



15164



No. \_\_\_\_\_



Digitized by the Internet Archive  
in 2014



Vol III.]

MARCH—1864,

No. 3.

BUFFALO

Medical and Surgical Journal

---

EDITED BY JULIUS F. MINER, M. D.

*Surgeon to the Buffalo General Hospital.*

---

BUFFALO:

JOSEPH WARREN & Co., PRINTERS, COURIER OFFICE, WASHINGTON ST.

1864.

CONTENTS OF THE MARCH NUMBER.

ORIGINAL COMMUNICATIONS.

ART. I.—On Hamatoccele Retro-Uterina. By Dr. Rud Ferber in Hamburg; translated from the German, By H. Lassing, M. D., New York.	282
ART. II.—Address by J. A. Peters, M. D., before the Erie County Medical Society at its Annual Meeting,	289
ART. III.—Abstract of the Proceedings of the Buffalo Medical Association.	298
ART. IV.—Case of Intus-Susception of the Colon, with Remarks, By W. Gould, M. D.	303
ART. V.—Clinical Remarks upon Surgical Cases in the Buffalo General Hos- pital—Exsection of the Head of the Humerus, with wood cut illustration—Severe Injury—Erysipelas. By J. F. Miner, M. D.	307

EDITORIAL DEPARTMENT.

Buffalo Medical College Commencement,	310
New York State Medical Society, Fifty-Seventh Session,	315
Tribute of Respect to the Memory of Dr. Wm. H. Butler,	319
Health Physician and the Report of Deaths,	321
REVIEWS—Parrish's Treatise on Pharmacy—Proceedings of American Phar- macetical Association,	322-323
Books Received and communications deferred,	324
Personal Notice,	324
Correction.	324

THE BUFFALO

MEDICAL AND SURGICAL JOURNAL

WILL BE PUBLISHED THE FIRST OF EACH MONTH.

Address, Buffalo Medical and Surgical Journal, Buffalo, N. Y.

TERMS OF SUBSCRIPTION. \$2.00 PER YEAR IN ADVANCE.

BUFFALO  
*Medical and Surgical Journal.*

---

---

VOL. IV.

AUGUST, 1864.

No. 1.

---

---

ORIGINAL COMMUNICATIONS.

ART. I.—*Surgical Diseases of Women—Uterine Polypi.* By J. F. MINER, M. D.

Uterine Polypi are of various forms, and differ greatly in location and structure, and are attended by a great variety of general and local symptoms; their physical and pathological characters are very well understood, while the causes of their growth are obscure and undetermined. A brief description will be premised, the chief object being to indicate the surgical treatment required for removal of these morbid growths.

It is common to arrange these growths under one of three or four different heads, and authors generally give [descriptions of glandular, cellular, fibrous, mucous, and some other varieties of polypi. It is, however, probable that nearly all growing from mucous membranes consist of fibro-cellular tissue, infiltrated by serous or synovia-like fluid, the abundance or scarcity of the fluid, contained in the meshes, making the principal difference between the tougher, fibrous or fassia-like, and the softer, mucous or gelatinous varieties. Some of these growths are composed almost wholly of serous or synovia-like fluid, while others contain little, if any. Neither the very soft or very dense contain blood-vessels in abundance, while those not so gelatinous or fibrous often contain blood-vessels in some degree, and from this circumstance have been called *vascular*. This form of out-growth is rare in the uterus, and is usually of small growth. Most uterine polypi are feebly supplied with blood-vessels, and many times not any can be positively traced. In size they vary from a line in diameter to that of several

15164

inches, and the shape is also varied, though the smooth rounded variety attached by a pedicle of greater or less proportional diameter, is the more common form of the larger growths.

Polypi may be attached to the fundus, walls, inner surface of cervix, or lips of the os-uteri, and upon this will depend the ease and safety with which they may be removed. The point of attachment is sometimes uncertain, a long pedicle may reach much higher than it can be traced. Polypi which grow from the lips or cervical canal do not necessarily have any pedicle at all, but rest upon the surface by a broad base. Small polypoid growths from the size of a millet seed to that of a pea, often rest upon the lips of the os-uteri, or in the cervical canal, and give rise to troublesome and dangerous hemorrhage, and other distressing symptoms. These growths, if soft and gelatinous are easily removed, while if dense and fibrous, greater difficulties will be presented.

*General Symptoms.*—The symptoms which attend this disease are such as to rarely mislead, though it must be confessed that sometimes the diagnosis cannot be positive. At first there is often a profuse secretion of mucous, which becomes gradually more abundant, and soon is observed to be more or less mixed with blood; sometimes large quantities of blood will be discharged without any mucous; hæmorrhage is an important symptom, and rarely absent. The smaller growths which sometimes appear in great numbers upon the uterine neck and extend within the cervical canal, often give rise to profuse hemorrhage. There are almost always present constitutional symptoms of uterine disturbance; the nervous system suffering most severely. When the tumor has become large, or the uterus has enlarged from the disturbance produced by the presence of an intra uterine growth, there is always bearing down pains; these pains sometimes appear almost like labor, coming on in paroxysms, and having the same expulsive effort. When the tumor has attained considerable size the uterus does often take on the same effort as in labor, and the tumor is thus often expelled or pushed as low as possible from the length of the pedicle and place of attachment; it is thus made apparent at the os-uteri when previously its presence could not have been demonstrated. The tumor and uterus, from consequent enlargement, may fill the pelvis and interfere with the functions of the bladder and rectum; this is rare, and the smaller varieties are much more often met in practice. These growths sometimes attain considerable size before their presence is mistrusted; this is seen in the fibrous or dense varieties, when there is neither hæmorrhagic or mucous



discharge, and before the uterus has commenced any contraction for expulsion of its contents.

When the above mentioned symptoms are present, it is indispensably proper to institute a careful examination with the finger, speculum, uterine sound, &c., to discover, if possible, their causes. Hæmorrhage should always attract immediate attention, though it will often be neglected, the patient looking upon it as some derangement of menstruation and not as a symptom of disease.

*Diagnosis* cannot always be made positive; polypus may exist within the cavity of the uterus and still we are unable to detect it. Sometimes the os will admit the finger for a distance sufficient to distinguish some foreign growth; or possibly, by the aid of the sound, we may be able to discover that a polypus grows from the interior of the uterus. The os uteri may sometimes be dilated so as to admit of more perfect examination; patient, repeated examinations will in most cases lead to quite satisfactory conclusions.

Polypus has been mistaken for, and is to be distinguished from, pregnancy, inversion of uterus, prolapsus uteri, cauliflower excrescence, scirrhus, vaginal cystocele and vaginal hernia. It is believed that careful examination will distinguish it from these conditions, though when it is situated high up within the uterus and cannot be reached it may be impossible in its early stages to determine its presence, or the exact nature of the disease. The more common form of uterine out-growth—the mucous polypi of most authors upon the diseases of women—is some times overlooked by the inexperienced, and to this variety of the disease is directed especial attention. It has so frequently been brought to our notice after having existed for weeks or months and escaped detection, that a simple description and the means of treatment hardly appear sufficient to enlist the attention of many who attempt to find the cause of hæmorrhage which has even become alarming, or profuse leucorrhœa, which is continual and often largely mixed with blood. Examination is made by poor light or in a faulty manner, so that the small vesicles often escape notice and the hæmorrhage is ascribed to other and erroneous causes.

Small, pearly elevations, of various sizes, from that of a pin-head to a pea, with very slender pedicle, or without any, and resting upon the surface of the uterine neck or within the cervical canal, is a quite frequent condition. These growths may be few or many in number, may be hard and resisting, or soft and gelatinous. They are covered by mucous membrane, and sup-

plied with only very small blood vessels, though hæmorrhage is an almost constant symptom of their presence. This arises probably from the injection of the uterine neck consequent upon the disease, and springs more from around the tumor, or from the uterus itself, than from the surface of these morbid growths. The object of this article will have been gained if attention is directed by it, to this form of disease of the uterine neck, even though nothing new be advanced and nothing valuable suggested.

What is necessary for removal of these growths and arrest of hæmorrhagic and leucorrhœal discharge? If they are few in number, they are easily grasped by forceps and removed, or excised with scissors. They are often present in great numbers and in such case are exceedingly small; if dense and firm they may be scraped off, or if soft, they easily rupture and the fluid portion escapes, while penciling the surface with nitrate of silver will insure relief; indeed, nitrate of silver ("the universal remedy,") will often be found sufficient to destroy these growths and prevent recurrence; the stronger caustics will effect the same, though it is well to use the milder remedies first.

These growths vary greatly in form, size and density of structure; they are described as gelatinous, cystic, glandular, etc., but it is probable that there are not great differences in primary composition, but that the proportions of the gelatinous and fibro cellular material are largely varied. This may give rise also to some differences in the application and efficiency of remedies or in operative procedure. This form of disease of the uterine neck gives rise to all the various general symptoms of uterine disorder; if to the symptoms of inflammation of the neck of the uterus we add hæmorrhage we then have the constitutional indications which will be generally present in this form of uterine outgrowth.

The larger growths which are possessed of a higher organization and having a longer or shorter pedicle, are also of frequent occurrence; they give rise to similar general symptoms, and hæmorrhage, which is so constantly present in the former, is often produced also by the latter. These often commence within the uterine cavity and after attaining a certain size are expelled by contractions of the uterus or are protruded as far as the pedicle will allow, in which situation they will often be found, the fundus of the polypus in the vagina, the pedicle occupying the cervical canal, and having attachments at its upper portion or within the uterine cavity. These larger polypi may be generally removed with safety; grasping them with forceps and twisting the neck with slight tension until the

attachments are broken is a favorite mode of removal. Ligature, and gradual strangulation by means of a wire and double cannula are also measures highly recommended, and in proper cases should be adopted. When the pedicle is large or strong, and indeed in all cases, *inflammation* and *hæmorrhage* are to be avoided; shock and absorption of pus are also sources of danger. Removal by ligature and excision, where it can be practiced, is perhaps preferable, since in this we may avoid in great degree these risks and at the same time the delay, and dangers which attend the partial decomposition, where more gradual strangulation is practiced.—The pedicle may sometimes be divided with the ecraseur, and in such case hæmorrhage is rarely dangerous, or difficult of control.

One other form of disease, sometimes called polypus, may be mentioned in connection with this brief notice of uterine outgrowth. Gradual accumulation of blood within the uterine cavity, which in course of time passes through changes by which the coloring matter is partially removed from its exterior, while the inner portions are of a dark granular character and having a feeble attachment with very imperfect organization, are occasionally observed. We have met with a few of these bodies, and could at first hardly accept this explanation of their growth. They are separated easily from their attachments and do not give rise to much hæmorrhage; the system however is greatly disturbed by their presence in the uterus. One of these bodies recently removed had given rise to so many of the symptoms of pregnancy that it was regarded as such, and the family physician had watched the case, expecting daily to be called to attend in labor, until the period of gestation had been so greatly extended as to excite some suspicion. "Labor pains" had been present at times for several weeks; "motions of the child distinctly felt;" breasts enlarged and secreting a white fluid; hæmorrhage constant and so profuse as to have greatly reduced the strength. The substance was oval, an inch and a half in diameter, with slender, frail pedicle, attached high up in cervical canal, or within the uterus.

Upon section after removal the growth appeared made up of layers, the sixteenth of an inch in thickness, externally, while the inner portion was softer, red and granular. All symptoms of disease disappeared after removal.

Authors give the causes of these fibrinous accumulations and usually attribute them to conception and attempt at abortion, or to effusions of blood within the uterine cavity in connection with pregnancy or abortion. Other explanations are attempted, but it appears sufficiently conclusive that

they are produced from effusions of blood into the uterine cavity and subsequent partial organization. They are shaped by the cavity in which they are formed and after partial expulsion may be easily grasped and removed. While retained in the uterus, the exact character could scarcely be determined.

---

ART. II.—*Report of a case of Diphtheritic Paralysis.* BY J. G. MEACHEM, M. D., *Racine, Wis.*

Melissa C——, aged 18 years, called at my office for advice on the 19th of September. She presented the following symptoms: severe pain in the head, back and limbs, alternation of chills and fever, sore throat, and painful deglutition. The tonsils, soft palate, and posterior fauces were covered with a heavy buckskin colored diphtheric exudation; the breath fetid; pulse rapid, and a degree of general prostration present, unusual for the length of time that she had been ill. She had walked a distance of three blocks, but was entirely overcome by the exertion. The first symptoms of indisposition manifested themselves the day before. I at once applied, by means of a camel's hair brush, a solution of the ferri per sulphatis to every part covered with the exudation. She was directed to take a teaspoonful of the following mixture every four hours:

℞ Chl. Potass,	-	-	-	-	℥ i.
Aqua Pura,	-	-	-	-	℥ iv.
Tr. Ferri Mur,	-	-	-	-	℥ i. M.

Two grains of quinine was also given between each dose of the mixture, and a soft flannel, saturated with turpentine, applied to the external throat.

Sept. 20th. Symptoms same as yesterday, with the exception that she has no chills, but has a continued fever. The solution of iron was again applied, and the other treatment continued.

21st. Is decidedly better. Exudation almost entirely disappeared; no fever; no fetor of breath. Treatment continued.

22d. Is to all appearance well. Patient discharged.

On the afternoon of the 26th I was again called to visit my patient. That morning she had imprudently assisted in doing a washing, and still more rashly, after finishing, when the system was fatigued and relaxed from the exertion, walked half a mile facing a strong, cold, north wind, with no protection whatever to the throat, having that morning cast aside a thick covering of cotton batting which had been worn since dispensing

with the turpentine some days before. This imprudence resulted in bringing upon her another severe chill, which lasted nearly two hours. It was followed by violent reaction, and inflammation of the tonsil glands, palate and tongue. The swelling was so great as totally to prevent deglutition. After four days' continuance an abscess formed in each tonsil, both of which were opened through the palate, giving vent to a large quantity of very fetid pus; she was greatly relieved, and in a few hours after drank freely of beef tea.

Oct. 1st. The swelling has somewhat subsided, but the throat is again covered with diphtheritic exudation, which is the first seen since the former attack. She was now put upon chl. potass and hydrochloric acid mixture and quinine, and the throat washed as before with the solution ferri per sulphatis. She has swallowed nothing to-day as nutriment.

Oct. 2d. Exudation a little less; prostration considerable; pulse rapid and feeble. Continued the solution of iron to the throat, but omit the mixture and quinia, as the patient is utterly unable to swallow anything. She has made many efforts to get down a little water, but each time it is expelled at the nostrils. She was now ordered an enema of three ounces of essence of beef every six hours, and two grains of quinine were to be added to each injection.

Oct. 3d. The enemas have been retained, and from their effect she feels a little stronger. She now has aphonia almost complete. She has renewed her efforts at deglutition, but without success. From this time forward until the 9th of November, when she expired, she was sustained entirely by the beef injections. The quantity was largely increased, so that upon the average, three pounds daily were used in making the essence. The enemas were well retained until two or three days prior to dissolution, when occasionally one would pass off almost immediately after being thrown up. Twice during her sickness I passed the stomach tube into the stomach, and injected a pint of milk and water, but the effort taxed her feeble powers so severely that I was obliged to desist from its further use. To overcome the paralysis I resorted to stimulating frictions to the throat, blisters to the upper spine, strychnia per rectum and endermically, electricity, etc., but all to no effect, for she has swallowed nothing since Oct. 3d.

Two points in this case are worthy of note. First, that the paralysis of the throat consequent upon diphtheritic poison caused it to result fatally, and second that she was sustained so long by the injections, and retained such quantities. The essence of 114 pounds of beef having been

used during the thirty-eight days; truly a large quantity to be absorbed by the rectal mucous membrane.

The chief sufferings of this patient was from intense thirst. The day before her death she drew into her mouth, through a glass tube, two pailsful of cold water. As soon as the mouth was full she would allow it to run out, and after she became so feeble that she could not suck the water from the tube, she would protrude her tongue, and ask the attendants to pour the fluid upon it from a pitcher, and would not be satisfied unless there was a stream constantly falling upon it.

---

ART. III.—*Report of a case of Chronic Diarrhœa, with Muco-Sanguineous discharges, depending upon Ulceration of the Rectum. By ROBERT TAYLOR, M. D., Pendleton, Ohio, July 15th, 1864.*

J. H., aged fifty-five, private in 57th Regiment O. V. I., of stout build, robust constitution; health good for eighteen months after entering the service, when he was attacked with what is commonly designated Camp Diarrhœa; at first simple in its character, but gradually assuming the chronic form.

Being improperly treated, or not treated at all, the diarrhœa ran along unchecked from bad to worse. At the end of three months, bloody discharges intervened, at times preceding the fœces, at other times being wholly muco-sanguinolent, never intermingled.

One month more he was removed to a field hospital, where he remained under treatment six weeks, at times improving, again becoming worse.

On October 1st, 1863, he was admitted to the General Hospital at Memphis, Tennessee, where, from the remarks as to the condition of the patient, copied from the medical descriptive list, I find he was greatly emaciated, anæmic, and exhausted, with occasional pains in the abdomen, and fever of an irregular intermittent type. Nervous twitchings at times manifested themselves with oedema of the lower extremities, a result of the diarrhœa and sanguinolent discharges, depriving the blood of its albumen and corpuscles, thus rendering it more serous—hence the anasarca.

Here he was treated with a great variety of therapeutical agents, simply for the diarrhœa, no inquiry being made as to the cause of the bloody discharges, probably referring it to internal hæmorrhoidal tumors, as the patient himself was under this impression when I first saw him. After

remaining a long time in this hospital, and practically exhausting the list of astringents and anti-diarrhœa remedies laid down in materia medica to little or no avail, he was discharged from service and his pension certificate afterward, signed by the examining surgeon for pensions at St. Louis, Mo.

Perhaps it would not be improper to add, that the last remarks made in the descriptive list by the surgeon in charge at Memphis was, "*diarrhœa more frequent, patient worse.*"

May 12th.—Stimulated by the thoughts of home and friends, the old veteran through great exertion had completed the journey to Western Ohio, where I was requested to visit him.

He had entered the service through patriotic motives alone, not being compelled to do so on account of limited means, as he was a wealthy farmer. He was very anxious to get well, that he might see the rebellion put down. He was also willing to submit or do anything I might think proper for his relief.

The general conditions of the patient, were but little changed from that described while at Memphis, only all the symptoms being somewhat aggravated. The whole number of discharges averaged from twenty to thirty per day, of which nearly one-third consisted of blood and mucous. Upon inquiry I ascertained the patient never had any symptoms of hæmorrhoids, previous to the first three months of his illness. This circumstance led me to suspect ulceration of the rectum, instead of piles as had been previously supposed. I therefore made an examination by the aid of a speculum and found my diagnosis verified, as the entire mucous surface of the rectum was extensively ulcerated. Here then was a plain solution of the vexed problem, why the patient did not recover while at Memphis. The diarrœa having caused the ulceration of the rectum through the frequent and long continued acrid discharges over its mucous surface; while the ulceration in turn, caused the continuation of the diarrhœa through sympathy.

It was now quite evident that if the cause could be removed, (to-wit: the ulceration,) a cure might be effected. The extent of the ulcerated surface, could not, however, be fully ascertained, as it apparently extended beyond the reach of the speculum. Doubts were, therefore, entertained as to his final recovery, as local remedial agents were mainly to be relied upon to effect a cure of the ulcerated mucus membrane. The treatment adopted was both local and constitutional.

*Local Treatment.*—The ulcerated surface being cleansed with bits of cotton dossil, a solution of arg. nitras, gr. x, to aqua puræ  $\zeta$  i, was

freely applied through a speculum by means of a swab, until all bloody exudation ceased, and the surface was thoroughly cauterized. This treatment was at first continued daily for eight successive days, when through the greatly improved condition of the parts, the application was made semi-weekly for near a month longer, small spots of disease however still remained, so that it was necessary to continue the application weekly for another month, after which local treatment was discontinued.

At the beginning the patient experienced but little pain from the cauterization, but after several applications sensation became quite manifest, the ulcerated surface assumed a healthier appearance, and the diarrhœa became gradually less frequent.

The conditions of the patient required a supportive and anti-diarrhœal, constitutional treatment. For the former I prescribed the following:

℞ Ferri Sul.	-	-	-	-	gr. ii.
Quinæ Sul.	-	-	-	-	gr. i.

Fiat pil. one every six hours.

For the latter,

℞ Pulvis Opii,	-	-	-	-	3 i.
Strychnia,	-	-	-	-	gr. vi.
Arg Nitras,	-	-	-	-	3 ss.

Fiat pillulæ 60, one every six hours, alternating with the powder.

This, particularly, seemed to suit the existing indications, as was fully proven by the patient rapidly improving under its administration.

Here let us pass in review a few of the properties of the above employed agents, so that we may appreciate their good qualities in a disease both frequent and formidable. You will remember that the patient was anæmic, with serous infiltration of the lower extremities, a result of a loss of albumen and corpuscles the blood had sustained, though a long continued sanguinous and diarrhœal discharge.

Quinia is well known by all, to be in small doses tonic, and having the power to increase albumen in the circulation.

Sulphate of iron is both tonic and astringent, and a restorer of the corpuscles of the blood. Here then were combined in one, properties to meet in part the two conditions.

The value of opium in diarrhœa is too well known and appreciated to need comment.

Strychnia is a tonic well adapted in chronic diarrhœa, and particularly applicable in this case, as nervous debility existed, manifesting itself by frequent muscular twitchings, etc.



Nitrate of silver is also a tonic, highly valuable in all irritable conditions of the mucous membrane of the stomach and bowels.

The above treatment was mostly adhered to, throughout the entire time needed for the removal of the disease, and with the best result, convalescence commenced early and continued gradually until a permanent cure was accomplished.

I have omitted full daily notes of the progress, symptoms, and slight changes of treatment, necessary at certain times, as it would be unnecessarily lengthy, besides there was but little change of symptoms, aside from a sure, gradual, and permanent recovery.

In concluding these abbreviated notes, I have only to add, that my object in their publication, was simply to call attention to a disease of frequent occurrence, and well known to every one, yet a disease of great fatality, especially among our troops in various localities and departments; a disease, the proper treatment of which I fear is often greatly overlooked or grossly neglected.

From various and reliable sources, I learn that a sanguinolent flux is concomitant to this affection among our soldiers, and that but little attention in many instances is paid thereto by the surgeon in charge. Hence we need not be surprised that death claims so many victims from an affection, and if properly treated generally amenable to cure.

---

#### ART. IV.—*Report of the Buffalo General Hospital.*

The following is, with some changes and additions, taken from a Report prepared by a committee of the Medical and Surgical Staff of the Buffalo General Hospital, of which Drs. P. H. Strong, (Chairman,) J. Hauenstein, and J. R. Lothrop were members. The statistics of the Report, from which extracts are taken, were prepared by Dr. John N. Brown, present House Physician and Surgeon. The deficiencies are not chargeable upon him, they existed in records left by his predecessor.

The number of cases received at the Buffalo General Hospital for treatment during the year ending July 1st, 1864, was 442. Of these 57 were under treatment, at the time the report was made, and as results cannot as yet be arrived at, the above number is not included in the following statement.

After the deduction, there remain 385 cases of which the results can be stated as follows in a general way:

Cases under treatment.....	385
Discharged cured.....	193
Discharged more or less benefited.....	119
Discharged not benefited.....	23
Died.....	50—385

Classifying the diseases as simply as possible, with some degree of distinction, the statement may be thus made:

<i>Diseases of the Nervous System.</i>		<i>Diseases of the Genito-Urinary Organs.</i>	
Apoplexy.....	1	Vesical Calculus.....	1
Softening of the Brain.....	1	Bright's Disease.....	1
Paralysis.....	3	Gonorrhœa.....	5
Sciatica.....	2	Syphilis, primary.....	22
Delirium Tremens.....	17	"    secondary.....	11
Insanity.....	2	Dysmenorrhœa.....	2
Epilepsy.....	4	Ulceration of Os Uteri.....	2
Hysteria.....	1		
<i>Diseases of the Abdomen and Abdominal Organs.</i>		<i>Diseases of the Bones and Joints.</i>	
Peritonitis.....	4	Inflammation of Knee Joint.....	1
Diarrhœa.....	20	Disease of Hip Joint.....	1
"    Chronic.....	25	Dislocations, ankle 1, shoulder 2.....	3
Dysentery.....	6	Caries and Necrosis.....	5
Enteritis.....	2	Fractures.....	9
Jaundice.....	3		
Hernia, inguinal.....	2	<i>Diseases of the Eyes.</i>	
Fistula in Ano.....	3	Conjunctivitis.....	8
<i>Diseases of the Skin and Cellular Tissue.</i>		Ophthalmitis, (traumatic).....	2
Abscess.....	2	Iritis.....	3
Furunculus.....	4	Cataract, (double).....	2
Ulcers.....	6		
Erysipelas.....	2	<i>Other Diseases.</i>	
Eczema.....	2	Diphtheria.....	4
Scabies.....	1	Opium Poisoning.....	1
Varicose Veins.....	3	Mumps.....	1
		Frost Bite.....	1
<i>Fevers.</i>		Gangrene, (traumatic).....	1
Intermittent.....	16	Debility.....	10
Remittent.....	2	Cancer.....	5
Typhoid.....	18	Amputations.....	2
<i>Diseases of the Respiratory Organs</i>		Rheumatism, acute.....	10
Bronchitis.....	10	"    chronic.....	13
Pneumonia.....	16	General Dropsy.....	1
Pleurisy.....	4	Parturition.....	5
Phthisis.....	13	Gunshot Wounds.....	42
		Injuries.....	7
		Tumors.....	7

It would be desirable to state more in detail in many cases. This will be done as far as data are given, but in many cases there are no records from which to make more definite statements. Thus in the cases of pneumonia no statement can be made as to which lung was affected, when but one was invaded, or in how many cases both were involved. Neither can it be stated which side was involved in the cases of pleurisy, or which lung or part of lung was most seriously invaded in the cases of tuberculosis. Such deficiencies are owing to want of care in the record.

*Paralysis.*—Three cases of paralysis are mentioned. Of these, all three were cases of paraplegia. One, supposed to have been caused by inflammatory softening of the spinal chord, one from affection of the bones of the spine, originating from constitutional causes, and likely to terminate in recovery with deformity, and one caused by gunshot wound, ending in death.

*Diarrhœa.*—The cases of diarrhœa, of which quite a large number was under treatment, occurred mostly in soldiers, returning from the lower Mississippi, who had participated in the campaign in that region under Gen. Banks, which terminated with the surrender of Port Hudson. As the regiments progressed on their way to New England, those too sick to go farther were left. Many were therefore brought to the hospital. Their cases excited great interest, both from their nature and origin. They were generally slow to yield to treatment, and many proved fatal. Some of them were recent cases, the disease having made its first appearance on the passage up the river. They occurred in men worn down by hard service and poor food, and unless some improvement was manifest in a few days, were uniformly fatal. The lesion discovered by autopsies was generally a thickened, softened and contracted condition of the colon, particularly of the descending colon. It had a grayish appearance and pulpy consistence. In some cases the lower end of the small intestine was contracted and in a state of congestion or inflammation. When the disease had continued any length of time remedies were found to have but little influence upon it. The discharges in most cases were copious, frequent, yellowish and offensive, though there was some variation, they being in some cases bloody, and often attended with great pain. More than half the cases proved fatal.

*Hernia.*—One was a case in which an operation to relieve strangulation had been performed before the patient was sent to the hospital. At that time the incision, and part of the scrotum were in a sloughy condition, a portion of the intestine had given way, and fecal matter escaped through

the incision. In this case recovery seemed probable, as the wound began to close, and fecal matters passed by the rectum. The opening into the intestine must have been small, and the caliber not much affected by cicatrization.

*Syphilis.*—The majority of the cases were chancroids, in which only local treatment was resorted to. Some of the cases were mixed, as for instance one in which a sore resembling a chancroid existed on the penis, and at the same time the beginning of a secondary eruption, which must have arisen from a previous infection, though the patient denied any knowledge of it. The skin affection soon developed into a very extensive and marked form of rupia, with very large, prominent crusts on the face and head, and the upper and lower extremities. Rupia usually is a late manifestation of syphilitic infection, and also indicates a thorough contamination, together with much impaired general health, calling for generous diet and tonics as well as mercury.

*Varicose Veins.*—These cases are mentioned in this connection for the reason that no other diseases of the blood vessels are recorded. In two of these cases obliteration of the vein was successfully practiced by means of injection of a solution of the persulphate of iron.

*Necrosis and Caries.*—Three cases of necrosis and two of caries. In one case the ramus and angle of the jaw with the articulating head was removed. It occurred in a scrofulous boy. It resulted in deformity, owing to interference with the growth of the jaw. In two other cases the necrosis was the result of injury, one a gun-shot wound, apparently perforating the femur near its middle without fracture, perhaps splitting it. In both the bone was in process of separation. One case of caries involved the knee joint, and led to amputation; the other was a case of Pott's disease, terminating fatally.

*Fractures.*—The cases of fracture were two of fracture of the skull. In one, fracture of the os frontis with detachment and depression of a piece of bone an inch in diameter. Trephining was practiced and the bone removed. This was followed by hernia cerebri and death.

Fracture of rib—simple.

“ of neck of the femur.

“ of tibia and fibula, compound, and resulting in amputation after a trial to save the leg.

Fracture of second phalanx of great toe, street railway accident, resulting in amputation.

Fracture of the femur in middle third, oblique, caused by fall from a house; result union, with slight shortening.

Fracture of tibia at lower third, transverse; result non-union at first. Union caused by perforating the ends of bone after the method of Dr. Brainard.

Fracture of fibula with partial dislocation, by turning the foot outwards. Site three inches above joint. Patient died of delirium tremens.

*Conjunctivitis.*—These include cases in which the worst results some times take place—impairment of vision from opacity of cornea, or even affection of the inner structures, adhesion of the iris, etc. In one case an operation was made for artificial pupil upon each eye at separate times, with the results of improving vision somewhat in both eyes. The operation consisted in each instance of the removal of a piece of the iris drawn out through a small opening in the cornea.

*Ophthalmitis.*—In each case one eye only was affected, by the penetration of a foreign body. Result, formation of pus in the eye-ball, rupture of the cornea and discharge of the lens and a portion of the liquid contents, with no sympathetic affection of the other eye.

*Cataract.*—These were cases of double cataract in persons fifty years of age. Operation by breaking up, the needle being introduced through the sclerótica. In one case tolerable vision was obtained. In the other, one was in a fluid condition, and the first puncture of the needle filled the anterior chamber with a milky fluid. Severe neuralgic pain and constant vomiting followed, only allayed by evacuation of the contents of the anterior chamber, after about twenty-four hours. Opacity of the cornea resulted. The other lens was being slowly absorbed with prospect of fair vision.

*Rheumatism.*—No case of cardiac complications is recorded. It seems hardly possible that so many cases of this disease, some of which were fatal, could have been unattended by a complication so frequently met with. The record must appear to be deficient in this particular.

*Diphtheria.*—Several cases of this disease occurred in the soldiers above mentioned. It came on in some whose prospect of recovery appeared good, and of course rapidly brought about a fatal termination. All but one died.

*Gun-Shot Wounds.*—The greater number of these were received in battle, the majority being bullet wounds. A few cases of wounds by fragments of shell were among them. One or two were accidental, occurring

in civil life. The majority were flesh wounds, though some involved the bony structures. Two cases are recorded without mention of the part wounded. The parts wounded were,

Abdomen .....	1	Back .....	1
Shoulder .....	3	Finger .....	2
Leg .....	6	Thigh .....	6
Arm .....	6	Face .....	3
Hip .....	3	Chest .....	1
Hand .....	3	Elbow .....	1
Foot .....	7		

The course of the ball and the escape of important vessels, were often quite remarkable. In one case the ball entered near the upper and inner side of the humerus, just escaping the brachial, and made its exit through the centre of the scapula. Several examples were observed of balls entering the wrist and passing up the arm, escaping near the elbow. Several wounds were caused by balls passing directly through the foot, the soldier being at the time flat on his back. A case of gun-shot wound of the tarsus was by the passage of a ball through the bones near the joint. Gangrene of the foot resulted, from loss of circulation and probably of transmission of nervous influence; the vessels and nerves of the foot being involved in the wound. An attempt to save life by amputation of a part of the tarsus was unsuccessful, death following. In one case the index finger was perforated near the extremity, the nail and part of the distal phalanx being carried away, leaving a round opening through the end of the finger. In the wounds of the thigh, in three or four cases, the ball was arrested by striking the bone, not fracturing it. In one a minie ball was completely flattened on the femur, producing no apparent injury, and was removed at the hospital. In another the ball probably passed through the femur, splitting but not producing complete fracture. There were few cases in which the ball was deflected from its course.

In one wound of the face a portion of superior maxillary containing the incisors and the bicuspid, one or two molars, and part of the floor of the nasal cavity was carried away. In another the ball entered about opposite the second molar in the upper jaw, and made its exit under the opposite ear, just escaping the large vessels of the neck. In one case the ball entered the elbow joint, separating the olecranon, and a portion of the articulating surface of the ulna, and exposing the rounded articulating surface of the outer condyle of the humerus. The loose bones and the ball being removed the wound closed with partial anchylosis.

*Injuries.*—Under this head are recorded several cases of injury from various causes, except by gun-shot wounds.

There were of the wrist.....2		There were of the foot.....1
“ “ “ hand.....1		“ “ “ breast...1
“ “ “ knee.....1		“ “ “ scalp.....1
“ “ “ ankle.....1		

The injuries to the wrist were light, viz; one by a circular saw on the inner side, lacerating the integument considerably, but leaving the tendons unhurt. One from a blow causing inflammation and swelling of the bursa on the inner side, so that fluctuation was distinct both above and below the annular ligament, extending beneath it. After some time it yielded to poultices, iodine and blisters.

The injury to the knee was more serious. It was a railroad accident. The joint was opened and the lower end of the femur split. After an attempt to save the limb, amputation of the femur was finally resorted to and followed by recovery.

The injury to the ankle was a street railway accident, the car wheel passing over the ankle, crushing both malleoli; the patient left the hospital soon after admission; the result, however, was ultimately the saving of the foot.

The injury to the foot was also a street railway accident, the wheel passing over the foot lengthwise on its inner side. The heel of the boot saved the heel and tarsus, but the metatarsal bones were crushed and the great toe lost by mortification. Abscess followed under the plantar fascia. Result, recovery, with some distortion of foot.

The injury to the breast was inflicted by a blow, and followed by abscess. Recovery took place after the pus was evacuated by incision.

The injury to the scalp was received in an accident by machinery; the clothes were caught in a belt and the boy made several revolutions, the head striking and suffering severe laceration of the scalp, but no fracture of bone. The injury was, however, so severe, that a large exfoliation of the outer table followed on the parietal prominence. Cicatrization at length took place.

*Tumors.*—Of the seven tumors, six were removed by operation. One was a uterine tumor, not interfered with. Five of the tumors removed were upon the neck, and one in the breast. The tumors of the neck were one lipomatous, situated on the back of the neck; three encysted being made up of several cysts or lobules, the contents being semisolid, situated on the side of the neck over the great vessels; one a single cyst with fluid (meliceratous) contents situated over the trachea and having but slight connection with it!

Of the tumors of the neck, four were successfully removed. The fifth was followed by death in twenty-four hours. It penetrated deeply into the neck, passing downwards behind the clavicle.

*Cancers.*—Two of the lip, both removed; in one case, with perfect closure of the wound; in the other, imperfect cicatrization and return of disease in a short time. Two of the uterus, and one of the breast; removal and cicatrization in the last so far successful; time only can settle the question of re-appearance.

*Amputation.*—Those mentioned refer to one of the leg and one of the arm, which were made prior to admission and required only ordinary care. The surgical operations performed during the year will be mentioned hereafter.

*Hospital Gangrene.*—Two distinct attacks of hospital gangrene occurred during the year; one in July, 1863, and the other began in June, 1864, and was progressing at the time of this report, which makes up the year to the end of June. The first attack came on at a time when there were no gun-shot wounds or wounded soldiers in the hospital. The second began in the wounds of soldiers, but affected also other wounds; one boy who had lost a finger by a pistol accident was attacked by it as well as the soldiers wounded by gun-shot wounds. It was not in either instance brought into the hospital. All wounds were healthy, or at least not in a state of gangrene, when the patients were received. In the first epidemic, three severe cases occurred. One boy had suffered an amputation of the thigh, and cicatrization was nearly completed. The patient was about the wards dressed. Suddenly the stump became painful, red and tender. With these appearances was high febrile excitement. Soon a small spot became elevated and grayish, and in a short time the whole cicatrix gave way and the end of the stump was open with a gray, sloughy appearance and raised edges. Eventually the stump became healthy and the skin closed over the bone, making a less perfect stump than at first. The second case occurred in an old man who had suffered a great loss of integument on the leg and thigh by sloughing after an accident—the passing of a wheel over the limb lengthwise, without causing fracture. The destruction of integument was so great that complete cicatrization was not looked for, but healing had so far progressed that nearly two-thirds of the original loss had been repaired and the remaining surface was healthy. On the 4th of July he walked, using the limb more, probably than was prudent. Soon after a raised grayish spot appeared just below the knee and enlarging quite rapidly, the whole sur-



face originally involved became sloughy and the edges raised. This case soon terminated fatally, great febrile excitement or constitutional irritation attending the outset and progress of the disease. The third case affected the wound attending a compound fracture of both bones of the leg. A good deal of suppuration was going on about the ends of the bones, but there were healthy granulations about the wound and the general condition of the patient was good. While the other cases were progressing, the wound in this case became sloughy, hæmorrhage took place, the foot lost its nutrition and amputation was resorted to, resulting in healthy cicatrization of the incisions. These cases had a local origin and were in no way caused by the nature of the wound, or peculiar condition of the persons in whom the disease occurred; i. e. they were not gun-shot wounds, nor were the patients soldiers, whose general condition was that of depression from fatigue, suffering and unhealthy camp life. The cause was atmospheric probably, though one case may give rise to others. The second epidemic, though mostly confined to soldiers may have and probably did arise from the same causes. It was however observed that when gangrene attacked recent wounds the progress was less rapid and the destruction less extensive, than when the wound had mostly healed. The progress and destruction were in direct ratio to the amount of new tissue which had been formed in the process of cicatrization. Sloughing seldom was arrested till all new tissue had given way.

As far as treatment was concerned, the first cases were treated by the solution of chlorinated soda. The cases in the second epidemic had been only subjected to treatment by turpentine, which in several cases appeared to act well. As many cases have since arisen and various methods of treatment have been adopted, the report of the present year will contain a fuller statement of results and the comparative value of the different remedies used locally, for as to general management there can be but one course, viz, to support the patient by nutritious food and stimulants, and of course the very commonest and least intellectual routine would hit upon quinine as an important medicinal agent. The manner in which the suggestion for the adoption and the inquiries as to the employment of this very important and we may say very well known drug, are made, often impress one with the idea, that the properties and uses of the substance are facts known only to, and in fact discovered by the individual recommending it. The probability is that the disease can be spread by contagion as well as infection. Cleanliness and separation are therefore very important measures. It will be obvious to the plainest sense that thorough ventilation is essential.

*Deaths.*—The deaths in the hospital were from the following causes:

Apoplexy .....	1	Caries of spine .....	1
Bright's Disease.....	1	Rheumatism, acute .....	1
Bronchitis .....	1	Diphtheria .....	3
Pneumonia .....	4	Erysipelas, phlegmonous.....	2
Pleuritis .....	1	Delirium tremens .....	1
Phthisis .....	3	<i>Died after Surgical Operations.</i>	
Diarrhœa, acute.....	2	Amputation of thigh.....	1
"    chronic .....	13	"    "    leg.....	1
Dysentery .....	3	Trephining skull .....	1
Fever, typhoid.....	7	Removal of tumor of neck.....	1
Hospital gangrene.....	1	"    "    vesical calculus... 1	

*Ratio in some of the important cases.*

Pneumonia,	16 cases,	4 deaths,	ratio 1 in 4
Pleuritis,	4 "	1 "	" 1 " 4
Phthisis,	13 "	3 "	" 1 " 4 nearly.
Fever, typhoid,	18 "	7 "	" 1 " 2½ "
Rheumatism, acute,	10 "	1 "	" 1 " 10
Delirium tremens,	17 "	1 "	" 1 " 17
Diarrhœa, recent,	20 "	2 "	" 1 " 10
"    chronic,	25 "	13 "	" 1 " 2 nearly.
Dysentery,	6 "	3 "	" 1 " 2
Amputation of thigh	4 "	1 "	" 1 " 4

It will be observed that the ratio of mortality after amputation of the thigh is less than the average.

Of the three cases of recovery two were after long existing chronic disease, viz: one of caries of the bones about the knee joint, and the other of extensive necrosis of the tibia, involving the articulating head, and accompanied by chronic disease of the cavity of the knee joint. The third was after a severe railroad accident. In the two, the general condition of health was favorable; in the third, the shock of injury was great, and the injury severe. Great suppuration took place. It was a case of secondary amputation, not thought usually, to have much chance of recovery. The recovery was, therefore, quite surprising, from the double shock of the injury and the operation, and the exhausting effects of pain and suppuration. A month's trial to save the limb was made. The fatal case occurred after an amputation for long standing disease of the knee joint, with much swelling and great suppuration. The patient was much worn down by continued and constant pain, and purulent discharge, and survived the operation but a short time.

## MISCELLANEOUS.

## ON CERTAIN ABUSES OF CAUSTICS.

By Dr James Morton, Lecturer on Materia Medica. Anderson's University, and Surgeon to the Glasgow Royal Infirmary.

[Dr. Morton considers that the use of caustics is often abused, and he thinks such errors may frequently be traced to directions contained in the works of some of the leading writers of the day. We find them frequently employed in some diseases affecting the whole system, over which caustics, as such, can have no influence whatever.]

In common inflammation of the fauces, popularly known as sore-throat, and usually ascribed to cold as a cause, and whose symptoms I do not take time to enumerate, presuming that no one can mistake it, surely the employment of caustics cannot be said to be requisite. But besides being unnecessary, there is the additional objection that it is the means of inflicting a very considerable amount of pain. The disease will speedily disappear, if left to itself, or treated by soothing agents. Should suppuration take place, the possibility of the caustic application producing an earlier evacuation of the pus must be admitted. This, however, must be regarded as an accidental circumstance, as the caustic is not employed with this intention.

Very much the same may be said in respect to ulcerated sore-throat, except that in addition some mild alterative may be required, and a caustic application can only rarely, if ever, be necessary to repress prurient granulations, as in other parts of the body.

In regard to the three eruptive diseases, measles, scarlet fever, and small pox, in all of which the throat is so apt to become affected, it is difficult to speak so as to avoid misconstruction. When a slough forms upon the fauces, the part is often diligently assailed by the over-zealous practitioner, in the hope of thereby arresting the sloughing process; and when it ceases to extend, he is thought to have succeeded, and he plumes himself and is praised by others accordingly. I have no hesitation in affirming that this gratulation is often misplaced, and that the slough would have been smaller, and would more speedily have disappeared, had no caustic application been resorted to. This is not unfrequently exemplified in the treatment of scarlet fever, in which the mucous surface of the throat often suffers severely. Almost every one who has seen much practice must have witnessed cases of this severe throat complication occurring in children, not infants, who have obstinately and perseveringly, and with suc-

cess, resisted all attempts to cauterise their throats, or even to touch them. In very many instances these do as well as, or better than those who may have been subjected to the ordeal; and the former are often as severe in the character of the attack as the latter. The more rarely, therefore, that we employ caustics in such cases, the better for our patients, and the more pleasant will be our treatment. All the local applications may be of a soothing nature, and it is not our present duty to discuss the constitutional treatment. (It may here be proper to remark also, that the erosive treatment of small-pox by nitrate of silver is a topic foreign to the object of this paper.) Some have an idea that active treatment of the local complication has a powerful influence over the constitutional affection; or, in other words, that the speedy removal by caustic applications of the morbid exudations from the situations upon which the disease seems to fasten in its greatest intensity, is of the very greatest effect in counteracting the deleterious action of the morbid poison upon the general system. This notion (it is scarcely entitled to be called an opinion) will not be maintained by many, and is such an untenable position that it does not seem to be necessary to attack it. An opposite mode of reasoning is taken by the majority, viz: that the severity of the systemic poisoning has much to do with the intensity of the local manifestations of it.

After what has now been said with more especial reference to scarlatina, it is not requisite to say much respecting measles and small-pox. Affections of the throat are not so common in these two varieties of the exanthemata, and the objections already urged may apply to rubeolous and variolous cases in which the throat is found to suffer.

In the disease now styled diphtheria the use of caustics, as they are too often employed, is, in my opinion, productive of the most disastrous consequences. All the symptoms of this malady indicate the presence of a general toxic agent, probably an epidemic poison, and the prominent symptoms are those of debility, the throat affection coming on insidiously, often unperceived for a time, often with little or no pain, and a slight degree of swelling, though in some cases the tumefaction in and around the throat is very considerable. The chief indication is to support the strength; another important though subsidiary one ought to be, to avoid measures calculated to add to the existing local complications. It is a custom with some, I hope not with many, to divest the fauces of the whitish leathery covering which forms upon them, literally to dissect it off, and then to apply the solid nitrate of silver or some liquid caustic freely; and not only

so, but to repeat this process daily, or as often as the adventitious membrane reforms, and in the belief that they are only doing what is absolutely necessary towards giving their patient the best chance of recovery. This line of practice I regard as a woeful mistake. It seems to me that, by so acting, the surgeon is diligently endeavoring to undo all that nature is attempting to effect towards a spontaneous cure of the malady. Surely no one imagines, that by tearing the exudation off the fauces, he will prevent its extension into the larynx and trachea. Such a procedure seems to me more likely to promote the dangerous progress of the false membrane, to use a phraseology now somewhat antiquated. To prevent misconception, let me add that no one can object to the removal of sloughy matters flapping loosely in the pharynx.

A recent writer has said that the more copiously lymph exudes upon the fauces and larynx, the less likely is it to be deposited along the interior of the bronchial tubes in croup and diphtheria; and the inference from that is that in such instances tracheotomy is more likely to succeed. This assertion we may not all admit, and, at all events, it has not been established as a fact; but though it were, caustics are not used for the purpose of promoting the deposition of lymph, neither will their free application render the success of tracheotomy more probable.

In the belief, then, that caustics in all forms are injurious in diphtheria, I would venture to recommend their complete abandonment in the treatment of this peculiar but perilous disease.

However improbable it may be that I shall be met with the objection that my remarks are directed against a practice which does not now obtain, it may be right to state that any one who glances at the weekly and monthly medical journals of the day, will at once be satisfied that such is not the case. In the *Edinburgh Medical Journal* for October last, there is a lengthy article upon diphtheria, the writer of which advocates the vigorous use of caustics, even to the dropping of it into the larynx by a tube, and congratulates himself on thereby obtaining complete command of the symptoms. It is also worthy of remark that this practitioner uses iodide of potassium in ordinary doses, a mode of treatment previously proposed and employed by Mr. Wade, of Birmingham. The cases thus treated did not speedily arrive at convalescence—not so speedily as most recoverable cases of diphtheria usually do—and it may possibly yet occur to the writer that he may accelerate his cures by confining his medication to the latter remedy, and entirely excluding the caustics. The same writer mentions a

family in which he was attending one diphtheritic patient, where there were other five inmates similarly affected in some degree; and when describing their symptoms and treatment, he says: "I had cauterised and sponged with the caustic solution their throats daily, and I had ordered to be taken, for three or four days, ten drops of the tinc. mur. ferri twice daily. Nevertheless, the inflammation of the throat and the effusion of lymph kept slowly but steadily advancing." In a subsequent page, when speaking generally of treatment, he remarks: "If the patient, when I was called, was free from fever, but had the throat affected, I contented myself with touching the lymph with the caustic, and sponging the throat, fauces, and glottis with the same solution, and gave the sol. iod. pot. from three times daily to every two hours, according to the urgency of the case." And again, "Where there was the slightest hoarseness, I never failed also at once to drop the caustic solution into the windpipe." Surely a striking example of the *nimia diligentia medicinae*, and the steady advance of the inflammation and effusion would surprise no one but the writer.

A careful attention to the current medical literature of the day, will convince almost any one that in some cases recovery is not to be ascribed to the local means employed, but rather that it takes place in favorable cases in spite of these means, which can only have the effect of protracting the period of disease, or delaying convalescence. It is perfectly well known to me, that in holding such opinions I do not stand alone, though I fear they are held and acted upon by but a few, not by a minority.

While writing this paper my attention was directed, as previously noted, to a pamphlet entitled "Notes on Clinical Medicine," by Dr. W. F. Wade, of Birmingham, the first part of which relates to diphtheria; and after stating that "local treatment exerts no known influence upon the general course of specific fevers," he continues in a succeeding page as follows:

"It is contrary to the ordinary rules of our art to interfere with the local development of blood poisons, except for special reasons."

"The faucial exudation of diphtheria is to be considered as the local manifestation of a general disease."

"Interference with it will not prevent its reproduction, nor will it prevent laryngeal complication, nor will it prevent the supervention of grave constitutional disorder. It is, besides, exceedingly irksome to young patients."

"We are justified in interfering with the throat exudation when there is excessive foetor, or when it is so copious as to interfere with respiration or deglutition—not otherwise."

These opinions coincide so exactly with my own in respect to local management, that I have taken the liberty of quoting them; and it may be added by the way that Dr. Wade recommends, for constitutional treatment, iodide of potassium, iodide of iron, and bichloride of mercury, with bark, as eliminants of the blood-poison.

Lastly, in reference to syphilis, less requires to be said; for, while it can not be doubted that caustics are still too frequently employed, and productive of considerable mischief, yet it must also be remembered that their frequent and indiscriminate employment is not sanctioned by the best authorities on the treatment of this disease.—*Glasgow Medical Journal*, Jan. 1864, p. 409. *Braithwaite's Retrospect*.

---

#### ON CARBOLIC ACID.

By Dr. James Watson, Physician to the Edinburgh Royal Infirmary.

[Although carbolic acid has been long known it has only been of late used in medicine. We refer our readers to a most able paper by Dr. Crace Calvert, of Manchester, in *Retrospect*, July to Dec. 1863, p. 256.]

It is an external agent—as a disinfectant, antiseptic, and otherwise, that it is most highly spoken of. Mr. Oscar Clayton of London, and Mr. Turner, honorary surgeon to the Manchester Infirmary, have successfully used it as a caustic in the treatment of carbuncle and of foul sloughing sores. Mr. Turner prefers it in the treatment of severe cases of diphtheria to other caustics, as its action does not generally extend below the surface of the parts affected. Mr. Campbell De Morgan, Middlesex Hospital, states that carbolic acid dissolved in glycerine or glacial acetic acid has been found by him very beneficial in the treatment of lupus; and Dr. Whitehead treats lupus successfully with an ointment made of carbolic acid—one half-drachm of acid to one ounce of spermatic ointment. Several respectable surgeons speak favorably of its use as a lotion—one part of the acid to forty parts of water—in all kind of fetid ulcers, gangrenous and offensive sores; and in necrosis it is said to promote the exfoliation of the dead portions of bone. Dr. Calvert states that it is the most powerful preventive of putrefaction with which he is acquainted. He also states that it acts as an anti-ferment, and that he has proved this on an extensive scale—that it prevents the conversion of tannin into gallic acid and sugar. He also tells us that a few drops of this acid added to a pint of fresh urine will preserve it from fermentation or any marked chemical change for several weeks.

Carbolic acid is soluble in any quantity of glycerine, in twice its bulk of glacial acetic acid, in forty times its bulk of water, and forms with a solution of sugar a nice emulsion.

I shall now proceed to record some observations I have made as to its action in the Royal Infirmary.

I have tried carbolic acid as a disinfectant lotion in two cases in the surgical wards. In the first case, the patient, a young girl about thirteen years of age, was suffering from a sloughing ulcer extending from the knee to the ankle. There was a large amount of discharge of the most fetid character. On the application of the carbolic acid as a lotion, one part of the acid to forty of water, the very disagreeable fetor was completely destroyed. Nothing could be more satisfactory than the complete manner in which the disgusting odor was dissipated. The lotion also acted as a stimulant to the part, which to a certain extent took on a healthy action, but in consequence of the amount of discharge exhausting the already weak constitution of the girl, amputation was deemed her only chance of recovery, and this was accordingly performed.

The other instance in which I had carbolic acid applied as a lotion was in the case of a young man who had amputation performed at the middle of the thigh for malignant disease. Very soon after the operation, sloughing set in, accompanied with a fetid discharge. On the application of the lotion, the fetor, as in the first case, was most completely destroyed, the discharge lessened, the sloughs separated, and the parts beneath looked healthy. The lotion continued to be used for several days with the best results as far as its disinfectant and antiseptic qualities were concerned, but unfortunately the patient died, never having thoroughly recovered from the shock of the operation.

I next, along with Dr. Smart, made a number of experiments on urine, to test the antiseptic property of carbolic acid, with the following results:

*First Series of Experiments.*—1st. To ten ounces of diabetic urine I added no carbolic acid. After standing for five weeks I found a dense (one inch deep) fungoid mass on the surface of the urine, and the urine having a well-marked odor of decomposition.

2d.—To ten ounces of diabetic urine I added one grain of carbolic acid. At the end of five weeks there was on the surface of the urine a fungoid scum a quarter of an inch deep, but no odor of decomposition.

3d.—To ten ounces of diabetic urine I added three grains of carbolic acid. At the end of five weeks there was no fungoid mass or scum on the urine, which had a perfectly sweet odor.



4th.—To ten ounces of diabetic urine I added five grains of carbolic acid. At the end of five weeks no fungoid mass on surface. Urine sweet, but with a perceptible odor of carbolic acid.

*Second Series of Experiments.*—To five specimens of diabetic urine of ten ounces each, I added the following quantities of carbolic acid and at the end of three weeks the following were the results:

1st—Of carbolic acid one grain. Urine perfectly free from fungoid mass, and odor perfectly sweet, but there was found a slight precipitate.

2d—Of carbolic acid two grains. Quite free from fungus, but having a deposit, and urine slightly hazy. Free from odor of decomposition.

3d—Of carbolic acid three grains. Deposit, with urine hazy, but quite free from decomposition.

4th. Of carbolic acid four grains. Urine quite translucent, with a deposit less in quantity than in the other quantities of urine, and odor of carbolic acid perceptible.

5th. Of carbolic acid five grains. Urine perfectly translucent and quite free from deposit. Odor of urine sweet, with that of the carbolic acid distinct.

These two series of experiments conclusively show, that carbolic acid is a decided antiseptic, that a very small quantity prevents for several weeks the odor of decomposition—that a slightly increased quantity diminishes the amount of deposit, and a very little more entirely prevents any recognizable change in the composition of the urine from taking place.

I shall next draw attention to a case of favus treated with carbolic acid in the Clinical Wards.

Peter Russell, aged fourteen. On admission, head was found completely covered with favus crust, and on microscopic examination the parasite—*achorion Schonleini*—peculiar to this disease was discovered. The boy's head was shaved and then poulticed for two days. A solution of carbolic acid in glycerine (in the proportion of one part of the acid to twenty-five parts of glycerine) was then ordered to be applied to his head, morning and evening, and to be continued daily.

Before the application of this lotion the entire scalp was of a crimson color, but under this treatment the color of the scalp became gradually fainter, and at the end of five weeks distinct tracts of scalp quite free from redness were found, and the remaining parts were much paler in color. The hair is now growing vigorously, and over the whole surface of the scalp not a trace of the favus crust can be detected.

The boy's general health is much improved since coming into the hospital.

So satisfactory was the result obtained in the last reported case considered, that the same treatment is now being pursued in another case of favus, with this difference, that in this instance the lotion is stronger, being composed of one part of acid to fifteen of glycerine.

The young man, Peter Ward, aged seventeen, has had the disease for nine years. On admission his head was covered with favus crust. The head having been shaved and poulticed, the above lotion was applied as in the former case, morning and evening. After being treated in this way for fourteen days the scalp was seen to be much less red and the hair growing vigorously. At the roots of the hair there are still small circumscribed patches of crimson scalp, but no trace of crust is to be found over the entire head.—*Edinburgh Med. Journal*, Jan. 1864, p. 625—*Braithwaite's Retrospect*.

---

#### CHARGES AND SPECIFICATIONS

*Preferred against Brigadier-General William A. Hammond, Surgeon-General United States Army.*

CHARGE I.—“Disorders and neglects to the prejudice of good order and military discipline.”

*Specification 1st.*—“In this: that he, Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, wrongfully and unlawfully contracted for, and ordered Christopher C. Cox, as Acting Purveyor in Baltimore, to receive blankets of one William A. Stevens, of New York. This done at Washington city, on the seventeenth day of July, in the year of our Lord one thousand eight hundred and sixty-two.”

*Specification 2d.*—“In this: that he, Brigadier-General WILLIAM A. HAMMOND, Surgeon-General as aforesaid, did on the first day of May, in the year of our Lord one thousand eight hundred and sixty-three, at Washington city, wrongfully and unlawfully, and with intent to favor private persons, residents of Philadelphia, prohibit Christopher C. Cox, as Medical Purveyor for the United States, in Baltimore, from purchasing drugs for the army in said city of Baltimore.”

*Specification 3d.*—“In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, did unlawfully order and cause one George E. Cooper, then Medical Purveyor for the

United States in the city of Philadelphia, to buy of one William A. Stevens, blankets for the use of the Government service, of inferior quality; he, the said Brigadier-General WILLIAM A. HAMMOND, then well knowing that the blankets so ordered by him to be purchased as aforesaid were inferior in quality, and that said Purveyor Cooper had refused to buy the same of said Stevens. This done at Philadelphia, in the State of Pennsylvania, on the twenty-eighth day of May, in the year of our Lord one thousand eight hundred and sixty-two."

*Specification 4th.*—In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General as aforesaid, on the fourteenth day of June, in the year of our Lord one thousand eight hundred and sixty-two, at the city of Washington, in the District of Columbia, unlawfully, and with intent to aid one William A. Stevens to defraud the Government of the United States, did, in writing, instruct George E. Cooper, then Medical Purveyor at Philadelphia, in substance, as follows:

"SIR:—You will purchase of Mr. W. A. Stevens eight thousand pairs of blankets, of which the enclosed card is a sample. Mr. Stevens' address is box 2500, New York. The blankets are five dollars per pair; and which blankets so ordered were unfit for hospital use."

*Specification 5th.*—“In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the sixteenth day of June, in the year of our Lord one thousand eight hundred and sixty-two, at the city of Washington, did corruptly, and with intent to aid one William A. Stevens to defraud the Government of the United States, give to the said William A. Stevens an order, in writing, in substance, as follows: ‘Turn over to George E. Cooper, Medical Purveyor at Philadelphia, eight thousand pairs of blankets;’ by means whereof the said Stevens induced the said Cooper, on Government account, and at an exorbitant price, to receive of said blankets, which he before had refused to buy, seventy-six hundred and seventy-seven pairs, and for which the said Stevens received payment at Washington in the sum of about thirty-five thousand three hundred and fourteen dollars and twenty cents.”

*Specification 6th.*—“In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the thirty-first day of July, in the year of our Lord eighteen hundred and sixty-two, at the city of Philadelphia, in the State of Pennsylvania, well knowing that John Wyeth & Brother had before that furnished medical supplies to the Medical Purveyor at Philadelphia, which were inferior in quality, defi-

cient in quantity, and excessive in price, did corruptly, unlawfully, and with intent to aid the said John Wyeth & Brother to furnish additional large supplies to the Government of the United States, and thereby fraudulently to realize large gains thereon, then and there give to George E. Cooper, then Medical Purveyor at Philadelphia, an order, in writing, in substance as follows: 'You will at once fill up your store-houses, so as to have constantly on hand hospital supplies of all kinds for two hundred thousand men for six months. This supply I desire that you will not use without orders from me.' And then and there directed said Purveyor to purchase a large amount thereof, to the value of about one hundred and seventy-three thousand dollars, of said John Wyeth & Brother."

*Specification 7th.*—"In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, about the eighth day of October, in the year of our Lord eighteen hundred and sixty-two, at Washington city, in contempt of, and contrary to the provisions of, the act entitled 'An act to re-organize and increase the efficiency of the Medical Department of the Army,' approved April 16, 1862, did corruptly and unlawfully direct Wyeth & Brother, of Philadelphia, to send forty thousand cans of their 'Extract of Beef' to various places, to wit: Cincinnati, St. Louis, Cairo, New York, and Baltimore, and send the account to the Surgeon-General's Office for payment; and which 'Extract of Beef' so ordered was of inferior quality, unfit for hospital use, unsuitable and unwholesome for the sick and wounded in hospitals, and not demanded by the exigencies of the public service."

*Specification 8th.*—"In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, about the *first day of March*, in the year of our Lord eighteen hundred and sixty-three, at Washington city, in disregard of his duty, of the interests of the public service, and of the requirements of the act entitled 'An act to re-organize and increase the efficiency of the Medical Department of the Army,' approved April 16, 1862, did order and direct that the Medical Inspectors should report the result of their inspections direct to the Surgeon-General."

CHARGE II.—"Conduct unbecoming an officer and a gentleman."

*Specification 1st.*—"In this: that he, Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the thirteenth day of October, in the year of our Lord eighteen hundred and sixty-three, at Washington city, in a letter by him then and there addressed to Dr. George E. Cooper, declared in substance that the said Cooper had been

relieved as Medical Purveyor in Philadelphia, because, among other reasons, 'Halleck,' meaning Major-General Henry W. Halleck, General-in-Chief, requested, as a particular favor, that Murray might be ordered to Philadelphia; which declaration so made by him, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General as aforesaid, was false."

An additional charge and specifications preferred against Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army:

CHARGE III.—"Conduct to the prejudice of good order and military discipline."

*Specification 1st.*—"In this: that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the eighth day of November, A. D. 1862, at Washington city, did, unlawfully and corruptly, order and cause Henry Johnson, then Medical Storekeeper, and Acting Purveyor at Washington city, to purchase three thousand blankets of one J. P. Fisher, at the price of \$5.90 per pair, and to be delivered to Surgeon G. E. Cooper, U. S. A., Medical Surveyor at Philadelphia."

*Specification 2d.*—"In that he, the said Brigadier-General WILLIAM A. HAMMOND, about the third day of December, A. D. 1862, at Washington city, unlawfully and corruptly purchased and caused to be purchased of J. C. McGuire & Co., large quantities of blankets and bedsteads, and which were not needed for the service."

By order of the President of the United States,

J. HOLT, Judge Advocate-General.

[*Medical and Surgical Journal.*]

---

## ON BROMIDE OF POTASSIUM.

By Dr. Garrod, F. R. S.

On the first introduction of Bromide of Potassium, it was thought to be very analogous in its action to the Iodide, although somewhat less powerful; but little, in fact, was known about its powers. About nine years since I made some extensive trials of this medicine, chiefly in hospital practice, and found that, in certain cases of eruptions of the skin, as in syphilitic psoriasis, it acted as a curative agent, or, at least, patients when under its influence lost the affections under which they had been suffering. I was induced to give the bromide in these cases as the patients were intolerant of the action of the iodide. I discovered, likewise, that Bromide of Potassium, when pure, did not give rise to any of the symptoms to which the name of Iodism

has been applied. I did, indeed, occasionally notice these symptoms, but this led me more carefully to examine the salts which had been dispensed; and it was ascertained that, with one or two exceptions, the bromide, as sold in London, contained notable quantities of the Iodide of Potassium. After this, I took precautions to have the bromide pure in all my observations upon its action, and the results I arrived at may be thus summed up:—

1. It produces none of the irritation of the mucous membranes of the nose and fauces—no coryza.

2. Some patients experience a peculiar sensation of dryness of the throat and neighboring parts.

3. When given in large medicinal doses, sleepiness or drowsiness, and dull headache were occasionally noticed—

4. When administered in very large amounts, some loss of power was noticed in the lower extremities, which passed off when the medicine was discontinued.

5. The therapeutic action was decidedly what may be termed alterative—that is, it relieved certain forms of chronic disease, as syphilitic skin affections.

6. No marked action was observed upon the skin or kidneys.

Soon after these observations had been made, Sir Charles Locock stated that he had found Bromide of Potassium useful in hysterical epilepsy, and in other nervous affections connected with uterine disturbance, and I was from this led to make further trials of the remedy, and have found that—

7. Bromide of Potassium exerts a most powerful influence on the generative organs, lowering their functions in a remarkable degree.

8. It is a remedy possessing most valuable powers in diseases dependent on, and accompanied by, excitement or over action of the generative organs; and hence it may be given with advantage in nymphomania, priapism, certain forms of menorrhagia, especially that occurring at the climacteric period; as likewise in nervous convulsive diseases dependent on uterine irritation; and lastly, in some ovarian tumors.

9. It appears to produce an anæsthetic condition of the larynx and pharynx; and hence has been usefully employed in examinations and operations of these parts.

Bromide of Ammonium has been lately proposed more especially for the production of the last named effects, but I am not aware that it possesses any powers superior to those of the salt of potassium. The bromide of potassium may be given in doses of from five grains to ten or even fifteen grains to the adult.

It is curious to observe and compare the physiological and therapeutic powers of three salts so analogons to each other in a chemical point of view—namely, the Chloride, Bromide, and Iodide of Potassium, the first producing but little action unless given in large quantities, probably from its being a normal constituent of the body; the second, the bromide, abnormal to the economy, or existing only in infinitesimal amounts, acting especially on the nervous system; the third, the iodide, also abnormal to the body, having its influence more especially directed to the mucous membranes and secreting organs. The investigation of such actions in relation to the composition of the substances administered may probably one day afford some clue to the comprehension of the effects of remedies.—*Medical Times and Gazette*, March 12, 1864, p. 276—*Braithwaite's Retrospect*.

---

PRESERVATION OF CHLOROFORM.—It requires but a short time for chloroform which is exposed to the sun's rays to undergo decomposition hydrochloric acid being developed, and a strong odour of chlorine being present. This is prevented if the chloroform is kept in the dark; and when it has undergone decomposition by exposure, M. Boettger finds that it may be easily purified by shaking it up with a few fragments of caustic soda. As long, indeed, as it is in contact with the caustic soda it may be preserved for an indefinite period in diffused light.—*Med. Times and Gaz.*, May 28, 1864, from *Bull de Therap.*, May 15.

---



---

## EDITORIAL DEPARTMENT.

---

### VOLUME FOUR.

Volume four dawns upon our editorial vision with more misgiving than ever; not that we are alarmed at the increased cost of publication, have any fears of our regular appearance, or ultimate success. We can rely upon the profession for pecuniary support, and the permanency of our "institution" is established—it was not "born to die." Our apprehension grows out of restriction of time for editorial labor, and a fear that it will be imperfectly performed. Few of our readers are aware of the time necessarily required in the conduct of our journal, or that this is extracted from hours usually devoted to sleep, with the little additional which is snatched

in momentary fragments from active, constant professional employment. Some of our worthy contributors are ignorant of the care which is required to get manuscript through the press correctly, and wonder that typographical errors are not avoided. They do not know that the type is set by men ignorant of the professional language, and depending upon the letters for the word; that when it is all right, it is liable to be misplaced, and that corrections are some times almost unavoidably neglected. Those who have corrected their own proof have learned to expect errors, while those who do not understand the processes of publication can hardly understand the sources or error.

Again a little observation will show that any deficiency in the supply of original copy must often be made up by the editor, certainly if not furnished by others. It is necessity with him, to have copy, and it has always been the Buffalo medical editorial experience, that most of the city physicians are little to be depended upon for this sort of material, while fortunately, those in the towns and villages are comparatively more ready to furnish the results of their experience.

We have public institutions, hospitals, asylums, etc., attended by ambitious medical men, and full of material for observation and experience; we have physicians of extensive private practice, highly educated and unsurpassed in activity, and still volumes of the Journal are published and not an original article presented from most of these public or private sources; there is a great amount of clinical experience in Buffalo, but it cannot be furnished for the pages of the Journal, without time and thought in its preparation. It is not to be concealed, that many of the members of our profession depend largely for their laurels upon the amount of their professional incomes, and pay but little, very little attention to the cultivation of the science, either for their own or others benefit; and on this account the effort to sustain a medical journal requires to be much greater than if all were ambitious of contributing to the sum of medical knowledge. Notwithstanding all these discouragements the pages of the Journal have never "gone empty away," and it is believed has been unsurpassed in the variety and practical value of its contents.

We most cordially invite original articles for our pages, and again remind our readers that the Journal is published in the interest of the whole profession, and depends only upon it for countenance and support. If each subscriber will furnish a carefully prepared paper upon some medical subject, and influence at least one additional subscriber for our Journal, we



shall then be able to furnish such a medical publication as is found no where else.

We have spoken of what should be expected of the members of the profession, as a sort of wholesome stimulus, and not by way of complaint; for we feel under the deepest obligations of gratitude and have reason for thankfulness beyond expression. We have received encouragement and support far beyond any expectation, and shall strive to make the Journal in future still more valuable and worthy of patronage.

We have been hoping to continue without advance in price of subscription, and have made every reasonable effort to avoid it. It needs no explanation; publication expenses have doubled since our last year's contract, and publishers have fulfilled their agreement at considerable loss. We most reluctantly submit to a necessity which is universal with publishers, but which we think cannot long continue. We are obliged to place the price of volume four at three dollars, but we have made arrangements by which any depreciation in the price of paper or labor shall be added to the number of pages, by which means we hope before many months to be able to increase the size of our Journal so as to furnish a reprint of every valuable paper upon the science, or improvement in the practice of medicine, published either in American or foreign journals. If we can increase the number of our pages to sixty-four we shall have accomplished a long cherished object of ambition, and shall be able to furnish our readers with a full monthly *resume* of the advance of medical and surgical science. Advance in price of all the common articles of consumption, and consequent increase in the value of labor, would not have driven us from our former prices, but "*cotton is king*" in this matter, more truly than we had supposed, and is levying upon us heavy imposts; however we shall furnish the Journal at the very lowest possible price of publication, and trust that our patrons will assist us in meeting the unavoidable necessity.

We anticipate a greatly improved volume, and have made arrangements by which we hope to furnish the original department with a variety of valuable articles upon practical subjects. We shall be able to continue, through the kindness of the Secretary, Dr. Peters, regular reports of the proceedings of the Buffalo Medical Association, and Hospital and Clinical reports will also continue as a feature of the new volume. The other departments of the Journal will be as full and varied as space will permit. Hoping for co-operation and support, we gird ourselves for yet greater exertion.

## REVIEWS.

*Medical Diagnosis, with special reference to Practical Medicine; a Guide to the Knowledge and Discrimination of Diseases.* By J. M. DA COSTA, M. D., Lecturer on Clinical Medicine, and Physician to the Philadelphia Hospital; Fellow to the College of Physicians of Philadelphia; Corresponding Member of the New York Pathological Society, etc., etc., Illustrated with Engravings on wood. Philadelphia: J. B. LIPPINCOTT & Co., 1864.

This work is divided into thirteen chapters, in which are considered the symptoms of nearly all diseases recognized by physicians. The first chapter considers the general examination of patients and some of the symptoms of general import, such as position of the body, expression of countenance, features of the skin, pulse, tongue, and the general sensations of patients. The second chapter is devoted to the brain, spinal cord, and their nerves, considering the import of *deranged intellect*ion, delirium, stupor, coma, insomnia; *deranged sensation*—hyperæsthesia, aæsthesia, headache, vertigo, and derangement of special senses; *deranged motion*—paralysis, tremor, spasms, convulsions; acute affections of which delirium is a prominent symptom; diseases marked by loss of consciousness and voluntary motion—apoplexy, sun-stroke, catalepsy; convulsive diseases—epilepsy, chorea hysteria, tetanus; diseases characterized by gradual impairment of the mental faculties—chronic softening, tumor, general paralysis; diseases characterized by enlargement of the head—chronic hydrocephalus, hypertrophy of the brain; diseases characterized by paroxysmal pain—neuralgia, facial neuralgia, hemierania, sciatica.

Chapter third is upon diseases of the upper air-passages—larynx and trachea. Chapter fourth on the diseases of the chest, lungs and heart. Chapter fifth, diseases of the mouth, pharynx and œsophagus. Chapter sixth, on diseases of the abdomen, stomach, intestines, peritoneum and liver, with sections on abdominal enlargement and abdominal pulsation. Chapter seven on the urine and on the diseases of the urinary organs. Chapter eighth, dropsy. Ninth, diseases of the blood. Tenth, rheumatism and gout. Eleventh, fevers. Twelfth, diseases of the skin. The thirteenth chapter is devoted to poisons and parasites.

One of the features of this work is the grouping of morbid states, according to their marked symptoms, and a consideration of the different causes of these various symptoms, which is a digression from the usual plan of describing morbid states according to the pathological classification. This is a great improvement upon the plan usually adopted.

BUFFALO

**Medical and Surgical Journal.**

---

---

VOL. IV.

SEPTEMBER, 1864.

No. 2.

---

---

ART. I.—*Foreign Bodies in the Meatus.*—BY JEROME M. FOSTER, M. D.

July 24th, 1864, a boy, J. S., twelve years of age, was brought to me, who complained of great pain in the right ear accompanied with dizziness. During the two days previous to consulting me he had been very feverish and vomited occasionally—to such a painful extent on the day that I saw him that he was greatly exhausted. His parents informed me that four years previous he had carelessly dropped a grain of corn into the ear where it had remained ever since, though repeated efforts had been made to remove it by different physicians—in fact, so much inflammation and pain always followed their efforts that it was with difficulty I induced the lad to an examination of the ear.

The first examination of the case developed great inflammation of the dermis, while the tragus was so much swollen as to render it difficult to introduce the speculum. There was an absence of cerumen except where I discovered the grain of corn, which was impacted or adhering very firmly to the anterior wall of the meatus and in contact with the membrana tympani; it was imbedded in a mass of hardened wax, the color of which was almost black. The membrana tympani was almost entirely hid from view. The hearing was almost gone—recognizing the tick of a watch only when pressed closed upon the auricle. My first intention was to remove the mass with the syringe but found it required so much force to make it yield that I adopted the following course:

I applied four Swedish leeches, after which I ordered him to be kept very quiet and upon low diet until the following day. I also directed the ear to be filled with warm olive oil every three or four hours, at the same time giving

the patient a liberal cathartic. The next (second) day I found the inflammation much reduced and the fever, generally, subdued. Examining the meatus I found the mass of wax softer, and preparing an injection of soda-bi-carb. ℥ iv, to aqua ferv: ℥ ii, (the precise warmth of the liquid was 103° Fahrenheit,) I resumed the syringe, directing the liquid along the posterior wall of the meatus. I began the syringing gently and increased the force gradually until at the fifth injection, the patient exclaimed that he felt something break—two more injections brought the mass to the orifice which I removed with the forceps—requiring some little force owing to the inflammation. I again examined the meatus and membrana tympani—the latter was concave, red and the vessels of the dermoid layer distended.

I now prescribed the following :

℞ Sub. Mur. Hydrarg, grs. vi.

Pulv. opii, gr. ss. M.\*

to soothe the nervous system and prevent re-action. I ordered him to call again the next day. In the meantime I examined the mass I had taken from his ear. It was a small grain of corn almost round, and was in almost perfect state of preservation, imbedded in a thick coat of hardened wax, together weighing grs. xvii; the grain of corn after being cleansed weighed grs. vii.

That a foreign body could so long remain thus situated, in direct contact with the membrana tympani, without causing pain or inflammation, may at first glance seem strange, but experience teaches that *smooth* foreign bodies may continue in the meatus for many months, even years, with impunity, with only the effect of producing a dullness of hearing by simple obstruction to sound; the hearing being at once restored by removal of the substance. With a hard rough substance it is quite the reverse and immediate removal is imperative.

The acute inflammation produced in the case I here quote from my practice was the result of a recent endeavor to "pick out" the grain with a knitting needle.

The dizziness was produced by the grain being worked too far inwards till it pressed against the membrana tympani, forcing the chain of ossicles inwards, thus pressing the stapes towards or against the contents of the vestibule. The coughing and vomiting I traced to irritation of the auricular branch of the pneumo-gastric nerve. Very often an accumulation of har-

\* Would not the opium have soothed the system, without the mercury equally well, and the inflammation have subsided upon removal of the cause?—Ed.

dened wax will be loosened or its position changed by deglutition, producing like symptoms.

The third day the patient again came to my office. I found the fever had entirely disappeared, and the local inflammation surprisingly reduced. The suppuration that I had expected to supervene did not appear. The case was progressing as favorably as I could expect, and I desired him to see me again in three or four days, when, upon examination, I found the meatus normal, and membrana tympani almost so, being slightly concave. I then introduced the Eustachian catheter and sent a stream of warm air through the Eustachian tube into the cavity of the tympanum. In a few seconds the patient noticed a loud crack, and heard immediately. The ear was then normal and both ears heard the ticking of a watch at three yards distance. I have seen the boy occasionally since, and the ear preserves its integrity.

Carefully recorded data are always interesting to the thoughtful practitioner, as from such are born many excellent suggestions in general practice; for this reason I have been very minute.

The syringe alone, in even seemingly difficult cases, should be the *only* instrument used for the dislodgment of foreign bodies from the meatus. *I know of no exception to this rule*, for by employing forceps, wires, or other implements, the substance is impelled inwards, as it was in this case, till it presses against the membrana tympani, in the majority of cases producing serious consequences. I have met with many cases where I found the most lamentable results follow the too free use of probes for removing extraneous substances from the meatus. One is now under my treatment, a farmer, sixty-four years of age, whose right ear was injured about eleven years ago by a physician injudiciously using a curved instrument to remove a bean from the meatus. The result in this case is the entire destruction of the sense of hearing in that ear, the *portio dura nerve* being paralysed. This case, however, will be the subject of another article.

Where the case is of recent occurrence, the use of the syringe even should be limited. If, after the inflammation has been reduced, there be no cerumen observable, the greatest care should be observable in prosecuting the examination of the membrana tympani, that the condition of it be well known as in many cases where there is no cerumen the too forcible use of the syringe may rupture the epidermis which is often the only lamina left of the membrana tympani. The surgeon may, however, make himself almost certain of its condition by the use of a magnifying lens in conjunction with the speculum auris to discover the existence of the fibres composing the radiate fibrous lamina.

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

TUESDAY EVENING, August 2d, 1864.

Present—Drs. White, Rochester, Lockwood, Miner, Congar, Gay, Strong, Ring, Johnson, Smith and Peters. In the absence of the President Dr. Strong was called to the Chair. There were no minutes to read.

*Dr. Lockwood* said the Association having discussed for the past few months uterine diseases, tumors, and similar subjects, he thought that the introduction of something fresh might produce an agreeable variety, hence he begged leave to present a specimen of the *Apocynum Cannabinum*, or Indian Hemp, which he had procured for the purpose of calling the attention of the Association to what he considered a valuable article of the materia medica. Had often been joked about his fondness for the use of "roots and herbs," and would confess that he estimated very highly the importance of studying our indigenous remedies, and was very glad to make use of them on proper occasions. Wished to call particular attention to the characteristics of this species, as it was often confounded with the Dog-bane [*A. Androsæmifolium*] which was much more violent, and even poisonous in its action. The Indian Hemp, as would be seen, had an erect, herbaceous stem, branching at top, and in the present instance about four feet high; the leaves are opposite, oblong-ovate, acute at both ends, and downy underneath; the flowers are small, of a reddish or pinkish tinge, and grow in cymes; the fruit consists of long pointed pods or receptacles, containing numerous imbricated seeds, each furnished with a long seed-down. The plant grows in moist situations, in the skirts of woods or fences, and flowers from June to August. When wounded it emits a milky juice, and it has a tough, fibrous bark, from which it takes its name of Indian Hemp. Would call particular attention to the color of the flowers, which furnished the surest and almost the only means of distinguishing it from Dog-bane, which had white flowers. The root is the portion used in medicine, and may be given either in decoction or extract. The decoction is made by boiling half an ounce of the powdered root in a pint and a half of water until a pint remain, of which a table spoonful is a dose for an adult. The medium dose of the extract is one grain. Thought it usually given in too large doses. Had been in the habit of prescribing this remedy for thirty years, and valued it very highly for its diuretic and alterative action, in connection with its properties as a hydragogue cathartic. From one to two grains of the extract he had found in many cases to stimulate the liver

as manifestly as the mercurials. But had found it chiefly valuable in anasarca following scarlet fever, as well as in the dropsy which often attacked old men debilitated from dissipation. Indeed he had come to place great reliance on it in all cases of dropsy, but would advise it to be used with caution where there was any tendency to heart disease, as it possessed in a great degree the property of lessening the force of the heart's action. Neglect of this caution might cause mischief. In conclusion he hoped that what he had said might induce physicians who had an opportunity to observe its action in hospitals to give it a trial.

*Dr. Rochester* expressed his thanks to *Dr. Lockwood* for the pains he had taken to present this specimen to the Association, and especially for the valuable distinction pointed out by him between that and the Dog-bane. Was glad to be able to confirm to a marked degree all the Doctor had said with reference to its value in dropsy. It is mentioned by both *Wood* and *Stille*, as a valuable remedy, and he had himself found it so in a great many cases. Recollected particularly a case of a boy who had ascites following remittent fever, and who had taken iron and other remedies without effect, but upon whom the *apocynum* had a happy effect. Was taught a lesson once by having given it to a patient with organic disease of the heart. The patient did not die, but he would say most emphatically that it *depresses*, and should never be given in such cases.

*Dr. White* had been much interested by the remarks of *Dr. Lockwood*, and would confess that the remedy was nearly new to him, as he had never used it. Had however had the opportunity of seeing its efficacy in a case of which *Dr. Lockwood* had the care, and which, as the Doctor had been too modest to mention it, he would briefly refer to. The patient was a man with cirrhosis of the liver, and ascites to an extent truly enormous. He had been seen by, and in the care of several physicians of the town, but without much apparent benefit, but coming under *Dr. L.*'s treatment recovered. Was inclined to think *apocynum* valuable in such cases.

*Dr. Miner* was greatly interested by the subject presented by *Dr. Lockwood*, and had no doubt he had presented a valuable remedy. Did not however suppose any specific effect for it in dropsy could be claimed, that it was a valuable cathartic, but no more of a specific than others. *Elatarium* had a similar action, as he would illustrate by a case in point. A young lady was admitted to the Hospital of the Sisters of Charity, where she remained a short time, and left it for a private boarding house, where he saw her. Her menstruation had stopped, there was obstinate vomiting,

great prostration, pulse was from 130 to 160; respiration was impeded; the abdomen was distended, and near the stomach a hard, nodulated tumor could be detected, having very much the feeling of scirrhus. As there was undoubtedly fluid in the abdomen paracentesis was made, and from eight to ten quarts of water drawn off. The patient had taken nearly all cathartics, but without having caused a movement of the bowels for days; he now administered to her a half grain of elaterium, which produced copious vomiting, and the evacuation *per anum* of a pail full of fecal matter. The tumor disappeared after this copious evacuation, showing it to have been an accumulation of hardened feces. Considered the case interesting, both on account of the effect produced by the elaterium, and because of the location of the accumulation in the upper part of the colon, which was in his experience rare—it usually occurring lower down. Had no doubt that any active cathartic would have proved as efficient; perhaps the remedy presented by Dr. Lockwood might have answered a similar purpose.

*Dr. Congar* remarked that he prescribed for the case while in the Hospital of the Sisters of Charity one-sixth gr. of elaterium every four hours. The patient only remained a few hours, and was taken away by her friends; presumed it was the same case treated by Dr. Miner.

*Dr. Rochester* thought Dr. Miner a little sceptical in regard to medicines; thought there were some specific effects in remedies, and that we should look for these effects if we would improve our therapeutics. Thought fecal accumulations much more frequent in the colon than in the rectum, as the rectum was much more easily evacuated than the colon. Would refer to an article on this subject by Dr. Batchelder in the *New York Journal of Medicine*. These accumulations were often mistaken for tumors. Injections of biborate of soda had been recommended for them.

*Dr. Miner* would say that *such* accumulation as he had described in the colon, was very unusual. Hardened fecal matter might lodge for a time in the colon, but it was rarely in quantity to be discovered. The exceptional cases where it has been detected have been regarded as worthy of record and have thus found place in the journals. The rectum, though easily evacuated, is still so frequently found filled with impacted feces, that mention is not made of it as in any way unusual or remarkable; numerous cases fall under the observation of every practitioner, while in his opinion not one in a hundred ever meet with it in the colon, in quantity sufficient to attract attention.



*Dr. Lockwood*, said he did claim for the Indiau Hemp more than a cathartic effect. Considered it to have what he must call an alteratic effect though a certain distinguished physician had said that term ought never to be used. Referred to the case mentioned by *Dr. White* to say that the man had entirely recovered.

*Dr. Ring* related a case of obstinate constipation in a lady 39 years of age. At the time he saw her first she had had no movement of the bowels for nineteen days, although fifteen drops, in all, of croton oil had been given her. Found a tumor on the region of the colon which exhibited considerable tenderness on pressure. Fearing Peritonitis he prescribed calomel and opium, with the application of a sinapism to the abdomen. After a few days the symptoms of inflammation having subsided, attempts were made to procure a passage *per anum* and he finally succeeded after repeated injections of soap and water, using an injection pipe twenty-two inches in length in order to reach as near the obstruction as possible. On the thirtieth day she had a full evacuation of scybala, and convalesced pleasantly.

Reports on Prevailing diseases being called for :

*Dr. Gay* had seen a good deal of cholera infantum and diarrhœa.

*Dr. Rochester* had seen a good many cases of what was more than merely cholera morbus. He referred to a dysentery or serous diarrhœa which might be called cholérine and which would undoubtedly be called Asiatic cholera were that disease prevailing. Had in mind one lady who was taken at 3 A. M. and when he called at 9 he found her apparently moribund. Thought there was a morbid agent in the atmosphere which would be likely to result, in the autumn, in the production of dysentery. Had seen, as he thought, an illustration of this in two cases which he related. The first was that of a carpenter who was taken in the afternoon with diarrhœa, having four evacuations, about eleven o'clock he was found dead on the bed. Post mortem revealed the fact that he had organic disease of the heart, but not in sufficient degree, probably to have caused his death at that time alone. He probably died from the combined effect of the heart disease and the lowering of vitality caused by this morbid agent. The same night a man in the same neighborhood died under similar circumstances, the only lesion found on *post mortem*, was concentric hypertrophy of the heart.

