of the intestine could not be felt pressing down upon the finger, as usually happens in these cases. The child was left for two or three days, when Dr. H. J. BIGELOW was called in consultation. At this time, a distended pouch could be felt by the finger passed into the rectum. There was also faecal discharge through the urethra. It was decided not to do any operation, and the child died in eight days from its birth. Recently a second case had occurred in a female child of the same mother, also seen by Dr. H. J. Bigelow. In this case there was, as in the first one, a passage of meconium through the urethra. The child was not operated upon, and died in a few days. The mother had given birth to a perfectly well-formed child between these two. Dr. Ayer had seen a third case within the last five years, where no operation was performed and the termination was fatal.

Dr. HODGES, who made the autopsy of the second case, then exhibited the specimen, and gave the following account of the morbid appearances:—

On opening the abdomen, which was greatly distended, the rectum presented itself and seemed to fill the whole cavity. The pelvis and contents, with the external organs, were removed together. The rectum terminated in a rounded *cul de sac*, and was dilated by gas and meconium in a fusiform shape for six inches or more above its termination, being largest just above the brim of the pelvis, where its diameter was an inch and a half at least. The anus penetrated about half an inch, and the septum between it and the rectum was three-sixteenths of an inch in thickness, consisting of loose cellular tissue. There was no communication between the vagina or uterus and rectum, though before death the color of the urine had led to its supposed existence. No other malformation than that of the rectum existed.

Dr. H. J. BIGELOW made some remarks on the question of operation in these cases. He had recently expressed an opinion which had led to some comment, and which was unfavorable to this operation. He still held the views then expressed. He had visited the second case alluded to by Dr. Ayer, in consultation with that gentleman, and had on the whole discouraged operation; yet as the meconium seemed in this case to be comparatively accessible, he had submitted the question to the parent, who declined surgical interference unless it promised permanent relief. Dr. B. considered this decision to be a correct one, and fully justified by the circumstances.

This is not a question of relieving the suffering or of protracting the life of an adult; but one of inaugurating the existence of an infant by a surgical operation which is proved in a large majority of cases either to hasten death, or, what is more important, by prolonging life, to entail suffering, sometimes very great as the child grows and the faeces become hard, during a few weeks or months or years, at the end of which the child often dies; while, on the other hand, reported cases of permanent recovery and health are, to speak within bounds, very rare.

In cases reported as successfully treated, a considerable number will be found to have presented natural openings, into the vagina, &c., and these therefore had a fair chance of life for some time, without the operation. Among the other cases reported as surviving the opera-

tion with escape of the meconium, although we find little account of the subsequent history of the affection, we know enough of its general character to look at such successful results with suspicion, and at a part of them as an argument against the operation.

This affection was investigated long ago. Boyer treats of it at length, with its complications and varieties, under nine distinct heads. Many hundred cases have doubtless been subjected to surgical art, but we still want a few healthy adult survivors to encourage the operation. Among such, Dr. B. did not include as an example, the "fine healthy young man" mentioned by South, whose imperforate anus, operated on and treated most assiduously in infancy, "could be compared to nothing else than a bullet-hole in a board" with some prolapsus of the mucous membrane and escape of fecal matter, and a large pouch extending forward to the urethra.

Dr. B. had himself seen no successful result of the operation; but agreed, as he had said on a previous occasion, that it might be occasionally done in deference to established opinion, or if it was desired, especially in a favorable case, as where the membrane is thin. He thought it unnecessary to discuss the question of ekeing out the life of a new-born baby by an artificial anus in the groin or back.

Dr. HODGES said the question of deep dissections into the pelvis was made the subject of a caution by Fergusson in his *Practical Surgery*. The dangers resulting from them must be apparent when we consider the size of an infant pelvis, small enough, at best, as a field for operation, but with its diameters diminished by the presence of important viscera, and the dissection endangered by the near vicinity of the iliac and hypogastric arteries and veins. The measurements of the pelvis shown this evening was as follows:—

From one tuberosity of the ischium to the other, one inch.

From coccyx to symphysis pubis, one and one-quarter inch.

From coccyx to promontory of sacrum, one and three-sixteenth inch.

In this instance, and this was an average sized pelvis for a well-developed child at time, a dissection deeper than one inch must be further than it would be prudent to go. Beyond such a distance the operator could not be certain of what he was doing. And yet one sees statements of dissections pushed two inches into the pelvis, and a trocar thrust half an inch beyond that. It did not seem to him that such a course could be met with approval, or was one likely to become of frequent practice among surgeons.

Dr. J. B. S. JACKSON said he had never met with a case of imperforate anus where the malformation consisted merely of a simple membrane closing up that outlet. There was generally no sign of the anus at all.

He also remarked that in cases of imperforate rectum, the intestine, where it terminates in the cul de sac, seems sometimes to be considerably larger than normal. He did not allude to the dilatation caused by the accumulation of meconium, gas, &c., but to an original enlargement existing independently of any increase of size from pressure by distension. He asked Dr. Gay if this point was noticed by the authors whom he had consulted.

Dr. GAY had not met with any allusion to this fact in his researches.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, JANUARY 21, 1858.
 

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## TREATMENT OF SELF-LIMITED DISEASES.

THE communication from an esteemed correspondent, which we print below, calls for a word of reply on our part. "X." would seem to imply, that because diseases are self-limited they require little or no treatment. He falls into the common error of supposing that because there is no specific remedy for a disease, it cannot be benefited by any remedy. This we apprehend to be an incorrect view of the doctrine of the self-limitation of disease. Diseases that are self-limited often require treatment by medicines. A patient with typhoid fever may die in consequence of a diarrhœa which might have been controlled by medicine. Dysentery is a self-limited disease; we cannot *cure* it, and yet medicine is often indispensable to save the life of the patient. It is true, a vast amount of unnecessary medicine used to be given, and probably is still given, in self-limited diseases, with a view to *cure* the patient, when he would get well quite as fast, and perhaps faster, if he took none at all; but it is also true, that medicines are at times necessary, and, we believe, when given with judgment, are generally useful, if not necessary, for the comfort of the patient, while they are sometimes indispensable for his safety.

The mild form of scarlatina generally requires no medical treatment, in the strict sense of those words; but a good deal may and should be done by way of hygiene to relieve the discomfort of the patient and to promote his favorable convalescence. In the severer forms of the disease, we believe that much may be done by way of medical treatment to influence its course. Many cases, perhaps the majority, are over-treated; we have no desire to palliate such management. If the indications for a particular medicine are not clearly shown, it is far better to abstain from employing it. It is, however, probable that judicious medical interference is often indispensable to the recovery of the patient in scarlatina. The powers of the system, when flagging, are to be sustained by tonics, stimulants and the cautious administration of nutriment. The state of the throat requires constant attention, and the frequent application of topical remedies; the various secondary affections, abscess, otorrhœa, ophthalmia, renal disease, with its accompanying dropsy, and rheumatism, as well as the management of convalescence, often long and difficult, all require the careful and discriminating use of medicines, as well as of suitable hygienic treatment. Dr. Meigs's book is very complete on these points, and in addition to the treatment usually employed, he gives his own experience in other modes, which, though highly praised by certain practitioners, have never been generally adopted, and are not often met with in books, such as inunction, the cold affusion, and belladonna as a prophylactic. So far from being dissatisfied with this, we could wish that the author had still further extended his article. We regret that he has nothing to say on the subject of the employment of acetic acid, which has proved so successful in the hands of Dr. B. F. Schneck,



of Lebanon, Pa.; and we are sure he would have transferred to his pages some of the precautions against perforation of the tympanum after this disease, contained in Dr. E. H. Clarke's admirable article in the last number of the *American Journal*, had it appeared early enough for his purpose.

If the doctrine of self-limitation required the administration of little or no medicine, the office of the physician would be shorn of a great deal of its usefulness. The question is when to interfere, and when to withhold interference, and this is often the most difficult problem which the physician has to solve. The enlightened views contained in the discourse to which "X." alludes, have not made the treatment of disease easier than it was before; on the contrary, they have rendered it a more important branch of our art, and one demanding more attention on the part of authors and teachers. We are the more inclined to urge these views, because we believe that a knowledge of the fact that we cannot directly cure disease, is leading to a neglect of those indirect means by which it can often be successfully combated.

MESSRS. EDITORS,—We were pleased with the favorable notice, in last week's *JOURNAL*, of the Treatise on Diseases of Children by our old friend, Dr. J. F. Meigs, and can bear witness to his habits of application, in whatever he undertakes. There is one paragraph, however, in the article, that quite startles us; that which attributes praise for the devotion of twenty-seven pages to the treatment of scarlatina. Such eulogium might be excused in some partial friend, or in one residing in latitudes less *expectantes* than that of Boston; but that eulogy should be awarded for this matter in a city that is proud of its address upon "Self-limited Diseases," and where such free intercourse is held with its distinguished author, is a thing quite startling. Believing that the whole treatment of this self-limited disease can be comprised in one or two pages, it is annoying that West, or others, should be depreciated for giving "scarcely three pages to this important topic." X.

Boston, January 18th, 1858.

#### DEATH OF DR. CHAUNCEY BOOTH.

WE regret to announce the death of this highly esteemed physician, which took place at the McLean Asylum, Somerville, on the 12th inst. His health, for a long time feeble, gave way rapidly of late, and he, as well as his friends, was quite prepared for the fatal termination of the complicated difficulties under which he had so long labored. Bright's disease and phthisis, as we learn, were combined in his case—sufficient, it would seem, to sooner break down a much more robust man. He has ever borne himself bravely under the trying circumstances of illness; indeed, from himself, it would have been difficult to ascertain the extent of the ravages made by disease. Ever uncomplaining, of mild and courteous bearing, there was often a dash of pleasantry—at times even of jocoseness, in his conversation, which made him a most agreeable companion. Somewhat shy and retiring at first, he was not slow to respond to the advances of those who really desired his acquaintance.

To the faithfulness and capability with which he fulfilled his frequently arduous and always very responsible duties, we can personally bear testimony. He was calm in emergency; kind, whilst resolute, in managing the unfortunate inmates of the Asylum; a careful supervisor and a judicious physician. In several important and unusually

distressing cases of insanity, we have witnessed his untiring watchfulness and care, giving the character of *personal friendship* to his ministrations, rather than the mere attendance of a conscientious medical man. The latter he was, as all can testify, in an eminent degree.

Whilst we are glad to pay this slight tribute to his worth, we would express a hope that some one more familiar with the circumstances of his life, and the important services he has rendered to the community, will furnish a notice such as he well deserves.

*The Physician's Hand-book of Practice and Memoranda for 1858, &c. &c.*—This little volume, arranged by Drs. Elmer and Reuben, and published by Stringer & Townsend, 222 Broadway, New York, has lately been sent to us. Like other specimens of its kind, it has its advantages and disadvantages; we believe, however, that the former largely overbalance the latter. In respect to bulk, it is not so convenient for the pocket as the *Visiting List* of Messrs. Lindsay & Blakiston, which is so extensively used by the profession; but then it contains a great deal more, which, if it can be made available, is certainly a desirable addition. We can conceive of emergencies in which the *Hand-book* may be of very essential service in reminding practitioners of certain points in the history or treatment of diseases; but we confess to being of those who believe that, for all general, every-day purposes, the physician should go untrammelled to the bed-side of the sick, armed only with the knowledge which he has patiently and conscientiously acquired and carefully stored away in the chambers of the brain.

The *Hand-book* contains a "Classified List of Diseases; an Alphabetical List of Remedial Agents, a Classified List of Poisons, Examples of Extemporaneous Prescriptions [the young practitioner had best learn to write his own], and Abbreviations of the Terms used in Prescribing." To this is appended a "Record for Daily Practice, prepared for the names of thirty or of sixty patients, and other memoranda."

We are informed in a foot-note (p. 45), that vesico-vaginal fistula and recto-vaginal fistula "are now treated with a success never before attained, by Dr. J. Marion Sims, of the Woman's Hospital, New York." Perhaps so; we can recommend the book, generally, *minus* the foot-note.

*Health of the City.*—The number of deaths during the last week was very small, amounting only to 55. The chief fatal diseases continue to be those of the thoracic organs, 8 deaths having been owing to pneumonia. We notice 4 deaths from typhoid fever. There was but 1 death from scarlatina. If from the total mortality (71) for the corresponding week of 1857 we subtract the deaths from scarlatina (21), which was prevailing epidemically at that time, the number would be 50. The other chief causes of death for that week were consumption (9) and pneumonia (1).

*Deaths in Boston* for the week ending Saturday noon, January 16th, 55. Males, 29—Females, 26.—Accident, 1—apoplexy, 1—inflammation of the bowels, 2—disease of the bowels, 1—congestion of the brain, 3—burns, 1—cancer (of the uterus), 1—consumption, 13—croup, 1—dropsy, 1—dropsy in the head, 4—debility, 1—infantile diseases, 3—scarlet fever, 1—typhoid fever, 4—intemperance, 1—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 2—measles, 1—old age, 2—rheumatism, 1—unknown, 1.

Under 5 years, 20—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 37—Ireland, 16—other places, 2.

*Health of New Orleans.*—From the following exhibit, it will be seen that New Orleans is, this season, one of the healthiest of cities. With a population ranging from 150,000 to 170,000, and no doubt nearer the latter figure than the former, we present an average weekly mortality of 102 and a fraction, and the mortality of one week ran as low as 92. Of the whole 410 deaths, 12 were from yellow fever. Six of these occurred in the week ending November 28th, and the remaining 6 have been equally divided among the three remaining weeks. Two pure cases of black vomit occurred in the week ending Dec. 20th.

But it is particularly interesting to note the great proportion of deaths from consumption—phthisis pulmonalis. Out of a total of 410 deaths, we have 54 from this affection alone. Now, every observing medical man knows that we are by no means exempt from phthisis as originating amongst us, but the mortality is vastly increased by strangers who come here to die of this terrible disease. The wards of our Charity Hospital show an annual influx of phthisis patients from all parts of the country, who come here only to die. How the idea ever originated, that New Orleans is a good climate for such patients, we are at a loss to conceive. We have watched this class of visitors to our city for several years, and we have yet to see one individual derive any benefit from the visit. On the contrary, we believe death has only been hastened in every instance. Physicians throughout the country should be more considerate than to advise this class of their patients to visit New Orleans.—*N. O. Med. News and Hospital Gaz.* for January.

*Worms in the Heart of a Dog.*—We beg to call attention to the very interesting account which Dr. M. Schuppert, of this city, gives of the discovery of worms in the heart of a dog. Dr. S. has presented the preparation to the Museum of our new school, and the curious in such matters can there see the most remarkable specimen of the kind to be found any where. It seems almost incredible—the presence of worms more than a foot long in the cavities of the heart—yet there they are, and in such numbers as to have at last nearly filled the cavity of the ascending cava.—*lb.*

*Transposition of Teeth.*—Examples of the transposition of teeth, though somewhat rare, are nevertheless occasionally met with. Some years ago we gave a description of a case which we had seen, and about four weeks ago we saw another. The transposed teeth in the last case were the lower right lateral incisor and cuspidatus—the former occupying the place of the latter and the latter that of the former. The cuspid tooth in every other respect was regularly arranged, but the lateral incisor was partly turned upon its axis—the lingual surface of the crown being in contact with the first bicuspid and the labial surface in contact with the cuspidatus.—*Am. Journal of Dental Science.*

*Dr. Livingstone.*—The last advices from Lisbon convey so fearful a representation of the ravages of the epidemic there, that Dr. Livingstone has thought it right to postpone his visit to that capital. He has not embarked on board the *Tagus*, according to his announced intention, but will proceed thither as soon as may be thought prudent. The object of his visit to that city is understood to be for the purpose of consulting with the Portuguese government, through whose territories on the eastern coast of Africa the great traveller purposes passing to reach the heart of the great African continent to pursue his magnificent discoveries there, and to open Central Africa to Europe through the great river Zambesi, which passes through the Portuguese possessions, and empties itself in the Mozambique Channel.—*London Lancet.*

*Vaccine Matter in Paris.*—At the last sitting of the Academy, M. Depaul drew attention to the frequency of failure in the action of vaccine matter preserved in the manner recommended by the Academy. This method consists in collecting the matter upon small discs of glass, which are then superimposed one on the other, the circumference being soldered with melted lead. He strongly recommended the use of small tubes, carefully made, and accurately sealed. His views were warmly supported by M. Trousseau, who called for an immediate alteration, of the nature thus indicated, and raised the question of compulsory vaccination and re-vaccination.—*lb.*



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LARYNGEAL CROUP IN A BOY EIGHT YEARS OLD—TRACHEOTOMY—RECOVERY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE H. GAY, M.D., ONE OF THE SURGEONS OF THE MASS. GEN. HOSPITAL.