*Dr. White* could hardly agree with *Dr. Rochester* in the belief that there was any special morbid agent in the atmosphere. Had noticed only the usual diseases of the season, a little aggravated perhaps by the extreme dry-

ness and heat of the season. The thermometric average for July was 3° higher than had been known here before, since records were kept.

*Dr. Miner* had seen considerable diarrhœa and cholera morbus, some cases so severe that in a time of the prevalence of cholera it could not be distinguished from that disease. *Dr. Rochester's* cases of heart disease were interesting, especially as concentric hypertrophy had been almost excluded from the list of diseases upon the discovery that the contraction of the ventricle occurring *in articulo mortis* might give to the heart the appearance of concentric hypertrophy. That it does sometimes occur there can be no doubt. Its great rarity and the fact that its existence as a possible state is doubted by some careful observers, makes *Dr. Rochester's* cases of great interest, and suggests the possibility of error since the examination was not made by *Dr. R.* with a view to this point. As to any epidemic influençe, uniting to cause death, he would only remark, that sudden deaths were often unaccountable in our present knowledge.

*Dr. Smith* related a very interesting case which had recently occurred in his practice, and which certainly very strongly simulated cholera.

*Dr. Strong* thought the tendency to serous diarrhœa which certainly existed, could be accounted for by the influence of the extremely hot and dry weather, especially on the contents of our sewers, which, instead of being washed out by rains had been accumulating their contents and baking in the sun.

Similar reports were made by *Drs. Lockwood, Gay, Congar, Ring and Johnson.*

The Society, after transacting some miscellaneous business adjourned.

JOSEPH A. PETERS, Secretary.

---

ART. III.—*Surgical Diseases of Women—Ovarian Tumor, with Report of Cases.* By J. F. MINER, M. D.

Cystic disease of the ovary has been for a long period recognized, and has of late years received careful study by the most eminent and accurate observers, though in many respects it is still imperfectly understood, and great variety of opinions are entertained concerning almost all the essential conditions of its origin and development as well as the proper manner of its control or removal.

It is not proposed to discuss at any length the numerous questions which have been, and still are, agitated concerning the development or structure of

the ovarian cyst, or the course or symptoms of the disease. Cystic degeneration of glandular structure is one of the most common forms of morbid action, and is occasionally observed in all or nearly all the larger glands; the testicle and ovary seem most often the seat of such disease, the kidneys and liver have been known to become similarly affected; this will be seen by one of the cases which will be hereafter related.

We suspect that there is present ovarian disease, upon the appearance of a slowly formed and gradually increasing abdominal tumor, at first situated distinctly upon one side, having a dull percussion sound, with the tympanitic sound of the intestines upon the opposite side, and at length a distinct fluctuation, with absence of the evidences of other conditions or diseases—pregnancy, ascites, or uterine tumor—and without any notable impairment of the general health or change in the common functions of life. The diagnosis is made more certain when the tumor is movable; if composed of several cysts the character is often obscured by this circumstance; fluctuation is thus rendered indistinct, and the location of the tumor cannot be so accurately determined. It should be constantly borne in mind that there are occasionally developed in the peritoneum or abdominal walls, or very rarely in the kidney, liver, or omentum, cystic tumors which are distinguishable with difficulty, or even not at all from ovarian cysts. Those from the liver or kidney are very liable to be confounded with them. The following case substantiates this latter statement:

Mrs. J. B. had for several years suffered from tumor in ovarian region; the general health was considerably impaired, but the growth of the tumor was but gradual, and what was quite remarkable, it would appear much smaller at times as if in process of disappearance. She had consulted many of the most distinguished physicians, and had become from the harmony of opinion expressed, satisfied of the presence of ovarian tumor. While making ready for church she suddenly exclaimed, "O! my head," and fell upon the floor, expiring in a few minutes. *Post mortem* examination was made by the writer, and four ounces of blood was found effused upon the right side of the brain; the tumor which had been regarded as undoubtedly ovarian by the most distinguished physicians in Boston and New York, proved upon examination to be cystic degeneration of the kidney. The morbid specimen weighed four pounds three ounces, and consisted of strong transparent fibrous sacs, the larger ones filled with serous fluid, while some of the smaller ones contained a thicker, more gelatinous material. The natural structure of the kidney was wholly absent.

We may sometimes almost complete our diagnosis by the introduction of exploring trocar; this is thought to be capable of demonstrating the nature of such disease, but this is also liable to mislead. All the morbid growths attached to any of the abdominal organs are liable to be attended by effusion of serum into the abdominal cavity, so that the mere fact of drawing off serous fluid would show nothing positively. A case which has been under my care for several years—a standing clinical case, and repeatedly tapped at the General Hospital, considered as thoroughly understood while living proved after death to be quite unlike what had ever been suspected. Differences of opinion had been expressed upon occasions of clinical presentation, and while one had supposed that the tumor was multilocular, and the small cysts contained within the larger, thus allowing twenty quarts of serum to escape, and leaving distinct round cysts unemptied, another had regarded the case as complicated with effusion into abdominal cavity, the tumors only becoming distinct after removal of effusion. The tumor proved to be ovarian, with cysts whose walls were so thick and unyielding that when evacuated the form was the same, and thus distension of the abdomen as great as before—the tumor was almost solid, the greater part being made up of fleshy material. The large quantity of serum was from the cavity of the abdomen.

When probable ovarian disease is present, what shall we advise? The difficulties and uncertainties of diagnosis are well understood. The absolute impossibility of knowing the exact condition is to be considered in arriving at proper reply to the question.

There is no doubt that tumors attached to the ovary are successfully removed; that in favorable cases the operation would be attended by favorable results in large proportion of cases, while at the same time it is not to be denied that patients live for years, and complete the residue of life with considerable comfort, suffering constantly of course from apprehension of impending danger, and occasionally being obliged to have the distension relieved by evacuation of the contents of the sac or sacs.

Mrs. R. of this city has now had appearances which almost unmistakably establish the fact of ovarian disease for about four years. During this period she has been tapped at two different times with evacuation of about ten quarts of serum upon each occasion. The re-accumulation is so slow that a year or more is required before distension produces great discomfort. When the fluid is all evacuated the evidences of disease are almost absent. The constitutional disturbance is very slight, and the tumor can with great difficulty, if at all, be distinguished.

She is fifty-six years old and pursuing a lady's ordinary round of pleasure and business. In this case I have never advised operation, though it is a case as likely to terminate favorably as any. The patient has been faithfully instructed into all the arguments for and against, and has thus far perhaps wisely preferred to submit to her present inconveniences and disabilities rather than accept the uncertainties attendant upon effort for permanent relief. Operation for radical cure is attended by great risk under all circumstances; the cavity of the abdomen cannot be opened without endangering life.

Other cases, not widely different, in many respects would be regarded as more urgently demanding operation.

Age is of great importance in determining the propriety of operation. The development of such disease at fifty, of slow growth, with little constitutional disturbance, would be considered very unlike similar condition at thirty or even forty years of age, though at all ages it is of serious import and liable to be attended by aggravated symptoms and unfavorable termination.

There are cases frequently presented which demand operation, and in which delay is dangerous and fatal. Mrs. B. of Buffalo, aged fifty-four, had suffered from ovarian tumor ten years, perhaps some longer than this. For the first five there was little inconvenience other than the weight, but the growth gradually increased and at the end of this term had become exceedingly large. Respiration was difficult and pain of existence so great, that death would be a pleasure compared with a life of such extreme misery. In this condition I was invited to see the patient, with view of an operation. Upon examination the abdomen was immensely distended; uterus crowded completely out of the vagina, legs and feet anasarca; pulse 100 per minute and weak. Abdomen tender, which tenderness had been of only three weeks standing, indeed, all the more aggravated symptoms had been of recent date; tumor large and apparently movable or disconnected with the peritoneum. With view to relieve the distension and improve respiration, trocar was introduced and about twelve quarts of clear limpid serum drawn off, with effect to relieve somewhat the respiration and make more apparent the size and condition of the tumor. The patient was now not only anxious, but urgently demanded the removal of the tumor, replying to the statement that she was too weak to bear it, "I want to see how it looks before I die." Though this demand of the patient could not justify the operation and should have no determining influence upon the

action of the surgeon, still such request, at such time, with plain statement of the danger could not but relieve from responsibility in an operation which afforded at least the only remaining hope. March 5th, 1864, assisted by Dr. Lothrop and private pupils; incision was made down upon the tumor; when exploration, developed extensive attachments, yet so recent as to be easily broken. Trocar was introduced into the body of tumor with view to lessen the size of the mass for its more easy removal; a small quantity of serum escaped without collapse of the walls; upon section the mass was found to be composed of cells surrounded by thickened walls, so dense and unyielding that the size remained undiminished after evacuation of the contents of the cells.

Incision was extended from ensiform cartilage to pubis, and the mass easily raised from its bed. The pedicle by which it was attached was very small, composed mostly of vessels. A strong silk double ligature was passed and tied, a little blood exuded where the puncture was made, and another ligature was placed back of the first, when the pedicle was divided and tumor removed. The abdominal parietes were adjusted and retained by interrupted silk ligatures, the divided pedicle being drawn up and left inclosed within the wound, external to the abdominal cavity.

A tumor which, when emptied of much of its contained fluid, weighed twelve pounds, was thus removed without the loss of any blood at all. The abdominal parietes had been thinned and did not furnish any blood, not twenty drops was lost upon division of the pedicle, so that there was no loss of strength from hæmorrhage. For three days the case progressed favorably, when it became apparent that the system was failing, and she died of exhaustion the fourth day after the operation. The cause of failure was the late period of operation; the woman might and probably would have recovered, could the operation have been made previous to the attack of peritonitis, which so greatly reduced the strength and caused the recent adhesions between the tumor and peritoneum. Though it was attended by unfavorable result, it still appeared almost certain that under any favorable circumstances it would have been successful; indeed it was not the effects of removal, but the delay which proved fatal.

Ovariectomy under favorable circumstances is to be advised, and may be undertaken with hope and confidence. The results of the operation when favorably presented justify this conclusion. Unfavorable cases will occur, but the nature of the disease is such that any considerable proportion of favorable results warrant the procedure even though often attended by

fatal effects. The disease is generally sooner or later fatal if left to itself; it is not more than fatal if operated upon, and numerous cases of recovery justify and render imperative the operation, when re-accumulation of fluid after tapping is very rapid, with gradually increasing prostration, rendering it certain that the case must speedily terminate fatally unless relieved. No conscientious surgeon can hesitate under such circumstances; life is only abridged for a very little if unsuccessful, while if the result is favorable a life is saved—a real triumph is achieved. When the respiration is greatly obstructed, and tapping affords little or no relief, extirpation is the only efficient resource; though other plans of relief have been suggested, yet this is really the only resort.

Reliable statistics are as yet wanting to establish the exact ratio of mortality in this operation when performed under proper circumstances. There is little difficulty in making the operation, but there is great skill required to know when it is absolutely indicated. One of the greatest embarrassments grows out of the utter impossibility in making correct and positive diagnosis, whatever may be the care in the examination or the experience of the surgeon. Three-tenths of the operations attempted have been abandoned upon discovery of insurmountable obstacles, and in a great many instances no tumor of the ovary has been found. The more solid tumors—fibrous, fleshy or cartilaginous—when discovered attached to the ovary, may be as safely removed, and when productive of similar distresses as the cystic growths, with effusion into abdomen, they as imperatively demand operative interference.

We have said that extirpation was the only relief; perhaps we should, however, say that cases of radical cure, by injection of tincture of iodine have been reported. “Velpeau reports 130 cases treated in this way, of which 64 were cured, 30 died and 36 were temporarily relieved. It is proper to add that it is not certain that the report is reliable.”

Others have reported very favorably of the plan of injection, but careful perusal of what has been written will leave the impression that iodine injection is attended by dangers to life scarcely less than extirpation, and that it is seldom followed by permanent relief.

---

*The New Surgeon-General of the United States Armies.*—Dr. Jos. K. Barnes, who for many months past has been Acting Surgeon-General, has been appointed Surgeon-General of the United States Armies, *vice* Dr. Wm. A. Hammond, dismissed the service.

## MISCELLANEOUS.

## A NEW METHOD OF TREATING DISEASE BY-CONTROLLING THE CIRCULATION OF THE BLOOD IN DIFFERENT PARTS OF THE BODY.

BY JOHN CHAPMAN, M. D., M. R. C. P.

It has long been known that the sympathetic nerve, called by Bichat, the nervous system of organic life, presides over those processes by which the body is developed and sustained. It stimulates and controls the action of the heart, alimentary canal, genito-urinary organs, and all those processes of growth, repair, and removal of *effete* materials on which the continuous vitality and health of the animal organism depend. During recent years, important additions to our knowledge of the functions of the sympathetic nerve have been made, chiefly by Prof. Claude Bernard and Dr. Brown-Séguard, especially with reference to its power of controlling the action of blood vessels, or what have been termed its vaso-motor functions. But as the sympathetic and cerebro-spinal nervous system are intimately related, and, indeed, in some parts, inextricably and indistinguishably blended, both in structure and function, the nervous influence, whether healthy or not, which is exerted over the several organs of the body, is two-fold; hence, when that influence becomes abnormal, either in kind or degree, the most potent method of restoring it to its healthy condition would be by a dual action at once on the sympathetic and cerebro-spinal nervous system. The physician who acquires the power of directly controlling these great controllers of the organic functions would immediately obtain the mastery over a large number of diseases. I scarcely dare write the words, "I have done this"—so momentous are they if true; and yet I believe I have.

I have discovered that a controlling power over the circulation of blood in the brain, in the spinal cord, in the ganglia of the sympathetic nervous system, and, through the agency of these nervous centres, also in every other organ of the body, can be exercised by means of cold and heat applied to different parts of the back. In this manner the reflex excitability, or excito-motor power of the spinal cord, and the contractile force of the arteries in all parts of the body can be immediately modified.

In order to lessen the excito-motor power of the spinal cord only, I apply ice in an India-rubber bag, about two inches wide, along that part of the spinal column containing the part of the cord on which I wish to act. On the same principle, the vitality of the spinal cord may be increased by applying hot water and ice alternately, each in an India-rubber bag, if very



energetic action may be required; if less vigorous action is necessary, I apply ice or iced water only, using it several times a day, for a short time on each occasion, with a long interval between each application.

If it be desirable to increase the circulation in any given part of the body, this I have found myself able to effect by exerting a soothing, sedative, depressing or paralyzing influence (according to the amount of power required) over those ganglia of the sympathetic, which send vaso-motor nerves to the part intended to be acted on. This influence may be exerted by applying ice to the central part of the back, over a width of from four to four and a half inches, and extending longitudinally over the particular segments of the sympathetic and of the spinal cord on which it is desired to act.

For example, intending to direct a fuller and more equable flow of blood to the brain, I apply ice to the back of the neck and between the scapulæ; increased circulation and warmth of the upper extremities are induced in the same way; the thoracic and abdominal viscera can be influenced in like manner by application to the dorsal and lumbar regions; while the legs and the coldest feet ever felt can have their circulation so increased that they become thoroughly warm by an ice-bag applied to the lower part of the back.

The bags I use are of different lengths; of the width already named for adults, and of lesser widths, of course, for children. I have had them made both of India-rubber, and of linen with a surface of India-rubber upon it: the former are the best. The width of the bags is equal throughout, except at the opening, which is narrowed to facilitate tying, and elastic to admit easily the lumps of ice. When the bag is full, I divide it, if a long one, into three segments; this can be done by constricting it forcibly with string; the ice of the upper part is thus prevented from descending, as the melting goes on, into the lower part of the bag. I am preparing a bag on a new principle, which will be a great improvement on those I now use; but as it is not yet complete, I abstain from describing it here. I sustain the bag in the position intended by means of ribbon or tape passed through loops at the back of it, then over the shoulders and round the body.

Theoretically, I feel assured that by the methods I have described physicians will be able to control the great majority of diseases; experimentally, I have received numerous and wonderful proofs that this assurance is well founded. By thus acting, by means of cold or heat, or both alternately or combined, on the spinal cord and ganglia of the sympathetic, I have succeeded in completely arresting the fits of many epileptics, and in curing the

following maladies:—Paralysis; long-continued and extreme headaches; prolonged giddiness; extreme somnolence; a feeling of want of firmness in standing and of security in walking; habitual hallucinations; loss of memory; weakness and dimness of sight; ocular spectra; inequality of the pupils; lateral anæsthesia; incontrollable spasmodic opening and shutting of the mouth; cramps of the limbs (in two cases of the hands, incapacitating the patients to continue their work;) numbness of the fingers, incapacitating the patient to pick up small objects, or to use a needle; paralysis of the bladder; incapacity to retain the urine more than a few minutes (two cases recovered to a surprising extent;) profuse and too frequent menstruation; scanty and irregular menstruation; extreme menstrual pains; profuse leucorrhœa, with long-continued bearing down of the womb, and extreme pain of the back; habitual constipation; habitual diarrhœa; general coldness of the surface of the body which has continued for many years; habitually and hitherto irremediably cold feet.

For the sake of brevity I abstain from discussing here the applicability of the method above described to the several diseases which the physician is called on to treat; but as many cases of paralysis and a very great majority of cases of epilepsy have hitherto proved incurable, I will in respect to these diseases, and especially in respect to epilepsy, make a few observations, and give the briefest outlines of a few cases, showing the results of my method of treating the last-named disease.

To cure paralysis primarily originating in a lesion, not of the brain but of the spinal cord, but also over the sympathetic nervous system, to the extent of the distribution of its vaso-motor nerves throughout the paralyzed limb; to how slight an extent this has hitherto been possible, either by internal medicines or external applications, is too well known to need description here. Assuming the general truthfulness of the doctrines of Messrs. Kussmaul and Tenner, Schroeder van der Kolk, and of Dr. Brown-Séquard respecting the essential nature of epilepsy, or the proximate cause of convulsive affections generally, we must become still more deeply impressed with the conviction of the necessity of influencing both the cerebro-spinal and the sympathetic nervous system, in order to exert any lasting curative power over that remarkable group of maladies. In Messrs. Kussmaul and Tenner's general summary of the results of their investigations concerning the nature and origin of epileptic convulsions, they say:—"It is probable that certain forms of epilepsy result from a spasm of the muscular coats of the cerebral arteries," and elsewhere they observed that if so, "the central

point from which these (spasms) arise would consequently lie in the part where the vaso-motory nerves take their origin, and, therefore, if the result of Schiff's researches be correct, in the medulla oblongata. An excitement of this nervous centre would then be the first link in the chain of these processes, anæmia of the brain the second, and the epileptic attack the third." Dr. Brown Séquard, in his "Researches of Epilepsy," after giving his reasons for thinking that "Epilepsy depends in a great measure on an increased reflex excitability of certain parts of the cerebro-spinal axis," proceeds to account for the successive phenomena of an epileptic attack, and, referring to one of the first of them—the paleness of the face—remarks:—"We consider it a most interesting symptom, as it leads to a very probable explanation of the loss of consciousness in epilepsy. After Prof. Claude Bernard had discovered that the section of the cervical sympathetic nerve is followed by a dilation of the bloodvessels of the face, I found that when this nerve is irritated by galvanism there is a contraction of these bloodvessels and I explained the facts discovered by the eminent French physiologist and myself, by considering the sympathetic as the motor nerve of the bloodvessels of the face. I found, also, that the branches of the sympathetic nerve which animate the bloodvessels of the face, originate from the spinal cord with the branches of the same nerve going to the iris. When the excitation takes place in the spinal cord and the basis of the encephalon which gives rise to the fit, the nerve-fibres which go to the head are irritated, and produce a contraction of its bloodvessels. Of course this contraction expels the blood, and in consequence the face becomes pale. We think that at nearly the same time, when the origin of the branches of the sympathetic nerve going to the bloodvessels of the face receive an irritation in the beginning of a fit of epilepsy, the origin of the branches of the same and other nerves, going to the bloodvessels of the brain proper, also receive an irritation. A contraction then occurs in these bloodvessels, and particularly in the small arteries. This contraction expelling the blood, the brain loses at once its functions, just as it does in a complete syncope."

Though Prof. Schroder van der Kolf differs somewhat from Messrs. Kussmaul and Tenner, and Dr. Brown-Séquard, in maintaining that the abnormal changes constituting the proximate cause of epilepsy, are more exclusively restricted to the medulla oblongata than is believed to be the case by those investigators, yet all these distinguished pathologists agree in recognizing the very important part performed by the vaso-motor nerves in producing an epileptic fit; and, though they differ as to the relative frequ-

ency of the cases in which the medulla oblongata is the primary seat of the attack, they also agree that it is very often the originating centre of the malady. It may, therefore, be stated that they all concur in the opinion that the proximate cause of epilepsy is two-fold, viz: an undue reflex excitability of the medulla oblongata, and an undue irritability of those branches of the sympathetic nerve which are distributed to the cerebral arteries, and which, in their abnormally excitable condition, induce spasmodic contractions of the cerebral blood-vessels, and the consequent loss of consciousness and fall, which usually usher in an epileptic fit. I agree with Dr. Brown-Séguard in believing that different segments of the spinal cord, as well as the medulla oblongata, are not infrequently the primary seat of epilepsy; indeed, concerning the pathology of epilepsy, there is, so far as I know, only one point in which I differ from that profound physiologist and skillful physician, under whose guidance, at the Hospital for Diseases of the Nervous System, it has been my good fortune to study. It is true that that "one point" is an important one, since, by diverging in the direction I have taken, I was led by a logical process to conceive of the method of curing epilepsy, which, when months afterwards, I was enabled to put it to the test of experiment, realized my sanguine expectations. For the sake of brevity, however, in this preliminary statement, I shall avoid discussing the point referred to. My immediate object in touching on the pathology of epilepsy at all at present, is merely to show that while, as I have said, "to cure paralysis originating in a lesion, not of the brain, but of the spinal cord, it is necessary to exert a curative influence, not only over the spinal cord, but also over the sympathetic nervous system, to the extent of the distribution of its vaso-motor nerves throughout the paralyzed limb," so, in like manner, to cure epilepsy it is necessary to exert a curative influence not only over the spinal cord, including the medulla oblongata, but also over the sympathetic nervous system to the extent of the distribution of the vaso-motor nerves throughout the encephalon.

In treating paralysis according to the method above described, my first effort is directed to the spinal cord, which I endeavor to restore to a healthy condition by increasing or diminishing the circulation of blood in it. I effect either of these results by directly modifying its temperature. Moreover, as fibres from the ganglia of the sympathetic are distributed to the sheaths and bloodvessels of the spinal cord, it can be influenced by cold and heat not only directly, but indirectly by acting on those ganglia. The restorative power which I have been able to exert in this manner is truly surpris-

ing, and I believe quite unparalleled by any influence ever exerted by medicine.

If the paralyzed limb is cold, my next object is to increase the circulation in it; this I do, as already said, by lessening the vaso-motor power of those ganglia of the sympathetic which preside over the bloodvessels of the limb in question. In this manner I find that the circulation in it can be so increased as to make it even very unpleasantly hot.

The health of the spinal cord having been improved, and the circulation and consequent nourishment of the paralyzed limb having been adequately increased, I then, and not until then, apply galvanism to the paralyzed muscle, if this aid seems needful. When thus applied, after the cord and limb have been acted on as described, the affected muscles prove far more rapidly responsive to the galvanic stimulus than paralyzed muscles usually are, and recover their natural size and strength with proportionate rapidity. But in fact such is the health-giving influence of the processes I have described, that the limb will generally recover its healthy condition without the use of galvanism at all.

The treatment thus described has reference to those forms of paralysis originating in a lesion of the spinal cord; but I have found myself able to exert a curative influence scarcely less potent even when the paralyzing lesion is within the skull, and certainly far more so than can be exerted by any internal remedy.

I could support these statements by several illustrative cases, but shall only venture to extend this paper by giving a few facts in evidence of the power over epilepsy, which my method of treatment places within the reach of the physician.

In order to cure epilepsy, care must of course be taken in the first place that all sources of eccentric irritation be removed; assured of this, as far as possible, I direct all my efforts to accomplish two objects—first, to lessen the excito-motor power of the spinal cord by lessening the amount of blood circulating in it; and, second, to prevent those spasmodic contractions of the cerebral arteries which induce the sudden loss of consciousness constituting the first phase of an epileptic fit. To achieve these objects, I order—

*First*, and most important, ice to be applied to some one part or to the whole length of the back, and from two to eighteen hours a day, according to the special character of the case under treatment.

*Secondly*, if the extremities be cold, to aid them in recovering their wonted warmth during the first day or two of treatment—by frequently

immersing them in hot water, and by friction, also, in winter, by clothing the arms down to the wrists, and the legs down to the ankles, in flannel.

*Thirdly*, as auxiliaries (1) to take abundant physical exercise, and to use dum-bells when practicable, or other special means of increasing the respiratory activity and of expanding the energy of the spinal cord ; (2) so to cut or dress the hair that it shall not cover or keep warm the upper part of the back of the neck, (3) to exercise the brain daily and systematically in some healthy study, or, if this be impracticable, to ensure regular mental activity by means of some interesting employment; and (4) to take care that the dress along the centre of the back be light and cool.

If ice be properly applied to the back, the extremities, however cold, may be made quickly warm, so that in many cases the use of hot water may be wholly dispensed with; but in severe cases, where immediate derivation of blood to the extremities is urgently required, and more especially in winter, it is expedient to accelerate the influence of the ice applied to the sympathetic ganglia by the means just indicated.

The results of this method of treating epilepsy are exemplified in the following cases:

*Case 1.*—A man, aged 42, began to have fits in 1854. During the twelve months previous to the beginning of my treatment (May 16) he had on an average, three fits of about twenty minutes' duration daily; since I began to treat him he has not had a single fit.

*Case 2.*—A girl, aged 17, began to have fits when between 13 and 14 years old. Has been accustomed since that time to have two little fits (*le petit mal*) daily. I began to treat her February 24, 1863. These little fits immediately became less pronounced, then having gradually lessened in number, ceased entirely at the end of the first week, and have never recurred.

*Case 3.*—A girl, aged 14, has had fits, chiefly little ones, about six years. She becomes unconscious in each fit, but does not fall down. When I began to treat her, (April 23, 1863,) she was having fits at the rate of about four in each hour during the day, besides several each night. Each fit lasted from three to five minutes. The night fits ceased entirely in the middle of May, and the day fits, which now do not last above two or three seconds of time each fit, having declined at the following rates :

Total number of fits during the week ending May 1	50
“ “ “ “ 8	65
“ “ “ “ 15	47
“ “ “ “ 22	37

Total number of fits during the week ending	May 29	.....	26
“	“	“	June 5
“	“	“	“ 12
“	“	“	“ 19
“	“	“	“ 26
“	“	“	July 3
“	“	“	“ 2

*Case 4.*—A girl aged 20, suffers from falling fits of the ordinary kind, lasting about three minutes each, from little fits, which she calls her “jerks,” and in which she becomes unconscious, but does not fall down, and from a frequent quivering of the lips, which is a serious impediment to speech. Of the falling fits she usually has a large but uncounted number each month. In April last she had them continuously one after another throughout each day during a week. Of her little fits or “jerks,” she usually had ten in each of the six days of her catamenial period, and one during each day of the interval. The quivering of the lips is a constant trouble. I began to treat her May 27: since that time she has had one falling fit, lasting about three minutes, and two lasting but an instant each; and since June 15, excepting one little “jerk,” without losing consciousness, she has had no jerking fit, no quivering of the lips, and no abnormal symptom whatever.

*Case 5.*—A boy, aged 13, during the last twenty months has suffered from falling fits, and what his mother calls “stagnation fits,” in which he becomes unconscious, but does not fall. On an average he had, until I began to treat him, about fifty of each kind of fit during each month. He came under my care June 4. Since that date he has had only one falling fit, which was induced by his brother, who made him angry, and has had no little fit whatever.

*Case 6.*—A boy, aged 14, in the habit of having an average of twelve fits daily, each preceded by a shriek. I began to treat him June 11. On that day he had four fits, but each of them without a shriek. Since that day he has not had a single fit.—*Medical Times and Gazette.*

---

*Officers of the American Dental Association.*—President, Dr. J. H. McQuillen, of Philadelphia; Vice Presidents, Drs. C. P. Fitch, of New York, H. Benedict, of Detroit; Corresponding Secretary, Dr. George W. Ellis, of Philadelphia; Recording Secretary, Dr. J. Taft, of Cincinnati; Treasurer, J. J. Weatherby, of Boston.

---

\* NOTE.—During the week ending May 8th, the patient suffered much from toothache, and at length had the two teeth drawn. Hence, I believe the fact that she had more fits that week than the previous one.

EXTRACTS FROM REMARKS ON THE STANDARD OPERATIONS FOR  
CATARACT, AND PARTICULARLY THE METHODS PROPOSED  
BY MOOREN AND JACOBSON.

By Julius Homberger, M. D., Editor Am. Jour. Ophthalmology.

It is one of the most fruitful results of ophthalmological investigation during the last few years, that by combination of iridectomy with the extraction of cataract, the danger of this operation has been so remarkably diminished, that the latest statistics would seem fantastical to any one unacquainted with the rapid strides of our specialty.

The methods of discission and "linear extraction" had, by Von Graefe's genius, become, since about ten years, a valuable resort for cases of soft and half-soft cataract; and both these methods, when applied to those cases only in which they were indicated, and their indications were clearly defined by Von Graefe, may be considered as almost exempt from danger. The customary operations in cases of hard cataract, however, were, up to a still later time—1858—the same as in the beginning of this century. Extraction with a flap downwards or upwards, or sideways, and the different methods of reclination, depression, etc., were left to the choice of the operator. The former was followed, in a large per centage of cases, by suppuration of the flap and consecutive panophthalmitis; the latter gave, in a still larger number of cases, ill results at a somewhat later period, produced by the action of the depressed crystalline body on the choroid. The operation by extraction being infinitely more difficult as to its execution, and if unsuccessful followed by immediate destruction of the eye, while the other operations proved only fatal after sight had been for a longer or a shorter period restored, but rarely ended with atrophy of the bulb—it was a necessary consequence, that the cowardice of operators made them shrink from extraction, and exert their skill in modifying reclination and inventing methods, every one of which labored under the same difficulty as the original one—viz., the supposed solubility by absorption of the sclerotized hard substance of the cataractous lens.

A number of the better surgeons, observing the frequent occurrence of total and incurable cecity following reclination and similar procedures, and the durability of eyes which had escaped the danger of suppuration after extraction, adopted the latter method, as comparatively safe; but their statistics in extraction were not brilliant enough to compete with the boasted results of the "reclinators," whose patients almost universally went away "cured," and whose statistical tables remained the same when these



patients sought relief, after having become blind, not from the same hands who had blinded them. Thus reclinators and extractors finally believed in a theory of absorption and incapsulation, and it was impossible to judge of the merits of the question by the clinical or statistical data. The result of the accumulated experience of both was a kind of compromise; it was asserted that extraction was a safe method if the patients were vigorous and well nourished, if the eyes were not deep-set, etc., etc.; but that in old and decrepit individuals the tendency to suppuration of the cornea was too considerable, or the execution of extraction in patients with deep-set eyes too difficult, so that reclination had in such cases to be considered as preferable.

This compromise is the only explanation of the fact that we find in a statistical table, published in a previous number of this Journal,\* stating the results of four of the most successful operators, 469 cases operated on by reclination and kindred methods, to 3,465 operated on by extraction. The percentage of ill successes in those 469 cases was invariably larger than in those where extraction had been performed; but as the selection of reclination was based on circumstances which seemed to render extraction very uncertain, these bad results of course did not by themselves speak against the value of the operation.

Nevertheless, the ophthalmological community became more and more doubtful about the advisability of reclination and similar operations, and the minds of operators were constantly directed towards the discovery of an operation which would permit the removal of the diseased lens out of the eye, without on the other hand, requiring the formation of so large a flap in the cornea, as extraction.

To these endeavors we owe the operation which is known by the name of linear extraction and Waldau's operation for "spooning out." The former was claimed by its inventor to be only applicable to demi-soft cataracts with a small nucleus, and the latter did not realize, particularly in the common form of senile cataract, the brilliant results predicted by its originator. The experience of oculists universally has shown that Waldau's operation cannot be considered a more safe method than extraction, if the whole substance of the lens is hardened, or in the common forms of hard cataract, though the spoon invented by Waldau for his operation is one of the most valuable instruments in the truss of the ophthalmic surgeon, particularly when he is called upon to extract cataracts.

---

/ \*No. 5, 1863, p. 241,

For soft cataracts, the linear extraction, as proposed by Graefe, and Waldau's operation, are most valuable methods, and in my belief, the cases are very rare where they are not preferable to the slow method of discission, except in congenital soft cataracts in very young children. In adults, discission ought to be performed but in exceptional cases.

I may also allude here to the successes obtained by iridodesis in congenital layer cataract, dislocation of the lens, stationary cataracts, and partial obscurations of the crystalline body; and without entering into the discussion of this brilliant achievement of ophthalmic surgery, the remark seems to me justifiable, that any operation for removal of the lens is contraindicated if iridodesis is applicable.

If we exclude the soft and demi-soft cataracts requiring Graefe's and Waldau's methods, and in exceptional cases discission, and those forms of anomalies of the lens which indicate iridodesis, and consider the achievements of the last few years in the operation of hard, senile cataracts, which, form the principal subject of this article, we have, as already stated, reasons to be proud of the glorious progress of ophthalmic surgery.

Two writers on the subject are entitled to the praise of having diminished in a considerable degree the dangers inherent to extractions. The performance of iridectomy for the purpose of avoiding iritis, and for facilitating the passage of the lens, was the leading idea of Mooren, who, after he had found the difficulty of performing the operation simultaneously with extraction, instituted iridectomy as a preparatory procedure. Jacobson's principal merit is the application of chloroform narcosis in extraction, and perhaps, also, the advice to form the flap in the border of cornea and sclerotic.

The latter proposition is valuable if the diameter of the cornea is small, but it appears to me, according to the experience I have had with Mooren's method, that it is not essential to success; for if, on the one hand, it diminishes the danger of corneal inflammation, it is not so likely to be followed by rapid union as a cut in the substance of the cornea itself. The main feature of Mooren's and Jacobson's operations are, therefore, the combination of iridectomy with extraction, in which both authors concur, and the methodic application of chloroform.

It is true that iridectomy has been performed here and there, and even been recommended by Von Graefe and others in exceptional cases, previous to the appearance of Mooren's valuable monograph; but it cannot be denied that the statistics given by this author, as well as his remarks on the

indications of the modified manner of extraction, have effected the more universal adoption of a method which has proved a most fruitful addition to our means of cure in cataract.

Of more, or at the least of equal, importance as the combination of iridectomy, is the performance of the operation while the patient is in a state of perfect muscular rest. I believe that even if Dr. Jacobson would have extracted without iridectomy, in his 100 cases the results would have been also very good, though the losses would surely not have attained the comparatively small number of 2 per cent.

The advice of Jacobson to replace the iris if it prolapses after the completion of the flap, does not seem to me as rational as the performance of iridectomy as the second act of the operation, if such an accident happens. The hemorrhage which follows in such cases the excision of the iris is very slight, and it is hardly necessary to see the pupil clearly in order to open the capsule with the cystotome, or to remove the lens in the customary manner. Besides, as in both these steps of the operation the flap is opened, the aqueous humor, with the effused blood, escape, and allow a fair view of the pupillary space, etc. I have in two cases, in both of which the lower segment of the iris had been lacerated during the completion of the flap thus performed iridectomy before opening the capsule, and the results have been equally good as in the normal operations. The same course is advisable, as Jacobson himself remarks, if the lens cannot be easily delivered by the pressure of the finger, which must be particularly frequent if there exist synechies, as I found it in one case, or if the vitreous is abnormally fluid, as in cataracts in persons with myopia and sclerietasia posterior. In the latter condition it is evident that this rule ought always to be adhered to, because the delivery of the lens can be caused by a smaller amount of pressure as if it has to be forced through a central pupil. The effusions of blood into the anterior chamber, and hemorrhages from the vessels of the conjunctiva, are without any injurious influence on the success of operations.

The careful application of a compressive bandage, with all the cautions which may be exerted in order to envelop the eye with a homogeneous pressure, is perhaps as essential to success, and more so, than a normal and skillful performance of the operation itself. I do not hold that the careful nursing which Jacobson considers so essential is superfluous; but I had frequently to operate under circumstances which would not permit so careful a treatment, and as in other cases the directions I had given in this respect were disregarded, I believe that, *ceteris paribus*, a patient operated on with

chloroform will not require more careful attendance than if operated on in another method, provided the bandage is well applied. I do not use the buckled bandages, which are so much used now, and recommended by Jacobson, but a flannel bandage, 5 to 6 yards long, which I apply, after the lint is well put on both eyes, in the form of the binoculus. I also instructed my patients to lay their flat hands themselves on the bandage while vomiting, instead of intrusting this to the nurse. Intelligent patients will easily understand the reason for thus supporting their eye, and perform this in an adequate manner. I have never yet had a reason for applying cold water compresses, nor any other antiphlogistic, after operations.

The after-treatment with atropine is of great value, without doubt. I apply it in substance once daily, and have in each case succeeded in dilating the pupil from the third day, as far as it is possible after a piece of the iris has been removed. I believe that the application of atropine in substance is superior to instillations, as the doses given suffices for a period of 24 hours, and as it is possible to continue the use of the bandage.

---

#### A REPORT ON NEW REMEDIES.

[Read before the Ohio State Medical Society, White Sulphur Springs, June 21, 22, 1864.]

By Edward B. Stevens, M. D., Editor Cincinnati Lancet & Observer.

The present report of your committee on new remedies will be mainly a continuation of the report of last year, and therefore will be devoted to the notice of such remedies and preparations as have recently been presented for favorable consideration; nevertheless some general remarks in connection will not be entirely out of place.

In an editorial in the *Buffalo Medical Journal*, by Dr. Miner, we find some remarks on Drugs and their use in the treatment of disease that are corollary to views expressed in a former report of your committee, showing especially that the tendency of scientific medicine in its steady progress is toward the treatment of disease with less drug medication—their proper use being rather for the assistance of the vital force in its instinctive resistance of pathological changes, and their conduct to safe terminations. We quote a brief paragraph or two expressive of these ideas:

“Disease is almost everywhere over-treated, and nothing can be more plain or more easily demonstrated than this proposition. If we did not know it was true we should be glad to speak otherwise. It did appear at one

time that the vagaries of Hahneman were to be adopted in a degree to prevent somewhat the injurious abuse of medicine, but even the belief that Homœopathic remedies would at least do no harm has long since been dissipated with the knowledge that even the disciples of this monstrous delusion are drugged more extensively and more dangerously than any other; they are literally fed on drugs, in doses which would do honor to the chivalrous days of 'heroic practice.'

"The progress of true medical science has greatly qualified our estimate of the value of mere medicine in the treatment of disease. The sore that used to be treated with an unguent composed of twenty ingredients, heals under moist lint when placed in proper position, or supported by the stimulus of gentle pressure. The pneumonia that used to be attacked with heroic remedies—bleeding, antimony and calomel—now gets well with horizontal position and small doses of Dovers' powder. Inflammation even of the serous membranes, which formerly received most active medication is now observed to terminate favorably, if pain is abated and sleep obtained by a full anodyne. The more painless or even pleasant a physician can make his treatment, the more he can divest it of irritating and disturbing characters, the better is it, and the greater and more acceptable is he. The chief characteristic of advancing therapeutics, is to watch the natural course of disease, to regard pathological processes only as modifications of physiological ones, with a natural tendency to terminate in harmonious and healthy action when the obstacles are overcome which the pathological processes themselves were put in action to remove. We often see in the worst forms of disease 'an effort of nature to throw off the morbid matter, and thus cure the patient.' All this is done without any detracting from the dignity and importance of the physician; he is indeed much more worthy of public admiration and confidence than he who would attain the same result by the most active medical warfare.

"Physicians never talked so modestly about 'curing' disease as now, and those who excel in this modesty do most towards the furtherance of the object."

*U. S. Pharmacopœia.*—During the past year the regular decennial revision of the United States Pharmacopœia has been issued, by authority of National Convention for revising the Pharmacopœia held in the City of Washington in the year 1860. It is of course to be expected that with the completion of each decennial interval, the progress of medical science will bring with it many modifications in the opinion of practitioners as to

the value of remedial agents; and this last revision while it is another evidence that our science has not reached a state of perfection—is also an evidence of the steady and pains-taking progress we are making in this department of our profession.

A Pharmacopœia of the United States is not merely a series of formulæ for the best mode of presenting uniform preparations—but it is for the time a declaration of what the experience of the profession has decided shall be considered its standard officinal preparations.

As some evidence of the change which experience has brought in the views of practitioners—we remark that in the list of the *Materia Medica* proper—twenty-six articles have been dismissed as useless or so inferior as to be unworthy of a regular place as officinal articles; and from the list of officinal preparations—twenty-seven have been in like manner dismissed: on the other hand, fifty-five articles have been considered of sufficient value to be added to the *Materia Medica*—and one hundred and eleven preparations. These are not however to be strictly regarded as *new remedies*—they are the new remedies which the experience of ten years has approved—and a large proportion are already in general use before the mere declaration of the Pharmacopœia had made them officinal.

Of course we shall have next in order—and at an early date—a fresh edition of the United States Dispensatory conforming to this modified Pharmacopœia, which will be looked for with interest by the profession.

In this connection it is but fitting that we acknowledge the eminent services of that diligent “hand maid” *Pharmacy*. In this country the plodding compounder of drugs has within comparatively a recent period, risen rapidly to the dignity of an independent and worthy profession; in this we should sincerely rejoice—for the elevation of Pharmacy represents in an important degree the progress of medical science. While we should systematically frown upon that villainous nondescript which continues in a large degree to infest our cities and larger villages—who is half druggist, half doctor; bleeds, pulls teeth and treats gonorrhœa; who fawns on the members of the profession for their prescription patronage, and sneers at them to their patients; who resorts to all scurvy tricks for a consideration; nevertheless we say all honor to the true Pharmaceutist—let us strive to draw the distinction in our esteem—and so far as may be draw the distinction in our patronage.

During the past year or two, the *London Lancet* has published a series of articles on what the contributor is pleased to style *new remedies*. Some

carefulness in the reading of these articles incline us to the opinion that a large amount of trash has been gathered up, with a few really valuable contributions; quite a number of remedies are taken at second hand from the representations of Eclectic and Botanic practitioners of this country, who are by no means regarded with a prophet's honor at home. Others are treated of as new which have been long known in this country and used by all classes of practitioners—as for example the *Phitolacca decandra*, (poke root.) The several individual articles that we propose to notice are too disconnected to suggest any systematic order, we therefore take up first—

*Substitutes for Quinia; Cinchonine.*—In the series of articles we allude to, we have *cinchonine* presented as a reliable anti-periodic, in all respects equally efficacious as a remedy, though in doses one-third larger than quinine. The cinchonine has the advantage of being less bitter in taste, and much cheaper. The cinchonine is especially commended in a communication from Dr. McPherson, who has had a lengthy and extended opportunity for observation in the fevers of the East Indies. Inasmuch as the sources of supply of quinine are becoming every year more limited, it becomes a very important inquiry to test a reliable substitute—or even a substitute which shall be reliable for many purposes. It is stated that the supply of cinchonia is both cheap and abundant. The *Swamp Ash* or *Fraxinus Nitgra*, is offered as another substitute for the sulphate of quinine. In an article in the *Cincinnati Lancet and Observer* for April, 1864, Dr. Denny of Albion, Indiana, reports an experience of ten years in the use of the swamp ash. He administers the remedy in the form of a syrupy decoction or fluid extract of the inner bark, in doses of a table spoonful, frequently repeated during the state of apyrexia, adding a full dose of opium to the last dose of swamp ash in anticipation of the expected paroxysm. He says “ever since 1854 all my cases of intermittents have been thus treated, and I candidly aver has never failed to arrest the disease.” He further expresses the opinion, from his observation that relapses of ague thus treated are less apt to return.

*Phloridzine*, is another remedy which has some claims to professional regard, as in some degree a substitute for quinia. As long ago as the year 1856, some favorable notices of phloridzine appeared in the medical journals. We find in the *Medical Observer* of Cincinnati some account of its use by physicians of that city in the treatment of intermittent diseases. Dr. De Ricci revives attention to this remedy in a recent article in the *Dublin Quarterly Journal of Medical Science*, August, 1864, as follows:

“*Phloridzine* is a neutral principle existing in considerable quantities in the bark of the root of the apple, plum, and cherry trees, but principally in the apple tree. It appears in the market in the form of a dirty whitish powder, consisting of broken up silky needles, somewhat resembling quinine which has not been well bleached, and when rubbed between the fingers it has a soft velvety feel, very like that of French chalk. When chrystalized by slow cooling from a dilute solution, previously treated with fresh prepared animal charcoal, phloridzine may be obtained perfectly white, and in the form of long silk needles. Its taste is peculiar, being bitter at first, but afterwards somewhat sweetish, with a flavor of apples. Phloridzine differs from quinine by containing no nitrogen in its chemical composition, but in this respect it resembles salacine, to which it is much allied. Like salacine it does not combine with acids to form salts, is very soluble in alcohol, ether, or boiling water, but requires one thousand parts of cold water for solution.

[CONCLUDED IN NEXT NUMBER.]

---

#### THE ORIGIN OF COW POX AND THE NATURE OF THE VACCINE VIRUS.

Investigation on this subject in the Paris Academy of medicine, has led to the following conclusions:—

- 1st. That vaccine virus (as a thing separate and apart) has no existence.
- 2d. That the pretended vaccine virus, which we consider antagonistic to, and neutralizing variola, is the variolus virus itself.
- 3d. That the equine and bovine species are subject to an eruptive malady which is identical, as regards its nature, with variola of the human species.
- 4th. It is demonstrated that the same is the fact as regards several other species of animals, pigs, sheep, dogs, goats, apes, etc.
- 5th. The local and general phenomena with animals are the same as those observed in man. The only difference as regards the pustules are those which depend on the structure of the skin and the number of the hairs.
- 6th. As in the human species, so in the equine and bovine, variola may appear sporadically or epidemically.
- 7th. From the horse we may inoculate the cow, and reciprocally.
- 8th. From the cow we may inoculate, without difficulty, individuals of



the human species, provided they have not had spontaneous or inoculated variola.

9th. The cow, the horse, and several other species may be inoculated with variolus matter from the human species.

10th. When a variolus epidemic occurs among men, it often extends itself, by contagion,<sup>5</sup> to other animals.

11th. An epidemic of variola may commence among animals and extend to man.

12th. Inoculated variola produces a much less degree of general reaction than does variola developed by contagion. This is true in both man and lower animals.

13th. The pustules which result from inoculated variola, are often limited to the points inoculated.

14th. When a secondary eruption is produced, it is almost always insignificant, and composed of a small number of pustules.

15th. In a general manner we may say that the variola of animals is more discreet, and less severe, than that of the human species.

16th. That the dangers of inoculation of variola in man have been much exaggerated. The unprejudiced study of what has been written on this subject will convince of this.

17th. It is probable that animals, as man, are subject to apthous eruptions

18th. But the *maladie aptheuse*, as it is described by writers on veterinary medicine, is nothing less than variola.—*Medico Chirurgical Review*.—*Pacific Medical and Surgical Journal*.

---

A CLIMATIC DISTEMPERATURE, extending over a large portion of the earth's surface, and concurrent with epidemic manifestations, has been noted during the last twelve months, and indeed for a longer period. The drought of the last winter appears to have been dependent on causes operating almost universally. It was felt northward in the latitude of Vancouver's Island, and in the central region east of the Rocky Mountains, in Brazil, and in different parts of central and southern Europe. On the other hand, the spring months have been marked by heavy and unusual rains in the southern counties of California, in Arizona, and in the region of the Sierra Nevada Mountains. The spring winds have been remarkably turbu-

lent in all directions, on the Pacific coast of North America. Withering siroccos have visited the southern section of California, and snow-storms the mono country to the eastward. There is something wrong. In the present condition of our knowledge we may not detect the relation of atmospheric to epidemic influences. But that they are related one can scarcely doubt. Two winters ago we had deluges and small-pox. The climate extremes, then and now, undoubtedly belong to the same atmospheric cycle. In like manner, we may presume that the variolous epidemic of two years ago, and the subsequent diphtheritic, typhoid and petechial tendency belong to one epidemic cycle. The subject presents an immense field for exploration and discovery.—*San Francisco Medical Press.*

---

#### THE CHEAPEST DISINFECTANT.

By Robert Druitt, Esq., London.

I ask permission to recommend to the readers of the *Medical Times and Gazette* a strong solution of iodine in methylated spirit, as a safe, cheap, and efficient disinfectant. Iodine is 8d. per ounce wholesale, and methylated spirit 4s. per gallon; therefore, supposing 4 oz. of iodine dissolved in a gallon of spirit cost 6s. 8d., allow a like sum for bottles, corks and profit, and we ought to get for 6d. about 6 oz. of the tincture.

The advantages of Iodine are (I believe it was first proposed as a disinfectant by Dr. Richardson) that it purifies solid surfaces as well as Condy's and Burnett's liquids; and that it is also volatile and acts on the air like chloride of lime, without its abominably nauseous odor.

In every house where there are sinks, closets, &c., internally, it is a good plan to disinfect them thoroughly from time to time in hot weather. Dust-bins should be treated with something to neutralize the emanations of the decaying vegetable rubbish thrown into them. When there is sickness in a house, and a *chaise percee* has to be used, it is very disgusting to have the contents taken without any precaution and allowed to waft a perfume all over the house. For all these purposes, for which a *liquid* disinfectant is convenient, I believe my professional brethren will find the tincture of iodine the most handy and effectual.

---

*Death from Chloroform.*—A young man named Denham Edward Saffery, the son of a chemist at Miletown, Sheerness, has recently died from the self-administration of chloroform, which he occasionally inhaled to relieve pain in the chest.—*Lancet*, July 13, 1864.

## EDITORIAL DEPARTMENT.

## LATE SURGEON-GENERAL HAMMOND.

In our last issue we published the charges preferred against the late Surgeon-General, which it appears by the finding of the court were fully sustained. It is painful to be obliged to confess a member of our profession guilty of such crimes as render him unworthy of holding any "office of honor, profit or trust under the government of the United States." The trial lasted for nearly four months; the court was composed of nine general officers; the trial, it is said, was the most patient and thorough, and after prolonged investigation terminated with the verdict of guilty of the charges preferred. Dr. Hammond has invited the public to withhold its judgment until he has made his defence, so perhaps we are not at liberty to comment too freely upon his character or conduct. It appears by the charges, when they are divested of all superfluous expression, that the Surgeon-General ordered, or caused to be purchased, blankets at extravagant prices, considering quality; that they were unfit for military hospitals was not sustained. That he directed the purchase of medical supplies for the army, of inferior quality and extravagant price. That he wrote some things concerning the Medical purveyor in Philadelphia which were not strictly true, and was ungentlemanly enough to omit the General in writing of General Halleck. That a surgeon should be guilty of any such charges is truly humiliating, and we do not desire to make palliation or extension of the crime in the least degree. There appears no ground for supposing that the above charges were not fully sustained; the order of the President confirms this conclusion, and leaves no doubt that the evidence was conclusive.

We suppose we must grant all that is charged, and acknowledge that Dr. Hammond manifested a dishonest intention to favor some of his friends—to help them sell some poor blankets at an extravagant price. If he had not been surrounded by the temptations attendant upon office, and constantly exposed to the effects of example in official circles, he would probably never have committed any such indiscretion. We honestly believe that such conduct is much too near the general rule, and that a higher standard of honesty is unknown in such quarters, only in exceptional cases. In our estimation, the charge of buying blankets at great prices is an accusation which would be very likely to be urged by somebody who had blankets to sell, and would have been willing to have found a similar market. It is no

palliation of crime that it is fashionable, and still this crime of buying army supplies at such prices that favorites may realize handsome profits, is a thing which custom well nigh sanctions; it is a part of the plan, which is generally understood, but when expressed and exposed, looks badly.

When men come to do things which are not strictly honest, it is very common for them to say and write what is not true. This is very unbecoming a gentleman, and especially an officer clothed with the most important and sacred duties—provision for the sick and wounded soldiers. If a court martial was ordered for the trial of most officers having similar duties—purchases of supplies for the army, or direction of the locations and duties of other officers, it does not appear certain that Dr. Hammond's integrity and uprightness of action would suffer in comparison; when tried in the exact balance of truth and purity, all would be found wanting. That he transcended the line of his duty and favored his friends at the expense of the government is about what appears from the report of the trial. If the official conduct of Dr. Hammond was so correct as to require four months to collect evidence of his having paid extravagant prices for army supplies, we are of opinion his official purity was unequalled.

Our cotemporaries speak of this matter, as of an unparalleled corruption and villainy, but we think possibly there are extenuating circumstances which will yet be made to appear; but if there are none, we are disposed to rank it with the crimes which are of so common occurrence as to demand general reformation as much as individual punishment.

“Disqualified from holding office!” If he has done a “nice thing for his friends,” he will be the favorite candidate for the next election. “Honesty in party and politics is nowhere.” and it will never be found to prevail, as a rule, until it comes to be expected and more rigidly required of those who occupy places of honor and trust. Of the present army of office-holders on the one hand, and the still greater army of office seekers on the other, “whoever is without sin, let him cast the first stone.”

The following is the finding of the court-martial:

1. The Court, after due and mature deliberation upon the evidence adduced, do find the accused, Brigadier-General William A. Hammond, Surgeon-General United States Army, as follows:

#### CHARGE I.

Of the 1st *Specification*, “Guilty.”

Of the 2d *Specification*, “Guilty,” and that the offence therein charged was committed on the 30th day of May, A. D. 1863, except as to the

words, "and with intent to aid private persons resident in Philadelphia," and as to which words so excepted, "Not Guilty."

Of the 3d *Specification*, "Guilty."

Of the 4th *Specification*, "Guilty," except as to the words, "and which blankets so ordered were unfit for hospital use," and as to which words so excepted, "Not Guilty."

Of the 5th *Specification*, "Guilty."

Of the 6th *Specification*, "Guilty."

Of the 7th *Specification*, "Guilty," except as to the words, "corruptly and," "and which beef so ordered was of inferior quality, unfit for hospital use, unsuitable and unwholesome for the sick and wounded in hospitals, and not demanded by the exigencies of the public service," and of the words so excepted, "Not Guilty."

Of the 8th *Specification*, "Not Guilty."

Of the 1st CHARGE, "Guilty."

#### CHARGE II.

Of the 1st *Specification*, "Guilty."

Of the 2d CHARGE, "Guilty."

#### CHARGE III.

Of the 1st *Specification*, "Guilty," except as to the words "and corruptly," "and cause," and as to which words so excepted, "Not Guilty."

Of the 2d *Specification*, "Guilty."

Of the 3d CHARGE, "Guilty."

#### SENTENCE.

And the Court do therefore sentence him, Brigadier-General William A. Hammond, Surgeon-General United States Army, "*That he shall be dismissed the service, and be forever disqualified from holding any office of honor, profit or trust, under the Government of the United States.*"

II. In compliance with the 65th Art. of the Rules and Articles of War, the whole proceedings of the General Court-Martial in the foregoing case have been transmitted to the Secretary of War, and by him laid before the President of the United States.

The following are the orders of the President of the United States:

The record, proceedings, findings, and sentence of the Court in the foregoing case are approved: and it is ordered that Brigadier-General William A. Hammond, Surgeon-General of the United States army, be dismissed the service, and be forever disqualified from holding any office of honor, profit, or trust, under the Government of the United States.

August 18, 1864.

A. LINCOLN.

---

#### A CARD.

The undersigned has read in the *Sunday Morning Chronicle* of this city, the remarks of Judge-Advocate-General Holt on the proceedings of the Court-martial in his case.

He learns from this review and from the order of the President appended, that he has been dismissed the army and prohibited forever from holding office under the United States.

The undersigned has no idea that he will lose one friend by this action of the Administration, but his good name is valuable to him, not only as regards those who know him, but those who do not.

So soon, therefore, as he is furnished with a copy of the findings and sentence of the Court, he will present to the public a brief history of the facts leading to his arrest and trial, a review of the record in his case, and some commentaries on the report of the Judge-Advocate-General.

With these he will be content to submit to the judgment of the world as to how far he has been guilty of the offences charged, and how far he has been the victim of conspiracy, false swearing, and a malignant abuse of official power.

WILLIAM A. HAMMOND.

Washington, Aug. 22, 1864.

---

#### REVIEWS.

*A Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus.* By WM. H. BYFORD, A. M., M. D., Professor of Obstetrics, etc., etc., Chicago Medical College, Medical Department Lind University. Philadelphia: LINDSAY & BLAKISTON—1864.

This is a carefully written practical monograph upon the inflammatory diseases of the uterus; in every chapter of which may be seen evidence that the author has not only a theoretical but also a practical familiarity with the subject upon which he writes. He speaks positively from experience, and rejects what he has found worthless, retaining, for the instruction of others, whatever he has found valuable and true.

The first chapter is devoted to general considerations of the subject of uterine diseases, and a brief rehearsal of the various opinions which have been and still are entertained of the character and influence upon the general system of local uterine disease or displacement. Chapter second is upon the sympathetic accompaniments of uterine disease, in which are described the general symptoms which affect the system, and the affections of the stomach, bowels, liver, nervous system, circulatory and respiratory functions, with mental and moral derangements, etc., etc.

In chapter third are portrayed with great truthfulness and completeness the local symptoms which indicate uterine inflammation.

Chapter four is devoted to the etiology of this disease; sexual indulgence, reading improper books, cold, constipation, standing, abdominal supporters, pessaries, severe exercise, hemorrhoids, pregnancy, abortions, especially

from violence, bad management after abortions, labor, decomposing substances in the vagina or uterus after labor, or at other times, vaginitis of infancy and childhood, gonorrhœa, etc., etc., are regarded as the principal causes of uterine inflammation.

Chapter fifth is upon Prognosis; sixth, complications of the disease; seventh, position of the inflammation; eighth, its progress and termination; ninth, contains careful consideration of the means of diagnosis; tenth, eleventh and twelfth are upon the proper means of cure—the general and local treatment of the disease; thirteenth, is upon treatment of submucous inflammation; fourteenth, displacements, their philosophy and treatment.

To this is appended a report of interesting and important cases. Together it constitutes one of the most plain, practical and valuable works upon this department of medical practice, and we most earnestly recommend all our readers to supply themselves with this volume. We believe that it is correct and truthful, and accords with the best and most established views.

---

*Lectures on Orthopædic Surgery; delivered at the Brooklyn Medical and Surgical Institute, with numerous illustrations, By LOUIS BAUER, M. D., M. R. C. S., Eng.; Professor of Anatomy and Clinical Surgery; Licentiate of the New York State Medical Society; Member of the New York Pathological Society, of the American Medical Association; Corresponding Fellow of the London Medical Society; Health Officer of the City of Brooklyn, etc. Re-printed from the Philadelphia Medical and Surgical Reporter. Philadelphia: LINDSAY & BLAKISTON, 1864.*

This work furnishes us with, first, historical sketch of Orthopædic Surgery, definitions, boundaries, general causes, etc., etc. Second, a complete and highly rational consideration of the various forms of talipes, and the most efficient methods of relief or cure. Deformities of the hip and knee joints are described with great minuteness and truthfulness, and the most available means of rectifying mal-positions, are described in detail, and with great care. The consideration of diseases and deformities of the spine is also upon the same plan. The work is fully illustrated, so that the opinions of the author and of many other observers may be fully understood. The instruments found useful in the treatment of all the different deformities are represented, and nothing is omitted necessary to give a complete understanding of the various means and appliances necessary in correcting the various mal-positions of the body. There are but few works upon this subject in this country worthy of confidence, and this

monograph will be particularly acceptable to those surgeons who attempt the treatment of such deformities. It is claimed that this department of surgery is entitled to a distinct specialty. The great difficulty in securing proper care in such cases unless they are placed in charge of experienced attendants, or better, if in institutions devoted exclusively to care of such patients contributes to the necessity of "specialty" in this branch; yet every surgeon should understand the principles and best manner of treatment, and should not neglect cases which come under his care, and cannot be otherwise provided for. It cannot be doubted that much indifference is manifested by general practitioners, and deformities which would be obviated without difficulty are neglected, or postponed until hopelessly incurable. If this work is carefully perused it will not only instruct, but will also stimulate to a better treatment of this class of deformities.

---

*Lectures on Medical Education, or on the proper method of Studying Medicine.* BY SAMUEL CHEW, M. D., *Professor of the Principles and Practice of Medicine and of Clinical Medicine in the University of Medicine.* Philadelphia: LINDSAY & BLAKISTON, 1864.

This book is written with great good taste, and shows the author to have an elevated and cultivated mind, which he is devoting to the good of the medical profession. The following brief extract from the preface will show the objects and character of the work. Medical students should *all read it, and read all of it*:

"I have lately commenced the study of Medicine, and write to consult you on that occasion. What books ought I to read? How shall I read them to most advantage? How many hours daily should be devoted to reading? Is much reading necessary? I am acquainted with several physicians, who, I think, have read but little. I know one who declares that his only guide in the treatment of diseases is his own experience, and that he has never opened a book since he graduated; his friends are of opinion that his reading had been equally extensive before that epoch; and yet he has been extremely successful in business, and has much practice and great reputation. On what branches ought I to attend Lectures during the first session? Is it advisable to take Notes of the Lectures? Is it necessary to attend Clinical Lectures in a Hospital? If necessary, why is it so when we have so many books on the Practice of Medicine? Are Dissections necessary in the study of Anatomy? They must be very disagreeable; would not plates answer in their stead? Is it necessary to pay attention to Medical Auscultation? My old preceptor considers it wholly useless, and says that he can investigate diseases of the chest better without that mode of examination than any one else can with the help of a cart-load of Stethoscopes. What is the general character of our Medical Schools? Does the Medical Profession in this country stand as high in public estima-



tion at present, as it did in former times? Has it not lost something of its ancient reputation and *prestige*?"

Such are some of the inquiries which almost every student of Medicine addresses to those of whom he seeks counsel in relation to the conduct of his professional studies. It is in reply to these and similar questions that the present volume has been prepared. In it are embodied the opinions and advice respecting certain subjects connected with Medical Education, which the author has long been in the habit of giving to his classes of pupils."

#### BOOKS AND PAMPHLETS RECEIVED.

*Military Medical and Surgical Essays prepared for the United States Sanitary Commission.* Edited by WILLIAM A. HAMMOND, M. D., Surgeon-General United States Army, etc. Philadelphia: J. B. LIPPINCOTT & Co., 1864.

*A Treatise on Gonorrhœa and Syphilis.* By SILAS DURKEE, M. D., consulting Surgeon of the Boston City Hospital; Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement; Honorary Member of the Medical Society of the State of New York; Fellow of the American Academy of Arts and Sciences, etc. Second edition, revised and enlarged, with eight colored illustrations. Philadelphia: LINSAY & BLAKISTON, 1864.

*The Physician's Dose and Symptom Book, containing the doses and uses of all the principal articles of the Materia Medica and Official preparations; also the Tables of Weights and Measures, Rules to Proportion the Doses of Medicine, Common Abbreviations used in writing Prescriptions, Table of Poisons and Antidotes, Classification of the Materia Medica, Pharmaceutical Arrangement, Table of Symptomatology, Outlines of General Pathology and Therapeutics.* By JOSEPH H. WYTHES, A. M., M. D., author of "The Microscopist," "Curiosities of the Microscope," etc., etc. Fourth edition. Philadelphia: LINSAY & BLAKISTON, 1864.

*The Physician's Visiting Diary and Book of Engagements, for 1865.* Philadelphia: LINSAY & BLAKISTON.

*Twenty-Second Annual Announcement of Rush Medical College, Chicago, Illinois, for the Session of 1864-5, with Catalogue of previous session.*

*Sixth Annual Announcement of the Chicago Medical College, Medical Department of Lind University, Chicago, Illinois, for the College Session of 1864-5.*

*Buffalo General Hospital—Inspection of the Military Wards and Sick and Wounded Soldiers.*—A commission of inspection, consisting of Gen. Fitz Hugh Warren of Iowa, well known to many of our citizens, Surgeon Craven, Medical Director of the 10th corps, and Capt. ———, are on a visit to the United States Hospitals in this vicinity, for the purpose of ascertaining their condition, and with view of sending to the front any who may be found sufficiently recovered to be able to do active mil-

itary duty. The Buffalo General Hospital was inspected this morning, (Sept. 16,) and was complimented in the highest terms—as unsurpassed for order, neatness, ventilation, and all the attractions of a well arranged, well managed home for sick and wounded soldiers. The medical wards under the care of Dr. S. F. Mixer, and the surgical wards under the care of Dr. Sandford Eastman, were pronounced in condition to reflect the highest credit upon their fidelity and capacity, and the members of the commission were forward in expressing their hearty approval. Dr. Brown, the House Physician, and Mr. Brayley, the Superintendent, received their full share of compliment. All friends of the Hospital and all interested in the care of soldiers will be much gratified by the report.

The wards are now full, and it is becoming a matter of pressing importance that more room be provided. The building is too crowded for perfect hygienic condition, and immediate provision should be made for accommodation of more soldiers and general patients. Applicants for private rooms are constantly disappointed, and general patients for the wards can hardly be accommodated. The front building to the Buffalo General Hospital should be immediately commenced. The attention of the Trustees is earnestly called to it.

*American Medical Times suspended.*—The issue of the *American Medical Times* is temporarily suspended. The publishers announce that they are compelled to this by the enormous rise and constant increase of every thing relating to publication. All subscribers who have paid in advance are informed that the amount due them will be refunded on presentation of their receipts, if they are unwilling to let it remain until the publication is again commenced. Messrs. Bailliere Bros. hope before many months to be enabled to resume its publication.

*Report of Deaths in the City of Buffalo, for the month of July, 1864.*  
SEX.—Males, 100; Females, 60.

CAUSES OF DEATH.—Accident, 7; Accident, by Drowning, 6; Apoplexy, Cerebral, 1; Brain, congestion of, 1; Brouchitis, 4; Cholera Infantum, 20; Cholera Morbus, 2; Consumption, 2; Convulsions, 8; Croup, 1; Coxalgia, 1; Debility, 5; Diarrhœa, 16; Disease of the Brain, 1; Disease of the Heart, 1; Diphtheria, 2; Dropsy, General, 2; Dysentery, 4; Epilepsy, 2; Erysipelas, 2; Fever, Puerperal, 1; Fever, Puerperal Convulsive, 1; Fever, Scarlet, 2; Fever, Typhoid, 3; Gangrene, (Hosp.) 1; Gunshot Wound, 3; Hæmorrhage, from Lungs, 1; Inflammation of Bowels, 2; Inflammation of Brain, 5; Inflammation of Brain and Meninges, 6; Inflammation of Larynx, 1; Inflammation of Liver, 1; Inflammation of Lungs, 8; Inflammation of Peritœum, 1; Marasmus, 4; Measles, 6; Murder, 4; Old Age, 4; Pyæmia, 2; Perforation of Bowels, 1; Scrofula, 1; Small-pox, 1; Stricture of Rectum, 1; Strangulation, 1; Unknown, 3.

Total Deaths from Diseases, 168; Still-born, 1.

LOCALITY.—City at large, 144; Hospital Sisters of Charity, 3; Buffalo General Hospital, 4; Catholic Foundling Asylum, 11; Catholic Deaf and Dumb Asylum, 1; Protestant Orphan Asylum, 1; Erie County Alms House, 4; Soldiers' Rest, 2.

BY WHOM CERTIFIED.—By Regular Physicians at Public Institutions, 25; by Regular Physicians in City at large, 74; by Irregular Practitioners, 31; by Coroner, 15; by Undertakers, 24—Total, 169.

The number of deaths for the first six months of the present year is 109 more than in the corresponding period of last year, and 80 more than the average for five years.

SANDFORD E. ASTMAN, M. D. Health Physician.

B U F F A L O  
*Medical and Surgical Journal.*

---

---

VOL. IV.

OCTOBER, 1864.

No. 3.

---

---

ART. I.—*Surgical Diseases of Women—Rupture of the Perineum; its Early Management and Operative Cure.* By J. F. MINER, M. D.

Perineal rupture is one of the most common and distressing accidents of labor, and every medical practitioner is ready to bestow upon it his best attention; few, if any, fail to meet with it in greater or less degree, in the course of their practice. There is no data, as I am aware, to show its relative frequency; the slighter degrees are certainly common, and the severer cases are more frequent than many suppose; natural modesty, and the want of any expectation that relief can be obtained, induce many sufferers to keep their malady a secret. This accident, from the nature of the case, would be more common in first labor, though it is by no means confined to primiparæ. Age may be thought also to have some influence; increased difficulty is supposed to attend first confinements after the thirtieth year, though this accident may occur in all ages. We observe different varieties according to the degrees of laceration. When the injury is slight it is of no great importance; if it extends through the recto vaginal septum, involves in rupture the sphincter ani, or even reaches the entire length of the perineum, without dividing this muscle, it constitutes the severest injury, and one which has until quite recently been generally regarded as incurable.

The various causes of laceration are sufficiently well understood; they may be comprised under two heads, the condition of the parts concerned in parturition, such as, undilated os externum, as sometimes happens in rapid labor, unyielding rigidity of perineum, structural peculiarity of the tissues, malformations of the pelvis, and the more immediately exciting

causes, such as sudden and violent uterine action, great disproportion in the size of the perineum and child, improper employment of instruments, or inadequate support during the passage of the head or shoulders. It has sometimes been intimated that this accident should not occur in the hands of a careful and skillful physician, but it has occurred with the best accoucheurs and unquestionably in some cases it cannot be avoided. The best means of preventing this accident should be well settled in the mind of every practitioner. Supporting the perineum with the hand or napkin is the old and common expedient. Some authors object to this as injurious by provoking more rapid and stronger action of the uterus, but if properly conducted it is no doubt useful in directing the pressure upon the pubis, and conducting the head forward, through the external parts. It was formerly common to employ tartar emetic, warm fomentations, blood-letting, etc., but it would hardly be proposed by recent practitioners. In cases of threatened rupture, the administration of chloroform will probably do more to relax the parts and allow the safe passage of the child than all other expedients. This with sufficient and proper support would conduct many cases safely, which, without this prevention, would end in the severest rupture. When from any cause laceration is unavoidable, it has been suggested and practiced, to make during pain slight lateral incisions, thus making room for the passage of the child—producing a laceration upon the sides which could not extend into the rectum, and which would comparatively do little harm. This is a philosophical suggestion, and under proper circumstances might very well be adopted. Nature has herself in some rare instances suggested and sanctioned this procedure, lateral lacerations extending upon the side of the rectum, rather than into it, have been reported; these have terminated much more successfully, or have given much less trouble if left to themselves. Rupture during the delivery of the shoulders is quite common, and most authors sufficiently insist upon the importance of supporting the perineum during the passage of the shoulders. After the head has passed, making slight rupture, if great care is not taken, the shoulders will prolong the laceration, and greatly augment the severity of the case. The consequences of laceration depend upon the extent of rupture; many slight cases are of no great importance, while the deeper lacerations often render life miserable. It allows prolapse of the vagina, uterus and bladder, and the attendant dragging pains, incapacity for exertion, and interference with the functions of these organs, leucorrhœal discharges, and a long list of miseries which in the severer cases make life a burden.

*Treatment.*—The difficulties to be overcome spring mainly from the nature of the wound, its situation, and exposure to irritating discharges, together with the obstacles which exist in effecting apposition of the parts which shall be undisturbed for a sufficient length of time to obtain union. Discharges from the vagina, bowels and bladder, during the healing process, are liable to interfere, and the most skillful attempts have thus been frustrated. Formerly these difficulties were regarded as insurmountable, and many cases were abandoned as hopeless. There are still difficulties and uncertainties in the operation, yet they have been greatly overestimated. We may fail to obtain union even under favorable circumstances, and not unfrequently we succeed when all the opposing influences appear most active. One case, operated upon a few months since, terminated favorably, when all the common obstacles to union were augmented by the appearance, upon the third day, of most violent diarrhoea, which continued forty-eight hours, and was followed immediately by menstruation, which had come on untimely from the excitement of operation. On the other hand, cases sometimes fail when all the conditions seem most favorable, but cases which fail, or partially fail, are not to be abandoned as hopeless, another trial may prove successful; there are no obstacles to success which cannot be overcome. Influences are sufficiently numerous which may partially or wholly defeat our first efforts, but there are few, if any cases, but yield to judicious and persevering effort.

Great differences obtain among authors upon all the important points of practice, but it is not proposed to examine these conflicting opinions, but simply to express such views as appear most correct, and such as have been sustained by personal experience and observation.

What then shall be done when perineal rupture has been made—rupture which is so extensive as to demand any interference? It may be well to say that sometimes laceration, which appears to the inexperienced extensive enough to demand attention, will in a few days quite disappear, from the contraction of the parts; this is a mere hint to the young practitioner, who, very likely, will magnify the importance of the lacerations which he meets in his early practice. The smaller ruptures are often magnified in importance, while the larger ones cannot be in any way over-estimated, they constitute the sum of female woes, and their ill effects cannot be magnified.

It has been my practice of late years, when meeting with recent perineal rupture, of sufficient importance to require any attention, to introduce simple interrupted suture, one, two, or three, as the case might seem to

require, and in all of my own cases, thus treated, which I now recollect, the result has been perfectly satisfactory. In one case recently treated thus at my suggestion by a medical friend, the termination is not so satisfactory and the operation for restoration is yet to be made; this plan then is certainly not always successful. In the severe forms of laceration it would not be advisable, since the quilled suture would offer much better chances of success, and even this would be uncertain in its results. Immediate restoration in extensive laceration, where the sphincter ani is divided, is much more difficult and uncertain than at a later period, when the parts are freshened anew, and there is no lochial discharge. The torn surface is not as likely to unite as the cut edges under any circumstances, and the secretions in recent cases greatly increase the liabilities of non-union. It is however well to try the plan of immediate restoration, as nothing is lost in case of failure. With this view the parts should be carefully approximated and retained for several days. Retention will be accomplished as thoroughly by the commonly described "quilled suture" as by any expedient yet suggested. Upon the proper introduction of this, will depend in great degree the chances of success. It fails from being placed too superficially, too early removed, neglect in restraining the bowels by anodynes, or of placing catheter in urethra, or of proper cleanliness by syringing, &c; it may fail from other and unavoidable causes. It has never fallen to my experience to treat for immediate restoration, a case of very extensive laceration; in the hands of careful practitioners such cases must be very rare, they do however occur from various causes, and are often presented a little later, for surgical operation. The operation is simple, safe, and usually successful, though cases of failure will sometimes occur, even when least expected. There is at times manifested no tendency in the parts to unite, an ulcerative destruction taking the place of natural adhesive inflammation.

To insure success, the freshening process should be thorough and complete; timidity and irresolution in this part of the operation is the most frequent cause of failure. The ligatures should be strong and deep and placed far back from the edge; interrupted suture may be used to nicely adjust the edges. The bowels should be quieted with morphine and a catheter retained or frequently introduced. Cleanliness and repose are also indispensable to success. It has been recommended to divide the sphincter ani muscle in order to annihilate all traction, and, in some cases, such an expedient might be useful, but it is believed to be generally quite unnecessary and to only augment the severity of the operation without greatly increasing the chances of successful termination.

It has also been recommended to relieve the tension upon the ligatures by elliptical incisions on each side of the sutured part; this can only be necessary when from any cause there has been great destruction of parts, so that there is unusual traction, in which case such an expedient might prove useful.

The deep sutures should be removed on the sixth or seventh day; if sooner, the traction might separate the recent union; if later, they are apt to produce suppurative surfaces and considerable irritation. All traction upon the parts should be avoided for a much longer period, but removal of the ligatures at this time will be proper, and greatly contribute to the comfort of the patient.

One of the most common imperfections in the results of this operation, is the continuance at some point, of a fistulous opening through which perhaps escapes the secretions from the vagina; these usually close spontaneously, or their closure may be accomplished by the application of the actual cautery, or possibly by nitrate of silver. If all this fail, the edge may be refreshed with a narrow history and a suture introduced.

Much has been written upon the subject of metallic suture for this and similar operations, and it has been claimed that the invention of the metallic suture is a discovery which ranks in importance with those of the discovery of the circulation of the blood, vaccination, application of ligature to divided vessels and anaesthesia—the most important discoveries which have ever been made in our profession so far as positive benefit to mankind is concerned. It is urged that the metallic suture induces less suppuration than any other, and that operations for vesico vaginal fistula may be successful by their use, which without would be impossible, and that nothing can really take the place of silver wire suture, where it is important to avoid suppurative action.

It does not appear why, there should be any great differences in the material of which sutures are made, only in some cases, metallic cords may be more easily fastened or adjusted than silk or linen ones, but it is not probable that waxed silk or linen, possesses any irritating qualities which are not equally common to silver or iron. When silver sutures were announced as the crowning glory of medical discovery, I commenced their use in common with others who were desirous of adopting every new and useful improvement, and sometimes I thought they were attended by less suppuration, and again I could see no manifest difference. They may be more applicable than silk or linen, and with our present plan of adjust-

ing sutures, they have their advantages, but it is quite possible that protracted trial will finally lead to the conclusion generally that a thread of lead, iron or silver, has no advantages over one of silk or linen, where it can be as easily and nicely adjusted.

Various objections have been urged to the operation for immediate restoration. It has been supposed that acute vaginitis would be liable to occur from the effects of the sutures; that the presence of the lochia was a fatal objection; or it has been said that nature was adequate to effect a cure if left unaided. It is hardly necessary to reply to such objections; the first is a whim, not an objection; the operation of introducing sutures in cases of recent rupture is so slight that if it is not greatly magnified by unnecessary preparation, but is proceeded with unhesitatingly and unconditionally, will be completed without objection on the part of the patient; they will sometimes only regard it as a common and necessary part of the process of parturition. The lochial discharge is troublesome, but if the adjustment is perfect, and the parts are closely retained, the lochial discharge will generally produce little injury.

That nature will sometimes restore, unaided, severe lacerations is quite true, but the wonderful and exceptional manifestations of nature in restoration from disease constitute no safe and reliable basis upon which to rest from our efforts; laceration of the perineum is a malady which nature alone can sometimes cure, but nevertheless we always can, and we always should, when necessary, lend her a helping hand.

---

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

TUESDAY EVENING, September 5, 1864.

Society met pursuant to adjournment, the President, Dr. Samo, in the chair. Present—Drs. White, Rochester, Lockwood, Strong, Miner, Wyckoff, Gay, Shaw, Ring, Cronyn, Dayton, Congar, Johnson and Peters.

*Dr. Gay* proposed for membership the name of Dr. Hauenstein. Laid over under the rules.

*Dr. Gay* presented the following paper on Erysipelas:

The unusual prevalence of abscess, the tendency to the formation of pus depots, and the large number of cases of cutaneous and cellulose-cutaneous forms of erysipelas must have been observed and attracted the attention of all during the past season, especially during the early spring. Indeed so



great was the tendency to erysipelas and pyæma after surgical operations that, in one of our hospitals at least, operations were for a time interdicted, death after operations seeming to be the rule, and recovery the exception, despite the utmost precaution and skill on the part of the surgeon.

I have witnessed in three instances a considerable abscess result from puncture made with the hypodermic syringe, but attributed at the time, the formation of the abscess, more to the preparation of morphia used than to the puncture made with the syringe. It is well understood that the acetate, instead of the sulphate of morphia, should be used in hypodermic medication, the sulphuric acid of the sulphate being capable of exciting inflammation when injected into the areolar tissue. Yet I am in doubt still, whether the abscesses in question were, or were not, caused by the preparation of morphia used, or whether the puncture itself was not sufficient to have caused them.

I have a case in point which, so far as it goes, impairs the hypothesis just alluded to. In order to determine the nature of a swelling a very small exploring trocar was introduced which in two or three days was followed by suppuration, the pus being independent of and superficial to the tumor.

In view of these facts, I have thought it would not be wholly without interest to bring the subject of abscess before the Society at this time, especially that form of abscess so commonly met with, and which has been apparently modified by an erysipelatous dyscrasia, detailing a few representative or typical cases with the ultimate object to indicate the best mode of treatment to be adopted.

Independent of the intention just mentioned, it is believed that the cases which will be brought forward possess some intrinsic interest *per se*. But before I come to the cases, I will premise, by calling attention to the fact that little has been written or published, either in our current medical literature or standard works upon the topic under consideration, perhaps the subject demands no more notice. Miller's Surgery contains four pages upon the subject of Phlegmonous Erysipelas and its treatment. Gross and Druitt have each but a single paragraph. It would appear, therefore, that a surgical hiatus exists, to fill up which, some writer might profitably occupy his time.

*Case 1st.*—Mrs. H., German, aged 30 years, previous health good, was attacked with rigors, followed with pain at a point near and posterior to the right breast, after the lapse of two weeks, although the pain had been

continuous, there was no perceptible swelling or fluctuation, but the whole side was somewhat fuller than its opposite.

For local treatment, poultices and blisters had been used, and the patient sustained by good nourishment and tonics. The general symptoms, to wit, extreme prostration, frequent pulse, and profuse perspiration, conjoined to the local symptoms afforded sufficient evidence of the existence of pus, and the propriety of giving exit to it; consequently on February 13th, two weeks after the attack, a deep incision was made directly over the seat of pain, and the grooved director pushed down through, in an oblique direction, nearly its entire length, before the walls of the abscess were penetrated; the opening thus made was dilated, and one pint or more of pus obtained. A tent was introduced to the bottom of the wound, and renewed every day for a week, when the discharge ceased, and the patient pronounced convalescent in four weeks from the attack.

*Case 2d.*—Mr. H., aged 33 years, husband of the former, was taken sick about one week before the convalescence of the wife, with pain in nearly the same locality, upon the right chest. The general and local symptoms not much unlike those of the other case. The opening of the abscess was not made so early, the prostration was greater, and symptoms more imminent.

March 19th, three weeks after the attack, a deep opening was made down through the entire thoracic muscles, and one pint of pus discharged; kept the wound open with the tent.

April 10th, not much improvement. Made another incision and obtained about one half pint of very offensive pus.

15th, decidedly improved, and in a few days was convalescent. Duration of disease seven weeks. These two patients were visited by myself, in consultation with Dr. Hauenstein, who has kindly permitted me to report them.

*Case 3d.*—Mr. P., American, aged 38 years, was called February 21st. Patient complained of sore throat. On examination, found the pharynx inflamed. Made application of sol. argt. nitras. After each application the inflammation seemed to be aggravated. I consequently desisted from any further application, except a solution of morphia.

The case gradually grew worse, until deglutition was extremely painful. The inflammation assumed a migratory character, beginning with the pharynx, which soon presented a healthful appearance, traveling downwards to the larynx, remaining for a time, leaving it, in its turn, with a healthy aspect, so far as I was able to ascertain.

Yet, with the improvement of the mucus membrane, deglutition was becoming more, and still more, painful. I was therefore led to attribute the pain to the action of the muscles of deglutition. Tenderness, upon pressure, was now apparent at the left of larynx; considerable fullness over the entire left side of the neck. Poultices and blisters were used, but nothing gave relief but full doses of morphia.

March 7th, made an incision at the left and by the side of the larynx as deep as I deemed it safe to go, then with the grooved director penetrated the walls of the abscess, dilated the opening and obtained a large quantity of pus.

March 11th. Discharge ceased. Made another opening, discharged freely; used the tent.

March 14th. Discharge entirely ceased, and in a few days the patient was convalescent. Duration of sickness three weeks.

It was my fortune, during the past season, to see a half-dozen other cases of the same character precisely, two of which occurred in the persons of husband and wife, the abscesses locating respectively beneath the right pectoral muscles and the deep fascia of the thigh, but as they can contribute nothing toward furthering the object of this paper, they are omitted.

The assault, however, of this disease upon two members of the same family, consecutively suggests the question of contagion. I cannot, however, in any sense, regard the disease as contagious, unless there be real contact of pus with an abraded surface. I must rest satisfied, therefore, in the belief that the same sanitary and hygienic conditions, as bad air, blood, etc., which incited to the disease in the one case, would, when superadded to excessive anxiety and interrupted sleep, predispose to and develop in him, who continually watches by the bed-side of the sick, the same form of disease.

I have taken the liberty of calling these reported cases of disease, Phlegmonoid Erysipelas. They might be thought to be nothing more than common abscesses, but they differ materially from simple and pure abscess. All the conditions of simple abscess were absent, except one, viz.: the formation of pus. Added to the negative evidence of the erysipelatous character of these abscesses, there is the positive evidence existing in the fact of the prevalence of erysipelas, that during the progress of Case No. 3, there was a case of cutaneous erysipelas in the same family. The sudden onset of pain, the chills and active febrile movement, the deep-seated in-

flammation, its duration, and the unmistakable tendency to blood poison—all contribute to render the differential diagnosis easy.

Phlegmonous differs from phlegmonoid erysipelas in this, that in the former the inflammation attacks the subcutaneous cellular tissue, while in the latter the inflammation is more profound.

As an example of the former, a case may be cited: A person is attacked with inflammation of the finger or hand, which, traveling upwards, perhaps reaches the shoulder or it may be confined to the hand or fore-arm, the pus quickly pointing to the surface and suppurating, but sometimes requiring incisions to hasten the suppurative process or even to give exit to the pus. The two forms of abscess differ materially.

The indications of treatment are plain, to wit: relief of pain and the exit of pus. To this end anodynes, poultices, blisters, wet and dry cupping and the knife are required. It is somewhat questionable whether anything can be of much service but the knife.

I desire to point out what I conceive to be a therapeutical fallacy in the treatment of this affection. It is in the use of discutients and sorbefacients, with the hope of repelling the inflammation or promoting resolution or absorption. These desirable results cannot be accomplished. Much time may be needlessly wasted in attempts to this end, and the life of the patient imperiled. I cannot, in too strong language, denounce the use of iodine, yet how naturally it suggests itself, and how eagerly is it seized upon as the infallible agent. I believe that theory, practice and common sense, all combine to condemn it. An effort should unquestionably be made to invite pus to the surface, and the employment of suitable constitutional remedies should be had recourse to, to keep the pus out of the blood. But the knife should be chiefly relied upon, and used as early as possible, never waiting to detect fluctuation, for by too much delay, one deep abscess may degenerate into many fresh ones, occupying parts remote from the original or primary abscess, or pus might be absorbed into the blood, ending the case in pyaemia and death. If pus can be obtained early and abundantly, it becomes impossible for the patient to die of this disease if he be properly sustained.

*Dr. White* would like to call up a subject which had possessed great interest for himself, and he thought could not fail to interest others. He referred to the growth and involution of the uterus incident to pregnancy and parturition, that wonderful process by which an organ weighing not more than ten or twelve drachms, and of a capacity of less than one cubic

inch, in the virgin increased to a weight of twenty or thirty ounces, and a capacity of 450 cubic inches in the pregnant woman, and again decreased to nearly a weight of two and a half ounces, and correspondingly small measurements. Without going into any discussion on the subject he would give it as his belief that the uterus consisted in its normal state of nascent muscle, which becomes developed into striated muscular structure, and is again reduced in size by a process of fatty degeneration and absorption. Interesting as this process was, however, he wished to speak more particularly of the process of degeneration, or involution, as it is called, and of its variations. It presented two variations from the normal standard which constituted diseases, viz: sub-involution, when the process was arrested before the normal standard was reached, and super-involution, when the process had gone on to too great an extent, and the uterus was reduced below its normal size. The former was much the more frequent, and is often met with after abortions and after frequent pregnancies. The second variation, super-involution, or atrophy, was much more rare, and so far as he knew was not recognized or treated of by authors of systematic treatises on obstetrics. Had notes of three cases in the last two or three years which he would lay briefly before the Association, for the purpose of calling attention to this condition.

*Case 1st.*—A lady, aged 18, was sent to him by Dr. Potter, from Genesee county. The patient had had a severe labor, and was delivered after protracted efforts with the instruments of a dead child. No laceration followed; she was afflicted with severe inflammation within the pelvis, and convalesced very slowly. Saw her about eight or nine months after delivery; the menstrual molimen was present, but there was no flow; she suffered some pain at each menstrual epoch, but her general health seemed good. On examination he found the vagina nearly closed with adhesions; divided them, dilated the vagina, and on reaching the uterus found only vestiges of the os which was closed, the organ being as small as in a girl of twelve years, as felt through the walls of the rectum. In December, 1862, in presence of Drs. Moore, Eastman and others, he divided the tissues for one and one-half inches in the line of the cavity of the neck and body, and inserted a sponge tent. Had inserted sponge tents from time to time since. The uterus is still small, the molimen is very marked, great pain being suffered, but no flow making its appearance. Her general health is good, except at the menstrual period. Did not yet despair of eventually restoring the functions of the organ, and proposed inserting a galvanic pressary.

*Case 2d.*—A lady from Michigan, aged 26. The previous history was incomplete; the patient had not menstruated for four years, but whether she was regular before that, or not, could not be ascertained. Her general health had suffered much, and she complained of great pain at the appearance of the menstrual molimen. On examination, in November, 1863, he found he could not pass the smallest probe through the neck of the uterus. Guided by a probe and the direction of the cavity of the neck, he made an opening of an inch and a half or more, dilated it with tents, and then introduced a short galvanic pessary. She returned in three months improved in health, and had had slight sanguinolent discharges at each monthly period. In August she had so far improved as to have the menses pretty well, and the uterus has perceptibly increased in size. Continued the use of the pessary, with air, tonics, iron, etc.

*Case 3d.*—Aged 34, from Pennsylvania. Had a severe labor in April last, since which time she has not menstruated. Found the vagina, on examination in July, nearly closed. Together with Dr. Congar, he dilated the vagina fully with sponge tents, but so little time had elapsed since labor, that he had concluded to await natural efforts for a few months.

In conclusion, he would say that the appropriate treatment, as it seemed to him, was that which he had indicated, viz.: the breaking up of all adhesions by the use of sponge tents, the giving of tonics, iron, etc., fresh air, nutritious diet, and the stimulating the uterus to act by the use of the galvanic pessary.

*Dr. Gay* called attention to the plant presented by Dr. Lockwood at the last meeting. Had examined it, and found it to be not Apocynum, but Asclepias. Exhibited specimens of both plants.

*Dr. Lockwood* did not claim to be a systematic botanist, but had gathered and used the root of the plant he presented for the past thirty years, and had always considered it Apocynum Cannabium. Moved that a committee, to consist of Drs. Gay, Strong and Peters, be appointed, to report on the subject at the next meeting. Carried.

Reports on prevailing diseases being called for. *Dr. Wyckoff* mentioned having seen a good deal of typhoid fever and dysentery.

*Dr. Dayton* had seen considerable intermittent.

*Dr. Wyckoff* had seen several cases of typhoid fever. In one family, where he attended, had seen seven cases, six being down at one time. The youngest children had diarrhoea and dysentery, with discharges of bloody

follicles, febrile re-action, etc. He considered the same influence had been at work on the whole family. Could find no local cause for it.

Society adjourned.

JOSEPH A. PETERS, Secretary.

ART. III.—*Change of the Color of the Hair in a night; report of a case.* BY J. F. MINER, M. D.

The following case of change in the color of hair, supposed to arise from violent mental emotion is regarded as of sufficient interest to be worthy of record:

John S. Constantine, aged 33, from Colden, Erie county, N. Y., now member of the 14th Reg't N. Y. Heavy Artillery, was transferred to the Buffalo General Hospital July 14, 1864, with gun-shot wound of foot, and gives the following account of the change of color observed in the hair upon the right side of the head: "During the winter of 1846, when 16 years of age, I was abruptly informed of the death of my mother. As I had just buried a sister, to hear of my mother's death made considerable impression upon my mind, though nothing that I regarded as unusual at the time. I was away from home and could not return until next day. When I did arrive I found my mother alive and better, and she soon inquired of me what was the matter of my hair; upon examination I found the hair upon the right half of my scalp white. Have always enjoyed good health, and suffered in no other way except change in the color of hair."

Mr. Constantine is an intelligent, healthy looking young man, and the account he gives of himself is undoubtedly correct. A large portion of the hair upon one side of the head is white, the remainder being of a dark brown color; one eye-brow has also a tuft of white hair. He has been in the army near a year; since wounded has been in several hospitals, and been observed by a great many surgeons and medical men. He says, "All say they have heard of such things, but never saw a case before." There are also patches of skin which are unnaturally white; these he says never tan or grow brown by exposure.

I remember, in my school-days, having read in my lessons in Wayland's Moral Science, similar accounts of change of hair in a single night, from violent mental emotion, but had nearly come to regard Wayland's Moral Science as probably mistaken, when attention was attracted to the condition of the hair upon the soldier's head.

Here are unquestionably the facts; who will give the explanation? Possibly Dr. John O'Reilly of New York, who has written a most ingenious and philosophical work upon the functions of the nervous system, would inform us that this effect was produced through the organic nervous system. He says, "When grief or anxiety harrasses the mind, the organic nervous system sympathises and fully participates in the troubles of the mind. The painful sensation and oppression experienced about the heart, in popular language, is the result of the communication established between the superior central ganglion, and the semilunar ganglions, through the branches of the par vagi, which inosculate with the branches of the solar plexus and the branches of the cardiac plexus." Possibly he might give some such explanation of the manner of communication between the hair and brain, and it is perhaps as good as any which can be given. It is however a very remarkable fact that the coloring matter which was in the hair should so soon become faded or bleached. If from any nervous influence it should cease to be furnished with coloring material would not be quite so remarkable; that it should disappear in a night is inexplicable.

Melanine, the coloring matter which is found in the choroid coat of the eye, the iris, and the skin, is the same as that found in the hair, and is said to be insoluble in water and the dilute acids, but dissolves slowly in caustic potassa; by what influence it is ever so completely and suddenly removed or changed I do not propose at present to determine.

---



---

## MISCELLANEOUS.

---

### A REPORT ON NEW REMEDIES.

[Read before the Ohio State Medical Society, White Sulphur Springs, June 21, 22, 1864.]

By Edward B. Stevens, M. D., Editor Cincinnati Lancet & Observer.

[CONCLUDED FROM SEPTEMBER NUMBER.]

"The cases in which Dr. De Ricci has employed phloridzine with most success have been certain forms of atonic dyspepsia occurring in delicate females, to whom it was impossible to administer either bark, quinine, or salicine in any shape, without bringing on serious nervous excitement. He has also found it extremely well adapted for the treatment of young children of delicate constitutional habit, or when recovering from the whooping cough, infantile fever or any other disease. The doses he has employed



are five grains three or four times a day for adults, and proportionally small for children. In prescribing phloridzine it must be borne in mind that it is almost insoluble in cold water, but the addition of a very small quantity of ammonia instantly dissolves it, thus by adding to an eight ounce mixture containing a drachm of phloridzine a few drachms of aromatic spirit of ammonia the fluid which was previously milky becomes perfectly clear, and the addition of the aromatic spirit rather improves the mixture than otherwise. Dr. De Ricci relates the case of a young lady of a strumous constitution, suffering from chlorosis, in which the effects of phloridzine were manifestly favorably. The patient was unable to take iron in any shape, and both quinine and salicine equally disagreed with her; but phloridzine agreed perfectly well, and her constitution improved so much under its use, that she was subsequently able to take citrate of iron and strychnia in grain doses, which ultimately effected a perfect cure. Dr. De Ricci thus recapitulates the advantages of this drug:

“It is tolerated in cases where neither quinine, nor salicine, nor bark can be administered with impunity:

“It is particularly adapted to young children:

“It is not expensive—thus rendering us independent of the rapidly diminishing cinchona forests of South America.”

*Ergot of Wheat a substitute for Ergot of Rye.*—Physicians who are in the habit of using the ergot of rye, have always experienced certain inconveniences which tend to deteriorate its actual efficacy and render its action constantly uncertain; these are particularly—the amount of poisonous resin which is contained, and the action of time and damp in rendering it absolutely inert. These objections are sought to be avoided by the substitution of the ergot of *wheat* for the rye heretofore so well known. We find the following paragraph in the *New York Independent* for June 8th:

“The ergot of wheat is proposed by M. Laperdriel of Montpellier. It is much rarer than the ergot of rye, but can be found in sufficient quantity. Its color is much the same as that of rye, but differs in shape. Whilst the ergot of rye is fusiform, generally curved like the spur of a cock, and furrowed longitudinally with striæ of equal length, the ergot of wheat preserves the form of the grain which it replaces, is deeply cleft, and is often even divided into two, and sometimes into three at its upper extremity. It has the remarkable physical property of resisting decay, and hence of preserving for a length of time its medical virtues. It can thus be kept many years without undergoing any alteration. It moreover contains 15 per

cent. less of the poisonous principle of ergots, and yield 20 per cent. more of the efficacious principle. Such are the reasons which lead Mr. Leperdriol to prefer ergot of wheat to that of rye.

*Caulophyllum Thalactroides* as a parturient.—In the series of articles to which we have already referred in the *London Lancet*, it is stated that the caulophyllum thalactroides which we believe belongs to the *colosh* family; and therefore may probably resemble the *cimicifuga racemosa*, is a parturient of more decided reliable efficacy than the ergot. Its mode of administration and dose is not given, but we suppose should be given as an infusion—or what would be better—as a fluid extract, of which ℥ss to ℥j would be a proper dose.

*Liquor Bismuthi*.—Most practitioners agree in opinion as to the special value of bismuth in painful affections of the stomach, however much they may differ as to the nature of the pathological conditions giving rise to these very common painful states of the organ. We have hitherto been confined to two preparations—the tris nitrate and carbonate. Both these are insoluble powders, bulky and inconvenient, inasmuch as a single dose cannot be made into one or two pills.

The *Lancet* for September, 1863, states that Mr. Schacht of Clifton, has succeeded in preparing a solution of bismuth, which is uniform in composition, stable, miscible with water or other fluids without precipitation, and is efficient in small doses. This solution is quite transparent, with a slight alkaline reaction, and although it contains only eight grains of oxide of bismuth in an ounce, a fluid drachm for a dose is found to be equivalent to a full dose—fifteen or twenty grains—of the insoluble tris nitrate.

A very excellent chemist and pharmacist—Mr. Wayne—at the store of Suire, Eekstein & Co, in Cincinnati, has been for some time preparing the liquor bismuth, and several physicians of that city have tested its efficacy and report very satisfactory results.

*McMunn's Elixir of Opium*.—For near a quarter of a century the secret nostrum known as McMunn's Elixir of Opium has been a favorite remedy with many physicians who have patronized it and praised it to the great delight of the proprietor, and the degradation of the profession.

The special excellence originally claimed for McMunn's Elixir was that the opium was *denarcotized*, but it has long since been very well established that *narcotine* possesses no narcotic principle. It is at least harmless, if not a safe anti-periodic. Recent articles in the *Philadelphia Reporter* and the *New York Independent* give the entire rationale of the

preparation, from which we learn in brief the following steps in the process:

1st—The opium is subjected to sulphuric ether, which is supposed to remove the narcotine, as also its peculiar noxious odor.

2d—A process of boiling follows to remove the sulphuric ether.

3d—A watery solution is made and the opium is macerated for six days, after which

4th—Alcohol is added in certain proportions, after standing undisturbed a few weeks it is the elixir, and is fit for use.

Reliable chemical analysis proves that the preparation thus made is for efficiency *only a solution of morphia* that the process leaves the morphia, narcine and extractive matters only depriving the opium of its pseudo morphia, cordeira, narcotina, thebana, meconine, fatty matter and resin. The narcine and extractive matters contained are so nearly inert that after the precipitation of the morphia, the liquid might be taken in doses of an ounce without injury. It seems then demonstrated that the so long vaunted Elixir of McMunn is nothing more than a solution of impure morphia.

*Saracenia Purpurea*.—Perhaps no new remedy has attracted more general professional interest and attention than the American pitcher plant, for the treatment of variola; and the importance of its claims will be sufficient apology for occupying some unusual space in its notice. The *saracenia purpurea*, or American pitcher plant, grows abundantly in various parts of the United States, and first came into notice about four years ago, as the "Indian Remedy" for small pox, and was introduced to professional notice by British army surgeons on duty in Nova Scotia. They claim for it that it not only relieves, but actually *extinguishes* the disease; renders the variolous poison effete; that its special manifestation is first to encourage the appearance of the eruption, then to abort it, i. e. that very speedily the eruption desiccates, and scales off without rendering the patient liable to pitting, or any of the terrible train of this loathsome disease in its usual progress. It was in addition claimed that the *saracenia* is a most reliable and efficient remedy for inveterate cutaneous affections as psora, lepra, etc.

As used by the Indians, and as introduced by Drs. Miles and Morris, the *decoction of the root* was alone recommended, the old original squaw claiming that the root alone possessed anti-variolous properties. Other writers however report the use of the entire plant indiscriminately; for instance Dr. McDowell, Act. Asst. Surgeon U. S. A., at Trenton, Mo., in

an article in the *American Medical Times*, of September 5th, 1863, used the leaves as he was unable to procure the root, and administered the decoction of the leaves in the strength of  $1\frac{1}{2}$   $\bar{3}$  to a quart of boiling water, a wine glassful of this strength being administered every 6 hours. He reports 43 cases treated with this remedy in the U. S. General Hospital, at Trenton, and the results fully or mainly confirming the claims originally set up by Miles and Morris; that is to say that the patients treated with saracenia had less secondary fever, the eruption speedily aborted, little or no pitting followed.

On the other hand, several very careful observers have reported their experience as having no appreciable result confirming the good effects of the remedy.

Dr. Noah C. Levings, of New York, reports his experience in several cases, in which he had "obtained the contused root of the saracenia purpuria direct from Maj. Lane, of Halifax, the putative father of the specific." In the observations of the group of cases put to this test, Dr. Levings called in Dr. Jacobi, a well known New York practitioner, and teacher, to watch the progress of the cases, so that we have every reason to regard the experiments as made carefully and without prejudice for or against the success of the remedy. His report is that there was no increase of urine, no flattening of the eruption, but that in every respect these cases passed consecutively through the regular and customary stages of variola; the remedy in no respect manifesting any appreciable effects upon the character or duration of the several cases.

Dr. Goyder reports in the *London Lancet*, a single case treated with the root infusion according to the directions of Dr. Miles: A child, aged 3 years, came under treatment October 28th—eruption already papular and tending to confluence; gave the saracenia in table spoonful doses; October 31—vesicles becoming pustular; November 1—the eruption wherever not abraded by the rubbing of the patient, are much flatter than usual, and he supposed the remedy was beginning to manifest its supposed virtues, especially as neutralizing the vitality of the pustule, and the variolous poison; that night however the patient died.

It has so happened that I have had an opportunity during the past year to test the remedy to some extent, as physician to the Cincinnati Pest House. 108 cases of small pox were under my care during the seven months following July 1st, 1863. Of these 108 cases, nearly all were subjected to the free use of the decoction of the leaves of the saracenia pur-

purca—not being able to procure the root—the decoction was prepared of the strength of  $1\frac{1}{2}$  ℥ of leaves to the quart of infusion, and was administered freely as a drink, from 6 to 8 ℥ of this infusion being given during the day. Some of these cases had measurably run their course previous to admission. Some were mild cases, essentially but simple varioloid; of course these were no test of the effect of the remedy. About 75 cases were fairly submitted to the influence of the remedy. In a few of the cases I thought there was an abridgment of the duration of the cases, and that the pustules dried up more speedily and scaled off more promptly than is usual. But in the great majority of these cases I saw no difference in the progress of the disease from that usual in cases of like malignancy. The mild cases run a mild and manageable course as is usual; the well marked and confluent cases run a course unabated in any respect from its usual virulence and completeness. The pustulation was as full, the heavy flakes of scales as large, and the condition of the patient in every way quite as offensive. In the well marked cases there was the same proportion of pitting, and in no case did I observe that the secretion of urine was affected either in character or quantity.

In the treatment of these 108 cases, the remedy was administered in every stage of the disease, administered freely and with a desire for its success. My conviction was that no more impression was made upon the disease than would be by any other herb tea. I am therefore inclined to accept as correct the conclusions of the committee on Intelligence of the New York County Medical Society. 1st. That the analyses already made of the plant do not give any active principle or element which would indicate any great medicinal potency. 2d. That the discoverers and advocates of the specific remedial power of the *saracenia purpurea* over variola have given too great credit to the *post hoc* circumstances, as being *propter hoc* influences. 3. That the reliable recorded experience thus far appears to preponderate against the medicinal efficiency of this plant in those forms of disease which do not generally recover under the administration of ordinary remedies.”

*The Calabar Bean.*—No new remedy has perhaps attracted more interest of late than the calabar bean, especially amongst practitioners devoted largely or specially to eye surgery. We are indebted to Dr. Christison for bringing the peculiar properties of this drug to notice. In his personal experience he found that 12 grs. of the powdered bean produced serious and dangerous symptoms of poisoning, accompanied with remarkable con-

traction of the pupil. It is now found that a solution of the extract, or a tincture, if applied in small quantities to the eye produces this contraction of the pupil in a singularly marked degree. In fact in this respect its therapeutical action being exactly the reverse or the antagonist of the belladonna; and if atropine be applied to one eye and a tincture of the calabar bean to the other, the two extremes of therapeutic effect are most remarkable. One of the most readily occurring uses of this remedy would suggest itself as counteracting the use of atropine for its usual purpose in eye surgery; but undoubtedly its application in eye surgery alone will prove much more extended than this, even though its effects as a peculiar poison should not render it available for other purposes.

*Per Manganate of Potash.*—Another new remedy is attracting some attention, not particularly as a new salt, but from the fact that new properties and applications of it are proposed. Dr. Samuel Jackson, of Philadelphia, has contributed for the *American Journal of Medical Science* for January, an article on the permanganate of potash, as a rapid developer of ozone in the human system; and hence as likely to become an important remedy in the treatment of low forms of disease, especially those forms of disease dependent on a depraved condition of the blood, or a condition of the blood faulty as to its oxygenation; as for instance: erysipelas, hospital gangrene, typhus fever, and the like. As bearing somewhat on this remedy, we quote a paragraph cut from one of the papers of the day:

Ozone water is now used for drinking and the toilet. It is advertised in London in the following style: "Its use is attended by a sensation which has been aptly described as the 'perfume of purity.' Being perfectly innoxious and tasteless, a few drops make a most refreshing and invigorating addition to the tumbler of plain drinking or soda water, from which they remove all trace of soluble organic matter—a fact of infinite importance to the voyager or the invalid. When employed for the toilet, bath, etc., it removes from the mouth all impure and foreign tastes and odors, whether arising from natural or artificial causes, such as the practice of smoking, and counteracts the irritation and morbid effect of carious teeth. It purifies and softens the skin, and tends to promote a healthy state of the whole body, by removing all secretion, and restoring a wholesome condition."

Now Dr. Jackson states that this ozonized water of the English is a solution of the permanganate of potash and water in the proportions of 2 parts to 1000. In dyspeptic conditions of the stomach he found this simple ozonized water had a decidedly tonic effect in doses of a teaspoonful

three or four times a day. As a local application to ulcers it stimulated to a process of healthy action and cicatrization. In hospital gangrene it was given internally and applied locally; internally it was used after the following formula: ℞—permanganate of potash ʒ; acid sulph. gtt. xx; aqua font. Oij, which is about 2 grs. to the oz. Of this one teaspoonful was directed every three hours in a wine glassful of water. Its good effects when applied locally were almost immediate.

Acting upon the hints in this paper of Dr. Jackson's we learn that our fellow member, Dr. Dunlap of Springfield, has experienced most gratifying effects from the use of the permanganate of potash in the treatment of "spotted fever," as it appeared recently in and about that city. He gave it in the form just noted; and in the more malignant cases increasing the dose from  $\frac{1}{8}$  to  $\frac{1}{2}$  gr. frequently repeated; his theory being that in epidemic spotted fever we have a depraved condition of the blood resembling that of malignant scarlatina, or erysipelas.

Thus we might proceed, and still to considerable extent swell the matter of this report. We feel, however, that the patience of the Society has been sufficiently trespassed upon, and leave for future more careful gleaners to bring up the changing and improving progress which this department of medicine is making in its annual march.

---

#### ON THE HYPODERMIC TREATMENT OF UTERINE PAIN.

BY J. HENRY BENNET, M. D.

I am not aware to what extent the hypodermic injection of sedatives has been resorted to for the treatment of uterine pain since it was first introduced to the profession, but I am desirous of giving my testimony to its extraordinary efficacy in cases presenting that symptom. I may add that my attention was first forcibly directed to this mode of treatment by the valuable papers of Mr. Charles Hunter in *The Lancet*.

During the past winter I have used, with prompt and marked success, the hypodermic injection in several cases of severe dysmenorrhœa, with or without hysterical complications, and in several others of uterine and ovarian neuralgia, and of facial neuralgia having a uterine origin. The relief has been obtained in from fifteen to thirty minutes, without being attended or followed by the headache, loss of appetite, or nausea which are so frequently the result of the use of opiates in any other way, even by injec-

tion into the rectum. The latter mode of administering opiates has hitherto been my sheet-anchor in the treatment of uterine spasms and pain, and is certainly most efficacious; but it is not unfrequently attended by all the above mentioned drawbacks, from which the hypodermic injection appears to be singularly free. In nearly all the instances in which I have tried this mode of introducing opiates into the system, the sedative result alone has been produced; there has been no subsequent bad effect whatever.

In one case of severe uterine tormina and pain, the result of arrested menstruation from cold, I injected thirty minims of the solution of morphia. In half an hour, the pains which had been agonizing for the previous twenty-four hours were calmed. A good night's rest followed, and the next morning the menses had resumed their course, and my patient was all but well. In another similar case the uterine pain was accompanied by severe hysterical symptoms. The injection was followed by the same favorable result—ease, sleep, and rapid disappearance of all morbid symptoms.

Owing to the complete control over the element of pain which the hypodermic injection of opiates appears to give, I have been able to carry on the necessary treatment in an interesting case of uterine disease, which I should otherwise have been obliged to treat under chloroform, or at a great disadvantage. The patient, a young German lady of twenty-four, came to Mentone last autumn, by direction of her medical attendants, with the view of spending the winter in the South. She was considered to be suffering from neuralgia, facial and general, and from nervous irritability of the system in general. She had been traveling with her husband from place to place, from bath to bath, in search for health for more than two years. On being consulted, I recognized the existence of a host of uterine symptoms, and found that the neuralgic and nervous illness had manifested itself after a severe confinement, which had occurred about three years ago. The discovery of extensive inflammatory ulceration of the neck of the womb gave the key to the state of ill health. Singularly enough, none of her previous medical attendants had suspected the uterine origin of the neuralgia. Such cases are always very difficult to treat—interference with the uterine lesion all but invariably rousing the neuralgia. I have repeatedly had cases of the kind that I could only examine and treat locally by giving chloroform to the full surgical extent on each occasion, and this I have had to do twenty or more times in the same patient.



With the patient in question, the surgical treatment of the ulceration was borne tolerably well at first, but as the diseased surface became more healthy, and consequently more sensitive, endurance diminished. Every time the sore was touched, severe neuralgia followed, and the general health began to flag. In former days I should have suspended all treatment, and have sent the patient to the country for a couple of months to allow the nervous system to calm down, and to let nature to her best. In this instance such a course was not desirable, my patient being very anxious to continue the necessary treatment so as to be locally cured before we separated in the spring. I thought, therefore, of the hypodermic treatment, and tried the injection of thirty minims of the solution of morphia immediately after each uterine dressing. This course was attended with complete success; no neuralgia ensued, and I have been able to continue uninterruptedly the treatment now all but brought to a successful issue. On one occasion I omitted the precaution, and was sent for at ten o'clock at night. I found the patient a prey to a most distressing attack of facial neuralgia, which had come on an hour before. She was positively convulsed, and shrieking with agony. Chlorodyne, sulphuric ether, etc., had been taken, with no relief. I injected the thirty minims of morphia solution, and in twenty minutes she was calm and free from pain. It was repeated next day, and the facial neuralgia has not returned. This lady will no doubt gradually recover her health and get rid of the neuralgia, when the uterine disease is thoroughly cured.

In a case of pure neuralgia, attacking first and then another part of the body, I have injected from twenty to thirty minims of the acetate of morphia solution forty-two days in succession, without any unfavorable result. The neuralgia, which was very severe was entirely subdued by it for about eighteen or twenty hours, when it re-appeared, gradually increasing in intensity until the injection again relieved it. At the end of that long period the pains gave way, the treatment having been either curative, or having allowed the neuralgic attack to wear itself out. During the entire period of treatment, the patient, a very delicate lady, slept better than usual, ate as well, (her appetite being usually bad, and the digestive powers weak,) and was able to take part socially in all that was going on around her. No one, indeed, was aware, except her family, that she was suffering from so painful a malady. To my surprise, I was able to suspend the morphia suddenly, without any of the distress or discomfort which is habitually observed when opiates have been long used and are abruptly abandoned.

From what I have seen of the hypodermic system, I believe that its use is capable of great extension to the treatment of pain generally. I consider that the injection of a solution of morphia after any operation would deaden pain, and produce a general calm of the system both soothing and beneficial to the patient. I think also that this result might be obtained in most cases without the usual drawbacks of opiates taken internally.

Some years ago I recommended in this journal the injection of opium into the rectum as a means of modifying and even arresting obstinate seasickness. Since then various additional cases have come under my notice illustrating its efficacy. The great difficulty to all medication in sea-sickness is the fact that the stomach absorbs fluids with difficulty. By injecting subcutaneously, the difficulty is got over. Moreover, a subcutaneous injection would be managed easier on shipboard than the rectal injection, to which most people have a very natural antipathy.

I have used all but exclusively a solution of acetate of morphia in distilled water. Nine grains dissolved in two ounces of water gives a strength about equivalent to that of laudanum. The liquor morphia of the Pharmacopœia contains spirit, and I have found that it constantly occasions small patches of painful inflammation; without the spirit, on the contrary, it appears to be quite innocuous. A moderate sized steel needle or canula I find preferable to the small gold one. The steel canula is sharper, and passes easier through the skin. By pinching firmly the fold of skin that has to be pierced between the finger and thumb, its sensibility to the puncture is much diminished. It does not seem to matter much as regards results, in which region of the body the injection takes place. I have principally chosen the præcordial region for uterine and general pain, and for local neuralgia a spot as near to the region affected as possible.—*London Lancet*.

---

#### [ON SPURIOUS DIPHTHERIA—ITS NATURE AND TREATMENT.

By G. Stevenson Smith, Esq., Letham, Fife.

Much confusion is often caused, and many hindrances to the advancement of medicine are thrown in the way, by a loose and indiscriminate application of names; it ought, therefore, to be the aim of every one who has the interests of his profession truly at heart, to attain to clear and distinct ideas as to the nature of disease, so that he may at all times think, and judge, and act, with precision. And one way in which he may assist in

clearing up matters is, by studying diseases which are allied to each other, and by carefully observing and pointing out the distinguishing characteristics of each.

My object at present is to divert the attention of the profession to an affection which, in many respects, resembles diphtheria, and may be mistaken for it, but which, it will be found, differs essentially from that disease, both in its nature and its results.

During the prevalence of an epidemic, it is usually noticed that there is a strong tendency to a particular form of disease. When cholera prevails, for example, there are always many cases of severe diarrhœa and vomiting, which get well and the true characteristics of the epidemic affection never become fully developed; in these there is a tendency to cholera, but it would be a misapplication of terms to call them real cholera cases, and so it is, I believe, in epidemics of diphtheria. Throat affections have a tendency to take on this form of disease, and many, many cases which are called diphtheria, and are even treated as diphtheria, are, I am convinced, merely examples of the affection I am about to describe.

How otherwise can we account for the apparent success of one practitioner in his treatment, and the total failure of another?

We hear of one man curing his diphtheria cases with one remedy, while another is equally successful with something totally different; but only let the boasted remedies be applied to a really serious case of true diphtheria, the diphtheria which Bretonneau studied so thoroughly, and has so graphically described, and I am convinced they will turn out to be utterly impotent and useless.

It is of importance then to distinguish between the two affections, and I shall now endeavor to sketch the characteristics of spurious diphtheria.

In the course of a recent outbreak of diphtheria, my attention was drawn to a certain class of cases which, while they presented some of the symptoms of that affection, never assumed such a serious nature, or called for such a vigorous plan of treatment, as did those which had previously come under my care.

In the class of cases to which I allude, the patient usually complains first of a curious feeling in the throat, as if a pin were pricking it; there is languor, with pain in the back and legs; and sometimes considerable tenderness on pressure on the outside of the throat, just under the angle of the jaw.

On looking at the throat, the tonsils and uvula are more or less tumefied,

according to the severity or mildness of the case, and of an angry red color, while on their surface small, irregularly shaped, yellowish white spots will be observed.

The spots are evidently of an aphthous nature; there may be only one or two on the tonsil or on the uvula, or they may be so numerous as to give to the soft palate an appearance as if some one had shaken a box of white pepper over it.

However great their number may be, I have observed that their edges do not coalesce, each spot is isolated. They never look excavated, but seem as if they just floated on the mucus which moistens the throat.

The appearance of the tongue usually indicates derangement of the digestive system, and the pulse is smaller and more frequent than in health.

The treatment of spurious diphtheria is exceedingly simple—a mild aperient, the tincture of the muriate of iron, in doses of ten or fifteen drops thrice a day, with a simple gargle of chlorine water, will certainly and speedily cure the throat affection. There may be a good deal of prostration and muscular debility after an attack of this disease, but a liberal diet, and the use of stimulants, if necessary, will soon restore the patient to health.

*Aphorisms.*—Spurious diphtheria, so far as my observation has extended, never proves fatal. Though accompanied with debility, I have never seen it followed by paralysis or albuminuria; the tonsils sometimes suppurate after an attack. A patient who has suffered from this affection may subsequently be attacked with true diphtheria.

In true diphtheria gargles are of very little use till the patient begins to recover, but in the disease under consideration their use is always followed by the greatest benefit from the very first. In spurious diphtheria the use of caustic is not required. I do not know how to account for it, but this affection seems to be most prevalent amongst young females.—*Pacific Medical and Surgical Journal.*

---

PROF. NOEGGERATH'S CLINIC FOR DISEASES OF FEMALES, AT THE  
N. Y. MEDICAL COLLEGE, WITH REMARKS.

REPORTED BY C. C. TERRY, M. D. SUPERINVOLUTION—SUBINVOLUTION.

Mary P., aged 37, a strong, well developed woman has been married nine years, and has had two children; the last is five years old, and both are healthy.

The history of this case, as derived from the patient's account indicated post-*puerperal* inflammation. She complained of dizziness with continual headache and flushes of heat, backache and dragging sensation in the pelvis; symptoms subject to exacerbations corresponding to monthly periods. The menses have been entirely absent during the five years succeeding the last confinement, never having appeared since the child was born, although at times the symptoms have been severe. The uterus was found very small, scarcely larger than the uterus of twelve years, and the os entirely closed, though not obliterated. The cervix was nipple-shaped, and the whole organ very movable.

Jane S., aged 25; married four years; has had two miscarriages—one in the fifth month, the other in the seventh. The last miscarriage occurred eight months ago. Her habits for most of her life since the menses appeared have been sedentary; constipation has been a continual, and scanty urination an occasional inconvenience for half a dozen years. She complains of backache, especially in the lumbar region; burning in her eyes; neuralgic pains about the chest, especially under the *mammæ*; and loss of memory. There is constant pain in the left iliac fossa, increased by pressure, which has existed with more or less severity since the last miscarriage. The menses are regular, lasting four days, with little more than the usual pain. The uterus large and soft; the cavity enlarged and directed to the right.

B C., aged 35; was confined with her last child a year ago. Since that time she has not menstruated regularly, but has been subject to hemorrhages from the uterus at irregular periods, oftener than once a month, and at times considerable. There is pain in the right iliac region, backache especially in the lumbar region, and *flour albus*. The last labor was difficult; the placenta was *prævia*, and the child was turned. The "getting up" was tedious, lasting several weeks. Examination by the vagina revealed a large, soft tumor behind the posterior *cul-de-sac*, nearly obliterating it. The uterine tissue was softened; the cervix broad, but not long; the os *patulous*. The sound showed an increased uterine cavity and a considerable uterine retroflexion, with slight lateral displacement to the right. Another case of subinvolution, complicated with anteversion, appeared once at the clinic, but it is only mentioned in these reports because the history was not sufficiently obtained.

Superinvolution and subinvolution are both results of a purely physiological process. The enlargement of uterus during pregnancy is due partly to

the increased size of the muscular fibres already existing, and partly to the development and growth of new muscular fibres of precisely the same kind, and with the same tendency to increase in size as the primitive fibres. After the contents of the uterus have been expelled, the need of such enlargement and muscularity is relieved, the organ atrophied; and these two wonderful changes in the condition of the uterus—the great increase before, and nearly equal decrease after parturition—are wonderful only from their rapidity; for every organ of the body, after having fulfilled its purpose is subject to the same change, however differently or slowly it may be effected. The change in the muscular fibres of the uterus, by which it returns to its unimpregnated size, is effected partly by a withering, on account of the diminished supply of blood, but mostly by fatty degeneration and subsequent absorption of the muscular fibres. These same changes of increase and decrease follow in different degrees any expansion and subsequent evacuation of the uterine cavity. It would be an interesting inquiry to know whether this degeneration affects equally the primitive and the new fibres, or whether the new fibres are not reduced by mere shrinking. This process of subsidence is called involution. The uterus never recovers the same form and size it had before pregnancy.

In the virgin and nulliparous uterus, the cavity of the body is divided into two parts—one commencing at the neck, narrow and long, the other between the openings of the Fallopian tubes, formed, as it were, by two trigons connected at the bases. Thus the three sides of the cavity are convex, while the cavity of the neck is only a trifle larger than at birth, and still as long as the cavity of the body, enlarged in the middle, and nearly closed at both extremities. The free edges of the folds representing the branches of the arbor-vitæ look downward, and may be so projected as to catch the point of the probe. The os externum is more transverse than circular. In the multiparous uterus, in its normal condition, the cavity of the body is quite triangular, still inclosed in convex lines, but much less so than in the virgin uterus. The vertical and lateral diameters of the organ are both increased; the cavity of the neck is larger, but shortened; the arbor-vitæ nearly or quite obliterated; and the os externum expanded transversely. There is thus something like a standard for the uterus when it returns after parturition, when it *involves*. If the process is carried *beyond* the standard, it is called superinvolution; if it stops *short* of the standard, it is called *sub*-involution.

The uterine atrophy, which results from excessive resorptive power is

comparatively rare, but when met, is as easily diagnosed as any of the other organic diseases of the uterus. In the mere history taken from the lips of the patient, there is nothing pathognomonic of the special condition.—The symptoms all point to the uterus, but the physical examination is the combining and conclusive means of diagnosis.

The post-puerperal inflammation in the fourth case might as well have resulted, and usually does result, in sub-, rather than superinvolutions; the intense congestion prevents, in a great degree, the process of absorption, at the same time that the inflammatory exudation infiltrates the tissue, and contributes to its size. The total absence of the menses would suggest a much diminished secreting surface; and the sterility observed in such cases as have been reported, both of superinvolution and congenital smallness of the uterus, would suggest incapacity from smallness, since the subinvolved uterus so often conceives to expel the product of conception prematurely and repeatedly. All the concurrent phenomena of menstruation are frequently present at the proper periods; but instead of the uterine discharge, there results great suffering to the patient by reason of the congestion of the pelvic organs or a vicarious discharge from the bladder, bowel or more distant points.

The first symptoms of superinvolution which attracts the attention of the patient is usually the continued suppression or very scanty discharge of the menstrual fluid. During lactation the menses are usually absent, and the patient first notices the abnormality soon after weaning the child. One, two, or three months may pass, and she becomes anxious, or fancies herself again pregnant; but as the months pass, and no other symptom of a new pregnancy appears, but on the contrary headache, backache, and a feeling of unrelieved distress in the pelvic organs occurring periodically, she is at last made aware that something is wrong with her womb. Sometimes the breasts shrink, the subcutaneous adipose tissue begins to be absorbed, and the skin wrinkles, while the whole system is affected by the change in the uterus as it is at the climateric period when the uterus normally ceases its functional activity. Some patients are anæmic from the depression of the vital powers; others may be plethoric from the accumulation in the unrelieved circulatory system. Such was the condition in case IV.

But the distinctive characters of this condition of the uterus are found only by adding physical exploration to the rational symptoms already obtained. The abdomen may be normally full, but no uterine fundus can be

felt by the most careful external palpitation. The vagina may be normal, but high up in its roof we feel a small nipple-shaped cervix, with a minute depression corresponding to the external os, or a mere depression where the cervix should be, and nothing corresponding to an os externum. The speculum shows the tissue pale. The sound, or perhaps only the pocket-probe, enters the uterine cavity two inches and a half, two inches, or barely an inch and a half. The organ is small, mobile, and when pushed with the sound against the rectum or abdominal wall, its own parietes are found to be exceedingly thin—so thin and friable that the sound has been accidentally pushed through into the peritoneal cavity. In the normal condition of the reproductive organs an ovary may sometimes be felt; but in the superinvolved condition of the uterus the ovaries, as shown by post-mortem examination, may become similarly affected and shrink to a comparatively small size, and the Graafian vessels disappear. In fact, the uterus may return to the ante-puberal size and become similar to the undeveloped uterus, as noticed in the first class of cases in this report. This will explain the symptoms, the headache, the general debility, the periodic congestions of the neighboring organs, and the sterility.

In the treatment of a superinvolved uterus regard must be had to the age of the patient, for if the climacteric period is near, little can be accomplished, and little is desired further than to relieve the immediate distress. But if the patient be young and in otherwise good health, the prognosis is by no means despairing. There, as in the case of congenitally deficient uterus, is the same double indication; once establish those two conditions, and the sterility will likely enough disappear. The peculiar infra-mammary pain in Case V. will be noticed hereafter.

Various means are proposed to increase the nutrition and restore the functions of the superinvolved uterus. The whole list of emmenagogues has been gone through over and over again, each in its day popular, and each failing to give satisfaction.

The Japanese and the Greeks of the time of Hippocrates are reported to have possessed specifics; but the one is too far in the past, and the other too far in the improbable, to fulfil our hopes and wishes. The only reliable means of remedy seems to be the uterine sound or pessary. So this condition of the uterus is similar to the condition already mentioned in the three first cases, as the indications and advantages are similar; and as I have there spoken sufficiently of the sound, it is proper to consider a means of cure which certainly surpasses all others.



The ordinary intra-uterine pessary is but a sound used continually instead of occasionally.

The galvanic pessary combines the advantages of the ordinary intra-uterine pessary with the powerful stimulus of the galvanic current.—*New York Medical Times for July, 1864.*

---

---

## EDITORIAL DEPARTMENT.

---

### THE RELATIONS OF MEDICAL MEN TO EACH OTHER, AND THE PUBLIC.

This is a theme of vast scope and interminable length; one which has often received the most mature thought and been portrayed in the plainest and most convincing terms; though the relations and duties of physicians to each other and the public have not yet been sufficiently understood and appreciated, to guide the conduct and rightly influence the motive of some, even of those who are revered as the Fathers in Medicine. The old adage of "who shall decide when doctors disagree," was applicable only to the early differences of opinion which prevailed upon the vexed questions in pathology, and cannot be supposed to indicate that physicians had any personal differences which could not be decided. It only forcibly expresses the great truth, that the causes and location of diseases, whether in the solids or fluids, about which there were differences of sentiment, could not be decided in the state of medical knowledge which obtained at that period; for no one is willing to suppose that the early fathers of medicine did not entertain for each other the highest respect, and treat each other with the greatest politeness. The public however have placed a widely different construction upon this old sentiment, which only showed activity of thought and ambition to excel, and was in no way indicative of professional disagreement. If one physician thinks all disease located in the blood, and another that all diseases are primarily in the nerves, they have no differences which it is of any great importance to decide, provided in treatment they agree. It is, however, sometimes seen that men construe differences of opinion and different views of evidence, into personal opposition, and fancy that those who do not wholly adopt their views even in matters of scientific inquiry, are opposed to them in feeling, and do not regard their welfare or desire to promote their success. The bonds of union and good fellowship in the profession are really very strong, and there is no organization, secular

or religious, in which the duty "to love one another" is more binding than in the medical profession; physicians are united by the ties of a common interest, and they should have at heart the common good. The motive for professional "good manners" is very great, and a departure from the rule of "doing by others as you would have them do by you," in all matters of professional intercourse is sure to bring ultimate disgrace. There is no honor or fame in medicine which is not dependent upon the favor of physicians, and whoever attempts to gain the higher rewards of professional success, must never forget to regard with zealous care, the feelings and interests of his brother associates. From them he will receive his true merits, and the estimation which they place upon him, will finally become his market value with the public.

Physicians are perhaps brought most intimately in contact with each other in consultations, and it is here that good breeding is most observable. The American Medical Association has established some rules in consultations which it would be better if they were more carefully observed, but it is no part of our design to suggest any new regulations or urge especial attention to the old ones already adopted; these rules should however be well understood. Consultations are sometimes held strictly under these regulations, and are yet very distant from the true standard of professional good faith, and on the other hand they are not always to be strictly followed, since the consulting physician who desires solely the best good of the patient, and seeks to promote the interests of the medical attendant before his own, may in some things take his own way to accomplish such object. Consultations are to be favored in difficult and dangerous cases, for the promotion of medical science by comparison of views, also for satisfaction of friends, but especially to increase confidence in the medical attendant; while in no instance is there any occasion for consultations for the purpose of impressing the patient or any of the friends with the importance or attainments of the consulting physician.

Consultations are mainly to determine the nature of obscure diseases, and not to introduce the special forms of medication which a consulting physician may have found useful, in the place of those of the regular attendant. They are to strengthen, approve and confirm the course which has been adopted, while to suggest a change of medication because patient or friends look eagerly for "something more to be done," when in truth all proper means have been adopted, is one of the most disgraceful propositions ever suggested by a consulting physician. It would seem that such a thing could

never have been conceived of, but it is repeatedly urged upon medical attendants upon the ground that "something more will be expected" by the friends, since they have had the expense and trouble of calling another physician. It is clearly the duty of physicians to do all in their power for the relief and cure of disease, and this obligation is always binding whether in attendance or consultation; but variety of medication or increased experiment with remedies, is really no part of the object of consultation. The nature of the disease, its natural course, and its probable termination are prime subjects for consideration, and the view that a consultation is called to decide what remedies or combination of remedies shall be administered is founded largely in ignorance and misapprehension. If invited by the attendant, it is proper for the consulting physician to suggest any changes he may please in the treatment, that is, if he believes any important variation in the general plan would be useful; but to urge, to change of remedies, essentially the same in their nature as those already adopted, or to suggest new and comparatively untried remedies, because they are new and untried, is unprofessional and disgusting in the extreme.

Consultations are often called in confirmed disease, which, from its very nature, is necessarily fatal; this is often desirable in order to divide the responsibility of deciding such cases, and for the gratification of patient and friends. The friends often desire to hear combined expression of opinion, upon some, or all, of the various points of interest. A plain statement of opinion should not be withheld, and it is not improper for consulting physician to express his opinions, especially those in known harmony with the views of the attendant. It is his duty to inform them plainly, that medicine in such disease is not curative, merely paliative, if indeed at all useful, and that it is vain to look farther than to their family attendant for advice. Patients look too eagerly for medicine, and with them, some times, the more you will give, the more you are worth. Consultations are for their good, oftener that they be satisfied with less, rather than served with more. I remark upon this point because in my life I have heard a professional brother after consultation remark to a family whose attendant had mostly omitted medication, "I would give tinc—— and solution of ——". We do not like to fold our arms and let our children die, without trying something, even if we are unacquainted with any medicine which is curative of such disease." That such a narrow-minded, impolite, ignorant, and ungentlemanly physician should ever have been called in consultation is remarkable. He had no professional reputation and was called

through the influence of a neighboring nurse. Professional good manners do not depend upon rules and medical codes; they are the natural product of a generous and noble soul. Rivalry and competition are inadequate under any circumstances to degrade the conduct of a competent, well educated physician, and no amount of medical legislation can breathe a noble and generous impulse, into a mean and selfish spirit.

There is sometimes complaint that one physician has received and treated another's patient; and upon this point we have a word to offer, though we fear our views may be unlike some in the profession. If from any cause, a change of physicians is desired, it is clearly right that such wish be gratified, and when a physician in attendance has been notified of a desire and design to change, whoever succeeds him, has no physician's patient but his own. People who have for years called one physician, are always at liberty to call another if they choose; and there is no ground of complaint by either the refused or chosen, unless it mayhap, bills are unpaid, in which case the dismissed physician wins, and the called, loses. There are quite a large class of families, who fancy to invite the greatest possible variety of medical attendants, and are never satisfied long with the same man; when they leave, you win; when such invite your attendance, you lose. *Interference* with another physician's patient, is too mean to be thought of; but whoever consults you, or calls you, and follows your advice, is your patient; when he consults another, and follows his directions, he is his patient, and your claim has expired. We believe in the greatest freedom in all this matter of selecting medical advice, and have no sympathy with the notion that families or individuals are not always at liberty to ask such medical attendance as they choose. It is better for families to have their regular medical attendant, and to adhere to him; but they are nevertheless at perfect liberty to change.

There is one class of families who rarely call the same physician the second time; they pay their bills in this sort of *change*. We have often thought of suggesting the registration of their names for a list, from which any might choose patients who desire them.

One other point in the relations of physicians to each other and the public and we close our rather long drawn out editorial. Uniformity in the prices for professional services is much to be desired; "upon this rock we split." We do not propose to say that professional services are uniformly of the same value, but there should be some fixed standard below which it should be considered unprofessional and disgraceful to render

charge. In our city, some of the oldest and most thoroughly established physicians, render their services to the wealthiest citizens, at prices which would beggar a young practitioner who depended upon his professional income for support. It is not believed that they are the more valued for the low price at which they hold themselves; they do however sometimes in this way retain the business of penurious misers who have grown comparatively rich by immense contraction of themselves; but these physicians have never grown to distinguished eminence, and their services are generally estimated at about their own standard. It is the duty of physicians to guard and protect each other in this matter as in all other matters of professional interest and honor. The fee bill as established should be regarded; it is a shame and disgrace that its spirit and letter are so often violated. We are not however without one consolation; those who prize most highly their services, are generally regarded as of highest value; while the cheap physician is never the most respected.

As a profession we should cultivate the purest motives, and be actuated by self-sacrificing devotion for the common good; as individuals we should remember that all our noblest objects of professional ambition, all the higher rewards of success, are obtainable only through an estimate of our merits, by the members of an honorable profession.

---

#### BOOKS REVIEWED.

*Military, Medical and Surgical Essays—Prepared for the United States Sanitary Commission—Edited by WILLIAM A. HAMMOND, M. D., Surgeon-General U. S. Army, etc. Philadelphia: J. B. LIPPINCOTT & Co., 1864.*

This work consists of a collection of essays on different medical and surgical subjects, which were prepared at the request of the Sanitary Commission, and published in pamphlet form for gratuitous circulation among the medical officers of the army. They have been collected and arranged by Dr. Hammond under three general heads, viz: those relating to the prevention of disease, those relating to medical subjects, and those relating to surgical subjects.

These essays are all valuable, and present the latest published views on the subjects of which they treat, so that they are valuable for surgeons in the field who are debarred from carrying more voluminous works. The papers are all well written and valuable as a whole, and we shall be per-

haps pardoned for suggesting that those on medical and surgical subjects are of more value than those on hygienics, not because hygiene is not worth more in an army than therapeutics, but because the suggestions of civilians in regard to the former, though true, are not so likely to be practicable, while the general truths of medicine and surgery are equally as true in the field as at home. These papers on hygiene may be commended to those young men who are just entering upon a career in the army medical staff, and we are sure their suggestions will be valuable, though not always practicable in an active campaign. We have always held the opinion indeed, that the field and line officers need more instruction on these subjects than the medical officers, for they must carry out the regulations which the surgeon adopts. We regret that we have not time to notice these papers *seriatim*, but must content ourselves with general commendation of their worth.

The papers of the second class, on medical subjects are all valuable, both as well prepared monographs, and as timely memoranda for the surgeon, cut off from all communion with bulkier tomes. It would be invidious to attempt to draw any distinctions where all are so excellent, and we must content ourselves with a cursory notice of each. The first is from the pen of Dr. Hammond himself, on the subject of scurvy, and is the best article in regard to that disease which we have seen. It effectually explodes the crude ideas and false theories in regard to that disease which were, and perhaps still are afloat in the profession. The notion has been universally adopted that a diet of salted meat was the great cause of scurvy, and much unnecessary sympathy has been expended on our soldiers because they must eat such food. But Dr. Hammond has shown conclusively, what army surgeons have everywhere observed, that there is no one article of food which can cause this disease. We have ourselves seen men have scurvy when they had plenty of both salt and fresh meat, and when they had enough of fresh but no salt food. The causes of this disease are not only to be looked for in the diet list, but also in all the physical and moral conditions which pertain to the lot of the overworked, and depressed soldier or sailor. The treatment must of course correspond. The diet must be regulated, so as to give the men not only fresh vegetables, but a pleasing variety of food, and all severe labor and depressing circumstances must be carefully removed. Medicines are but little called for in these cases, and are only applicable as adjuvants in removing special complications. The author recommends the use of the muriated tincture of iron as a remedy

for the anæmia which is always present, and we can bear testimony to its usefulness.

The next paper, on miasmatic fevers, by Dr. John T. Metcalfe, is a concise and well-written *resume* of the pathology and treatment of this most troublesome class of diseases in our Southern States. We would call particular attention to one sentence, which has been very appropriately italicised, and which we wish every physician who is called on to treat these fevers, could "read, mark, and inwardly digest;" it is as follows: "*It may be taken as an axiom, that the sooner we produce the state of cinchonism, the more speedily and certainly the disease will be subdued.*"

The next two papers, on continued fevers, by J. Baxter Upham, M. D., and on yellow fever, by Dr. Metcalfe, seem to be, from the cursory examination we have been able to give them, well digested synopsis of the latest views of the profession on these important subjects.

The fact that the next paper, on pneumonia, was written by our former townsman, Prof. Austin Flint, precludes the necessity of our saying any thing about it to the profession in Western New York.

The last essay on medical subjects, on dysentery, by Alfred Stille, M. D., is a very full, carefully prepared, and consequently valuable monograph on that great scourge of all armies, and will repay a careful perusal.

Of the surgical essays three seem to us particularly valuable, viz: one on amputations, by Dr. Stephen Smith; on the excision of joints for traumatic cause, by Dr. R. M. Hodges, and the closing one on venereal diseases, by Dr. Bumstead.

In closing this imperfect and hastily prepared notice of this book, we would cordially commend it to all young men especially, who are about entering the medical staff, believing they will find in it many valuable suggestions and timely hints. The high character of all the authors concerned in its production is a guarantee of the general correctness and value of all they have said. Neither can we avoid the reflection that many physicians in civil life would find these brief memoranda useful on many occasions. P.

---

*A Handbook of Uterine Therapeutics*, by EDWARD JOHN TILT, M. D., Member of the Royal College of Physicians; Consulting Physician to the Farringdon General Dispensary; Fellow of the Royal Medical and Chirurgical Society, and of several British and Foreign Societies. New York: WM. WOOD & Co., 61 Walker street, 1864.

This is a work which discusses in a candid and impartial manner the various modes of treating the inflammatory affections of the womb,

which have been adopted with the apparent object of deciding the real value of our uterine therapeutical agents.

The introduction contains timely suggestions as to the mode of examining patients, and the character of uterine remedies in general—their indications and value. The first chapter is upon Uterine Dietetics; of stimulants we quote the following from our author: “Few patients consult me who have not at some time or other been drenched with wine, ale or porter, often in direct opposition to their safer instincts. I have seen young ladies rendered hysterical by undetected uterine inflammation, who were kept half drunk, for weeks, on stout or wine. However indispensable in certain forms of fever, large quantities of alcohol are highly injurious in purely inflammatory affections. The worst of this system is, that it panders to the strong propensities of our race; for it is not to be forgotten that we are akin to those nations whose early view of paradise was to drink perennial mead out of their enemies’ skulls, and that our grandfathers generally brought festivities to a close *under the table*.”

Vaginal injections, irrigations, enemata and their uses, suppositions, etc. are duly considered, and their value we think very correctly estimated.

In antiphlogistic treatment, he speaks of “bleeding as more valuable than fashionable,” speaking fully of its abuses and utility, also of leeches, scarifications, purgations, blisters, seatons, issues, counter-irritants, etc. Speaking of mercury as an antiphlogistic we again quote our author; he says, under the heading, “*Alterative and Fluid fiant Medicines*,” “Though I believe in the utility of mercury as an antiphlogistic, and as a means of acting on the liver, I quite agree with those who protest against its blind use as still adopted by many in this country; I mean, the plan of giving a *mild course of mercury* whenever a case is obscure and protracted. Some of my patients have not yet recovered from the “mild course of mercury” to which they were subjected twenty years ago; and Dr. Wright’s analysis have proved how greatly the constituents of the blood can be injured by mercury. \* \* \* \* \* Those who pursue this mercurial plan of treatment, adopt it in all cases of uterine inflammation in connection with vaginal injections and other judicious measures; and as many cases soon recover, the credit of cure is given to the small doses of mercury, whereas the patients would have recovered just as soon if that remedy had been omitted, provided the rest of the treatment had been carried out.” \* \* \* \* \* “When, however, all remedies have been exhausted, and the patients still continue to suffer from internal metritis, with chronic inflammation of the



body of the womb, I think it right to try the effects of mercury pushed to full salivation."

It would be pleasant and profitable to follow our author through the entire volume and review his positions, speaking in detail of them all. He has noticed nearly every remedial measure adapted to uterine disease, and though he has recommended some things which are perhaps of questionable value, and discarded others which are regarded as often necessary and useful, still, the book, as a volume, is quite free from indiscriminate approval of remedies or unfounded rejection of measures which he has not himself proved by experience. The work is exceedingly well considered and well arranged, and the whole subject of uterine therapeutics is very candidly and correctly presented. It is a work which should be carefully read; it will do much to obviate a tendency to routine in practice, and show how mistaken are the views often entertained as to the nature of uterine displacements and the necessity of cure; it will give truthful ideas of nearly all our measures for treating the diseases of women. To the body of the work is appended a very choice and select formulary, with the view to "substitute definite quantities of valuable remedies for uncertain preparations sometimes used, and to suggest inoffensive preparations in the place of some that are needlessly filthy."

---

*Essays on Infant Therapeutics; to which are added Observations on Ergot; History of the origin of the use of Mercury in Inflammatory Complaints; together with the Statistics of the Deaths from Poisoning in New York in the years 1841-2-3.* BY JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York; Corresponding Member of the Royal Academy of Medicine of Paris; Corresponding Member of the Medical Society of London; one of the Vice Presidents of the Academy of Medicine of New York, etc. Third edition, enlarged and revised. New York: Wm. Wood & Co., 1864.

This volume contains chapters upon the effects on the young subject of opium, emetics, mercury, blisters and sinapisms, bloodletting, ergot, and an account of the origin of the use of mercury in inflammatory complaints; also on the deaths from poisoning in the city and county of New York during the years 1841-'42 and '43. To this is added an appendix, composed mostly of cases illustrative of the positions contained in the body of the work. The opinions of so distinguished an observer are worthy of the greatest respect, and the little volume shows in every sentence the candor and correctness of a most intelligent and careful observer. Every position

taken is sustained by irresistable argument and illustration, and those who read the book carefully will adopt the views of the author, whatever may be their prejudices; it consists of a collection of facts, united by argument and explanation, in such manner as to be absolutely convincing. Every physician should read *Beck on Infant Therapeutics*.

---

*Transactions of the State Medical Society of Indiana, at the Fourteenth Annual Session, held in the city of Indianapolis May 18, 1864.*

The Indiana State Medical Society assembled in College Hall, Indianapolis, and was called to order by the Vice President, John Moffitt, who also gave the Annual Presidential Address. W. Lockhart, M. D. of Danville, Ind., made report of interesting cases of vaccination. Dr. Hutchinson read a paper upon the fevers of Indiana, which, from cursory examination, we think interesting and valuable. Dr. Booker of Castleton, presented a paper upon camp diarrhoea. Speaking of opiates and astringents he says: "If the Surgeon-General had stopped their indiscriminate use instead of calomel and tartar-emetic, he would have done better." The volume contains code of ethics and other interesting matter which we have not space to notice.

---

#### BOOKS RECEIVED.

*A Comprehensive Medical Dictionary, containing the Pronunciation, Etymology and Signification of the terms made use of in Medicine and the kindred sciences, with an Appendix, comprising a complete list of all the more important articles of the Materia Medica, arranged according to their medicinal properties; also an explanation of the Latin terms and phrases occurring in Anatomy, Pharmacy, etc.; together with the necessary directions for writing Latin prescriptions, etc., etc.* By J. THOMAS, M. D. Philadelphia: J. B. LIPPINCOTT & Co., 1864.

*A Statement of the causes which led to the dismissal of Surgeon-General Wm. A. Hammond from the Army; with a review of the evidence adduced before the Court.*

*Lectures on Venereal Diseases, by WM. A. HAMMOND, M. D. Philadelphia: J. B. LIPPINCOTT & Co., 1864.*

---

LECTURES IN THE BUFFALO MEDICAL COLLEGE.—The preliminary and dissecting courses in this institution have already commenced, with large classes and fine prospects. The regular course of lectures commences the first Wednesday in November, and will be eminently a scientific and practical course of medical instruction, including in its curriculum, every branch of medical knowledge. The Faculty remain the same as heretofore, without change, so far as we are informed; and those who avail themselves of their instruction, will no doubt appreciate the superior advantages this institution affords.

BUFFALO

Medical and Surgical Journal.

---

---

VOL. IV.

NOVEMBER, 1864.

No. 4.

---

---

ART. I.—*Transactions of the Medical Society of the County of Kings. Regular Meeting June, 1862. Medullary Cancer—Hydrothorax, with distinct tubal murmur—Paracentesis Thoracis—Death and post mortem*

Dr. A. N. Bell presented a tumor and its surroundings, taken from the anterior mediastinum of a patient that had recently died in the Brooklyn City Hospital. An Irish sailor, aged 21, of lymphatic temperament, entered the hospital on the evening of May 26th, and was first visited on the morning of next day. The patient was a few days from Fortress Monroe, whence he came in hospital ship, in consequence of "*sore throat*," contracted as represented two weeks before by exposure to inclement weather. Previous to this he had no recollection of ever having been sick. He lay in a semi-recumbent position on his back, breathing with difficulty from evident obstructions. The cervical glands of both sides were much swollen close up to the trachea, and on the right side complicated with a swelling of the submaxillary gland, as large as a medium sized potatoe, and also extending to a swelling of the superficial glands of the parotid region, half as large as the patient's fist. The tonsils, too, were much swollen, of livid color, studded with numerous white specks. Respirations were forty per minute, frequently interrupted by a short cough and the expectoration of small quantities of frothy mucus streaked with blood. The right side of the thorax was motionless and two inches larger than the left, and the *feel* was characteristic of hydrothorax. Yet, on auscultation, *there was distinct tubal murmur over the whole extent of right lung*. On the left side there was puerile respiration, but apparently too little to compensate for the deficiency in the other lung, and deficient resonance over

the upper lobe. His skin was hot and covered with profuse perspiration. Pulse 130, small and irritable. An oiled-silk jacket was applied and fifteen grains of chlorate of potash ordered to be taken every three hours. Beef tea and gruel, for diet.

The next day at twelve o'clock the medical staff was convened for consultation. Excepting that there was increased dypnoea, the patient's condition was pretty much the same. It was determined to tap the chest, and this operation Dr. Bell performed by making a valvular opening for the trocar through the eighth intercostal space of the right side, in a line perpendicular to the axilla. The pump was attached to the trocar and 137½ ounces of dark straw colored fluid drawn off. The patient bore the operation well, and on its conclusion coughed a good deal. Pulse fell to 84, and became moderately full. Respirations proportionately slow. A little stimulus was given, and he expressed himself as feeling comfortable. On the whole he appeared to be in such a good condition, that it was deemed best to leave him to future indications. At 4 o'clock P. M. there was considerable reaction, and his pulse rose again in frequency to 130, but he still expressed himself as comfortable, and enjoyed a cup of warm gruel. He continued to cough a good deal, and expectorated a large quantity of frothy mucus without difficulty. At 2 o'clock on the morning of the 29th he roused the nurse, who was near him, for water; sat up in bed and coughed hard for some minutes, again became quiet and went to sleep. Three and a half hours afterwards the attention of the nurse was attracted by his sudden struggles, following an effort to turn himself, in the agonies of death! Before the house physician could get to him he had suffocated.

*Post mortem* seven hours after death. On raising the sternum the specimen here presented—a mass of transformed mediastinal glands and abnormal growth, as large as a man's foot, filling the whole space from the sternum to the root of the lungs—was revealed. It was strongly adherent on all sides, pressing upon the trachea and its bifurcations. The structure of the tumor appeared to be irregularly lobulated. The whole mass was more or less infiltrated with pus, while there were numerous cavities resembling softened tubercle in the lung. The pleura between the tumor and the diaphragm, and of the right side, was three-eighths of an inch thick, and strongly adherent to the pleura pulmonalis; thus forming a *solid connection from the root of the lungs to the walls of the chest, and accounting for the communicated tubal sound in auscultation with hydrothorax*. The pericardium was also adherent to the tumor. In the right

pleural sac there remained about a pint and a half of serum. The lung was nearly solid, and rather less than one-fourth its natural volume. There were also some adhesions posteriorly, increasing the continuity of the connection on this side with the bronchi of the left. The left lung was free and crepitant throughout, and the pleural sac healthy. The kidneys presented a knotty appearance, the surface being composed of rounded protuberances from one-quarter to a half an inch in diameter. The cortical portion congested, and one-third thicker than natural.

The death of the patient was from *apnoea*, caused by the pressure of the mediastinal tumor on the trachea and its primary branches, and was not hastened by the paracentesis. Dr. Bell had carefully examined the specimen under the microscope, and some of his friends had also, but owing to the broken down condition of the tissue its *intimate* structure could not be ascertained. Yet he had no doubt from the appearance of the tumor that it was cancerous, and he believed it to be of the species denominated by pathologists, *medullary*, and of rapid growth.

*Albuminuria*—"White Kidney," with cysts.—Dr. Bell also presented the kidneys of a hospital patient sixty-two years old, who died of *Bright's disease*. The patient for three days previous to his death had secreted only four ounces of urine—and for the last twenty-four hours previous to death—none whatever. The specific gravity of the urine was 1003, while it deposited one-third of its volume of albumen. The kidneys were one-fourth larger than natural, were of pale color—and a good example of what is commonly known as "white kidney"—excepting that they contained several small cysts, a condition in *Bright's kidney* believed to be rare.

Dr. Enos enlarged upon the interest of the first specimen, presented by Dr. Bell, with special reference to its cancerous character, even though the microscope failed to reveal it. He thought it probable however, that the mediastinal tumor was of long duration.

#### *Ulceration of the Bowels.*

Dr. Ball submitted a specimen of extensive ulceration of the bowels. The patient was a woman about 60 years of age, who had enjoyed good health, until a month previous to her last illness. Upon examination he discovered a tumor, as large as the fist, in the vicinity of the right ovary. There was considerable tenderness over the tumor, and also some gastric tenderness; yet upon the whole, there was scarcely any pain. He suspected ovarian disease. She finally sank and died two months after the beginning of illness. On post mortem the lower part of the colon was found to be

engorged, and adherent to surrounding parts; the ileum was also indurated and ulcerated, and very much contracted. The appendix vermiformis was large and filled with fæces. He considered the case somewhat remarkable from its protracted character—with such severe lesion, accompanied by so little suffering. The right ovary contained a small, fibrous tumor.

#### *Chloroform Poisoning.*

*Dr. G. K. Smith* read a paper on "Chloroform Poisoning," administered by the mouth. He observed that besides a case which had fallen under his own observation, he had collected several others, which went to show that chloroform, when taken as a poison, or administered in practice, was much less deadly than what is commonly believed.

The Doctor retained his paper with a view to further elaboration.\*

*Dr. Bell* made some remarks on the sedative and anodyne effects of chloroform, and the amount necessary for a dose. In some cases he had been able to produce quietude with it when opium had failed, and in several instances he had given it in combination with opium, with decided benefit. He had especially used it with benefit, in incipient *mania-a-potu*, and frequently in colic, both alone, and with opiates or stimulants. He usually administered it mixed with glycerine, or syrup of gum arabic, in doses of from ten to fifteen drops every hour, till its effects were manifest. It was rarely necessary, however, to repeat the dose. In colic it was well to add a little alcoholic stimulus.

*Dr. Otterson* elicited the opinion of *Dr. Bell*, that he would also unhesitatingly order it in lead colic, and would consider it an appropriate remedy, in doses to the extent of thirty drops without any danger of ill effects from its use.

*Dr. Ford* gave his experience in the use of chloroform as a sedative, in doses of fifteen drops, and compared its effects to chloric ether.

*Dr. Mason* thought it a commendable remedy, especially when combined with opium; that ten or fifteen drops, when added to a comparatively small quantity of morphine, very much increased the usual sedative effects of the salt.

#### *Pneumonia in the Army of the Potomac.*

*Dr. Olcott* gave a brief recital of a few weeks experience at Fortress Monroe, observing, among other facts, that many patients died of *pneu-*

---

\* Owing to *Dr. Smith's* absence his paper cannot be obtained for its appropriate place in the *Transactions*.

*monia*, consequent upon comparatively slight injuries and operations. This was not satisfactorily accounted for, but was generally supposed to depend upon pyæmia.

*Dr. Johnson* raised the inquiry as to the influence of malaria in the large mortality from wounds and operations, among the persons in the swamps of the Chickahominy.

*Dr. Bell* stated that he was familiar with the climatology of that section of the country, and he felt persuaded in his own mind that the great prevalence of pneumonia there under the circumstances was due to *malaria*, and not to *pus poisoning*. He also stated that the statistics of disease in the various sections of the country, as collected by Blodget, La Roche, and other authorities on the climatology of the United States, showed that pneumonia was common to various localities in the Southern States; and further, that according to his own observation, the region of country now under consideration was a locality of that kind. He had also observed congestive pneumonia following the autumnal remittent fever in that section, and that it was usually of short duration and very fatal.

#### *Cystic Disease of the Ovary.*

*Dr. Enos* exhibited a uterus and ovaries, removed from a subject in the dissecting room. There were two cysts connected with the right ovary, one of which, when distended, was about the size of a turkey's egg; the other was small and not opened. The cyst contained a thick, honey-like substance, of an oleaginous nature. It also contained a quantity of hair. There was no other morbid deposit. The cyst, he presumed, commenced in the graaffian vesicles, which were entirely absorbed by the progress of the disease.

---

#### *Quarterly Meeting, July 8, 1862—Annual Address by SAMUEL HART M. D., President of the Society.*

I rise, gentlemen, in compliance with a requirement of the by-laws of our Society, not expecting to present anything new, or worthy of special consideration, and must bespeak your indulgence to the few thoughts I shall suggest; they are but the transcript of views and opinions I long ago embraced, and which every succeeding year has served but to strengthen and confirm.

Observation and experience minutely analyzed and rigidly elaborated, are the only sure basis of accurate conclusions in scientific investigations, and that can lead to results which are conclusive and irresistible. An accu-

mulation of facts, passing the ordeal of the severest scrutiny of many tests, and perhaps many ages, alone can establish a principle with demonstrative certainty. Science is but progressively developed; and the maxim of the ancients, "*veritas in putco*," every subsequent research has fully illustrated. Deep, reflecting minds have suggested thoughts, which have furnished data for succeeding inquirers, and these again to those of later times. Galileo produced a telescope, but was not this success acquired by hints thrown out by Roger Bacon, who made some advances in this direction two and a half centuries before? This memorable instrument has received great improvement since his day, and is still I doubt not but a shadow of the perfection to which it is destined to reach, and the great facts it has brought to view, when compared to the discoveries it is destined yet to reveal.

These remarks are applicable to the sciences in general, and to every individual science in particular. Knowledge is but gradually acquired; mind communicates to mind; a master spirit by grave and long continued thought, imparts hints which those who come after ponder, enlarge, elaborate and extend, and transmit as a legacy to subsequent inquirers. How accurately does this delineate, gentlemen, the progress of the profession of medicine? As far back almost as we can trace the history of our race, we meet with the account of disease, and of those who devoted their time and attention to its treatment and cure. Their remedies were simple, and their practice empirical; but some records were kept of it, such as it was, and were appropriated in after times to some good purpose. To reduce this mass of heterogeneous materials, incongruous as many of them must have been, to a system so as to exhibit the phenomena of disease and its treatment, required a mind largely disciplined by close thought, acute perceptions, close observation and discriminating judgment. And such a master mind appeared to undertake the Herculean task. The vigorous, persevering intellect of Hippocrates seemed to be the one suited to set about this great work. I cannot but venerate the good old man, as I see him sitting in the temple of *Æsculapius*, copying, analyzing, generalizing and systematizing the tablets there suspended, to put them into a condition to be useful in his day, and to those who should come after. This appears to be the first system of medicine ever compiled, and as such justly deserves much respect; it suggested hints to others, so to collate and arrange what they saw and experienced, as to make them available to other observers. He reached a good old age, dying in his ninety-ninth year. Men of ability



and research were not wanting to appropriate what he and others had recorded, and to make large additions of such facts as passed under their immediate notice. But confused theories and a strange desire to harmonize the phenomena of disease with the dogmas of a favorite sect of philosophers, materially retarded the onward progress of medicine for many centuries. Even Galen, although it be admitted that he contributed essentially to the stock of medical knowledge, yet attempted to illustrate every abnormal condition by the principles of the peripatetic philosophy. Hence he very much obscured in his misguided zeal, that which he intended to make plain and intelligible. A learned professor of Leyden said of him, that he thus took a great deal of pains to explain everything into the clouds. The system upon which Galen erected his opinions is certainly very curious; and we can but consider with surprise, that a man learned and intellectual, should in any age, be darkened by such irrational, metaphysical subtleties.

The *materia medica* of the early ancients was quite as rude as their views of disease. It was drawn from the vegetable kingdom, and being destitute of the knowledge necessary to ascertain the peculiar properties of the articles which composed it, and their adaptation to particular diseases, they could be administered but with uncertain results. Some amusing, if not fabulous accounts of their wonderful effects in the cure of disease have come down to us, such certainly as do not correspond with later observation and experience. Melanpus is said to have cured the daughters of king Proctus of hysteric phrenzy, who imagined themselves transformed into cows, with Hellebore; furnishing possibly the hint for some of the humorous metaphors of the Latin poet Ovid. The history of our profession in these early as well as in later times is entertaining and instructive, and will well compensate for the time devoted to its study.

It has been remarked that the practice of the ancient physicians was empirical; it must have been, and necessarily so, unless our views of correct and rational treatment, require modification or change. Ignorant of almost all those great lights of science, which are requisite to develop an accurate pathology, and the peculiar properties and adaptation of remedial agents, this could not but have been the inevitable result. If we regard every prescription as empirical, which is not based upon a positive knowledge of the particular pathological condition, and of the special lesion of the tissue or organ affected, accompanied with or like positive knowledge that the properties of the agents employed are just suited to remove that

abnormal state; and this view seems the true one; and I had almost said the painfully true one; those medical gentlemen, who but a few generations before us, have contributed so largely to the accumulating stock of medical science, whose reputation was so elevated, and usefulness so extended, whose memories we honor and cherish with fond recollections, did but partially possess this positive knowledge of pathology and therapeutics. They knew much of morbid anatomy and analytical pharmacy, and have transmitted legacies of philosophical, scientific, medical truth, which will bless the world to the latest posterity.

Notwithstanding the unprecedented advancement of science and philosophy in our age, and the large attainment in physiology, pathology and therapeutics, the intimate acquaintance cultivated with the structure of the human body, its organs and tissues, its derangements and lesions, truth compels the sad admission, that great uncertainty still attends the healing art; that which we know positively is but limited, and a task devolves upon us sufficient to engage all the energy, perseverance and investigation of ourselves and our profession for ages to come. We cannot in all cases enter the sick room with that confidence of success we desire, and candor necessitates the frequent confession to the anxious inquiry as to the result, that it is not possible to foretell with certainty. This may be affirmed of all things human; imperfection and uncertainty are the indelible impress of humanity; and this, perhaps appropriately, is very commonly regarded as peculiarly applicable to a large portion of medical appliances. It is proper here to inquire, how far the usefulness of our profession is impaired by these uncertainties. It can scarcely be questioned, that it does tend in some measure to diminish it; but all admit the benefits we confer, and consider us, and truly, as a *sine qua non*, to human relief and comfort.

Those who have cultivated an intimate acquaintance with men have remarked, that the highest happiness of which our nature is susceptible, lies in the hopes and aspirations of the future. No one can doubt this. And this inspiring thought, gentlemen, we seize with an unflinching grasp. We look forward with joyous hope to a period yet to come, perhaps far distant, but that will pretty surely arrive, not of chivalry, not of unbounded wealth, when all shall revel in luxury to satiety; but when truth, absolute truth, and positive scientific knowledge in every department of life shall be attained, and mainly scatter with its clear light, the obscurity and uncertainty which, in a measure, darkens almost every research. We anticipate the period when anatomy, physiology pathology and therapeutics, with the aid of the

collateral sciences, shall be so investigated and elaborated, as to demonstrate almost every morbid condition with nearly mathematical certainty. Should these expectations bring upon us the charge of visionary enthusiasm, or that they are the mere hallucinations of a morbid brain, we have, as an irresistible reply, simply to point to the unprecedented advances in all these sciences the last half century, even to the last ten years, to silence all such cavils. Every year new facts are elicited, and distinct progress gained. And why should it not be thus? We have in our ranks, very many of enlarged powers, of indomitable perseverance and research, and who will not stay their investigations short of full attainment. Theology and law furnish bright specimens of learning and talent; and the records of philosophy, science and literature attest, that medicine has furnished a still larger quota. No obstacles, then, can, and no obstacles will, hinder our science from finally reaching that degree of perfection, that intellect and energy is capable of attaining.

Thus far, we have considered only a learned and scientific profession. But, on every side, we find ourselves surrounded by charlatans who are simply pretenders; but by bluster and boasting contrive to gain the confidence of many, and of some, even, whose position and knowledge would seem to present a barrier to such impositions. These are of all grades, but all make the most extraordinary pretensions. One is an eclectic, and boasts that he selects all that is valuable and true from all systems; another who asserts that heat is life, and cold is death, promises to cure all diseases with capsicum and lobelia. Every variety and form of quackery that the imagination can conceive of, is constantly met with, and it would be tedious to trace them all through their various grades, till we come down to the low grade of the pill and syrup dealer. And to keep pace with the progressive age, even the spirits are invoked to lend their aid in this work of imposture. These we cheerfully leave to exult in their own ignorance, and to the follies of those who are their willing dupes. But a system of medical frauds, which commenced with Hahneman, in Germany, founded on the false principle that "*similia similibus curantur*;" we can more truthfully say, "*ut similia similibus distrahantur*." This imposture, promising so much and accomplishing so little, enlarging and expanding, has reached our shores; and the human mind is so deeply imbued with the propensities of the ancient Athenians, constantly to seek and to receive something new, that many should adopt it can afford no surprise. It presents quite a fascinating garb; assumes to be very genteel, polished, classical, logical, and precisely suited to the most elevated social position, to correspond with the

onward progress of the age, and with its delicate little infiniteissimal pelli-  
cles, far exceeds the huge nauseous doses of the old scientific school in  
facility of administration and in practical success. But observation and  
experience, our standard of medical truth, proves this an empty boast. It  
is true that most children love sweet things, and some grown up children  
too; and it is equally true that when the human system is suffering a  
pathological state, a nothing of a quantity which, when in health, will pro-  
duce that state, is not an adequate remedy. This imposture must disap-  
pear, like multitudes which preceded it, before enlightened reason and  
sound common sense. The veritable historian, Diedrich Nickerbocker, re-  
lates of the redoubtable Governor Van Twiller, the notorious doubter and  
smoker, that he smoked and doubted, and doubted and smoked, till at last  
he evaporated in his own smoke. So with pretentious Homœopathy, which  
is the very sublimation of quackery, some equally truthful historian will  
yet record that it ultimately vanished in its own complete nothingness and  
its own utter impotence. The surgical department of our profession en-  
gaged the attention of the ancients, and fully keeps pace with our forward  
progress. Has it not the advantage, in the clear ocular inspection of most  
cases which fall to its care, over those which are purely medical, and which  
are oftentimes obscured by indefinite, uncertain and imperfectly developed  
characteristics? Surgery has certainly attained an enviable position. The  
vast multitude of preserved lives and limbs, fully demonstrates its high  
attainments and scientific accuracy.

We aim at a larger amount of knowledge, and we enjoy the positive  
certainty that a still larger amount of knowledge is within our reach, and  
will certainly be acquired. In this, every physician shares a personal  
responsibility. No one, however obscure his position, and however limited  
his powers, and even young in years, if practically inclined and engaged,  
but can contribute something to the common stock. It is not true, that he  
who has spent the greatest number of years in active practice, or prescribed  
for the greatest number of patients, is necessarily possessed of the largest  
amount of observation and experience. Oppressive avocations, indolence or  
indifference may deter him from recording, arranging, analyzing and syste-  
matizing the valuable facts that pass before him, so that they are useless to  
himself and others. But such do not legitimately belong to our fellowship.  
Even the young man, if a scrutinizing observer, and endowed with acute  
perceptions, which are indispensable elements of the mind of the physician,  
by pondering and collating the facts that pass under his view, will in a short

time accumulate a very material sum of valuable, practical experience. While life continues, the medical man must inevitably remain a student. He may pass a term of pupillage and graduation, but his education is but then commenced. By applying all his powers and energies under the lucid instruction of his great master and teacher, Nature, as his usefulness and success imperatively require him to do; she will unfold to him her rich, inexhaustible stores of truth; an ample compensation for the most patient, untiring research. "*Natura duce,*" "*res 'maximas consummemus;*" and she ever has, and ever will put to the blush every fanciful, imaginary speculation.

It is stern facts with which we have to deal, and it is stern facts alone we wish to study. Thus progress has been, and inevitably must and will be made. What, gentlemen, are the obligations that devolve upon us in this great matter, so vital to ourselves and the world? You and I have personal responsibilities which we cannot escape if we would, and I trust would not if we could. We occupy a noble position, are, by wise authority, members of a useful and elevated profession; and we owe it to our employers, and also to ourselves, to note carefully every development in every case, and apply to it all our own individual experience, and the recorded experience of those who have gone before us, and that of our cotemporaries. By this, and this alone can we fulfill, and by this we can not fail to fulfill our high calling and destiny. Our city affords peculiar facilities for this good object. Our hospitals, colleges and dispensaries, all of them furnished with medical gentlemen affable, scientific and skillful; inferior to no others in their several departments, and which are cordially open to all inquirers after truth. They furnish the best of opportunities to note disease in all its varieties and modifications, and to test the effects of remedial agents. I say free, for I regard every medical college, hospital and dispensary as free at suitable times and hours to all those in pursuit of those observations and facts which will enlarge and enrich their own minds, and furnish data to enlarge and enrich the minds of others.

The monthly scientific meetings of our Society when we come together fraternally to receive reports, pathological and scientific specimens, and communications, and interchange opinions, views, observations and experiences, will compare most favorably with those of any similar association. We have among our number gentlemen of no ordinary talent, learning, science and skill. We are now regarded as the most active, efficient county organization in our State, which is truly an enviable position. Let us

maintain it; let no obstacle interpose to lower this elevated standing. We possess the ability, the means, and I trust the energy and the will, and the love of our profession, thus to sustain our Society: "*Nomen servemus.*"

Our aspirations lead us to aim at a positive and perfect knowledge of disease in all its modifications and varieties, and an equally positive, successful treatment, so as that life may be indefinitely prolonged. But this is not within the scope of human attainment. The unalterable fiat has gone forth, that dust must return to dust. We can only well, honorably and usefully maintain our lot, and bequeath to those who come after us, whatever we have discovered of science or of truth.

---

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

TUESDAY EVENING, October 4th, 1864.

Society met pursuant to adjournment, the President, Dr. Samo, being in the chair. Present, Drs. Rochester, Lockwood, Miner, Strong, Shaw, Congar, Boardman, Cronyn, Gay, Wyckoff, Johnson and Peters.

Minutes of last meeting read and approved.

*Dr. Hauenstein* was elected a member.

*Dr. Rochester* wished to call attention to the prevalence of a low fever, which might be called typhus or typhoid, but which was certainly not the typhoid fever of Louis. It did not present any enlargement of Peyer's glands, nor, usually, any diarrhoea or rose-colored eruption. It attacked children younger than were generally liable to typhoid fever. It commenced much like remittent fever, with pains in the back, limbs auorexia, &c., yet it could not be called simple remittent. The tongue was glabrous, sometimes cracked. There was often delirium, as in remittent; remissions there certainly were, but of a low type. These cases do not usually bear quinine well at first, but after the irritated condition of the stomach was subdued, quinine came in very nicely. It seemed to be, in short, a gastric form of remittent, of a low type. He had also noticed in connection with this and dysentery, an inflammation of the parotid and submaxillary glands.

*Dr. Miner* had almost come to doubt the constancy of diarrhoea or rose-colored eruptions as symptoms of typhoid fever; they do not accompany a majority of cases in districts where there is no malaria and pure typhoid fever is prevalent; on the contrary, laxatives have often to be given. Diarrhoea and eruptions are often present, but their absence forms no doubt as to the character of the disease.

*Dr. Peters* had seen, in camp, many cases of a fever which presented precisely the same symptoms as *Dr. Rochester* had described, and which was called by some surgeons typhoid, but is now generally known in the army reports, as typho-malarial fever. Had noticed all the peculiarities described by *Dr. Rochester*, and had also had occasion to notice the extreme rapidity with which convalescence was established after the fever was somewhat subdued.

*Dr. Rochester* had noticed the same thing in regard to the rapid convalescence in the cases he had seen here.

*Dr. Lockwood* believed the fever mentioned by *Dr. Rochester* to be a remittent of a low type. Had often been struck by the difference presented by the same disease in different years, and under varying conditions of the atmosphere. As bearing on the point, he related briefly four cases of scarlatina which had occurred in one family under his charge, and which had all recovered, whereas, a few years since, he would have expected to lose at least three of them. One of them had as a sequel to the fever, general anasarca to an unusual extent, being enormously swollen and unable to lie down, and making water with great difficulty, even in a sitting posture. Measured the urine for forty-eight hours; under the use of iron and the usual treatment for such cases, and only got an ounce in each twenty-four hours. Then commenced giving the rust, which he had exhibited here, and in the first twenty-four hours obtained a pint of urine, and the child convalesced well. Had never seen a more marked case. Also related a marked case of typhoid, which recovered without medication. Believed there was often too much medicine given in such cases.