LEWIS F., æt. 8, Roxbury, was taken sick Friday, Nov. 27th, 1857, with the mumps on the left side of the face. On Saturday of the following week the right parotid gland began to swell, and at the same time his parents noticed that he was hoarse and had a cold, although they did not know of any exposure that might account for it. The cough, what little there was, was loose, and no particular attention was given to it. On Sunday he could not speak a loud word. His voice was a faint whisper. There was no change in the cough. The hoarseness continued, and on Tuesday night he was seized, for the first time, with great distress in his breathing, which was very noisy, crowing, and at times ringing. He was very restless, and made frequent efforts to catch more breath. The cough was still slight and loose. His physician was sent for, and squills and antimony were given. The medicine was almost immediately vomited, but nothing else. Afterward there were occasional intervals of comparative ease, continuing for half an hour or more. On Wednesday he was up and dressed, and playing about the room; to all appearance much better, though the hoarseness still continued, and the cough remained about the same. Toward noon there were some severe paroxysms of difficult and noisy breathing, and soreness in swallowing was complained of. At 4, P.M., the respiration was more hurried and labored. From this time there was an uninterrupted difficulty in breathing, and the cough began to be shrill and more dry. An emetic of ipecac was administered, a blister was applied to the upper part of the sternum, and an atmosphere of steam was kept constantly about him, from a pail of hot water by the bed-side. No relief was obtained from these means. Throughout the whole night there was great restlessness, and nothing that could be called sleep. Between

midnight and two o'clock there was a long, and very severe paroxysm of noisy and wheezing respiration, with a ringing, and, as the mother described it, squeaky cough. The swallowing of any liquid brought on and aggravated the paroxysm. He was much exhausted, and nothing seemed to do him any good. On Thursday morning the symptoms were much worse, the respiration being very frequent, the breathing very hoarse and crowing, and the cough shrill and dry. No change of posture in the bed seemed to relieve him, whether lying down or sitting up.

At 11, A.M., when I saw him in consultation with his attending physician, Dr. Bartlett, and Drs. Lewis and J. Mason Warren, he was reported to be worse than he was early in the morning. The least excitement brought on a paroxysm of labored breathing. The voice was hoarse, guttural and not very distinct. The respiration was hurried, difficult, very noisy and harsh. There had been no quiet respiration for hours. The veins of the neck were prominent and distended, particularly one on each side of the median line, just beneath the skin. The skin was hot, but not very dry. The pulse was small, 130. The countenance was languid, and indicated considerable suffering. By auscultation, no vesicular breathing could be detected, the noise from the larynx overpowering it, if it existed in any degree. By percussion, the resonance was seemingly greater than natural. As far as the lungs could be examined, it was concluded that probably they were not much affected, that they were full of air, which caused the great resonance, and that they were only partially emptied at any expiration.

The tongue was covered with a thick white coat. On looking into the throat, the tonsils were much inflamed, and had an erysipelatous or scarlet-fever redness; the epiglottis was also red, swollen and stiff. It did not seem to be movable. Upon the right tonsil there was a white patch, of the size of a three-cent piece, appearing like membrane. No membrane was seen anywhere else.

The whole trouble seemed to be limited to the larynx, and whatever it was, there was a rapidly increasing mechanical obstruction to the passage of air. Any further medical measures were not deemed applicable, and tracheotomy was urged unanimously.

*Operation.*—Dec. 10th, 1857, 11½, A.M., with ether. The incision in the skin was similar to that of the other operation, with the exception that it was continued down to a line on a level with the upper part of the sternum. This finished, the two large median veins just beneath the skin were brought into view, and after some difficulty were separated. There was nothing peculiar in the rest of the operation, except some bubbles of air, as noticed in the other case. These bubbles were small, and were observed after or while separating the muscles covering the trachea. The isthmus of the thyroid gland was pushed and held upward. There was no trouble with the deep-seated veins. There was but little hæmorrhage,

and no vessel was tied. The wound being sponged dry, three rings of the trachea were cut from below upward. The inside of the trachea was red, but no membrane was seen. Air was immediately inspired by the opening, and a quantity of frothy, tenacious mucus was expelled. The tube was then inserted, and in a few minutes the breathing was entirely relieved and changed. The pulse, from 130 just previous to the operation, fell to 120. A short time afterward, on applying the ear to the chest, distinct vesicular breathing could be heard. During the afternoon and evening there were occasional paroxysms of coughing, with expulsion of stringy mucus through the tube, and which was wiped away with a sponge. The breathing was much more quiet and slow.

Dec. 11th.—Passed a pretty good night. Did not have any very distressing spells of coughing. The swallowing of any liquids still brings on a paroxysm of dyspnoea and coughing, which is in all probability owing to some of the liquid escaping into the larynx, on account of the imperfect closure of the epiglottis. This morning, breathes with less noise, and entirely through the tube. The expectoration is frothy and mucous. He appears very comfortable. The skin is hot, but not dry. The pulse 112. Not much thirst. The act of swallowing not so painful. Drinking brings on immediate coughing, though no liquid is expelled through the tube. The tube, being somewhat clogged, was removed, and a double one inserted, each having an opening on its convex surface. The wound and neck are swollen and sore. The discharge from it and the blister is thick, white and firm, like membrane. One free dejection. Moves his lips, but cannot articulate. Chest sounds well. Throat looks better.

12th.—Had a very comfortable night. Slept an hour or two at a time. No severe paroxysm of coughing or dyspnoea occurred. The expectoration through the tube is more tenacious. The inner tube is removed every three or four hours and cleaned in hot water, and then replaced, without the slightest inconvenience to the patient. The breathing is quiet, and wholly through the tube. The external opening of the tube was closed for a moment, but the air could not pass through the glottis. It seemed more closed than yesterday. As yet, there is no appearance of any membrane in what is expelled through the tube. By taking only a teaspoonful of liquid at a time, no irritation of the larynx is produced. Found him playing *solitaire*. Makes signs for some toast. Throat improving.

13th.—Occasionally during yesterday, the expectoration from the tube was observed to be somewhat purulent. Had a quiet and easy night. Some air passed through the glottis last evening, for the first time. This morning he looks very bright. On closing the external opening of the tube, air evidently passed through the glottis, producing a somewhat hoarse sound and a moist rattle.



Can swallow with much less difficulty. The cough is less. The tongue is cleaner. Pulse 100. Some appetite. The breathing is very quiet. Sleeps on his side or back. The wound of the neck is tender on motion. Raises much more through the tube—mostly thick, tough mucus, occasionally mixed with pus. After a paroxysm of coughing, some blood was seen in the sputa from the mouth, but none from the tube.

14th.—Had a very comfortable day yesterday. Raised a great deal of firm, shreddy mucus by the mouth and tube. Slept several hours through the night. In the night, the skin was quite soft and moist. To-day everything still seems to go on favorably. For the first time, can speak, and is easily understood, although the voice is hoarse. On closing the tube externally, the breathing is more free than yesterday. The tongue continues to grow cleaner. The pulse is 96. The skin is nearly natural. Appetite is sufficient. Is anxious to get up. The wound is less swollen, and the lower half has now a healthy granulating look, while the upper half and the blistered surface are still covered with a thick, white exudation. The lungs sound well. Above the tube, there is much moist rattling. More is raised by the mouth than by the tube. The expectoration by the mouth brings up much firmer mucus than by the tube. The throat looks well. There is no pain in swallowing.

15th.—Slept quietly most of the night. When awake, he raised freely by the mouth and tube, pus, mucus and a firmer substance. No dejection for two days. At 4, this A.M., took two ounces of liquid extract of senna. At 9, A.M., was very comfortable. Pulse 96. Tongue much cleaner. Blistered surface clean, with a healthy red look. On removing the inner tube, some obstruction was felt along its upper convex surface, and when it came out, a piece of thick, firm membrane was found partly in and partly out of the convex opening. It was of a yellowish-white color, rather brittle, and looked exactly like one of the pieces removed from the other patient. It resembled a piece of the aorta. This undoubtedly came from above the opening in the trachea, and was sucked into the tube through the openings on its convex surface. It will be noticed that nearly all the expectoration by the mouth was of a firmer character than that from the tube.

16th.—Slept well. Raised a good deal in the night, both by the mouth and the tube, of a mixture of tenacious mucus, pus and patches of membrane. This morning, is comfortable. Is improving fast. Tongue is nearly clean. The appetite is sufficient. Two free dejections. The respiration is easy, quiet, and nearly natural. Sat up most of the day.

17th.—Slept during most of the night, but awoke occasionally in consequence of the collection in and above the tube. To-day, very well. Can be distinctly understood when speaking, without clos-

ing the tube. On closing it, can speak aloud, though the voice is somewhat hoarse. The throat looks natural. Still raises, by the mouth, some shreds of firm membrane.

18th.—Slept most of last night. Had a very long and severe paroxysm of coughing early this morning. The expectoration was free, consisting of some stringy mucus, much pus, and a few membranous shreds. Afterward, was very comfortable. To-day, looks bright, and has improved since yesterday. Has lost a great deal of flesh. Tongue clean. Appetite good. Pulse about natural. Bowels regular.

A cork was placed in the external opening of the tube, to ascertain the condition of the breathing by the larynx. At first, there was considerable hoarse coughing and raising of distinct, thin membrane. Afterward, was more quiet. Directions were given to let the cork remain if the breathing was easy. It was kept in from 10, A.M. till 4, P.M.

19th.—Slept very well last night, and had but little coughing. This morning, when seen, he was walking about the room, with the tube closed. The breathing was free and easy. Could speak loudly and distinctly. The parents report that more membrane has been expelled. Tongue, pulse and bowels well. Appetite good.

20th.—Very comfortable through yesterday, last night and this morning. Both tubes were removed to-day. The breathing was easy and quiet. Scarcely any hoarseness in the voice. Is up and dressed, playing about the room. Appetite sufficiently good.

21st.—There was no difference whatever, yesterday or last night, in the breathing, on account of the removal of the tubes. The coughing has been less. To-day, the wound of the throat looks well, and has contracted very much. The respiration is nearly natural. There is no cough to-day. Talks clearly and smoothly, without any hoarseness.

22d.—Doing well in every respect. No air has been observed to pass by the opening in the neck.

25th.—Improves daily.

27th.—Still improving.

January 11th, 1858.—The wound of the neck has cicatrized. In every respect the patient has continued to do well. There is, perhaps, a slight huskiness of the voice.

At the auscultation immediately preceding the operation, the different symptoms were examined with great care, and the only question raised was, whether it would be prudent to apply the nitrate of silver to the throat and larynx, and wait to see its effect, or perform tracheotomy at once. It seemed pretty clear that the lungs were not materially affected, and that the whole trouble was situated in the larynx. The presence of a small membranous-looking patch on the tonsil was, in connection with the other

croupy symptoms, which were making rapid progress and increasing in severity, a strong presumption that there might be membrane already in the larynx. Furthermore, there was an evident and increasing impediment to the passage of air through the glottis, and judging from the red, stiff and almost erect condition of the epiglottis, it was a fair inference to suppose the glottis to be in a similar state. Whether the opening of the glottis was contracting from membranous deposit or from inflammatory swelling, the result to the patient would soon be the same. It was also thought that in the necessary delay from the application of the caustic, the condition of the parts and the strength of the patient, in case no relief was afforded, might be so changed that an operation would hardly be advisable. It was therefore decided to resort to tracheotomy, as holding out, at that moment, the best chance of saving the child's life.

That the course pursued was judicious, and the only safe one, was amply manifested by the condition of the larynx on the second day after the operation. On closing the external opening of the tube, no air passed through the glottis; or, if any, it was in so small a quantity that the face immediately became livid, and violent struggles were made for breath by the patient. In all probability the child, without an operation, would not have lived through the night. It will be noticed, and it is a point of much value, that the relief after the operation was great and immediate, and that the breathing continued comparatively easy and quiet, while the disease was still going on above the tube. The disease was evidently limited to the glottis and just below it. These parts remained perfectly at rest, while the disease advanced and the membrane was separated and expelled. Below the tube everything was healthy enough, and sufficient air was furnished through the tube for the lungs to perform their necessary functions. It has been the general practice in cases of membranous croup, to perform tracheotomy only as the last resource. If the operation had been deferred even a few hours in the above case, there is every reason to believe that the patient would not have lived.

The number of cases of membranous croup, where the membrane has been expelled and recovery has followed without an operation, is vastly disproportionate to the number of deaths.

In this vicinity, death has been, so far as has been ascertained, the constant result after the operation of tracheotomy for membranous croup, mainly, in most instances, from the operation being too long deferred. If the disease has involved the bronchi to any extent, of course the operation has not that chance of giving permanent relief. The strongest objection to the employing of tracheotomy as a last resource, when the patient is almost moribund or asphyxiated, is the extremely fatal result, hastened, unquestionably, by the extent and locality of the membrane, the congestion



of the lungs, and the action upon the brain, and system generally, of the imperfectly oxygenated blood. There is always more or less danger when the membrane is detached and efforts are made to expel it, that the passage through the glottis may not be sufficient for its escape, particularly as the membrane is apt to remain the longest adherent at this point.

The difference in the result of an early or late operation for strangulated hernia is familiar to all. Time will show whether an earlier period of performing the operation of tracheotomy for membranous croup than has been customary, may not be followed by as successful results.

The operation of tracheotomy, though at all times an embarrassing one to the surgeon, of itself very rarely hastens death or causes unnecessary suffering to the patient, even in those severe cases where, from the extent and locality of the disease, death must inevitably follow. On the contrary, the relief to the respiration, the congested condition of the lungs and other distressing symptoms, is often very marked, and where death does follow, it follows more easily and quietly. A *post-mortem* examination has frequently revealed the fact of the membrane terminating about an inch below the glottis. In such a case, the operation would, we have every reason to believe, have saved the patient. Of course the chance is much less when the membrane extends downward in the trachea and bronchi, beyond where the opening has been made for the tube. And even then the obstruction to the respiration is less liable to occur, as the tube will give a certain amount of freedom to the breathing, more than would be obtained through the glottis, the opening of which is constantly contracting, unless the membrane below is detached and suddenly chokes up the trachea below the tube.

Dr. Buckingham has recently performed the operation on a boy, two years and eight months old, and a week afterward he was doing very well.

It was rather difficult and puzzling at the time, to account for the bubbles of air that are alluded to above as having been seen during both operations. It was referred to a divided vein, or perhaps a rupture of the membrane connecting the rings of the trachea, from severe coughing. If this last had been correct, there ought to have been some emphysema in the neck. A short time afterward, while Dr. Cabot was removing a breast at the Hospital, the same bubbles of air were noticed in different parts of the wound. The explanation of Dr. Bigelow seemed perfectly satisfactory, that the air became mixed with the blood in the different movements of the muscles and fascia, and escaped in the form of bubbles.

NEUROMA OF THE LEFT FORE-ARM, OF TWENTY YEARS'  
STANDING.

[Read before the Boston Society for Medical Observation, January 18th, 1853, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY I. BOWDITCH, M.D.

O. Q. D., æt. 30, a country shop-keeper and trader in the town of his birth, about fifty miles from Boston, and in New Hampshire, is the subject of the case. He is of an active, nervous temperament, of a thin, compact frame. He has been, so far as he remembers, always well, with the exception of typhoid fever thirteen years ago, and of the neuroma; and this has never prevented him from attending to the business of his trade. He has no hereditary predisposition to nervous or other disease, but he has lost two sisters by consumption, and one brother has a contracted chest from old pleurisy. He is of medium size, quick in his motions, and apparently in perfect health in all the functions of his body, at my examination. Yet he was a severe sufferer, and had been so for exactly two thirds of life, from neuroma of the external cutaneous nerve of the left fore-arm.

The history of it is as follows: Twenty years ago (*i. e.*, when he was ten years old), he observed a small tumor just above the left wrist on the fore-arm. This soon became painful on pressure, and finally even the slightest touch caused suffering. After bearing the pain, more or less, daily for five years, and the tumor being then about the size and shape of a bean, it was extracted by a neighboring surgeon. The operation was one of intense torture; the wound soon healed, but ever since there has been as much pain in the cicatrix as previously in the tumor itself. In fact, at times it has been more severe, and the only mode of relief that he has, is to scratch deeply into the skin, and abrade the cicatrix. While a little oozing continues he has more ease, only to have the pain again very soon; perhaps after the discharge ceases.

Previously to this operation, other tumors of a similar character had begun to appear along the arm and wrist, and apparently in the course of the same nerve. All have taken on the same action. They are now ten in number, and extend from a point about three inches below the bend of the fore-arm to near the junction of the metacarpal bone of the thumb and carpus. They vary from the size of a pea to that of a filbert. They have a tough, elastic feel, and are somewhat movable. By pulling up the upper one we can move the one next below it (and three inches off), evidently by a small subcutaneous cord uniting them, as the skin does not move. They are perceptible to the eye, but the skin above them is not discolored. The upper one is the least sensitive, this sensitiveness becoming most exquisite in a small cluster of them near the wrist. The patient assures me that, at times, if a drop of water, during a shower, were to fall on any of them, it would cause ago-

ny. Particular states of the air, a close room, &c., seem to increase this susceptibility. Suffering always ensues when sitting in a room warmed by means of an air-tight stove. He cannot easily bear any examination, however slight, without shrinking, the pain shooting up the arm, and, under a severe tap, flying to the head and other parts of the body, with the rapidity, and somewhat the sensation (only much more painful), of an electric current. The pain in the arm is not usually wholly confined to the nerve chiefly affected; *i. e.*, the terminal branches of the external cutaneous. It is usually most severe about the lower part of the thumb, adjacent fore- and middle-fingers. If it extend, as it sometimes does, to the little finger, no treatment gives the least relief while the paroxysm lasts.