*Dr. Strong* would say in reference to *Dr. Miner's* remarks, that he had often seen typhoid fever without diarrhoea, but believed there was generally disease of Peyer's glands, hence he thought we must cling to that as a means of diagnosis; but had often seen it without eruption. Wished chiefly to call attention to the general painlessness of all forms of disease now prevailing. These fevers were for the most part painless. Related a case of pleuro-pneumonia, in which the pneumonia had reached the stage of hepatization, and with effusion of serum into the pleura, which had been perfectly painless.

*Dr. Gay*, as chairman of the committee, appointed at last meeting, on the root presented by *Dr. Lockwood*, presented the following report:

The committee appointed at the last meeting, to whom was assigned the duty of ascertaining the genus of the plant exhibited by *Dr. Lockwood* beg

leave to report that the standard works on botany, viz: Graey, Tory, and Wood, have been consulted, that we have also consulted with Hon. G. W. Clinton, David F. Day, Esq., and other distinguished botanists of the State, all of whom concur in recognizing the plant in question as the *Asclepia incarnata*, (swamp milkweed.) Prof. Asa Gray describes two species of the *Apocynum*, and fourteen species of the *Asclepias*. Although the two genera present many points of resemblance, they are so essentially different as to be classified under two separate orders.

Some of the distinctive points upon which these two orders are founded, your committee will mention.

The corolla of the *Apocynum cannabinum* is bell-shaped, the color a greenish white, the stamens arise from the corolla. There are two follicles, one sometimes abortive, long and linear, leaves acute at both ends, not always alternate.

The corolla of the *Asclepias incarnata* is *reflexed*, of a reddish purple color; the stamens are inserted at the base of the corolla; there are two follicles, oval, and much larger than the pods of the other genus; leaves always opposite, acute at the end, somewhat cordate at the base, and longer petioled than the former. The *Asclepias* is of a much coarser texture than the *Apocynum*. The first, alone, is sufficient to distinguish the one genus from the other.

The committee would suggest that our works on materia medica are defective in their description of our indigenous plants, and should not be taken as authority.

We have pleasure in according to Dr. Lockwood the credit of having made a valuable contribution to the materia medica by the introduction of this plant to the notice of the profession, since we have no doubt it possesses all the medical properties ascribed to it by that gentleman.

All of which is most respectfully submitted. C. C. F. GAY,  
P. H. STRONG,  
JOSEPH A. PETERS,  
Committee.

*Dr. Peters* in agreeing to the report wished also to say that the fact that the qualities ascribed by Dr. Lockwood to the root in question were not doubted by the committee, in his opinion made the subject of more value than if they were only ascribed to the *A. Cannabinum*.

*Dr. Boardman* called attention to the prevalent enlargement and purple redness of the glands of the throat in cases of fever now prevailing. Had used with good effect a gargle containing capsicum.



*Dr. Rochester* reported the prevalence of fever, diarrhoea and dysentery,  
*Dr. Strong* the same.

*Dr. Strong* gave notice of an amendment to the by-laws.

Adjourned,

JOSEPH A. PETERS, *Secretary.*

## MISCELLANEOUS.

### ADVISORY MEDICAL BOARDS FOR INSANE ASYLUMS.

Communicated for the Boston Medical and Surgical Journal.

In the number of this Journal for October 13th, appeared a paper read before the Suffolk District Medical Society, and one of a series concerning "The Medical Management of Insane Women," in which it is attempted to show the necessity and also the great utility of a Medical Board of Advisors to our Insane Asylums, for the benefit of the patients, the hospitals, the superintendents, the profession and the community.

The writer of that paper says, "his remarks are based upon extended observation, patient reflection," etc. It is quite possible if his observation could be a little further "*extended*" he would not only discover the uselessness of such a board, but the positive disadvantages of adding any more official boards to our already liberal allowance of disinterested guardians of the public charitable institutions for the insane. He is not aware, it seems, of the privilege granted superintendents by the trustees, and expressly and wisely directed sometimes by the by-laws of our hospitals, to call in consultation at any time such physician or surgeon as they may think proper for special cases. It would seem to be much more in accordance with an intelligent understanding of the whole subject, to allow the superintendent, who may be supposed to know what he needs, to choose his advisor from the whole range of his professional brethren, than to have him confined to a board appointed, as it might be, for personal or political reasons. In the latter case he is *compelled to take* such advice as the appointed board may be *able and willing* to give. If, as the writer allows, the advisory board visits patients only at the request of the superintendents (and no other course would be tolerated by any competent superintendent,) it is not difficult to see where the real advantage would be secured.

The writer of this article is familiar with the duties required of physicians in insane asylums, having acted both as assistant and superintendent in one of the most important of our New England hospitals; and while

so employed he had occasion to call consultations occasionally, and he can cheerfully testify of the aid and comfort so received. But in no instance did he feel the need of any *permanent* board of supervisors, *such as is recommended.*

It is said above that the advisory board might be appointed for political reasons. It might not. But by what influence was the late board of "Commissioners in Insanity" selected? For what reason were all the well-known "experts," able men and true, omitted from that Board? Without any wish to intimate that said Board was deficient, either in talent, experience or accomplishment for the task required, it is sufficient to say that of the three constituting that Board, two only were physicians, that neither of these was ever heard of as an "expert" in insanity, or as being inside the walls of an insane asylum in any other capacity than as an accidental or curious visitor, before his appointment to examine and report upon the difficult and complicated subject of insanity.

But let us examine some of the points taken by the author of the paper referred to. 1st. The advantage of an advisory board to the patients.

He has not made it very clear how the *mere appointment* of an advisory physician presents any advantage over the existing arrangement, when he admits that said advisor shall be called upon only at the discretion of the superintendent. The difference would consist merely in the person thought fit by the Governor, or whoever had the power of appointment, to give advice, and the person thought by the superintendent, a medical man and capable of judging of all the circumstances as they may arise, most suitable to aid him in any particular case.

If patients are not treated "*secundum peritissimam artem*" in any hospital at the present day, that hospital is under the care of an incompetent medical superintendent, and the fault is in the man, and not in the want of a board of advisors who, if appointed, could not act unless *called upon*. And the testimony of the quotation from the letter of one superintendent, saying "he could not make such an examination as was necessary for a full understanding of the case," etc., is "conclusive" only of the lack of a *disposition* on his part to *make use* of all the means of treatment considered proper to aid in restoring his patient.

In regard to the risks to which superintendents are liable from the delusions of insane patients, an advisory board would not relieve them except to give a wider field for the speculator. The danger is just as great every

day, and when nothing out of the usual order of practice is said or done, if *delusions* are sufficient to annoy or victimize the managers of insane asylums.

Of the advantages of an advisory board to the profession.

The establishment of advisory boards *would*, undoubtedly, "stimulate physicians to more frequent study of mental disease," and it would afford a larger number from which to select gentlemen for superintendents and trustees. So far there would be an apparent advantage. But if the holding of such an office should lead them to suppose themselves qualified thereby to take the charge of one of our hospitals containing three or four hundred unsound minds, the *disadvantage*, after a very short time, would be *very* apparent.

As an example of the feeling that might be engendered by holding such an office, let us quote a few lines from the paper *under treatment*:

"As a single instance of what would naturally and generally be the result, it may be mentioned that shortly after the report of the late Massachusetts Commission in Insanity had been rendered, it was urged upon two of the three gentlemen constituting that Board, that they should allow their own names to be used as eligible to the vacant superintendency of the Northampton Asylum. Upon the third of their number similar arguments would have been used had he been a physician."

If either of the gentlemen *so urged* supposed for a moment that by yielding to the advice of his partial but imprudent friends he would have secured the countenance and support of a single member of the intelligent Board who had the power of appointment, he is certainly under a great delusion.

This opinion is based upon *extended observation*, and given for the benefit of any who may hereafter entertain similar sentiments, holding office bringing them slightly in relation to the subject of insanity. \*

---

#### SMOKING AS A CAUSE OF FATTY HEART.

Dr. Henry Kennedy, in a paper read before the Surgical Society of Ireland, on fatty heart, makes the following observations on the influence of tobacco smoking in its production:

"I must notice one (cause of this disease) which has year after year been gradually forcing itself on my attention, till it has now reached the strongest conviction in my mind—I mean the habit of smoking, which, I

believe, I have traced in many instances to have been the predisposing cause of the disease. No one is more aware than myself of the difficulties which beset a question of this sort, nor the great opposition which, for obvious reasons, it is likely to meet. Still, the opinion has not been taken up hastily, nor, as I think, without such proof as the subject admits of. All will recollect that within a very few years a great paper war was carried on in the pages of the *Lancet* on the effects of tobacco, and the opinions expressed were sufficiently contradictory. Amongst them all, however, I did not observe one point noticed which seems to my mind of great importance in this question. It is the fact that if any one, no matter what his temperament may be, gets out of health, so that the powers of his system are lowered, he must then either lessen his smoking or give it up entirely. I have met no exception to this statement, which every one may test for themselves—as, for instance, in cases of paralysis, no matter how slight they may be. From the fact, however, I conclude that tobacco, besides other effects, is a depressor of the nervous system, and that there is a constant antagonism going on between it and the healthy state of the constitution, and when used too freely it ultimately engenders a state of health which is very apt to be followed by a fatty heart. At any rate, whatever the explanation be, the fact is as stated above, and I have seen now too many cases of fatty heart, in what are called heavy smokers, to have any doubt on the matter.

“This 4th March, a case which strongly confirms some of the remarks just made came under my notice, and for the third time. The patient, aged 34, is a man of full height, made in the very finest proportions, and remarkable, or at least was, for great physical strength and activity. He has always been strictly temperate as regards strong drink, but is the heaviest smoker I recollect to have met. About three months since he began, and without any cause he could discover, to lose flesh and strength very rapidly, and his wind, as he called it, became so short that he was compelled to give up active exercise. He now looked pale and depressed, having had a cold, which he found it hard to shake off. He told me he had, at my wish, twice tried active exercise since I last saw him. On the first trial he got through it but badly; on the second he was forced to give it up, as his breathing became so hurried and his heart beat so violently. It seems scarcely necessary to add that he had been driven to give up his darling tobacco.

“Except the pulse, there is nothing in this case to indicate disease. The two sounds of the heart are distinct and unattended by murmur. There is no increase of dull sound on percussion, nor can I say that the impulse varies from health. Whilst he sits, however, the pulse beats but 48 in the minute, and it was just the same from the first time I saw him. It is large and full to the finger, under which it passes slowly, and is readily compressed. Any movement at once increases the beats, and more than occurs in the healthy state.

“Now, in this case I have scarcely a doubt that the heart has become fatty, and most probably in the worst form; I mean where the muscle itself has degenerated. Yet, he tells me, he passed a physician and had his life insured just five months since!”—[*Dublin Medical Press*, April 20, 1864. *Am. Journal Medical Sciences*.



#### EFFECTS OF THE EXCESSIVE USE OF SUGAR ON THE SYSTEM.

Dr. Champouillon communicated the result of his observations on the effects of the excessive use of sugar on the system. So far back as the year 1846, the author undertook a series of experiments on himself, in order to supply the Minister of War with information as to the possibility of replacing salt by sugar in the preparation of the preserved meat destined for the use of the army during a campaign. In accordance with his instructions, M. Champouillon strictly confined himself to the diet which may be accidentally enforced on the garrison of a besieged city by the hardships of war, and for several days in succession lived on the following rations: sixteen ounces of beef preserved in sugar, and four ounces of biscuit; water was his only beverage. Various phenomena supervened in the following order: thirst, sinking at the stomach, distaste for food, nausea, acid regurgitation, epigastric pain, diarrhoea, prostration, and syncope.

“I carefully watched these symptoms,” says M. Champouillon, “and the loss of appetite and nausea indubitably proceeded from the absence of variety in my diet; whereas the thirst, heartburn, epigastric pain and diarrhoea were as clearly referable to the difficulty of digesting cane sugar. In proportion to the impression produced by this substance on the organs of taste, it clogs the palate and destroys natural appetite. This excessive indulgence in syrups, sweet-meats, pastes, and highly-sweetened diet-drink, brings on distaste for food, and annihilates the digestive powers, especially

in cases of pulmonary consumption. After expatiating on the transformation of cane-sugar into glucose, in consequence of its contact with the acids contained in the gastric juice, and on the injury caused by the increased activity imparted to the functions of the stomach by frequent repetition of the process, M. Champouillon showed that in addition to the inflammatory congestion thus occasioned glucose powerfully contributes to the establishment of a plethoric condition of the system, and that the prevalent opinion that the excessive use of sugar tends to cause pulmonary irritation and a disposition to atrophy, is but too well justified by facts. In support of this view, the author adduced two interesting cases; one of apoplexy, the other of hæmoptysis, in which the agency of this cause was distinctly evident.

“I have often remarked,” said he, “in thirty years’ experience of tubercular disease, that the cough, hectic fever, and night-sweats are increased by the fondness of the patients for sweet substances. I conceive this to be the natural consequence of the combustion of the glucose in the system, a phenomenon which necessarily implies the production of water, carbonic acid, and heat. It is a well-known fact that three and a half ounces of sugar consumed in the human body evolve an amount of heat equivalent to what might be produced by the combustion of thirty-two grains of charcoal. MM. Favrot and Silberman have shown that fifteen grains of charcoal are sufficient to impart one degree (cent.) of heat, eight kilogrammes, or sixteen pounds of water. If the capacity of the human body for caloric is the same as that of water, three ounces and a half of sugar will, in a subject weighing seventy-five kilogrammes ( $12\frac{1}{2}$  st.) raise during their combustion the temperature of the body four degrees and a half (centigr.)

The practical conclusion of this paper is that it is desirable to reduce within as narrow limits as possible the consumption of sugar, especially in cases of tuberculosis, and to replace that substance by honey, or a decoction of liquorice.—[*Dublin Med. Press*, Feb. 24, 1864, from *Journal de Med. et Chirurg.*

---

Dr. V. J. Fourgeaud, Editor of the *Pacific Medical and Surgical Journal* for the last two years, resigned his position on the issue of the August number. He complains of not having had the “harmonious support and co-operation of the profession generally.”

## ON THE PURITY OF FOREIGN IODINE OF POTASSIUM.

BY F. C. CLAYTON.

The high price and large consumption of this article has made it one which the manufacturer has special temptations to adulterate. Of late years very large quantities of foreign make, have found their way into our markets, giving rise to keen competition, which, in the case of drugs, is often far from improving their quality. From these considerations we might still expect to find much that is impure, but the results detailed below lead us to a different conclusion. The impurities of iodide of potassium are bromide and chloride of potassium, and sulphate, iodate, and carbonate of potash. Moisture in excess is also to be considered an impurity, for, besides giving the sample a greater liability to deliquesce, it shows an article of imperfect manufacture. The first mentioned adulterant, though it has at times been frequently used, has in none of the fifteen samples experimented upon been found, and the second only in quantities of 3-7 per cent. down to minute traces. Sulphate was never found in ponderable quantities, and iodate in only 3, all of which, however, were of foreign manufacture. (Several English samples were analysed for the sake of comparison.) In these three cases it never amounted to 1 per cent. Carbonate, though more generally present, never amounted to 1 per cent., generally much under this. From these results, it will be seen that the iodide of potassium now in the market is practically pure, the percentage in all the samples being over 95°.—[*Journal of Pharmacy*.

---

ON THE PREPARATION OF AN IMPROVED WINE OF IRON, BY H. N. DRAPER, F. C. S., AND MR. J. WHITLA.—The authors first described their observations of the action of light in promoting decomposition of the officinal wine of iron. To prevent this decomposition, which occurs even in the dark, they suggested that ammonia-citrate of iron should replace potassio-tartrate, and that citrate of ammonia should also be added to prevent any slight precipitation that might otherwise occur when the wine was exposed to strong sunlight. The formula proposed was as follows:

Ammonia-citrate of Iron,	- - -	160 grains.
Crystalline Citrate of Ammonia,	- - -	60 "
Sherry,	- - - - -	1 pint.

The wine thus prepared was perfectly transparent, and had no disagreeable taste.—[*London Pharm. Journ.* for Oct.—*Journ. of Pharmacy*.

## THE AMERICAN MEDICAL ASSOCIATION AND DR. MORTON.

The American Medical Association at its late session in New York adopted by nearly a unanimous vote, the following preamble and resolutions offered by Dr. Henry D. Noyes, delegate from the New York Eye Infirmary, and supported by Dr. Mauran, of Providence, R. I. :—

*Whereas*, There is now pending in Congress an appropriation donating to Dr. T. G. Morton, of Boston, the sum of \$200,000 for his services in connection with the introduction of sulphuric ether as an anæsthetic agent; and

*Whereas*, The said Dr. Morton, by suits against charitable medical institutions for infringements of an alleged patent covering not only sulphuric ether, but the state of anæsthesia however produced, has placed himself beyond the pale of an honorable profession and of true laborers in the cause of science and humanity;

*Resolved*, That the American Medical Association enter their protest against any appropriation to the said Dr. Morton, because of his unworthy conduct, also because of his unwarrantable assumption of a patentable right to anæsthesia, and further, because private beneficence in Boston, New York, Philadelphia and other places, has already sufficiently rewarded him for any claims which he can justly urge.

*Resolved*, That a copy of these resolutions be sent to the Chairman of the Committee of Ways and Means of the House of Representatives at Washington. Adopted.

ON THE APPLICATION OF DIALYSIS IN DETERMINING THE NATURE OF THE CRYSTALLINE CONSTITUENTS OF PLANTS, BY J. ATTFIELD, PH. D., F. C. S.—  
The author had dialysed a few plant-juices, the first that came to hand, and from each had obtained some of the crystalline constituents. The tops of the common potato yielded a crop of nitrate of potash, some cubes of chloride of potassium, hexagonal crystal not analysed, sugar, and an ammonia salt. The deadly night-shade gave nitrate of potash, an unknown magnesia salt in square prisms, sugar, etc. Pea-pods yielded only sugar. The common garden lettuce contained nitrate of potash, tetrahedra of undetermined composition, sugar and ammonia. Cucumbers furnished sugar, ammonia and sulphate of lime. The cabbage also furnished sulphate of lime and ammonia. Stramonium contained so much nitrate of potash, that dried portions quite deflagrated on being ignited.

From these experiments the author thought the proposed application of dialysis promised to be of great service, directly and indirectly, in investigating vegetable physiology.—*Journal of Pharmacy.*



## A SIMPLE OPHTHALMOSCOPE.

Sir:—I find that if a convex lens of about two inches focus be placed in close apposition with a concave one of about nine inches focus, and this combination be held before the patient's eye at the distance the object-lens of an ordinary ophthalmoscope usually is, it forms an ophthalmoscope, uniting in itself the reflecting and refracting elements of that instrument. For, whilst the light from a flame is reflected by two surfaces (the outer concave surface of the concave lens and the internal concave surface of the convex one) into the patient's eye, it is also, on its emergence therefrom, refracted by the effective convex element of the combination, so as to form the usual indirect image of the fundus oculi at the focal length. With such a rough combination I have been able to obtain a distinct image of the optic nerve, retinal vessels, etc.; and I may hence not unreasonably hope a properly constructed meniscus will in itself fulfil the conditions of the mirror and object-lens of an ordinary ophthalmoscope.

I am, etc.

J. Z. LAURENCE,

[*British Medical Journal.*]

## IDENTIFICATION OF DECEASED SOLDIERS.

HEADQUARTERS DEPARTMENT OF THE OHIO,  
MEDICAL DIRECTOR'S DEPARTMENT,  
KNOXVILLE, TENN., *June 1, 1864.* }

[*Circular Letter.*]

Upon the death of a soldier in this military department—whether in hospital or in the field—the Chaplain—wherever one is on duty, and in all other cases the Surgeon, is instructed, whenever practicable, to cause the *name, rank, company, regiment, age, date and cause of death, last place of residence*, and any other items deemed of importance relating to the deceased, to be legibly written upon white paper, with ink, and to place this record in a bottle, to be well corked, and deposited in the coffin, at the foot of the body, before burial.

JOSIAH CURTIS,  
Surgeon U. S. V., Acting Medical Director.

Messrs. Lippincott & Co. of Philadelphia, have in press a new edition of Wood & Bache's United States Dispensary.

## HYDROCYANIC ACID IN MANIA.

A celebrated doctor of mental disease, Dr. MacLeod, having been led to investigations by the use which has been made of the cherry-laurel water, and of other matters containing cyanogen, in mania, and thinking that their ineffectiveness resulted from their mode of preparation, experimented with prussic acid even in that frequent form of mental aberration, and his attempts were crowned with success. When writers say that there is no therapeutic treatment for mental diseases, and put forward manual labor as the best thing that could be done, it is necessary to answer these opinions by proofs of the contrary. M. Brierre of Boismont, whose word cannot be suspected of partiality in this matter, has already made protestations against these imprudent assertions, and it would be desirable that all those who think the same would say so. It is for this reason that we give Dr. MacLeod's report.

Out of forty cases which he has experimented upon, there were thirteen of acute mania, and four of chronic mania; two of puerperal mania, and one of intermittent mania; four with epileptiform fits, two of which were accompanied with menstrual derangements; two with hemiplegia; five with general paralysis; one with chronic hydrocephalus. Altogether thirty-four cases of mania, and six with acute or chronic melancholia with over-excitement. Eight of these different cases reported at full length allow us to appreciate their character and their severity.

The preparation that was chosen was constantly Scheele's acid diluted, at a dose of from two to five drops, either in a watery solution internally, or added to thirty drops of water in subcutaneous injections with Wood's syringe.

Beyond this dose accidents might occur, and it is prudent to stop at five drops. If it does not take effect rapidly the dose can be repeated, and if the over-excitement, after having disappeared, re-appears, a second dose will surely quiet it. The interval of these repeated doses must vary, according to the nature of the case, from five to fifteen minutes, as long as it has not produced its effect. It can be of one or two hours when its action wants to be kept up, and then it can be left to the judgment of an intelligent nurse.

In every case this remedy has acted when the natural course of the disease, its etiological effects as well as the diet, the moral treatment, and other causes acting simultaneously with it, have also been considered. Acting on the mind, and consisting principally in the gradual cessation of excitement, with or without sleep, it has never failed, although varying in intensity and

in durability according to the case. Therefore it was slower, lighter in mania and acute and chronic melancholia with organic lesions, than in the opposite case, where it was immediate and continuous. It was also instantaneous in the violent fits of epileptiform and menstrual mania, and in the acute paroxysms of melancholia.

The effect was immediate when, for example, a patient was roaring, jumping, swearing, he became quiet, sat down, and sometimes fell into a deep sleep, from one to five minutes, after the administration of the remedy; gradual when the paroxysms were diminished, distant, anticipated, and that the patient became more reasonable, sociable and docile. These mental manifestations having reached a degree evident to everybody, and acknowledged by the patients themselves, are independent of any physical phenomenon. Twice only the pulse became slower, weaker, and slightly irregular, which perhaps was owing to the difficulty of observing it in such cases. The dose having been given too strong in two other cases, it produced coma with adynamia, foam at the mouth, difficulty in breathing and quick pulse, as before an epileptic fit. Slight headache, with nausea, and a special constriction of the throat, with involuntary incapacity of motion, were felt in other cases a few minutes after having taken the medicine.

In the forty cases in question the effect of the medicine was light, ten times temporary—that is to say, that the amelioration was only for a time without any action on the cause of the disease. The patients ceased to be violent, uneasy, noisy, excited, destructive, became more tractable, and a great deal better inclined for a moral and dietetic treatment. This result has been observed in a case of perpetual mania where the dose of the remedy had been insufficient, and in two cases of acute mania and melancholia where its use was not continued. In three acute manias and one perpetual mania the intensity of the disease soon made it fatal, and in two recent manias the effect, although real, was completed by other means, and a cure was obtained.

Nineteen times the action was more pronounced and permanent, though the disease remained stationary or progressed. Such were the five cases of general paralysis, five chronic manias, and three melancholias, whose acute-paroxysms were dissipated by these means. The same way in a case of insanity with great excitement, and four epilepsies, two of which had very prolonged fits under the influence of menstruation, one hysterical mania, and one perpetual mania, in which tranquility and sleep were obtained where

other means had failed, and two other manias, with hemiplegia and hydrocephalus.

This medicine has, on the contrary, acted a most useful part in the rapid cure of eight cases, six of which were acute manias, and two melancholias. It has therefore great advantages by the rapidity, certainty and simplicity of its calming effects, the facility of its use, and the absence of any consecutive accidents. Its use is indicated in all cases of mental diseases with over-excitement as an antagonist of this pathological phenomenon, without, however, preventing the simultaneous use of other means of cure. It is therefore superior to baths, opium and blood-letting, which it is designed to supercede.—*Dub. Med. Press*, May 4, 1864, from *Journ. de Med. de Bruxelles*.—*Med. News*.

---

#### THE INSTANTANEOUS TREATMENT OF THE ITCH BY BERGAMOT.

[Translated from the *Journal de Medecine de Bordeaux* for June, 1864.]

Dr. Manfre, the venerable clinical professor in the University of Naples, has published, in a Roman political newspaper, many articles on the rapid cure of itch. The best remedy, which he says he has thus far tried with complete success in his clinical service, is, according to M. Manfre, the oil of Bergamot, which cures *instantly*, or at most in *two minutes*, even where the eruption is general.

According to him, this remedy, is more economical, less irritating, more prompt in its insecticide effects than Helmerich's ointment or sulphur, makes the wards appropriated for patients with this disease in hospitals superfluous; for a single friction over the whole affected surface is sufficient to effect a perfect cure. The patient may return home immediately after this application, the precaution being taken of making him change his clothing, or of thoroughly purifying that which he has worn. An ounce or two of oil of bergamot is enough to complete the cure.

According to M. Maufre, the same remedy may be advantageously substituted for all those employed for the destruction of the *pediculus pubis*.

For a long time physicians have known the insecticide power of the essential oils, and there may be found in some formularies many receipts of M. Aubé for the cure of itch in two minutes. The essential oil of turpentine, mixed with essence of lemon, is the basis of the treatment recommended by this author. Before him, M. Gras had recommended the essential

oil of lavender, which is quite analogous to that of bergamot, and has the additional advantage of not costing more than a quarter or half as much.  
—*Boston Medical and Surgical Journal.*

---

ON THE INFLUENCE OF PLEURISY IN THE DEVELOPMENT OF  
PHTHISIS—BY DR. BEAU.

In the hospital of La Charité is a patient whose case, though apparently of little importance, has given to Dr. Beau the opportunity of pointing out the influence which pleurisy seems to exert on the development of phthisis. Between these diseases there is a very close connection; often pleurisy merely supervenes upon phthisis; but it is not uncommon to see a pleurisy occur in a subject who, till then, has presented no rational sign of phthisis, and to see it followed by the development of that disease. This was the opinion of Broussais, who attributed to inflammation the formation of tubercles, and Dr. Beau has met with many facts which have led him to the same conclusion. Thus, in the case of the patient in question nothing indicated a year ago that he was tubercular. This winter he took a pleurisy, perhaps two; when admitted into La Charité there was still a little effusion into the left side, which remained persistent, and was accompanied with a little febrile excitement towards evening. A blister removed the effusion, but did not lead to the disappearance of the fever; the patient was then carefully auscultated, and the presence of tubercle was recognized in the left inferior scapular region. Cases of the kind are not uncommon. Dr. Beau had for his house physician a young man who had contracted pleurisy; two years later he died tubercular. At this very time he has under treatment a patient whom two years ago he treated for pleurisy, and who is now tubercular. Many other examples could be quoted of tubercle supervening upon pleurisy. Is this any reason for treating these patients according to the system of Broussais? By no means; a very spare diet is bad because it debilitates, and an enfeebled state of the organism opens the door to all the diseases which afflict humanity.—*Edinb. Med. Journal*, August, 1864.—*Am. Jour. Med. Sciences.*

---

FEEs FOR MAKING AUTOPSIES IN CASES OF LEGAL INVESTIGATION.—

We are authorized to state, as the result of a decision of the Court of Suffolk County on the fees for autopsies when ordered by a coroner, that for an ordinary autopsy \$30 will be allowed instead of \$20—the old fee. But

whenever there are circumstances of unusual responsibility, or involving much loss of time in testifying, etc., that a proportionate compensation shall be paid, up to the fee of the new fee table, viz., \$50. This action has just been taken on the claim of a member of the Boston Medical Association for making an autopsy, wherein the new charge of \$50 was handed in to the District Attorney.—*Boston Journal*.

---

SUCCESSFUL LIGATION OF THE INNOMINATA.—Dr. D. L. Rogers, in a letter to Prof. V. Mott (*Med. Times and Gazette*, Aug. 20, 1864), communicates a brief notice of the successful ligation of the innominate by Dr. A. W. Smith, one of the surgeons of the Charity Hospital, New Orleans.

The subject was a mulatto man, aged 33 years, with a large aneurism. On the 15th of last May, Dr. S. applied a ligature to the arteria innominate and to the right carotid about one inch above the origin. Hemorrhage from the wound recurring, Dr. S., on the 19th of July, ligated the vertebral artery. The patient, it is stated, recovered.—*Am. Jour. of the Med. Sciences*.

---

## EDITORIAL DEPARTMENT.

---

### MEDICAL MEN AS CORONERS.

It would seem that the principle would long since have been established that this office belongs by right exclusively to the medical profession; indeed it is strange that it should ever have been regarded otherwise, for no one without a medical education is competent to perform its duties, let him be ever so intelligent in other respects. It is not however as yet a recognized necessity, and it remains for the profession to exercise their influence in directing the public mind and endeavoring to awaken it to a just appreciation of the subject. Were the public to fully understand the functions of the coroner, and to reflect how greatly the due administration of justice in criminal cases depends upon the examinations and investigations of this officer, none other than an intelligent physician would ever be proposed for this duty. Attention has been sufficiently called to this matter it would seem, but the ignorant and unqualified are more clamorous for place than any other, and the examination of the most intricate questions, involving character and life, is still committed to the jurisdiction of men profoundly ignorant of everything relating to these questions. The public

have not yet come to see the importance and necessity of placing medical men in office as coroner, partly because they do not understand that the duties of this office cannot be discharged with ability by any except those possessed of thorough medical education. We desire to make the point plain, first to the profession, and through it to the public, that a coroner should be an intelligent physician, and that no others are, or can be suitable for such office.

We have prepared quite a *resumé* of the duties which legitimately belong to this office, and have pointed out some of the abuses and misapprehensions which we believe are common in connection with it. But upon reflection we have set it aside for the present, since it is a thankless and unpleasant task to expose or correct abuses unless it be made in some way our especial duty, and we do not as yet see that the obligation rests with us.

There is one point upon which we cannot withhold a remark, though perhaps it can be in no way productive of reform. When it is necessary to make inquest in cases of suspected crime, it should be done thoroughly, impartially, and scientifically, and when physicians are called to perform *post mortem* examinations with view of obtaining positive testimony, or when microscopic and chemical examinations are made with similar object, the compensation should be adequate, sufficient to secure the highest talent, and command the most thorough investigation. The Boston fee bill for physicians, places the price of *post mortem* examinations and testimony before the coroner at \$50, while Erie County Supervisors place it at \$10, and the Buffalo Medical Association in its old fee bill, placed it at that price; it has never been changed.

The election returns which we stop writing to examine, show the probable election of another medical man to the office of coroner in this city, so that now we may be said to have gained our point. We have gained it in fact, but not in principle. The party which has placed two regular physicians in office as Coroner, is more likely at the next election to place some ex-Justice of the Peace or ex-constable in their places, upon the principle of "rotation in office" than to re-elect them or others qualified for its duties. The ground of claim to this position is wholly misapprehended by the political masses who apportion this place with the other places in their gift, to those who seek them the most constantly, or call for them the most loudly. Whatever be the circumstances and influences of election the profession look for correction of abuses to the physicians who are now holding, or are soon to hold these offices. And though their places will be

bought and sold by political huxters, they may yet leave an example which others will follow "which it will be dangerous for their successors to neglect." It is the duty of the profession to use its influence in opposition to the nomination, and if unsuccessful in this, to the election of any other than intelligent physicians, to this office. We believe that united effort in this matter, is controlling—that the "balance of power" is with us.

---

#### INCOME TAX BY PHYSICIANS.

It will be remembered that we published some statistics, not long since based upon the returns of 1862. These returns were then private with the revenue office, and nothing but the most general facts were furnished; since that time the record has been opened to the public. It now appears that there has been great gain, and that the profession in this district are much better paid for their services. There is not, however, so great differences as might at first appear. Physicians are now charging higher for services, and the physician receiving the largest income was sick and absent, in 1862, so much as to materially lessen the amount he received. For 1863 fourteen physicians and one irregular practitioner pay upon over \$1,000; of this number the lowest amount returned is \$2,222; the highest amount is \$10,438. It is gratifying to be able to show that physicians are appreciated and paid, while irregular practitioners, though nearly double the number of physicians, are still doing comparatively nothing, only one of the whole number paying upon \$1,000 or over of professional income. It would appear from the statements of the irregulars themselves, and their friends, that their business was immense, but if they are to be believed when under oath, it is almost nothing—they actually receive for their services about what they are worth. In most large cities the charlatan and impostor are supposed to receive the highest premiums upon their tricks. Buffalo pays its own impostors poorly; but we mistrust that it contributes largely to imported and portable tricksters.

---

#### TRANSACTIONS OF KINGS COUNTY MEDICAL SOCIETY,

We take great pleasure in announcing to our readers that the Kings County Medical Society have resumed the publication of their transactions which was suspended by the suspension of the *American Medical Monthly* in 1862. This is one of the most vigorous, capable and active medical



associations in this country, and furnishes annually many very valuable papers, upon medical and scientific subjects. These will hereafter appear regularly in the original department of our Journal, and their volume of transactions will be published from it. In our next issue will be published a paper upon *Tracheotomy in Diphtheria*, with an abstract of the discussion which followed. This paper was sent as a contribution from Kings County Society to the New York State Medical Society, and was published in their Transactions. By vote the publication of their Transactions includes such papers as have been published elsewhere during the period of suspension, which it is desirable to have reproduced. Notwithstanding this, it will all be published connectedly as strictly original matter. It is new and original, though a few of the papers have been isolated from the discussions and previously published. We should take it as highly complimentary to receive for publication the Kings County Society, only we discover upon reflection that the *Buffalo Medical and Surgical Journal* is the only monthly medical periodical now published in the State of New York, indeed we may say the only medical journal, except the foreign reprints, and on this account mainly we suppose the award of this favor is based. We are highly gratified with the opportunity to present our readers with these papers and the discussions thereon. We have no doubt it will prove interesting and instructive in the highest degree.

---

#### BOOKS REVIEWED.

*A Treatise on Gonorrhœa and Syphilis*, by SILAS DURKEE, M. D., consulting Surgeon of the Boston City Hospital; Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement; Honorary Member of the Medical Society of the State of New York; Fellow of the American Academy of Arts and Sciences, etc. Second edition, revised and enlarged, with eight colored illustrations. Philadelphia: LINDSAY & BLAKISTON, 1864.

It is now nearly five years since the first edition of the work was published; the second is now presented to the medical profession as containing the latest suggestions of the most enlightened of the present day.

The author ignores the view recently published concerning the nature of chancroid, as it has been termed, and advises all sores appearing upon the genitals under suspicious circumstances, whether they possess all the "reputed scientific attributes of a chancre or not," to be subject to caustic

destruction with the view to prevent constitutional infection. He says, "It cannot do harm. If properly employed, it will occasion a small slough, after which follows a simple sore, that will heal kindly, and thus the surgeon may prevent a life of misery."

Under the head of Constitutional Treatment of Chancre, our author says, "But if the abortive plan of treatment has been seasonably executed to the extent of completely demolishing a chancrous sore, we are warranted generally speaking, in the conclusion that its previous element is also destroyed; and a resort to mercurial remedies will be uncalled for."

After quoting at considerable length the opinions of authors, and the arguments which have been presented upon both sides of the mercurial question in primary syphilis he says: "The mercurial practice has now become venerable with age, and a cloud of witnesses, both among the living and the dead, and of the highest distinction in the profession of medicine, might be adduced to testify to its efficacy; but such a marshalling of names is uncalled for." Though our author favors the use of mercury in some cases of primary syphilis, he is yet very temperate and guarded in stating his opinions upon the subject, and speaks fully upon the importance of giving it only in the smallest quantities and for the shortest periods consistent with constitutional effects—"merely to increase the redness of the gums." He acknowledges that mercury is not necessary—that all syphilitic manifestations, whether primary or secondary, may be removed without the use of mercury; but claims that in some cases accompanied by much induration, mercury materially shortens the duration of the chancrous sore. He is persuaded that secondary symptoms occur much less frequently after the primary accidents have been treated by the use of mercury.

The work is written in clear and manly style, and for practical guide in the treatment of these diseases is safe and valuable. Many of the views entertained do not correspond with our present opinions upon the points at issue, but rather represent the views which we formerly entertained in common with the profession generally.

That portion of the work devoted to syphilitic dermatology, is especially worthy of commendation. This part is beautifully illustrated by colored plates, representing the common and more important syphilitic diseases of the skin.

*Transactions of the Medical Society of the State of New York, for the year 1864.*

We are in receipt of the volume of Transactions of the State Medical Society through the favor of the Secretary, Dr. Sylvester D. Willard of Albany, who has placed not only us but the profession generally under deep obligations for the ability and faithfulness with which he has discharged the responsible duties of Secretary, and especially for his untiring efforts to make the volume of Transactions correct and valuable. It comprises a volume of near 500 pages, which in amount, variety and value of material has perhaps not before been equalled by this society. The character and respectability of this publication must depend upon individual effort—must be sustained by individual exertion. There are a great many valuable papers contained in this volume, and we should feel under the necessity of taking them up separately for review, were it not that most of our readers will soon receive the work entire, and judge for themselves. A paper upon "*How complete is the protection of vaccination, and what are the dangers of communicating other diseases with the vaccinia,*" by A. N. Bell, M. D. of Brooklyn, is particularly worthy of mention. It received the Merit H. Cash Prize. The various questions involved are answered in direct and forcible style, and conclusions are sustained by almost conclusive proofs. This paper possesses great merit.

On the Food of Cities, by Samuel Percy, M. D. of New York, is also an attractive and important paper. "*Distillery Milk Manufacture*" is the topic mainly elucidated, and the statements and facts thus presented are sufficient to destroy the relish for city milk—Frank Leslie's illustrations are not necessary to complete the work.

Spinal Irritation, or Causes of Back-ache among American Women, by Charles Fayette Taylor, M. D. of New York, is also a very attractive paper. This subject is illustrated by wood cuts, while the text is philosophical, ingenious and instructive. This paper is published separately, and may be obtained from the publishers, William Wood & Co., 61 Walker Street, New York.

Regimental Surgeons of the State of New York in the War of the Rebellion 1861-4, alphabetically arranged, by Sylvester D. Willard, M. D. This is a condensed history of the Surgeons who have entered the service from New York. Name—where graduated, what service since graduation, where appointed and what changes have been made, are all arranged in tabular form. This has been carefully prepared, and will form an import-

ant item in the Medical History of this war. The profession are under deep obligations for the preparation and publication of this paper.

The volume contains many other contributions of great merit, which however we cannot notice as they deserve, and must leave the work hoping it will be carefully perused by all our readers.

Erie County Medical Society or the University of Buffalo was not represented at the last meeting of the State Society. Why this was so we are unable to explain, but we presume that the delegates chosen to represent them were detained by "severe sickness," for there can be no doubt that nothing but severe *indisposition* could have prevented the duly appointed delegates from discharging their duties.

It is most sincerely to be hoped that Erie County Society will be represented at the next meeting not by delegate only, but by worthy contribution. Buffalo College might also be set down for delegate and contribution; it is expected that such institutions shall contribute to medical science, and if they do not, the profession will draw their own inferences.

The following announcement is given for Prize Essay for 1865:

"MERIT H. CASH—PRIZE ESSAY.—This Essay for 1864 was awarded to Dr. A. Bell, of Brooklyn, and will be found in the present volume. The subject proposed for the Essay of 1865 is "*The Pathology and Treatment of Chronic Diarrhœa, contracted in Camp and Malarious Regions, illustrated by Cases.*" The subject opens a field to those who have been connected with the volunteer service of the army, and who have returned to the usual duties of private practice. Any of the volunteer surgeons of this State, now in the service, may be legitimate competitors for the prize, such being in fact residents of the State of New York.

"The prize will be about seventy dollars, or its equivalent in such form as will be most acceptable to the successful author. The Essay will also be published in the Society's Transactions."

"Competitors may send heir Essays to either of the committee, Dr. Thomas Blatchford of Troy, Dr. Edward H. Parker of Poughkeepsie, or Dr. John Ordonaux, No. 174 West 23d street, New York city, on or before the 15th day of December, 1864. In a sealed envelope should be the name of the author accompanying the Essay. The name of the successful essayist will be announced at the meeting in February, 1865.

"Albany, August 1, 1864."

*The Physician's Dose and Symptom Book, containing the doses and uses of all the principal articles of the Materia Medica and Official preparations; also the Tables of Weights and Measures, Rules to Proportion the Doses of Medicine, Common Abbreviations used in writing Prescriptions, Table of Poisons and Antidotes, Classification of the Materia Medica, Pharmaceutical Arrangement, Table of Symptomatology, Outlines of General Pathology and Therapeutics, by JOSEPH H. WYTHES, A. M., M. D., author of "The Microscopist," "Curiosities of the Microscope," etc., etc. Fourth edition, Philadelphia: LINDSAY & BLAKISTON, 1864.*

This little work is a materia medica, and a condensed theory and practice. The list of articles embraces nearly every officinal remedy and preparation, nearly every useful native medicinal plant, and a variety of remedies recently introduced to the profession. A part is devoted to symptoms of disease and general pathology, which would perhaps be useful to the young practitioner. There are numerous tables, rules, etc., etc., the entire work compressed into the smallest possible dimensions, making it convenient as the "Pocket Companion of the Physician."

*A Comprehensive Medical Dictionary; containing the Pronunciation, Etymology and Signification of the terms made use of in Medicine and the kindred sciences; with an Appendix, comprising a complete list of all the more important articles of the Materia Medica, arranged according to their medicinal properties; also an explanation of the Latin terms and phrases occurring in Anatomy, Pharmacy, etc.; together with the necessary directions for writing Latin prescriptions, etc., etc. BY J. THOMAS, M. D., author of the System of Pronunciation in Lippincott's Pronouncing Gazetteer of the World. Philadelphia: J. B. LIPPINCOTT & Co., 1864.*

Our limited opportunity of examining this work will for the present prevent any very extended notice, but from what we observe, we are very favorably impressed of its merits. The chief excellence, in addition to its condensed size, consists in its giving correct pronunciation of medical and scientific terms; the origin and derivation of words, and a literal translation of the various Latin phrases, sentences, etc. The work is eminently suited to the wants of the general practitioner and medical student, and considering its size, and cost, is no doubt unsurpassed in value by any similar work. We especially recommend it to the favorable notice of all medical students; it will be found invaluable.

*Lindsay & Blakiston's Physician's Visiting List, Diary, and Book of Engagements, for 1865.*

This annual publication has now become so extensively known and is so

fully appreciated by those who have for years made it their pocket companion, that we have no occasion to speak in detail of its merits. It contains as heretofore, Almanac; Table of Signs; Marshall Hall's ready method in Asphyxia; Poisons and their Antidotes; Table for calculating the period of Utero-gestation; blank leaves for Visiting List, Monthly Memoranda, Addresses of Patients, Nurses, etc., etc. Also blank leaves for Obstetric Memoranda, Births, Deaths, etc. In its table of contents it is as full as most physicians desire for pocket use. Various sizes are made for the accommodation of all.

---

BOOKS AND PAMPHLETS RECEIVED.

*A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative*, by SAMUEL D. GROSS, M. D., Professor of Surgery in the Jefferson College of Philadelphia; Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical Society of Vienna, etc., etc., illustrated by over thirteen hundred engravings. Third edition, much enlarged and carefully revised. In two volumes. Philadelphia: BLANCHARD & LEA, 1864.

*Therapeutics and Materia Medica; a Systematic Treatise on the Action, and Uses of Medical Agents, including their Description and History*, by ALFRED STILLE, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania; Physician to St. Joseph's Hospital; Fellow of the College of Physicians, and Member of the Pathological Society of Philadelphia; Member of the Societe Medicale D'observation, of Paris; Honorary Member of the Medical Society of the State of Rhode Island, of the State of New York, etc. Second edition, revised and enlarged. In two volumes. Philadelphia: BLANCHARD & LEA, 1864.

*Outlines of Surgical Diagnosis*, by GEORGE H. B. MACLEOD, M. D., F. R. C. S. E.; El. Fac. Phys. and Surg. Glasgow; Lecturer on Surgery Anderson's University; Surgeon to the Glasgow Royal Infirmary, and the Lock Hospital; late Senior Surgeon Civil Hospital Smyrna, and General Hospital in Camp before Sebastopol; Mem. Cor. De La Soc. de Chir. de Paris; and author of "Notes on the Surgery of the War in the Crimea." First American edition, reprinted from advance sheets. New York: BAILLIERE BROTHERS, 520 Broadway, 1864.

*Annals of the Medical Society of the County of Albany, 1806—1851, with Biographical Sketches of Deceased Members*, by SYLVESTER D. WILLARD, M. D. Albany: J. MUNSELL, 78 State Street, 1864.

*Diphtheria; its Nature and Treatment, with an account of the History of its Prevalence in various countries*, by DANIEL D. SLADE, M. D., being a second and revised edition of an Essay to which was awarded the Fiske Fund Prize 1860. Philadelphia: BLANCHARD & LEA, 1864.

*The Army Surgeon's Manual, for the use of Medical Officers, Cadets, Chaplains, and Hospital Stewards, containing the Regulations of the Medical Department, all General Orders from the War Department, and Circulars from the Surgeon-General's Office, from January 1st, 1861 to July 1st, 1864, by WILLIAM GRACE, of Washington, D. C. Published by permission of the Surgeon-General. New York: BAILLIERE BROTHERS, 520 Broadway, 1864.*

*Transactions of the Medical Society of the State of Pennsylvania, at its Fifteenth Annual Session, held in Philadelphia, June, 1864. Third Series—Part 3. Published by the Society.*

*A Midsummer's Ride on the Great Lakes, by WM. WIRT SIKES,*

*Address Introductory to the Twenty-Second Annual Course of Lectures in Rush Medical College, by DE LASKIE MILLER, M. D., Professor of Obstetrics and Diseases of Women and Children. Published by the Class.*

*Glaucoma; its Symptoms, Diagnosis, and Treatment, by PETER DIRCK KEYSER, M. D. Philadelphia: LINDSAY & BLAKISTON, 1864.*

*Report of a Successful Operation in a case of Subclavian Aneurism, by A. W. SMYTH, M. D., House Surgeon, Charity Hospital, New Orleans, Louisiana.*

*A New Method for Treating Fractures of the Femur in Children, by G. D. BEEBE, M. D., late Surgeon-in-Chief of the 14th Army Corps, U. S. A.*

*The Atlantic Monthly, Devoted to Literature, Art and Politics, November, 1863. Boston: TICKNOR & FIELDS.*

*Peterson's Ladies' National Magazine, November. Terms, \$2 a year, in advance.*

*Godey's Lady's Book, Edited by Mrs. SARH J. HALE and L. A. GODEY. November, 1864. For terms, see advertisement.*

---

#### HONOR TO THE BRAVE.

Not many weeks ago, a band of twelve physicians, occupying various positions in the army stationed in Canada, left our city (under orders from the authorities) for Bermuda,—then and still the scene of fearful ravages from yellow fever. Few who bade them farewell, and who knew the fearful fatality of the epidemic they were about to encounter, ever imagined that all would pass the ordeal unscathed. Too soon has this fear been realized. Hardly had this devoted band landed upon the pestilential shores, and entered upon the discharge of their duties, than one of their number was prostrated by the disease. Poor Milroy, the active, energetic assistant

surgeon of the 30th Regiment, now stationed in this garrison, was the first victim. Not long was he allowed to labor on his noble mission, ere he passed away, a victim to the disease he went so far to assist in arresting.

At last accounts the disease was raging with unabated fury, and those able were leaving the country. Who can tell upon whom the fell destroyer will pounce as his next victim? for, worn out by watching, dispirited by want of success, they are indeed apt to contract the disease. Who but will remember the fearful epidemic of yellow fever at Norfolk, Virginia, in 1855, when forty physicians fell in the hopeless contest? God grant this visitation in Bermuda may at its close give no such list. How few think of the dangers which the profession is exposed in the discharge of its duties. How few, when they heard of the departure of the twelve physicians for Bermuda, even thought of the dangers they would so soon meet; and yet they are as great as that encountered by assistant-surgeons Manley and Temple in their brave conduct at the recent engagements in New Zealand, and for which the Queen has decorated them with that badge of distinguished bravery, the Victoria Cross. We cannot but admire the spirit of true heroism which is exhibited by the man who, at the call of duty, walks to almost certain death, in aid of his fellow-creatures, suffering from a malignant infectious disease; this, in our opinion, is of greater merit, than he who marches to the cannon's mouth, during moments of intense excitement. One exhibits the cool, collected determination, self-sacrificing benevolence of the Christian; the other the plucky spirit and gallantry of a brave man,—both equally to be admired, and equally deserving of recognition. But if no outward decoration is worn on the breast of the army or civilian physician who so often breathes the pestilential air so filled with summonses of death, there is that inward satisfaction which every physician feels when he knows that he is simply doing his duty, and exerting the talents which his Creator may have given him for the benefit of his suffering fellow-creatures,—*Canada Medical Journal*.

---

Messrs. TICKNOR & FIELDS, Boston, will shortly begin the publication of a new juvenile magazine, entitled *Our Young Folks*: an Illustrated Monthly Magazine for Boys and Girls; edited by J. T. Trowbridge, Gail Hamilton, Lucy Larcom. The staff of contributors will include many of the most popular writers of Juvenile Works in America and in England. Terms, \$2.00 per year.



Among the interesting specimens collected in the Medical department at Bowdoin College, says the Lewistown Journal, is the ossified body of an infant child, 27 years old, which had never been born, presented to the College last spring by the late Dr. Prescott, of Farmington. Dr. P. was called to its mother twenty-seven years ago, but was obliged to leave it unborn, in which condition it remained until last spring, when the mother died, and he made a post mortem examination, and withdrew the foetus, now an ossified body weighing about six pounds. Within that period of twenty-seven years, that lady had become the mother of three children who are now living.

---

M. NELATON.—This eminent surgeon has recently received a very handsome gold medal from the Italians resident in Peru, as a token of their gratitude for his attendance on Garibaldi.

---

INFANTICIDE IN LONDON.—Official reports show that, during the year 1861, there were held 1,103 inquests on children who had died violent deaths.

---

DR. BROWN SEQUARD.—We notice by the *Boston Medical & Surgical Journal* that this distinguished gentleman will be prevented by ill health from delivering his course of lectures contemplated in connection with the course of the Boston Medical College this winter.

---

*Report of Deaths in the City of Buffalo, for the month of August, 1864.*

SEX.—Males, 103; Females, 104. Total 207.

NATIVITIES.—United States 162, German States 18, Ireland 16, England 1, France 1, Scotland 2, Canada 4, Denmark 1, Italy 1, Sweden 1.

PARENTAGE.—American 42, German 103, Irish 40, English 7, Scotch 5, French 1, Denmark 1, Prussia 1, Canada 3, Italy 1, Sweden 1, unknown 2. Total 207.

CONDITION.—Married 38, single 162, widows 3, widowers 4, unknown 10.

LOCALITY.—City at large 182, Hospital of Sisters of Charity 10, Buffalo General Hospital 3, Catholic Foundling Asylum 5, Erie County Alms House 7. Total 207.

AGRS.—1 day to 30 days 9, 1 month to 6 months 21, 6 months to 1 year 41, 1 to 3 years 49, 3 to 5 years 6, 5 to 10 years 11, 10 to 20 years 15, 20 to 30 years 11, 30 to 40 years 5, 40 to 45 years 14, 50 to 60 years 8, 60 to 70 years 8, 70 to 80 years 3, 80 to 90 years 2, 90 to 100 years 1, stillborn 2, unknown 1. Total 207.

BY WHOM CERTIFIED.—By Regular Physicians at Public Institutions 25, by Reg-

ular Physicians in city at large 96, by Irregular Practitioners 44, by Coroner 8, by Undertakers 34. Total 207.

CAUSES OF DEATH.—Accident 3, do. by burn 1, do. by drowning 3, anemia 2, apoplexy, cerebral 2, brain, compression of 1, bronchitis 1, cancer of womb 1, cholera Asiatic 1, do. infantum 34, consumption 12, convulsions 5, croup 3, eroup diphtheritic 1, debility 3, dentition 3, diarrhoea 47, disease of the brain 2, do. heart 3, do. stomach 3, diphtheria 4, dysentery 17, fever 2, do. scarlet 5, do. typhoid 4, gangrene (hosp.) 1, hemorrhage from lungs 1, inflammation of bladder 1, do. bowels 2, do. brain 2, do. brain and meninges 4, do. liver 1, do. lungs 2, do. lungs typhoid 1, intemperance 1, jaundice 1, mania puerperal 1, marasmus 1, measles 5, old age 3, premature birth 1, pyæmia 2, perforation of bowels 1, scrofula 1, suicide, (poison) 1, unknown 4. Deaths from diseases 205.

The number of deaths in the first eight months of the present year, is 58 *more* than in the corresponding period of 16st year; and 56 *more* than the average for five years.

SANDFORD B. EASTMAN, M. D.,

Health Physician.

*Report of Deaths in the City of Buffalo, for the month of September, 1864*

SEX.—Males, 86; Females, 59; Total, 145.

NATIVITIES.—United States, 111; German States, 11; Ireland, 13; England 2; France, 1; Scotland, 1; Prussia, 1; Unknown, 5.

PARENTAGE.—American, 34; German, 62; Irish, 30; English, 8; Scotch, 1; French, 3; Prussia, 1; Italy, 1; Unknown, 5.

CONDITION.—Married, 23; Single, 105; Widows, 9, Widowers, 2; Unknown, 6.

LOCALITY.—City at large, 129; Hospital of Sisters of Charity, 6; Buffalo General Hospital, 2; Erie County Alms House, 6; Providence Insane Asylum, 1; Soldiers' Rest, 1.

AGES.—1 day to 30 days, 7; 1 month to 6 months, 5; 6 months to 1 year, 17; 1, to 3 years, 34; 3 to 5 years, 12; 5 to 10 years 8; 10 to 20 years. 7; 20 to 30 years, 11; 30 to 40 years, 8; 40 to 50 years, 10; 50 to 60 years, 7; 60 to 70 years, 7; 70 to 80 years, 7; Stillborn, 4; Unknown, 1.

BY WHOM CERTIFIED.—By Regular Physicians at Public Institutions, 14; by Regular Physicians in City at Large. 71; by Irregular Practitioners, 30; by Coroner, 7; by Undertakers, 23.

CAUSES OF DEATH.—Abscess of Perineum 1, Accident 1, Drowning 3, Apoplexy Cerebral, 1, Brain, congestion of, 1, Bronchitis 2, Cholera Infantum, 6, Consumption 8, Convulsions 6, Croup 7, do. Diphtheritic 8, Debility 1, Delirium Tremens 2, Diarrhoea 26, Disease of the Brain 1, Diphtheria 6, Dropsy, general, 1, do. of the brain 3, Dysentery 11, Fever, Scarlet, 3, do. Typhoid 9, do. Typhus 1, Gangrene (Hosp.) 1, Inflammation of the Bowels 1, do. Brain 3, do. Brain and Meninges 3, do. Lungs 4, do. Lungs, Typhoid, 4, Infanticide 1, Inanition 1, Marasmus 1, Old Age 5, Premature Birth 1, Pyæmia 1, Suicide 1, Tabes Mescuterica 2—Total deaths from diseases, 411.

The number of deaths in the first nine months of the present year is 17 less than in the corresponding period of last year, and 1 less than the average for five years.

SANDFORD EASTMAN, M. D., Health Physician.

B U F F A L O

Medical and Surgical Journal.

---

---

VOL. IV.

DECEMBER, 1864.

No. 5.

---

---

ART. 1.—*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, OCTOBER, 1862.

*Tracheotomy in Diphtheria—Paper by DR. WILLIAM GILFILLAN, and  
remarks by DR. JAMES M. MINOR.*

The subject of the following paper is a case of diphtheria, in which the life of the patient was saved by tracheotomy.

Recoveries from this disease, after the performance of tracheotomy has been necessitated, are not frequent, and those which recover are, therefore, possessed of much interest.

In this case, the recovery is plainly and indisputably owing to the beneficial results of the operation, as the patient had not the advantages of pure air, careful nursing, nor even any great amount of cleanliness. Yet despite all these drawbacks, complete success has attended our efforts, and the patient is now entirely free from diphtheria, and able to walk about.

Without further preface, I shall briefly detail the circumstances of the case.

On the evening of October 2d, 1862, I was requested to visit the patient, John D., æt six. He had been healthy from birth, until two years ago, when he had a very severe attack of scarlet fever at Hartford, Conn. From that he completely recovered after a tedious convalescence.

Ten days before I was called to see him he began to complain of his throat. On the 27th of September he had great difficulty in swallowing.

On the 29th he was seen by a practitioner, (*irregular*, I believe,) who

pronounced his disease "inflammation of the lungs," and gave him some powders which he said would move his bowels. They did not, however, produce any appreciable effect. He continued to get worse, and was again seen by this practitioner, but without any amelioration of his symptoms. His father desired to try other advice, and asked me to see him.

When I saw him, I found him sitting up in bed, gasping for breath. His respiration very hurried, stridulous and labored. All the auxiliary muscles of respiration were working violently. His face was covered with a heavy perspiration, his skin clammy and cool. At each inspiration, there was great sinking in at the epigastrium and the whole length of the sternum, as well as in a less degree at each side below the axilla.

On auscultation, very little air could be heard to enter the lungs; there were no râles. He could not speak, his pulse was feeble, slightly irregular, varying from 140 to 160 per minute.

There was a slight swelling of the neck at the angles of the jaw, the left cheek was slightly swollen likewise.

On examining the mouth and fauces, I found the tongue covered with a whitish fur; the velum palati presented a patchy appearance, pieces of membrane hanging in loose shreds from it. The tonsils, uvula and pharynx, as far as could be seen, were covered with membrane, and on the mucous membrane of the left cheek there was a spot the size of a quarter, covered with exudation.

The dyspnoea was so great that I considered the action of any medicine would be too slow to relieve the constriction of the glottis, before the brain and nervous centres would be too deeply prostrated by the circulation in them of blood very imperfectly aerated, as well as impregnated with the materies morbi of diphtheria.

To save the boy's life, whatever was to be done must be done quickly, or a few hours would end the struggle.

Fully convinced that tracheotomy alone afforded a chance for the boy's life, I explained the state of affairs to his parents. He was the only child remaining of seven, and they at once consented and requested me to operate as quickly as possible.

Accordingly, having secured the kind assistance of Prof. E. N. Chapman and Dr. W. Gardiner, I proceeded to operate at 9½ P. M. Chloroform was administered by Dr. Chapman, while Dr. Gardiner assisted in the operation. The trachea was opened a few rings below the cricoid cartilage.

No vessel of any size was seen or cut during the operation. (Our only light, I may remark, was four tallow candles.) There was not much blood lost, but some escaped into the trachea, and was ejected with difficulty. Considerable difficulty was experienced in introducing the tube after the trachea was opened. When it was introduced, the patient made little or no attempt to respire. Artificial respiration, by compressing the chest, etc., and the cold douche were employed, and after the lapse of fifteen or twenty minutes, he breathed easily and fully, and his pulse became fuller than before the operation.

I gave him now two or three tea-spoonsful of brandy, and ordered him a tea-spoonful of brandy every two hours with gr. ii. sulph. quinae in solution. Soon he fell asleep and slept for several hours, occasionally waking up and coughing. I instructed his father to use a feather to remove the mucus collecting in the tube, and left for the night.

October 3d—morning. Breathing tranquil and free from pain, and no sinking in at the epigastrium. Pieces of membrane were separating from the fauces. Continue treatment, and give beef tea and eggs, ad libitum.

Evening. Considerable blueness of face, respiration hurried, and sinking in at the epigastrium as great as before the operation. This arose from the tube having become obstructed with hardened mucus, which required considerable force to remove it. I had introduced a double canula, and had cleaned the inner one thoroughly this morning, and yet in ten hours it had become nearly impervious. I now cleaned the inner tube again, and at once his respiration became perfectly tranquil. He brings up a good deal of tough mucus through the canula.

October 4th. Continues to improve; ate two eggs to-day and plenty of beef tea; swallows very slowly, but without much pain; pulse 110, of good strength, mind perfectly clear.

October 5th. Seems better, pulse good, 100 per minute, respiration easy, full expansion of chest. A little membrane still to be seen in the throat. The greater portion of the throat looks red and vascular. To continue brandy, and quinine and beef tea, and use an alum gargle. He brings up a great deal of tough glue-like mucus, which has a most peculiar mawkish odor; no appearance of membrane in it.

October 6th. Expression of countenance improved. Ate one egg, but took no medicine during the day. Pulse 100, tongue thickly furred. A little membrane to be seen on the back of pharynx. Urine has not been much, if at all diminished; to-day it was examined, but it contained no

albumen. As I believe it is advisable, in all cases of tracheotomy for croup and diphtheria, to close the opening into the trachea as early as possible, lest by delay the larynx should undergo a chronic change, necessitating the permanent use of the tube, I took out the canula this afternoon at 5½ o'clock. I saw the patient at 9½ P. M., four hours afterwards. His breathing was labored and his face a little blue. He had great difficulty in expectorating the mucus. I again introduced the tube, and after which he slept most of the night.

October 7th. Not so well; pulse sinking, and 140 per minute; tongue thickly furred; continue medicine and gargle as before.

8th. In the evening felt better, pulse 100; good strength, no membrane to be seen in the throat, but it covers the wound to-day; cannot breathe through the larynx for any length of time without becoming blue in the face.

9th. Is quite lively to-day, pulse 100; is interested in hearing stories read to him. I applied a solution of nitrate of silver gr. xvi, aq. oz. j to the larynx, as I thought his inability to respire through it proceeded from œdema and fullness of the vocal cords, and not from any membranous deposit which had probably separated before this time. The application caused the discharge of much glairy fluid from the throat.

10th. Much the same to-day; slept well last night; still continues to bring up tough mucus of a peculiar mawkish odor; applied the solution of nitrate of silver; I removed the tube and closed the orifice with lint; he breathed easily. Three hours afterwards the respiration was tranquil. In the evening I again applied the nitrate of silver. I removed the lint from the wound and brought the edges in contact with adhesive plaster eight days from the date of the operation.

11th. Patient slept very well last night, and feels well to-day. Breathing easy; swallowing is painful, and accomplished slowly, but without regurgitation; slight diarrhœa since yesterday; coughs considerably, and expectorates mucus streaked with blood. This morning he was able to say "good morning, sir," in a clear voice, when I entered the room. Continue treatment.

14th. Coughed very much last night, and slept badly; tongue very much furred; some isolated whitish patches are again visible on the soft palate and fauces; swallows without pain; breathes easily; pulse 120, feeble; takes but little nourishment; the wound in the throat is again covered with membrane. Omit quinine; take a tea-spoonful of brandy every four

hours, and fifteen drops of ferri. tinct. mur., four times daily, beef tea, steak, eggs.

15th. Wound seems cleaner; less membranc on it; pulse 100, strong; tongue cleaning slowly; considerable cough, and a good deal of mucus ejected through the opening at times.

20th. Since last date he has improved wonderfully, and is walking about. He has still some cough; wound nearly closed, still some exuberant granulations; he has an excellent appetite, and sleeps well; expresses himself as quite well; his voice is still husky. In three or four days more, I expect the wound to be completely cicatrized; no air issues from it now.\*

The foregoing case is, I think, a well marked example of a life saved by operative interference.

We see in it a case of diphtheria of moderate severity running its course, but unfortunately attacking the larynx, and prodneing very great constriction of the glottis, so that life was placed in most imminent peril. By opening the trachea, free admission was given to the air, the lungs once more expanded fully and freely. The blood which was loaded with carbonic acid gas and other impurities, was now thoroughly oxygenated and rendered capable of supplying life and vigor to all the organs and tissues of the body. It is true diphtheria still remained, weakening the organism by its septic influence; but time was given to combat it with appropriate remedies, and in the end the disease yielded to treatment steadily pursued. Such a happy result, unfortunately, does not attend all these cases; many die soon after operative interference.

Several causes combine to swell the mortality of such operations. These causes I shall discuss towards the end of this paper.

I would now draw attention to those symptoms which indicate the necessity of tracheotomy in diphtheria.

At the present time physicians, although differing in their pathological views of diphtheria, agree unanimously in their treatment of it. The supporting and stimulating plan of treatment is considered to be the most successful. In the details of treatment there are some minor differences, but the essential features are the same. The exudation on the throat or membrane, as it is generally called, is recognized as the local manifestation of a constitutional or general disease, just as the small pox pustule is a manifestation of small pox. Local applications are made to the throat, not

---

\* The wound completely closed October 20th. The cicatrix is scarcely perceptible.

with the view of cutting short the disease, but of limiting the spread of the membrane, and favoring its dissolution. Frequently, when the disease is progressing well in other respects, the membrane extends into the larynx, as is shown by the suppressed husky voice, and after a time by difficulty of breathing, stridor, and finally by dyspnea, more or less severe. This extension of the disease to the larynx is a severe complication, and often ends in death in a few hours, even when the patient's strength is pretty fair and the general symptoms not alarming.

In illustration of the rapidity with which death follows invasion of the larynx in this disease, I may cite two cases from my own practice. Last June I received a telegraphic message calling me to the village of Esopus, near Poughkeepsie, to see a child ten months old, which had been seized with diphtheria the previous day. I went prepared to perform tracheotomy, as the message intimated that the child's breathing was much affected. The child died about an hour before my arrival. The croupy breathing commenced at 10 A. M., and by 7½ P. M., the child was dead, retaining its strength almost to the last moment. The fauces were covered with false membranes.

The other case was a child three and a half years old, who had been suffering from sore throat for three days. There was some swelling of the neck. The fauces were covered thickly with false membrane. The pulse was 120 and feeble. The breathing was slightly croupy. The first visit was at 8 A. M. At midday there was great oppression of the respiration and sinking in at the epigastrium, on inspiration, some lividity of the face. The child would occasionally get up and walk round the room. I told the parents that the child would doubtless die unless tracheotomy were performed; that that alone gave any hope of recovery, but they declined the operation, as they "preferred to see the child die a natural death, rather than be butchered." He died in three hours afterwards. Although I expected a fatal result, I was surprised at the rapid termination of this case.

These cases of croupy diphtheria die much more quickly of suffocation than cases of real croup—*cynanche trachealis*. Nor is this to be wondered at, for the blood is both imperfectly aerated and loaded with the diphtheritic poison, which combination very quickly paralyzes the nervous system. Moreover, I believe diphtheritic exudation is poured out more rapidly than ordinary croupy exudation, and thus the rima glottidis is sooner closed to the ingress of air. This laryngeal complication of diphtheria seems more prevalent in some epidemics or some localities than others



Thus the cases at Tours, described by Bretonneau, who first clearly distinguished this disease, presented this complication more frequently than has been seen of later years, either in England or in this country. Indeed, so frequently did Bretonneau observe it that he believed that Dr. Home, of Edinburgh, who first wrote on *cynanche trachealis*, was mistaken in his views of that disease, and that it was really laryngeal diphtheritis: we know now that in this, Bretonneau erred.

We see, then, that *laryngeal* diphtheria runs a rapid course. Can it be safely treated by the exhibition of medicines internally or locally?

In milder cases, various local applications may suffice, along with appropriate internal remedies. Yet generally the patient can bear no depressing remedy, as tart. antim; even the effort of vomiting may be too much for him in his enfeebled condition, and it may bring on an irritable state of the stomach, preventing the patient from retaining the food upon which his ultimate recovery depends. Even if, by vomiting, a portion of the membrane is thrown up, it is rapidly reproduced. Mercurials are not regarded with favor in diphtheria, and their action is too slow to contend with the rapid strides of this disease.

We have tracheotomy to fall back upon, but there is often an error committed in falling back on it *too late*.

*When the patient's strength is good, and the general symptoms fair, if there is great difficulty in respiration, as evidenced by slight lividity, stridor, and considerable sinking in of the parietes of the chest on inspiration, then I believe the operation of tracheotomy affords the best, if not the only hope of the patient's recovery, and is then strongly indicated.*

In this disease we cannot, with safety to the patient, defer tracheotomy to as late a stage as in croup, for reasons before mentioned. What then contra-indicates the performance of tracheotomy?

I would mention, as the only contra-indication, *too great exhaustion or depression* of the vital powers. It is impossible to set up an absolute standard upon this point; it must be left to the judgment and acumen of the practitioner.

Tracheotomy can only effect free admission of air into the lungs; if the patient is sinking from asthenia or from the toxic effects of the disease the operation is useless or even injurious. There are other conditions which are frequently urged as contra-indicating the operation. These are:

- I. Extreme youth of the patient.
- II. The existence of pneumonia or bronchitis.

### III. The extension of the membrane into the bronchi and lungs.

As regard the first, extreme youth, it is true that children under two years seldom recover after tracheotomy, yet there are cases recorded, of recovery under this age, some as young as six weeks. If the chance of a patient's recovery is small, that is no valid reason why we do not afford the patient that chance.

### II The existence of pneumonia or bronchitis.

These complications undoubtedly lessen the recoveries materially, but neither of these diseases necessarily proves fatal. They make our prognosis more unfavorable, and they necessitate the supporting plan of treatment to be fully carried out. Pneumonia and bronchitis do not kill rapidly; they often prove fatal by asthenia; but laryngeal diphtheria, when it kills, kills quickly. The treatment of laryngeal diphtheria is, so to speak, limited to hours, the treatment of pneumonia and bronchitis extends to days. Why then should we hesitate to perform tracheotomy when it is indicated? Granted that the patient has pneumonia or bronchitis, let us relieve him of impending suffocation, and trust to after treatment to bring the pulmonary complications to a safe issue. Such, I venture to say, should be our rule of conduct in these complicated and fatal cases.

III. Let us now pass on to the third objection to the operation, viz: The extension of the disease to the bronchi and their divisions. This is undoubtedly a most important point. When the membrane extends into the minute bronchial ramifications, the case is hopeless; when it exists in the larger bronchi, it may loosen and be expectorated, and does not necessarily cause death.

The practical question is, how do we recognize this state during life; what are its symptoms and physical signs?

Here, I fear, everything is vague and uncertain. The general symptoms are unsatisfactory data from which to form a diagnosis, and the physical signs are in the same category. When the dyspnoea is so great as to suggest the propriety of tracheotomy, auscultation is surrounded with difficulties, and is unreliable. The rapid breathing of the patient, and stridor from the larynx, mask or completely drown any other sign which is present. Besides, what acoustic phenomena would a thin uniform membrane, closely adhering to the lining membrane of the bronchi, produce? No râles whatever; it would merely diminish the amount of air passing through the bronchus; but when the larynx is partly occluded, this effect is completely masked or merged in a greater.

If the membrane is partially detached in a large bronchus, it may give rise to a *reed-like* sound, but the same sound is produced occasionally by inspissated mucus.

There are, therefore, no symptoms, except the expectoration of bronchial casts—a very rare occurrence, which point conclusively to the extension of membranous deposit into the bronchi, and their ramifications. We cannot be certain of its existence in any individual case, and the patient is entitled to the benefit of the doubt.

Let me cite one or two cases, to show that the impossibility of determining whether this membrane exists in the bronchi, or not, is real and practical, not imaginary or hypothetical. The following case is abridged from Dr. Greenhow's work on diphtheria:\*

“Samuel, aged six years, a delicate scrofulous looking child, was seen for the first time on May 28th, 1858. He had just been brought home from the country, and had been ailing slightly for the previous four or five days. Tongue thickly covered with white fur; tonsils enlarged, and of a deep red color, without exudation; skin moist; pulse 90.

29. Thick exudation over tonsils and uvula, showing fibrinous structure under the microscope, and also a specimen of “*oidium albicans*,” the throat was brushed with equal quantities of dilute muriatic acid and water; to take four drops each of tinct. ferri. mur. and dil. muriatic acid every third hour; port wine and jelly.

30. Exudation less.

31. False membrane still covers the throat; breathing easy; patient does not seem depressed; continue treatment.

June 1st. A croupy cough came on in the night, and is well marked this morning; urine free from albumen; seen in consultation with Dr. Heslop; to have an acid gargle and a mustard emetic.

*Vespere.* The breathing is accompanied by marked stridor, which was easier after an application of the acid.

2d. Croupous symptoms very marked; a blister on the throat, an emetic of sulph. zinc and ipecacuanha.

*Vespere.* Countenance dusky; stridor great; voice suppressed; mustard emetic to be repeated; died at 4 A. M., June 3d.

P. M. examination. No pleuritic effusion; lungs emphysematous in front; collapsed posteriorly; deposit of tubercle in two bronchial glands,

---

\* Page 109.

and also of the size of a horse bean in the right lung; a patch of false membrane at the bifurcation of the trachea; trachea reddened but free from exudation; larynx and epiglottis covered with lymph, as well also the pharynx, tonsils and uvula.

Here is a case where the membrane did not extend into the bronchi, yet the patient died of apnoea. No allusion is made to tracheotomy; yet from the post-mortem appearances, that operation would have given free ingress of air to the lungs, and after treatment might have carried the patient through. I incline the more to this opinion as it is expressly stated, May 31st, the day previous to the beginning of the croupy symptoms, "patient does not seem depressed."

The next case is from the *Lancet*.\* It is a case where tracheotomy was performed, but the disease was found to extend to the remote bronchi. "Tracheotomy was performed upon a girl aged seventeen, by Mr. Prescott Hewett, a few days back, at St. George's Hospital, where she was apparently dying from diphtheria, having been admitted for that disease, and under the care of Dr. Bence Jones. When the canula was placed in the trachea, singular to relate, no air passed through it; it was therefore withdrawn and the finger introduced as far as the bifurcation. When the canula was reinserted the patient gave a slight cough and expectorated a distinct cylinder of croupy membrane, which was bifurcated, and possessed the form of the various ramifications of the larger bronchial tubes. This occurrence gave very marked relief; but the vital powers were already so enfeebled by the disease that she lived only a few hours after the operation. At a post mortem examination, the minutest ramifications of the bronchial tubes were found filled with lymph."

I shall conclude with the following case, likewise from the *Lancet*, † by Dr. Evans. "A boy aged ten years; diphtheria coming on very insidiously during nearly a month; treated by salines and the application of a solution of nitrate of silver to the throat; supervention of croupous symptoms treated by counter irritation, leeches, antimony, calomel, and chlorate of potash; asphyxia impending; tracheotomy and stimulating after treatment; death apparently from syncope, about twenty-six hours after the operation. After death a thick, false membrane, separable from the subjacent mucous membrane only with considerable force, was found to line the larynx and trachea, and to extend to the bifurcation of the latter; it

\* Vol. II, 1859, page 64, American edition.

† Vol. II, 1859, p. 441, American edition.

probably, indeed, passed down into the lungs, but an examination of these organs was not permitted."

This patient underwent a considerable amount of treatment; salines, counter irritation, leeches, calomel, antimony, chlorate of potash, tracheotomy, and stimulation, but died syncopal. After reading such a case and its termination, I am compelled to ask, how might this case have progressed had counter irritation, leeches, antimony and calomel been omitted, and had tracheotomy been performed earlier? In other words, could this boy have recovered if his strength had been husbanded instead of squandered, and had tracheotomy been performed to relieve his dyspnoea, instead of applying leeches?

Dr. Greenhow's views on the subject of tracheotomy are expressed in the following paragraph:\*

"Failing the success of other treatment in diphtheritic croup, the question will very properly arise whether, when dyspnoea is very urgent, the operation of tracheotomy should be performed. Upon this subject I have no personal experience, but the operation has, in this country, been almost always unsuccessful. On the other hand, I have had the opportunity, in two instances, of observing in post mortem examinations, that the false membrane extended a very short distance down the trachea, and in one of these, death appeared to have been caused by a partially separated membrane acting as an obstruction to the admission of air. Perhaps in this instance the performance of tracheotomy might have saved the patient, and when the case appears to be otherwise hopeless it would probably be right to give the patient the chance afforded by the operation, provided there should be no evidence of the extension of the disease to the bronchial tubes or of the existence of pneumonia, either of which would manifestly contra-indicate the performance of an operation, which must, under such circumstances, prove unavailing."

Dr. Greenhow's remarks on the non-success of this operation in diphtheritic croup, are, I believe, to a certain extent, borne out by experience. I find no successful case recorded in the *Lancet* since 1858, nor in the *American Medical Times* for two years past. What may be the explanation of this? Has the operation been considered so fatal as to be allowed to fall into disuse? I find that Bretonneau operated in twenty cases, with six recoveries; Trousseau, in one hundred and twelve cases, of which

---

\* *Op. cit.*, p. 159.

twenty-seven were successful, and Pancoast, in three, of which two recovered.

This operation is not to be judged by the same rules as other operations, many of which are, to a certain extent, "operations de complaisance." In diphtheria this operation is not thought of until life is placed in imminent peril, and those who recover are snatched from the jaws of death. Everything is to be gained by the operation, and nothing lost. Dr. Greenhow thinks that the extension of the disease to the bronchial tubes, or the existence of pneumonia, contra-indicate the operation. I believe I have shown that it is usually impossible to decide whether the bronchi are affected or not. His objection to operating where pneumonia exists is founded on theoretical considerations, for children affected with cynanche trachealis and pneumonia have recovered after tracheotomy, and why not with diphtheritic croup and pneumonia? Having now discussed the indications for the performance, operation, and the objections that are urged against it, and having shown that it promises a fair success in cases otherwise hopeless, I would draw attention to the causes which produce the high rate of mortality attending this operation. These causes may be conveniently analyzed in three groups:

- I. The causes acting prior to the operation.
- II. Those which are incident to the operation itself.
- III. Those which arise subsequently to the operation.

And first, *those which act prior to the operation.* In this division may be classed a weak constitution and a protracted illness, neither of which, unfortunately, can the physician control.

The employment of depressing remedies in the early stages of the disease is a fruitful source of death, and is to be deprecated accordingly. Calomel, antimony and ipecacuanha should certainly be avoided, under almost any circumstances. Sulphate of zinc, mustard or alum, will produce vomiting, if that is thought advisable, and they have the decided advantage of antimony and ipecacuanha, in not producing depression or diarrhœa.

Another source of death is the postponement of the operation until the patient is in extremis, when, after hours of dyspnœa, the final struggle is at hand. To operate in such circumstances is but a forlorn hope. Let us operate, therefore, if practicable, when the patient's strength is as little reduced as possible.

- II. The causes of death incident to the operation itself,

Hemorrhage, during the operation, may cause death, or greatly weaken the already depressed vital powers. This is to be guarded against by carefully looking out for large veins, and by cutting directly in the middle line, where, in the normal distribution, no vessels of consequence are met. Hemorrhage into the trachea may cause obstruction of the respiration, or even suffocation. To obviate this, the best plan is to insert the canula as quickly as possible after the trachea is opened. This is a nice point, and is only to be acquired by practice. When once inserted, the pressure of the tube staunches the flow of blood, and at the same time the circulation through the heart is facilitated by the free admission of air to the lungs, and the congestion of the venous system is thereby relieved. It is a matter of vital importance that the tube inserted, and through which the patient respire, should be as large as possible. Trousseau first drew attention to this point, that many persons died after tracheotomy from the tube introduced being too small to permit air enough to enter the lungs for the oxygenation of the blood. This defeats the very object of the objection, and renders it nugatory.

The canula should be as large as the trachea will admit of being introduced, and in children it should be double, to give facility for cleansing the tube, and removing the mucus which collects in it and proportionately narrows its calibre. It is essential also to have an attendant with the patient, who is able to keep the tube clear.

### III. Those causes which arise subsequently to the operation.

These are varied, some springing from the operation, and some accidental. Diarrhoea occasionally supervenes and carries off the patient. More frequently the lungs are affected by the direct admission of cold air, and pneumonia and bronchitis follow.

After every case of tracheotomy there is, I think, more or less bronchitis where the patient survives the first few hours, but it gradually disappears. A more serious form of the disease may occur, or pneumonia may arise. In such circumstances, depletion in any form is admissible, and we must rely solely on the supporting treatment, beef tea, eggs and milk, with stimulants, and these must be given freely, judged not by the quantity but by the effect. The membranous exudation may extend to the small bronchial tubes, in which case our efforts will be of little use, still the supporting plan is indicated.

When the patient escapes these dangers, and shows evidence of recovery, our next solicitude should be the removal of the tube, and the restor-

ation of the respiration through the larynx as early as possible. If this is not done soon, the larynx, from disuse, contracts, so as to be too small for respiration. We have examples of the constriction of other canals where fistulous openings exist in them; thus the urethra diminishes in size in perineal fistula, and the intestinal canal shrinks below the opening in artificial anus. It is a grievous affliction to be condemned to breathe through a canula for the term of one's natural life. When tracheotomy is performed for croup or diphtheritic laryngitis, we should try to withdraw the tube sometime between the fifth and fourteenth day. The conditions which demand the operation in these cases are transitory, and the sooner the canula is withdrawn the better, both as regards the recovery of voice and escape from pulmonary complications. On withdrawing the canula, the patient must be carefully watched for some hours, and if there is any difficulty of respiration, it should be quickly reinserted. In the case read before you, I removed the tube finally eight days after the operation, and the next day the boy could speak easily.

I have thus attempted, imperfectly, I am well aware, to discuss the propriety of tracheotomy in diphtheritic laryngitis; the indications for its performance, and the causes which give the operation its high mortality, in the hope that its discussion in this society may bring the experience of many to bear on this very important subject, and may perhaps cause the more general adoption of this operation, which *I am convinced will some time save the lives of patients; more especially of children, when all other means fail.*

As the winter approaches, we may probably find the disease becoming more prevalent; at all events it is likely to be *endemic* for some time to come, so this discussion will be opportune.

Since the preceding paper was read I have operated in two cases of laryngeal diphtheria, both of which, however, proved fatal. The first case was in a child thirteen months old. The operation removed all difficulty in the respiration, but the patient died from asthenia, sixty hours after the operation.

The second case was a child five years old; the operation relieved the breathing, and strong hopes were entertained of the patient's recovery, but the difficulty of breathing returned, probably from the disease extending to the bronchial ramifications, and he died.

Subjoined is a short history of each case.



October 27th. I was asked by Dr. Hallett to see a patient that had been suffering from diphtheria for two days. The patient, a little girl only thirteen months old, was well developed for her age and healthy, light hair and complexion. When Dr. Hallett first saw the patient, the diphtheritic exudation was well marked on the fauces. Dr. Hallett prescribed citrate of iron and quinine in full doses every three hours, and to have plenty of beef tea, etc. She progressed pretty well until last night, when the breathing became affected; for this several emetics of sulphate of zinc were given, but they failed to relieve the breathing, which gradually became worse. At 2½ P. M. the following was her condition: Face somewhat livid; surface covered with clammy perspiration; pulse very rapid and feeble; great gasping for breath; stridor and considerable sinking in at the epigastrium with each inspiration; fauces covered with false membrane. It was apparent she could not survive more than three or four hours, if as much. Tracheotomy was proposed as the only means which gave the least prospect of recovery, although from the tender age of the child there could not be as much hoped for from the operation as in an older person. After some hesitation the mother acceded to the operation; the father was absent from home.

I at once operated and introduced a good sized tube into the trachea. On account of the shortness of the neck and the great amount of adipose tissue, the operation was more difficult than ordinary, but as soon as the tube was introduced the breathing was instantaneously relieved, the bluish tinge left the face and she fell asleep. To continue the citrate of iron and quinine, beef tea and brandy,

October 28th. Seems easier; breathing easy; pulse 120; takes her nourishment well.

29th. Not so well to-day; lividity somewhat returning; pulse very feeble and compressible; cannot swallow; slight diarrhoea. She was ordered injections of beef tea and brandy, with a few drops of laudanum, to check the diarrhoea, every three hours.

*Vespere.* Has retained the injections pretty well; had also an injection of gr. iii sulph. quinae in solution; is more feeble; pulse very rapid and weak; no difficulty in respiration; very little mucus in the tube all day. She died calmly at 2 A. M., October 30th. No examination of body.

E. H., aged four years and ten months, of healthy parents. I was called to see this patient on the night of January 2d, 1863, in the middle

of the night, and went prepared to perform tracheotomy, at the request of Dr. J. E. Clark. I found the patient breathing with some laryngeal noise, but still easily, face natural, no sinking in at epigastrium on inspiration.

Dr. Clark stated that he had been affected with diphtheria for six days previously. The treatment consisted of quinine and whisky; no local applications, I believe, had been made. The boy had done very well, was improving and sitting up, but on the 2d his mother permitted him to roam about the house, as he seemed quite well. At seven P. M. his breathing became croupy; at ten o'clock Dr. Clark was called, and found the dyspnoea very severe; the dyspnoea increased rapidly, and Dr. Clark thought tracheotomy would be required.

In the interval between sending the messenger and my arrival, the paroxysm yielded, and when I arrived he was much easier. The operation was not considered necessary then. The quinine and whisky were ordered to be continued freely.

On the 3d the dyspnoea steadily increased; there came on great lividity of the face, great stridor and sinking in of the parietes of the chest with each inspiration.

At 3½ P. M. on the third, I performed tracheotomy, as death seemed imminent without it. Immediately the breathing was relieved.

We gave him whisky freely, and gr. ii sulph. quinae, in solution, every two hours.

4th. Feels pretty well. When the mucus is well cleared out of the tube, he breathes very easily, and without any effort. There is no lividity of face; pulse 140; of good strength; ate an egg.

*Vespere.* There was a good deal of mucus in the tube and below it, which was expelled with difficulty; continue quinine and whisky.