The period of greatest suffering is at night, and commonly soon after lying down. He suffers least in the day, when the mind is pleasantly and actively employed. During the past five years he has been as much unable to sleep, during the continuance of the pain, as if he were suffering from a severe toothache. The arm has always more heat in it than the right arm has. Even during winter he rarely wishes to cover it. The vital warmth is sufficient. The pulling on of a glove distresses him. There has never been any paralysis of motion or convulsions. For treatment, he has used excision, as named above; also, almost every kind of medicine and external application. Now, he finds that chloroform and laudanum at times afford much relief. But the only means he has to induce sleep, when the pain is excessive, is to tightly bandage the arm in cold water from the fingers up to above the elbow. Soon after this application the patient falls asleep, if it be night, and he does not suffer more during that night.

So far as the patient knows, he has nothing similar in any other part of the body.

REMARKS.—Neuroma, I judge from my own experience, and I think from that of others, is not a common disease. I have consulted several books of surgery, and I do not find exactly such a state of things as is related above to be at all frequent. One of the most singular books on the subject is that of Robert W. Smith, M.D. He was fortunate enough to meet with two cases of extraordinary interest about the same time, and full and complete drawings are given of them. According to Dr. Smith, Cheselden first noticed similar tumors. Dr. Smith says they are always slow of growth, and may vary from a millet-seed to a melon in size—they feel solid, do not adhere to adjacent parts, do not discolor the skin, and rarely, if ever, suppurate. The pain is the most marked symptom, shooting, as in this case, along the nerve. Mental emotions cause, at times, a paroxysm. In the above case, mental employment relieves the pain. Some have stated that if pressure of the nerve above the tumor relieves pain, it is pathognomonic of



neuroma. Bandaging relieved this sufferer. At times, amputation is needed for relief, when the tumor is very large and painful. And truly singular is it, that, while preparing this paper, an arm has been amputated for an immense neuroma of the median nerve.

Opinions vary as to the real nature of these tumors. Microscopically, they seem harmless in their cell-formation. The nerve above and below is at times healthy; at others, it is very much enlarged. At times the fibres can be traced in the tumor; at others they are soon lost in it. The arm removed by Dr. Bigelow, last week, showed the nerve cut off, apparently, from entering the main mass, by a knob like that which occurs at the extremity of amputated nerves. This knob rested, and was apparently imbedded, in the neuroma, though easily separated.

In conclusion, I cannot forbear giving a brief account of the two cases reported by Dr. Smith, and which make up the body of his magnificent work. Both cases were seen in 1843, at the House of Industry, in Dublin. The patients were males. The first was remarkable, before death, for three large tumors. He died after many years, but never had any great suffering. At the autopsy, the left sciatic had one mass, fifteen inches by eighteen. Eight hundred tumors were found distributed throughout the nervous system. They were of a fibro-cellular structure.

The second patient, aged 32, scarcely noticed his tumors during life, and they were found almost everywhere. Even the infra-orbital nerve was like a whip-cord. The pneumo-gastric was studded with the same. Over two thousand were found in the body! It is a curious circumstance that in both instances the right extremities and side of the body had many more than the left ones. Combined together, they present the following proportion, as 900 is to 590.

The members will perceive that I have not undertaken, in this paper, to give a full account of neuroma, but simply to detail my case, and to make it more instructive and bring it into view in connection with two of the most remarkable cases of a similar nature that have ever been recorded.

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#### POLYPUS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

JUNE 18th, 1857, I was called to see Mrs. R., a widow, aged 48, the mother of several children. I found her in bed, her extremities cold, the countenance pale and anæmic, pulse small and very frequent. The room was filled with an intolerable stench. Her friends supposed her to be in a dying condition. On inquiry, I learned that for four or five years she had suffered very much from profuse uterine hæmorrhage, and from a sensation of weight and

pressure in the pelvic region. From having been very robust and fleshy, she had become very thin and feeble, being obliged to keep the bed most of the time. Her feet, also, were much swollen, and during the last two weeks she had had a copious and offensive discharge from the vagina. I gave her stimulants, and ordered vaginal injections of a solution of a scruple of chloride of zinc in half a pint of water.

19th.—Found her low, yet more comfortable than yesterday. On examination *per vaginam*, I discovered a large, semi-putrid mass, of the size of the fist, which I removed by forceps. It proved to be the remains of a pedunculated tumor. In a few days the fœtid discharge ceased, and by means of a generous diet, wine and iron, she rapidly recovered.

Nov. 10th, she had a slight uterine hæmorrhage, for the first time since the removal of the tumor. On examining *per vaginam*, I found a fibrous polypus, of nearly the size of the other, attached by a pedicle to the os uteri. I advised its removal, but was desired to postpone the operation for the present.

Jan. 1st.—I was summoned in haste to visit Mrs. R., whom I found in great distress from retention of urine. The polypus was pressing on the perinæum, and distending the vulva. The bladder was relieved by the catheter. By making traction on the tumor, the greater part of it was brought down through the vulva, and the pedicle secured by a ligature and divided by a curved bistoury. It was oblong in form, of a dense fibrous structure,  $6\frac{1}{2}$  inches in its long, and  $3\frac{1}{2}$  in its short diameter, and weighed two pounds. The patient is now (Jan. 19th) in better health than she has been for the last four or five years.

IRA RUSSELL, M.D.

*Natick, January 19th, 1858.*

#### CASE OF HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following is at your disposal.

Catherine, aged 15, always strong and healthy, went to her work in a woollen mill on the morning of Dec. 28th, 1857, feeling well. About 10, A.M., she was somewhat chilly, and at 11 began to experience a bad feeling in her throat. In a few moments she was unable to speak; very soon she was troubled to hear, and at 3. P.M., was not able to hear at all. I saw her at 7, in the evening. She was in bed, with moist skin, natural tongue, throat slightly inflamed, pulse soft, beating 125 per minute. She was not able to speak, and could not hear, though I spoke very loud, with my mouth near her head. I questioned her in writing respecting her feelings, to which she replied that she felt perfectly well, with the exception of a bad feeling in her throat and knees; but the

sensation was not that of pain. Her knees were somewhat tender, as she groaned upon my making pressure upon them. She swallowed with some difficulty, had but little thirst, but was much affected by her situation.

I ordered her limbs to be well rubbed with mustard-water, and strong mustard-paste to be applied to the entire length of the spine, the throat, and the feet, giving an active dose of emetico-cathartic pills, and directing her to be kept perfectly quiet. In some two hours the pills produced active vomiting, soon after which she complained of the smarting of her back, and could soon hear and talk as well as ever. At 10 the next morning she was sitting up, feeling, as she said, well. She rested well during the latter part of the night. The tongue was slightly coated, throat the same as on the previous evening, pulse 100 per minute and soft. As the bowels had not moved, I directed a dose of cathartic pills, with rest and a light diet.

W. M. Trow, M.D.

*Haydenville, Mass., Jan. 6th, 1858.*

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 23d.—*Unusual Case of Varicose Aneurism. Amputation.* Dr. J. MASON WARREN reported the case.

The patient was a girl 19 years old, of a delicate constitution. When two years old, she received an injury in the palm of the hand from a stone, and very shortly afterward a small, pulsating tumor appeared there. About five years since, she presented herself at the Hospital. At this time a large tumor occupied the whole hand, held as it were in the palm. It was firm at some points, soft and pulsating at others, and seemed to have made its way backward, so as to give the idea of all the bones of the hand having been flattened and forming a shell to it. On compressing the tumor it gave a powerful aneurismal thrill, and in some parts of it the blood seemed to be contained in large aneurismal sacs; at others, arteries of the size of the carotid could be detected. Amputation was advised as the only resource, but declined. A cast was made of the arm and hand at that time, and is now before the Society. In addition to the tumor of the palm of the hand, there was also a supplementary tumor, quite firm to the touch, reaching up the whole fore-arm under the muscles, and without pulsation.

Last spring the patient presented herself again to Dr. W., the tumor having more than doubled in size, and the swelling on the fore-arm increased in a corresponding manner. At this time, also, a distinct aneurismal thrill attended the pulsation of the brachial artery, and the surrounding veins were in a highly varicose state. Auscultation of the tumor of the hand gave a sound like the noise of the machinery of a factory. The arm was now quite unwieldy, and at times



very painful, and the disease was rapidly increasing. The surgeons of the Hospital, in consultation, decided that amputation was the only means of relieving the patient, but considered there was a possibility of meeting with erectile tissue in the arm. The patient was quite timid, and unwilling to encounter any more than the ordinary danger from an amputation. She therefore again returned home, but lately, the pain being so severe and the tumor making advances, by the advice of her physician, Dr. Jones, she came to town and submitted to the operation. In making the compression, it was deemed necessary to place a tourniquet quite high upon the limb, and screw it up so as to forcibly compress the whole limb. Nearly twenty vessels, both arteries and veins, required ligature, as it was soon found that the veins carried arterial blood and were disposed to bleed. The quantity of blood lost in the operation was extremely small, on account of the very effectual way in which the compression was applied.