5th. I was called at 5½ A. M.; found him livid, and breathing with considerable effort, but after a time he brought up a great deal of mucus, hardened into pellets, and very offensive in its character. This ejection of mucus was repeated at 12 M. and at 7 P. M. Stomach will retain nothing; pulse 120; very feeble; fauces now clear of membrane; sinapisms to the epigastrium, and injection of beef tea. egg and quinine.

6th. I was called to see him again at 1 A. M.; found him in great distress, with much difficulty of breathing; after a time he expectorated mucus and seemed relieved; he swallowed a good dose of quinine and more than a table-spoonful of whisky; these he retained and fell asleep

breathing easily. In the morning he became worse, and died at 8 A. M., surviving the operation 64 hours. There was no post mortem examination.

Dr. J. E. Clark and myself saw this patient, alternately, every three or four hours from the time of the operation to his death.

Both of these last cases, although unsuccessful, are corroborative of the propriety of tracheotomy in diphtheria, when the larynx is affected and death imminent therefrom.

In both, life was prolonged more than two days, and an opportunity for the "*vis medica rix naturæ*," aided by powerful tonic and nervine remedies, to restore the interrupted functions of the system.

It is an operation in which everything is to be gained, *and nothing can be lost*. If one patient out of seven or eight is saved, it is a full reward for all the trouble and anxiety consequent on these sad cases.

#### REMARKS BY DR. JAMES M. MINOR.

DR. MINOR thought Dr. Gilfillan's case one of much interest, and of the first importance, inasmuch as it established the fact—as far as one case could—that tracheotomy could be safely resorted to in diphtheritic croup. Dr. M. had also had some years since a successful case of tracheotomy. He thought the general disfavor in which tracheotomy was held by the profession, more especially in diphtheria, was not based upon sound principles. If it was apparent that the patient must die, and that by gradual suffocation, the most agonizing and prolonged of all deaths, why not give this additional chance for life, even though it were smaller than it really is? The depressing effects of the operation were not to be compared to even ten minutes of the dreadful struggles for breath of the helpless little sufferers. For if the patient dies soon after the operation, death is then comparatively easy. The surgeon has the satisfaction of knowing that he has given some hours, perhaps days, of relief from the most terrible agony, and the parents and friends have the consolation of knowing that the path to the grave of a dear little one has been cleared of its worst horrors.

Dr. Minor thought that there were in the contemplation of this operation two distinct points requiring special consideration. These were, *when to operate* and *the treatment after operation*. The operation itself, although difficult, and requiring great care, was of secondary importance, compared with the time when it should be performed and the subsequent management. If after the failure of all ordinary means of relief the patient begins to manifest symptoms of exhaustion and has discoloration of the

prolaba, the operation should not be delayed a moment, for at such times moments are precious—they decide the fate of the patient. It may be true that cases have recovered without operation which had been considered hopeless, and indeed, a most remarkable coincidence illustrating this had occurred under his own observation. Two children, living opposite each other on the same street, were similarly affected, and under treatment at the same time. In one tracheotomy was resorted to, and in the other, under the care of Dr. H. S. Smith, general treatment was relied upon. Both cases recovered. Such illustrations, however, were rare, and are not to be taken as criteria.

Success, Dr. M. thought depended more upon after-treatment of tracheotomy than in any and every other operation in surgery. Untiring assiduity and sleepless vigilance were imperatively demanded, without which few cases will succeed; with this care we may reasonably hope for a fair proportion of success.

Dr. M. uses Trousseau's double canula as modified by himself, having a fenestrum in the inner canula corresponding to the one in the outer, and, at a point corresponding as near as may be with the larynx, the inner canula projecting slightly beyond the outer, and the general curve, such as that when in position, the lower portion shall correspond with the axis of the trachea. Dr. Minor considers the inner fenestrum of much importance as it allows frequent tentative experiments upon the permeability of the larynx to air by the insertion of a velvet cork in the external opening of the canula, by which means the earliest possible information is gained as to the proper time for the removal of the canula, a point of much importance both as regards the removal of so large a foreign body as a canula from so delicate a region, and the earliest possible restoration of the larynx to functional activity. The projection of the inner canula serves to push off the inspissated mucus which obstructs the lower end of the outer canula, and which would otherwise be a serious obstruction to respiration. The internal canula should be removed frequently, cleansed repeatedly, and greased inside and out with *lard*, (not oil;) the outer canula should have short flanges to be held in place by India-rubber tapes round the neck, which allow the canula free play, and are not liable to stiffen with the secretions. An intelligent and thoroughly instructed nurse should always be in attendance, never leaving the patient. The surgeon should see the child every two or three hours if possible, and be at all times within call. A warm, moist atmosphere is very important.

ART. II.—*Sea-Tangle, (Laminaria Digitata)*—*Its use in the treatment of Flexions of the Uterus*, by M. S. BUTTLES, M. D., *New York City*.

The *Laminaria Digitata* was first brought before the notice of the profession by Dr. Sloan of Ayr, in the *Glasgow Medical Journal* for October, 1862. In the *Medical Times and Gazette* of November 28, 1863, is an article by Dr. J. G. Wilson, in which he calls attention to its value in dilating the urethra and os uteri. Mr. Critchett also mentions it in the treatment of stricture of the lachrymal duct in an article, published in the *Lancet* of February 6, 1864.

It possesses many very important advantages; it can be worked up of any size and length; it is readily made smooth when dry, and is quite firm, yet elastic enough for all practicable purposes, so that it can be passed as readily as a silver probe. When exposed to moisture it expands to about four times its former size.

While making some experiments with this sea-weed I discovered that if a bougie made of it was bent while dry it would remain so until it was moistened, when it would gradually resume its former straightness; from this I received the idea of using it in the treatment of that frequent and hitherto obstinate displacement of the uterus known as flexion, whereupon I immediately gave it a trial, and the result thus far is of the satisfactory nature.

*Case*—Mrs. C——— had been troubled for twelve years with dysmenorrhœa, arising from flexion of the cervix uteri. So severe were her pains at each menstrual period that she was obliged to take her bed. The ordinary treatment at the hands of several skillful practitioners had given her no relief,

August 10, 1864, three days previous to her expected menstrual flow, I introduced a bougie made of the dried stem of the *Laminaria Digitata*, the size of a crow's quill, first warming it a little so as to make it flexible; this is best done by immersing in hot water, then bending it to the arc of a two-inch circle so as to enable me to pass it beyond the point of constriction, which was easily accomplished, and the bougie left in situ for twelve hours. When removed it was found to be perfectly straight, and three or four times its former size; there was not the slightest flexion of the cervix remaining.

The patient menstruated three days subsequent for the first time in her life without pain. The flexion partially returned, but the repetition of the treatment for the three succeeding months has entirely and I think perma-

nently affected a cure. I have tried it in several similar cases with like good results, and hope the profession will take advantage of the above suggestions and give it a more thorough trial than I have been able to do. Several of our surgical instrument makers have sent to Europe for the Sea-Tangle, and will soon be able to supply those who may want it.

---

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

TUESDAY EVENING, November 1, 1864.

Society met pursuant to adjournment, the President, Dr. Saino, being in the Chair.

Present—Drs. White, Wyckoff, Cronyn, Strong, Shaw, Congar, Wetmore, Ring, Miner, Smith, Gay and Peters.

Dr. J. C. Greene was proposed as a member.

There being no “voluntary communications” presented, “reports on prevailing diseases” were called for.

*Dr. Shaw* reported having noticed a prevailing typhoid character in all forms of disease.

*Dr. Wetmore* had remarked the same tendency. Also gave the outline of several cases of obstinate intermittent fever among the soldiers at Fort Porter, which had resisted all forms of treatment thus far adopted. Had tried quinine, Fowler’s Solution, (until constitutional effects of arsenic were produced,) acetate of potash, etc., but nearly two-thirds of the cases still had intermittent, some having true ague, and some a marked form or “dumb ague.”

*Dr. White* thought there was no epidemic prevailing of any sort. The late autumnal diseases, such as pulmonary and laryngeal difficulties, seemed to be replacing bowel complaints, while the low type of disease, as usual at this season, was disappearing. Thought the city on the whole very healthy. In reference to *Dr. Wetmore’s* cases would say he had tried, in similar cases, valerianate of zinc, as well as biberine and sulphate of zinc, (the latter without much effect,) with sometimes good results. The hypodermic injection of quinine often answered a good purpose when the stomach would not bear the remedy.

A desultory discussion here took place between Drs. White, Miner and Wyckoff, in regard to the relative safety of the sulphate, and the acetate of

morphia as a preparation for hypodermic injection, wherein the weight of experience seemed to be in favor of the harmlessness of the sulphate.

After the transaction of some miscellaneous business the Association adjourned.

JOSEPH A. PETERS, Secretary.

---

ART. IV.—*Case of Fibro-Cartilaginous Tumor—Ovarian Cyst and Stricture of the Vagina—Death from Peritonitis.* By WM. GOULD, M. D.

As the following case may be of some interest to your readers, I propose to give a report of it from the time it first came under my notice. It embraces a period of some eight years. My notes, for obvious reasons, are not as full and complete as I could now wish.

April 29, 1856, I was requested to see Mrs. C., aged 41 years. Found her on a canal boat in the Clark and Skinner Canal, near Perry street bridge. Had abortion three times previous to this. Has had four living children. Her first abortion was produced intentionally; the last occurred in October, 1855, some six months ago. Says she has menstruated regularly since until the second week in April, For ten days past has had light colored discharge. Three days ago it became offensive, and is now almost intolerable. Passes shreds and pieces of membrane. Suffers intense pain. Tenderness of the abdomen, uterus and vagina. Treatment—warm vaginal injections, fomentations to the abdomen and morphia in full doses.

30th, 9 A. M. Found her about the same—a little less tenderness and pain for the last three hours. Enemas of warm water were added to the previous treatment for the purpose of relieving the bowels.

3 P. M. No perceptible change.

9 P. M. Found her in great distress, and still discharging shreds of membrane, clots, etc., partially decomposed, and so offensive that it was almost impossible to remain in the room. Ordered blister to the abdomen, and gave morphia and also chloroform one part to two of sulph. ether, pro. re nata. Besides these she had also taken gum opii in quite large doses, which she had procured on her own responsibility.

May 1st. About the same. Dressed blister with simple cerate sprinkled freely with morphia, and ordered the anodynes in still larger doses.

2d, 9 A. M. But little change. During the last twelve hours she has taken sixty grains of opium, (five grains every hour) two grains morphia,

and chloroform in as large doses as was thought consistent with safety. Yet she found no relief from pain nor had she slept for a moment. She now appeared weak. Gave two grains quinine every six hours in addition to former treatment, which was continued until the 7th, when there was but slight if any improvement perceptible.

9th. I find her not as well this morning, suffering great pain.

3 P. M. Dr. J. P. White was called in consultation. After a thorough examination could not make a satisfactory diagnosis. Advised a continuance of previous treatment. Discharge still offensive.

10th. Found her more comfortable this morning, and able to be moved from the boat to a house on Exchange street.

11th, 10 A. M. Patient bore removal well, and is much more comfortable.

4 P. M. Drs. White, Rochester, and Storer of Boston, who, visiting at Dr. White's, kindly volunteered to see her with us in consultation. Being in a great measure relieved from pain she gave the history of her former abortions more definitely. Says the first was produced intentionally twelve years ago. The second, six years later. The third she thinks was about the fourth of October, 1855. Menstruated regularly after that until March following, when she had severe flooding. Five weeks later, in the fore part of April, flowed two days, when the discharge became lighter colored and continued until the 27th, when it became exceedingly offensive and accompanied with severe pain in the abdomen and back. At this time I first saw the patient and commenced treating her as already stated. The case was of more professional interest in many of its details than I may be able at this time to invest it. Dr. White had previously examined thoroughly, and at this time Drs. Rochester and Storer made careful recto vaginal examinations, but failed to determine the character of the tumor, which was pressing the uterus apparently back and upwards. I shall never forget my disappointment at this failure, for Dr. Storer at the solicitation of Dr. White, had very kindly consented to go with us and unravel the mystery. So the diagnosis was not yet satisfactorily made out. That there was a large tumor occupying nearly the whole pelvis was plain, but its full extent and exact character was yet to be determined. Then again all attempts at exploration with the uterine sound were futile. There was an aperture on the posterior wall of the vagina, which we supposed to be what there was of the os uteri, displaced and changed by the peculiar character and position of the pelvic tumor. The anterior part of the vagina seemed



to end in a short culde sac. As I have said, we could find what we supposed to be the os uteri. Yet we could not succeed in making the least exploration and the reasons will appear hereafter. All agreed upon one thing, and that was, an unfavorable prognosis.

May 12. Not so well. Suffers from pain as heretofore. A little wine was now allowed in addition to former treatment.

13th, 14th, 15th. No particular change. The same suffering from pain and the same sustaining and anodyne treatment.

16th. Dr. White saw her with me to-day. The tumor is distinctly tracable in left side of abdomen by external manipulation. Yet most tender and sensitive to the touch internally on the right side of the pelvis. Dr. White pierced the tumor from below with an exploring trochar, and when requested to withdraw it I found it firmly grasped, and had to use strong force to withdraw it. Nothing but a little blood followed its extraction. I should say in this connection that Dr. White had previously stated his opinion that the tumor was fibrous in character, and this experiment clearly confirmed it. The absence of fluid discharge and the firm grasp upon the instrument were the evidences. Gin sling and essence of beef were added to the former treatment.

18th, Bowels constipated and somewhat uncomfortable. Ordered a dose Oil Racini.

19th. Oil operated well. Discharge of blood nearly ceased.

20th, Had nine dejections since yesterday. Complains of weakness, but upon the whole appears much better. Has some discharge of blood.

21st. Found her feeling much better, and sitting at the table taking her tea. The flowing had ceased.

22d. Had eight dejections since yesterday; feels quite comfortable; appetite improving; tumor apparently growing less and pressing upon the perineum; it was hard and less tender to the touch. Ordered iodide potass  $\mathfrak{z}$ ii, ext. conii  $\mathfrak{z}$ i, syrup lemon  $\mathfrak{z}$ i, aqua  $\mathfrak{z}$ iii, M. A teaspoonful to be taken three times daily, and as little opium as possible. From this time she continued to improve daily.

June 9th. Patient was able to walk from her residence on Exchange street to the Clarendon Hotel, and to market. Continued last prescription. Continued to convalesce, and was soon able to attend to her domestic duties, Saw no more of her until December 30th, when I was called to see her again. Found the tumor in the same position, and apparently larger than when last examined.

Dec. 31st. As Dr. White had taken much interest in the case I again invited him to see her. He confirmed my opinion that it was increasing in size. Could not introduce an instrument in what was supposed to be the os. Prescribed the following: Iodide potass ℥iv, Iodine ℥i, syrup sarsaparilla ℥viii, M. A teaspoonful to be taken three times daily, also vaginal injections and rest. From this time she has been able to be about and do her work most of the time. She has had occasional flowing, and some times it would be very severe for three or four days. Sometimes I would not see her for a year or two. Whether she had other medical attendance during such intervals I am unable to say. On the 27th of September, 1864, she was taken sick and sent for me. Being too unwell to attend, Dr. J. F. Miner was called and attended her until October 2d, when I took charge of the case. I found her in great distress, severe and persistent; vomiting at times stercoraceous matter; bowels tympanitic, very tender and constipated; had no passage for several days; pulse scarcely perceptible at the wrist; feet and hands cold; pain in abdomen intense. Dr. Miner, by note, and before I left, in person, explained or gave a history of the case and treatment during his attendance. We agreed the case was hopeless, and attempted only to palliate the symptoms. Gave morphine and chloroform *pro re nata*.

Oct. 3d. Found her in *articulo mortis*. Died at one P. M. In accordance with her desire expressed on former occasions, and also repeated just before her death, I arranged for a *post mortem*, which was made forty-five hours after death, by Dr. C. C. F. Gay, and his student, Mr. Dambach. Drs. White and Rochester were also present. On opening the abdomen the omentum appeared unusually thin and congested. Peritoneal inflammation strongly marked in the cavity and on the intestines, with considerable pus and serum throughout the lower part of abdomen. In some parts strong adhesions. There was an ovarian cyst which at first sight was supposed to be the bladder distended with urine, and which it very much resembled before removal. It contained about thirty ounces of fluid. The walls of the uterus were thick and cartilaginous. On the anterior part of the uterus was a fibro cartilaginous tumor about three inches in diameter, and on the inside another about two inches. The vagina had a stricture barely large enough to admit the point of the finger. This prevented all means of reaching the os tincæ by finger or instrument, and might very naturally be mistaken for the os as it certainly was during life. The uterus with the tumors and cyst unopened, were preserved for presentation to the

Medical Association. It was placed in a secure corner, as I supposed, but mysteriously disappeared during my absence for a day or two from the city. As it was placed in a new, covered tin pail, obtained for the purpose, the thief no doubt supposed it contained something valuable, and so it did, but not for whoever took it away. If they drank the fluid, or partake of the solid contents, may they enjoy the luxury. Its loss deprived the Society of the examination of a very interesting specimen of uterine disease, originating undoubtedly from the effect of inflammatory action. In this case we see an exemplification of the evil effects of criminal abortion. In the absence of positive evidence that any attempts were made for the purpose, yet we cannot account in any other way for the violent symptoms met with in the progress of the case. The violent, intense pain, the offensive discharge, the stricture of the vagina and its adhesions clearly indicate what must have been the inciting cause, commencing perhaps as far back as the first abortion, which she admitted was intentionally produced. From my first visit in 1856, until death closed the scene, this has been a case of great interest to me and those whose counsel and advice I have availed myself. To Dr. White particularly, who for so many years voluntarily gave his time and attention whenever called upon, I feel under lasting obligations. There are several very unusual circumstances in this case, and no one can fully appreciate them from the imperfect manner in which I have presented them to the readers of the Journal. First, there was the excessive, long continued pain and offensive discharge, and when I say it was *unusual*, it expresses but a tithe of the reality. I have had some experience in such cases, when occurring from both accident and design, but nothing that bore any comparison to this.

2d.—Fibrous tumors I presume are not very unusual, but are they often found both internal and external at the same time? In this case it was not only so, but the body of the uterus had also degenerated into the same condition. As to their cause generally, much obscurity exists. In this case it may have arisen from contusion or injury from attempts to produce abortion. And this was undoubtedly the cause of the stricture of the vagina. I once attended a woman confined by a midwife, who complained that she had used great violence in the first stage of labor, and that she felt as if torn to pieces. On examination I found the vagina badly ruptured, and had to remove some protruding portions as large as my three fingers. She recovered, and I was allowed to make an examination. The

vagina was obliterated, the walls solidly united, all beyond a sealed book, and the danger of a similar accident removed forever.

Solid tumors seldom if ever ulcerate; yet flooding may occur, and did often in this case. Why so much when the patient enjoyed otherwise good health, I am unable to explain. Nor do I believe that such complications often occur, although we find them on record. The ovarian cyst was not opened. I have no doubt that was also produced from the same cause as the tumors. I regret now it is lost that we did not open it so that I could speak of its contents.

The large amount of opium administered is worthy of notice. As I have stated she had severe pain, to allay which, I found ordinary doses of no avail, so I ordered five grains every hour until she was relieved. When I saw her twelve hours after she had taken sixty grains opium, two grains morphine, equivalent to twelve grains opii, and two ounces chloroform had been inhaled also, without producing the least symptom of narcotism or even sleep, neither had it perceptibly alleviated the pain. In this we have an example of the tolerance of anodynes in severe suffering.

---

ART. V.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Necrosis of the Tibia, with contraction of Tendo Achillis—Scirrhus Tumor.* BY J. F. MINER, M. D.

November 9, 1864.

The first patient which I have to present for operation is a young lad 12 years of age, of delicate constitution, who has been sent to me by Drs. Allen and Havens of Aurora, who entertain as I suppose by this circumstance, the opinion that something can be done by operation for the removal of the dead bone which you observe protruding from the tibia. I most fully agree with them in this opinion, and propose opening down upon the tibia its whole, or nearly its whole length, with the view of extracting what is called a sequestrum from the interior of the bone. You will observe that this dead bone, or sequestrum, is the old or original tibia, that the processes both of the death of bone and repair, have been going on at the same time, and that while the tibia has become dead, another bone has grown around it. These openings, which we call cloaca, afford exit to the purulent collections, and yet are not sufficient to admit the extraction and removal of the dead bone, which is imprisoned within thick,

dense, unyielding, bony walls. That this process of repair should go on, springing either from healthy bone above or below, as some suppose, or from the separated periosteum, as is believed by others, is truly remarkable—that it should go on more rapidly and more perfectly with dead bone still present, keeping up inflammatory and ulcerative action, than it is ever observed to do when the old bone is removed entire, is a fact so suggestive that it should not be inattentively considered, though possibly the explanation is not difficult. It appears probable to me that the periosteum has much to do in this matter of the re-production of bone. I have seen bone re-produced when removed by operation, in cases only where the periosteum was left entire. In these cases of necrosis the dead bone separates from its periosteal covering, and leaves it nearly uninjured, the bone yet remaining prevents deformity, and forms a base upon which, or around which, nature builds a new and living structure. This new bone is unlike the old—is firmer and more dense—in time becomes almost as firm and solid as ivory. These openings, or cloaca, which communicate with the dead bone beneath, I propose to enlarge, or rather I will cut away the new bone sufficient to allow removal of the necrosed portion, which extends the whole length of the tibia. We shall then have only living structures over which nature may possibly replace a healthy skin, and our little patient yet enjoy the luxury of being perfectly sound, with a new tibia greatly enlarged, but equally useful as the old. You may ask how it is that these round, smooth openings are left in the newly formed bone? Why is it not one solid entire bony case? I think that the ulcerative action has destroyed the periosteum over these places which in part accounts for this condition. Again there is a constant discharge, which might and does no doubt keep open these outlets; nature in such cases always provides for herself. This condition of disease does not extend into the knee above, or into the ankle-joint below, and though it looks to-day as though amputation was the only remedy, still that is a dreadful necessity, and we should hardly be justified in such a measure, until we had given this more conservative and more difficult operation a fair trial. Now I have not only removed a great amount of dead bone from the interior of the tibia, but I propose also to divide the *Tendo Achillis*, which from the irritation of the disease, has become so shortened as to draw the heel up, and cause the patient to rest only the toes upon the floor. This has been so for years, and is caused by reflex nervous influence upon the muscular tissue above. Possibly extension might partially remedy it, but

our little patient is in no good condition to admit of extension, and as the tendon will unite again, we deem it safer, and on the whole more sure to effect relief from deformity, to divide the tendon and immediately place the foot in natural position. This deformity is called sometimes *talipes equinus*—horse foot, and is a condition not often hereditary—existing at birth, but acquired, as in the present instance. The operation for its relief is simple and safe—is not likely to be attended by any unfavorable results. After division of the tendon, the toes are easily elevated and the heel brought down; it is retained in place by a band fastened to the thigh above the knee. The posterior tibial artery passes in the near neighborhood of this tendon, and fears are often entertained of wounding it in this operation; it seems to me there is little or no danger of this. I have already told you that this tendon when divided will unite again; it will become connected with a firm and dense structure, though I hardly think that its mobility is as great after its division and attachment; the cicatrix is apt to involve other parts and form attachments, and the cord is not smooth and perfect. Various methods of dividing tendons, in such cases have been proposed with the view of furthering the re-union; the ones of chief value, which are to be mentioned, are partial division and extension, and very oblique or longitudinal section, the tendon to be slid upon itself. I think that division, however effected, will usually be attended by very similar results in the end, and that the operation which is the most simple, and makes the least wound, is the best.

I repeat a brief description of what you have seen—describe in few words, a long and tedious operation, in removal of the dead bone, and in division of the tendon, a safe and simple one. I have then operated for necrosis of the tibia and removed the sequestrum by cutting the various cloaca into one continuous elongated opening, through which all dead bone has been removed; and also I have divided the *Tendo Achillis* for the purpose of allowing the foot to be placed in natural position—position of greater comfort and usefulness. This is a case of great interest, and if it should progress favorably will illustrate in remarkable manner how much nature is to be depended upon in restoration from disease, and how we can only act wisely and safely, while as physicians and surgeons we follow her guidance.\*

---

\* The case progressed rapidly and favorably; healthy granulations soon covered the extensive surface of cut bone; the integument united mostly, and November 28th, about three weeks after the operation, the boy returned to his home in the country, with every prospect of a perfectly satisfactory result.

*Scirrhus Tumor.*—This is an operation for re-removal of malignant disease of the breast. The first operation was before you last year, and on that account it is the more interesting; it shows that though we extirpate scirrhus growths, entire, even at early period, still they are liable to return. The propriety of operative interference is on this account questioned by some surgeons. If it is done early, before the system suffers perceptibly, or the neighboring glands enlarge, it appears probable that nothing is lost; in some cases it seems certain, almost, that much is gained. It has re-appeared as is more common, in the cicatrix, made by removal of the breast, and we remove it again, and again and again, as I propose, should it return, fighting this relentless and perhaps unconquerable foe, until our “supplies” are cut off, or our patient “taken prisoner.”

---



---

## EDITORIAL DEPARTMENT.

---

### REPRESENTATION OF ERIE COUNTY MEDICAL SOCIETY, AND UNIVERSITY OF BUFFALO, IN NEW YORK STATE MEDICAL SOCIETY.

We received the volume of the Transactions of the New York State Medical Society with the following note from the Secretary :

“MEDICAL SOCIETY OF THE STATE OF NEW YORK, }  
Albany, N. Y., October 22, 1864. } ”

DR. J. F. MINER:

My Dear Sir:—I sent to your Journal a day or two since, a copy of the Transactions of the State Medical Society for 1864. I hope you will notice the same in the next number of the Journal. I think it is an excellent volume and worthy of the Society from which it emanates.

Please notice on page 450 that Erie County Medical Society was not represented, nor the University of Buffalo, at the last meeting. Can you not do something, say something, that will inspire both institutions to a representation next year?

In haste, very truly yours,

S. D. WILLARD.”

In reviewing the book, or rather in giving a brief account of its contents we say, “Erie County Medical Society was not represented at the last meeting of the State Society, or the University of Buffalo.” The following polite note from Dr. Lee explains itself, and we are most happy to make the correction :

"BUFFALO, December 10, 1864.

J. F. MINER, M. D., Editor Buffalo Medical and Surgical Journal :

Dear Sir:—My attention has been called to an editorial article in the November number of your excellent Journal, in which it is stated that the "University of Buffalo was not represented at the last meeting of the New York State Medical Society." It is further stated that "the delegate chosen to represent it was probably detained by 'severe sickness,' for there can be no doubt that nothing but severe *indisposition* could have prevented the duly appointed delegate from discharging his duties," etc.

Now I am happy to inform you that I was the regularly appointed delegate on the part of the Faculty of the University, that I was present at the meeting of the State Society at its last meeting, and offered on behalf of the Faculty a resolution in favor of having a State Board of Examiners appointed to examine all candidates for the degree of Doctor in Medicine; which resolution was also published in your Journal for March last, as having been offered by myself. You may also recollect my reporting the result at the dinner of the Faculty at the last Annual Commencement, at the American Hotel, at which you were present.

As the Faculty of the University has been the first medical incorporate body in this country, to rise above selfish, pecuniary considerations, and take the initiative in an attempt to separate teaching and licensing, or the conferring of medical honors, it hardly seems to me just to ignore even a representation at the meeting where this important action was taken.

Very Respectfully,

CHARLES A. LEE, M. D.,  
Late delegate to State Med. Soc. from Buffalo University."

"MEDICAL SOCIETY OF THE STATE OF NEW YORK, }  
Albany, N. Y., December 13, 1864. }

DR. J. F. MINER:

My Dear Sir:—Your favor of the 12th is just received, wherein I am called on to show why the University of Buffalo was not represented by a delegate at the last meeting of this Society. This Society has a register, and has had for many years, wherein each permanent member or delegate records his name. The headings are as follows:

Name.	Permanent Member, Delegate or Invited.	Represents Medical Society of or College.	Post Office.
Charles A. Lee,	Per. Member,		Peekskill, N. Y.

At the meeting of 1864, the one hundred and twenty-fifth name recorded is that of Charles A. Lee, and I have copied precisely as it is in the register. It is from this register that I compile the representation of the Society for the minutes as found on pages 449, 450, 451. Dr. Lee is recorded a Permanent Member, just as he is in 1861 and 1862, where he is registered precisely as he was in 1864. The error lies just here: Dr. Lee omitted to fill the third space, "University of Buffalo," by which the fact would have appeared that he was a delegate from that institution.



The fact that he failed to do this leaves the record just as he made it, that he came as a Permanent Member, his residence being from Peekskill. It does not show that he had any relation to the University or any other institution. If gentlemen fail to mention that they represent a Society, the records will not show that the institution was represented, as it is not. The omission was on the part of Dr. Lee, and except for his information in your letter the fact of his being a delegate would never have come to light.

The case being now understood, the effectual remedy will be in seeing that the University is recorded as represented at the next meeting, and right under it a full record from Erie County Medical Society also.

The fact that Dr. Lee presented measures on behalf of the Faculty of the University, (most commendable measures,) does not even imply that he was a delegate from the University, since in his capacity as permanent member he could advocate that measure, as one of the Faculty of the College, in which position I supposed he acted.

I take pleasure in making this explanation. I should be sorry to do injustice towards the University, or towards the members from Erie, and to do them injustice would be not only far from my heart, but the last way to win their full attendance at our meetings.

Very sincerely yours,

S. D. WILLARD.

ALBANY, December 15, 1864.

DR. J. F. MINER:

Dear Sir:—Since my letter of the 13th I have looked over and examined the credentials of delegates from the various medical institutions of the State, to the State Medical Society, as presented at its last meeting and duly filed by the "committee on credentials," at the meeting. There is no credential from the University of Buffalo on file. I am obliged to conclude therefore that my excellent friend Dr. Lee, did not present any credential as delegate from the University, even if he had it in his pocket.

The omission of this formality, as also to register, as delegate, left the University unrepresented, excepting at head and heart, where I know Dr. Lee has the interests of the whole profession and medical science generally. Your position in the Journal was right, and your authority correct.

Truly yours,

S. D. WILLARD.

We are not only very glad to have Prof. Lee and Dr. Willard explain the matter of representation, but also very glad to have these resolutions mentioned—most happy to hear from them. We have long desired to know what had become of resolutions which looked so disinterested and self-sacrificing. The last heard was at the Faculty dinner when they were complimented, toasted and praised, we hoped, not spoiled. These resolutions, if adopted and acted upon, would have been worth something to the profession—would have constituted a step of real progress in the standard of professional qualification. We predicted at the time that they would prove idle

words, and we now expect that future generations will repeat them as original. This does not in the least detract from their merit, or from the just credit of proposing and introducing them; it only shows that the present age is not ripe for them, that they are in spirit a generation or two in advance of the times in which we live. Dr. Lee in his ripe experience—in his extensive observation, both at home and in other countries, had conceived what would be a great protection to our profession, would elevate its character, increase its real worth, and insure the respect and confidence which it should receive; but his efforts for good will be unavailing while the present active competition exists in the business of manufacturing Doctors; indeed they are made, not so much for what they are worth when graduated, as for the reflex influence upon those who educate and graduate them.

Our zeal for the said resolutions has led us quite off the subject of representation of the County Society, and University, in the State Medical Society, and we return only to say, that if the County Society is of any positive advantage in any respect, it must be in forming connection with the State Society, which is an active and valuable medical organization. In choosing delegates it should select those who will act, or if from any circumstances they cannot, who will resign, that others may be elected, who can attend.

---

#### BOOKS REVIEWED.

*Outlines of Surgical Diagnosis*, by GEORGE H. B. MACLEOD, M. D., F. R. C. S. E.; *El. Fac. Phys. and Surg. Glasgow*; *Lecturer on Surgery, Anderson's University*; *Surgeon to the Glasgow Royal Infirmary, and the Lock Hospital*; *late Senior Surgeon, Civil Hospital Smyrna, and General Hospital in Camp before Sebastopol*; *Mem. Cor. De La Soc. de Chir. de Paris*; and author of "*Notes on the Surgery of the War in the Crimea.*" *First American edition, reprinted from advance sheets.* New York: BAILLIERE BROTHERS, 510 Broadway, 1864.

The art of recognizing disease and of distinguishing one from another, is of such necessity as to be indispensable in the successful practice of surgery. An extensive and accurate knowledge of disease, and the various symptoms by which disease is manifested, and an acquaintance with the pathological conditions upon which these signs depend, is necessary in order to discriminate the precise nature of most surgical affections. If there is failure in this, the practice must become empirical. In the medical treatment of disease, symptoms are treated with some relief even when

the exact pathology is undetermined, while in surgery it is often absolutely necessary to arrive at positive knowledge as to the nature of the malady before surgical or operative measures can with safety be adopted. Many surgical diseases terminate by natural tendency in health and require no interference; these it is only necessary to clearly discern; while others are so certainly fatal, by a tendency which we have no power to control, that we are only to attempt the relief of the more distressing effects, still correct diagnosis in such cases, even, is essential.

The power of discriminating with accuracy one disease from another, is that which elevates and distinguishes surgeons, and gives to some an almost intuitive knowledge of disease; an element of the greatest importance in the character of a practitioner.

While this power is to some extent a natural gift which all do not possess in equal degree, still education is capable of developing and improving it so that by attention and patient study we may all attain reasonable accuracy and be able to draw logical and just conclusions.

This work, on the outlines of surgical diagnosis, is written in terse and direct style, and each subject is treated fully and plainly. The symptoms of disease are given with clearness; diseases which may be confounded, are arranged and classified with the distinguishing features of each—diseases placed side by side are compared with each other, that the differences may appear the more obvious. The various methods of diagnosis—the means we possess of determining the nature of disease, are presented with great accuracy and force. The arrangement of the work is excellent, and a wide range of topics are brought within the limits of a volume of five hundred pages; this is done by using as many, and no more words, than are necessary to convey the author's idea. This book is an important addition to a surgeon's library; it has excellencies which we have not time to mention. If we had space, we should speak at length of some of the chapters, especially those on fractures and dislocations. In the small space devoted to consideration of these accidents is included just what practitioners desire most of all to know. As illustration of the condensed form of the work we quote one paragraph which is representative of the whole book: "In all dislocations of the humerus we observe—(a) Flattening of the shoulder. (b) Projection of the acromion process. (c) Hollow immediately below the acromion, in the position of the glenoid cavity. (d) The head of the bone is in abnormal position. (e) The length of the upper arm altered. (f) The axis of the humerus changed. (g) The motion (voluntary and

communicated) of the articulation impaired. (h) The elbow in an abnormal position. (i) Pain, especially on movement."

It will thus be seen that the art of diagnosis is communicated in small space, while the beauty of direct composition is given in forcible examples. This is a new book, which we earnestly advise physicians to read.

—♦♦♦—

*Therapeutics and Materia Medica; a Systematic Treatise on the Action, and Uses of Medical Agents, including their Description and History, by ALFRED STILLE, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania; Physician to St. Joseph's Hospital; Fellow of the College of Physicians, and member of the Pathological Society of Philadelphia; Member of the Societe Medicale D'Observation, of Paris; Honorary Member of the Medical Society of the State of Rhode Island, of the State of New York, etc. Second edition, revised and enlarged, in two volumes. Philadelphia: BLANCHARD & LEA, 1864.*

Stille's *Therapeutics and Materia Medica* has been so extensively used as a standard authority since the appearance of the first edition in 1860, that there seems to be no occasion to speak of its character and merits. It has become the text-book in most of our medical schools, and is everywhere regarded as the most complete and comprehensive work of the kind in the English language.

The second edition has been improved by a "thorough revision, and by incorporating into it whatever appeared to constitute a real advance in therapeutical knowledge." "The nomenclature of the materia medica and the formulæ for officinal preparations have been made to conform to the recent edition of the pharmacopœia, while a few medicines of minor importance contained in the first issue have been omitted. On the other hand, several new medicines have been introduced, and to almost every article important additions have been made. These in the aggregate, amount to over one hundred pages."

It is within the scope of this work to fully consider medicines in their physical, chemical and physiological properties, and this has been done with a completeness which leaves nothing to be added.

The student who gains his views of the value of medicine from reading our standard works will be likely to hold to opinions which experience will greatly change. A great many articles are introduced into all systematic works upon materia medica more from a desire to make them comprehensive and full—a dictionary of materia medica, than on account of any supposed value in the articles themselves. All that medicine can do in the

relief or cure of disease, can be done with a very limited number of medicines, and when we see a volume of such proportions as the one before us devoted to the therapeutical properties of drugs, we cannot repress the feeling that in many cases their uses and value are magnified "a great many diameters." These facts however do not detract in the least from such a work as the one before us. Medicines should be thoroughly studied that it may be fully known how little many of them are worth. There is no more reliable source, from which such knowledge may be obtained than *Stille's Therapeutics and Materia Medica*.

---

*A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative, by SAMUEL D. GROSS, M. D., Professor of Surgery in the Jefferson College of Philadelphia; Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical College of Vienna, etc., etc., illustrated by over thirteen hundred engravings. Third edition, much enlarged and carefully revised. In two volumes. Philadelphia: BLANCHARD & LEA, 1864.*

The third opportunity is now offered during our editorial life to review, or rather to endorse and recommend this great American work on Surgery. Upon this last edition a great amount of labor has been expended, though to all others except the author the work was regarded in its previous editions as so full and complete as to be hardly capable of improvement. Every chapter has been revised; the text augmented by nearly two hundred pages, and a considerable number of wood-cuts have been introduced. Many portions have been entirely re-written; and the additions made to the text, are principally of a practical character.

This comprehensive treatise upon Surgery has undergone revisions and enlargements, keeping pace with the progress of the art and science of surgery, so that whoever is in possession of this work, may consult its pages upon any topic embraced within the scope of its department and rest satisfied that its teaching is fully up to the present standard of surgical knowledge. It is also so comprehensive that it may truthfully be said to embrace all that is actually known, that is really of any value in the diagnosis and treatment of surgical diseases and accidents.

Wherever illustration will add clearness to the subject, or make better or more lasting impression, it is not wanting; in this respect the work is eminently superior. The publishers have also done their part in the most perfect manner; they have furnished clear type, white paper, and leather binding, which in these days of high prices, is especially liberal. The pro-

fession should appreciate the favor of being furnished these valuable works in so substantial form.

We do not attempt anything like review of such a work; our pages will not admit of it. Our readers are mostly familiar with its merits as a standard work, and we only desire to announce the appearance of the third edition, with its additions and improvements.

---

*Lectures on Venereal Diseases, by WM. A. HAMMOND, M. D. Philadelphia: J. B. LIPPINCOTT & Co., 1864.*

Some of these lectures were delivered at the Baltimore Infirmary in 1861, and published in the *American Medical Times*; the remainder were prepared but not given or published. They are now brought up to the present day, and made to embody the recent essential facts connected with venereal diseases.

In the treatment of soft chancre he says: "Now there are two circumstances which should pre-eminently influence us in the treatment of the simple chancre. 1st—You must not forget that it is altogether a local disease. 2d—That it is liable to extensive ulceration and phagedena. The former fact does away with any necessity for the exhibition of mercury, and the latter renders such a course not only improper, but highly dangerous. At the same time it is desirable to destroy as soon as possible the specific character of the chancre, and to convert it into a simple non-virulent ulcer."

Also upon the treatment of the infecting chancre we quote one paragraph: "In order therefore to prevent the syphilitic infection of the system from the virus of an indurated chancre—and no other can produce this result—two measures are necessary: First to destroy the chancre with some powerful caustic, as the carbo-sulphuric acid paste, monohydrated nitric acid or bromine; and second, to bring the system under the influence of mercury. The first should be done within six days after the appearance of the chancre, and the second commenced at the same time and carried out as rapidly as possible consistent with thoroughness. Even with all diligence you will sometimes fail in your endeavors, but you will often succeed. I have never, however seen constitutional infection prevented unless the chancre was destroyed within six days after its commencement, nor unless the system was well under the influence of mercury before the fifteenth day."

This is the old doctrine of Ricord which we supposed was no longer believed, and never would have been entertained had a distinction been made between chancre and chancroid. That a chancre is never a mere local lesion is proved by the fact, as shown by repeated experiments, that its destruction within a few days or even hours after its appearance does not prevent constitutional infection. That mercury is necessary in the treatment of chancre is by no means probable; though in some cases it seems to have the effect the earlier to remove the induration and possibly the sooner to heal the ulcer. That the system should be brought as speedily as possible under its influence, appears by no means established, indeed it would seem almost certain that such medication is not only unnecessary but positively injurious. If the mercury is withheld until the supervention of secondary symptoms, the disease appears less virulent and more readily yields to the influence of that drug, which in this stage, has unmistakable control. The book has many merits and will prove a valuable, practical guide to the practitioner. It cannot be expected as yet that the profession will fully agree upon all the important questions involved in this subject. They are being determined by repeated experiment and careful observation; and every honest worker is thrice welcome to the results of his labor.

---

*Proceedings of the Nineteenth Annual Meeting of the Ohio State Medical Society, June 21st, 22d, 1864.*

We are indebted to Dr. E. B. Stevens, Secretary of the Ohio State Medical Society, for a copy of the proceedings of the meeting held at White Sulphur Springs June 21st, 22d, 1864.

It contains, in addition to the report of transactions, Valcdictory Address by W. T. Kincaid, M. D., retiring President; Report on Diseases of the Eye, by A. Metz, M. D.; Report on New Remedies, by Edward B. Stevens, M. D., Editor of *Cincinnati Lancet and Observer*; Report on Asthma by Committee, by Thaddeus A. Reamy, M. D., and some notes of cases, lists of members, &c., &c. The papers presented to the society are all well written and valuable contributions; the one on New Remedies, by Dr. Stevens, has appeared in full in the pages of our journal, and is well worthy attentive perusal. Those who are fond of trying the last new remedy, will do well to consider it attentively; possibly it will modify their views and change the direction in which their ambition so strongly tends,

*Annals of the Medical Society of the County of Albany, 1806-1851, with Biographical Sketches of Deceased Members.* By SYLVESTER D. WILLARD, M. D. Albany: J. MUNSELL, 78 State street, 1864.

It is unbecoming a learned profession in this day "of letters," that its early history and the names and character of its members should remain unwritten. Dr. Willard has done for Albany County Medical Society what it is greatly to be desired some one should do for the other County Societies in the State. This Society has existed for more than half a century, and those who were its founders are for the most part numbered among its deceased members. The volume contains the records of the meetings of the Society from its beginning, with biographical sketches of its deceased members; it is embellished with lithographic likenesses of Drs. James McNaughton, John V. P. Quackenbush, Howard Townsend, and James Wade, former Presidents of the Society. It forms a volume of great local and historical interest, in which the author has set an example which some one should follow in every county in the State.

---

#### BOOKS AND PAMPHLETS RECEIVED.

*The Book of Prescriptions, containing 3000 prescriptions, collected from the practice of the most eminent Physicians and Surgeons, English, French and American; comprising also a compendious history of the Materia Medica, lists of the doses of all officinal or established preparations, and an Index of Diseases and Remedies.* By HENRY BEASLEY, author of "The Druggists' Receipt Book" and "The Medical Formulary." Philadelphia: LINDSAY & BLAKISTON, 1865.

*The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral relations.* By WILLIAM ACTON, M. R. C. S., late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospitals Paris, Fellow of the Royal Med. and Chir. and Statistical Societies, etc., etc. From the last London edition. Philadelphia: LINDSAY & BLAKISTON, 1865.

"Spinal Irritation;" or, the Causes of Back-Ache among American Women; from the Transactions of the Medical Society of the State of New York for 1864. By CHARLES FAYETTE TAYLOR, M. D., of New York. New York: WM. WOOD & Co.

---

"STRUCK OIL."—The Philadelphia correspondent of the *Boston Medical Journal*, says: Stop! We have struck oil. That is, as a profession. It is astonishing to what an extent the profession are going into oil stocks. They speculate in oil, think and drink oil, prescribe oil, and—what do you think of the following:—R 100 Walnut Island, a 5½ b. 30. M. It is a fact. At all the meetings, clubs, everywhere, it is oil! oil!! oil!!! One quite prominent M. D. is said to have made \$15,000 in a few weeks. I am afraid, at this rate, the fees will be so lubricated that they will slip out of our hands faster than *in*, and the poor patients will slip through our fingers into the hands of the undertaker.



SPOTTED FEVER.—COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION.

The Committee of the American Medical Association to which was referred at its late annual meeting the subject of "*Spotted Fever—so called*," earnestly solicits from members of the Profession in different parts of the country information respecting the history, phenomena and treatment of this disease as it has come under their own notice.

As it is desirable to know the geographical distribution of this disease, intelligence respecting it from physicians residing in distant States, and from Medical Officers of the Army is particularly requested.

For the sake of uniformity the following questions have been prepared. Any matters not included in these questions or suggested by them, will, with the answers themselves be gratefully appreciated and acknowledged by the Committee,

Address the Chairman of the Committee

Dr. JAMES T. LEVICK,  
1109 Arch Street, Philadelphia.

1. When did "*Spotted Fever—so called*" appear in your neighborhood, and how long did it prevail there?
2. What were the usual symptoms of the disease, and what unusual symptoms occurred in your practice?
3. Did it attack many individuals at the same time, and was it materially modified by the age, sex or temperament of the patient?
4. What was the ordinary duration of the disease? Were relapses or severe attacks common?
5. Are you in possession of any proof that the disease was communicated from one person to another?
6. What appeared to be the predisposing and what the exciting causes of the disease?
7. What complications and what sequelæ of this disease came under your notice?
8. What other disease prevailed at or near the time that Spotted Fever did, and what epidemic diseases followed it?
9. What was your mode of treating this disease?
10. What was the proportion of deaths to the whole number of persons attacked, and what was the usual manner of fatal termination?
11. What were the *post mortem* appearances?
12. Were any microscopical observations made, and what were they?
13. Has this disease prevailed in your neighborhood in former years.

PRESENTATION.—Professor Charles A. Lee, of the Medical Department of the Buffalo University, was yesterday, on the occasion of the delivery of his valedictory address to the class previous to his departure for New Orleans, whither he goes for the benefit of his health, made the recipient of a cane as a token of esteem and affection on the part of his pupils. The presentation address was made by E. H. Thurston.

## BERKSHIRE MEDICAL COLLEGE COMMENCEMENT.

The following are the names of the candidates for graduation, the subjects of their theses and their residences:

- Daniel D. Gilbert, Boston, Exosmosis and Endmosis.  
 Charles L. Holt, Albany, Me., Dysmenorrhœa,  
 Marquis Hall, Bimfield, Pneumonia.  
 Wm. W. B. Green, Providence, R. I., Diagnosis.  
 W. H. H. Shepard, Warren, Gun Shot Wounds.  
 Henry J. Millard, Stamford, Vt., Phthisis Pulmonalis.  
 F. J. Swift, Wilmington, Vt., Duties of a Physician.  
 J. E. Norwood, Livingston, N. Y., Inflammation.  
 E. M. Whiten, Southport, Me., Diphtheria.  
 Frank K. Paddock, Hamilton, N. Y., Venesection.  
 G. A. Wilder, Circleville, Ohio, Intermittent Fever.  
 Cyrus Allen, Palmyra, N. Y., Stricture of Urethra.  
 Henry Eastman, Pittsfield, Dysentery.  
 E. McCollom, Jr. Rochester, Vt., Retrospectus.  
 D. Sherwood Eckler, Athens, N. Y., Scarletina.  
 E. Newton Beale, Spencertown, N. Y., Inflammation.

Two prizes were awarded for the best specimens of practical anatomy; the first to F. J. Swift, of the graduating class; the second to M. S. Chamberlain, of Brimfield, under graduate.

The commencement prayer was offered by Rev. Dr. Todd, of the Board of Trustees. The annual address was given by Dr. O. S. Root, Secretary of the College Government. The subject was on the "Errors and Delusions of the Medical Profession," those which do not amount to professional heresy, or to quackery prepense. It was a sort of medical *concio ad clerum*. He prescribed the purgative to the physician—applied the knife to the surgeon—and we dare say the operation will be more beneficial to the patient than doses of honeyed flattery applied *ad nauseam*, or dissections of absent "irregular practitioners."

The diplomas were delivered to the graduates, with pertinent counsel and encouragement, by the venerable President and founder of the College, Hon. H. H. Childs, M. D., who, although exhibiting a frailer state of health than his friends could wish, displayed all the enthusiastic love of his earlier days for the Institution. [Com.

*Report of Deaths in the City of Buffalo, for the month of October, 1864.*

Males 63, females 58. Locality—City at large 104, Hospital of Sisters of Charity 5, Buffalo General Hospital 2, Catholic Foundling Asylum 4, Catholic Sisters of Good Shepherd 1, Erie County Alms House 5. Total 121.

By whom certified.—By Regular Physicians at Public Institutions 16, by regular physicians in city at large 58, by irregular practitioners 17, by coroner 9, by undertakers 21.

Causes of Death.—Accident 4, do. drowning 3, angina pectoris 1, brain, congestion of 1, bronchitis 1, consumption 14, convulsions 5, croup 10, croup diphtheritic 3, debility 3, dentition 2, diabetes mellitus 1, diarrhœa 7, disease of heart 3, disease of womb 1, disease of stomach 1, diphtheria 6, dropsy general, dysentery 5, epilepsy 1, erysipelas 1, fever conjestive 2, do. remittent 1, do. scar et 2, do. typhoid 8, inflammation of bowels 5, do. brain and meninges 3, do. lungs 1, do. lungs typhoid 3, do. pericardium 1, jaundice 1, marasmus 3, old age 3, paralysis 1, premature birth 2, pyæmia 1, rheumatism 2, unknown 3. Deaths from diseases m. 60, f. 57, total 117. In addition to the above, 4 still-born were reported in the city.

SANDFORD EASTMAN, M. D., Health Physician.

BUFFALO

# Medical and Surgical Journal.

---

VOL. IV.

JANUARY, 1865.

No. 6.

---

*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, NOVEMBER, 1862.

*Fracture of the Skull with Depression—Removal of the Fragments.*

Dr. WILLIAM GILFILLAN reported the following case:

M. D. Cashow, aged 18, private in the 1st Connecticut Artillery, was wounded in the head June 27th at Savage's Station, Va. The injury was received in a charge of Stuart's cavalry. A horse struck him on the back of the head, and he was immediately stunned, and remained unconscious for some hours. No careful examination of the wound was made for some weeks. Water dressing was applied, and pus was freely secreted. In the beginning of September, while at Baltimore, he was discharged from the service of the United States. On the 26th of September, he was admitted to the Long Island College Hospital. He was then in the full possession of all his faculties—countenance was a little pale. Exactly at the occipital protuberance there was a wound of scalp, admitting the tip of the little finger. On introducing a probe, the bone was felt denuded and rough over a space of two inches or more. At one point the probe passed between the bone and the fragments and touched the duramater. The necrosed fragment extended more to the right than to the left of the middle line. The pus presented the peculiar odor of dead bone. The dead piece of bone could not be moved by the probe. After consultation, it was determined to reflect the scalp by a T shaped incision, and remove the dead pieces of bone, as from the length of time which had elapsed since the receipt of the injury separation must have taken place.

On the 28th, the patient being under the influence of chloroform, I cut down and removed two pieces of bone. Some traction was requisite to free them from the soft parts. When the bones were removed, the duramater was exposed to sight and touch for a space of fully three by two inches,

The flaps were brought in position and water dressing applied, and morphia, gr.  $\frac{1}{8}$ , administered. He felt great pain in the wound, and after some hours, vomited. Of the pieces of bone removed, the larger measured one and a half by two and a quarter inches; the smaller measured one-half by two inches. Considerable discharge of pus took place for some days afterwards. Two weeks after the operation an abscess formed below the occipital protuberance, and was opened, discharging a large amount of fetid pus. In three weeks it had quite healed, and on the 20th of October he was discharged cured. He immediately enlisted in the 18th Connecticut Volunteers, and expressed his determination to avenge the loss of his occipital bone.

There are several points of interest in this case:

I. The absence of symptoms of compression at any time, although the bone was depressed under the edge of the remaining sound piece of occipital bone.

II. The want of physiological symptoms. From its position exactly over the occipital protuberance, we should expect *a priori* some disturbance in the functions of the cerebellum; but his sexual propensities were unaffected, and his power of locomotion and muscular co-ordination unimpeded.

III. The loss of such a large portion of the vault of the cranium, fully three inches by at least two and a half inches, and the ready healing of the soft parts over it.

IV. The fact that only the external table is represented in these pieces removed, although the duramater was fully exposed. What became of the internal table? Was it dissolved in the pus, which was discharging freely for three months?

#### *Tuberculous tumor of the brain.*

DR. JOHN BALL presented a tumor taken from the brain of a negro, who had been subject to frequent attacks of convulsions since the 21st July last—the time of his first having seen him.

Since that time he had been called upon twice only, to see him, at several weeks interval, and therefore had lost sight of him until three days ago he was called upon to give a certificate of death, the man having suddenly died. Coroner NORRIS was notified, and, assisted by Dr. Minor he made a post mortem examination five hours after death, when the specimen presented—a *tuberculous tumor*—connected with bony deposit was

found attached to the duramater and falx-cerebri of the right hemisphere of the brain.

DR. MINOR considered the remarkable features of the case to be death several days subsequent to the last convulsion, with so large an extravasation of dark blood, and the deceptive appearance of the tumor, which was apparently fibrous until the microscope revealed it to be tuberculous. So far as could be ascertained there was no tuberculous diathesis.

DR. GILFILLAN cited a case that occurred in his practice sometime ago, where there was similar extravasation, he thought in consequence of the rupture of some of the large vessels, and perhaps the position of the head at the time of death. In still another case that he had examined, that died with hypertrophy of the heart, at least a quart of blood flowed from the opened skull.

DR. ENOS compared the tumor in Dr. Ball's case, to those sometimes found on the surface of the liver and in the knee joint. It was also remarkable for its situation in another respect—the deposit of bony matter *in the falx*—instead of the duramater where we should most look for it. The falx in the lower animals is frequently ossified, and this case suggests the query whether it is not more likely to be so in the negro than in the white man. Another peculiarity was, that the adventitious bone was devoid of haversian canals, but why, he could not understand.

DR. JONES referred to a post mortem examination of a case of permature labour in a negro woman who died in a “fit”, where he found the falx cerebri completely ossified. There were also several clots in the vicinity of the ossified falx, but no extravasation. This case was also remarkable from having *twenty-eight uterine tumors*, some fibrous and others calcareous.

---

REGULAR MEETING, DECEMBER, 1862.

*Resection of the Ankle — Recovery with three-fourths of an inch shortening.*

BY DR. JOHN G. JOHNSON.

In this age of conservative surgery, when resections are so much in favor, when operations upon the largest articulations can be found in numbers in almost every periodical, those upon the ankle joint seem strangely few. The hip, knee and elbow are the favorite articulations for resection, while at the ankle, even when the disease is confined to the joint itself, or

its immediate neighborhood, Syme's or Pirogoff's operations are resorted to, and the healthy foot sacrificed.

So rare has been this operation at the ankle that Mr. Henry Hancock, senior surgeon to the Charing Cross Hospital, in an article in Braithwaite's Retrospect for January, 1860, states, "the operation was first performed by Moran, and subsequently by Jager and others abroad; but I believe that I am justified in stating that with the exception of those which I have done myself, there is not a single instance upon record in which excision of the ankle-joint has been performed in this country for disease."

In the English journals, I have not found other cases than those reported by Mr. Hancock, and in our own medical literature there is the same absence of cases. Why the solitary exception should be made of the ankle-joint—and the healthy foot sacrificed, I am at a loss to understand.

In both Syme's and Pirogoff's operations, in addition to the loss of the foot, there is the danger of sloughing of the flaps, or of bagging of the pus, which danger does not exist in resection of the joint.

In my own practice, an opportunity offered for an operation of this kind, though in a patient constitutionally unfavorable, and the result has been so satisfactory to the patient and surgeon, that it may not be devoid of interest to the profession. On the 26th of January, 1862, I was called to see Mr. J. C., a merchant about 45 years of age, who had received a severe injury by falling on the ice. On my arrival, I obtained the following history of the case: He was walking on the sidewalk, when he stepped on a spot of glare ice, which was concealed by a slight fall of snow, his foot slipped from under him, and he fell twisting it outward. Endeavoring to rise, he again slipped and wrenched the foot more violently than before. I saw Mr. C. about one-half an hour after the receipt of the injury. The foot was dislocated strongly outwards—the gastrocnemius muscle was exceedingly tense, reflex action being already aroused. On examination, the malleolus internus was found to be fractured, and also the fibula, about three inches from its lower extremity, the astragalus was rotated laterally so as to bring the outer articulating surface of the tibia to rise on the inner surface of the astragalus.

Reduction of the dislocation was found to be a work of some difficulty from the powerful tension of the muscles of the calf of the leg, now aroused to violent spasmodic action. The leg was flexed to right angles with the thigh to relax these muscles as far as possible, and with gentle, steady traction, the foot, was drawn down and reduction accomplished.

The reflex action was so strong that it was deemed best to keep the limb flexed on the thigh to relieve the tension of the extensor muscles; accordingly the limb was placed upon the double inclined plane, with the coaptation side splints and pads evenly arranged so as to give firm support to the side of the foot, and to obviate the danger of re-dislocation. The limb hardly had been thus dressed when it was re-dislocated with great violence, completely overturning the splint.

This reflex action becoming so violent, it was determined to place the patient in a fracture box, with the leg completely padded with bran in every direction, covering over the top of the leg for a couple of inches, so that the limb could not be thrown out of place by any violent action. This was absolutely necessary, as the sharp and jagged edge of the tibia, when the internal malleolus was broken off, was crowding firmly against the distended integuments, threatening to lay open the joint.

The fracture box was then swung so that whatever motion the patient might take, the limb would rotate without displacement. As the patient had been accustomed to the free use of alcoholic stimuli, a good allowance of whisky, with a strong anodyne, was given, but the patient had an uncomfortable night. The next morning the limb was swollen, with much discoloration; his nervous system began to give evidences of participating in the local trouble; there was a tremulousness about his hands, his tongue was covered with a yellowish white fur and tremulous, his pulse was irritable and rapid. Although anodynes and stimulants were largely used, they produced but little satisfactory results. The naps that he obtained were not refreshing or perfect, and he would start from apparent sleep with a shriek that could be heard for some distance, and when aroused he would complain of most intense pain in the limb. As it was evident that the patient would have a severe attack of mania-a-potu, and that the injury was a source of intense pain to him, partially kept under control by anodynes, counsel was requested, and I had the pleasure of receiving the advice of my instructor and friend, Dr. James R. Wood.

On the doctor's arrival, and my description of the injuries, he desired to examine the injury for himself. My experience of the previous night had not made me anxious to again attempt a reduction of the limb, and I did not urge an examination. Upon removing the bran from the top of the leg, the limb began to twitch spasmodically and the patient to shriek with the intense pain. The side of the fracture box was hardly loosened, before the limb was thrown out with great violence, and puncture of the integu-

ments from the projecting jagged edge of the tibia seemed inevitable. The steady efforts of four strong men, under the able direction of Dr. Wood, were unable to reduce the dislocation. Chloroform was administered and the limb reduced; when the effects of the chloroform passed off, the dislocation again occurred, notwithstanding the endeavors of Dr. W. and myself to prevent it. The only way of obviating this violent action of the extensors, was to divide the tendo Achillis, which Dr. W. proposed, and it was accordingly performed. The limb was then replaced in the fracture box, and water dressings applied. Dr. Wood remarked that he had never witnessed so powerful reflex action. Notwithstanding the division of the tendo Achillis, the patient continued to complain of intense pain in the joint, returning in paroxysms of increasing severity.

Violent delirium followed, which the prodigal use of opiates could not control. The next morning vesications on the inner aspect of the limb showed that sloughing would ensue, and the patient was stimulated freely and the limb dressed with yeast poultices, to limit the gangrene as much as possible. The joint was, however, laid open by the progressive process of the disease, violent erysipelatous action accompanying it, running up the leg and side of the body; sympathetic buboes formed in the groin, and it seemed probable that the patient would succumb to the violence of the constitutional disturbance. As soon as the joint was laid open by the progress of the sloughing, a careful exploration was made with the finger, which revealed the hidden source of irritation. Within the joint were found several sharp spiculæ of bone, which had created the intense irritation, producing the violent reflex action which had become so early and so powerfully marked. When a limb is allowed to remain for some time with the dislocation unreduced, and the parts become irritated by the non-adjustment, it is not at all uncommon to have reflex action excited, which is rendered difficult to control; but in this case, where the cause of the injury was so slight, and the dislocation had been reduced so soon, the violent reflex action was a source of considerable mystery.

As irritation within the joint was removed, the intense spasmodic pain became relieved; the inflammatory action had, however, involved the periosteum, and large abscesses formed on the anterior and lateral aspects of the tibia—opening these the bone was found necrosed.

As the inflammatory action subsided, the prospects of saving the limb seemed so dubious, that amputation was advised by the surgeons who saw the case in consultation. On the anterior portion of the tibia, even as high



up as within three inches of the head of the tibia, necrosed bone could be felt, and the exhausting suppuration was reducing the patient's strength.

My strong preference in favor of exsecting the joint finally prevailed, backed as it was by the argument that amputation could be easily performed if the exsection was not satisfactory, but that we could not so easily replace the limb after amputation, if from any reason we should find it desirable.

The method of operating was extremely simple, and for the main feature of it I willingly acknowledge my indebtedness to Dr. Wood. The malleolus and lower extremity of the tibia had become carious. The opening from the slough was enlarged by a straight incision along the inside of the tibia. The tibia was examined till it was found sound.

A strong curved needle was then carried round, closely hugging the tibia, and out through the original opening. A thread was thus drawn around the tibia, to which a chain saw was attached, and by this means the bone was easily divided at the point previously determined upon.

The exsection was completed by dividing the ligaments left, after the slough; as there was no union of the fibula at the point of fracture and the lower fragment was healthy, it was not interfered with; the interosseous, as well as the anterior and posterior ligaments, having been torn by the previous violent reflex action, there was no difficulty in carrying the foot up so that the astragalus should be kept in coaptation with the lower end of the tibia. Neither the anterior nor posterior tibial arteries or nerves had been interfered with in the operation, so that proper nutrition of the foot was provided for. The astragalus was examined and found not to be diseased; where the cartilage was involved it was removed, otherwise it was not interfered with. In the feeble condition of the patient, it was not considered judicious to keep him longer under the influence of chloroform; accordingly the gouging off of the necrosed portions of the tibia, higher up, was postponed. The limb was replaced in the fracture box and water-dressings applied. Profuse suppuration followed, but it was no longer of the intensely fetid character of the previous discharge. The patient's improvement in general health was marked; the drain of laudable pus from the system did not produce the constitutional disturbance that the previous unhealthy discharge had. The patient progressed most favorably, with no features of unusual character. Slight portions of bone exfoliated at the points where the old abscesses had formed. About the 1st of June, the union was sufficiently firm to allow the patient to move on crutches. He can now walk with only a slight halt, and the limb is far more serviceable than any artificial one could be.

The case was an unfavorable one for operation, from the previous habits of the patient, and from the prostration of the system by the violent constitutional disturbance produced by the spiculæ of bone within the joint, producing caries. The result is more satisfactory than any other operation that could have been performed, and I place it upon record, in the hopes that, at the present time, when injuries of articulations are so common, surgeons of eminence may turn their attention to this neglected field, and the saving of a part so important as the foot may be accomplished, where it is now sacrificed.

Accompanying the case the Doctor presented two water-colored paintings, which gave an accurate view of the portion of the tibia removed; also a daguerrotype which gave an extremely faithful view of the limb when the patient first went out.—It did not give a fair view of the limb in its present state, as the muscles of the leg were wasted by want of use, and the provisional callus makes the ankle unusually large. The size of the calf of the leg is restored now by use, and the ankle much reduced in size by the provisional callus.

---

#### QUARTERLY MEETING, JANUARY, 1863.

##### *Aneurism of the Aorta.*

Dr. ENOS presented a specimen taken from a man 32 years of age.

About the middle of December the patient came to his office with the aspect of a confirmed invalid. He complained of pain in the lower portion of the thorax, extending down to the epigastric region. It had existed for about six months, and had recently, become so severe as to render him unable to pursue his avocation of an engineer. His complaint, though severe, seemed to centre in his stomach, giving his disease the aspect of being a severe form of dyspepsia. He was, therefore, prescribed for accordingly. On the 29th of December the patient called again, complaining of increased pain in the epigastric region, accompanied by nausea, so much so as to keep him awake at night. So severe were the symptoms, that the doctor suspected spinal difficulty, although there was nothing in the symptoms to justify the conclusion. Anodynes were administered for the relief of pain, and the remedies, before described, continued. On the 31st of December a person called at the office for a certificate of death. About

one o'clock of that morning the patient aroused his family, suffering extremely; he rapidly grew worse until he died, within an hour afterwards. Reflecting on his previous condition, in connection with the sudden and unlooked-for termination of the case, the doctor was led to suspect aneurism as the cause of death, and, on a post-mortem examination, such was found to be the case. On opening the chest, the right side was found to contain a large quantity of blood. To the right, and over the eleventh and twelfth dorsal vertebræ, lay a ruptured aneurismal sac of the aorta, adherent to the right lung above and closely bound down by strong fibrinous deposits to the spinal column, the vertebræ in immediate contiguity being abraded. The sac contained two openings, and it was difficult to discover which had ruptured, though the probability is that it was the one in contact with the vertebræ, as that part only contained the inner coat of the artery. No coagulæ existed. The doctor accounted for the dyspeptic symptoms in this case by the pressure of the tumor on the splanchnic nerves, extending to the gastric branches. In relation to the symptoms, the doctor added, that Bennet had recorded a case of deep-seated thoracic aneurism that had been treated as chronic pleurisy.

DRS. MASON, HART and BELL referred to similar cases, with symptoms more or less aggravated, simulating neuralgia, dyspepsia and asthma, without any evidence of aneurism until the post-mortem revealed it.

---

REGULAR MEETING, JANUARY, 1863.

*Rupture of the Ilium.*

DR. BALL presented a specimen of Rupture of the Ilium, taken from a woman, who had died about twenty hours after having been knocked down and stamped upon by her husband. The post-mortem examination was made twenty-six hours after death, and besides the ruptured Ilium, there were several severe contusions on various parts of the body, particularly of the scalp. In the abdomen there was extensive inflammatory action, agglutinating the organs, and several patches of lymph.—The specimen suggested a *medico-legal* question of much interest and importance: "Whether the rupture was caused by *direct violence*, or by *inflammatory action*?"

DR. TELLER considered the time, after injury, too short to produce inflammatory action to such a degree, as to cause the rupture. He regarded it, therefore, as the direct result of violence,

DR. ENOS coincided with Dr. Teller, and cited a similar case, which proved fatal in fifteen hours.

DR. WM. GILFILLAN cited two cases, one similar in its causes to Dr. Ball's, and the other produced by a blow from a bucket, which proved fatal within twenty-four hours.

DR. BURGE referred to a case where a man, pulling a rope, slipped his hold, and struck his elbow so violently against the abdomen, as to cause rupture of the intestines, that proved fatal in twenty-four hours.

DR. BALL further enquired, whether there was in the cases cited, as in his case, much inflammatory action—and was answered by the gentlemen respectively, that such was the case.

### *Diphtheria.*

DR. ENOS presented the *trachea* and primary branches of the *bronchi*, lined with *diphtheritic* membraue. The specimen was taken from a recently married woman, aged 21. She was taken sick on the 7th of January, but was not visited until the 11th of the same month. (She had never been sick before). Found her suffering from dyspnœa; the pulse was 120, the skin hot, and face flushed. Auscultation was indefinite, on account of various loud, sonorous and soft râles. Behind the left pillar of the soft palate was a diphtheritic patch, while the faucus were red, and presented the appearance of having, recently, been denuded of diphtheritic deposite. She was immediately put upon the tinct. ferri and brandy. Upon calling the next evening found her in a sitting posture, breathing loudly and laboriously—the face, neck and upper part of the thorax were swollen and crepitant, and visibly increasing. On puncturing the skin air escaped, but the part immediately refilled. She was painfully sensible of approaching dissolution. She died on the afternoon of Jan. 12th.

On post-mortem examination the *lungs* were found to be emphysematous throughout, interlobular and subserous; and the cellular tissue of the *anterior mediastinum* inflated. The *larynx* was eroded, and above the *ventricles* there was a pendulous mass of the size of a pea, that had evidently, been an obstacle to respiration. The *trachea* and *bronchi* were livid with a continuous tube of diphtheritic membrane to the extent of the cartilages, while some of the smaller ramifications were filled with dense threads of diphtheritic matter. On inflating the lungs under water, the air cells were found to have given way in consequence of the rupture of the smaller

bronchial tubes, and the air had thus found its way into the parenchyma of the lungs, and become interlobular and subserous; thence the air traversed the cellular tissue, beneath the pleura pulmonalis, and along the root of the lungs into the anterior mediastinum to the lateral boundary of the pleura, and through the thymic opening of the thoracic fascia into the areolar tissue of the neck.

*Perforation of the Stomach.*

Dr. JOHN HILL showed a specimen of perforation of the stomach, accompanied by the following report of the case:

H. M. I., a law student, aged 24, of Schoharie county, N. Y., had for several years been a dyspeptic; was much emaciated, sallow, and had suffered from frequent bilious attacks. For some four weeks previous to his death, he had been on a visit to his friends in this city. About 5 o'clock, P. M., December 30th, he returned from a visit to New York, and was subsequently engaged playing the flute for some time, apparently as well as usual. At 7 o'clock he set out to return to New York, but on reaching the ferry, was suddenly seized with a pain in his bowels, so severe as to occasion his return. The doctor was first called to see him soon after. About 8 o'clock, P. M., found him sitting up, suffering from an intermitting pain in abdomen, at times very severe. His pulse was slightly accelerated. Tinct. opii was administered twice to relieve the pain, and subsequently a mustard plaster was applied over the region of the stomach to counteract vomiting which ensued. The matters vomited were principally liquid, of a dark green color and very acid. After vomiting several times, he expressed himself as feeling much better. Seven pilula cathartica comp. were ordered, four to be taken as soon as the stomach was sufficiently settled to retain them, and the other three to be taken in the morning in case bowels were not open. Two or three hours after taking the first dose of pills, he vomited, and once subsequently during the night. On the following morning, there having been no passage from his bowels, the other three pills were taken according to directions.

Five o'clock, P. M., December 4th, found him again sitting up. He conversed freely in relation to his illness, stated that he had severe pain early in the morning, and had taken more laudanum, had suffered comparatively little during the day; nothing had passed his bowels, nor had there been any more vomiting; had been up most of the day. He complained of a sense of fullness in his abdomen, and of some little difficulty in voiding

his urine. The tongue was covered with a thin white coat, and the pulse was tense and frequent. Directed fomentations of hops to the abdomen, and an enema, to be followed by a purge, if necessary.

Called again at 11 o'clock, six hours after the last prescriptions, and found him dying. He died at 12 o'clock.

*Post-mortem* examination five hours after death. Drs. Teller, Marvin, Henry, Hutchison, Griggs and Wilson were present. Upon laying open the abdomen, found extensive peritoneal inflammation, fibrinous exudations, agglutination of the organs, and about a pint of serum. Tracing the stomach near the piloric extremity, its coats were thickened and adherent posteriorly to the contiguous parts. Upon the anterior face of the stomach, two and a half inches from the pilorus, there was an oval-shaped opening, three-eighths of an inch in its longest diameter, from which issued a green colored liquid. The stomach, on being laid open on the line of its lesser curvature, presented the following appearances: The greater portion of the lining membrane was of a lead colored hue, and as it approached the perforation, was of a dull white or reddish cast; the thickened coats of a doughy feel, somewhat resembling tripe, and all that portion immediately around the perforation, and onwards through the pilorus and in the upper third of the duodenum, was in a state of inflammation. The inner orifice of the perforation was found to be considerably larger than the outer, the coats of the stomach thickened to some three-eighths of an inch, the edge of the perforation and the membrane around the internal orifice jutting out on one side so as to overlap the passage, produced probably by the loose, unresisting areolar tissue being pushed forward by the swollen and thickened condition of the deeper tissues at that point.

That the hole in question was formed by the process of ulceration there can be no doubt, the ulcer being located upon the mucus membrane and traveling outwards, extending in circumference and depth, gradually sweeping away the substance of the areolar and muscular tissues until the peritoneal membrane was reached, which, owing to deficient nutrition in consequence of the destruction of the subjacent tissues, gradually perished. The slough for a time retaining its position with a feeble hold upon the living parts, when, either by distension of the stomach or some violent effort, it suddenly gave way and the gastric fluids passed into the abdominal cavity, thereby causing peritoneal inflammation, without exhibiting the usual symptoms, and passing through the various stages of peritonitis to a fatal termination within twenty-eight hours from its first manifestation.

Dr. HUTCHISON regarded Dr. Hill's case as an exceedingly interesting one in all respects. He was especially struck with the valve-like opening through the walls of the stomach, seeming to indicate that the opening may have existed for a considerable period of time before death, though such was not probably the case. According to one other case which had fallen under his own observation, and according to the literature of the subject this case is in many respects typical, showing, by the form of the ulcer, as well as by the insidiousness of the symptoms, that it was of long standing. The disease most frequently occurs in persons of sedentary habits and of enfeebled constitutions, such as seamstresses and milliners, and usually, as in this case, there is but a single ulcer. In rare instances, however, there are several.

*Deformities of the Feet and their treatment by means of Plaster of Paris.*

By Dr. D. C. ENOS.

I present this cast of a severe form of club foot (varo equinus) in order to bring before the society the important subject of deformities of the feet, and more especially to explain a simple mode of managing them.

Every one who has had much to do with these unfortunate cases, is aware of the difficulties attending their adjustment and cure. It not unfrequently happens that inflammation, abrasion, ulceration, abscess, or irritative fever, is caused by the mechanical appliances made use of to correct the deformity, necessitating at least a temporary suspension of the treatment. This is unfortunate, not only on account of the pain produced, but on account of the actual retardation of the cure over and above the loss of time by the cessation of the treatment; for the inflammation frequently increases the quantity of adventitious matter to be absorbed, and for a long time the parts are too tender to bear the same amount of corrective force they would before. There are other reasons connected with the divided tendons which we shall explain hereafter.

The patient, or the patient's friends, sometimes become discouraged, and not inaptly call the process *torture*, and withdraw the case from the surgeon, declaring they prefer the deformity to its removal at such a cost. But even when the surgeon has the opportunity to continue the treatment of the worst forms of talipes, one that has for five years been used in walking, he may, after all, fail to restore the foot to its normal position.

Again the mechanical appliances are more or less complicated, requiring frequent alterations and new contrivances to adapt them to the various

cases, and to different stages of the same case, being therefore, very inconvenient for the surgeon, as well as expensive to the patient.

A mode of treatment, therefore, which is cheap, simple, everywhere accessible, readily applied and adapted to all cases and conditions; one which does not irritate or inflame, and hence can be more encouragingly and efficiently, because *continuously* applied; one, in short, which is painless, speedy and certain in bringing the foot to its normal position, is a desideratum to the surgeon, and a boon to humanity.

Such I find, in the management of these difficult cases, to be the actual working of appliances made of plaster of Paris and strong muslin.

The mode of using it is as follows: Take a straight piece of muslin, wide enough to embrace or nearly embrace the head of the tibia, and long enough to extend down from the head of the tibia around the heel and as far as the great toe; then *tear* five or six other pieces of the same size; next stir some plaster of Paris in a little warm water till it is about the consistency of cream; place upon a board or table one of the pieces of muslin, and put on it a teaspoonful or two of the plaster, and with a long knife spread it evenly over the cloth, so that it shall be *wet* and *thinly covered*; place upon this another piece of muslin smoothly, and with more of the plaster spread in like manner, and so continue to spread layer after layer until the last, which should *not* be spread, or if so, should be covered with a thin layer of raw cotton, to come next the limb. Place the bandage behind the leg and first bend it around the head of the tibia and let an assistant hold this firmly, while you next apply it to the sole of the foot as far as the great toe; if it should be too long, turn it back on itself, so as to leave the toes exposed; next bend it around so as to neatly embrace the foot to the instep. There is now a redundancy of cloth at the angle of the foot, which may be disposed of by folding it on itself, so as to smoothly apply the remainder to the ankle and leg. Over this a roller should be closely applied from the toes to the knee and back again, so that the dry cloth may absorb the moisture from the plaster, and thus facilitate its setting. As soon as the roller is applied, grasp the foot and ankle firmly, and forcibly press the foot towards its normal position, holding it steadily ten or fifteen minutes till the setting has made it firm.

Sometimes I embrace the foot and ankle first, by taking a piece of muslin from one to two yards long, and from six to eight inches wide. Spread it thinly with the plaster, double it longitudinally and spread it again and double it once more, and apply it to the foot and ankle somewhat like an



ordinary roller, holding the foot as before till the plaster sets. This answers for deformities of the foot, simply, where its position with the tibia is normal; but if this is abnormal, as it usually is, the retentive apparatus must extend to the knee, after embracing the foot, as already fixed. Sometimes this can be advantageously done by putting a number of folds of the plastered muslin along on the top of the foot and anterior part of the leg, strengthening it in the instep by an extra quantity of plastered cloth, binding this on with a roller, and holding the foot firmly up, till the plaster sets. Occasionally, to strengthen the first described application, I apply over it this plastered and four folded roller around the foot and ankle, thus making a figure of eight bandage.

After the apparatus has been on for three or four days, it can be removed and a new one applied, when from the absorption that has taken place, an increased amount of pressure can be borne and the foot be made to approach still more towards its normal position.

I have now four cases under treatment, but the detail of the following one will suffice as an example of the treatment pursued:

C. H., aged 6, a resident of the central part of the State. Sometime in the dental period of the first year, the mother says, his left leg and foot became paralyzed, there being both loss of motion and sensation. Soon, however, motion was restored (if ever lost) in the flexor and abductor muscles, as was evinced by the deformity which began to appear.

The triceps and posterior tibial, the short flexor of the foot, the abductor pollicis became so much contracted as to draw the foot up in the position you see, viz., the heel drawn up by the gastrocnemius soleus and plantaris; the tibial muscles have drawn the inner margin of the foot up so that the tuberosity of the scaphoid touches the internal malleolus, while the short flexor of the toes and the abductor pollicis have so bent the foot on itself that the toes approach the heel, and the foot points toward the opposite ankle. Nothing was done to rectify the deformity. He has walked with it in this position for five years, the weight of the body, when sustained by this foot, resting upon the *dorsal aspect* of the bones of the tarsus, while at this place had accumulated a large mass of elastic adventitious substance which the photograph shows better than the cast. The foot has frequently been burned, sensation being lost, and once his mother drew a needle from it which had, some time previously, been run in its entire length. The limb is somewhat attenuated, as is usual in cases of talipes.

Sensation is now restored, but the muscles, supplied by the external popliteal nerve, are still nearly motionless. Electricity has been used.

Four weeks since, in the presence of Drs. Conkling, Spier and Ormiston, while the boy was under the influence of chloroform, I divided subcutaneously the tendo Achillis, the planter aponeurosis and short flexor. The tibial muscles and the abductor pollicis were not divided. Small pieces of adhesive plaster were placed on the punctures through the skin and compressed, held on for a time to prevent the effusion of blood into the tissues and sheath of the tendons. The plaster dressing was then applied in the manner already described, and while it was soft the foot was somewhat forcibly and steadily held as near the normal position as possible. When the plaster became hard and dry, the boy was put to bed. The next day I found him cheerful, and amusing himself with his playthings. The foot had not been in the slightest degree uncomfortable. On the fourth day I removed the plaster; it was hard in all places except that covering the heel. This he had broken by striking his heel on the floor as he was playing about the room in a sitting posture. The pressure has been so uniform that there was not the slightest sign of excoriation or a single tender point. The limb was washed and rubbed, and considerable passive motion made use of. A very perceptible improvement had taken place in the position and contour of the foot. The adventitious substance on the dorsal aspect of the tarsal bones was noticeably diminished. The apparatus was reapplied as before, and the foot again forcibly and steadily held towards the normal position, pressing the ball of the great toe outward, and the fifth metatarsal bone upward, the whole foot flexed as much as possible upon the tibia. It is now a month since the operation. I have applied the apparatus about twice a week, making passive motion at each dressing. It has not given him a moment's pain or uneasiness, no abrasion, and the treatment has been continuous. To-day the sole of the foot is readily placed at right angles with the tibia, and he voluntarily, when the dressing is off, places it properly upon the floor.

The adventitious substance is nearly all gone, and the foot has assumed quite a normal appearance. The tendo Achillis has united. An ordinary shoe will now fit the foot, which must be kept in position by the usual mechanical contrivance, until the paralyzed muscles are restored, or the deformity will reappear.

In the other cases the apparatus has been quite as satisfactory. One, a case of double varo-equinus, was an infant operated on when a month old. The tendo Achillis was divided. The apparatus gave no inconvenience, the child only crying when the dressing was applied. The child's father

had double club foot. There were ten children in his father's family, and six of them had club feet. He, himself, was operated on many years ago by Dr. Detmold, who has the honor of first introducing orthopedic surgery into this country. No doubt he was treated with all the skill of that distinguished surgeon, yet he suffered greatly; abscesses formed about the foot which were troublesome to heal, requiring a long intermission in the mechanical treatment, a re-division of the tendons, and finally a failure to bring the foot fully into the normal position. The inner margin of the foot is too crescentic, and the weight of the body in walking rests painfully upon the fifth metatarsal bone. Still he was greatly benefited by the operation. As he observes, therefore, the steady, uniform, painless and successful working of the apparatus upon his child, he frequently and feelingly comments upon its advantages. On this infant I sometimes allow the application to be on five or six weeks without changing.

**MORBID ANATOMY.**—Scarpa says, that the appearances presented on dissection, are not necessarily identical, even in the same form of distortion. But Dr. Little justly remarks, that it is in the infantile and unused foot that we must look for the true anatomy of these altered relations, and not in feet whose deformity has been increased by locomotion, or by improper mechanical means in treatment. Sir Charles Bell said he found, on dissection, less defect than could have been imagined. Nelaton asserts, at first the bones of the club feet in infants are not notably deformed. At a later period of life they are atrophied in some and hypertrophied in others, and hence marked changes in their configuration. He thinks, therefore, children should be treated at once, as there is a consecutive deformation of the bones and retraction of the muscles. Traction in such young children, he remarks, suffices without an operation.

“A contracted state and atrophy of the muscles, are not incompatible with each other. There is a kind of paralytic loss of power in muscles, which is combined with contraction. We have seen the gastrocnemii both contracted and atrophied at the same time.”—(Muller.)

In the 3d volume of the Transactions of the London Pathological Society, Mr. Adams described the morbid anatomy of two cases of dissected club foot. One patient had one equino-varus, and the other one equino-varus, and one talipes-varus. The bones in the equino-varus were altered, partial luxation of the astragalus forwards and downwards, produced by the almost vertical position of the os calcis—partial luxation of the navicular bone inwards, so that its internal border closely approaches the inner malleolus, the external half of the head of the astragalus being exposed.

The cuboid bone was also partially displaced inwards from its articulation with the os calcis, following, but not to a proportionate extent, the navicular bone.

The articular cartilage of the exposed parts of the astragalus was removed, and the bones atrophied. The bones in his cases were distorted and altered in shape, according to the different muscles brought to bear on them and the surfaces exposed.

The muscles were generally found atrophied and fatty. Mr. Broadhurst, vol. 10, Trans. London Path. Soc., gives an interesting dissection of a non-congenital club foot of fifty years standing. The bones were found changed and fragile, and the muscles more or less degenerated. In most cases the bones are atrophied and soft, but occasionally they are hypertrophied, and those parts bearing unusual pressure are eburnated.

Some ligaments are shortened, others are elongated and occasionally some are absent.

#### *The Causes of Club Foot.*

On this interesting subject, authorities are not agreed, or at least have not been. Glisson, Camper and Blumenbach advocate the opinion that the primitive formation of the bones is incomplete.

Scarpa, in his memoir, remarked that the deformity of the individual bones was slight, and that the relation of the astragalus to the articular surfaces of the tibia and fibula was comparatively but little disturbed. Dr. Little's dissections have led him to confirm this opinion of Scarpa; Jorg, Colles and Cruveilhier attribute the deformity in most instances to malformation of the bones, which they consider a serious, if not insuperable obstacle to the reduction of the foot to its normal position. Delpech, in 1823, held this opinion, but he subsequently subscribed to the hypothesis that the deformity is produced by the contraction of some muscles and the relaxation of others, the bones being originally well formed; or in other words, that the deformity is caused by abnormal innervation. Rudolphi first directed attention to the nervous centres as the possible seat of the primary disturbances in most instances. Violent, convulsive motions of the fetus in utero, and the early period (three to five months) at which the deformity sometimes occurs, he refers to as proof of his opinion. In the museum at Berlin there are specimens exhibiting malformation or deficiency of the cerebrum and medulla spinallis, some anencephalus and some hemi-

cephalus, both the hands and feet being affected in the same manner, showing the great influence of nervous centres.

Mr. Guerin says that "a great many observations made on monsters and on the normal fetus have proved that a relation exists between congenital muscular retraction and congenital alterations of the cerebro-spinal system. Mr. Adams asserts that talipes varies in both feet; usually, if not always, co-exists with spina bifida in the lumbo sacral region, from deviation or irritation of the cauda equina" This I am sure is not always the case, for I have seen spina bifida in this region in children otherwise normal. "When club foot exists together with other deformities of joints, they are all the result of convulsive retraction of the muscles characterized by an extreme shortening of the muscles and extremities." He rejects, therefore, very justly, the notion of Cruveilhier and others, that the deformity of the bones is primary, and is produced by compression of the uterus upon the fetus in cases where the liquor amnii is scanty. M. Duval also says "the most frequent cause of club foot is a lesion of the cerebro-spinal system. Infants born with paralysis of one or both sides are frequently affected with club foot on the paralyzed side. The paralysis may disappear after a few months, and the deformity remain, or it may persist and the limb become atrophied. Eight out of ten cases of consecutive club foot arise from inflammation of the cerebro-spinal system, and are preceded by convulsions, paralysis or muscular contractions. Truly may not the same be the cause of the congenital disease?" Hereditary transmission, and hence the early alteration of the germ is a frequent cause of club foot.