On the day after the operation, there was a great reaction; and this was so violent on the following day, that it was found necessary to take blood from her, and which was done, with relief. The whole limb, however, shortly became of a fiery red color, and a diffuse, painful swelling appeared in the neck, just above the clavicle. In a week or ten days, this subsided, but one morning it was observed that the breast had suddenly become puffed up, and, a day or two after, a great quantity of pus was discharged by an opening, and counter-opening.

The patient, after a very long convalescence, has now gone home nearly well. During the whole of the after treatment, there was no hæmorrhage from the stump, and no evidence of any erectile tissue remaining.

The arm, which was exhibited, had been very beautifully injected by Dr. BIGELOW, and a careful dissection made of it by Dr. HODGES. The wax injection was thrown into the veins and retained by the brachial artery. The veins of the arm and hand were greatly dilated, and formed a beautiful basket-work around the bone; in the palm of the hand they communicated freely with the arteries, which were dilated so as to form what might be called large sinuses. The solid part of the round tumor in the hand and fore-arm was formed of condensed and infiltrated cellular tissue.

The specimen, together with the cast, was presented by Dr. W. to the Warren Museum.

DEC. 14th.—*Tubular Pregnancy; Hydatids in the Ovaries.* Dr. HOOKER, of East Cambridge, reported the case.

The subject of this case was about 25 years of age; of rather delicate health. She had been troubled, during the winter, with some tuberculous symptoms, which disappeared during the past summer. She was married in June last, and enjoyed very good health until the 6th of November. On that day she was suddenly seized, while at rest, with a severe cutting pain in the left hypochondrium. The pain was acute and severe—producing syncope. She was relieved by opiates and rest, and was able to be about house in two or three days, but felt some uneasiness remaining in the left side at the seat of the pain. She was otherwise well. She had just passed over one catamenial period, and there were, at the time of the attack of pain, some symptoms of a return. She had previously menstruated at intervals of three weeks.

On the 14th of Nov., while on her knees, washing a canvas carpet, as she was reaching out, she felt, as she expressed it, "something give way in her bowels, just below the navel." The pain was very acute and distressing. She became suddenly faint, and was taken to her bed and her physician sent for. He found her faint, nearly pulseless; the skin clammy, pale; with great distress in the lower part of the abdomen, but not referred to the left side any more than to the right. This was about noon. After the free administration of morphia and diffusible stimulants for three or four hours, she rallied somewhat; the pulse became firmer; the skin was less moist and there was more warmth, though the distress in the abdomen continued, but not so severe as at first. At 7 o'clock in the evening, she grew more feeble and faint, and the pain increased. She continued in this condition till 10 o'clock, when Dr. Hooker saw her in consultation with Dr. Clarke, from whom he learned the above particulars.

Dr. H. found her very weak and pale, presenting the appearance of one sinking from the loss of blood; the pulse feeble and rapid; mind clear; countenance not anxious, but placid; skin cooler than natural. She did not complain of much nausea, but had vomited a little. There was pain in the abdomen, although not very acute, but continual distress. The abdomen had the appearance of that of a woman in the seventh month of pregnancy, in shape; resonance considerable—less below the umbilicus than above. She had passed two catamenial periods, and if pregnant it must be of about seven weeks duration—as she usually menstruated once in three weeks. The uterus, examined *per vaginam*, had a gravid feel, and, when raised by the finger, increased the distress in the bowels. The breasts were not much changed, with the exception of a very dark areola around the nipples.

She died about 10 o'clock on the 15th, less than twenty-four hours after the attack.

*Sectio Cadaveris.*—The shape of the abdomen was the same as described above. On opening its cavity, it was found filled with blood and coagula, and nearly three quarts were removed. The pelvis was found filled with coagula. A tumor was found in the left Fallopian tube, about an inch and a half in length, and three fourths of an inch in breadth, about midway from the left ovarium and the uterus. In this tumor were two rents. On opening the tumor no embryo was found, but the placenta, by its villous character, was very distinctly recognized. The tube was pervious from the uterus to the tumor, and no reason was manifest why the embryo had been arrested in its course. The uterus was thickened and enlarged, and the usual preparation made to receive the fetus. The corpus luteum was distinctly seen, and both ovaria contained hydatids. The peritoneum and all the abdominal organs were healthy.

DEC. 28th.—*The Influence of the Placenta upon the Development of the Uterus during Pregnancy.* The following is an abstract of the paper read by Dr. READ.

The theory of uterine development as recognized at the present day, is, that the uterus begins to enlarge in consequence of pregnancy, at the fundus—that the body is next implicated, then the cervical portion, and finally the cervix itself; that this development goes on in the fundus exclusively for five, six or seven months, or even longer, and that after this time, and not till then, the cervix enlarges to form

part of the cavity of the womb, while the body of the uterus is undergoing little or no change; that in consequence of this development, the uterus, at the end of gestation, acquires a pyriform shape, the smaller end resting on the pelvic basin. But while a general agreement among authors is noticed as to the plan of this development, the greatest diversity of opinion is to be found as to the details of the process. The absence of all proof as to what kind of presentation was found in the particular cases which have been the groundwork of the present theory, renders the result of doubtful value. That the uterus enlarges, is not to be doubted; but that it expands in one part before another, in obedience to an organic law, may be questioned. Instead of being in all cases of one fixed determinate shape, we find it different in different pregnancies, varying according to the presentation: when the presentation is natural, it is pyriform; when the breech presents, it is almost globular; when the presentation is transverse, its long diameter is at right angles to the axis of the pelvis—showing quite conclusively that its shape is dependent on the position of the contained foetus. It is not symmetrical, either, at the end of pregnancy. More of its circumference is found behind the Fallopian tubes than in front, and the tubes have moved one third of the way down from the fundus, proving that a greater expansion has taken place in one direction than another. The fact that the uterus rises in the cavity of the pelvis as the gestation proceeds, is no proof that the fundus is then enlarging, for no matter at what point the uterus begins to enlarge, it must, for want of space in any other direction, find room for its increasing size in the abdominal cavity. The changes in the neck, which have been relied on to prove that the body of the uterus develops first, are not to be depended on, except in primiparæ, and even in them but little reliance can be placed on them as certain indications of changes going on in the uterus. Authors disagree most widely as to the time when the different parts of the uterus begin to partake in the development of its cavity, and allow a latitude of three months for the commencement of the development of the cervical portion. Under these circumstances, we may assume that their opinions are not based upon sound premises.

The argument drawn from the assumed isochronic development of the fundus and placenta is fallacious: for all the facts that can be brought to bear upon this subject at all, go to prove that the fundus is not the usual location of the placenta. The assumption of Velpeau, that the placenta grows as the uterine walls with which it is in contact, seems to be hardly in accordance with analogy, which points to the foetus rather than the uterus as the measure of the capacity of the placenta. The statement of Dr. Carpenter, that the placenta increases in accordance with the growth of the ovum, is refuted by data on record. There is not the least correspondence between the weight of the child and that of the placenta. If we test the theory by what we observe in cases of placenta prævia, we find it cannot satisfactorily explain the exceptional cases. According to theory, the greater the surface of the placenta exposed to the changes going on in the neck, the more certainly ought the hæmorrhage to come on. According to fact, it is the reverse in very many instances. Of this Levret, Cazeaux, Mr. Ed. Rigby, Mr. Doherty and others have taken notice, and offered various explanations. None of them can stand the test of



criticism. We do not expect a rule to be absolute, but it should provide for exceptions, which are not opposed in principle to the rule itself. If they occur, and cannot be explained without resorting to a construction which nullifies the rule, the rule cannot be a good one. In the cases under consideration, this seems to be the result of the application of the present theory of uterine development to the phenomena which appear in placenta prævia; the principle upon which the existing theory is founded being, that the development proceeds in a uniform direction, from a fixed point, irrespective of the position of the placenta, and at an equally independent rate. This has been shown to be not in conformity with the data in our possession. What seems to be required is a theory which allows the development to commence at any portion of the uterine walls, and to proceed, not according to arbitrary laws, but in accordance with the ordinary physiological laws which are constantly at work in living bodies. This may be stated in the following terms.

The attachment of the placenta to any portion of the uterine walls causes a development at that place, which proceeds, *pari passu*, till the limits of growth in the placenta having been reached, the enlargement is continued and kept up by the pressure constantly exerted on the uterine walls, by the growing contents, till the time of parturition. That is to say, at whatever point the radicles of the placenta first attach themselves after their issue from the Fallopian tubes, at that point the development of the uterus commences, and from that point it spreads as from a common centre, and takes shape according to the position of the contained fœtus.

By this theory, those cases where the placenta is implanted on the cervix, and particularly those where it is fixed over the os uteri, centre for centre, are easily accounted for, and an inference may be drawn that the more the presentation, the less the hæmorrhage; and the less the presentation, the more the hæmorrhage, which is in accordance with the general result of observed cases. In short, it is believed that by adopting this theory, all the phenomena which appear in the course of pregnancy when placenta prævia exists, and which depend, for their cause, upon the changes going on in the uterine walls, may be clearly explained and accounted for by a much simpler mechanism than by the one already accepted and recognized. And while it does not militate in principle with recognized physiological laws, it so applies them to the phenomena which appear as the result of impregnation as to leave fewer exceptional cases, and those even not different in character from what are constantly occurring in normal pregnancies.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 28, 1858.

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ADMINISTRATION OF MEDICINE BY THE UNINSTRUCTED.

ONE of the sayings of WASHINGTON, as recorded amongst many others of great value in the "*Practical Maxims for the Government of Conduct in Society*," is, "in visiting the sick, do not presently play the physician, if you be not knowing therein." There are several ways

in which this excellent advice is disregarded ; that is to say, there are many modes of giving medicine by those who know little or nothing about it. Very well-intentioned persons make painful mistakes in their eagerness to serve (as they suppose) their friends, or others, whom they see in distress. They try the weapons from their private armory until they all fail, and the patient is usually ten times worse off than before. This done, they send for the doctor ; he is expected, notwithstanding that he must, perforce, act at a great disadvantage, to perform a double miracle, viz., first to annul all the mischief which the ignorant endeavors of would-be friends have caused, and *then*, to cure the disease ! Should he not effect this in an insignificant space of time, he is perhaps unpleasantly commented upon, or an attempt made to supplant him by some other attendant, clandestinely or overtly.

Now, the old adage that "fair play is a jewel," was never more true than between physician and patient. Give the doctor a chance, say we—and we say it feelingly. It is a sufficiently serious affair to cope with disease under every possible advantage ; the enlightened public should not throw stumbling-blocks in our way. In order to contend successfully with the myriad foes to health, patients *should be seen in season*. The popular idea too often is, that a large bill may be avoided by delaying to secure proper medical aid. Nothing, surely, can be more fallacious than this. Other things being equal, in the *conscientious* physician's hands, a patient will gain, in time and comfort, just in proportion to the earliness of the period of his illness at which medical intervention is sought. Every observing and sensible person must be aware of this—many by experience—others by the showing of common sense alone. We have often, and lately, indeed, been assured of this, spontaneously, by persons who had proved the truth of the assertion above made.

There is one phase of the general evil to which we refer, that is doubtless constant : and a marked instance of it occurred to us within a few days. This is the prescribing for ailments, and sometimes serious ones, by apothecaries. Oftentimes, too, this is done through a third person, whose description of the difficulty, however accurate it may chance to be, *cannot* give the complete and adequate idea which ought to be had. Nothing but ocular and oral examination, in the majority of cases sufficiently serious to enlist medication at all, can enable a *physician* to prescribe, properly, for a patient. How, then, can one who is educated to compound medicines only, do this safely ? And why should lives be perilled, and delay in obtaining relief be incurred, merely that the druggist, at best but very slightly informed as to the physiognomy and symptoms of disease, may put a few cents or a few dimes into his till ? An apothecary may plaster a cut finger if he chooses—some know how to do it—but we have seen most atrocious bungling at it by such hands : yet why, we would ask, should the craft step out of their province at all ? They can no more do it with safety to others or *themselves*, did they but know it, than can physicians, unused to the processes (as is usually the fact in cities), attempt the compounding of drugs and the putting up of prescriptions with propriety or impunity.

Within a short time, an apothecary in this city prescribed some inefficient draught to a man, on his application for treatment, who was suffering from pain in the side and severe cough, with feverish symp-

toms. Two days subsequently, he came under our care with pneumonia of serious intensity. Now, it is not at all unreasonable to say that had he been seen *at first*, by any judicious physician, he might have been saved much discomfort: and possibly the affection of the lungs might have been avoided altogether, or have taken the form of *bronchitis* only. Moreover, the druggist would have reaped more advantage from the case, because whatever medicine was required would naturally (from the fact of propinquity) have been purchased of him—which, when the above management was made known, was not the fact.

The interest of patients, however unreflecting and ignorant people may believe to the contrary, is that which is studied by, and entirely paramount with, the honest physician—and the dishonest one is soon found out. Let those who are ill, then, be convinced that they only lose ground, and invaluable time, by nostrum-taking; by entrusting their cases to apothecaries who are reckless enough, foolish enough, or avaricious enough, to attempt to treat them; by swallowing everything which everybody recommends, because they knew it followed by good results in some instance very probably totally unlike the one in hand: by dallying and trifling, in any way, with disease, which, to be met with the best chance of success, must be met *early* and *promptly*, even if it be of the “*self-limited*” class—where supervision is as important as active medication in many other affections.

If physicians not only do not meddle with the business of apothecaries, but certainly are *properly* the suppliers of a large proportion of it, the latter should be scrupulous how they complicate cases of illness which may at last tax the physician's skill in vain, and compromise the lives of individuals, while they thus in no wise advance their own interests.

Although it is doubtless true that such conduct, were it at all common amongst our reputable druggists, would increase the business of physicians in the end, we believe there is not one who loves the honor, success and advancement of his profession, all which are synonymous with the physical and mental well-being of the community, but will join us in inveighing against the administration of medicines by either the totally uneducated, or the partially educated, relatively to their power, adaptation and selection, in indiscriminate cases.

DR. F. G. SMITH'S COMPENDIUM OF DOMESTIC MEDICINE, &c.

We are informed, upon the best authority, that the edition of the work on “*Domestic Medicine and Surgery*,” by Dr. F. G. Smith, of Philadelphia, a notice of which appeared in our number of January 14th, 1858, was issued without either the *knowledge or consent* of Dr. Smith. It is at least six, if not more, years since the first edition was published, and since that time Dr. Smith has had no connection with it whatever.

We are at a loss to understand how such an extraordinary procedure as the above has been perpetrated. The character of the publishers is such as to lead us to suppose that some *hocus pocus* has been trumped up, which has thrown dust in their eyes. At all events, we do not care to notice any book, of a second edition of which the author or compiler has no knowledge whatever.

Dr. Smith is a professor in the *Pennsylvania College*, not, as appears by our notice of the book, in the University of Pennsylvania.



*Progress of Invention.*—Much ingenuity is continually brought to bear upon the construction of instruments employed in medical and surgical practice. All the departments of our art are largely indebted to cutlers and others engaged in the fabrication of the various appliances so necessary to safe and expeditious operations and dressings. There is a new otoscope, or speculum auris, invented by Mr. Tiemann, of New York, which seems to realize the wishes of aurists, in the completeness with which it allows of a view of the tympanum. Dr. Bethune, who showed the instrument at the last meeting of the Medical Improvement Society, states that the vessels of the tympanum can be distinctly seen by it, and that the membrane itself is enlarged, by the lens through which it is viewed, to about the size of a dime. By means of reflected light, all the difficulties so long experienced in getting sufficient rays to fall upon the tympanum are avoided. The polished funnel which receives the light is directed upward, so as to throw it upon a small mirror within, whence it is reflected inward powerfully. The observer looks straight forward, as toward any object-glass. Several gentlemen tested the magnifying power of the instrument.

What with the double stethoscope, the ophthalmoscope, the improved microscope, and the new otoscope, the *scope* of the profession is likely to be increased beyond anything that ancient *horoscopes* could have divined!

*Medical Commencement at Yale College.*—The exercises on the occasion of the Commencement of the Medical Department of Yale College, took place on the evening of the 13th inst. The degree of M.D. was conferred on the following gentlemen by President Woolsey:—John Martin Aimes, Orange, Ct.; George Washington Birch, Brookfield, Ct.; Henry Webster Jones, Bridgeport, Ct.; S. F. Colardeau, Gaudeloupe, W. I.; Daniel A. De Forest, Newburgh, Ind.; Timothy Beers Townsend, New Haven, Ct.

*Females as Dentists.*—The *American Medical Monthly* says that Mr. D. W. Jobson, of New York, is endeavoring to open the way for women to become acquainted with, and practise the art of dentistry. The *Monthly* commends this effort as likely to afford to women an occupation perfectly adapted to their ability. We should be thankful to have any new means of support added to the slender resources of women, and we cordially wish Mr. Jobson success.