This is an interesting subject to the physiologist, though not yet fully understood. Nelaton says that "the anatomical elements have the property of giving birth to elements like themselves, or to determine, in their neighborhood, the generation of elements of the same kind. That organic substances enjoy the property of transmitting, by simple contact with substances of another kind, the peculiar molecular condition that some exterior circumstances have produced in them." The fact is well ascertained, notwithstanding our inability to fully understand and explain it. I have alluded to one case I have now under treatment, of double equino-varus, whose father had the same congenital deformity—six out of ten children in the father's family had club foot. There can be no doubt that the germ is early impressed in utero with the imperfections of its parent. "There is," says Paget, "in all science, no fact so strong as this, and yet it only illustrates the common rule of the transmission of hereditary properties, whether natural or morbid."

The *healing of divided tendons* is a subject interesting both to the physiologist and the practical surgeon.

It has been investigated by many observers since the days of Hunter (1767), mainly by experiments and observations made on the lower animals. Recently (1859) Mr. William Adams has studied the reparative process in human tendons after the subcutaneous division for the cure of deformities. (See *Medico Chirurg. Trans.*, vol. 42.) Without following these and the host of experiments that arose in the intervening period, (such as Mayo, 1827, Von Ammon, 1837, Pirógoff, 1840, Bonvier, 1838, Paget, 1849, Gerstaecker, 1851, Thierfelder, 1852, Boner, 1854, and others,) it will be sufficient for our present purpose to refer to some points which may be regarded as established, and which have a practical bearing on the subject. Tendons are now cut sub-cutaneously. The first operation on the tendo Achillis, by Lorenz of Frankfort (1789), was down on the tendon through the integument. The first effect of the division of the tendo Achillis is retraction and separation of the divided extremities, from about half an inch, in infants, to one or two inches in the adult, varying according to the contractility of the triceps and the flexibility of the ankle-joint. The cellular sheath of the tendon is not usually divided, as Mr. Paget thought, but being elastic and loose it yields before the tenotome, while the firm tendon is cut. A little blood is effused into the undivided sheath and surrounding tissues. This blood retards rather than facilitates the repair. Its more solid portion remains sometime, inclosed as a foreign substance in the new tendon. (Paget.)

Compression should therefore be made immediately after the withdrawal of the knife. A short time suffices to stop the oozing. The reparative material is a nucleated blastema thrown out from the divided tendon, but mainly from the cellular sheath, which maintains a tubular connection between the divided extremities, and this gives form to the new tendon.

The inflammatory process retards the healing, therefore too much force must not be used in attempts at reduction. The cut ends of the fibres of the old tendon swell and split, and the more delicate fibres of the new shoot in between, thus dove-tailing the two together. The new tendon is grayer, more translucent, and less pearly in appearance than the old. Its fibres are smaller and less separable. The new tendon is not absorbed, but remains through life. Hence time does not bring about a *linear cicatrix*, (i. e.) a contraction and final obliteration of the new tendon and a reunion of the old cut surfaces, as is maintained by Messrs. Tamplin, Brodhurst

and Coote. Therefore, if deformities recur, contraction of the muscle and not of the new tendon, is the cause. The new tendon is more adherent to the surrounding tissues than the old, and never has the same freedom of motion. Hence secondary operations are of little avail, and the twentieth one of Dieffenbach, in one case, probably did but little good. Tendons inclosed in dense tubular sheaths, and almost devoid of cellular investment, like that of the posterior tibial as it passes behind the internal malleolus, sometimes fail to unite, if the separation is more than a quarter of an inch, because there is no *cellular* sheath to pour out the reparative material. The cut ends become adherent to the dense tubular sheath, thus destroying or impairing the use of the muscle.

Tendons thus situated, therefore, should not be divided, and if the division be made *near* such tubular sheath, separating force should not be applied for four or five days, and then very gradually.

The division of the tendo Achillis is less objectionable than that of any other tendon, because of its complete areolar investment and isolation from dense structures, thus leaving considerable freedom of motion after union—at least after the first.

The division of the short flexor being always made near its origin from the os calcis, is obviously free from the objection. From the law then, which seems to govern the repair of tendons, we may, I think, infer that as a general rule for the cure of any given deformity of the foot, other things being equal, the fewer tendons cut the better. Hence, too, the questionable practice of those surgeons who resolutely divide everything that opposes the reduction of the foot to its normal position. Especially is this true in recent cases in which the limb is first affected with paralysis, either partial or complete, and the muscles are for some time, as M. Guerin has said, *retracted*, rather than actually shortened. It is easy, therefore, to see the utility of an apparatus that can, by its equable and well diffused points of pressure, gradually, and without pain or inconvenience to the patient, overcome the deformity in most cases of talipes, without recourse to tenotomy, or at least the division of those tendons whose future play would thereby be embarrassed.

*Is the mode of treatment of club foot with plaster of Paris new?*

Having used in fractures splints made of muslin and plaster of Paris with much satisfaction, I determined to try it in deformities of the feet. I found it to answer my expectations well. This mode of treating talipes was *new to me*. I was not aware that any one had either used or recommended it, and yet it seemed so simple, I wondered it had not been tried.

Since I commenced this paper for the society, I have examined as far as practicable the literature of this subject, to see if any reference is made to this mode of treatment. I find no allusion to it in the text of our standard works on surgery, nor in any recently published lectures on orthopedic surgery. I judged, therefore, that if this mode ever had been used, it had fallen into disuse and forgetfulness.

I find the reviewer of Sir C. Bell's work on surgery (British and For. Med. Rev. 1838,) says, "by the hand alone, in infants, we can change the direction of the parts without section, and readily enough maintain them in their new position by plaster of Paris." In 1836, Pauli said, two or three days after section, he surrounded the foot in a mould of plaster of Paris, which he made in a jointed wooden boot, and allowed it to harden. If the proper position was not at once effected, he renewed it frequently. (Bulletin de l'Academie de Medecine de Paris, 1836.)

Dieffeuback, in 1839, said, though he generally used Stromeyer's or Scarpa's apparatus in extreme cases and irritable subjects, the limb was evenly bound with a roller from the toes to the calf, and the bandage then saturated with boiled starch or a solution of resin in alcohol, or with thin plaster of Paris. He then directed the patient to stand upright and press the bound-up foot firmly on the ground, and remain in that position till the bandage had become stiff and dry.

For a period then of nearly twenty-five years, I have found no one advocating or adopting the treatment of talipes with plaster, with the exception of an allusion to it by Nelaton in 1855. He put a plaster of Paris splint on the inner side of a case of varus, and when it was cold held it in position with strips of India rubber. This he said he "imagined at the time." Evidently then he was not aware that plaster had been suggested for such cases. These imperfect allusions to an important mode of treatment prevent our calling it *new*, though, like Nelaton, we "imagined it at the time."

If any one of those referred to had perfected a simple and effective mode of application, doubtless it would not have fallen into disuse and forgetfulness.

The profession were not aware of the utility of silver wire suture in vesico-vaginal fistula, till Dr. Sims perfected its application, notwithstanding it had been used by Bossuet many years before.

Now that the attention of the profession has been definitely called to the



practical mode of treating deformities of the feet with plaster of Paris, such I think are the advantages secured by it, that the surgical "world will not willingly let it die."



ART. II.—*Address to the Graduating Class of Geneva Medical College,*  
BY PROF. WM. D. WILSON, M. D.

PEEKSKILL, Dec. 21, 1864.

*Editor Buffalo Medical & Surgical Journal:*

DEAR SIR: The enclosed Address has been kindly presented to me by the author, to dispose of as I should deem proper. On perusal, I find its views so liberal and just, that I can not but think great good might result from its publication. If you agree with me in this opinion, you may confer a favor upon your readers by finding a place for it in the columns of your valuable Journal.

CHARLES A. LEE, M. D.

YOUNG GENTLEMEN: In the absence of Dr. Hale, it becomes my duty and my pleasure to confer upon you the honorable distinction of Doctor in Medicine. Nor is it proper that an act of so much importance in many respects should be suffered to pass as a mere formality. Such distinctions are conferred for the purpose of indicating to the community, who naturally look to those more experienced and wiser than themselves—those persons with whom they may safely entrust the important interests which the learned professions were designed to subserve. With the degree which we are now about to confer upon you, you go forth to the world with our certificate and recommendation. We endorse your qualifications as Medical Practitioners. We have a right, therefore, not only to give you the instructions which pertain to the theory and practice of your profession, but also to insist somewhat emphatically upon the dignity and the responsibilities of the honorable distinction which we confer upon you.

You commence your lives and your labors, young gentlemen, at a period in the world's history which is peculiarly interesting and peculiarly trying. Never was quackery, in all forms, more prevalent. Never were the results of accumulated wisdom and experience so lightly regarded as now. And you go into the world, not merely as practitioners of medicine—not merely to pursue a trade which you have learned as a means to wealth and self-aggrandizement. You go out as members of one of the learned professions. You go forth to exert an influence beyond the mere province of the art of healing. You have duties and responsibilities reaching far beyond the mere business maxims of doing so much work for so much pay. You form

an important element in that portion of our country on which we must rely for a safeguard against the extravagances of fanaticism, imposture and licentiousness.

I have said that quackery, in all its forms, is prevalent—never so prevalent as now. It is a mistake to suppose that it is confined to the practice of medicine alone. As educated physicians you know that there are some diseases that are incurable, and some stages in all diseases that put them beyond the reach of any efficient treatment; and that in others relief and cure can be accomplished only by time and slowly acting remedies. The same is true in the body politic, and in the church—in every department of human society. But human nature, impatient of the infirmities and slow processes incident to everything human, is ready to listen to the quack who comes with the promise of what the man of science knows cannot be accomplished, and what the man of integrity will not promise.

This is not confined to bodily ailments alone. The soul of man is not less diseased than his body. Hence in the church and in the state there is a field for quackery, and unfortunately there are men enough to avail themselves of the opportunity presented. Some new and easy method is devised, and as a plea in excuse for its adoption and as a means of gaining distinction for its invention a new theory is promulgated, new schools and sects are founded.

We are not however to pass these experiments by, as unworthy of attention, or as things which are to be noticed only to be condemned. They deserve our serious study, and chiefly in two respects.

1.—As containing in themselves, each of them, some element of truth, they often serve to point out an error in the prevalent theory and practice. No theory or sect can live long which contains no element of truth, and is not designed as a remedy for something which is really felt to be an evil.

I do not say that the appearance of a new theory or a new sect *always* proves that the old one was wrong, in the point of divergence and contrariety, between it and the new. But still, this is so often the case, that each new theory, however wild, deserves to be considered with reference to this point.

In medicine I suppose it will be conceded that the theory which prevailed when Homœopathy made its appearance was erroneous in the direction of depleting too much and in over-dosing the patient. Homœopathy was practically the opposite—the other pole of the true theory. The same holds true in religion and in politics. Let a church become formal

and superstitious, and a party will be formed, as at the Reformation to deny all use of formularies and ceremonies, and to condemn all reliance on public authority in matters of faith. Let this party become a church by itself, and err, as it is sure to do in the direction in which it first started off, and a reaction will take place—a party will rise within its own communion advocating to an extravagant degree the sacredness of church authority and the necessity of ceremonies and formularies.

In politics the same thing will occur. The extreme of absolutism will produce a party of Red Republicans, and out of these same Red Republicans will arise a party in the course of time which will advocate monarchy and even acquiesce in despotism, as preferable in the contrast, to the licentiousness and anarchy which result from too much of liberty.

Thus it is, gentlemen, whether it be in matters relating to the body physical or the body politic, or in matters of religion, each new theory or school is a hint for us. We should first understand precisely what it is, and what it aims to accomplish, and then reconsider the received theory on this point. In this way a large part of the great steps in the advancement of science and the work of reformation has been brought about. The new school or sect for the most part dwindles to insignificance and extinction so soon as the advocates of the received system fully apprehend and adopt the truth it started upon, I may indeed say that this is always the case, except when the old system or church forfeits its right to existence by blindly and obstinately adhering to its errors. Such seems to be the law and order of Providence.

2.—But secondly, each new school, sect or system is to be observed and studied as an experiment on a large scale. It is putting to the test of experience not only the new theory, but also (as a necessity of the case) its counterpart—the old. Undoubtedly the maxim is, “always adhere to the old until something new has been proved to be better.” And yet if *all* persons were to adhere to this maxim “*the new*” in most cases never could be “*proved to be better*,” since no one would test it by experience. But while others show no reluctance to try these experiments, whose result is at best but doubtful, we may well content ourselves to stand by and look on. If the experiment succeeds it enlarges the sphere of our knowledge; it augments our resources and may require some modification of that which we had previously held as indubitable truth. But if it fails, and history shows that by far the greater proportion of them will fail, it only confirms

the wisdom of that which had already stood the test of experience, and although perhaps not perfect, (nothing human is so,) yet was *well*.

There is, gentlemen, an ethical principle involved in this matter which I fear is not appreciated so highly as it ought to be. To illustrate it let me give you an instance: If a person dependent upon me is sick, and it devolves upon me to procure medical treatment, it is not to be supposed that I—not having been educated in the medical profession—am competent to judge of medical theories and modes of treatment. If I were I should not need to call in the aid of others. But how am I to determine whom I shall call? I am responsible for the life or death of a wife or child perhaps to a large extent. How am I to meet that responsibility? Is it enough that I call in one whom, in my caprice or my ignorance, I may have acknowledged to be a safe practitioner? I apprehend not. Doubtless I am bound to call in the best aid that I can get. And in all cases every principle of wisdom, of experience, of ethics, and, we may add, of human law, also teaches that that is to be considered “the best aid” which, while professing to receive and adopt all new discoveries and improvements so soon as they shall have been sufficiently tested and established, does yet and nevertheless profess to retain and hold fast all that has been communicated in the past.

And what is true in principle for those who may have occasion to call in medical advice and aid must be true with the proper modifications for you who may be called to administer. Certain and unfailing success is not within the reach of any man. But to act in such a way as to be free from responsibility for the result, and free from guilt if a result be adverse to our wishes, is within the reach of all. And the simple maxim guiding to it is this: “*Do in all cases that which the best wisdom and experience of the past has shown to be the safest and surest method.*” Experiments involving *totally* new principles and theories *may succeed*, but they are never safe. Nor are they ever an excuse for failure if failure ensues.

I claim no infallibility for this method. It may fail, and the result be most disastrous to the dearest interests of man. This is only a misfortune incident to, and inseparable from, all human affairs. But still this is the wisest course. It is the only course that meets our responsibilities and satisfies the demands of our obligations to act as wise and rational beings, in the fear of God, and with due regard to the welfare of our fellow men. We cannot always wait to judge by results. We must have some rule or principle to guide us before hand. The results often do not appear until it has become too late to choose between the different modes of practice.

But such is the law of Providence everywhere and in every department of human thought and human science. Wisdom accumulates by experience; and progress is always most wisely sought and most surely found there where the treasured results of past experience are both carefully and professedly retained. There shine forth genius and wisdom.—There gratitude for the labors of past ages, is not extinguished by the ignorance and conceitedness of the present. Into this onward flowing stream every rill and rivulet of truth is sure at last to flow, and become mingled and absorbed in its ever widening channel and ever accumulating volume.

You are not to understand by these remarks however that no progress is to be made in your profession—no experiments to be tried. On the contrary progress is a duty; there is a legitimate sphere of experiment within the current of accumulated wisdom. Cases will arise in which after the old method has been tried and failed, something new is demanded, There will also be cases for which there is no established prescription. And here is the field for experiment and improvement. But these are not the experiments of what I have been speaking. They repudiate the past as a mass of error and superstition. They start on theories totally new, and disclaim the only law of true progress by which each age, instead of beginning anew, starts with the accumulated wisdom of the past.

Now, gentlemen, you may, if you choose, (it is certainly in your power to do so,) degrade the dignity of your profession, each in his own case, to the level of a mere trade—a handicraft whereby to procure a livelihood. But you can never put yourselves in the position of other men. You can never escape the responsibilities of your position. Your very profession, and the testimonials which we this day confer upon you, put you into a respectable and an influential position in society. An opinion expressed or a word uttered by you will have a wider sphere of influence and fall with a heavier weight of authority than if it came from one who had not had your opportunities, and who did not hold in his hand the high testimonials and sanctions with which you go forth to your work. And your accountability to God and to man is proportionately great. An immoral sentiment, an infidel opinion, nay, a word of levity or jeering on sacred subjects, coming from you, will endanger souls for time and for eternity. The course of study you have pursued, and the experience with which you will meet in the practice of your profession, ought to make you sober, thoughtful and pious men. And if there be a man on the face of the

earth when, next after the parish minister, all men we would have to be a sober, God-fearing man, it is the family physician. Let me request you to add to these influences those which will result from a frequent and faithful consideration of the responsibilities of your position, and the dread account you will have to render at the last day, when each must give account of himself unto God for the deeds done in the body.

Pursuing this course you cannot fail to be respected everywhere, and to be rewarded with the confidence and gratitude of those among whom your lot in life may be cast. And the practice of your profession, if it do not make you rich, will bring you what is better than wealth, a recompense more imperishable and more satisfying than any earthly substance you can acquire.

Nor can you in this way fail to add something to the stock of knowledge and experience of one of the noblest professions. Not by rash experiment, bold assumption, or wild theories, but by thoughtful, sober, cautious attention to each case that may come before you will you best perfect your own characters and knowledge as medical practitioners, and best advance the honor of your profession and conduce most successfully to the benevolent work of alleviating human suffering.

---

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

TUESDAY EVENING, December 6, 1864.

Association met pursuant to adjournment, the President, Dr. Samø, in the Chair. Present, Drs. White, Rochester, Whitney, Congar, Ring and Peters.

*Dr. White* wished to present a case of Polypus of the Uterus probably existing during pregnancy, and causing hæmorrhage after delivery. The patient was attended during her accouchment, which was attended by no untoward circumstances, by Dr. Tobie, but after a few days a hæmorrhage commenced, and when he saw her with Dr. T. three weeks after confinement she was very weak from the loss of blood. On examination he discovered a pedunculated polypus attached by its pedicle to the fundus of the uterus, which he removed by twisting off. The patient recovered, though she had a good deal of metritis, and remained anæmic for some time. He had no doubt that this polypus existed during pregnancy, which constituted the unusual feature of the case, for, though such instances are men-

tioned in books they are somewhat rare. Ordinarily these growths should not be removed so soon after pregnancy, on account of the danger of their giving rise to metritis, unless the danger from hæmorrhage be immediate.

*Dr. Rochester* would relate a curious instance of uterine polypus. Had been occasionally consulted by a lady about 45 years of age for neuralgia, and had proposed an examination of the uterus, but she had uniformly declined until she finally sent for him, when he found she had had repeated severe hæmorrhages, from one of which she was then suffering, accompanied by severe pain. She had been out of town and had been prescribed for, with the result of bringing on severe bearing-down pains. On examination he found a firm, hard polypus protruding from one-fourth to one-half an inch into the vagina. Did not see her again for three days, when he could detect no sign of the polypus, except that he could not pass a uterine sound into the cavity of that organ. Was he mistaken in his diagnosis? He thought not, could not doubt having seen the polypus, and no clot having been passed, nor anything resembling it, he concluded the pain had caused the polypus to protrude, and on their cessation the polypus had receded. The patient has left town, but writes that she has not had any more hæmorrhage. Would call attention to another fact. On examination he found that the remedy given by the country practitioner who saw the patient, was not ergot, as he supposed, but solution of *ferris persulphas*. Has this remedy the power of producing uterine contractions?

*Dr. Ring* remarked that the interesting case related by Prof. White, brought to mind a case that had occurred in his practice the present year, and that perhaps was worthy of mention.

Mrs. B—, aged 41 years, was taken ill early in January. She had profuse mænorragia, continuing three or four days, then abating, and recurring about every ten days; in the intervals there was muco-sanguinolent discharge. During the month of March she was confined to her bed, much reduced in strength and flesh. At that time she was attended by a respectable practitioner in this city. Under his care the flowing somewhat abated, and she was able to sit up part of the day.

May 23d, she came under my charge. The symptoms at once excited suspicions that polypus of the uterus was the cause of her long continued sufferings. On examination per vagina, the cervix uteri was found soft, patulous, and the os enlarged. I introduced a sponge tent with the view of dilating the cavity of the uterus. On withdrawing the tent next day the dilatation was sufficient to allow of the introduction of the index finger

up to the fundus. No polypus was found. Care was taken to explore the entire cavity of the uterus, using sufficient force to destroy any minute mucus polypi, that would otherwise escape destruction. On withdrawing the finger, adherent to it were found shreds, apparently the debris of what might have been polypi. Anodynes for the next day: quinia and iron, subsequently, constituted the after treatment. She has since menstruated regularly, and has regained her former good health, strength and flesh. The flowing ceased immediately after the introduction of the tent, and has not since recurred.

*Dr. White* thought diagnosis somewhat difficult in these cases, but thought the treatment referred to by *Dr. Ring* correct. Dilatation should always be had recourse to in cases of protracted and unaccountable hæmorrhages. Recollected a case he once saw at the Clifton House of a young lady who was nearly moribund from hæmorrhage; he plugged up the vagina with tampon, used tinct. ferri, etc., and after a few days removed the tampon, dilated the os uteri, and scarified the lining membrane with a curette. She recovered.

Had lately seen a curious case of impalement through the vagina. A woman, living on a farm, in sliding from a haymow was received on a forkstail, the tines of which were in the floor and rested the whole weight of her body on it, swinging over on it to the floor beyond. She extracted it herself and dragged herself to the door to call for help. Profuse hæmorrhage took place followed by inflammation, and in a few weeks by symptoms of suppuration, abscesses opening through the vagina and in the right iliac region, however she is now recovering. On examination the fork-handle was seen to be bloody for two inches.

*Dr. Rochester* mentioned a case of Pelvic Pyocele which he had lately seen. The patient had a tumor in the right groin and vagina, anterior to the uterus, which he proposed to open, but the lady being timid and unwilling he yielded to her solicitations to "wait a while." Subsequent propositions to open it were met in the same way, and it finally broke into the vagina, and the patient convalesced with no untoward symptoms. He spoke of it as bearing on a discussion had here some months since upon the propriety of opening such tumors through the vagina or rectum.

Also related a case of lacerated perineum following the use of instruments. The laceration extended to the sphincter ani, but did not involve that muscle. He immediately brought the edges together with four points of interrupted suture perfect union taking place.

JOSEPH A. PETERS, Sec'y.



ART. IV.—*A Case of Delirium Tremens treated with large doses of Tinct. Digitalis.* By S. BARRETT, M. D., of Le Roy, Genesee county, N. Y.

The attention of the medical profession the past few years has been directed to the treatment of delirium tremens with large doses of the tinct. of digitalis. While some have set their seal of condemnation upon it at once, others, as teachers, have raised their voice against it, assuming that it is an uncertain and dangerous remedy, especially when given in doses above that prescribed by the books, forgetting, as it seems to me, that we have in these cases a gastritis with a peculiar state of the nervous system to treat, and that it is the effect, and not the dose of the remedies we use, that we are to regard. Believing as I do that a few facts are of more value than many theories, and that this is one of the remedies that is still on trial, I submit the following case:

On the 22d of July last, I was called to see Dr. S. R., aged 35, of Stafford. He has drunk to excess for several years—has hardly been sober for the past four or five years. I found him with all those hallucinations incident to such cases; had not slept for two nights or days; been taking opiates, morphine, and hyoscyamus with camphor, and some stimulants; pulse 130 per minute, weak and tremulous; great thirst and constant restlessness, eyes staring, incoherent talking, and constant effort to divest himself of all clothing; I attempted to quiet him by giving him chloroform, but it threw him into spasms, with very difficult breathing. When he came fully under its influence, he turned black in the face and ceased breathing, the heart ceased to beat, and he had every appearance of being dead. I turned him on his right side and kept up artificial respiration for some minutes, when the action of the heart commenced, and he soon began to catch for breath, and in a little time revived, but as delirious as ever. I then gave him ice to eat pretty freely and tinct. digitalis  $\frac{z}{3}$  ss, which he took readily, and ordered him to have the same dose every four hours until he became quiet and slept. I left him to return the next day.

23d. Visited him to-day at 12 M.; found the doctor quiet, "clothed and in his right mind;" he had slept about six hours, had taken jss  $\frac{z}{3}$  of the digitalis; pulse normal, skin moist, thirst gone. From this time he convalesced rapidly. Six days after he called to see me; appetite good; says he had never felt better in his life.

The few cases of this disease which have come under my care the past two years have been treated with this remedy, and the results have been to me every way satisfactory. That it is a specific I do not claim, only that it is worthy of trial.

## CORRESPONDENCE.

For the Buffalo Medical and Surgical Journal.

PEEKSKILL, December 30, 1864.

J. F. MINER, M. D., Editor Medical and Surgical Journal :

Dear Sir:—After Dr. Willard's statement in the last number of your Journal I am bound to exonerate him from any intention to do an act of injustice towards the University of Buffalo; while, at the same time, it is due to myself to state, why I deemed it unnecessary, (if not an inadvertence, as it very possibly may have been,) to register myself as a duly appointed delegate from the College, and first, this appeared, as I may have thought sufficiently from my credentials; by which, the registry, if deficient could have been easily corrected. Besides, two days before the meeting of the State Society, I wrote to Dr. Willard from Buffalo, enclosing the resolution already referred to, and requesting him to offer it, in case I should not be able to attend myself as a delegate from the College. Finding I could attend, I telegraphed Dr. W. the day previous to the meeting, saying he need not offer the resolution, as I expected to be present. I did attend, and offered the same in behalf of the Faculty of the University; which, after pretty full discussion, was unanimously adopted. I saw Dr. W. frequently and conversed with him as often; he knowing well that I had just come from Buffalo, and was a member of the Medical Faculty of the College, and acting in their behalf. I had therefore every reason to suppose he was aware I represented the institution, even if I had presented no credentials nor registered my name as their delegate.

Still, if the registry is to be recognized as the only valid proof of delegation, and it be not allowable to rely on other evidence, which would seem perhaps equally satisfactory, it is well that the fact should be understood, in order that delegates hereafter may not be as careless, as it seems, I have been.

CHARLES A. LEE.

---

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Fifty-Eighth Annual Meeting of the Medical Society of the State of New York will be held in Albany, on Tuesday, Wednesday and Thursday, the 7th, 8th and 9th days of February, 1865. A full attendance is requested. Credentials of new delegates should state from what date to what date the delegate is appointed.

SYLVESTER D. WILLARD, M. D.,  
Secretary.

## EDITORIAL DEPARTMENT.

## ANNUAL MEETING OF THE ERIE COUNTY MEDICAL SOCIETY.

The Annual Meeting of the Erie County Medical Society was held January 10th, and was quite largely attended; the severe storm not preventing members from the towns from being present in considerable numbers. The Annual Address was given by Dr. Wetmore of Buffalo. It was complimented by vote of thanks, and that a copy be furnished for publication in the *Buffalo Medical and Surgical Journal*.

Dr. C. C. Wyckoff was elected delegate to the State Medical Society for an unexpired term, made vacant by resignation. By this arrangement we have no doubt this Society will be represented at the next meeting of the State Medical Society.

In the afternoon a few members convened promptly at the time of adjournment and went through the form of electing officers for the ensuing year. The usual order of promotion was ignored in some respects, but the rolls were filled by worthy names, which is sufficient report, to make of a matter in which a great majority of the Society manifest no interest whatever.

Prof. Joseph Wiel, of Germany, who is on a visit to this country, was elected a corresponding member of the Society, and invited to participate in the meeting. An invitation was also given him to exhibit before the Society the laryngoscope and show its uses; and Wednesday evening was designated for this purpose.

At the time appointed a large number of the profession of the city were present, who manifested great interest and gratification in the opportunity thus afforded of seeing the larynx, vocal cords, etc., of a patient who had manifest laryngeal disease, which was pointed out distinctly. Prof. Wiel showed great familiarity with the working of the instrument, and skill in detecting any morbid changes which had taken place within the range of investigation. It was not however attempted to demonstrate the condition of disease so much as to show the scope and value of this mode of examination—to convince of the value of the laryngoscope in diagnosing and treating diseases of the fauces, larynx and trachea.

After the illustrations, the informal meeting was organized by calling Dr. Josiah Barnes to the Chair, and inviting Dr. John Hauenstein to act as Secretary.

Dr. Miner remarked that his object in asking for an organization of the meeting, was for the purpose of affording the Society opportunity of expressing the pleasure and gratification afforded by the illustrations presented by Dr. Wiel, and of extending to him in proper terms its thanks for the successful efforts he had made to demonstrate the practical workings and uses of an instrument, which, in his skilled hands, at least, was seen capable of showing conditions of disease in situations wholly undiscoverable until brought to light by the invention of this instrument, and the enlightened efforts of men like himself, who had devoted their time, and thought, to its practical workings and benefits.

For the purpose of bringing these sentiments in form for the action of the Society, would *move*: That the thanks of the Medical Society of Erie County be presented Prof. Wiel for the successful and highly gratifying illustrations he had given with the laryngoscope, with hearty good wishes for his safe return to his native country, and continued success in discovering and removing conditions of disease, which have hitherto, in great degree, remained unseen and unhealed.

This motion was unanimously adopted.

Prof. Wiel *replied*, expressing thanks for the honors the Society had conferred upon him, and his pleasure in meeting so many of the members who had interest in his illustrations of the uses of the laryngoscope.

---

#### BOOKS REVIEWED.

*Diphtheria; its Nature and Treatment, with an account of the History of its Prevalence in various countries.* By DANIEL D. SLADE, M. D., being a second and revised edition of an *Essay* to which was awarded the Fiske Fund Prize 1860. Philadelphia: BLANCHARD & LEA, 1864.

To show the character of this essay, we quote entire the author's *resume*:

"In the preceding pages, we first gave Bretonneau's description of diphtheria. We then remarked that it was only by a comparison of the various epidemics of 'sore throat' which had prevailed at intervals in various parts of the world, that we could ascertain how far his description was to be taken as a model of the disease. Accordingly we took up the history from remote ages to the present day.

"Having given an account of those which had prevailed in various parts of Europe, and having compared the descriptions of various writers upon these epidemics, with that of Bretonneau, we showed that he was incorrect in denying the presence of all constitutional disturbance, as also in insisting upon the absence of all relation between diphtheria and gangrene of the fauces—both of these conditions having been frequently observed, particularly during the epidemics of late years.

"We next observed that Bretonneau's idea of croup, which he associates with diphtheria, does not conform to our ideas of that disease, founded, as they are, upon the description given by Dr. Home. The distinctions between diphtheria and croup were dwelt upon, as also the non-identity of diphtheria and scarlatina.

"In order, we took up the history of the disease in England. A comparison of the descriptions of the disease by various writers, as it appeared in the several counties, gave no marked uniformity, and but little correspondence with Bretonneau's model.

"Diphtheria in America was then considered, and we gave at some length a description of an epidemic of 'sore throat,' by Dr. Bard, also an account of the epidemics in California and other parts of the Union.

"We next remarked that all these epidemics of 'sore throat' were connected by a bond of union, to be found in the pathological anatomy of the disease, which consists in the peculiar exudation. That although Bretonneau fully recognized this fact, his description was deficient, hence we subjoined that of MM. Barthez and Rilliet, as being more comprehensive. We also considered the disease as existing under two forms, the mild and severe.

"Certain points as respects the nature of the disease were taken up in order. First, the characteristics of the false membrane, its physical appearances, its seat, the experiments of Bretonneau in order to ascertain the specific nature of the diphtheritic membrane, its microscopic appearances, and its dependence upon certain parasites were discussed.

"Next, in answer to the question, Is diphtheria infectious? Having given the arguments of various authors, we replied, that although we were ignorant of the exact laws which governed these epidemics, we are able to detect certain hygienic or individual circumstances which undoubtedly had their effect, either as direct or as pre-disposing causes.

"The presence of albumen in the urine and its signification were commented upon. We remarked that further observation was necessary before we could ascribe to it any settled prognostic value. We spoke of the singular after-effects of the disease, as shown especially upon the nervous system. We gave the observations of MM. Trousseau, Faure, and others upon this point.

"In our account of the *treatment* of diphtheria, we said that it was only within the last few years that anything like unanimity had prevailed. That it was now universally regarded as an asthenic disease, and consequently would bear no depletory measures, but, on the contrary, required tonics, stimulants, and a nourishing diet, even in the early stages. Blisters, leeches, and local bleeding of any sort should be prohibited.

"The tonics best suited we enumerated. Of the auxiliary measures, we first spoke of the local applications to the fauces, their utility and propriety, the various agents which had been employed and the mode of use. The ablation of the tonsils recommended by Bouchut, we conceived to be inadmissible, excepting under rare circumstances.

"Tracheotomy we discussed at considerable length. Remarking that the two diseases, inflammatory croup and diphtheria, were on an equal footing as regards the applicability of the operation, we answered the various objections which had been brought against it; the small amount of

success; the difficulties of performing it; the tendency to the production of bronchitis, &c.

"We considered that the proper time for performing the operation was an intermediate period. We gave some necessary rules as to the size of the canula, the state of the surrounding atmosphere, the importance of having some competent person at hand in the case of emergency, the propriety of keeping up the medical treatment, and the time for removing the canula.

"Having given a summary of the treatment recommended by some of the leading men in Europe, we concluded by a brief consideration of the operation for 'tubing the larynx.'"



*Laryngoscopic Medication; or, the Local Treatment of the Diseases of the Throat, Larynx and neighboring organs, under sight.* By LOUIS ELSBEG, A. M., M. D., Lecturer on the Diseases of the Larynx and Throat in the University of New York. New York: Wm. Wood & Co., 61 Walker street, 1864.

We make the following quotations from the book:

"How exceedingly simple, therefore, is the principle on which laryngoscopy is founded! In the words of Czermak, the eminent professor of physiology in the University of Prague:

'A small, flat mirror, with a long stem, previously warmed, to prevent its being tarnished by the breath, is introduced into the mouth, widely open, as far as its back part. It is then held up in such a manner as to permit the rays to penetrate it, on the one hand, and consequently to illuminate those parts which it is desirable to examine; and on the other hand, the image of those parts is reflected into the eye of the observer.'

"The individual parts revealed by the laryngoscope, which are otherwise completely invisible or rarely or never seen without difficulty, are: the postero-inferior portion of the base of the tongue; the glossal insertion and posterior surface of the glosso palatine arches; the glosso-hyoid folds, or lateral glosso-hyoid ligaments; the glosso-epiglottic ligament; the valleculæ; the pharyngo-palatine arches with the vestibulum pharyngis medium; the pharyngo-epiglottic ligaments; the lateral hyo-epiglottic ligaments; the epiglottis, *i. e.* its free anterior surface, lateral and upper borders and crest, and whole posterior surface; the capitulum of the hyoid bone; the aryteno-epiglottic, or as they should be named more briefly 'ary'-epiglottic, folds; the cuneiform cartilages; the supra-arytenoid cartilages; the arytenoid cartilages; the inter arytenoid fold; the pyriform sinuses; the posterior wall of the pharynx down to its attachment to the cricoid and arytenoid cartilages; the upper cavity of the larynx with all its anatomical relations and contents; a portion of the lower cavity of the larynx, *i. e.* particularly its anterior wall; and the anterior wall, and sometimes lateral walls of the trachea for a more or less considerable distance down—under favorable circumstances down to the bifurcation, and in a few instances, placed on record by able observers, even throughout the whole length of the right bronchus.

“The posterior part of the mucous membrane of the intercartilaginous rima glottidis, and the posterior and lateral portions of the lower laryngeal cavity, as well as the lower portions of the trachea, and further down, can usually not at all, or but imperfectly be seen.

“With the further addition of a little hook, to hold, as occasion requires, the uvula and soft palate out of the way, the apparatus described for laryngoscopy reveals, on mediate inspection in the same little mirror—previously warmed as before, and now turned upwards—the posterior surface of the velum and upper posterior wall of the pharynx, the orifices of the Eustachian tubes, and Rosenmüller’s fossa, the posterior nasal septum and nares, the turbinated bone and turbinated processes of the ethmoid bone, in short, the whole pharyngo-nasal space (bounded on the sides by the pterygoid processes of the sphenoid bone; in front by the nasal fossæ, above by the body of the sphenoid bone, and behind by the basilar portion of the occipital bone and upper cervical vertebræ,) under favorable circumstances, to the covering mucous membrane of the nasal bones, and of the plate of the ethmoid.

“If, instead of the palate-hook, we add to our little mirror and other apparatus a proper forceps, we have the outfit for œsophagoscopy. This renders the dilatation of the œsophagus necessary, and although I have not yet succeeded in obtaining a good view into the œsophagus, except at its commencement, yet that œsophagoscopy can be accomplished, even if but to a limited extent, has been proved by the practice of Lewin in Berlin, and Semeleder in Vienna.”

We hope that no one of our readers will for a moment believe that the laryngoscope can be made to show what this paragraph would seem to intimate. It is to be regretted that a really valuable instrument should be misrepresented in this way; it is wrong to attempt any such imposition upon the profession. The laryngoscope will show surfaces beyond inspection without it; is a valuable instrument and should be highly estimated; but its value should not be so over-stated as to disgust all honest seekers after the truth. This representation of its scope is made by unnecessary and pedantic division of surfaces much greater than it really is, but it is still greatly over-stated. The book should be carefully perused; it contains many valuable suggestions and is in the main exceedingly instructive.

---

*Man and his Relations : Illustrating the influence of the mind on the body ; the relations of the faculties to the organs and to the elements, objects and phenomena of the external world.* BY S. B. BRITTON, M. D.,  
New York : W. A. TOWNSEND, 1864.

We have copied the title page of this volume entire in order to give the author’s own statement of what he would be at. We have given the work a somewhat careful examination, but must confess that the hopes we had formed from its title were not borne out by the contents. The writer is a believer in Animal Magnetism, Spiritualism, *et id genus omne* and has written a work in their behalf. Now be it understood, we do not in the least object to any man holding these views, if he choose, but if he put them

forth as scientific facts and attempt to prove them by reference to scientific reasoning, he must consent to be judged by the same rules which govern us in our judgment of other scientific works, and judged in this way we are constrained to call the work before us a failure; not however because it advocates doctrines which we do not believe, for we are perfectly ready to be convinced of the truth of any or all the author's tenets, provided it be done through the medium of our reasoning faculties, and not through our imagination; but because he does not give us logical deductions from ascertained facts.

To do our author justice we must say that we do not know that he intended to convince any unbelievers of the truth of his peculiar doctrines; he seems rather to assume their truth as already proven, and to have intended to present, from that stand point, Man's relations to this world and the regions beyond; and we presume to fully appreciate the work one should first become a believer in the views of its author. In its style the book is somewhat "sophomorical" for a purely scientific and philosophical treatise, and contains rather more rhapsody than reasoning; but we have neither space nor inclination to enter into any discussion upon its truth or falsehood.

The typographical execution of the work is excellent, the type clear, and the portrait of the author prefixed to the volume is a really fine specimen of steel engraving. P.

---

*The Army Surgeon's Manual, for the use of Medical Officers, Cadets, Chaplains, and Hospital Stewards, containing the Regulations of the Medical Department, all General Orders from the War Department, and Circulars from the Surgeon-General's Office, from January 1st, 1861 to July 1st, 1864. By WILLIAM GRACE, of Washington, D. C. Published by permission of the Surgeon-General. New York: BAILLIÈRE BROTHERS, 520 Broadway, 1864.*

*Part 1st*—Contains list of the staff U. S. Army, July 1st, 1864.

*Part 2d*—Regulations of the Medical Department, from the Revised Regulations for the Army.

*Part 3d*—General Orders relative to the Medical Department.

*Part 4th*—Circulars, etc., etc.

There is a very full index, which adds very much to the value of this book. Surgeons and assistant surgeons however well qualified for their professional duties, will find many things required of them in entering the army with which they are quite ignorant. This manual is designed as a guide, and we think that every surgeon would act wisely in taking it as a "pocket companion." He will find his duties very fully defined, and will be instructed in what he most wants to know.

---

*Report of a Successful Operation in a case of Subclavian Aneurism, by A. W. SMITH, M. D., House Surgeon, Charity Hospital, New Orleans, Louisiana.*

This report is inscribed by the author to Valentine Mott, M. D., who first performed the operation of ligaturing the innominate artery. It is a report of the first successful operation. This success he attributes to the



ligation of the vertebral artery, thus preventing retrograde circulation. This operation was made fifty-four days after the ligation of the innominate artery, and on account of hæmorrhage, which could not otherwise be controlled. The report and the results of the operation reflect great credit upon the surgical skill of the author.

---

*Transactions of the Medical Society of the State of Pennsylvania, at its Fifteenth Annual Session, held in Philadelphia, June, 1864. Third Series—Part 3. Published by the Society.*

The fifteenth annual session of the Medical Society of the State of Pennsylvania was opened by an address from the president, Dr. Wilson Jewell upon the early history of the principal Medical Institutions of Philadelphia.

Reports were received from a few of the County Societies, furnishing a partial history of the sanitary condition of the state. From this it appears that *typhoid fever* has been quite prevalent throughout the state. In some counties *bilious fever* was reported prevalent with tendency to congestion of the brain and lungs, in other counties there was what is called *mixed fevers*, by which is meant a remittent typhoid fever. All such cases recovered. Scarlet fever is also reported as prevalent. Notices of the occurrence of *spotted fever* were received from Chester, Montgomery, Northampton, Philadelphia, Susquehanna and Westmoreland counties. It is represented as exceedingly fatal; its close resemblance to cerebro-spinal meningitis is remarked in all reports of the disease. In the treatment almost everything has been favorably mentioned; "heroic" treatment had generally been adopted. Diphtheria, Erysipelas, Small Pox and Measles were also represented as having prevailed extensively in some localities. The volume of Transactions is made up mostly of the reports of the county societies. The Constitution and By-Laws of the society is also published, and a list of the presidents, permanent members &c. &c.

---

#### BOOKS RECEIVED.

*A Treatise on Military Surgery and Hygiene.* By FRANK HASTINGS HAMILTON, M. D., late Lieutenant-Colonel, Medical Inspector U. S. A.; Professor of Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Medical College; Surgeon to Bellevue Hospital; Professor of Military Surgery, &c., in Long Island College Hospital; author of "Treatise on Fractures and Dislocations," and of a "Practical Treatise on Military Surgery," illustrated with 127 engravings. New York: BAILLIERE BROTHERS, 520 Broadway, 1865.

---

#### PETITION OF THE LATE SURGEON-GENERAL.

*To the Honorable the Senate of the United States:*

The undersigned, a resident of the City of New York, and late Surgeon-General of the Army of the United States, respectfully represents—

That he has been deprived of his Commission of Surgeon-General, and prohibited from again holding office under the Government of the United

States by the sentence of a General Court Martial, under circumstances which he prays your Honorable Body to inquire into before confirming the appointment which has been made of his successor.

He respectfully requests that your Honorable Body will cause to be printed and will examine the record of the Court Martial, and hear such additional evidence, he was, by the neglect of the Judge Advocate to summon his principal witness, and by other circumstances, unable to lay before the Court, but which it is now in his power to adduce.

He affirms, in all sincerity, that he believes the finding and sentence of the Court to be illegal, and not warranted by the facts of the case; that they were procured by conspiracy and false testimony, and that consequently his removal from office, and the disability placed upon him, are unjust and wrongful.

By the failure to prosecute the civil suit instituted against him by order of the Secretary of War, and by the fact that there is no appeal from the decision of a Court Martial to a higher Court, your petitioner is debarred all opportunity of vindicating his unjustly aspersed character, but such as your Honorable Body may see fit to afford him.

For these reasons, he prays your Honorable Body to inquire into all the circumstances connected with his recent trial and dismissal, and to suspend action in the matter of confirming the appointment of his successor, till such inquiry is made with the view that, should it appear that your petitioner has suffered injustice, he may be, by Act of Congress, restored to the position from which he has been displaced.

And your petitioner, as in duty bound, will ever pray, etc.

WILLIAM A. HAMMOND, M. D.

New York, Dec. 25, 1864.

*Monthly Report of Deaths in the City of Buffalo, for the month of December, 1864.*

Whole number of deaths from disease, 132. In addition to the above, 4 still-born were reported in the city.

LOCALITY.—City at large, 113; Hospital of Sisters of Charity, 3; Buffalo General Hospital, 2; Catholic Foundling Asylum, 6; Erie County Alms House, 8; Small-Pox Hospital, 2.

BY WHOM CERTIFIED.—By regular Physicians at Public Institutions, 23; by regular Physicians in city at large, 74; by irregular Practitioners, 16; by Coroner, 6; by Undertakers, 17.

CAUSES OF DEATH.—Accident, 2; accident by drowning, 1; albuminuria, 1; apoplexy cerebri, 1; bronchitis, 1; cancer, 1; cancer of the stomach, 2; cholera morbus, 1; consumption, 20; convulsions, 6; croup, 7; croup diphtheritic, 5; debility, 1; dentition, 1; diarrhoea, 4; disease of the heart, 4; disease of the kidneys, 1; diphtheria, 4; dropsy general, 3; dysentery, 1; Erysipelas, 3; fever, 1; fever puerperal, 3; scarlet fever, 1; typhoid fever, 11; typhus fever, 1; hæmorrhage from lungs, 1; inanition, 5; inflammation of bowels, 2; inflammation of brain and meninges, 3; inflammation of lungs, 7; inflammation of lungs, typhoid, 5; inflammation of lungs and pleura, 1; inflammation of stomach, 2; Bright's disease of kidneys, 1; measles, 1; old age, 3; parturition, 1; premature birth, 1; pyæmia, 2; small-pox, 7; syphilis, 1; Tetanus, 1; unknown, 1.

The number of deaths in the present year is 71 less than in the last year, and 16 less than the average for five years.

SANDFORD EASTMAN, M. D., Health Physician.

# BUFFALO

## Medical and Surgical Journal.

---

---

VOL. IV.

FEBRUARY, 1865.

No. 7.

---

---

ART. I.—*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, JANUARY, 1863.

### *Rupture of the Uterus.*

DR. E. N. CHAPMAN reported the following cases:

Was called on the morning of January 26th, to visit Mrs. R. in consultation with Dr. Leach. Case of difficult labor. She had borne several children, but previous labors had been tedious. Her health had been good, was accustomed to labor, was strong and masculine in appearance. She had been in labor from 4 o'clock A. M. of the 22d, and was attended during this time by a midwife, until the evening of the 25th, when Dr. L. was called in. Until some time on the 24th, the pains were represented as strong and regular, and occurring at intervals of five minutes. During the day (24th) they were forcible and almost continuous, and yet the child was not moved from its position on the morning of 24th, as represented by the midwife. Dr. L. found the head firmly impacted in the pelvis, so firmly that he could not move it in any way. The pains were constant, high up, and did not seem to possess expulsive force so far as any effect upon the child was manifested, but seemed of a circular character. Ergot was administered and an attempt was made to apply the forceps, but failing to obtain satisfactory results, the Doctor left her at 2 A. M. believing that craniotomy must be performed, and requesting a consultation at 9 A. M. I saw her at about half past 9. Upon the Doctor's making an examination he remarked that the case was worse than he had represented, as the head could not be reached by digital examination. The patient complained of considerable distress in the region of the umbilicus—pulse rapid and feeble, extremities cold, countenance anxious, and she requesting help. She had considerable hemorrhage during the night of the 25th. Upon introducing the hand the head was found lying entirely above the

brim of the pelvis, and movable. Rupture of the uterus was diagnosed, and notwithstanding her extreme exhaustion, it was deemed advisable to attempt to turn and deliver, as affording the best prospect in the case. Accordingly the feet were found and brought down, and the body brought forward without any unusual difficulty. There was no contraction of the uterus upon the introduction of the hand, nor from the exhibition of ergot. Nor, although stimulants were freely administered, did much reaction take place. Upon attempting to bring down the head, we were foiled. The position of the child was with the face toward the sacrum of the mother. There being no evidence of life in the fœtus, either in the pulsation of the heart or cord, forcible traction was made both by the body alone, and by the body and under jaw. While making traction the spinal column gave way. The forceps were then applied, but with no better result, and we resolved to break down the head and deliver by piece-meal, as it was evident there existed too great a disproportion between the head and pelvis to allow of delivery in any other way, as the head had become almost detached from the body. The head was pierced and the bones somewhat broken down, when the sinking of our patient warned us to desist and place her upon the bed more fully, when she soon after expired, leaving us a headless trunk, and she undelivered.

As to the amount of force employed in thus decapitating this fœtus, there exists a little difference of opinion, and but a little. I believing that Dr. L. made slight traction with one hand, in addition to that which I was making at the time the spinal column gave way. The Doctor is confident that he did not. In any event the extra power was but a few pounds, and no more force was applied than I have frequently applied in similar cases, but without a like result. The fœtus appeared healthy, with no evidence of decay. The head was unusually large, but not hydrocephalic, as no water issued from the puncture. The pelvis was considerably contracted in its antero-posterior diameter, at the brim. No post mortem could be obtained.

On the 5th of February I was called in consultation with Doctors Rottou and White to see a case so like the above that I report it in connection.

Mrs. E——, a lady of 27 years of age, under medium size, in good health, was taken in labor with her fourth child the day previous. Dr. R. was called in the afternoon, and finding no necessity for remaining, returned home, and was recalled about midnight—labor was progressing well, head

presentation, pains not severe until 3 or 4 o'clock A. M. when they became very frequent, and very strong, so much so as to create some uneasiness in his mind in regard to the patient's safety. The abdomen was quite prominent, and the integuments seemed somewhat attenuated. Although the pains were very strong the head did not advance, and up to 9 o'clock A. M., after six hours of strong pains it had just begun to enter the brim of the pelvis. At this time, the Doctor, having his open palm upon the abdomen to give some gentle support felt the uterus give way on the left side, about three or four inches above the pubis, and what seemed to be a knee thrust itself through. The patient at once understood the nature and consequence of the disaster, and so expressed herself. Dr. R. assisted by Dr. White, who was at the time present, at once proceeded to deliver her by version. The feet were found and brought down, and the body of the child delivered without trouble—persevering efforts were made to complete the delivery, both by traction upon the body, and also with the fingers in the mouth to assist, and also to guide and rotate the head; also by the application of the forceps, but after persevering and fruitless efforts, delivery in this way was abandoned and craniotomy resolved upon unless the forceps could be more successfully used with the body removed so as to give more freedom of action. With this view the fœtus was decapitated. It was at this stage of labor that I first saw her, and attempted to apply the forceps to the head, lying entirely above the brim of the pelvis and within the cavity of the uterus. The head could not be steadied so as to apply the forceps, and embryotomy was decided upon as a last resort. The lady opposing this procedure, and her spiritual adviser having just arrived, when, after some delay, upon the departure of the priest, her pulse was found to be 170 and weak, and everything indicating speedy dissolution. Further proceedings were deferred until reaction should take place. Stimulants, beef tea, and anodynes were administered, and although her sufferings were great, and hemorrhage continuous from the time of the rupture, yet during the night she so far rallied as at 5 o'clock A. M. to feel able to endure the removal of the head, and we were again summoned for that purpose, but only to find her moribund, something less than twenty-four hours after the rupture. No post mortem could be obtained.

#### *Cerebral Apoplexy.*

DR. SPEIR presented a specimen of cerebral apoplexy, produced by the rupture of the *transverse branch of the basilar artery*,

A man, aged 50, fell down a flight of stairs, was taken up *comatose*, and brought to the City Hospital, where he died in an hour after admission. On removing the calvarium, considerable blood exuded; and on opening the duramater, there was a clot of not less than five or six ounces, compressing the brain to two thirds of its volume. The *liver* was fatty; the *kidneys* granular, the *capsules* being removed with difficulty. In the *arteries*, generally, there was extensive *atheroma*, particularly in the brain.

*Scirrhus of the Rectum and Uterus.*

DR. SPEIR also presented a specimen of *scirrhus of the rectum and uterus*, producing *stricture* of the *rectum*. (The case belonged to Dr. H. S. Smith.) The uterus and rectum were united by a *scirrhus* mass, dislocating the uterus backwards and to the right, and producing a *stricture* of the rectum, through which the first finger could with difficulty be passed. The portion of gut above the *stricture* had formed a *pouch*, and was continuous with the lower portion and *anus*, by a tortuous passage through the *stricture* and behind the body of the uterus, giving to the canal the form of an inverted S, the *stricture* being in the middle, thus  $\infty$ .

DR. BELL recurred to the first case presented by Dr. Spier. He saw the patient soon after he fell down stairs, and finding symptoms of compression, had him removed to the hospital. Dr. Bell raised the question, as to whether the *fall* had ruptured the artery, or whether the *previous rupture* of the badly diseased artery and *apoplexy* had caused the fall? The man, though of intemperate habits, was said to have been sober at the time of the accident, and carefully feeling his way through a dark stair-way, (it being about 8 o'clock in the evening.)

DR. HUTCHISON regarded the question, raised by Dr. Bell, an interesting one, bearing upon *traumatic apoplexy*, without *fracture*, which was exceedingly rare.

DR. ENOS inclined to the opinion that [the artery was ruptured by the fall.

DR. HART was familiar with the post mortem appearances in *apoplexy*, but in no case had he observed a *coagulum*, which he thought suggestive in this case, that the *apoplexy* may have preceded the fall.

DR. NORTH stated that he had seen a case, examined only a few hours after death, in which the whole cerebral surface was covered with a *clot*.

DR. SPEIR had seen several cases of *apoplexy* in the cerebral substance, always coagulated; but he had not, ere this, seen one with a *clot on the surface*.

*Absence of the Epiglottis—Ulceration of the Larynx.*

Reported by DR. D. C. ENOS.

Mrs. M., aged 33, had enjoyed good health till about three years since, when she was taken with inflammation about the fauces and larynx; she was attended by Dr. Batchelder, of New York, who applied a solution of nitrate of silver. Dr. B. attended her till within two weeks of her death, when I was called to see her. She was then weak, but still able to sit up; she could only speak in a whisper—she lost her voice two years ago; her respiration was very difficult—both inspiration and expiration prolonged, labored and noisy; she had slight cough, and was weak and nervous. There was no enlargement of the larynx externally, neither was it tender, on pressure. The stridulous respiration prevented a satisfactory examination of the chest; an asthmatic wheezing seemed to pervade the lungs throughout; they were everywhere resonant on percussion. The remedies used were tonics and nervines. On the day of her death Dr. Batchelder saw her with me; this was at two o'clock. She seemed failing, but did not excite apprehension of a speedily fatal result. The breathing was not more difficult than it had been, although she coughed and raised much more—from recent bronchial inflammation. She died in the evening of of the same day.

There had been no sudden alteration in the condition of the larynx, but the large quantity of mucus in the air passages, superadded to the diseased and contracted larynx, caused her sudden death. The post mortem examination showed that the larynx internally was much diseased. The epiglottis was entirely absent, from ulceration, and there was an irregularly hardened and knobbed cicatrix in its place at the end of the hyo-epiglottic ligament; and the same uneven structure existed in the place of the arytenoid epiglottidean folds which were effaced. The same diseased condition also extended into the ventricles and laryngeal pouches. The true vocal cords and the arytenoid cartilages were also so changed by the disease as to materially diminish the area of the rima glottidis. The trachea and bronchial mucous membrane were acutely inflamed. She had no difficulty in swallowing either liquid or solid food. This case, therefore, illustrates the physiological fact that the epiglottis is not necessary to prevent food from entering the larynx in the act of deglutition. It is well known that birds have no epiglottis, and that dogs and other animals, from which the epiglottis has been removed, find no trouble in swallowing. The

inferior constrictor muscle of the pharynx, inserted as it is into the posterior part of the thyroid cartilage on either side, compresses these sides together as the larynx rises in deglutition, in such a manner as to effectually close the chink of the glottis by bringing the vocal cords in contact. This muscle, therefore, at every contraction, performs two important offices, that of keeping food from entering the trachea and at the same time urging it onward towards the stomach.

---

REGULAR MEETING, MARCH, 1863.

*Black Vomit, with Discussion as to its Etiology.*

DR. J. T. CONKLING reported the following case:

A seaman, aged 19, left New Brunswick in October last for Kingston, Jamaica. While there, he had, he said, bilious fever, and was confined to the hospital several weeks. He remained on the island two weeks longer in a boarding-house, where his food consisted only of bread and salt fish. On the first of February he left in the barque John Bolton for Philadelphia, and, though very feeble, worked his passage during a voyage of eighteen days. From Philadelphia he came directly to this city, arriving here on Thursday morning, Feb. 19th. He partook of a breakfast of beef-steak and coffee, and at dinner, of corned beef and cabbage. In the evening he vomited, and had a restless night. His sister said she gave him on Friday, salts and cream of tartar, which produced vomiting and purging. Friday evening, at seven o'clock, he commenced vomiting large quantities of dark fluid matter. I first saw him on Saturday morning, at three o'clock. He was suffering with severe pains in the bowels; had intense thirst; would drink a few swallows of water, and, immediately vomit a pint or more of black fluid, which excoriated his throat and had a very acid odor; his pulse was natural; eye clear; and skin normal in color and temperature. His bladder was empty, and he told me he had passed urine the evening before. The vomiting continued during the day and following night. His mind remained clear. There was a constant restlessness and shifting of position in search of ease. There was no evacuation of urine or feces after I saw him. His strength failed gradually, and he died at nine o'clock on Sunday morning, thirty-eight hours after the first occurrence of the dark vomited matter.



Drs. Enos and Bell saw him previous to death. The post-mortem and microscopical examinations were made by Dr. Speir. The following is Dr. Speir's report:

*Autopsy, seven hours after death.*—Body well formed but emaciated; not yet cold; rigor mortis not well pronounced; surface tinged livid; frothy mucus filling the nostrils. The pectoral and abdominal muscles were of a very dark color, almost purple. *Thorax.*—Old adhesions at the posterior part of the left lung. Intense sanguineous engorgement of both lungs. Incisions made in any part of the lungs gave rise to an abundant flow of very dark-colored blood. The pericardium contained about an ounce of yellow serum. The heart was full sized, firm, usual amount of fat; veins upon the surface distended with blood; the cut surface presented a darker hue than usual; intensely black clots in right ventricle and auricle; a very small light-colored clot in right ventricle, and a very small black clot in the left auricle; slight thickening of semilunar valves of aorta; otherwise valves perfect. *Abdomen.*—Liver very dark, between a purple and chocolate color; appeared normal in size; borders sharp and well defined; a few patches upon the anterior surface of a lighter color than the rest of the organ, having a slight yellow tint. The organ was firm; its cut surface was smooth, and, contrary to opinion based upon its dark color, it was dry, little or no blood making its appearance in the course of the knife. Its ducts were stained with yellow bile. *Stomach.*—Very large, extending down to umbilicus and into right lumbar region, and filled with two quarts of black fluid similar to that vomited by the patient; very acid odor; mucous membrane near the pylorus much congested and bared of mucus; the other portions were covered with thick mucus mixed with dirty black material like the vomita. *Duodenum.*—Filled with a similar black fluid; mucous membrane dark colored; not congested; intestines at some points much congested; they contained but little fecal matter, of a yellow color, with only slight odor. Peyer's patches were healthy. The *spleen* was twice its normal size, of a dirty black color, and becoming diffuent. The *kidneys* were congested, nearly normal in size, and firm; their capsules firmly attached; cut surface smooth, dark colored, and soon covered by a layer of dark blood. The *supra renal capsules* were of a dark color, their cortical and medullary substance not being well defined. The head of the *pancreas* was a little enlarged, otherwise normal. The *bladder* contained about four ounces of reddish urine. The *blood-vessels* contained but little blood, and that of dark color.

*Microscopical and Chemical Examination*.—The *black vomit* was very acid. Seen through the microscope with a power of about one-fourth of an inch, it was composed of a thin, transparent fluid, floating in which were found—striated muscular fibres (ingesta), altered starch corpuscles, a few oil globules, altered blood corpuscles, and numerous sarcinæ ventriculi, the whole field being covered with black amorphous granules, varying in size, and some of them aggregated together; many of them, on changing the illumination and focus, transmitted a deep red light. They were not acted upon when treated with acetic acid, but were dissolved by ammonia and liquor potassæ, giving a deep red color. They were considered to be granules of hæmatoidin. *Liver*.—Its cells were normal, with the usual amount of fat. A few cells were found in process of fatty degeneration; these were rare. *Amorphous granules*, similar to those found in the black vomit, were everywhere present, but less abundant than in the vomita. In some places the granules were fine, and gave to the field a yellow tint. A few crystals were found, probably so-called blood-crystals. *Heart*.—Muscular fibres perfect; granules of hæmatoidin present, but not abundant. *Kidneys*.—A few of the tubes were partially denuded of their epithelium; abundant granules of hæmatoidin; otherwise healthy. *Spleen*.—Considerably disintegrated; abundant granules of hæmatoidin; blood corpuscles much changed and broken down, being swollen, oblong, irregular, and granular. *Pancreas* healthy; contained a very few granules of hæmatoidin. *Supra-renal capsules* apparently healthy; granules of hæmatoidin more abundant than in pancreas. *Urine* albuminous; scales of epithelium from bladder and ureters; urate of ammonia, blood corpuscles, and granules of hæmatoidin.

The dark coloration of the tissues seemed to be due to the abundant granules of hæmatoidin, the shade of color depending upon the size, depth of color, and aggregation of the granules, the very fine ones giving a yellowish tint to the field of the microscope.

As the coloring matter of the bile (cholepyrrhine) is closely allied to hæmatoidin, it would seem possible for the latter, under certain circumstances, to give a yellow color to the skin and tissues, similar to that sometimes produced by the coloring matter of the bile, instead of the purplish color observed in this case.

REMARKS BY DR. A. N. BELL,

DR. BELL stated that, besides having seen the case of fever reported by Dr. Conkling, he had also been privileged to assist in the post-mortem, and

that, notwithstanding the unusual circumstances of climate and season, he thought the evidence conclusive that it was an uncomplicated case of yellow fever. The yellowness of the skin and the fawn color of the liver, which were absent in this case, though generally present in yellow fever, were by no means essential in the diagnosis, especially when we have, as in the case reported, the most pathognomonic of all the symptoms, *black vomit*, and the most pathognomonic of all the post-mortem appearances, *fatty degeneration of the liver*. And, in addition to these conditions, we also have a large quantity of "black vomit" in the stomach and intestines; a fluid blood, with broken-down corpuscles; an emptiness of the blood vessels; an intensely congested and almost diffuent spleen—indeed, *all* of the most usual conditions of a rapidly fatal case of yellow fever. Dr. Bell also stated, in connexion with this case, that he had observed, in common with others who had had much experience in yellow fever in different climates, that it usually ran a more rapid course, and was more fatal in climates where it rarely occurred than where it is indigenous. He accounted for this by analogy: in that the organism of individuals attacked by it under such circumstances was deprived of the benefit of a gradual adjustment to the influence of the poison, on the same principle as that a vigorous bird speedily perishes in an atmosphere which will sustain one gradually brought under its influence for a much longer time. In such cases, too, we should expect to find a less perfect symptomatology and a less perfect degree of pathological lesion, as in the case under discussion. Yellowness of the skin, though a common symptom, is nevertheless frequently altogether absent. It rarely occurs in any case before the third day, on the decline of febrile excitement, and is usually regarded as the second stage of the disease. Hence, in those cases which are fatal during the period of excitement, yellowness of the skin is commonly absent, or does not occur until after death. Fatty degeneration of the liver, also, in the case reported, seems to have but just commenced; and the liver, instead of being fawn color, as it probably would have been had the case been of longer duration, was just beginning to be so in spots. Whether fatty degeneration of the heart is consequent upon a still more protracted continuance of the disease, cannot as yet be made apparent. Prof. Riddell, of New Orleans, regards "molecular degeneration of the heart" as being a much more constant lesion than fatty degeneration of the liver. According to his (Dr. Bell's) experience the converse is the case. Of four cases examined microscopically last summer, in the Floating Hospital, they all had fatty degeneration of the liver, and one only molecular degeneration

of the heart; that one died on the seventh day. Fatty degeneration of the heart is a comparatively recent discovery in yellow fever,\* and *by the microscope only*, while the commonly present fawn-colored liver in this disease has for a long time *been supposed* to indicate a fatty degeneration of that organ. Pathologists of the present generation will hardly accept the proof of fatty liver on the mere presence of yellowness; or, on the other hand, regard the absence of this color as corresponding with the absence of this important lesion. The now universally acknowledged importance of the microscope applies to nothing with more force than to yellow fever, and, while it had been his opportunity to have passed through several epidemics of yellow fever, and to have made a large number of post-mortem examinations in this disease, its true lesions he had never, until recently, observed. It was his firm belief that the thorough and accurate delineation of this single case by Dr. Speir is of more value to the profession than all the experiences of a Chisholm. In conclusion, Dr. Bell read the following extract from a letter that he had received from Dr. La Roche, in reply to one that he had written to that distinguished authority regarding the history of this case:—

“The *John Bolton* entered on her voyage to Philadelphia on the nineteenth of January, at Porto Cabello, and, touching at Kingston, Jamaica, left that port on the second of February. She arrived in Philadelphia on the eighteenth of February, after a passage of sixteen days, and entered on the nineteenth. The Captain reports no sickness either in Porto Cabello or at Kingston, and the vessel had no sickness on board from the commencement of the voyage, and the officers and crew were all well when they were examined. The vessel cannot have been in foul condition when she reached Philadelphia. Had there been anything wrong about her, the Port Physician, Dr. Trenchard, who is a careful officer, would not have failed to report the fact to the Board of Health. From all this it would appear, that the patient proceeded to Brooklyn on the very day of the visit of the Port Physician; that although he may have been ailing at the time of the examination, he was not sufficiently so to attract the attention of that officer; that he did not suffer from any poison generated or lurking in the vessel since no one else on board, during the voyage or after the arrival of the vessel, was affected in like manner, or in any way approaching to it. Hence the case, supposing it to have been one of yellow fever—and on this point I think, there can be no doubt, the absence of jaundice in so rapid an attack

---

\* 1853. Riddell, *Microscopical Obs. pertaining to Yellow Fever.*

being a matter of not the smallest consequence—the case, I say, may very fairly be referred to a poisonous impregnation received at Porto Cabello, or perhaps more likely at Kingston. It is true, as the Captain reported, that ‘no sickness prevailed in the harbor or on shore, or at either of the said places;’ but it is well known that in tropical seaports the poison of yellow fever is never so effectually banished, however healthy the season may be considered,\* as not to pounce upon some unlucky fellow peculiarly predisposed to its morbid influence. If I am not mistaken in what precedes, you have had before you an instance of rather long incubation—of thirty-one days—if the poison was received at Porto Cabello, and of nineteen days if the disease is to be traced to Kingston. I incline towards the latter view, inasmuch as we can hardly suppose that the poisoning took place on the very day of departure from either port, and a few days more would make the period of incubation from Porto Cabello too long, though such long periods, and even much longer ones, are not unknown, but they are comparatively rare.”

## REMARKS OF DR. D. C. ENOS.

DR. E. said he saw the patient in consultation with Dr. Conkling. He thought the case was an obscure one, presenting some of the phenomena of the yellow fever, while many of the symptoms of that disease were altogether absent. The only prominent symptom of yellow fever was the black vomit. Doubtless, as Dr. Bell says, this is the most pathognomonic of all the symptoms of yellow fever; but it would be as erroneous to assert that every case of black vomit is one of yellow fever, as it would be to maintain that yellow fever could not occur without it. When speaking of black vomit, Dr. La Roche says, “considered by itself, without reference to other phenomena by which it is preceded and accompanied, and especially when noticed in a *single* or a *few spasmodic instances*, the black vomit is not sufficient to stamp the disease in which it occurs as being the true yellow fever. While, on the other hand, its occurrence in this disease is not sufficiently constant and necessary to justify us in refusing to recognise as such cases which present its other symptoms, merely on the ground that black matter has not been ejected from the stomach.” His citations from the best authors to prove both these propositions are ample and conclusive, covering fifteen pages of his great work on yellow fever. Hence, if the case detailed be one of yellow fever, in order to establish it beyond a doubt,

\* Yellow fever existed at both Porto Cabello and Kingston last summer.

the antecedent history, concomitant symptoms, and post mortem lesions, must give the necessary corroborative evidence. What is their testimony? To determine this question properly, the points of the case which do not assert, as well as those which do, with the known phenomena presented by yellow fever, could be noted.

Some of the facts in this case which do not agree with those *most generally present* in yellow fever, are:

1st—*The period of incubation was longer.* The best authorities say the stage of incubation varies from a few hours to five or ten days—*occasionally, but very rarely*, to sixteen, twenty, or more days. In this case it was at least nineteen days, and doubtless more, for, as Dr. La Roche says, it is not probable he took the poison the very day he left. His history as given, though not incompatible with yellow fever, still offers no *presumptive evidence* in favor of such a theory, but rather the reverse, since this compatibility itself requires to be established by the most unequivocal evidence that the case was one of yellow fever, its symptoms and its lesions being incapable of any other interpretation. Such a case being made out the mind would be compelled to believe that the man passed in an uninfected ship, this, to say the least, unusually long period of incubation; that he and he alone took the disease at Kingston or Port Cabello, and at a time when it was not prevailing in either place; and in mid-winter he must have taken the malady from its slumbering dregs or from its nascent causes, which it is said “are never effectually banished from tropical seaports.”

2d—*It was not ushered in with a chill.* “There is probably no disease,” says Bartlett, “unless it is puerperal peritonitis, the access of which is more *invariably attended* by a chill or rigor than this.”

3d—*Pain in the head was absent.* In yellow fever, according to the same authority, it is almost *invariably present*—“generally it is acute and violent.” Mr. Pym says, “The most characteristic symptom of the disease is the peculiar pain in the forehead and eyeballs, with the drunken appearance of the eye.”

4th—*The patient had severe pains in his bowels*, and not in his back, loins, and limbs, which are generally so constant and intense in yellow fever.

5th—*The color of the skin was normal.* “In fatal cases of yellow fever, yellowness of the surface is almost always present.”

6th—*The eyes were not suffused, injected, or yellow*—symptoms, some

or all of which usually occur in the course of fatal cases, at least, of the genuine typhus icterodes.

7th—*The patient had excessive thirst*, which Sir Gilbert Blane says is not *usually* the case in yellow fever—so say Bally, Jackson, Chisholm, Clark, and Dr. Lewis, of Mobile.

We have then the highest authority for believing that all these symptoms are *generally* present in yellow fever. Cases, however, do occur, in which one or more of them are absent, but rarely, if ever, in which all of them are.

These are some of the facts which, during the progress of the case, led Dr. E. to doubt that it was one of genuine yellow fever, notwithstanding the presence of the copious black vomit, which was so acid that it excoriated the fauces, and notwithstanding the constant uneasiness and jactitation of the patient, which are generally so characteristic of the disease. This doubt the post-mortem examination so carefully and so creditably made by Dr. Spier fails to remove.

The livid tinge of the surface which he describes does not equal “the yellow color varying from a pale or light to a dark orange or brown tint,” which La Roche says is generally present:—“Sometimes it is greenish, mahogany, leaden, purple, or black.” The lungs were engorged with black blood, as they sometimes are in yellow fever, though Drs. Physick and Cathrall (1793) found the lungs perfectly sound; so as a general thing did Harrison, La Roche, and others. Not unfrequently, however, the lower portions, of the lungs are engorged with altered blood. This is frequently so in other diseases characterized by blood dyscrasia. The *dark clot* found in the right cavities of the heart in this case is like that frequently found in yellow fever, though Bally and Pinnell found it of a light amber color. The dark clot is also found in other diseases. The stomach contained the same dark fluid as that vomited, so did the intestines.

Dr. Bell relies mainly on fatty degeneration of the liver as the “pathognomonic lesion” of yellow fever. This is unfortunate for his diagnosis in this case, for the liver was not fatty in the true sense of the term. Dr. E. said he examined the hepatic cells and tissue with Dr. Spier. The cells were unusually normal—less fatty than those of any liver examined at the B. C. Hospital, in the last six months. A few cells contained a little more than the normal quantity of fat, but this can be found in most livers and in various diseases. Hæmatoidin was found abundant in the hepatic tissue, which Dr. Clark says is not found in yellow fever. The liver had not the

yellow color so much insisted on by Louis, as the *peculiar* condition in yellow fever, and which is now supposed by some to be owing to acute fatty degeneration. M. Catel says, of 150 cases of yellow fever, all the livers were abnormal in color—discolored, and yellow, fawn or drab. Dr. Spier says, this liver was very dark, between a purple and a chocolate, with a few patches on the anterior part a little lighter—slightly yellow in tint. The general and microscopic appearance of this liver, then, is unlike that usually seen in yellow fever. The *spleen* was *very soft*; whereas in yellow fever, says Bartlett, it is not the seat of any frequent and important alterations. Louis and Trousseau found it somewhat softened in about half the cases. Dr. Bache, in two out of ten. Dr. La Roche says it is often little, if at all, changed. The kidney was not degenerated, as in Bright's disease. The urine was scanty, though he passed it, he said, the evening before Dr. Conkling saw him. That found in the bladder was albuminous. It is scanty or suppressed in yellow fever; so it is in cholera, or in any disease in which the fluids are passing off rapidly by the skin, or, as in this case, by the gastro-intestinal mucous membrane. The albumen was due to the presence of blood in the urine, as proved by the microscopic examination. The kidneys were congested, but normal in *size* and structure. Dr. Pinnell says, in fatal cases of yellow fever the kidneys are in a condition like that witnessed in Bright's disease. Dr. Blair met with only a few cases of *blood urine* in yellow fever. He regarded it as a favorable symptom.

The muscular fibres of the heart were perfect. In yellow fever Prof. Riddell found them degenerated, all traces of striation having disappeared.

DR. BELL said the "liver was just beginning to be dissolved," "that fatty degeneration had but just commenced." This may be so, but it hardly answers the purpose of a "pathognomonic" diagnosis. We cannot well say what it was about to do; all we can say, in point of fact, is, the liver was *not* fawn-colored, it was *not* in a state of fatty degeneration. We might as well say the kidneys were in the same morbid condition, because, though otherwise sound and healthy, a few of the tubuli uriniferi were bereft of their epithelium. So far as the heart is concerned, there is no room to predict that any such process was about to take place, for the record is, its "structure was perfect." The molecular disarrangement of the cardiac muscular fibres, which Prof. Riddell found so constant in yellow fever, had *not even commenced*.

Hence, from all these facts, Dr. E. inclined to think the case was not one of *genuine yellow fever*. He expressed this doubt with some hesitation, on



account of the positive opinion of Dr. Bell, coincided in, it seems, by the distinguished author of the letter he read. It is proper to remark, however, that Dr. La Roche did not see the patient during life, nor witness the examination of the body after death.

Dr. Bell's explanation of the imperfection of the symptoms and lesions in this case is its "fatal rapidity," which, he says, is usual in climates where yellow fever rarely occurs; "since," he remarks, "the organism is deprived of a gradual adjustment to the influence of the poison, on the same principle as that a vigorous bird speedily perishes in an atmosphere which will sustain one gradually brought under its influence for a much longer time. But surely we must believe that any bird, whether slowly or suddenly brought into a poisonous or foul atmosphere, will live longer or die more gradually when *totally removed* from such atmosphere. Again, supposing this to have been a case of yellow fever, there was ample time for the system to "become adjusted to the influence of the poison." Indeed, this was so ample as of itself to make it rather improbable that the patient had the disease at all.

If not yellow fever, what could this disease have been? It may not be easy to determine this, and assign the proper name. Isolated cases frequently occur which defy nosology. Could it have been the effect of bilious remittent fever? This the patient said he had at Kingston. We shall show that black vomit sometimes occurs in this disease, and that the post-mortem lesions, as a whole, agree better with the pathology of bilious remittent than they do with that of yellow fever. Black vomit occurred in the bilious remittent fever in New York in 1843 in the Hospital, and at Yonkers (*Forrey on Rondout Fever, N. Y. Jour. of Med.*, vol. i. p. 340). Dr. Dickson (authority none will question) in 1825 saw two patients die of bilious remittent fever, on Charleston Neck, who ejected black vomit from the stomach and bowels. He also saw cases in 1827 (*Essays*, p. 355). Dr. Fenner, of New Orleans, saw two cases of it in 1850 (*South. Med. Reports*, ii. 89). Both these authors, let it be remembered, were familiar with yellow fever. Cleghorn saw black vomit in the tertian fever of Minorca, a disease more unlike yellow fever than bilious remittent is. In the Batavian fever, which was a bilious remittent. Dr. J. Johnson said patients sometimes have black vomit, and occasionally after lingering twenty or thirty days. This occurred also, he says, in the Bengal remittent. Trousseau, Lancisi, Garnier, Imray, and others, refer to the occasional occurrence of black vomit in bilious remittent fevers. Dr. La Roche "has

seen an interesting case of copious ejection of well marked black vomit occurring in a fatal attack of colic. It will be recollected in this connexion that Dr. C.'s patient *had great pains in his bowels*, and not in his back, loins, and limbs, as in yellow fever cases. Enough has been said to show that black vomit may occur in bilious remittent fever, even a month after the first attack.

Some of the post-mortem appearances in the case under discussion are more consonant with bilious remittent fever than with yellow fever. The spleen was very soft and friable; Dr. Spier says it was "diffluent." Dr. La Roche remarks that, while the spleen is but little if at all changed in yellow fever, in bilious remittent "it is very generally much enlarged and softened." Dr. Spier says the liver was very dark, between a purple and a chocolate color. This description agrees tolerably well with the so-called "*bronze liver*" of bilious remittent fever. This color, Dr. Alonzo Clark says, is owing to altered *hæmatine*, which Prof. Virchow named *hæmatoidin*. This coloring matter is not in the cells, but in the hepatic tissues. Dr. Spier's drawing well illustrates this. He found the liver well supplied with hæmatoidin. Profs. Clark, Leidy, and Dr. La Roche say, that, though this modified hæmatin is found in black vomit, it has not been found in the liver of the yellow fever.

This liver agrees with that of bilious remittent fever in another point. We have already seen that it was but little, if at all, fatty. Prof. Clark, in his letter to Dr. La Roche on the "*Brone Liver*," says, a deposit of oil globules in the cells and tissues of the liver is *not so frequently met with, nor is it so abundant in remittent as in yellow fever*. In this letter he also makes an interesting remark on the duration of the coloring matter in the bronze liver. He said, "he had examined the livers of two persons who had had remittent fever a year or more before their fatal sickness. In both the remittent color remained well marked, though less intense than in recent cases. The microscope disclosed the coloring matter unchanged, except perhaps, in quantity.

Dr. SPIER found the hæmatoidin not only abundant in the liver, but also in many other organs and tissues. This shows how profoundly the blood was modified. The minute and thorough examination made by Dr. Spier, without reference to any theory, has done much towards clearing up the difficulties of diagnosis in this interesting case.

From a careful view of all the facts before us, the most plausible theory

of the process of the disease appears to be this. That the patient had, as he alleged, at Kingston, bilious remittent fever which confined him to the hospital several weeks—that for two weeks after leaving the hospital he was imperfectly nourished, his diet being *bread and salt fish*; he did not regain his strength. That although he worked his passage to Philadelphia he was all the while very feeble. Arriving here he dined on corned-beef and cabbage; he vomited in the evening. Next day he took salts and cream of tartar, which caused vomiting and purging; in the evening the ejected matters were copious, acid, and dark-colored. This continued at intervals for thirty-eight hours, when he died. It is probable that the *bilious remittent* fever caused the morbid changes in the blood and in the tissues from which Nature was feebly trying to rally—that the last fatal illness was excited in his enfeebled and altered organism by the ingesta which he took, and by the medicine which was given him.

DR. BELL, in reply, added, that he thought no one could justly infer from his previous remarks that black vomit necessarily indicated yellow fever, or that it alone was sufficient to stamp a case of disease as such. In addition to what he had said of the symptoms wanting in this case—headache, backache, aching of the extremities, etc.—these, like jaundice, are not unfrequently absent in rapidly fatal cases, in relapse, or in cases enfeebled by other recent disease. There were several such cases among the invalid soldiers under his care last summer. One, in particular, had been sent from the Tortugas on account of dysentery, and at the time he was received into the Floating Hospital his only complaint was an increasing debility. He gradually sank, and died with black vomit in eighteen hours, without other prominent symptoms. There was no question in this case, because the steamer *Delaware*, in which he arrived, was known to be badly infected. Another case also, an invalid from *intermittent fever*, died in twelve hours from the time of attack, with six hours of black vomit. Both of these cases had fatty degeneration of the liver; in one the liver was yellow, in the other it was livid. Besides such cases as these, there is a class of yellow fever patients known as walking cases, which generally die with black vomit within a few hours from the time they come under observation, and are not usually characterized by chill, headache, or other prominent symptom. Yet they are accepted as true cases of yellow fever.

The case under discussion appears to have been rapidly fatal on account of relapse or other previous cause of debility. It may have been bilious

remittent fever, though we have no evidence of this, other than that the patient himself stated that he had that disease at the time when, and the place where yellow fever is known to have been prevailing. The period of incubation is no index of the duration of the disease, nor of its severity, while it is nevertheless highly probable that the fatal issue in this case was promoted by the change from the high temperature where it was contracted to the low temperature under which the position became active.

That a certain period of incubation, chill, pain in head, back, and extremities, jaundice, suffused and injected eyes, and *absence* of thirst—"that all of these symptoms are *generally* present in yellow fever"—is contrary to both his observation and his reading; and further, that according to a somewhat extended observation of bilious remittent fever in hot climates, he believes most of these symptoms to be quite as essential to "bilious remittent fever" as to yellow fever. But of black vomit as a symptom, whether existing almost alone, as in this case, or in connexion with other symptoms it is certainly much less characteristic of bilious than of yellow fever under any circumstances whatever; and he is therefore wholly unable to see the propriety of taking this symptom to indicate a disease in which it very rarely occurs, rather than one in which it very commonly occurs.

In addition to what has been said of the pathology of the case, it is certainly quite as reasonable to find "a few cells in process of fatty degeneration," and to infer, therefore, that this lesion has but just commenced, as it is not to be satisfied with anything less than the degree of fatty degeneration common to the drunkard's liver in hospital practice.

The presence or absence of hæmatoidin may depend upon the degree of disorganization of the blood corpuscles. This is a recent question in yellow fever, and requires further investigation. The other questions of Dr. Enos are abundantly answered by the authority quoted—Dr. La Roche.

#### *Umbilical Hemorrhage.*

DR. CONKLING reported a case of umbilical hemorrhage:

The hemorrhage first took place on the third day after the birth of the child, and seemed to exude first at the junction of the substance of the cord with the skin, and was very profuse. After applying *pressure*, and the *solution* of the *persulphate of iron* without effect, the cord was cut off at its junction with the skin, for the purpose of ligating the vessels, but this operation proving impracticable, *hot needles* were freely used, and with some benefit; but the hemorrhage still continued, until finally the *actual cautery* was applied with success. For six hours after the first application

of the *actual cautery*, blood continued to ooze, and the child lost, in this time, about a dram of blood. The cautery was again applied, and was followed by a total cessation of the hemorrhage. Three days afterwards the eschar separated, leaving a healthy surface, and the child is now, at the end of nineteen days, to all appearances, well.

### *Cerebro-Spinal Meningitis.*

DR. CONKLING also reported a case of *cerebro-spinal meningitis*:

On the 7th of February he was called to see J. V., aged 62, who has been suffering with severe supra-orbital pain for several weeks, and for the last three days had been confined to his bed. The day after the doctor first saw him, he had a convulsion which lasted about five minutes. He soon afterwards rallied, and for the subsequent nine days he was well enough to walk the room. On the 17th of February he had another and more severe convulsion. Two hours afterwards he was roused to consciousness, but could not articulate. He had partial paralysis of the right side. He lay in a state of partial stupor during the next day, but frequently complaining of pain on the left side of the head, which he pointed out by describing with his finger a small circle on the part complained of. He died on the morning on the 24th of February.

The post-mortem, made by Dr. Speir, revealed a thickening of the meninges, with infiltration of serum and pus into the sub-arachnoid tissue over the entire surface of both hemispheres, and of the cerebellum. In the anterior part of the left hemisphere was an abscess, an inch in diameter containing 3 ss. of thick, greenish pus. The abscess communicated, by a small opening, with the left lateral ventricle, and was lined by a vascular membrane. The ventricles of the brain were filled with sero-purulent effusion, and their lining membranes greatly congested. Under the microscope the cerebral substance was found to be softened and to consist of *disintegrated nerve tubes, granular cells, and molecules.*

DR. OTTERSON called the special attention of the Society to the importance of the treatment in the case of *umbilical hemorrhage*, and to the unusual result in this case, nearly all such cases proving fatal.

DR. BURGE had successfully used the *persulphate of iron* in a case of umbilical hemorrhage, and thought it, perhaps, the best remedy.

DR. CONKLING stated that of seventy-nine cases, reported in the *New York Journal*, there were but nine recoveries, one by the *thimble* and one by the *nitrate of silver*.

ART. II.—*Annual Address before the Erie County Medical Society.*

By S. W. WETMORE, M. D.

*Mr. President and Gentlemen:*

The subject chosen for consideration at this our annual meeting, is that of *Practical Anatomy*, and some of its relations to *Medicine* and *Surgery*.

I do not propose to advance any new theories, or expect to teach this learned body any facts which they are not already familiar with, but, perhaps, make some suggestions which may prove of some utility to the practitioner who neglects this important branch of our profession.

As Anatomy is defined to be the science of the structures of organized bodies or living beings, it would comprise both vegetable and animal anatomy; with the former the botanist is more particularly concerned, of which I do not propose to speak.