*Consulting Physicians.*—The following gentlemen have been elected consulting physicians to the City of Boston for the ensuing year:—George Hayward, Jacob Bigelow, James Ayer, John Jeffries, D. H. Storer.

MARRIED.—In New York city, Dr. Frank A. Wood to Miss Ada A. Pearson, both of Lunenburg, Ms.

DIED.—In this city, Jan. 25th, Helen, wife of Dr. John Ware, and daughter of the late Dr. Levi Lincoln, of Hingham, 59.—At Chicago, 8th inst., Dr. John C. Morfit.—At Suisun, Cal., Dr. William Moody, 36.

*Deaths in Boston* for the week ending Saturday noon, January 23d, 73. Males, 34—Females, 39.—Accident, 2—asthma, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer (of the uterus), 2—consumption, 16—convulsions, 3—croup, 3—dropsy, 2—dropsy in the head, 1—debility, 1—infantile diseases, 6—puerperal, 1—erysipelas, 1—fever, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 5—inflammation of the lungs, 4—marasmus, 1—measles, 2—old age, 2—pleurisy, 1—rheumatism, 1—teething, 5—thrush, 2—unknown, 2—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 56—Ireland, 15—other places, 2.

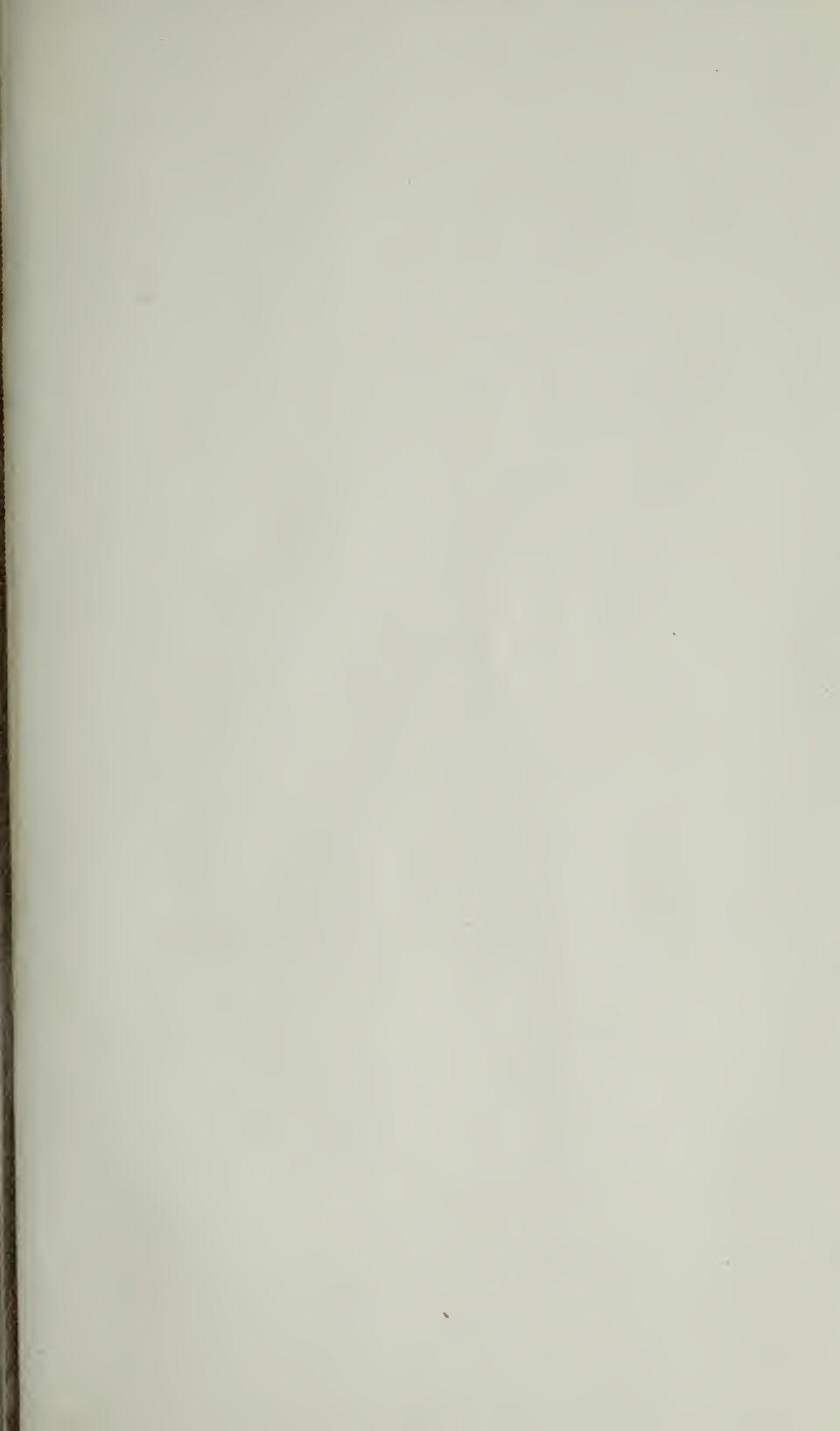
*Apoplexy, Blindness and Death, caused by violent shaking of the Head.*—Professor Timothy Childs, of New York, relates, in the American Medical Monthly, an interesting case of fatal apoplexy of the cerebellum. In the summer of 1853, a young lady, aged 19, in taking care of her sister's infant, amused it by shaking her own head rapidly and violently a great number of times. Faintness and vomiting ensued, and she was confined to her bed several days. On going out again, she could not walk without staggering. Various prescriptions were used; none relieved her, except that a seton was thought temporarily to do some good. In December, 1854, Dr. C. found she could not walk without help, and was growing rapidly blind; there was constant dull pain in the region of the occiput, bowels torpid, &c. A seton in the nape of the neck and a mild course of protiodide of mercury improved the vision for a time, but entire blindness followed, and in January, 1855, a general convulsion took place, in a second attack of which she died, with intellect unaffected. Autopsy revealed "an old hardened clot of blood, of the size of a large walnut, in the centre of the cerebellum," "bathed in nearly two ounces of yellow serum inclosed in a cyst." Other organs healthy.

*Two Medical Victims of the Dangers Incident to their Profession.*—M. Geoffroy, a highly respected physician of Avignon, in France, formerly mayor of that city, and for many years at the head of the Asylum for the Insane, was lately assassinated by an epileptic inmate of the establishment. The wretched patient was subject to fits of furious mania, but had for some time past been very quiet, and was thought to be in a fair way of recovery. He was a tailor by trade, and busy at work, on the 30th of April last, during M. Geoffroy's presence in the ward. Toward the end of his visit, he requested the doctor to look at his leg, where he stated he was experiencing pain; and while M. Geoffroy was stooping to examine the limb, the man passed his arm round M. Geoffroy's neck, and thrust into the left side of his chest the long scissors used in his trade. He was just going to make a second thrust when he was secured by the house-surgeon and the steward. The weapon had reached the heart, and M. Geoffroy died in a few moments. The patient had not evinced any dislike for the ill-fated physician, and was most respectful and docile. It is supposed the horrible deed was done while the patient was laboring under a hallucination.—The other victim is a medical man named Salle, practising in Nancy. This gentleman was completing the operation of tracheotomy, which he had undertaken upon a child suffering from putrid sore throat. Dr. Salle, who was only twenty-nine years of age, seeing the trachea quickly filling with blood, put his lips to the wound, and drew by inspiration the fluid ready to choke the child. The next day, the same putrid state of the fauces and the tonsils appeared in M. Salle, and forty-eight hours afterward he died, in spite of the efforts made by his colleagues to save their noble-minded friend's life.—*Ohio Med. and Surg. Journal.*

*Diphtherite.*—The prevalence of diphtherite, that last importation from France, of which the advent was first signalized in these columns, is not now confined to one particular district in England. This peculiar and dangerous throat affection has appeared in many parts of the country. It has proved fatal in the registration districts of Thame, Billericay, Maldon, Liskeard, Truro and Chesterfield. It may be considered characteristic of this, as a French affection, that it is marked by great effusion, which is with difficulty restrained. The disease is but little understood in England as yet, although carefully studied in France. It is peculiar to diphtherite, that the false membrane secreted lies not only in the throat, but pharynx, fauces, and even on the lips of its victims. A new column is now allotted to the disease in the Weekly Return of the Health of the Metropolis, where recent information renders it very probable that it at present prevails to some extent. Observed thus early in its career, we may hope that the nature of this epidemic—if, indeed, it be an epidemic—may be carefully and fruitfully studied. Every practitioner should carefully record all well-marked cases which come under his observation.—*London Lancet.*

It is stated in the Cincinnati *Lancet* and *Observer* that a new medical school in Nashville, Tenn., is contemplated—to be under the patronage of the Methodist denomination.















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