Animal anatomy is divisible into zoological or comparative and special anatomy. It receives the former appellation when the entire series of animals is considered, comparing the same organs in the different species; and when it is restricted to the examination of one species, it is denominated special anatomy, as the anatomy of man, which is the division under consideration. A practical knowledge of human anatomy can only be acquired by dissections of the cadaver. It is descriptive anatomy only that can be obtained from text-books. The same cannot be said of pathological, regional or surgical anatomy.

For the purpose of the prosecution of the study of human anatomy, it is generally advisable to prepare the subject for the prevention of decomposition, so that the structures may retain their solidity, color and physiological conditions as much as possible. For this purpose, let us first take into consideration the best possible mode of preparing the material. From time immemorial anatomists have used various substances for this purpose, although it was not until the beginning of the last century that antiseptic and corroded preparations were introduced, and then by Francis Nichols, professor of anatomy at Oxford. This eminent professor, after having experimented with many of the metallic and alkaline preparations, among which were muriate of mercury, white oxide of arsenic, muriate of ammonia, nitrate of potash, the aluminous salts, etc., gave preference to muriate of soda, nitrate of potash, sugar house molasses, and starch in solution, to be used by injection. Since his time, various vegetable and mineral acids, creosote, the essential oils, alcohol, etc., have been in vogue. The preparations most commonly used in medical colleges at the present time is a com-

bination of corrosive sublimate, creosote and alcohol. There are none of the above articles that have the desired effect, that of prohibiting putrefaction, preventing disagreeable odors, and retaining the solidity of the tissues; but, happily, recent discoveries bring to our aid an article which renders all former preparations obsolete, I refer to the arsenite of soda, which I have had the honor of introducing into the University of Buffalo, where it has been tested for the last past three years. This is not an official preparation, nor have I been able to learn by whom it was first prepared, but having ascertained that such an article was in use for this purpose by some who chose to keep latent the *modus operandi* of preparing and using it, I consulted with Prof. Geo. Hadley for the purpose of investigating its composition, properties, best mode of using, etc., and after experimenting some little time, he succeeded in consummating the article sufficiently for all practical purposes, though its formula, equivalent, etc., have not as yet been ascertained. It is prepared by boiling 12 ounces crystalized carbonate of soda and 8 ounces white arsenic in 32 fluid ounces of water for one hour; dilute with water so that 40 fluid ounces contain 3 ounces of white arsenic. This is sufficient for one subject, and can be injected by means of a large syringe into the femoral artery, and through this into all parts of the system.

By experimenting I find that not less than three or four ounces of arsenic, as combined here, will answer the desired object, which under favorable and ordinary circumstances, not only acts as a disinfectant, but an antiseptic, destroying all virus, rendering the tissues firm, the muscles retaining their color and solidity, prohibiting decomposition and offensive odors; in fact it gives a sweet smell to the tissues, as our worthy professor of anatomy, Dr. Eastman, frequently remarks during his lectures—getting his olfactories near a muscle—that “it really has a saccharine odor.”

It is not only peculiar but remarkable that bodies injected with this article remain free from vermin, flies having but little desire to deposit their ova, and when deposited inevitably fail to mature, the process of incubation having been destroyed probably by the poisonous effects of the arsenic. The favorable circumstances suggested above has reference to the condition of the material previous to the introduction of the antiseptic. It would not be reasonable to suppose that a subject which was partially decomposed, or in which putrefaction had already commenced could be as easily preserved as one in which the tissues had not undergone any change. Much depends not only upon the condition of the cadaver, the time

elapsed since death, etc., but upon the malady which rendered life extinct.

There are many diseases and conditions of the system which promote after death the rapid decomposition of the tissues. As a general rule—excepting in diseases of the heart and air passages—those diseases which destroy life most rapidly are followed by the most rapid decomposition of the body; this depends probably upon the condition of the fluids of the body, and particularly the blood, as is frequently observed in the adynamic fevers, typhus, typhoid, and the pernicious or congestive chill, in variola, diphtheria, etc. It is also observed in *sun-stroke*, in which the cadaverous odor is perceivable oftentimes before death.

In apoplexy, the brain (the part involved,) is generally found in a broken-down, disintegrated condition, emitting an offensive, putrid smell. Many others might be mentioned in which experience has taught to be almost an impossibility to prohibit decomposition, particularly in pyæmia, and other blood poisons, unless secured early; by this is meant before the subject gets cold. I find on experimenting on animals bled to death, that if they are injected properly, and as soon after life is extinct as possible, and before the rigor mortis has appeared, that they will keep for almost an indefinite length of time even when exposed to an open and changeable air and the hot rays of the sun; the hair even remaining adherent, and not becoming detached in many months and even years. The same has been claimed for arsenic without the combination with soda, but my experiments have all proved futile, except with the article under consideration.

It would appear the greater amount of fluid, serum, blood, &c., in the body, the greater the tendency to change of tissue; this is evinced on the one hand by dropsical subjects which are prone to a softened tissue; and on the other, by the great facility by which animals are preserved that have died of hemorrhage. This is the manner in which soldiers are embalmed; and those who die of hemorrhage, it is said, are most easily preserved, some of whom have been entombed and in wooden cases since 1861, and without material change, except a general dessication of the features.

Another great desideratum is attained by this article, which is not claimed for any other preparation, that of destroying all virus in the subject: so there is no hazard of poisoning, when the operator pricks, scratches or cuts his fingers, which is frequently the case with students in the dissecting room, who seldom pay any attention to it, and I have yet to learn of the first case of a poisonous or deleterious result. Neither is there any poisonous effects arising from the arsenic, which is claimed by some to be an objection to arsenical preparations.



After the material has been well injected for the purpose of prohibiting decomposition, &c., it should be allowed to remain from twelve to twenty-four hours, when the arteries will be found empty; they should then be filled with something designed to distend them permanently, which will facilitate the tracing and study of the smaller branches very materially. For this purpose I have been in the habit of using simple beef's tallow colored with venetian red, and injected quite hot in the same manner and place as before. If this manipulation be conducted with a proper syringe and some degree of force and dexterity it will be found to have entered even the capillaries in some instances. I have frequently seen the *vasa intestini tenuis* with all their various anastomosing loops which form a series of arches by their frequent inosculation, distended to their utmost capacity, and when viewed in a strong light by looking through the two layers of mesentery, it presents a beautiful tessellated pavement, which the artist would fail to depict.

Nor have my observations been confined to points so near the aorta. The superficialis valve which not unfrequently is of extreme tenuity, passing between the fibres, or in front of the abductor pollicis muscle and completing the superficial Palmer arch by inosculation with the termination of the ulnar, is often as beautifully distended as is creditable to the vital current.

It is also as beautifully demonstrated in the branches of the dorsalis pedis and halucis, or at the base of the brain, where the remarkable anastomosis that takes place between the branches of the internal carotid and vertebral arteries form the circle of Willis.

The distension of the arteries is almost indispensable; the same cannot be said of the veins, as they are generally concomitants to the arteries, and more or less filled with blood, and by their color can be easily designated from the arterial and nervous filaments. They are however sometimes distended with tallow colored with Prussian blue, but the presence of their numerous valves, renders the operation precarious and generally imperfect.

Our material is now considered in readiness for the study of *practical anatomy*.

It is not my purpose here to enter into details pertaining to anatomical demonstrations, but to call the attention of the practitioner to the imperfect manner in which it is taught or acquired, and the necessity of a more thorough anatomical education.

I will venture, though I regret to say, that this, the primary, the funda-

mental study, the base on which to build a medical education is the least perfected of all the various branches pertaining to the healing art. It is remarkable and surprising to see the perfect inability, the incompetency, the absence of even a vague idea of the structure of the human system which exists among some practitioners of good standing; the same can be said of many recent graduates of some of our universities. This is an opprobrium not only to the fraternity generally, but to those institutions which pass men of these qualifications. There is however another class who have a better idea of their organization, that is, they know the osseous system forms the skeleton, the frame-work of the animal, and that they help to form cavities which contain the vital parts, the nervous cavities, etc., and give attachment to muscles, ligaments, tendons and synovial membranes, but a description of a single one of them, even the origin and insertion of a muscle, saying nothing of its functions would be impossible. They are also aware that the heart is the central organ of the circulation, and that the arteries carry arterial or florid, and the veins, venous or dark blood, but how the change of color takes place, or of the circulation through the heart, or of this organ's structure in foetal as well as adult life, consisting of valves, their names, situation, etc., they have a very imperfect knowledge. Again of the deep structures, the viscera, the arteries and their relations, the nerves, their origin, distribution and functions of which they are equally as ignorant, hence their surgical and practical anatomy must be limited. It is unnecessary in this connection to state that there is another class of students and practitioners who perfect this important study, as much as possible, and investigate its relations to medicine and surgery, some of which I propose now to notice; for this purpose we will briefly consider the *cranial nerves*, which in a pathological point of view probably furnish a greater variety of symptoms than all the organic functions combined.

The cranial nerves are nine in number on each side, and are transmitted, through foramina at the base of the skull. They are variable in their size and structure—have a great range of distribution and perform a great variety of functions. They are named numerically according to the order in which they occur, from before, backwards, or pass out of the cranium. Their names are also derived from the part to which they are distributed, or from the special function appropriate to each.

Physiologically or functionally they admit of division, into four groups, namely: nerves of special sense, nerves of common sensation, nerves of mo-

tion, and mixed nerves. It is not deemed necessary to arrange the groups in this description in a tabular form; but to notice briefly their superficial origin, direction, distribution, and a part of their functions.

The first cranial nerve, or olfactory, getting its origin from the under and posterior surface of the anterior lobe of the brain, and passing through foramina in the cribriform plate of the ethmoid bone and distributed to the Schneiderian membrane as a special nerve of the sense of smell, gives us the power of distinguishing odors, the various kinds of which convey different impressions to the mind, and, when impaired by disease, is often an important means of diagnosis. The second, or optic, arising from the thalamus and nates of the tubercula quadrigemina, and passing by the name of the optic tract to the olivary process where its commissure is found, from the anterior surface of which each nerve proceeds to its respective foramen opticum, and is exclusively distributed to the eye as a nerve of the special sense of sight. This nerve, together with the third, fourth and sixth, which arise respectively from the inner side of the crura cerebri, from the valve of Vieussens, and from the constricted portion of the corpora pyramidalia and passing out of the cranium through the foramen lacerum anterius or sphenoidal fissure to all the muscles of the eye, which they endow with motor influence, and after sending filaments to the iris, performs the functions of that noble organ which is the master-piece of Nature's works. By this we distinguish objects both far and near, please our fancy of beauty, view armies in battle array, and all the agreeable variety displayed in the landscape of nature; by this sense we perceive the temper and dispositions, the passions and affections of our fellow-creatures, even when they wish to keep them latent; the discerning eye will detect the deception in the countenance; it is the mirror to the soul, the index to the heart, and a stimulant to the will; in disease it furnishes symptoms which are not evinced by any other organ; through it we detect the condition of the brain, foreboding impending evil, or tending to a favorable issue. The fifth *tri-facial* or *iri-geminal* is a mixed nerve, consisting of motor and sensitive fibres and filaments of the special sense of taste. It is the largest cranial nerve, and resembles a spinal nerve in its origin by two roots and the existence of a ganglion on its posterior root. It extends from the side of the pons varoli to the apex of the petrous portion of the temporal bone, where its sensitive filaments enter the Casserian ganglion, from the anterior surface of which three large branches proceed, viz: the ophthalmic, the superior and inferior maxillary nerves; they pass out of the cranium

respectively through the sphenoidal fissure foramen rotundum and foramen ovale. The first division of the fifth, or ophthalmic, is a sensory nerve, supplying the mucous membrane of the eye and nose, the lachrymal gland and duct, and the integument and muscles of the eyebrow and forehead, making its appearance on the face at the supra-orbital foramen, The power of common sensation being that sense by which we distinguish the different qualities of bodies, such as heat and cold, smoothness from roughness, softness from hardness, solidity, mobility, etc., and the fifth nerve, being the most acutely sensitive nerve in the whole body, it is not surprising that we are quickly admonished of foreign bodies in the eyes and nose. When this irritation is continued, either by foreign bodies, heat or cold, light or injuries, it produces not only excessive local pain, but great constitutional disturbance, with no little amount of febrile action, as is evinced in conjunctivitis and common ophthalmia.

The superior maxillary or second division of the fifth is also a sensory nerve, and is intermediate both in size and position between the ophthalmic and inferior maxillary. It commences at the middle of the Casserian ganglion, and after making its exit through the foramen rotundum, passes across the sphenomaxillary fissure and traverses the floor of the orbit, making its appearance on the face at the infra-orbital foramen. Its branches are numerous, those of the greatest importance supply the teeth and gums of the upper jaw, the soft and hard palate, the tonsils, the antrum of highmore, and the muscles and integument of the lower eyelid, cheek and upper lips.

The third division of the fifth is a compound nerve, consisting of the power of sensation, motion and the special sense of taste. It is the largest of the three divisions, and proceeds from the lower angle of the Casserian ganglion after passing through the foramen ovale it is joined by the anterior or motor root and divides into two trunks, external and internal. The external division consists almost exclusively of fibres from the motor root, and is distributed to all the muscles of mastication. The internal division, terminates in three branches, namely: auriculo-temporal, inferior-maxillary and gustatory. These branches, as their names imply, are distributed to the integument of the temple and external ear, the gums and the teeth of the lower jaw, the lower part of the face and lower lip. The gustatory is distributed to the tongue, and is one of the nerves of the special sense of taste. The inferior dental enters the inferior-maxillary at the dental, and makes its exit at the mental foramen. By means of the fifth pair of nerves we are endowed with the greatest pleasure allotted to man, the boon of earth's

blessings, the necessities and the luxuries of life, health, happiness, wealth and wisdom, the peculiarities of taste, the desires and imaginations of the mind, the gratification of the will, as evinced by the different senses, are all appeased by the function of this nerve.

On the other hand, when its functions are impaired or vitiated either by disease, habit or injury, it is susceptible of producing equally as great misery as its normal and healthy condition is conducive to happiness. Nay, even more when its special sense of taste together with its concomitant, from the Glosso-pharyngeal is excessively gratified and becomes involved by abuse, it is often culpable of the destruction not only of health, happiness, wealth, integrity, virtue and morality, but even of life itself. Again, when the sensative and motor fibres of this nerve together with the facial are involved by disease it is capable of producing the greatest amount of physical suffering, and the most hideous expressions of the countenance of any of the nerves in the body. This is well exemplified in tic douloureux on the one hand, and hemiplegia of the face on the other.

The seventh pair consists of the facial or portio dura and the auditory or portio mollis. The first or facial is the motor nerve of all the muscles of the face. It extends from the lateral tract of the medulla oblongata, or from the groove between the olivary and restiform bodies to the meatus auditorius internus which it enters in connection with the auditory nerve. After traversing the canal it makes it exit at the stylo-mastoid foramen, and is distributed on the side of the face in a radiated direction under the name of the pes anserinus.

The second division or auditory is the special nerve of the sense of hearing. It arises from the posterior median fissure in the floor of the fourth ventricle winding around the corpora restiformia from which it receives fibres, and entering with the facial the meatus auditorius internus, and is exclusively distributed to the cochlea vestibula and semicircular canals. By the sense of hearing we distinguish sounds, and are capable of enjoying all the agreeable charms of music—by it we are enabled to receive instruction, discipline the mind, communicate our thoughts and intentions, our wishes and desires, and enjoy the pleasures of society, and by it our reason is rendered capable of exerting its utmost power and energy.

Pathologically it is one of the first to become impaired by disease, is often rendered obtuse, dull and imperfect, and is symptomatic of various conditions, not only of the organ of hearing, but of the nervous centres, as is evinced by an accumulation of cerumen in the meatus or *linitus aurium* and deafness in fevers, or preceding apoplexy, hysteria and epilepsy.

The eighth pair consists of three nerves, viz: glosso-pharyngeal pneumogastric and spinal accessory. They all arise from the lateral tract of the cord immediately behind the olivary process. The third division or spinal accessory arises by two portions, a vagus and a spinal portion; the latter portion gets its origin as low down as the sixth cervical nerve; the three nerves pass out of the cranium through the jugular foramen. The first division or glosso-pharyngeal, is a compound nerve, and is distributed to the mucous membrane of the fauces and base of the tongue, the mucous glands of the mouth and tonsils; it is the nerve of sensation to the mucous membrane of the pharynx fauces and tonsils; of motion, to the pharyngeal muscles, and a special nerve of taste in all the parts of the tongue to which it is distributed. The second division of pneumogastric is composed of both sensitive and motor filaments. It has a more extensive distribution than any of the other cranial nerves. It is the nerve of the respiratory organs and the upper part of the alimentary canal, sending branches to the larynx, trachea, lungs, pharynx, œsophagus, stomach and heart. It supplies the organs of the voice and respiration with motor and sensitive fibres, and the pharynx, œsophagus, stomach and heart with motor influence. The third division or spinal accessory, is a nerve of motion, and is distributed to the sterno-mastoid and trapezeus muscles, communicating freely with the cervical nerves. The ninth or hypoglossal arises from the groove between the corpora pyramidalia and corpora olivaria, it emerges through the anterior condyloid foramen, and is distributed to all parts of the tongue as a motor nerve. This nerve is said to consist of both motor and sensitive filaments in consequence of convulsive movements being produced in the tongue when the fibres of the nerve are irritated in any part of its course. This, however, according to *Longet*, is owing to its inosculation, with sensitive nerves after it emerges from the skull. His experiments having shown conclusively that if it is irritated at its origin it is entirely insensible.

I have thus hastily, briefly, and very imperfectly given the superficial or apparent origin, distribution and functions of the cranial nerves, and have but casually noticed their relations to medicine and surgery.

Under the head of practical remarks it will be necessary to acknowledge the existence of deep fibres or roots of these cerebro-spinal centre nerves, which may in all instances be traced deeply into the superior and inferior cerebral masses, consisting of both white and gray matter; though says *Van Der Konk*, this examination is one of the most difficult investigations

in minute anatomy. The peculiar softness of these parts, the fact that they are destroyed by slight pressure, the extraordinary minuteness and delicacy of their tissue, their primitive fillaments being quite imperceptible to the naked eye, while it is with difficulty that under a tolerably strong magnifying power, a single thread can be followed even for a very short space.

Practically the brain is divisible into cerebrum, cerebellum, pons-varioli and medulla oblongata. The various diseases and injuries common to these parts are evidenced by the nerves arising from these positions. Through them, in disease we are furnished with very important diagnostic symptoms; by them we are enabled to judge in some instances of the modes of death, particularly of coma paralysis and necramia.

In coma, which signifies that the superior masses or cerebrum is involved, whether from injury or narcotic poison, the first, second, and third nerves are our chief aids in diagnosis, particularly the third, which supplies the iris with motor influence.

If however the cause persists or be increased and is severe, the exitomotor functions become more or less involved. If slight, one pupil may be dilated the other contracted, this condition sometimes exists in apoplexy, and is of very unfavorable import, indicating irritation of the upper portion of the spinal medulla as well as oppression of the superior masses. Irritation of the spinal medulla may produce symptoms as various as its causes are numerous; it may simply produce cerebral excitement manifested by tinnitus aurium, muscæ volitantes, numbness and tingling sensations in the limbs, loss of memory, confusion of ideas, hallucinations, or in its usual signs of intoxication, and in delirium or convulsions, vomiting, hiccough, contracted pupil, etc.

This is often the case when the narcotic poisons have been administered, such as conium, belladonna, alcohol in large quantities, carbonic acid, ether, chloroform introduced by inhalation, and sometimes the excrementitious matter in the blood and bile. Opium and its preparations sometimes produce the same effects before destroying the functions of the superior masses of the nervous system. But if that portion termed by Sir Charles Bell, the respiratory tract be involved sufficiently to suspend the functions of the respiratory nerves, death occurs instantaneously from paralysis of the second division of the eighth pair or vagus, which supplies the lungs and heart with motor influence. If, however, portions of the medulla oblongata be simply irritated sufficiently to produce reflex action, various physiological changes are produced which are peculiar to themselves.

This is well exemplified by irritation of the floor of the fourth ventricle, which increases the glycogenic function of the liver to such an extent that diabetic urine is the result. Concerning the organic changes there is another condition which exists and of a chronic character, involving portions of the encephalic mass from which the deep fibres of the cranial nerves emerge. It has become an established fact that in those who have by disease of the brain, lost their speech, the corpora olivaria is found in a softened, broken down, disintegrated condition, and in those who are congenitally dumb, those bodies are very much atrophied. The same can be said of the corpora restiformia in congenital deafness the deep fibres of the auditory nerve being traced into the ganglionic cells of this body.

Again, in strabismus convergens, produced by repeated convulsions, the upper portion of the corpora pyramidalia is found materially changed, this being the origin of the abducens, or sixth nerve, which supplies the external rectus muscle with motor filaments. Many more pathological conditions might be enumerated, showing the anatomical relations of the *cranial nerves* to *medicine* and *surgery*, but time will not permit. I will therefore submit these feeble suggestions for your consideration, trusting your acquiescence of the necessity of a more thorough knowledge of *Practical Anatomy*.

---

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Gun-shot wound, amputation at the shoulder-joint—Exsection of the Radius—Necrosis after Amputation, remarkable reproduction of bone.* BY J. F. MINER, M. D.

November, 15, 1864.

GENTLEMEN:

The young lad I present before you this morning, has been so unfortunate as to have discharged the contents of a musket, loaded with pistol balls, buck-shot, etc., through the upper portion of his right arm. It has broken in fragments the upper part of the humerus, and has lacerated the muscles of the arm very extensively. The brachial artery is as yet unbroken, while everything near it on all sides is destroyed, the charge having passed from directly opposite the principal vessels through the arm, by some wonderful guidance not cutting this artery. Hemorrhage has been considerable from the extensive laceration of small vessels, and the arm as you observe appears already about half amputated by the accident.



With the advice of my colleagues and their assistance, I propose to amputate at the shoulder-joint, not however, without having considered the propriety of making an exsection and removal of the fragments of bone, or of removing the loose bones, dressing the arm as in fracture, and awaiting the issue. It is proper that I tell you the objections to these apparently more conservative operations, and let you know what has influenced our course of action. If this arm should be dressed as a fracture simply, first removing the loose fragments of detached bone, what in all human probability would be the result? To answer this question briefly, I should say 1st—Continued exhausting hemorrhage from the immense surface of laceration. 2d—Rupture of the brachial artery, the injured and unsupported walls of the vessel giving way before the progress of the ulceration which is likely to follow. 3d—An arm with ununited fracture, with nerves destroyed and thus doubly paralyzed, could hardly compensate for the great risk which such a course would involve—risk of hemorrhage, suppuration, absorption of pus, and all the other dangers of such severe injuries.

Exsection is obnoxious to the same objections; it has too little to offer and too much to risk. The bone is fractured too high up—the large vessels are too much endangered, the process of repair is too slow and uncertain, and if at last all the dangers are safely passed, there is at best but little gained; an arm without a bone, without sensation, and without useful motion, is of no value for such a boy—is not worth risking a single chance of his life, to preserve.

When we come to consider the arguments in favor of the operation I propose to make, there are still dangers, uncertainties and risks. Amputation at the shoulder-joint after injury, is a very dangerous operation to have made; it is easy enough to make, but not highly successful in its results; it can never be made without greatly endangering the life of the patient; with these sources of danger you are all sufficiently familiar. It appears to us as the only way to save this boy's life, and yet we are fully conscious of its uncertainties and of the fearful risks to which he is exposed. The operation itself I have no occasion to describe; it is varied from the usual plan only in making my first flap more posteriorly; this I am obliged to do on account of the extensive laceration which prevents the use for this purpose of the deltoid muscle and integuments covering that region. This however is no inconvenience, and you now observe that the arm is removed with great ease at the shoulder-joint, and that we have perfect adaptation of the parts, though the flaps are made posteriorly and anteriorly. This plan

of operation is practiced by some surgeons from choice; in this instance we have adopted it from necessity; perhaps it is as well as any.

Our 2d operation is for removal of the necrosed portion of the radius. Our patient received gun-shot wound about eight months since, the radius being fractured and comminuted extensively. We now detect necrosed bone, and there is no prospect of union or recovery, at least for the present, without its removal. We therefore excise the dead portion ~~tire~~, leaving a space of about four inches to be filled by whatever material nature may supply. It is quite remarkable what wonderful provisions nature sometimes makes for the repair of similar injuries. She cannot be relied upon to certainly provide a bony union or connection, but when the periostium is left entire nature sometimes restores similar losses by bone; we have reproduction of bony tissue under favorable circumstances, but it is rare, and not to be expected. A cartilaginous or fibro-cartilaginous connection is however to be depended upon. A favorable result then in this case will be recovery without bony union. Our patient will be entitled to his discharge from military duty after the most favorable result.

We have one other operation for removal of dead bone. This young soldier had his arm amputated about one year since; there is dead bone now protruding, not covered by integument. This discharge of pus is very great; the system depressed by this discharge. He is also suffering from what is commonly called "chronic diarrhœa." I advise the removal of this dead bone, as the only way of arresting the diarrhœa; other physicians have not looked upon his case in that light, and have tried to stop the discharge from the bowels first, deferring the removal of dead bone until after recovery. I think his diarrhœa will abate when the system has rallied, as it will upon the cessation of this immense purulent secretion, and as a remedy for all his troubles I propose to remove this dead bone.

Upon cutting down upon this, we find that a new bone has grown around the dead one, and that the whole of the upper third of the humerus has become necrosed after amputation, and I have extracted it almost entire from the bony case which has formed around it. The exact condition had not been mistrusted until this operation has shown us the condition of things. It is much of the nature of necrosis without amputation; new bone has grown around the old and dead one, the cloaca leading to it is at the end, and in this case is sufficiently large to allow extraction of the dead portion. It is a very remarkable case of reproduction of bone; so rare that you will observe it probably but once, in your lives.

Necrosis of the stump after amputation is common, but death of the whole bone and reproduction after the manner you here observe is a termination so rare and remarkable as to be worthy of remembrance.\*

---

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

TUESDAY EVENING, JANUARY 3, 1865.

Society met pursuant to adjournment, the President, Dr. Samo, in the Chair. Present, Drs. White, Rochester, Miner, Gay, Shaw, Congar, Ring, Hauenstein, Johnson and Peters.

The minutes of the last meeting were read and approved.

The Secretary then introduced Dr. H. B. Goff, a practitioner, now attending lectures at the Medical College, who presented an anatomical specimen, with the following explanatory paper, which was ordered to be read:

H. B. P., American by birth, about 50 years of age, the subject of the following report, was an habitual drunkard, and had been gradually sinking, mentally as well as physically, under the influence of alcoholic poisoning for six or seven years. For the last eight months of his life he suffered considerably from chronic diarrhœa and general prostration.

Autopsy was made about twenty-four hours after death. The lungs were found in a normal condition, the mucus coat of the stomach was softened and broken down, the liver healthy, the ventricles of the heart enlarged at the expense of their walls. The immediate cause of his death was evidently inflammation of the bowels, which upon inspection gave the following signs: The bowels were adherent throughout their entire peritoneal extent. The adhesions were of a granular form, varying in size from that of a small shot to that of a common pea, and fastened the convolutions of the bowel, one to another. The kidneys were found in a healthy condition and abnormally connected below the hilus. I have known the patient for twelve years, have been the attending physician of himself and family, and have frequently prescribed for him, but never for any affection of the kidneys or urinary organs, and up to the time of his death the functions of the kidneys were properly performed. The minute anatomy

---

\* The cases above described have terminated very favorably; the amputation at shoulder joint recovered without accident or delay. Hospital gangrene attacked the arm of the second, but after ten or twelve days healthy granulations commenced and recovery is very satisfactory. Recovery of the last has been astonishingly rapid. Healthy granulations have filled the cavity left by extraction of bone. Diarrhœa ceased, and flesh and strength have been fully gained.

of these kidneys I know nothing about, but will present the specimen for your inspection, hoping at some future time to give you the result of a microscopic examination.

The specimen presented consisted of two kidneys, united at their lower ends by a fibrous band about an inch in width, extending in front of the spinal column, from the internal border of one organ, just below the hilus, to the corresponding portion of the other. Owing to their long maceration in alcohol, little could be judged in regard to their pathological condition, but there was no indication of disease.

*Dr. Peters* had that afternoon attended a coroner's inquest in a case which possessed some points of interest.

Yesterday (January 2d) he had been invited by *Dr. Van Guysling* to see with him a woman, *Mrs. C.*, who had been taking *olium tanacetii*, with a probable view to producing abortiou. The history of the case as extracted from the patient previous to death, and from witnesses at the inquest was as follows: On Thursday of the preceding week she complained of not feeling very well, but became better, and made a good supper. On Friday and Saturday she was worse, having considerable hemorrhage from the uterus, and a good deal of pain in the abdomen. On Sunday morning she sent for the doctor, who found her with headache, dilated pupils, marked capillary congestion of the face and hands, labored breathing, obstinate vomiting, and a great deal of tenderness over the stomach and intestines. Hemorrhage had nearly or quite ceased. Appropriate remedies were prescribed, and on Monday the abdominal symptoms had ceased, and there had been no return of hemorrhage, though retching and vomiting still continued. The other symptoms were much the same as on Sunday; the pulse feeble, and the tongue dry. The medicines were continued, with slight changes, but this morning the patient died. Post mortem examination showed extensive peritonitis, with the effusion of considerable purulent fluid into the abdominal cavity. The stomach was also congested, but not so much as had been anticipated, and showed one or two points of ulceration. The uterus was firm, and enlarged, measuring about four and a half inches in length by about three in diameter through the fundus. It contained a firm clot, apparently of some days' standing, while about the *os tinæ*, (which have no marks of violence,) were some shreds of more recent clot. The ovaries were congested, and in one the *corpus luteum* of pregnancy was found.

When alive the patient denied having been pregnant, but admitted that

she had not menstruated for some two months, and that she had taken the oil to "bring on her courses." No evidence was elicited on the inquest to show that anything resembling a fœtus had escaped before or during the hemorrhage, but neither Dr. Van Guysling nor himself nor the coroner (Dr. Richards) entertained the least doubt that the woman had been pregnant and had aborted. It should be stated that the woman's husband had been dead some months, and she was said to have been living in illicit intercourse with another man.

He (Dr. Peters) had never believed the poison mentioned to have any power over the uterus, and did not now. Thought the abortion to have been the result of the severe shock and vomiting induced. Would call attention to the fact that the drug was said to have been purchased at one of our most respectable druggists, without a prescription. Thought that should be regulated by law.

*Dr. White* considered this to be a highly important subject, and deserving of more attention than it received, but was constrained to believe legislative interference impotent in the matter. The true source of the great prevalence of this sort of crime was to be found in the extremely lax feeling in regard to it in the community; the *sans froid* with which females regarded it was really remarkable. The old idea, still retained in the common law, of the non-vitality of the fœtus previous to quickening was undoubtedly the source of this feeling. Was frank to say that there was no remedy he was acquainted with, which was at all sure to procure abortion. Would be glad to get rid of the idea that *ol. tanacetii* can produce contraction of the uterus, had never believed it, and should not do so now, though the woman referred to by Dr. Peters undoubtedly aborted after taking the remedy. Thought she must have been at least three or four months pregnant, and had no doubt that the abortion could be accounted for by the great vomiting and disturbance induced by the poisoning. Had again and again known women to take this poison until sick without producing abortion. Even *ergot*, which increases contraction of the uterus, has, by a wise provision of nature no power to originate it.

*Dr. Rochester* said it was a very common idea that *olium tanacetii* will procure abortion, but he did not believe it. Knew of one case where a negress took enough to kill her without any abortion. In many cases the effect of these remedies was undoubtedly due to mental impression, probably this was the way the various quack remedies acted. Had attended one woman however who bought *DuPonco's Golden Pills*, took them, and

aborted with severe hemorrhage. In applying the tampon, to which he was obliged to have recourse, he discovered the os uteri to be much lacerated, and found the patient had been probing herself with a corset whalebone. This discovery explained why she had so bitterly denounced the pills and the druggist who sold them—they had failed to do their work.

*Dr. Miner* had known several instances where ladies had taken the remedy under discussion, had become sick, had failed to procure any abortion, and had abandoned the drug in disgust. Did not believe that it had any effect different from other essential oils over the uterus. Many women had learned to procure abortion with crotchet needles and similar instruments. Believed physicians sometimes yielded to temptation in such cases; even the profession was not altogether blameless in this matter. He could excuse women who were morally ignorant of the bearings of the case, could excuse even the druggist who sells poisons, etc., indiscriminately, but had no words to express the guilt of the physician who, having been educated, still engages in it. Thought physicians generally did not sufficiently condemn the practice, they were apt to speak jokingly or slightly of it.

*Dr. Congar* had heard respectable medical men named by the people, during the last eight or ten years as procuring abortions, had taken the trouble to watch them and had found it in every instance false. Physicians were often imposed upon by women. A woman would sometimes call upon a medical man and desire medicine to "make her regular," admitting that she was pregnant, and on his declining to interfere, would consult some other physician, denying the fact of pregnancy, and, perhaps, thus deceiving him into giving some remedy which would result in abortion. In that way physicians might acquire a reputation as abortionists, but did not believe there was a medical man in good standing in this city who would be guilty of it.

*Dr. Rochester* could hardly believe there was any respectable medical man who would be guilty of using mechanical means (to which he understood *Dr. Miner* to refer) to procure abortion. Had never heard more than two or three medical men mentioned as capable of such things, and they never had any position.

*Dr. Ring*, before coming to Buffalo, had known two men, one an aged man, a student of *Dr. Rush* of Philadelphia, the other a regularly educated physician, but not a member of any society, who procured abortions openly and fearlessly, but had never known any such case in Buffalo. Was called yesterday to see a lady who had miscarried, and said she

brought it on by oil. tanacetii. Such cases undoubtedly sometimes occurred, but were probably attributable to the shock to the system.

*Dr. White* said it must not be forgotten that a large proportion of abortions occur from slight, or other causes connected with the ovum, and not with the mother, that is, were ovuline and not maternal. This would explain abortions often following causes too slight in themselves to produce such a result. Kind hearted practitioners would often, being moved by the distress of pregnant patients, prescribe some placebo, and, abortion taking place, would be accused of procuring it. Did not believe as did *Dr. Miner*, that any respectable practitioner would be guilty of such practice. Had lived here 32 years, and had known but one case in a circuit of 100 miles; he does it openly, and the consequences are to be seen in our grave-yards.

*Dr. Miner* thought he had been misunderstood. Did not intend to say that a majority, or even any considerable number of respectable practitioners anywhere would do such things. Did believe, however, that physicians had instructed women to procure abortions, and the art of doing so with instruments had been obtained from the profession, and had spread alarmingly. Did not say respectable physicians had done this, but did say graduates of respectable schools, and men in fellowship with the profession. Hoped no one desired to misrepresent him, or make him appear as charging any more upon physicians than facts justified—certainly no one was more ready or anxious than himself to guard the profession from guilt in this matter.

*Dr. Rochester* did not intend to reflect upon *Dr. Miner*, but certainly thought he had been too sweeping in his statement, if he (*Dr. R.*) understood him. Got the idea that *Dr. Miner* meant men of good fellowship, and not one or two sparse individuals.

Some further discussion took place on this point, after which reports were received of prevailing diseases.

*Dr. White* had seen some scarlatina, sore throat, and a little variola. *Dr. Rochester* had seen some roseola, but no scarlatina. *Dr. Gay* mentioned diphtheria. *Dr. Hauenstein* croup, with and without diphtheria. *Dr. Johnson* varioloid, and diphtheritic croup.

After transacting some miscellaneous business the Association adjourned.

JOSEPH A. PETERS, Sec'y.

## EDITORIAL DEPARTMENT.

FIFTY-EIGHTH ANNUAL MEETING OF THE NEW YORK STATE  
MEDICAL SOCIETY.

Dr. C. C. WYCKOFF, delegate from Erie County Medical Society has kindly furnished us with the report of the transactions of the State Medical Society, as published in the Albany *Atlas and Argus*, from which we extract the following items of business, leaving the names of the medical papers which were presented, for consideration after their publication; when their merits may be more fully determined:

TUESDAY Feb. 7. 1865.

The New York State Medical Society met pursuant to statute, in the City Hall, this morning at 11 o'clock. The meeting was called to order by the President of the Society, Dr. Fred. Hyde.

This President then delivered the opening address.

The Secretary announced an invitation from Governor Fenton to visit the Executive Mansion on Wednesday evening at 9 o'clock. Accepted.

Nominating Committee presented the following report:

The Nominating Committee would report the following persons:

For President—HENRY W. DEAN, Rochester.

For Vice President—JOSEPH C. HUTCHISON, Brooklyn.

For Secretary—SYLVESTER D. WILLARD.

For Treasurer—JOHN V. L. QUACKENBUSH.

The Secretary announced that he had received a report from Dr. Charles A. Lee, Chairman of the Committee on "Medical Education." The report was read, and on motion, accepted.

Dr. Brinsmade called up the following report, offered at the last annual meeting of the Society, and which was made a special order for twelve o'clock to-day:

"The undersigned, appointed a Committee to report upon a resolution passed by the Medical Society of the County of New York, relative to the propriety of Medical Practitioners advertising their specialty in medical or other journals, and referred to this Society for decision, beg leave to offer the following resolutions:

*Resolved*, That in the opinion of this Society it is impossible to define the limits of medical specialties, either in medical or other journals.

*Resolved*, That advertisements indicating location and residence, are the utmost limits of self-announcements, consistent with professional dignity; and that all reference to special branches of medical practice, as extra inducement to patronage, should be deemed violations of the Code of Medical Ethics.



*Resolved*, That hereafter any medical practitioner so offending shall be deemed disqualified as delegate to or for membership of this Society, and if already a delegate to, or a member thereof, shall be deemed a fit subject for discipline.

*Resolved*, That this Society recommends all Medical Societies in the State of New York to adopt the foregoing resolutions, with a view to establish the true dignity of our profession.

*Resolved*, That the foregoing resolutions be transmitted to the American Medical Association, at its next meeting, as an expression of the opinion of the Medical Society of the State of New York, and that for this purpose a committee of presentation be appointed.

Thomas C. Brinsmade, Howard Townsend, Guido Furman, Committee.

Dr. Staats moved the adoption of the report. Agreed to.

The Secretary offered the following, in behalf of Dr. Ira Harris, of New York :

*Whereas*, The prevalence of infectious diseases in the city of New York is a source of danger to the health of cities and towns throughout the State; and

*Whereas*, Our professional brethren in New York have put forth renewed and earnest efforts to promote a proper investigation of the sanitary question and to procure the establishment of a suitable system of sanitary government.

*Resolved*, That the New York State Medical Society hereby expresses its cordial interest in the efforts that are being made by leading physicians and citizens of New York to procure the enactment of an adequate system of sanitary government for that city.

*Resolved*, That it is the earnest wish and recommendation of this Society that the bill now pending before the Legislature, entitled "An Act to establish a Metropolitan Sanitary District and Board of Health, to preserve the public health to said district, and to prevent the spread of disease therefrom," be speedily enacted with a law.

*Resolved*. That a copy of these resolutions be presented to the presiding officers of the Senate and Assembly, respectively, with the request that the same be laid before those honorable bodies.

Dr. Kennedy called up the following resolutions, offered yesterday :

*Whereas*, The prevalence of infectious diseases in the city of New York is a source of danger to the health of cities and towns throughout the State; and

*Whereas*, Our professional brethren in New York have put forth renewed and earnest efforts to promote a proper investigation of the sanitary question, and to procure the establishment of a suitable system of sanitary government.

*Resolved*, That the New York State Medical Society hereby expresses its cordial interest in the efforts that are being made by leading physicians and citizens of New York to procure the enactment of an adequate system of sanitary government for that city.

*Resolved*, That it is the earnest wish and recommendation of this Society that the bill now pending before the Legislature, entitled "An Act to

establish a Metropolitan Sanitary District and Board of Health, to preserve the public health in said district, and to prevent the spread of disease therefrom," be speedily enacted into a law.

*Resolved*, That a copy of these resolutions be presented to the presiding officers of the Senate and Assembly, respectively, with the request that the same be laid before those honorable bodies.

After discussion, the resolutions were unanimously adopted.

The Secretary, in behalf of Dr. Orton, presented the following, which were adopted:

*Resolved*, That a standing committee on statistics be annually appointed by this Society, whose duties shall be to solicit, collect and preserve documents relating to the medical profession, and the practice of medicine and surgery in the State of New York.

*Resolved*, That the said Committee prepare a circular, which shall be submitted to and issued by the Committee of Publication of this Society, inviting correspondence and the transmission of facts and observations in the various departments of professional inquiry.

*Resolved*, That the Committee consist of eight members, and shall be selected one from each Senatorial District.

Dr. Steward offered the following, which was adopted:

*Resolved*, That practicing physicians who habitually fail for four consecutive years to join or neglect to attend the meetings of the County Medical Society in which such persons may reside, or some other regular and legal medical organization, in said County, are not eligible to a seat in this body, either by invitation or otherwise.

Dr. Brinsmade offered the following:

*Resolved*, That the thanks of the Society be extended to Dr. Hyde for his very able and interesting address. Adopted.

The Secretary read the following from Dr. T. C. Brinsmade, of Troy:

"I will give \$100 for the best essay on medical and vital statistics. The essay must be accompanied by a plan for making and tabulating hospital reports, records of private practice in medicine, surgery and obstetrics, together with a draft of a law for the registration of births, marriages and deaths. The prize to be awarded by the Committee of the New York State Medical Society on Prize Essays. The essay to be placed in the hands of the Committee, with the plans and drafts, on or before the 15th of December next."

Dr. Wyckoff offered the following, which was adopted:

*Resolved*, That a committee of one or more be appointed to inquire into the status of the law in regard to the reception of members into County Societies, and of the duty of the President in regard to notifying irregular practitioners to join the same.

After adopting a vote of thanks to the retiring officers, the Society adjourned *sine die*.

## BOOKS RECEIVED.

*A Treatise on Military Surgery and Hygiene.* By FRANK HASTINGS HAMILTON, M. D., late Lieutenant-Colonel, Medical Inspector U. S. A.; Professor of Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Medical College; Surgeon to Bellevue Hospital; Professor of Military Surgery, &c., in Long Island College Hospital; author of "Treatise on Fractures and Dislocations," and of a "Practical Treatise on Military Surgery," illustrated with 127 engravings. New York: BAILLIERE BROTHERS, 520 Broadway, 1865.

The simple announcement of the publication of this work will be sufficient review for most of our readers, who will immediately peruse its pages for themselves. The reputation of the distinguished author, his former works upon surgery, and his practical familiarity with military practice will afford sufficient guarantee of the value of this work, insomuch that no words of ours, could add anything to its early appreciation by the profession.

In the first Chapter, or *Introduction*, is presented a great amount of general instruction in Military Surgery, and many interesting subjects are discussed in a manner which cannot fail to interest every medical man. The differences between civil and military surgery—qualifications of military medical officers, ambulances, hospital system, character of army surgeons, their dangers, bravery, and general education, their position or rank, authority, or rather want of authority, etc., etc., are the subjects which are here introduced and which constitute a very valuable and highly entertaining portion of the work.

The second chapter, upon *Examination of Recruits*, is very full and valuable. The whole ground has been covered, and, perhaps, a more perfect, more direct and convincing statement could not be found of the conditions which should and do disqualify for active military duty. Examining surgeons will act wisely by carefully perusing this chapter.

Chapter 3d is upon the "General Hygiene of Troops," and under this heading is considered everything relating to the food, dress and care of soldiers. There are in the volume twenty-five other chapters upon the following subjects: Bivouac Accommodation of Troops in Tents, Barracks, Billets, Huts, etc.; Hospitals; Preparations for the Field; Hygienic Management of Troops upon the March; Conveyance of Sick and Wounded Soldiers; Gun-Shot Wounds; Gun-Shot Injuries of the Head; Gun-Shot Injuries of the Face and Neck; Gun-Shot Wounds of the Thorax; Punctured and Incised Wounds of the Thorax; Gun-Shot Wounds of the Abdomen; Gun-Shot Wounds in the Male Organs of Generation; Gun-Shot Fractures; Amputations; Exsections; Arrow Wounds; Traumatic Gan-

grene; Hospital Gangrene; Dry Gangrene; Tetanus; Scorbutus; On the Employment of *Æ*nesthetics in Major Amputations, and other Severe Surgical Operations after Gun-Shot Injuries; Appendix. The appendix is devoted to relation of interesting and remarkable cases in detail, showing the results of the various major operations in military practice. The book, taken altogether, is a very valuable one, and constitutes our standard authority upon military surgery.

---

*The Book of Prescriptions containing 3000 prescriptions, collected from the practice of the most eminent Physicians and Surgeons, English, French and American; comprising also a compendious history of the Materia Medica, lists of the doses of all officinal or established preparations, and an Index of Diseases and Remedies. BY HENRY BEASLEY, author of "The Druggist's Receipt Book" and "The Medical Formulary."* Philadelphia: LINDSAY & BLAKISTON, 1865.

This is a volume of the Prescriptions of those "medical authors who are generally considered of most authority," with a short description of each medicine, and a list of the doses in which its several preparations may be prescribed. It also contains an index of Diseases and Remedies, and to this edition have been added one hundred new prescriptions

The art of prescribing medicines scientifically and tastily, should most certainly be cultivated, and the formulæ contained in this book, are generally elegant, and every way satisfactory. It however, must not be omitted, in connection with the appearance of such work, to say that physicians should not study these forms and administer these medicines, because the most distinguished physicians have done so, and recommended them to others. We have no doubt that many of the prescriptions herein contained, may have appeared to the authors as eminently useful in the cases for which they were prescribed, and that the authority is good for their administration, at the same time, we presume that no other physician will ever observe half so favorable results. That physician, who uses the fewest remedies, and understands fully the uses of these few medicines, will prove himself the most safe and successful practitioner, while he who copies the prescriptions of the "most distinguished physicians" will make a dunce of himself, and often a victim of his patients.

This book of prescriptions is presented to us in the best style of the publishers, and is in every way an attractive volume. Though we have no great veneration for the prescriptions of distinguished authors, and do not recommend physicians to imitate or copy them, advocating at the same time the use of only a few well understood, well tested remedies; still we

do not find any fault with this book. It is just what it claims to be; is in good style, the selections are well and carefully made, and the volume is thoroughly adapted to the objects intended by its publication.

---

*Glaucoma; its Symptoms, Diagnosis, and Treatment*, by PETER DIRCK KEYSER, M. M. Philadelphia: LINDSAY & BLACKISTON, 1864.

The author says, that in the great majority of cases there is a premonitory stage in this disease, which is characterized by several or all the following symptoms, which are, however, of periodic occurrence, there being an interval of perfect intermission. When there are not perfect intermissions, only remissions of the symptoms, it must be regarded as a confirmed glaucoma.

The following symptoms are met with in the premonitory stage:

1. Increased tension of the eyeball.
2. Marked increase of any existing presbyopia.
3. Venous hyperæmia.
4. Haziness of the aqueous and vitreous humors.
5. Dilatation and sluggishness of the pupil.
6. Periodic dimness of sight.
7. The appearance of a halo or rainbow round a candle.
8. Intermitting pains in and around the eye; these are not always present.
9. Slight contractions of the field of vision.

This dissertation or monograph is well worthy attentive perusal by all active practitioners. It is very instructive, and will greatly aid in the early diagnosis of this disease.

---

#### BOOKS RECEIVED.

*Report on the condition of the Insane Poor in the County Poor Houses of New York.* BY SYLVESTER D. WILLARD, M. D.

*The Ophthalmic Review; a Quarterly Journal of Ophthalmic Surgery and Science.* Edited by J. ZACHARIAH LAURENCE, of London, and THOMAS WINDSOR, of Manchester.

*Fourteenth Anniversary Meeting of the Illinois State Medical Society, held in Chicago, May 3, 4 and 5, 1864.*

*Transactions of the Medical Society of the State of Pennsylvania, at its Fifteenth Annual Session, held in Philadelphia, June, 1864.*

*Defective and Impaired Vision, with the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.* BY LAURENCE TURNBULL, M. D., Ophthalmic Surgeon to Howard Hospital; Member of the American Medical Association, etc. Philadelphia: LINDSAY & BLACKISTON.

*Annual Returns of the Hamilton City Hospital; prepared by DOCTOR STRANGE, of the City Hospital.*

**SURGEON-GENERAL OF NEW YORK.**—Dr. S. D. Willard, of Albany, has been appointed Surgeon-General of the State of New York on the staff of Gov. Fenton. A more efficient and capable officer could not have been selected.

THE eminent surgeon, M. Nelaton, has been honored with a costly and handsome gold medal, from the Italian residents of Peru, as an expression of their appreciation of the eminent services rendered by him to Garibaldi.

A NEW USE FOR PETROLEUM.—Dr. Decaisne, of Antwerp, announces that the itch may be cured instantaneously by simply applying (without rubbing) petroleum to the parts affected. The mere emanations of that oil are sufficient to disinfect the patient's clothes, and Dr. Decaisne adds that all other parasites of the human body may be destroyed immediately by the same means.

RAIL ROAD KILLED AND WOUNDED.—There were more people killed and wounded by railroad accidents last year than any year since 1854. One hundred and forty accidents occurred; four hundred and four lives were lost, and one thousand eight hundred and forty-six persons were wounded.

BARON LIEBIG.—Herr Von Liebig, the well-known chemist, has resigned his Chair in the University of Munich. He has received a brilliant offer from the corporation of London to superintend the disinfection, and application to agriculture, of the liquid and solid dejections of that immense city.

TREATMENT OF MALARIOUS FEVERS BY SUBCUTANEOUS INJECTION OF SOLUTION OF QUINIA.—Mr. Moore, of the Bombay Service, states (*The Indian Annals of Medical Science*, April, 1864) that he has been latterly using quina hypodermetically for the cure of malarious fevers with success.

"I use," he says, "the strongest solution of quinine which can be prepared, viz.: thirty grains of quinine, ten or twelve drops of sulphuric acid, and half an ounce of water. Of this, previously strained, I inject from half a drachm to a drachm, the former quantity containing somewhat less than four grains of the active agent. With the exception of a little sulphate of soda, if the bowels are confined, I have used no other remedies, in complicated cases of any type of malarious fever. When the spleen is enlarged, or a leucocythemic condition manifest, I prescribe, as an additional curative agent, one or other of the preparations of iron."

MEDICAL FEES IN AMERICA.—The "doctors" of Hanover county, Virginia, announce the following as their tariff of fees:—Thirty dollars per visit for all distances of five miles and under; all distances over five miles, an additional fee of two dollars per mile; night visits double that of day visits; consultation fee, forty dollars; obstetric cases, one hundred dollars.—*Lancet*.

BIRTH EXTRAORDINARY.—A few days since the wife of a laborer of Leamington gave birth to four children, all still-born.—*Lancet*.

B U F F A L O

# Medical and Surgical Journal.

---

---

VOL. IV.

MARCH, 1865.

No. 8.

---

---

ART. I.—*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, APRIL, 1863.

*Amputation of the Leg.*

DR. WM. GILFILLAN showed a leg which he had amputated above the knee. The subject was a child, who had been run over that afternoon by a railroad car, producing a *comminuted fracture* of the leg, with great destruction of the soft parts. In this instance there was very little hemorrhage; the *posterior tibial artery* was torn across, but the child did not seem to suffer from the shock. The operation was performed three hours after the accident.

DR. ENOS thought it a very unusual circumstance, that there was no *shock* to the system after such a severe injury.

DR. GILFILLAN thought it might be owing to the sudden and complete destruction of the parts.

*Disarticulation of the Wrist.*

DR. ENOS reported a case of *disarticulation of the hand at the wrist*, from injuries produced by a *hay-cutting machine*. In this case the styloid process of the radius, and not that of the ulna, was removed in order to give the patient the power of *pronation* and *supination*. There was no shock to the system, and but slight evidence of pain. No anæsthetic was used.

*Aneurism of the Aorta.*

DR. SPEIR presented a specimen of *aneurism* at the *arch* of the *aorta*. The subject, a seaman, was admitted into the Brooklyn City Hospital on November 17th, 1862, for aneurism, which was discovered two years previously, while an inmate of that institution. The prominent symptoms were, palpitation, great dyspnoea, ver-

tigo, hoarseness of voice, constant beating pains on the right side of the neck, occasionally shooting down the right arm; the patient lies upon the left side, spits up a thick muens, mixed with dark, thick blood; the left radial pulse almost imperceptible; the left brachial, subelavian and carotid arteries pulsate less forcibly than natural; increased pulsation and *thrill* in the right subelavian and carotid arteries, with *aortic direct* and *regurgitant murmur*.—The patient died on the 19th of April, 1862.

The post mortem revealed a large amount of serous fluid in the pleural cavity; the heart was double its normal size, and the whole arch of the aorta was very much dilated; the kidneys presented the usual appearance of Bright's Disease, and there was a fatty degeneration of the liver. There were two other aneurismal *tumors* connected with the subelavian and carotid arteries, one and one-half by one inch, which were completely blocked up with fibrin. In one of these tumors the pneumogastric nerve was almost obliterated.

DR. BELL stated that he had had charge of this patient for two months. He deemed it somewhat remarkable that no absorption of bone had taken place. The disease seemed to have terminated earlier than is usual in similar cases, and he thought it was, probably owing to interference with respiration, the life of the patient being worn out by the constant pressure of these tumors on the pneumogastric nerve. Other members of the same family have fallen victims to the same disease.

#### *Calcareous Tumor.*

DR. ENOS showed a specimen of *calcareous tumor*, removed from the right eye-brow, and which had existed for seventeen or eighteen years, but which had not increased in size for the last ten. The tumor was quite moveable.

---

REGULAR MEETING, JUNE, 1863.

#### *Pathological Specimens, by DR. SPEIR.*

A woman, 67 years of age, fell on the side-walk, and was trampled upon by a team of horses. She died two days after the accident.



The post mortem revealed *emphysema of left side and neck, fracture of the scapula, and of the second, fourth and sixth ribs.* There was also a *double femoral hernia, fracture of the orbital plate of the frontal bone, extending into the petrous portion of the temporal bone, and through the sphenoid.* There was also *ecchymosis of the eyes, an atheromatous condition of the aorta, and an aneurism at the bifurcation of the iliac artery.*

*Specimen of Pericarditis.*

The subject of this specimen was a man, 35 years of age, of intemperate habits. He had been on a spree for a week, and was attacked with pleuritis, when he entered the Brooklyn City Hospital. He died twenty-four hours afterwards.

On post mortem found eight ounces of serum in the pericardial sac, and coagulable lymph on its sides. The *liver* was fatty and atrophied, weighing only one and one-half pounds.

*Specimen of Diffuse Popliteal Aneurism.*

The subject of this specimen was a colored man, who entered the Brooklyn City Hospital June 1st, 1863. On the 12th of January preceding, he had the left femoral artery tied for popliteal aneurism, the wound healing up by first intention. He then had an attack of articular rheumatism in the knee-joint, with considerable swelling. It was punctured with an exploring needle, and synovial fluid, with serum, flowed out. About the 1st of March, as he expressed himself, he felt something give way in the calf of his leg, as if a vein had burst; the blood gurgled up towards the knee, and looked like a mouse crawling under a sheet. The knee then swelled and became very painful. In the course of a few days it was opened by Dr. Raphael, and there was a discharge of grumous blood, resembling *meconium.* The articulation of the tibia and femur could be felt through the opening. This, it seems, has filled up, and been opened two or three times since, and when he entered the Brooklyn City Hospital it was discharging a bloody serum, intermingled with clots. The back of the leg felt boggy and undermined; the pulse was fair, appetite craving, mucous membrane pale. There was lateral motion at the knee-joint, and some crepitus. He complained of great tenderness along the back of the calf of the leg, and along the *tendo-achillis.*

On the 6th of June there was a free discharge of blood and serum, and on the next day some discharge of pus. Upon consultation by Drs. Kissam, Enos, Hutchison and Cochrane, *amputation* was decided upon, but the patient declined. Another opening was soon after made by the matter at the outside and back of the calf of the leg, which discharged a great deal of pus and blood. A bandage was then applied to the leg, from the toes upwards, which had to be occasionally removed, in consequence of its pressing too much on the *spine of the tibia*.

On the 11th of June, when the bandage was removed, there was a profuse arterial hemorrhage, not, however, *per saltem*. This was controlled by the persulphate of iron and bandaging.

On the 12th of June Dr. Kissam amputated through the middle of the thigh, with very little loss of blood.

In examining the amputated limb, an aneurismal sac, about the size of a horse chestnut, was found ruptured in the popliteal space. This communicated with a large cavity, extending up and down among the tissues, and communicating with the cavity of the joint. The articular ends of the bones were partially deprived of cartilage. The femoral artery of the amputated limb was found atheromatous.

DR. BELL remarked that in the case of the woman, the head was injured by the foot of the horse. She was perfectly conscious, and related everything that happened to her, stating that she had not been run over. There was no hemorrhage from the ears.

DR. ENOS thought that although the fracture of the head was so extensive, the displacement was so slight as not to produce any laceration of the *dura mater*, and hence the reason of no hemorrhage from the ear. In the case of pericarditis, he remarked that he had never seen so large a fibrinous deposit about the heart, and thought it very strange that life could have been prolonged, until such an extensive deposit was formed. He was also present at the amputation of the leg referred to, and did not notice any retraction of the vessels, nor did the skin seem to have any elasticity. The arteries had to be drawn out by the forceps, and there was very little loss of blood.

DR. WM. GILFILLAN thought it a very remarkable case. He understood, from the history of the case, that the ligature was

applied in January, and the aneurism did not appear until the following June. In this instance, therefore, the ligature must have, evidently, failed in curing the aneurism, as it became so diffused. He thought it a very singular circumstance, that after *ligation* the aneurism should have become *diffuse*. The circulation could not have been at any time cut off from the aneurism.

DR. ENOS stated that he had understood that the Doctor who operated at the time, did not attempt to obliterate the artery, but merely to cut off the circulation from the aneurism. He was present at the consultation, and it was very plain that there had been an erosion of the cartilage of the joint, as *crepitus* was very distinct. He could feel the pulsation of the artery, but could not say whether it was the *femoral* or the *profunda*, enlarged.

*Spiculae of Bone from Wound.*

DR. ENOS presented several *spiculae* of bone, removed from the tibia of a patient, the result of a gun-shot wound, received on the 6th of May, 1863. The ball entered below the head of the tibia, coming out on the other side, splitting and fracturing the bone. From time to time the pieces of bone were removed, and in one of these was found the nutrient artery. The patient, after a great deal of suffering from inflammation and suppuration, gradually recovered, and is now doing pretty well. The limb is shortened. The open and ulcerated surface was very painful, and morphine was introduced after the discharge of pus had stopped. Its application seemed to allay the pain, and produce active granulations.

*Fracture of the Skull with Depression.*

DR. WM. GILFILLAN gave the history of a case of *fracture of the skull with depression*, and removal of the fragments. A private in the 1st Connecticut Artillery, was wounded in the head by the kick of a horse, on the 27th of June, 1862. No careful examination, it seems, had been made of the wound for some weeks. Water dressing was applied, and pus was freely secreted. He was discharged at Baltimore in September, and was admitted into the Long Island College Hospital on the 26th of the same month. On examination found a wound at the occipital protuberance, and on introducing the probe, the bone was felt denuded and rough, over

a space of two or more inches. The probe, at one point, passed between the fragments, and touched the dura mater. The pus had the peculiar odor of dead bone, which, however, could not be moved by the probe. As separation must have taken place, after such a lapse of time from the receipt of the injury, it was decided to cut down and remove the dead pieces of bone. This was done on the 28th of September, and two pieces of bone were removed, exposing the dura mater for fully three inches by two. Considerable discharge of pus took place for two days afterwards. Two weeks subsequent to the operation, an abscess formed below the occipital protuberance, and was opened, discharging a large amount of fetid pus. He was discharged on the 20th of October.

In this case there were no symptoms of compression at any time, although the bone was depressed under the edge of the remaining sound piece of occipital bone. Nor was there any disturbance in the functions of the cerebellum. The soft parts healed readily over the cavity. But what was most singular was, that the inner table was completely gone, although the dura mater was fully exposed. He would ask, *what became of the inner table?* Was it dissolved in the pus, which was discharging freely for three months?

DR. BELL remarked that the inner table must have been absorbed, or else lost in suppuration. In one piece *disintegration* seems to have gone on rapidly, as it is very rough, and pierced by a number of holes.

DR. EXOS thought that it could not have been lost in suppuration, as the inner table is very hard. We find bones, bathed in pus for months, remain intact, and do not become eroded. He thought, therefore, that it must be owing to absorption. It is a fact, that bone will sometimes break down, as the microscope will sometimes show this to be the case, in examining pus.

---

QUARTERLY MEETING, JULY, 1863.

*Apothecaries and their relation to the Medical Profession.*

At a meeting of the Society, held July 14, 1863, the attention of the Society was called to the censurable course pursued by some of the druggists of this city. It was stated by several of the

members that these gentlemen were in the habit of commenting upon prescriptions to the disparagement of physicians, substituting other articles for those prescribed, and not unfrequently renewing the prescriptions without the knowledge or consent of the attending physician, and that they were in the habit of prescribing for patients. For these, among other reasons, a committee was appointed, who made the following report, which was adopted:

*Whereas*, It is eminently desirable that the art of prescribing and dispensing medicines should conform, as far as possible, to scientific accuracy; therefore,

*Resolved*, That the Medical Society of the County of Kings recognizes the fact that physicians should be scrupulously careful in writing their prescriptions distinctly, and that they should use, as far as practicable, officinal names only.

*Resolved*, That it is the duty of dispensing apothecaries to put up prescriptions distinctly as directed; or to reject them, excepting, however, when there is cause to suspect a mistake; in which case, it is manifestly the duty of the apothecary to assure himself of the intention of the prescriber, before dispensing the prescription.

*Resolved*, That the practice which some apothecaries indulge in of treating cases of disease constitutes quackery in its worst form, because of the false confidence which their semi-professional character inspires in the minds of the people.

*Resolved*, That recommending nostrums, prescribing, criticizing prescriptions, or otherwise indulging in conversation tending to impair confidence in the author of a prescription, substituting other articles than those directed by physicians, keeping incompetent clerks, dispensing medicines of bad quality, repeating prescriptions against the expressed wish of the prescriber, and habitual carelessness, are all disreputable practices; and it shall be the duty of the members of this Society, who may hereafter become cognizant of such conduct, to report the same to the Society for the benefit of his fellows.

*Resolved*, That these resolutions and preamble be approved by the President and Secretary in behalf of the Society, and published; and that a copy of the same be presented to every apothecary in the county, if practicable.

---

QUARTERLY MEETING, OCTOBER, 1863.

*Specimen of Entozoa.*

Dr. SPEIR presented an interesting specimen of entozoa, taken from the right side of the heart of a dog. In the evening the

animal was in perfect health, but on the following morning was found dead. On opening the heart these *worms* were found (dead) in the right ventricle.

In reply to a question the Doctor stated that he had never found these animals in the human heart, but had discovered them in the kidneys. In this ventricle two were found, besides a clot of blood. The question here recurred, how did they get into the ventricle?

Dr. ENOS looked upon it as a very interesting subject, and well worthy of being thoroughly sifted.

#### *Pyemia.*

Dr. SPEIR also presented a specimen of pyemia. The subject was a man who recently died in the Brooklyn City Hospital. He had been operated upon a short time previously for a compound fracture of the leg. Gangrene set in, in the stump, and the man died. On post mortem, found the blood vessels, especially the superficial veins, distended with air. The blood was also *oily*, which seemed under the microscope, to be principally *margarine*. The liver was waxy, but the other organs of the body appeared to be healthy. Air was also found in the cephalic vein.

---

#### REGULAR MEETING, OCTOBER, 1863.

#### *Hypertrophy of the Heart.*

Dr. BALL presented a pathological specimen of hypertrophy of the heart. The subject, a man 35 years of age, had had, when quite young, several attacks of rheumatism. In examining the heart, found a dilatation, and disease of the valves. The valves of the pulmonary artery seemed to be normal, but in the others were found large deposits of calcareous matter. The weight of the heart was twenty-five ounces avoirdupois. Another remarkable characteristic of this case was an undescended and undeveloped testicle, the other being perfectly normal.

#### *Cystic Tumor of the Breast.*

Dr. BALL also presented another specimen, which he deemed very important in point of diagnosis, viz: a diseased mammary gland.

On the 12th October, 1863, was called to see an unmarried woman, aged 40 years, suffering from a tumor in the left breast. It had the *feel* of scirrhus, although the history of the case would not induce that belief. It was rapidly growing larger, however, and produced a great deal of uneasiness and trouble. Told her that it was not of a malignant character, and advised its removal. She consented, and it was removed on the 16th instant. On examination it proved to be a cystic tumor, with two cysts, one of which would contain an ounce. The fluid was serous, and of a brownish color. He thought it a very interesting case in regard to forming a diagnosis between it and scirrhus.

In reply to a question, Dr. Ball stated, that in the case first mentioned, the man had suffered a great deal from cardiac trouble, and when last seen he was suffering from great dyspnœa, produced by hydro-thorax and hydro-s-pericardii. In regard to the undeveloped testicle he would remark, that the man was the father of three or four children.

Dr. ENOS stated that another point of interest in the case was an inguinal hernia, on the same side with the undeveloped testicle. In regard to the diseased mammary gland, he would state, that the two cysts occupied the posterior part of the breast, between the cellular tissue and the adjacent parts. They were not lined by epithelium. The fluid was serum, and contained more or less oil globules; but these had, undoubtedly, floated out from the surrounding structure. Whether the disease had originated in the lactiferous tubes or not, he could not say; but he was inclined to think that it did not, judging from the position of the tumor. It was not a compound cyst, nor of a cancerous nature.

Dr. JONES desired to know, what advantage could accrue to the patient in removing the breast, and also whether benign tumors of the mammary gland, of the character represented, would lead, in the end, to malignant trouble.

Dr. BALL replied, that when he first saw the tumor it was large, and seemed to be increasing very rapidly, producing great inconvenience to the patient. To obviate this was one great advantage in its removal. He doubted whether the disease would ever degenerate into scirrhus.

Dr. FORD had often seen tumors of the breast assume a consid-

erable size, and give a great deal of trouble; but the difficulty soon subsided, and the tumor entirely disappeared. He thought, therefore, that it would have been more judicious to have waited, and practiced conservative surgery.

DR. JONES had had two patients with tumors of the breast, which at times, increased rapidly, and as often decreased, causing no detriment to their health. In one of these cases he thought of removing the breast, but did not feel justified in doing so. His own opinion in regard to Dr. Ball's case was, that the operation might have been deferred.

DR. GARDINER called the attention of the Society to the use of the compressed sponge in tumors of this character, a subject which was discussed, some time ago, at one of our monthly meetings. He had had a case of enlarged cervical glands, which he had treated successfully with compressed sponge. In the treatment of benign tumors of the mammary gland, Dr. Batchelder used this means with great efficacy.

DR. BALL thought it proper to state, that he never advised operation in these cases, when the tumor was stationary; but in the present instance it was developing so rapidly that he thought its removal justifiable.

DR. SPEIR presented several pathological specimens from post mortems recently held at the Brooklyn City Hospital.

#### *Fracture of the Liver.*

This specimen was from a boy who had been run over by a swill cart, and who died about an hour afterward. The lesions in this case were a fracture of the liver through its longitudinal fissure, and a partial fracture of the kidneys. The abdomen was nearly filled with blood, and the heart contracted, but no clots were found in its cavities. There were tuberculous deposits in the lungs, and the thymus gland was undergoing cystic degeneration.

#### *Tuberculosis.*

Another specimen was taken from a man, 40 years of age, who was admitted about two months before death, in the hospital, for chronic diarrhœa. He complained exceedingly of shooting pains across the bowels. He failed rapidly and died on the 17th instant.



The lungs contained deposits of arrested tubercles; the liver was softened and tuberculous, containing an abscess, which communicated with the gall-bladder. The kidneys were fatty, and in the left one was found a small renal calculus. The rectum was ulcerated, and contained a tuberculous deposit. The diaphragm was adherent to the liver in several places. The *matter* from the abscess was examined under the microscope, and found to contain tubercles. The cause of death was tuberculosis of the liver.

In reply to a question, Dr. Speir stated, that the boy had all the external marks of injury about the region of the liver. About three pints of blood were found in the cavity of the abdomen.

Some discussion here ensued in reference to abscess of the liver, Dr. Enos remarking, that while in Paris he saw a case of the kind, where the *matter* was discharging through the hypochondriac region, the attending surgeon having a long tube inserted, to facilitate its discharge.

DR. JONES had treated one of these cases, and supposed it, at the time, to be an acute inflammation of that organ. When the patient was able to go about, he went to New London, where he was again taken sick. He (Dr. Jones) was subsequently informed that the person had had an abscess of the liver, which discharged freely, and he recovered.

---

REGULAR MEETING, NOVEMBER, 1863.

*Therapeutics.*

DR. C. L. MITCHELL called attention to his recent experience in the effects of certain remedies.

1.—Quinine, which for the last year he had found remarkably beneficial in allaying bronchial irritation, especially in children. He has used it in some cases of almost incessant cough, and had found it successful after the failure of all the more usual anodyne expectorant remedies. In the bronchial irritation of pneumonia he had found it equally effectual and reliable. He cited the case of a child, aged 11, with excessive bronchial irritation, causing almost incessant cough, following measles. Skin dry, pulse 120, anorexia and extreme feebleness. A grain of quinine every two

hours, was followed by immediately beneficial effects, and a speedy recovery.

A case of hay asthma was last year much benefited, and this year wholly overcome, by the use of quinine. He also alluded to the good effects of quinine in infantile convulsions, previously reported; and to its almost specific effects in neuralgia, especially in cases of miasmatic origin. He had recently had a most inveterate case, that had resisted other remedies, to whom he prescribed three grains every two or three hours, subsequently five grains, and finally ten every hour, which effectually subdued the disease, without any very unpleasant effects. There was a little tinnitus aurium, and decided sedative effects—lessened frequency of the pulse—and quiet sleep, of which the patient was in great need.

DR. McCLELLAN's experiences in the use of quinine for the last year or two confirmed that of Dr. Mitchell. He frequently prescribed it in bronchial irritation following measles or other causes, and considered it a remedy of great value in such cases. He had recently used it in two cases of children, with persistent barking cough, with perfect relief. In these cases he prescribed two grains four times a day.

DR. REESE, *per contra*, cited the case of a lady who had been subject to neuralgia for twenty years, generally in the head and face, but recently of the sciatic nerve, to whom, in accordance with the counsel of Dr. Mitchell, he had given ten grains of quinine every two hours, until seventy grains had been taken, without benefit. On inquiry he found that this patient had been benefited in previous attacks by visiting Islip, L. I., was therefore interested to find out the peculiarities of the place—whether it was in reality “going to the pines.”

DR. MITCHELL was gratified at the mention of this case by Dr. Reese. It served to show the necessity of constant research and observation in the effects of remedies, no less than exceptional cases to our best experience. Dr. Mitchell also mentioned other remedies, but their consideration was deferred to another meeting.

#### *Phlegmasia Alba.*

DR. McCLELLAN reported an unusual case of *phlegmasia alba*, recurring in the fourth week of a fatal case of typhoid fever. It

began in the posterior part of the left thigh, extending to the leg and foot, and finally the whole extremity, but not following the course of the veins. The patient was improving under the local application of camphorated oil and cotton, and the internal use of iron and quinine.

DR. MITCHELL had seen somewhat similar sequelæ of fever in males, but none recently. He had also seen apparently, very perfect phlegmasia alba in persons predisposed to erysipelas. He cited the case of a lady, involving both lower extremities, finally extending to the lower part of the abdomen; resulting in deep cellulitis, abscess and death. Toward the last, however, the disease assumed a more erysipelatous character. The patient was for a time benefited by the use of quinine and iron.

*Granular Disease of the Kidney.*

DR. BELL reported a case of *Bright's Disease*, relieved by the use of *bitartrate of potash*.

Catharine Nevins, widow, aged 33, was admitted to the Brooklyn City Hospital, August 19th. She had been sick for several months, and for the last three weeks under the care of a physician. She was, at the time of her admission, suffering with severe ptyalism, had general anasarca and ascites. Complained of general lassitude, headache, pain in right hypoehondrium and epigastrium, and frequent nausea. Had been purged, but for last two or three days constipated. She was ordered half an ounce of compound jalap powder, which operated well. On examination of the urine next day, she having passed twenty-seven ounces, it was found to be, s. g. 1009, to contain about 20 per cent. of albumen, a large quantity of granule cells, fatty tube casts, and triple phosphates.

She was directed to take one drachm of bitartrate of potash three times daily. Within a week the quantity of urine passed increased to four quarts during the twenty-four hours, with alleviation of all the most urgent symptoms. The bitartrate of potash, serving the double purpose of being an efficient diuretic, and sufficiently active aperient. The quantity of albumen gradually lessened until there was barely a trace—September 16th—and anasarca and acites totally disappeared. At the last examination of

the urine, microscopically, October 3d, no tube casts or granules were discoverable.

The bitartrate of potash was discontinued September 16th, and she was put upon pyrophosphate of iron with tincture of quassia as a tonic, up to the time of her discharge, relieved, October 5th. Dr. Bell has seen the patient once since, two weeks ago, and there is as yet no re-appearance of the disease.

The suggestion for the use of bitartrate of potash in *Bright's Disease*, Dr. Bell accredited to Bennett.

DR. MITCHELL said he used the bitartrate in cases of dropsy after scarlet fever, but in Bright's Disease he had generally relied upon corrosive sublimate.

DR. McCLELLAN usually associated local depletion over the region of the kidneys with the bitartrate.

DR. EXOS inquired if the members of the Society had found corrosive sublimate to produce salivation in such cases; and stated that he recalled a case in which he administered it to a patient who had been sick four or five years, suffering from swelling of the limbs and abdomen, accompanied with albuminuria. Drs. Parker and Detmold saw the patient and pronounced it incurable. He (Dr. E.) gave corrosive sublimate in one-eighth grain doses, which produced salivation. The patient recovered notwithstanding.

DR. JONES remarked in regard to the use of mercurials in Bright's Disease, that some time ago he had a case under his care, but the patient not recovering rapidly enough to satisfy the friends, after two weeks' attendance he was discharged and another physician called in. The patient was then put upon mercurials and soon after died. He discontinued the use of mercurials in such cases.

DR. EXOS stated that the case mentioned by him happened years ago, when he first began to practice medicine. In this instance he had given the mercurial, and he heard afterwards that the patient had recovered. Six or eight years subsequently the disease returned. His own belief in this respect was, that neither mercurials or anything else would cure a well developed Bright's Disease.

#### *Catarrh-Inhalation.*

DR. LONDON reported two cases of chronic catarrh successfully treated by the inhalation of tinc. Bensoin comp. In one of these

cases various remedies had been used without benefit for several months. Tinc. Bensoine comp. was then used by inhalation by means of an inhaler fitted to the nostrils, the patient was relieved at once, and in a short time, well. The second case was of six years' standing, accompanied by a very offensive discharge from the nose. One drachm of the Tr. Benzoin Comp. diluted with from  $\zeta i$  to  $\zeta iss$  of hot water was inhaled, ten or fifteen minutes at a time, with the same result as in the first case.

DR. MITCHELL stated that he had met with good success from the injection of cold water, and also of sage tea in such cases.

DR. FORD had good results from nitrate of silver, grs. 15 to the  $\zeta i$ .

DR. BELL used an anodyne usually of compound solution of opium at night; and DR. CLARK, quinia.

#### *Turpentine in Chorea.*

DR. CRANE asked the experience of the members in regard to the use of *turpentine in the treatment of chorea.*

DR. McCLELLAN related two cases which he had treated with turpentine since hearing it spoken of by Dr. Crane. The first case was of two years' duration, in a child six years of age; turpentine was at first given in cathartic doses with marked benefit, and afterwards fifteen drops three times a day for a fortnight, when the chorea ceased. The second case came under his observation one month ago—was treated with small doses of turpentine with same result.

DR. CRANE reported a case of strongly marked chorea, a girl, aged 10; this was an acute case. The patient was first treated with mercurial cathartics and carb. ferri. She grew worse and worse, becoming idiotic, with loss of the power of locomotion and articulation, and the irregular motions persisted during sleep. He then gave two teaspoonfuls of turpentine on account of the mother's suspicion of worms. No worms were passed, but the patient's symptoms were relieved, and three days after the dose was repeated, with the same results. This was continued twice a week with marked benefit, for a month or six weeks, when the child was completely relieved, and there has been no recurrence of the disease.

DR. LANDON stated that he had treated a case of obscure brain disease, accompanied by convulsions and insensibility, with small doses of turpentine, with a very favorable result, and it served to illustrate in his mind the utility of the remedy in chorea, though he had never before thought of it in this relation.

*Removal of foreign bodies from the Nostrils.*

DR. ENOS exhibited a bean which was removed from the nose of a child about five years of age. He did so for the purpose of speaking of a simple mode of removing foreign bodies from the nostrils—a mode which, though not mentioned in the books, he has found very easy and efficacious. He would call it the blowing process. The manner is this: the child being in the upright position, place your mouth upon the *open* mouth of the child, and while with one finger you strongly compress the unobstructed nostril, blow somewhat forcibly and repeatedly till the foreign body is forced out. The rationale of course is simple. When the air passages of the child are filled the column of air mounts over the velum into the nares, and impinges upon the posterior surface of the obstructing body, and forces it forward. Sometimes it will be forcibly ejected several yards.

*Vesico-Renal Calculus.*

DR. SPEIR presented a specimen of vesico-renal calculus, with the following history of the case, written by Dr. Mitchell, the attending physician:

“First saw the patient, about six years ago, in consultation with the late Dr. Brooks. She had been suffering from, what she called, strangury, since 1848, the pain of which had become so aggravated, that in 1853, when Dr. Brooks was first called in, she had been confined to her bed for four months. Since that time, with the exception of a short time in 1854, she has been unable to be in the upright or sitting position without extreme suffering. Previous to 1853, she had been attended by Dr. Clinton of New York, assisted by one of the most eminent surgeons of the city, Dr. Hoffman. The symptoms have been nearly the same since the beginning of the attack, viz: a constant and painful desire to make water, attended with violent straining and bearing down pain, resulting

in the discharge of a few drops, or perhaps a single drop of urine, at a time. The distress was increased, at times, in spasms, during which the pain was insupportable. Minute calculi were occasionally passed. No relief was obtained, except by the use of opium. In 1859 she came under the care of Dr. Simons of New York, having been removed for that purpose to the Woman's Hospital. Some relief was afforded by making an opening through the vesico-vaginal septum, but the relief was of short duration, owing to the immediate closure of the orifice. A repetition of the operation was followed by similar relief, and an equally rapid healing of the incision. The opening closed up, even when produced by laceration. Dr. Chapman visited her with me in November, 1862, at which time the same state of things were continuing, the operation on the vesico-vaginal septum having been relinquished after the first three attempts, three years previously. The patient was put under the influence of ether, and the catheter introduced, showing that there was no permanent stricture of the urethra, nor any stone in the bladder. The same operation was subsequently repeated, and with a like result. The suspicion of vesical calculus was entertained by every physician, I believe, who saw the patient, but none was discovered by Drs. Hoffman, Simons, Emmet, Chapman, or myself, although each had examined the bladder, with a view to diagnosis. There had been little or nothing to direct attention to the kidneys. The case was supposed to be one of inflammation of the bladder, with irritable urethra. During the last year there has been, at times, pain in the region of the kidneys, but not to a degree to attract much of the patient's attention, as I am informed by the daughter, who nursed her. Since November, 1862, there has been no physician in attendance."

At the post mortem Dr. Speir found the following lesions: The liver was large and fatty, firm, and of a yellowish color. The kidneys were fatty, and the capsules firmly adherent. In the pelvis of the kidneys were found several renal calculi. In the bladder was also found a calculus, two inches long, and one inch wide; it was free, and composed of the triple phosphates. The walls of the bladder were indurated, and the mucous membrane ecchymosed and inflamed.

DR. JONES thought it would be very interesting to know how long it took the triple phosphates to form.

In reply to different inquiries, Dr. HALLET stated, that it was the opinion of the attending surgeon, that no calculus was present six years ago. About two years since, however, minute calculi were found in the urine; but these particles, when first passed, did not look like calculi, and it was only after exposure to the air that they became quite hard.

Dr. HUTCHINSON remarked that if any calculus was present in the bladder, at the time of the operation, Dr. Simons would, undoubtedly, have detected it. It was a very interesting case in every point, and at the same time so important that he would advise a reporter to be appointed to hunt up all the facts possible in regard to it. A resolution to that effect having been subsequently offered, it was adopted unanimously.

*Inflammation at the base of the Brain—without Delirium or  
Convulsion—Death.*

DR. ENOS reported the following case:

Mrs. P——, aged 37, mother of five children, the youngest five months, at the breast, was taken with a chill on Monday, December 1st. The rigor was *very severe*, followed by intense headache *all over the head*. This was much aggravated by motion. Mind clear, light a little painful. She had not slept for several nights on account of the illness of one of her children. A teaspoonful of laudanum injected into the rectum, and a warm pediluvium abated the pain for a time, but it returned again the next day, and was so severe that fearing inflammation, leeches were applied to the temple and behind the ear. This relieved the pain. Bowels were moved by a saline cathartic; pulse not much accelerated; mind clear. As the pain *seemed* to be neuralgic, pills of hyos. and camph. were given when the pain returned, but without relief. Laudanum injection again allayed it. Thursday she had most intense pain in her back and limbs, which continued till the laudanum injection was again given. Friday she appeared better, ate a little, slept some. Saturday, at 4 A. M. had *acute pain in her head and back*. The injection again eased her till 7 o'clock. At this time she was powerless, could not move hand or foot, but spoke



distinctly, no great pain, respiration 20, loud tracheal rales, pulse full, strong, 120; *pupils contracted*; distended bladder, relieved by catheter; speech became more and more difficult, not unlike the lisp of intoxication; mucus foamed out of the mouth; *mind continued clear*; inability to swallow came on, and she died easily at 2 P. M. Death commencing at the lungs.

*Post Mortem.*—Cerebral vessels somewhat congested; pus between the arachnoid and pia mater, over the medulla oblongata, cerebellum, pons varolii, and a little upon the summit of the right cerebrum; choroid plexus dropsical, but little fluid in the ventricles. The state of the mind led us to locate the difficulty at the base of the brain. Hence the severe pain in the back and limbs and final paralysis; the interference with the function of the pneumogastric nerve, and death beginning at the lungs.

---

#### REGULAR MEETING, DECEMBER, 1863.

##### *Uremia.*

DR. MINOR exhibited a *stone*, taken from the bladder of a man who had been suffering, for a long time, from the usual symptoms, accompanying this complaint. On post mortem found a great amount of disease, the *bladder, ureters, and kidneys* being alike involved. In opening the kidneys a quantity of sero-purulent matter flowed out; the uriniferous cones were mostly absorbed, and but a small part of the secreting portion was available for service. The left kidney was mostly affected. The ureters were extensively dilated throughout their length, the mucous membrane being smooth and glassy, and duplicated about two-thirds of the way down. The mucous membrane of the bladder was thickened, and undergoing inflammation. During life-time a large *sound* was introduced without difficulty, thus demonstrating the fact of the non-existence of a *stricture*. The question here recurred, where did this disease begin? In his own opinion it commenced in the bladder, the stone producing a chronic inflammation of that organ, which passed up the ureters, and finally into the kidneys. The stone obstructing the orifice, prevented the flow of water into the bladder, and the ureters became dilated. It is impossible to understand how this

man could live as long as he did with such an amount of disease. The man died of uremia. The stone was composed of the oxalate of lime and the triple phosphates.

DR. JONES desired to know, whether the same thing would occur in this, as in some other organs of the body; that if one kidney is diseased, the other will increase in size, and do double duty.

DR. MINOR was aware that the lung, in certain cases, would perform an extra amount of duty, but it was difficult to determine whether the kidney would do the same thing. In this instance both kidneys were involved in the disease.

DR. SQUIBB stated that there was evidently, in this case, two diatheses, as the composition of the stone abundantly proved. The disease was, undoubtedly, owing to a mechanical obstruction.

In reply to a question, Dr. Minor stated, that there might have been a *temporary* stricture, but not a *mechanical* one, as the bladder did not become largely distended. He thought that a man, with such a stone in his bladder, might be compared to a Davidson's syringe. The stone first blocked up the orifice, and as soon as dilatation occurred, the stone rolled back, and thus allowed the urine to pass out. He knew of a similar case to the one reported by Dr. Minor, where the bladder became sacculated.

DR. MINOR stated that Dr. Speir had examined the kidneys, and could find but little of the excreting portion left.

DR. HUTCHINSON remarked that he made a post mortem some years ago, where he found the *ureters* and *kidneys* very much distended. He presented the specimen to the Pathological Society of New York, and Dr. Alonzo Clark expressed the opinion that the cortical portion was not destroyed, although appearances indicated it.

#### *Pyæmia.*

DR. HUTCHINSON presented several specimens of diseased organs, taken from a subject 60 years of age. About nine months ago he was called to see this patient, and found him suffering from retention of urine. Introduced a No. 9 catheter, with very little difficulty, but detected no organic stricture, or the presence of a stone. On inquiry found that for the last four years he had noticed an irregularity in the stream of water; it was sometimes twisted, at other times forked. He had had also, some difficulty, at times, in

getting his urine started; it would then stop, and start again. The Doctor did not see him again until about ten days before his death, when he stated that he had recovered somewhat; although he had to strain a great deal to urinate. At this visit detected a hernia on the right side. On the 28th November passed a No. 10 sound, but could detect no stone. On the 29th he passed his urine freely, but on the 30th he again complained a great deal, the stream of water being very small. This continued up to the time of his death, December 8th. On examining the urine two weeks ago, found it to contain pus. During the last three or four days of his life he complained of severe *rigors*, followed by sweats and unconsciousness. The treatment consisted, mainly, of stimulants and soothing remedies.

On post mortem, found the *lungs* tuberculous; both lower lobes were greatly congested, but showed no evidence of inflammatory action. He had had no cough. The heart and appendages were healthy, with the exception of an atheromatous patch in the ascending portion of the aorta. The liver was also healthy. In the kidneys were found patches of tubercles, scattered throughout its substance; the pelvis was distended with purulent fluid. The ureters were enlarged, and had a valvular arrangement along their course. The left kidney was in a pretty good condition. In the bladder were found several abscesses, some of which extended entirely through the peritoneal coat. These abscesses seemed to be in the muscular tissue of the organ. The mucous membrane was thickened, although at the neck of the bladder it was normal. The third lobe of the prostate gland was enlarged, and what was peculiar in this case was, that there were symptoms of *stricture*, when in reality, no obstruction existed. This, however, may have been owing to the condition of the gland referred to. The specimens were examined, and the tubercles found, as represented. The pulse was 84. The cause of death may have been pyæmia, or formation of abscess in the bladder; but in such cases the pulse is usually very frequent.

Dr. MINOR felt very much interested in this case, and thought that the difficulty in micturition was owing to some spasmodic action. In his opinion the symptoms seemed to indicate *pyæmia*.

DR. ENOS thought that no other explanation could be given for the difficulty in micturition, than that advanced by Dr. Hutchison, viz: enlarged prostrate gland.

---

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

TUESDAY EVENING, February 7th.

Association met in the new room, pursuant to adjournment, the President, Dr. Samo, in the Chair. Present, Drs. White, Lockwood, Miner, Strong, Congar, Cronyn, Jansen, Wetmore, Peters, and Burger.

The President wished to congratulate the Association on the new room secured for its future use. It now had a home, a long lease, and low rent, and there was no good reason why it should not go on improving. Our monthly meetings should be made more profitable and more attractive. Nothing sinister or selfish could conduce to that end, hence all should labor with a single eye to improvement.

The minutes of the last meeting were read and approved.

Dr. Miner presented some specimens he had recently removed by operation.

The 1st was a remarkable bone tumor which had formed in the upper portion of the tibia. The following was the history of the case, which had been furnished by Dr. Durbarow of Corfu, who had charge of the patient, and through whose favor Dr. M. had made the operation for removal, and been allowed to retain the specimen:

“CORFU, February 11, 1865.

*Dear Doctor:*—Your patient in Pembroke, Mr. G., reports that the commencement of his trouble was in this wise: ‘In 1848, while living in Mississippi, and carrying some heavy timber, he slipped, falling upon his knee and striking it near the insertion of the *ligamentum patella*. Supposed that he had sprained the knee; was at that time confined a month, and then went to work again, but soon was obliged to abandon it. In the spring of 1849 he returned to his home in Pembroke, at which time there was a hard tumor near the place of injury, about an inch in diameter. He consulted Dr. Frank H. Hamilton, who thought it fungus *hematodes*, and advised amputation. Was treated for a year by various physicians, and then discontinued all treatment until he came under my care, about six weeks before you made the amputation. When I first

saw him he was greatly reduced in flesh and strength. The growth had been gradual from the first. It is now three weeks since the operation, and it is nearly healed up; he is in good spirits and doing well. There is nothing else in the case with which you are not already familiar.'

Yours, truly, J. DURBORAW."

Dr. M. remarked that the specimen had been presented before the Society on account of its variety and interest. The leg measured thirty-two inches in circumference before amputation. The bone is twenty-seven inches in circumference after the integument is removed. It consists of a pretty firm, bony wall externally, varying in thickness from one or two lines to an inch. Internally this bony case is filled with a firm medullary or fibrous mass, perhaps should say medullary, separated in various directions by fibrous membranes or bands.

These growths are very rare, and have been described by different authors under different names; formerly called *spina ventosa* by some writers, osteo sarcoma by others. The description of disease called *spina ventosa* answers very well for this case as given by Gibson, while Cooper's and Liston's descriptions do not answer at all. Paget, places such disease under the head of myeloid tumor of bone, and that is quite expressive of the nature of the disease. Medullary tumor of bone is a sufficiently correct name, while the nosological classification of bone tumors is as yet quite imperfect. The causes are undetermined, though injury as in this case, is often regarded as the primary or exciting cause. Much speculation has also been made as to how this condition is brought about in bone, some supposing that the bony wall is expanded by pressure from within: others maintaining that the bone wall is secreted or formed from the periosteum, while the original bone is carried away by absorption. That there is great deposit or formation of bone tissue in this case, admits of no doubt; the bone wall is thick and firm, in many parts an inch in thickness, while in others it is very thin, or even in one or two places entirely wanting. The appearance of the external surface upon dissection, indicated the continual growth of bone; in many places unattached bony material was observed surrounding the tumor, and where the bone wall was thinnest, it appeared as if ossification was still going on upon the outer surface, the tissues being part bony, and part

fibrous. The periosteum was not easily traced, or was changed in appearance and structure, being unlike that membrane as it is observed covering healthy bone.



Appearance of leg before amputation.



Tibia and Fibula, the integuments removed.

The 2d pathological specimen presented, was a cystic tumor, which Dr. Miner had that day removed from the neck of a patient at the General Hospital. It rested upon the carotid artery occupying one of the most important surgical regions. It was removed without great difficulty, as is the case with most of the cystic growths which appear in this region, but is presented as a somewhat remarkable specimen, since attached to it, and removed with it is an enlarged gland, and between the tumor proper and gland, is an ossific deposit; so that we have cystic, glandular and bony tumor, united together, and removed as one mass. The gland was from the near region of the thyroid, was about the size of that gland, and a careless observer might suppose that the thyroid gland had been removed; it extended from the cystic growth and lay directly over or above the thyroid. As before remarked the bony deposit is between these two growths.

The 3d specimen is a melanoid tumor which grew from the orbit one year after the removal of the eye for melanotic disease. The patient was presented before the Society in the very commencement of the disease by Dr. Miner, and this tumor is now brought forward to complete this history. The opinion was then expressed

and published in the transactions, that the disease was melanosis, but it took time to convince all, of such an unhappy view. The patient visited the New York Eye Infirmary, and after some delay and indecision, the surgeons concluded to adopt this view, and acted upon the advice long before given and published. The results of the case could not probably have been changed by earlier removal, and its re-removal has not been with the view that any great good would be accomplished; unmistakably malignant in its character and certainly fatal in its results.

*Dr. Lockwood* said he wished to be understood in advance of the cases he was about to relate, as having always been an entire disbeliever in the doctrine that gonorrhœa could be produced by any other means than by specific virus in illicit intercourse. The three cases which he would relate, however, had served to convince him that gonorrhœa or an affection not to be distinguished from it did sometimes arise from excessive connection, or connection with a woman of unclean habits, where no specific virus exists.

Case I.—Some ten or twelve years ago he was consulted by a worthy old couple living some fifteen or twenty miles in the country. Both were very fleshy, and madame not very cleanly in her personal habits; in short, rather nasty than otherwise. They lived a long way from any neighbors, were honest, simple folks. and the probabilities were very strong, apart from any assertions against either of them ever having indulged in illicit intercourse. On examining the husband he informed the Doctor that several times during the past few years he had had after intercourse, a slight degree of irritation and mucus discharge from the urethra, which had always disappeared in a few days on his taking a dose of Epsom salts, and paying attention to cleanliness. The present attack was one of, to all appearance, severe gonorrhœa in the inflammatory stage. The secretion of muco-purulent discharge was so great as to drop from the orifice of the urethra. There was also some slight chordee. He protested he had not been from home in months, and had had intercourse with no one but his wife. On examining the woman no symptoms of gonorrhœa were discoverable, but as has been stated her habits as regards cleanliness were very bad. She had had since the birth of her last child, (some ten years) a leucorrhœal discharge, which was at times

accompanied with a good deal of irritation about the vulva and vagina. When her husband had last had intercourse with her she had been working hard during the day, was not yet fairly through with her menses, and the discharge was worse than usual. She also denied any unfaithfulness to her marital duties. She was cured of her leucorrhœa by the use of cleanliness and proper remedies, and her husband put under treatment for gonorrhœa, with good results, though the case was somewhat tedious. They never had any more cause to complain of each other's conduct.

Case II—Occurred in the city. The husband solemnly declared he had never had gonorrhœa and had not been unfaithful. About four or five days after having connection with his wife was attacked with what appeared to be gonorrhœa. He consulted a physician, who pronounced it such, and assured him it could only have been contracted in one way, and that either he or his wife had been astray. He hurried home, charged his wife with unfaithfulness, and prepared for a separation. The wife declared her innocence, and having called in her mother and mother-in-law, Dr. Loekwood was sent for. The woman had no gonorrhœa, but had been recently confined, and had profuse lochial discharge, with some irritation of the vagina. Intercourse had taken place within ten days after her confinement, much against her inclinations. After some argument, and assuring the husband that there was not anything in his condition necessarily implying unfaithfulness on the part of his wife, he (Dr. L.) succeeded in restoring peace between them, and months afterwards they united in thanking him for his interference. It should be noted in this case that the disease developed in the husband yielded much more easily to remedies than in the former case.

Case III.—Also occurred in the city. The parties had been married about two years, and had no family. The man presented a well defined case of gonorrhœa, but, declaring his entire faithfulness, accused his wife of the opposite fault. It appeared from her statement that he was a man of strong animal propensities, and had indulged them to an excessive extent, paying no attention to his wife's condition. Her last menses had been quite excessive, and connection had taken place during their continuance. She also protested her entire innocence.



In conclusion, he (Dr. Lockwood) wished to say that he had brought this subject before the Society solely because he believed it to be an important one in its bearings upon the peace of families, and he firmly believed that, although very rarely met with, cases did sometimes occur, not to be distinguished from true gonorrhœa, which involved no *necessary* suspicion of illicit intercourse. He thoroughly believed in the truth of the statement made by the parties alluded to. It should be borne in mind that there was a moral evidence in such cases, which could not be given in any relation. Wished to hear the opinions of others on the subject.

*Dr. White* was very glad indeed that the subject of specific virus in gonorrhœa had been introduced here by Dr. Lockwood, as he considered it had a very important bearing many times in those sort of medico-legal investigations which physicians were often called on to make, where the family physician became, to a certain extent, judge and jury, and upon his dictum might depend the peace and happiness of the family. Virtue had often suffered under unjust imputations, because it was not more generally understood that simple gonorrhœa may result from contact with the irritating discharges of the vagina. Thought he had more often seen it produced by diseased discharges than by the menses. Referred to a monograph on the subject by Dr. A. K. Carter.

*Dr. Jansen* had been very incredulous on the subject, but had no doubt such cases did sometimes occur, and thought it important it should be understood. Had recently been called in a family where there were three small children—two boys and a girl. One of the boys had phimosis, one paraphimosis, and the girl vaginitis.

*Dr. Congar* was also glad the subject had been broached. Had seen a few such cases in his own practice. Its importance could not be overrated.

*Dr. Miner* had no doubt of the existence of simple gonorrhœa as distinguished from specific, and did not believe diagnosis between them easy.

*Dr. Cronyn* related a case similar to those related by Dr. Lockwood, wherein the woman was suffering from leucorrhœa. Had no doubt of the existence of simple gonorrhœa, but thought there was a great distinction between that and the specific disease in the relative severity of symptoms. Many symptoms of the specific

disease are not present in the simple. The comparative readiness with which they yielded to treatment also furnished a ground of diagnosis. The difference between them was in the character of matter first applied.

*Dr. Miner* hardly believed a correct diagnosis could be formed, either from the severity of the symptoms or the results.

*Dr. White* was glad to see the gentlemen present so unanimous on the subject. For his part, he must say he knew of no means of discriminating between the two classes of cases. How did *Dr. Cronyn* wish to be reported?

*Dr. Cronyn* said authors told us to draw conclusions from the result of treatment. Did not wish to be understood as asserting that he could tell in every case; on the contrary, thought he could be easily imposed on. Thought on the whole the specific form was less amenable to treatment than the simple.

*Dr. Miner* said that whatever authors might say, or whatever the theoretical distinctions might be, it was practically impossible to make the distinction between these two forms of the disease. In doubtful cases patients should be allowed the benefits of the uncertainty.

*Dr. Jansen* thought the treatment would be mild or severe, according to the symptoms in any case. Did not believe it furnished any ground for diagnosis.

*Dr. Strong* said his experience agreed with that of others, as to the existence of the simple gonorrhœa, and he was very glad the subject had been brought up. Was of the opinion that specific gonorrhœa was more obstinate of treatment than the simple form.

*Dr. Wetmore* called attention to discharges from the vagina, which often followed diphtheria, not unlike that of gonorrhœa, diphtheria being a constitutional disease with local symptoms (as *Prof. Rochester* had always taught in his lectures) might affect any cavity lined with mucous membrane, and not involve the fauces at all. Hence it sometimes manifested itself in the vagina or urethra.

*Dr. Miner* thought the instances in which diphtheria attacked the vaginal or urethral cavities very rare indeed.

The prevailing diseases reported for the past month were typhoid and other low forms of fever, some measles, scarlatina, and rose-

ola, and various diseases of the air passages, including diphtheritic croup.

*Dr. Wetmore* called attention to a remedy for the last named disease which he had found beneficial. It consisted in the vapor of carbonate of soda, obtained by putting one or two ounces into hot water, and enveloping the patient so he would have to inhale the vapor. It had suggested itself to him from hearing *Dr. Moore* say that this drug would in solution dissolve the membrane formed.

*Dr. White* thought the chief benefit arose from the vapor of the water which he had often tried.

Adjourned.

JOSEPH A. PETERS,  
*Secretary.*

---

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Amputation of Leg—Trepining for Epilepsy—Extirpation of Melanoid Tumor.* BY J. F. MINER, M. D.

*Gentlemen:*—Our first patient this morning has suffered from railroad accident, the wheels of an engine and tender having a few hours since passed over the foot, crushing it in a frightful manner; the integuments however are not so much lacerated as would have been expected, but the bones, muscles, vessels, etc. are a complete mash, and amputation is our only way of dressing. Hemorrhage has been so great, and shock so violent, that there is reason to fear he will never rally. The clinical points of greatest interest, in connection with the operation are, first, the point at which amputation shall be made, and second, the time most proper to make it; passing over of course all questions as to its necessity, since upon that point there can be no doubt. If rail cars pass over the foot, leg, or arm, while unprotected from its force, amputation is so generally a necessity that there need be little hesitation in considering what course is best to pursue; they are already amputated, as far as the circulation is concerned; and we have only to make resection in healthy tissue above the injury. The error into which you will more likely fall in your first operations after railroad accidents will be attempting to save too much.—You must remember that the death of muscle will extend several

inches above the place of injury, and that the safety of your patient depends upon your making your section in tissues which are capable of life—which are healthy and uninjured.

Upon the second point of interest—the time for operating—there are a variety of opinions among surgeons which has given rise to an endless amount of discussion; which it would be improper for me now to even refer to. When called after such injuries, and you find your patient not suffering from what is called *shock* in too great a degree, if he has warmth and consciousness, and comfortable circulation, that is, distinct and somewhat forcible pulsation of the radial artery, my advice would be to proceed at once and make any necessary operation. If he is cold and pulse very feeble, and is suffering badly from what, for want of a better name, we call *shock*, then we should wait a little and stimulate and warm, and if possible animate our patient until he appears in condition of sufficient life to warrant the expectation that he will at least bear the operation we propose to make. This question of primary and secondary shock, we have no time or inclination to discuss. We have briefly indicated our rules of practice, and believe that seeing one such case as this is worth more to you—will guide you better and teach you more than any words, what course it is best to pursue, and the *time* to pursue it.

The *second case* we present this morning is a remarkable one, and we shall only attempt to give you the briefest possible account of the history, progress and present condition of this unfortunate young man, whose whole life has been rendered not only miserable, but absolutely intolerable. He is 32 years old. About twenty years ago he was accidently struck by a heavy sledge hammer, causing depression and fracture of the skull. As was to have been expected, it did not kill him, and he partially recovered from its effects. No attempt was made to raise the depressed fragments, at the time, which it appears to us now, must have been very poor surgery indeed. That it would have been proper then, there can be no doubt but that it is so now, admits of much more question. He is, however, suffering from epilepsy—a spasmodic disease about which more has been written, and less known, than any other. His paroxysms, or fits, are exceedingly frequent and violent. He is maniacal after they pass off; sometimes very violently so. Above

all, he has become imbecile from their effects, and life is not only of no value to him, but is absolutely unendurable in his present condition.

We propose to trephine and raise the depressed skull, with the hope that it will at least induce some change—any change must be improvement, for he cannot be made worse. If it should relieve the irritation and pressure upon the brain, some good might follow; if it should produce inflammation and terminate in death, the operation would be a success, a great and unconditional gain.

These fragments which I present for your more careful inspection, will be observed to have projections or tubercles, which have grown from the line of fracture of the internal table, and have laid upon and even projected down through the duramater into the brain, and in connection with the pressure, have produced the effects which have been stated. The disturbance produced by removal of such a roughened mass must be very great; indeed, it now seems that in all human probability, this disturbance must produce fatal effects. If we could have foreknown the condition of the skull, and the projections which have grown from its inner surface, we might have declined the operation; but in his condition any procedure which offered the slightest prospect of relief, though attended by vast risks, was justifiable.

I have also to present you a case of rare disease—a melanotic tumor growing from the orbital cavity. The eye was removed about one year since, and the appearance it presented in its commencement, and my views of the case as given before the Buffalo Medical Association, I desire to read to you, partly on account of the description and partly from personal vanity, since my early diagnosis was almost prophetic, and, unfortunately for the patient, correct:

“Dr. Miner introduced a patient with Melanosis of the eye-ball, and gave the following history: Mr. L., aged 49 years; observed imperfect vision in the right eye about one year since, which gradually increased until in a few months he had distinct cataract in that eye. Soon after the opacity of the lens became visible, there also appeared a dark spot on the inner side of the globe a few lines posterior to the junction of the cornea with the sclerotica. This at first attracted very little attention, and

“appeared very much like a small varix of vessels in the conjunctival membrane. July 7th, operation was made by depression of the lens, which produced no inflammatory disturbance of the eye, and for a time promised favorable results. August 3d, the dark spot in the conjunctiva had grown perceptibly, and effort was made to remove it. It was found to extend into sclerotic coat, and to be beyond the reach of removal. The lens and capsule have since become involved, and now it will be observed that the iris is changed, thickened and blackened. The membranes of the globe and the contents of the eye are all involved in melanotic disease.

“This patient had been examined by quite a number of distinguished surgeons while the disease was in its incipient stage; and the patient informed that it was a very rare case, and that they were unable to determine its character. Some of the oldest and most experienced surgeons in the State told him that they had never seen similar disease, and did not know what it was. It appears a black degeneration of the tissues of the eye, rapidly extending its borders, producing no pain or inconvenience other than loss of sight; and opacity of the lens had previously produced total blindness, so that the melanosis cannot fairly be said to have caused loss of vision. If it is not melanotic disease, the question still remains; what is it? At first it might have been regarded as staphyloma or hernia of the choroid, or pigmentary tunic of the eye; but its rapid extension to the lens and discoloration of the contents of the globe prove that it is not of such nature, and leave no doubt as to the true character of the disease.

“It has been presented before the Society because it is a rare form of malignant degeneration, and supposed to be of interest to those who have never observed it, or have never seen it in its earlier and formative stage. When it shall become a protruding blackened mass, it will lose its interest to the surgeon, and remain only an incurable and fatal disease. The only rational advice which can be given in the case as it now presents itself is, extirpation of the globe of the eye. This advice will be given this patient as soon as the disease is so fully established as to leave no grounds for doubt, and in his opinion that period had already arrived. It cannot, however, be urged with perfect

“assurance, that even this will overcome the disease. There is  
“not (as is most common) melanotic disease in other parts of the  
“body, so far as is known; if there is, it is of internal organs, and  
“gives no symptoms indicating it. Its removal may be attended  
“by favorable results; there are sufficient grounds of expectation  
“in this case, at least, to justify the measure. It is thought to be  
“less liable to return and less rapid in its march than encephaloid,  
“yet it is something of the same character, and leads to the same  
“results.”

As I have said, the eye was removed, and you observe that the disease has re-appeared. I remove the diseased mass again, with the hope of retarding its growth, yet there are doubts that it will be productive of any favorable results whatever. That it will return again there is no doubt, and that the final termination will be delayed by a single day, is not certain.

---

---

## EDITORIAL DEPARTMENT.

---

### “BIOGRAPHICAL SKETCHES OF LIVING PHYSICIANS.”

Publishing biographical sketches of “eminent living physicians” is a new and dangerous method of distinction; and though the victim know nothing of the qualities which are to be awarded him, and is entirely innocent of participation in the exhibition, in no way furnishing “aid and comfort” to his eulogist, nevertheless these panegyrics are offensive to good taste, disgusting to the refined sense of “eminent men,” who need no fulsome praise, and are liable to inaugurate in the profession a policy of misrepresentation for most unjustifiable purposes. Biographies of eminent men will not be published to any great extent without the knowledge and consent of the party interested; that is, kindly notices of the life and professional character will not appear without the eulogist or historian being first satisfied that it will be agreeable. Libelous biographical notices, false histories and distorted sketches may possibly appear; indeed there is reason to believe that none of these papers are *true historical records*, but are either overdrawn panegyrics, or untruthful historical records varied according

to the individual partiality or prejudice of the author. Some notices of American physicians who are eminently worthy men, have recently appeared in the medical periodicals, and we suppose that in every instance the physician whose biographical history has been thus paraded, has uttered the prayer, if he is a praying man, "O! God, save me from my friends," if not religiously inclined, he may have used some very bad language. The motive for writing these sketches is plain; every article shows on its face what it is for. The grounds of objection to such papers, are also sufficiently obvious; professional distinction should be gained and heralded in a more legitimate way.

If there are living physicians, who have made important discoveries in science, or who have been eminently connected with great advancements in knowledge of any kind, or have been leaders in the medical revolutions which have within the last few years redeemed, in some degree, our profession from empiricism, we shall be gratified to see these advancements, discoveries and improvements truthfully recorded, and the honor which rightfully belongs to superior merit, properly awarded to those who deserve it. We would like to see this acknowledgment made while yet these men are living, and not altogether reserved for their memories when dead; but we protest against these offerings of partial biographers as indiscreet, untruthful and unprofessional.

Let our eminent men be "known by their works;" if their works are unknown their eminence is conventional, fictitious and undeserved. But we do not question the merit of *eminent living physicians*, we are only opposing the policy of publishing their biographical sketches.

---

#### SICK AND WOUNDED IN CONFEDERATE PENS AND PRISONS.

The inhuman treatment our soldiers have received while prisoners in the hands of the rebels, has become so outrageous and unendurable that a proposition has been brought forward in Congress, to retaliate upon the rebel prisoners in our hands, and treat them in the same inhuman manner. It will not of course be adopted, and whatever the provocation, could not be imitated by any civilized people. The evidence of the barbarism extended to our sick prisoners has accumulated until there is no longer ground for



doubt that the privations and tortures which have been borne by our sick while in rebel hands, is awful beyond all conception. The rebel government in the treatment of those who were unfortunate enough to fall into their hands, has shown itself barbarian and brutish beyond all parallel, and no deeds of valor or heroism can redeem such a government and people from damnable infamy. That the rebels have fought like heroes—have suffered, and bled, and died for their cause, impartial history will record; the same pen will also write infamy, barbarism, brutality, and all the damnable, dastardly deeds of damnation right over their crowning records of glory and valor. If they have fought like heroes, have shown devotion and self-sacrifice worthy a better cause, they have also acted like devils, and their heroic exploits are stained with the meanest and most contemptible crimes.

We have been accustomed to respect in some degree the Southern character, as presented in the more aristocratic and high-minded, but the developments of this great struggle have a thousand times made us wish that the whole Southern Confederacy—the places, names and deeds, which must forever remain one of the darkest records of American history, might be blotted from the earth and forgotten. To read the privations, sufferings, tortures and starvations inflicted upon our soldiers in Southern pens and prisons, makes us hate and despise the people as a race, and look upon them as a breed of hounds, too ugly and too mean for earth, who should have some place by themselves—some place which has no name, no way leading to it or opening from it. *Eleven thousand victims* have been buried uncoffined in the shallow trenches near Andersonville prison alone, the reports of the surgeons showing conclusively that they were unclothed, unfed, unsheltered, inhumanly and barbarously neglected, and after death almost uncovered, a record over which the very devils might have blushed and wept. To apologize for such crimes, by saying that the people were themselves unprovided with food, is only to add, if possible, to the guilt. If they could not feed, they should not confine and imprison. There can be no excuse for this unnamable inhumanity.

September 5th, Dr. J. C. Pelot reports as follows: "I would earnestly call your attention to the article of diet. The corn-bread received from the bakery being made up without sifting, *is wholly*

*unfit for the use of the sick, and often (as in the last twenty-four hours) upon examination, the inner portion is found to be perfectly raw. The meat (beef) received by the patients, does not amount to over two ounces per day, and for the past two or three days no flour has been issued to the sick. The corn-bread cannot be eaten by many, for to do so would be to increase the disease of the bowels from which a large majority are suffering, and it is therefore thrown away. All, then, that is received by way of sustenance is two ounces of boiled beef, and one-half pint of rice soup per day. Under these circumstances, all the skill that can be brought to bear on the case by the medical officer will avail nothing."*

It is unnecessary to repeat or quote the evidence, and we have no heart to re-produce it; we turn away and would gladly close our eyes, and shut our ears, and if possible forget that such facts were left to shame creation. We have referred only to the care of the sick and wounded; the robust and the strong have suffered equally with the sick, and the record of mortality shows that no one could long endure such suffering and privation.

It should not be omitted, however, in connection with this painful subject, to say that the medical officers have, as a rule, been attentive and kind, doing all within their reach for the relief of these poor victims of deluded savages, who would revenge their fancied wrongs upon the sick and helpless. This makes us proud of a profession, which has done so much, and done it so impartially, for the relief of human suffering. We have nowhere seen it appear that physicians failed to do their duty, so far as circumstances would permit, and the reports from medical officers, are convincing that they did what they could, and faithfully called upon their government to provide for those under their care.

---

#### BUFFALO MEDICAL COLLEGE COMMENCEMENT.

After invocation by the Rev. Dr. Clark, the following Report of the Council of the University was presented:

At a meeting of the Council of the University of Buffalo, held on the afternoon of the 21st ult., upon the recommendation of the Faculty and Curators of the Medical Department of the Univer-

sity, the degree of Doctor in Medicine was conferred upon the following gentlemen, viz:

- Albert H. Smith, Fredonia, Chautauqua County, N. Y.  
 James D. Dillabough, Hagersville, Haldimand County, C. W.  
 Samuel W. West, Allen's Hill, Ontario County, N. Y.  
 Andrew Howell, Shannonville, Hastings County, C. W.  
 John L. Chapel, New Lyme, Ashtabula County, Ohio.  
 George P. Eddy, jr., Lewiston, Niagara County, N. Y.  
 Absalom Billington, Clarence, Erie County, N. Y.  
 Samuel H. Bennett, Prattsburg, Steuben County, N. Y.  
 John K. Griffin, North East, Erie County, Pa.  
 Dennis D. Loop, North East, Erie County, Pa.  
 Gustavus J. Ackley, Conewango, Chautauqua County, N. Y.  
 Thomas J. Whitney, Sherman, Chautauqua County, N. Y.  
 Nathan L. Lusk, Walworth, Wayne County, N. Y.  
 Thomas J. McArthur, Eagle Village, Wyoming County, N. Y.  
 Albert H. Crawford, Corfu, Genesee County, N. Y.  
 Coleman N. Clark, New Lyme, Ashtabula County, Ohio.  
 Richard C. Rice, Howard Steuben County, N. Y.  
 Nathaniel Sweet, Alfred, Allegany County, N. Y.  
 William Byrns, Bronson, Branch County, Michigan.  
 William Foster, Buffalo, Erie County, N. Y.  
 Dighton L. Case, Howard, Steuben County, N. Y.  
 Benjamin F. Beardsley, Coventry, Chenango County, N. Y.  
 David S. Mills, Sparta, Elgin, C. W.  
 James H. Hewitt, Columbus, Warren County, Pa.  
 Ezra J. Graves, Herkimer, Herkimer County, N. Y.  
 George U. Gleason, Buffalo, Erie County, N. Y.  
 Lloyd Houghton, Java Village, Wyoming County, N. Y.  
 Julius Wenz, Buffalo, Erie County, N. Y.  
 Thomas R. Warren, Cowanesque Valley, Tioga County, Pa.  
 John H. Pickett, Buffalo, Erie County, N. Y.  
 Henry James, Belleville, Hastings County, C. W.  
 George M. Palmer, Pike, Wyoming County, N. Y.  
 Ebenezer H. Thurston, Utica, Oneida County, N. Y.  
 Melville C. Follett, Buffalo, N. Y.  
 Henry Lapp, Clarence, Erie County, N. Y.  
 Edwin R. Armstrong, Rochester, N. Y.  
 Hosea B. Goff, Almond, Alleghany County, N. Y.  
 Edwin M. Stillman, Almond, Alleghany County, N. Y.  
 Pliny P. Gordon, Bronson, Branch County, Michigan.  
 John J. Sawyer, Fairport, Monroe County, N. Y.  
 James M. Gross, Brighton, Northumberland County, C. W.  
 Orrin A. Tompkins, Sinclairville, Chautauqua County, N. Y.

George L. Lewis, Stockton, Chautauqua County, N. Y.  
 Tompkins L. Denike, Sinclairville, Chautauqua County, N. Y.  
 John B. Edwards, Pekin, Niagara County, N. Y.  
 Thomas G. Christy, New Castile, Lawrence County, Pa.  
 Reuben A. Drake, Oswayo, Potter County, Pa.  
 John C. Cheeseman, Holland, Erie County, N. Y.  
 Henry J. Murphy, Caledonia, Hamilton County, C. W.  
 William P. Willis, Wenona, Marshall County, Illinois.

The following Theses are deemed worthy of honorable mention, viz:

A Thesis upon "The Blood and its Phenomena," by Gustavus J. Ackley, of Conewango, Cattaraugus County, N. Y.

A Thesis upon "Puerperal Fever," by Melville Cox Follett, of Buffalo, N. Y.

A Thesis upon "Mental and Moral Emotions as morbidic and curative agents," by Edwin R. Armstrong, of Rochester, N. Y.

A Thesis upon "Army Surgeons," by William Byrns, of Bronson, Branch County, Michigan.

A Thesis upon "The Heart," by John Leander Chapel, of New Lyme, Ashtabula County, Ohio.

Of these several Theses, the Thesis upon "Army Surgeons" is recommended for publication, not on account of any relative superior merit, but because of its subject, "Army Surgeons," attracting more popular notice at this critical state of affairs.

Next followed the Address to the Graduates, by Prof. MOORE, which was listened to with earnest attention by those to whom it was immediately directed, and by the audience generally. The following Valedictory Address, was delivered by GEORGE U. GLEASON, of the graduating class:

*Fellow Classmates:*—The hour when we must say good bye, has come. The hour which is to sever the bonds which have connected us together as students, has now arrived. The hour in which we are to bid our teachers farewell is now with us, and when departed we feel the sad consciousness that this will be our last meeting in time, and that our next will be called by the Eternal Deity to the grand amphitheater of an unknown world.

During this hour the pleasant relations of teacher and student, of preceptor and pupil, will be forever sundered, and the morrow's sun will see us separated, never to be re-united this side of the grave.

A knowledge of this fact might lead us to prolong this meeting, but as this may not be, let us mark the spot upon the tablets of memory, that we may refer to it with pleasure in the future, for

"There are moments in life which are never forgot,  
Which brighten and brighten as time steals away,  
They add a new charm to the happiest lot,  
And they smile on the gloom of the loveliest day."

Such a moment is the present. From this time we begin life anew; we assume new duties and new responsibilities; we have new anxieties and new fears. To-night we have received the first fruits of compensation of a long and arduous struggle and much patient toil. The right hand of fellowship from the physician and the degree of Doctor of Medicine.

We start from this point to build for ourselves a reputation; this is to be our stock in trade. Upon this the world places a vast estimate, and this is so nearly allied to, and dependent upon *character*, that we may pause a moment to consider how character may be best obtained.

In the first place, no one can expect to practice successfully a profession which is based in science, nourished by science, and is alone to be perfected by science, without first having its deep underlying, scientific principles firmly established in his mind.

To this end we have had impressed upon our minds the necessity of a thorough knowledge of the physical nature of man, his anatomy and his physiology; the knowledge of plants, their habits, their growth, and their influence on man; the knowledge of the earth and minerals; and chemistry, both organic and inorganic; and the familiar use of the scalpel, the test tube, and the microscope. Neither can it be expected that a science which requires of its votaries the universal practice of honesty, bravery, charity, patience, temperance, purity and truth, can be practiced without first having a high, pure and unblemished character.

For this grand and ultimate foundation we must depend only upon ourselves. We are the sole architects of our character, and be it good or bad, it becomes the man.

Shall we call character and reputation synonymous terms? No, far otherwise. The one is what a man really *is*, while the other is what the *world thinks him to be*. Cowards sometimes assume the part of brave men, and villains will often appear moral. The true

and the good have been persecuted as imposters, and the great and learned for advancing hitherto unrecognized truth, have been imprisoned as mad-men. This, however, is but temporary; we generally see a truthful correspondence presented between reputation and character. There is an undefined law by which we understand the true worth and value of those we are brought in contact with. The outward man being a reflection of the inward, the head being balanced by the heart, and every motion being prompted by an inward monitor, we soon learn to interpret faithfully the hidden springs of action by the outward manner. To gain this inward furnishment then, should be our primary object, sought first, last, continually, and a commensurate reputation will follow as sure as night follows day. The acquisition of a reputation alone should not solely nor chiefly engross our thoughts and command our energies. Be ours a nobler ambition, to cultivate those virtues upon which alone any just and worthy reputation can be established.

Thus having in actual possession those qualities of mind and heart which entitle to fame and success, we may ever preserve a manly self-respect, and cherish a proud consciousness of deserving well of fortune. And herewith there is always associated a calm and sustaining faith in coming success and reward, which no present neglect or failure can beat down or destroy. Hope ever remains to cheer and support the man of real merit, the man who makes wisdom and goodness the basis of his claims upon the esteem and patronage of his fellow men.

But, on the other hand, he who bends his energies primarily to gain reputation and achieve success, is tempted to neglect the legitimate means by which they are secured, and to resort to the pretensions of quackery and the arts of the empiric. He is elevated and depressed by the slightest turns of fortune; and when once the weakness of his arts and the hollowness of his pretensions are discovered, his failure is complete, and his fall final.

*Officers and Teachers:*—As we turn to take leave of you, it becomes our duty and our pleasure to acknowledge that you have faithfully labored, during the period in which we have enjoyed your instruction, to impress upon our minds the philosophy of honorable success, and to furnish us with the requisite knowledge, experience and skill, to commence and prosecute our profession

with profit to ourselves, honor to our *Alma Mater*, and benefit to society. Whether we do well or ill in life, we confess that naught but praise can be awarded you. You have done your whole duty to us; and we shall always remember you with respect, gratitude and love.

And now, *fellow students*, hastens the moment when the word must be spoken which is at once the expression of mutual regard and wishes for each other's welfare, and the signal of final separation, and entrance upon our professional career. Let the ideal aim of our profession—the alleviation of human woes—awaken our noblest enthusiasm, and constitute the grand motive of our highest exertions. So that having acted well our respective part here on earth, we may meet at last in the future world together to share the rewards of good samaritans and faithful servants—  
FAREWELL.

---

#### VACCINATION AND RE-VACCINATION.

At the last meeting of the Buffalo Medical Association remarks were made by different members upon the importance and necessity of vaccination and re-vaccination; the Association regarding the prevalence of small pox as unnecessary and disgraceful to the medical police of cities. Since this disease is prevailing in large cities throughout the country, and in some degree in Buffalo, though to a much more limited extent than in most other places, a committee was appointed to present the views of the profession upon this subject to the board of health, common council and citizens, with the view to obtain action in a matter which they regard as vital to the health and safety of the public.

The committee in presenting the facts which are sustained by the most careful and extensive observation would quote the following conclusions, which have been made the basis of municipal regulations in other cities, and are embodied in a Report by a Committee of the American Medical Association, held in New York June, 1864, and also presented to the State Medical Society in a Prize Essay by A. N. Bell, M. D., of Brooklyn:

“1.—That vaccination is immensely protective against epidemic diseases generally, and against small-pox in particular; and against death by small-pox, the protective power of vaccination is almost perfect.

2.—That of any number of persons who have had unmodified small-pox, the proportion wholly protected from a second attack at adult age, is 43 per cent., while 57 per cent. are liable to it again in some form or other.

3.—That out of any number of adult persons who have good marks of vaccination,  $40\frac{1}{2}$  per cent. are perfectly protected; while  $59\frac{1}{2}$  per cent. are susceptible to varioloid, or to re-vaccination to such a degree as to render their protection perfectly complete.

4.—That the degree of protection afforded by previous unmodified small-pox, from a second attack, is only  $2\frac{1}{2}$  per cent. greater than the protection afforded by vaccination; a proportion too small to be regarded as any evidence of real difference in protective power, and reasonably attributable to spurious or impaired vaccination from a variety of causes, such as vaccination during the progress of other diseases, injury of the vesicle or defective lymph.

5.—That out of any number of adult persons with imperfect marks of vaccination, 23 per cent. only are protected, while 77 per cent. are liable to small-pox or varioloid.

6.—The liability to varioloid after ten years of age, of persons vaccinated under three years of age; and the increased liability again from fifteen to twenty-five years of age, of persons vaccinated or re-vaccinated at from ten to fifteen years of age, demonstrates that, generally, protection by vaccination under twenty-five years of age is complete for about seven years only. Subsequent to twenty-five years of age, protection is complete for a greater length of time, proportionate to the age of the individual at the time of the vaccination.

7.—That during the prevalence of an epidemic of small-pox there is increased susceptibility to the disease, and the degree of protection from previous vaccination is proportionately lessened. Under such circumstances, therefore, it is incumbent to re-vaccinate at intervals not exceeding five years; and in cases of certain exposure as soon as practicable thereafter, as there is abundant evidence of the protective power of vaccination and re-vaccination even as late as the fourth day after exposure to small-pox.

8.—Protection is known to be complete only when fresh vaccine lymph from a perfect vesicle fails to take on re-vaccination."

The Committee of the Buffalo Medical Association in view of the above well sustained conclusions, would respectfully urge upon the Board of Health and Common Council, that immediate provision be made, by the employment of competent and faithful men, for the vaccination and re-vaccination of all who may be found unprotected from small-pox, and are poor, negligent, inattentive, or ignorant of the efficacy and value of vaccination. They would also call the attention of the public generally to the importance of vaccination and re-vaccination until they are sure that fresh vaccine lymph from a perfect vesicle will not take on re-vaccination. When this evidence of vaccination has been obtained the protection is perfect; it cannot be known to be complete without it.

JULIUS F. MINER,	} Committee.	{ PHINEAS H. STRONG,
THOMAS F. ROCHESTER,		



## BOOKS REVIEWED.

*A Statement of the Causes which led to the Dismissal of Surgeon General William A. Hammond from the Army; with a Review of the Evidence adduced before the Court.*

The above is the title of a pamphlet issued by Dr. Hammond in his own vindication, and which has been awaiting notice at our hands for some time. Of course all our readers are familiar, from the newspapers, with the general facts of Dr. Hammond's arrest, trial, and condemnation, but probably comparatively few of them will see, or have seen, his pamphlet.

We have perused this production carefully, and if we are not fully prepared to pronounce Dr. Hammond guiltless of the charges preferred against him, we are fully prepared to pronounce the moral atmosphere of Washington very bad. If the Doctor has not succeeded in convincing his readers that his honor and integrity are unimpeachable, in face of the findings and sentence of the Court which tried him, he has at least fully established the existence of an organized system of fraud, corruption, and dishonesty, perfectly appalling to the mind of a quiet country doctor, not to mention the minor sins of lying, brow-beating, and the like.

Dr. Hammond argues his case with great shrewdness and ability before the bar of public opinion. He seeks to convince his readers that the majority of the Court Martial which tried him were corruptly influenced against him, that especially the Judge Advocate, (the most powerful member of a Court Martial) was detailed expressly to convict him, and that all these corruptions, and the still more corrupt Commission which made the preliminary investigations in his department, were set in motion by the hatred of Mr. Secretary Stanton, who did not like the doctor. "The cause" for this hatred, he tells us on page 16, "existed in the fact that I gave him to understand from a very early period of my official career, that I, for one, would not quietly submit to the insolence which he constantly exhibited toward his subordinates."

Now we know something of the fallibility of the judgments of Courts Martial, as well as of the immense power wielded by a prejudiced Judge Advocate, but the Doctor must excuse us if we are not inclined in the face of the *status quo*, to accept his *ex parte* statement or argument, in opposition to the decree of a court which may have been corrupt, but which was presumably fair. And we must doubt, although the Doctor was undoubtedly

"Multum et terris jactatus et alto,"

whether it was due solely to the "memorable wrath" of the cruel Stanton.

But whatever be the Doctor's condition, whether of guilt or innocence, (we sincerely hope the latter,) time will sooner or later reveal it. If what he says be entirely true, we have a picture of

corruption from which our suffering people may recoil in utter amazement; if it be only partially true, we still have a shameful exhibition.

We are very much afraid for the credit of our people, that his pictures of Mr. Stanton's overbearing petulance (to use no harsher word) are not overdrawn, and we must condemn as gentlemen and professional men such treatment as is there depicted of the highest representative of our calling in the army, whatever be that representative's character. But space forbids our doing this branch of the subject justice, and we must postpone it.

Let us be understood as saying, then, with the kindest disposition towards Dr. Hammond, that, if we do not at once pronounce him innocent, we are certainly not fully convinced of his guilt; and if ever so guilty, he has shown himself "no worse than his neighbors." For our profession's sake, we hope his entire innocence may yet appear.

P.

---

#### BOOKS AND PAMPHLETS RECEIVED.

*Prospectus of the Detroit Preparatory School of Medicine, Detroit, Mich.*  
*Instructors*—Samuel P. Duffield, M. D., Ph. D., *Materia Medica, Chemistry and Toxicology*; E. W. Jenks, M. D., Harper Hospital, *Obstetrics, Infantile Therapeutics, and Clinical Medicine*; D. O. Farrant, Ass't Surgeon U. S. A., in charge Harper Hospital, *Anatomy and Surgery*; George P. Andrews, M. D., St. Mary's Hospital, *Physiology, Principles of Medicine, and Microscopy*. *The first Term will commence the first Tuesday in April, 1865, and continue five months. Communications to be addressed to GEORGE P. ANDREWS, Secretary, No. 79 Shelby street, Detroit.*

*Medical Lexicon—A Dictionary of Medical Science; containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, and Dentistry; Notices of Climate, and of Mineral Water; formulæ for Official, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes; so as to constitute a French as well as English Medical Lexicon.* BY ROBLEY DUNGLISON, M. D., LL. D., *Professor of the Institute of Medicine, etc., in the Jefferson Medical College of Philadelphia. Thoroughly revised and greatly modified and augmented.* Philadelphia: BLANCHARD & LEA, 1865.

*The Transactions of the American Medical Association, instituted 1847.*  
 Vol. XV. Philadelphia, 1865.

*Harvard University, 1865 — Medical Department — Summer Session, commencing March 13, 1865.*

B U F F A L O

**Medical and Surgical Journal.**

---

---

VOL. IV.

APRIL, 1865.

No. 9

---

---

ART. I.—*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, JANUARY, 1864.

*Disinfection—Paper by* DR. A. N. BELL.

The word *infection* is frequently used to indicate the vitiation of the atmosphere from any cause whatever. Hence the air is said to be infected when it contains an excess of carbonic acid or ammonia, or when its natural components do not exist in their usual proportion.

Such air is unquestionably bad, and is often the cause of ill health. But the diseases arising from these conditions have no special characteristics. A multitude of persons subjected to malaria of this kind will be variously affected, usually according to individual predisposition. But when a special disease, with characteristic symptoms, occurs as the result of malaria, or, above all, when of a multitude of persons exposed to malaria, a large number being taken sick in consequence of the exposure, are similarly affected, the poison in all such instances is putrefying organic matter. Hence I deduce the definition of infection to be a poisonous emanation of organic matter in a state of putrefaction, *which is incapable of reproduction in the human system.*

From this stand point I submit the following reflections: The existence of organic matter in the atmosphere is universal. It is everywhere the product of combustion and decay, and is given off by all animals in respiration. The processes of life, death and decomposition are accommodated to the whole of nature's domain. Latitude, elevation, nature of the soil, degree of cultivation, relative position in regard to mountains, forests, rivers, etc., and general aspect of the neighborhood, all modify the conditions of the

atmosphere and man's liability to pervading influences. It is, therefore, just as natural that stagnation, dampness, darkness and high temperature should cause disease and death, as that a free circulation of pure air, light, dryness and moderate warmth should promote health and long life. And it is, also, just as natural that there should exist conditions favorable to death and putrefaction as that there should exist conditions favorable to vitality and health. The qualities of all natural phenomena have certain operations, each peculiar to itself, yet all in harmony with every other. And if we apply our knowledge of the laws of organization in tracing the causes of disease, we shall be no less able to escape from those which are amenable to destructive agents than we are from those which result from ignorance and misconduct. The smoldering alluvium of a tropical delta, bedarkened by a thick-leaved vegetation, and immersed in an almost perpetual fog, is, of all places, most prolific of infection. The putrefying mass is also a hot-bed for the production of innumerable species of short-lived fungi, and the myriad spores of these terminating their brief existence, commingle with the putrid emanations. The varying conditions of climate and season render these emanations insignificant at one time but deadly at another; and in this latter case persons are not only liable to immediate danger from respiration, but their clothing, the material of commerce, the bulkheads of vessels, furniture and cargo, are all subject to the pervading infection. The articles of commerce thus infected become fomites or retainers of infection, liable not only to communicate disease to persons in their proximity, but to become the leaven, as it were, of new places possessed of the fitting conditions of climate and domicile.

The virus of contagion, too, is unquestionably organic in its nature, and active only when in a state of putrefaction.

In its formal existence the virus of contagion cannot be distinguished from the virus of infection, but in its origin it has this peculiar difference, namely: it is reproduced by its kind in the human system, and communicable by one person to another, or by persons to things, which thereby become contagious fomites, or new sources of contagion. On account of this similarity in the manner of communication under certain circumstances by fomites, authors are wont to regard contagious diseases as being also infec-

tious. Hence has arisen the frequent use of the words contagion and infection synonymously. Although not strictly germane to the purpose of this paper, the subject is nevertheless sufficiently pertinent to admit of the suggestion, that inasmuch as the virus of contagion does not lose its special character of reproduction in its progress through the human system by being also capable of lodgment in surrounding things, it should not on this account be confounded with other poisons that are devoid of this property. *The virus of contagion*, small pox, for example, whether contracted from fomites or a person affected with the disease, *is capable of reproduction in the system*, and liable to be communicated to other persons or to other things, and so on. But *the virus of infection* proper, that which arises from the processes of decomposition under certain climatic conditions and gives origin to such epidemics as yellow fever or cholera, *is wholly incapable of reproduction in the human system, and cannot, therefore, be transmitted by one person to another, or from the person to any substance*. The fomites of contagion and the fomites of infection are as much the representatives of the two great families of epidemic diseases, contagious and infectious, as are these diseases respectively themselves. And the poisons, although alike in being organic in their nature, are, nevertheless, as characteristically different in their origin, symptoms and progress, as are the different species of any other genus in the natural history of disease. To disarm fomites, to destroy the virus of contagion or of infection, to render harmless poisonous emanations in the atmosphere of a place, is to disinfect.

Innumerable substances have, from time to time been brought before the profession as DISINFECTANTS, but with the exception of chlorine and its compounds, they have most of them proved to be deodorants only, and do not, therefore, in this connection call for much consideration. Some of those which have attracted most attention, however, may be named:—Leloyen's liquid, which consists of a solution of nitrate of lead; and Larraudé's antimephitee, which, according to an examination made by M. M. Tardieu and Cozalis, appears to be made of a solution of sulphate of zinc, with a little sulphate of copper, in order to make it patentable. Both of these compounds were extensively used in Paris a few years ago to disinfect the sewers, but it ultimately turned out that their prop-

erties were deodorant only, and they are consequently now only rarely used for any other purpose. A new compound has been recently brought to notice under the name of "The Ridgewood Disinfecting Powder. A sample of this powder was presented to the N. Y. Academy of Medicine in July last, and referred to the Section on Public Health and Legal Medicine. A report was in due time submitted, from which we learn that the composition of the powder, as given by Mr. Napier, the chemist and president of the company manufacturing it, is as follows:

Carbonic acid, .....	5 to 8 per cent.
Sesquichloride of iron, .....	2 "
Lime from magnesian limestone, .....	5 "
Silicate of alumina (in the form of Fuller's earth) .....	75 to 80 "
Prepared charcoal, or ground pumice-stone, .....	10 to 12 "
Sulphate of potash or soda, .....	a trace.

Several experiments demonstrate this compound to be a powerful deodorant and antiseptic, but evidence is yet wanting of its disinfecting properties.

It is a common impression that because of the natural tendency of gases to rapidly permeate each other and become equally diffused, that therefore simple exposure to the atmosphere will in most cases necessarily overcome infection. But this is true only to a very limited extent. If pure air were fully and constantly accessible it would doubtless altogether prevent noxious emanations, partly by its dispersion of matter and partly by its chemical properties; tending constantly to dilute, disperse, and decompose all pernicious emanations from whatever source. But it was surely never intended by the Creator that an important natural phenomenon—the transition of matter—should either cease or be materially modified for the special benefit of one particular race of his creatures. On the contrary, it is manifest that there are many places both natural and artificial to which a sufficient supply of pure air for disinfection is inaccessible. The winds from the direction and in the immediate vicinity of such places are in some degree like the simoon of Africa and the sirocco of Italy, they are loaded with dangerous emanations from the localities over which they have passed. And as a general rule it is unsafe to be within two miles to the leeward of vessels or places known to be infected.

If infection were indeed a gas, simple exposure to the atmosphere, or, at any rate, to such gases as would then be known to effectually decompose it, would be infallible disinfectants. But the putrefying particles of organic matter, though light, are nevertheless heavier than atmospheric air, and their tendency is in consequence to occupy the lower strata. Hence cellars and the holds of vessels, from the very nature of their structure, cannot be so freely exposed to the atmosphere as to disinfect them, except at very long periods of time. The effect may be speedily manifest or an indefinite length of time may elapse, according to the conditions of the atmosphere and the degree of cleanliness, and the danger still exist. Under these circumstances and climatic conditions favorable to the spread of infection, it is manifestly absurd to undertake to limit the period of time by days when a room known to have been infected may be safely occupied, or an infected ship or cargo may be admitted to pratique.

Chlorine, nitrous, sulphurous and manganic acids, variously compounded with salts; and, recently, bromine, and numerous other gaseous substances which it is unnecessary to mention, are it is well known, extensively used as disinfectants. Such substances doubtless exercise a salutary influence over malaria depending upon the presence of deleterious gases, merely, which are by these means decomposed. But the influence which such gases and vapors exercise over the presence of putrefying organic matter, is probably only that of precipitation, hence, as experience shows, they are efficient only for very brief periods of time. Against inorganic matter, precipitation, even by watery vapor alone is, under certain circumstances, a commendable prophylactic. Mr. Leopold Brandeis, a scientific man of this city, who is engaged in the manufacture of *lead-pipe*, informs me that his workmen never have lead colic; and he attributes their exemption from that disease to the circumstance that special provision is made for the continued escape of a small amount of steam from the machinery, for the purpose of precipitating the minute particles of lead which would otherwise float in the atmosphere of the factory, and thus be subject to inhalation. But against putrefying organic matter, vapor, with the warmth necessary to generate it, is worse than useless.

Of all the gaseous and vaporous substances hitherto used for disinfecting purposes, *chlorine* is unquestionably the most potent and penetrating. The utility of it, therefore, may be taken as a fair example of the highest degree of benefit to be expected from the use of this class of agents.

Chlorine by its superior affinity for hydrogen seizes upon this element of gaseous compounds, and thus decomposes while it deodorizes them. But unless highly concentrated and kept up for a long period of time, there is abundant evidence demonstrating that chlorine has no such power over non-gaseous matter, such as the true virus of infection or contagion. The following examples which fell under my observation during the summer of 1862, are appropriate illustrations:

The steamship *Khersonese* arrived at New York, August 17, four days from Bermuda, a healthy port. She had been in quarantine at Bermuda twenty-four days, and had lost in all since leaving Nassau, an infected port—her last port of departure—some six weeks before her arrival here, ten persons with yellow fever. On arrival she had no sickness on board, but, having had it, she was “fumigated” with chlorine, and allowed anchorage at upper quarantine. Three days afterwards she had a case of yellow fever. Fifteen days afterwards, and after she had discharged ballast, been again “fumigated,” and taken in cargo, she had two other cases. She shortly afterwards departed. The steamer *Dispatch* arrived August 29, four days from Nassau. She had lost five men by yellow fever, and on arrival had four cases. She was repeatedly “fumigated,” the hatches kept off and part of her cargo taken out at lower quarantine. No new case having occurred after two weeks’ detention, she was permitted to go to upper quarantine, discharge balance of cargo, and after thorough *chlorination*, permitted to re-load. September 29th, just one month from the time of her arrival, she had a new and very malignant case that died with black vomit on the third day. Chlorine, besides, is often inapplicable on account of its destructive properties to the material of fomites.

*Water*, under some circumstances, is a valuable disinfectant. Although moisture associated with other conditions is rapidly promotive of putrefaction, and the propagation of fungi, tending to



perpetuate the mischief; yet total submersion involves a different train of circumstances of a far less noxious character. Organic matter by maceration in water is oxydized, and among other products nitric acid is generated, which is antiseptic. Everybody knows that if a marsh is continually submerged it is far less dangerous than when subject to ebb and flow; especially is this the case if the water is cold. If the water is warm, organic matters in a state of decay are liable to be borne off with the vapors, and so become injurious. *Soil*, too, is a certain but slow disinfectant. The interment of fomites, like maceration in water, can be practiced only to a limited degree. *Cold*, when of sufficient intensity is a powerful disinfectant and antiseptic. The iced-up animals of the frigid zone are an example. And the recurrent seasons of winter, it is well known, effectually arrest epidemic non-contagious diseases in temperate latitudes.

Infection subjected to a freezing temperature, even for a short period of time, is effectually destroyed; but the difficulty consists in the application of the necessary degree at the proper time. Infection pervades the closest textures, every seam and crevice. How is it possible in the midst of a warm external atmosphere, and the waters of the gulf stream to apply a freezing temperature to the whole interior of a ship and cargo? Of many examples known to the writer, of the futility of artificial cold to infested vessels, the following one will suffice: April 15th, 1858, the U. S. Steamer *Susquehanna* arrived at New York infested with yellow fever. After about sixty days' detention, and after the weather had become very hot, she was ordered by the Health Officer to be broken out for the purpose of freezing, by means of ice put on board. The experiment cost the government over \$20,000 and many valuable lives. She continued to have cases of yellow fever on board and was not admitted to pratique until frost in November. It has been the common practice of the navy department, in peaceful times, to order vessels that have had yellow fever on board, to lie in some northern port during the next succeeding winter. It is scarcely necessary to add that this is impracticable in time of war, and at all times to the merchant. Infection, whenever and wherever it is found to exist, should be avoided or destroyed; and the means used for this latter purpose, should be,

if possible, speedy, certain and practicable at all seasons and places. And to this end, there is reason to believe that of all the means hitherto used for the purpose of disinfection, the most efficacious is *heat*.

Epidemics, it is well known, rarely prevail during an average temperature above 85° Fahrenheit. In Egypt, the plague is effectually arrested by the heat of midsummer. Putrefaction ceases, and mummies are preserved in the burning sands for an indefinite period. Dryness, doubtless has much to do with this, while the circumstance serves to indicate the utility of "a fire in the camp," which, in tropical marshes is proverbial for its sanitary influence.

Impressed with the utility of heat as a disinfectant, Dr. William Henry, F. R. S., of Manchester, as long ago as the year 1824, instituted a series of experiments to test its effects upon the "contagious element" of small pox. Dr. Henry's first series of experiments satisfactorily established the fact "that the infectious matter of cow-pox is rendered inert by a temperature of 140° Fahrenheit," from whence he inferred that more active contagions are probably destructible at temperatures not exceeding 212° Fahrenheit. His next series of experiments were upon the personal fomites of typhus and scarlet fever. Three flannel shirts, taken on three successive days, from a strongly marked case of typhus fever, were subjected to 204° Fahrenheit for an hour and three-quarters. These personal fomites being before the application of heat as thoroughly charged with the contagious principle as any garment could be, were tested as follows: "One was placed directly under and within twelve inches of the nostrils of a person engaged in writing and who was excessively fatigued from previous exercise and had observed an unbroken fast for eight hours. This test of exposure was continued for two hours. The second shirt was put on and worn next to the body of a person for two hours. And the third, with the view of giving activity to any contagious matter which might possibly have escaped decomposition, was put into an air-tight canister for twenty-six days. It was then taken out and placed within twelve inches of the face of a person for four hours, a gentle current being contrived to blow upon him from the flannel during the whole time. In none of these instances was the fever communicated, and no injurious effects were

experienced." Dr. Henry next performed a precisely similar series of experiments with the fomites of scarlet fever which proved to his satisfaction "that by exposure to a temperature not below 200° Fahrenheit, during at least one hour, the contagious matter of scarlatina is either dissipated or destroyed." And he remarks "the circumstances under which the experiments were conducted, render it, I think, demonstrable that the disinfecting agency belongs to heat alone; for the receptacle in which the infected waistcoats were placed, having in every instance been closed, change of air could have had no share in the effect. The phenomena then are reduced to their simplest form and the results put us in possession of a disinfecting agent the most searching that nature affords—one that penetrates into the inmost recesses of matter in all its various states." Having satisfied himself in this direction, Dr. Henry next undertook to ascertain what elevation of temperature "cotton and other substances likely to harbor contagion of the plague or typhus, would sustain without injury, the heat being applied to both the raw staples and to their various fabrics. A quantity of raw cotton, subjected to a dry temperature of 190° Fahrenheit, which was steadily kept up in the inner compartment of a double vessel heated by steam during two hours, became fuzzy on account of the loss of its natural moisture, and for the same cause the strength of the yarn was for the time impaired; but after being left for two or three days in a room without fire, a great change had taken place in its appearance, and it was found on trial that the cotton was as capable of being spun into perfect yarn as that originally employed. On accurate trial of the twist which had been spun from it, a hank supported an equal weight with a hank of the same fineness that had been spun from fresh cotton from the bag. This fact established by repeated experiments, proves that with the recovery of its hygrometrical moisture, cotton which had been heated regains its tenacity and becomes as fit as ever for being applied to manufacturing purposes." A quantity of cotton yarn was tested in like manner with like result. "Articles of cotton, silk and wool, after being manufactured, both separately and in a mixed state, into piece goods for clothing, were submitted to the same treatment. And some of these were of the most fugitive colors and delicate textures, yet after being

exposed three hours to a dry heat of 180° Fahrenheit, and then left a few hours in a cool room, they were pronounced perfectly uninjured in every respect. Furs and feathers similarly heated were also uninjured. In subsequent experiment the temperatures were raised forty or fifty degrees higher without injury to the fabrics.\* Crude sugar will stand a dry temperature of 200° Fahrenheit for an indefinite length of time without injury.

Dr. Von Busch, of Berlin, having the benefit of Dr. Henry's experiments, in February and March, 1851, after having ineffectually made all the usual appliances, thorough cleansing, aeration, fumigation, etc., for the purpose of disinfecting the Berlin Lying-in Hospital of puerperal fever, determined to try the effect of dry heat. All the beds, wardrobes and hospital utensils being retained in the wards, common wood stoves were introduced and a steady temperature of about 150° Fahrenheit was kept up for two days. The wards were immediately re-occupied by the same class of patients, with the same individual liabilities as before, and the result was found to be triumphant. The infection was destroyed and the inmates were safe. A subsequent return of the disease on the following year, was destroyed in the same manner. †

A striking instance of the disinfecting power of heat to a badly infected ship, is referred to in vol. viii of the Royal Medico-Chirurgical Transactions, as being contained in the official report of Dr. William Ferguson, inspector-general and chief medical director for many years, in the Windward and Leeward Islands. The reference states that the transport ship *Regalia*, being badly infected with yellow fever while at English Harbor, underwent fumigations without the least effect in arresting future attacks or their fatality; and that it was not until after her arrival in Carlisle Bay, where she was completely cleared, and, with the hatches closed and her whole hold exposed to the concentrated heat of many stoves, that fever ceased.

Heat is no less efficacious in the form of steam or hot water. In a paper on this subject by Dr. Elisha Harris, ‡ before the Fourth National Quarantine and Sanitary Convention, he states that:—

\* Philosophical Magazine, 1831-32.

† Neue Zeitschrift, Fur Gebeertskunde, Berlin, 1852. Bull. de Therapeut, 1853.

‡ Utility and Application of Heat as a Disinfectant, 1860.

“During a period of nearly fifty years, the washing and drying of the contaminated clothing from hospital patients and infected vessels had been performed in the ordinary way, without the use of steam. The diffusion of fatal fevers from these fomites of infection was notorious during that protracted period. Immediately after the introduction of steam tubs for boiling and a steam-heated chamber for drying the clothing, and obviously as a result of those improvements, the occurrence of infectious or quarantine diseases among the washer-women of that establishment ceased, or at least they occurred but very rarely, and then from sources to which the steam heat had not been applied.

“Early in the summer of 1856, when large quantities of dunnage were ordered to the wash-house from vessels infected with yellow fever, I ascertained that the two washer-women who were attacked with that malady had been handling and washing various articles of clothing previous to steaming or boiling them. Though those unfortunate washers might have contracted the fever elsewhere than in the wash-room, it was deemed expedient to use greater precautions against infection, and accordingly directions were given that all clothing, both from ships and hospitals, should be steamed in the closed tubs previous to being distributed to the washers. Infected dunnage and clothing continued to be received in large quantities for several months subsequent to that order, but no more cases of yellow fever occurred among the washers.” Again, in the summer of 1859, a floating hospital was placed under my superintendence for the reception and care of all cases of yellow fever and other pestilential diseases arriving at the port of New York. The practice of burning all dunnage, bedding and other clothing from infected vessels, having obtained favor with the authorities who witnessed the same expensive and unsatisfactory process applied to the entire quarantine establishment, it had been advised that a like summary method of purification be continued in connection with the hospital ship; the famous iron scow for the burning of infected ships’ clothing, bedding and dunnage, being still in existence. Accordingly, no apparatus or provision of any kind had been placed on board for the cleansing or for the reception and proper care of infected ships’ clothing, nor even for the washing and preservation of the clothing of the patients and

their bedding. The hospital ship had already been placed at the yellow fever anchorage, twenty miles from the city, and was awaiting the arrival of the sick with fever. Under these circumstances, a wash-room was, under my direction, hastily extemporized, furnished with a copper steam-generator and capacious steam-vats, steam-washtubs, etc. This apparatus was placed in one of the galleries that had previously been constructed upon the outside of the vessel amidships, and to the after end of each of which, entrance was made by the gangway, outside, both from boats and the wards.

“Into the steam-vats was thrown every infected thing received from vessels as well as all hospital and patient’s clothing, etc., that required cleansing. All articles from infected vessels were received directly into the steam chamber from boats without entering the ship itself, or in any manner exposing it or its inmates to the danger of infectious contamination; while in the wards of the hospital a like safe regulation was adopted, requiring every article as soon as soiled to be removed to the steam vats, and there all substances capable of being febrile fomites were instantaneously heated to the boiling point or even a higher temperature.

“It will be observed that these arrangements contemplated the preservation of both the clothing and the wards from becoming fomites or foci of infection. The prediction having been reiterated by many persons that the hospital ship would certainly become infected, and be in itself a focus of pestilence, we are happy now to record the fact that with twelve cases of yellow fever, and with twelve cases of other maladies far more liable to personal or fometic communication, there was not an hour of sickness among all the employees of the floating hospital during the six months it continued in service, though the washer-woman and two other employees had never suffered from yellow fever, and had no specific protection from any disease except small pox.”

The experiences of the floating hospital since Dr. Harris’ superintendence have been equally favorable.

It is conceded that of all fomites a foul ship is the most persistent and the most to be dreaded. During the summer of 1847, almost every vessel of the U. S. Naval Squadron, in the vicinity of Vera Cruz, became infected with yellow fever. Among the rest,

the steamer *Vixen*, which vessel had had a good deal of river service, was very filthy and infested with vermin, and was so badly infected toward the latter part of the season that all hands were constrained to sleep on deck. Though yellow fever ceased to prevail during the season of the northers, the winter months, the crew of the *Vixen* continued to be in a sickly condition, with an occasional case of fever sufficiently typical to remind us that "Yellow Jack" had not departed. Before the return of hot weather, about the 1st of May, 1848, there being no immediate prospect of going north, it was determined to break out, as far as practicable, while on sea service and paint ship. Previous to undertaking this, however, the commander, the late James H. Ward, Esq., resolved upon a final effort for the extermination of the vermin by steam. Everything liable to injury was taken on deck, the hatches closed, and by means of a common leather hose connection steam was turned in below decks. This was kept up for two or three hours, so that every crevice was completely permeated. After this there was a thorough scraping, white-washing and painting. There was an immediate improvement in the health of the crew, and not another case of fever to the end of the cruise in midsummer. A few weeks subsequent to the steaming of the *Vixen* the gunboat *Mahones*, Commander W. D. Porter, having been on a surveying expedition up the Tuxpan river, returned to the anchorage at the mouth of that river, and telegraphed for the medical officer of the *Vixen* to visit the sick. There I found three cases of yellow fever, and within a few days four others occurred. The *Mahones* was a captured vessel from the Mexicans, had never been off the coast, and was filthy in the extreme. The salutary effects of the steaming on board the *Vixen*, both for vermin and fomites—no unusual associates, by the way—were so apparent, that the same process was forthwith advised and applied by means of the *Vixen's* engine and hose, to the *Mahonese*, and, as in the first instance, fever and vermin both ceased to exist; there was not another case. These vessels both continued on service in the vicinity of Vera Cruz until the following August, when they were sent to Norfolk, and were at once admitted to pratique. The *Mahonese* was there laid up until sold. The *Vixen*, after remaining three weeks without "breaking out," was, with a new crew, trans-

ferred to the coast survey in the Chesapeake Bay for the remainder of the summer. In neither of these vessels was there any return of the fever. About the same time that the *Vixen* and *Mahonese* arrived at Norfolk, the frigate *Cumberland* and the steamer *Scorpion* arrived at New York. The *Scorpion* was at once quarantined on account of recent cases of yellow fever on board; and the *Cumberland*, not having had any cases since the previous season, was, after "fumigation" and a few days' detention, permitted to go up to the Navy Yard to "break out." But scarcely had the work commenced before the yellow fever also broke out on board, and the vessel was, in consequence, sent down to quarantine and there kept until frost. The *Cumberland* and *Scorpion* were of the same squadron as the *Vixen* and *Mahones*, were more commodious, better ventilated and in every respect in better condition for health, *excepting that they had not been steamed*. Deeply impressed with the benefit of heat as applied in the cases of the *Vixen* and *Mahones*, I have frequently commended it; but until during my superintendency of the floating hospital, summer before last, I am not aware of its having been put in practice. Of all the infected vessels that arrived at this port during that season, the steamer *Delaware* was probably the worst; at any rate, the malignancy of the fever from that vessel was greater than that from any other. The *Delaware* had proceeded from the Tortugas in the early part of August with invalid soldiers on board, stopped at Key West, Fernandina, St. Augustine and Port Royal, where, in consequence of having yellow fever on board, she was put in quarantine twelve days, and then sent to New York. She arrived here September 21, having lost one man with the fever on the passage from Port Royal. On arrival, her commander, Capt. James S. Cannon and two of the crew, were sent to the floating hospital, and within five days afterwards seven of the invalid soldiers, all well-marked cases of yellow fever, and some of them so malignant as to have black vomit supervene within a few hours from the time of attack and to die within forty-eight hours. One died on board the *Delaware* within twenty-four hours, his case being so malignant that the boarding-officer deemed it useless to transfer him. In this state of affairs, at my urgent request, the remainder of the invalid soldiers (18,) were transferred to the (yellow fever) floating hospital, for safety.



They all escaped the disease; and I have not the least doubt that if all the soldiers had been removed on arrival, several lives might have been saved instead of lost by depending upon the effects of "fumigation." During the convalescence of Captain Cannon, I recommended to him the use of steam for the purpose of effectually disinfecting his vessel. I subsequently received the following letter:

"U. S. TRANSPORT 'DELAWARE,' }  
New York, November 30, 1862. }

"DR. BELL:

"Dear Sir:—During my confinement in Quarantine Hospital with yellow fever, last summer, you suggested the idea of disinfecting my vessel by steam. In accordance with the suggestion, before my recovery the engineer steamed the lower cabin where nearly all the sick had been confined. After my recovery I more effectually steamed the vessel by closing her up below and driving the steam through her lower hold and bilges. This I did by attaching a hose to the boiler and leading it below through an aperture left for that purpose. Although we remained in quarantine three weeks after the first steaming, we had no sickness among a crew of twenty persons; and since that time the steamer *Delaware* has been in a perfectly healthy state. After refitting, the *Delaware* was sent to Port Royal with soldiers and encountered a heavy gale; of course everything was damp, but no sickness occurred on board and the troops remained perfectly healthy after landing. On my return, over a hundred invalid soldiers came north with me, but there was no sickness among them except that which they brought from the hospitals. The only injury resulting from the use of the steam was to the paint, which is stained; and, the first time charring the leather, and the second time melting the rubber hose. In using steam, hose which cannot be affected by heat ought to be provided especially for the purpose, by a copper coupling about ten feet long, attached to the cock where the steams comes directly from the boiler, and the heat is most intense. Much injury might otherwise result from the cracking of the hose, if leather, or melting it, if rubber, by the escape of steam.

"I am so well satisfied of the beneficial effects of steam on ship-

board, that I would be sure of cleaning my vessel of that dread disease, the yellow fever, by its use in a very short time.

I am, very respectfully,

Your obedient servant,

JAMES S. CANNON,

*Master U. S. Transport Delaware."*

From the foregoing premises the following conclusions are deducible:

1.—The various compounds, including chlorine and the salts which evolve it, hitherto used as disinfectants, have generally failed in their purpose; and probably because of the organic and non-gaseous nature of the virus which it is essential to destroy.

2.—That inasmuch as a temperature of 145° Fahrenheit, which coagulates albumen, if kept up for forty-eight hours effectually disinfects the worst fomites, we have in this fact alone strong evidence of the identity of virus with organic matter.

3.—That the necessary degree of heat for disinfection may be applied in some forms to almost every article of commerce or appural liable to the virus of infection or contagion, without injury.

4.—That the examples furnished are an amply sufficient guide for the application of heat under the most variable circumstances.

NOTE.—Part of the material entering into the composition of this paper, was published in *Hunt's Merchants' Magazine* in October last, under the title of *Disinfection of Vessels*.

---

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

TUESDAY EVENING, March 7, 1865.

The Association met pursuant to adjournment, the President in the Chair. Present Drs. Rochester, Miner, Strong, Gay, Congar, Hauenstein, Wetmore, Trowbridge, Cronyn, L. F. Harvey, Jansen, Johnson and Peters.

The minutes of the last meeting were read and approved.

*Dr. Rochester* said that the subjects of Pelvic Hæmatocele and Pyocele had often been presented to the Association, and he only brought them up at this time to relate a case, which was of interest simply because it opened spontaneously in an unusual place. The patient was a woman 27 years old, residing in the country, who

was very ill at her confinement for two days and two nights, without medical attendance, and was finally delivered with instruments of a dead child. Her recovery was slow; she had vaginitis and a tumor formed in the left iliac region. An abscess formed between the uterus and bladder or the uterus and rectum, he could not say which, and pus was discharged. She was very ill, had no physician, and of course suffered a great deal. He, (Dr. R.) first saw the woman some four or five weeks ago, at which time she had a tumor in the hypogastric region, which he at first supposed to be the uterus containing menstrual fluid—particularly as on examination he could not detect an orifice in the *os uteri* large enough to admit a quill. The tumor finally opened spontaneously, externally, discharging pus, thus proving it to have been a pelvic pyocele, which was remarkable chiefly for its manner and place of opening.

*Dr. Miner* presented a specimen of bone from the skull of a soldier in hospital, including both tables, and presenting a bullet mark on the external table. It had been struck a glancing blow by the ball, and he supposed it to have been "*killed*" by the blow without any fracture having taken place. Thought such cases of death, and consequent sloughing of bone, though rare, did sometimes occur without actual fracture. This had been observed by military surgeons, and well authenticated cases reported.

This specimen of bone had been seen by several of the physicians of the hospital staff, and differences of opinion expressed as to the primary injury, the more general opinion being that its vitality had been destroyed by the shock, and that it had gradually separated as an exfoliation. When bone is deprived of its periosteal covering it is liable to exfoliate, but in many instances it will gradually heal, as if no such evil had occurred; it does not necessarily die or exfoliate. After injury of the scalp and removal of large patches of periosteum, it is common to see exfoliation of the outer table of the skull, or of a layer or scale of bone from its outer surface; this is productive of no great harm and only delays the recovery a little, unless the parts beneath are implicated. The specimen of bone involving both tables, is believed to be of interest, whatever might have been the primary lesion, since, if the explanation offered of its death, is not accepted, other points

of interest still greater will be opened by supposing its separation the result of fracture.

*Dr. Rochester* related a case of a returned soldier who had erysipelas in front part of head, attended by severe pain and delirium. Two free incisions were made in the forehead, and a large amount of sanious pus was discharged. He went to Cincinnati, and he had since heard that a large portion of the frontal bone exfoliated, but could not say that both tables were involved. Would not any severe inflammation destroy bone?

*Dr. Strong* thought the pathology dubious. Thought the case was one of considerable, and, (if allowed as reported by *Dr. M.*,) one of extraordinary interest. But was its causation as contended for by the reporter, to be admitted as the true one? He must confess to having great doubt, or to speak more exactly, to having little doubt that it was not. He could see nothing in the case reported, to lift it out of the category of cases, in which the impact of the missile or weapon was sufficient to cause fracture, but not displacement. The lack of symptoms involving the brain and its meninges would point to this solution of the case, rather than to the extraordinary and well nigh *magical* cause given by the reporter. He thought it well, in either surgery or medicine, to remember the good rule in philosophy—to rest satisfied when we find a cause every way adequate to the effect, and not be tempted into the domains of the marvellous or the miraculous, for the purpose of elucidation. He believed it no uncommon thing in the annals of surgery that injury occurred to the skull sufficient to denude, or at least to impair the vitality of the periosteum, and to fracture the underlying bone through both its tables, but not sufficient to depress or displace the fractured portion, nor sufficient even to produce any considerable contusion externally. To his mind, this case (after examining the portion of parietal bone removed) seemed exactly to fit into the category of cases alluded to, and hence there was nothing either wonderful or very unusual in the case. With due deference to the surgical knowledge of the reporter, he must be allowed respectfully to demur, as aforesaid, to his view of the case.

*Dr. Wetmore*, after inquiring the name of the patient, remarked that he had treated him at the post hospital prior to *Dr. Miner's*

seeing him, (that is in October last, soon after the wound was received,) for pneumonia, and at that time he had a great deal of suppuration from the wound, and a piece of bone as large as a twenty-five cent piece exposed. The fragment of bone was then movable though not displaced. Had in his possession two specimens much similar. Both were fractures.

*Dr. Miner* was glad of any direct testimony in a case it was impossible to decide without it; the case was increased in interest by any facts which could be substantiated concerning it. The soldier reports himself wounded October 19th, and furloughed in a few days for a visit to his friends; that his wound was only of the scalp, and produced no disturbance of the system at all; that he was not rendered unconscious at the time, but walked to the regimental hospital without assistance. He was admitted to the post hospital in Buffalo on account of inflammation of the lung, and not for the injury. If the bone was not displaced and was yet movable, it must have been a most wonderful instance of fracture, since at this early period there could scarcely have been absorption of adjacent bone to allow of motion. He was wounded October 19, and admitted to the General Hospital November 30th, a period intervening too short to admit of absorption of bone. Again that a ball should strike the skull obliquely and fracture from both its tables, a nearly circular piece, two inches in diameter, without other injury than a mark, where the ball struck, and without producing displacement or shock or after consequences of any sort, and still admitting of motion of the piece, will certainly constitute an aggregation of facts which are worthy of consideration, but which can hardly be said to "fit exactly into the category" of any rational belief. Yet since the data relied upon, appeared a little mixed, perhaps we should be unable to arrive at definite conclusions.

*Dr. Jansen* related a somewhat remarkable case of artificial opening in the trachea, but as he proposed presenting the subject of it to the Society at some subsequent meeting, a description of it is omitted here.

*Dr. Strong* reported a case of a child of G. S. B., female, weighing at birth some  $2\frac{1}{2}$  lbs. He was first called when it was three months old. Found it not thriving from nursing its mother, and

advised partial weaning, and substituting cow's milk. Thereupon, after a few weeks, a change for the better was apparent. It continued to thrive finely, and, he saw little more of it till it reached  $6\frac{1}{2}$  months.

February 6th, was summoned in haste, the child being supposed to be dying. Found it had been left for a few minutes in its crib, (while the family was at breakfast,) feeling joyous and well. They soon noticed it became unusually still, and on going to it found its head fallen slightly forward on its chest, with respiration suspended, lips and face sub-livid, and quite unconscious. They immediately raised it up, blew in its face and mouth, and it soon resumed respiration and consciousness. She cried uncontrollably for an hour or so, but at length became quiet from a slight anodyne. Its bowels being somewhat inactive, he prescribed a few grains of calomel, and as the result it soon appeared as well and thriving as ever.

One week after he was again summoned in haste. Being near the residence he saw it within two or three minutes from the moment of seizure, but on arriving at its side it was dead, excepting one slight gasp.

He had detected no signs of cardiac disease, and as it was taken immediately out of town for burial, he could not obtain an examination; and, accordingly, was, and still is somewhat at a loss to account for its sudden death. He could only account for it by surmising, (what has always seemed to him somewhat mythical,) *spasm* of the *glottis*, or *epiglottis*, or both. He would be very glad to hear of any similar experience, or any exposition of the pathology of the case from gentlemen present.

*Dr. Congar* had seen a similar death in a case of scarlatina.

*Dr. Rochester* said death undoubtedly took place in the case narrated by *Dr. Strong* from *spasm* of the *glottis*. Such attacks, though rare, did occasionally occur, and were usually fatal. Was once called, in the absence of *Dr. Eastman*, to see one of that gentleman's patients, a little child, which had been seized in the way described by *Dr. Strong*. He snatched the little one up and commenced practicing "Marshal Hall's method," and with eventual success in saving its life, though it remained comatose for some time.

Prevailing diseases reported were, pneumonia, influenza, croup, laryngitis and pharyngitis, variola and varioloid.

*Dr. Rochester* called attention to the great extent to which variola was prevailing, not only in our city, but all over the country. He considered the prevalence of this disease a disgrace to a people, since means of prevention were so certain and easy of attainment. Thought the Association should take some action in its corporate capacity in the matter.

*Dr. Miner* called attention to the able and exhaustive prize essay on this subject, by *Dr. Bell* of Brooklyn, the suggestions of which had already been acted on in one or two cities, and ought to be here.

After some discussion by the gentlemen present it was resolved, on motion of *Dr. Miner*, that a committee of three, (to which the Health Physieian, *Dr. Eastman*, was added,) be appointed to communicate the views of the Association to the Common Council through the Board of Health.

The President appointed as such Committee *Drs. Miner, Rochester* and *Strong*.

After which the Society adjourned.

JOSEPH A. PETERS, *Secretary*.

---

ART. III.—*A Case of Closure of a Vesico-Vaginal Fistula at a second operation.* BY J. R. LOTHROP, M. D.

In this case the fistula followed a first labor. It occurred, as do most others which follow childbirth, after a long labor, lasting from Tuesday to the following Saturday. During this time the woman was attended by a midwife and a physician in succession, and had been subjected to the administration of both ergot and chloroform. From the patient's statement it seems probable that the head remained low down in the pelvis more than forty-eight hours, and that the urine was allowed to accumulate largely in the bladder. Saturday evening *Dr. Wyckoff* first saw the patient, and immediately removed the child by instruments. It had the appearance of having been some time dead, perhaps attributable in part to the ergot. Apprehensive that a fistula might be caused by the long

continued pressure, Dr. W. visited the patient until all danger of its occurrence seemed over, and then ceased attendance.

Three weeks and three days after the confinement, the patient states that she was wakened in the night by a great and sudden flow of urine, so great as to pass through the bedding to the floor. After this the retentive power of the bladder was lost. Dr. Wyckoff was then called, and found that an opening between the bladder and vagina existed. Ascertaining by examination that the opening was small, he kept Sims' catheter constantly in the bladder, and after a time made use of caustic applications to the fissure; hoping thereby to produce a closure. The size of the fistula, and the almost complete prevention of escape of urine by the vagina, which followed the use of the catheter, taken in connection with the natural tendency to contraction and union which is commonly, in such cases, observed, encouraged the expectation of cure by this plan of treatment. But this plan failing an operation was decided upon. I had seen the patient with Dr. Wyckoff several times while the above treatment was pursued. At his request and with his assistance, together with that of Drs. Brown, Miner and Boardman, I made an operation for the closure of the fistula on the 24th of January last. The first operation failing, a second was made on the 18th of February following, which proved successful. The delivery took place on the 15th of October, 1864; the fistula was established three weeks and three days, or twenty-four days subsequently; and the operations were made as above stated.

. CAUSE.—From the above statement, it will be apparent that a period longer than usual elapsed before the opening into the bladder occurred. Commonly, sloughing following protracted labor perforates the vesico-vaginal septum in less than two weeks, often in a few days. This perforation though hastened by, is not dependent upon distension of the bladder by accumulated urine. But a case may occur in which the slough only partially destroys the septum, leaving a thin wall between the bladder and vagina. In such a case, the thin partition would be likely to give way under the pressure of a large amount of urine in the bladder, or if violent efforts were made to evacuate it. The case then would be somewhat like rupture of the bladder. Though the weakening of



the vesico-vaginal septum was caused by sloughing following pressure in a protracted labor, still a fistula would not occur if the bladder was frequently emptied.

The statements of the patient warrant the inference that, in this case something similar took place. She stated that for a few days before she lost the power of retaining the urine, she had great difficulty in emptying the bladder, and that several times she was unable by great efforts to force any urine from the bladder, for one or two days. The great and sudden flow of urine which took place in the night, happened after retention, as she stated, for two or three days. The existence of granulating surfaces at several points in the vagina was quite certain indication of a destruction of, at least, the mucous membrane of the vagina at those points, and that restoration was taking place. The same process was probably going at the point where the fistula was found, but the destruction having been greater, there was not tissue enough to prevent rupture under the pressure of a large amount of urine. These considerations seem necessary to explain the occurrence of the fistulous opening at so long a period as twenty-four days after delivery.

DESCRIPTION.—The fistula was transverse in direction, from a half to three-fourths of an inch in length, situated about an inch and a half from the urethral orifice, and to the right of the median line. It was therefore low down, near the neck of the bladder, and as regards size and situation favorably circumstanced for operation. The edges moreover were but slightly hardened, and the fistula being of a size to admit the end of the fore-finger, did not in any great degree give to it the sensation of a cartilaginous ring.

OPERATIONS.—The patient, under the influence of ether, was placed in the position for lithotomy. The first step in the operation, viz: the paring of the edges, was mainly done, by the aid of a small hook, a pair of long scissors, bent on the flat in a short curve, and a short glass speculum, through which the fissure was easily reached. The speculum was then withdrawn, and a steel staff introduced into the bladder, to bring it down, in order that, with the aid of retraction, the paring might be completed, and the stitches, four in number, inserted. The particular form of suture employed was that known as the "clamp suture," the cross-

bars being of lead, half round and perforated; the sutures of silk. The stitches were made in the usual way; passed as deeply as was possible without perforating the mucous coat of the bladder, and secured by a shot at each end of the suture. Short needles, slightly curved, and a pair of Sims' needle forceps, were employed in making the stitches. Sims' catheter was then introduced into the bladder to be kept in for a few days. No urine escaped by the fistula for several days, but at about the fourth day it was apparent that the closure was not perfect. An examination was made at about the seventh day. It was then found that the stitches had cut their way out by ulceration, on one side, and that the operation had failed; the fistula being, if any change had occurred, larger than before its closure was attempted.

In three or four weeks a second operation was made. The preparatory process in this trial was a repetition of the first, except that a knife was employed instead of the scissors, and the paring was wholly down through the speculum. It was then removed, and again the staff and retractors employed. The "clamp suture" was not made use of, but instead silver wire was employed for sutures. Four stitches were put in, and the wire was secured by twisting. The wires were cut, leaving ends about three-fourths of an inch in length. Some attempt was made to bend over the ends, that they might do as little injury as possible. The catheter was worn as before. About the twelfth day no escape of urine having occurred the stitches were removed. Nearly two months have elapsed since the second operation; the closure remains complete, and the bladder has resumed its proper functions.

REMARKS.—The short glass speculum employed was, one of large size cut off for the purpose, with a sloping end as in the longer ones; the longest side being perhaps two inches in length. This served a very good purpose in the paring of the edges of the fistula, affording a good light and easy access to the fissure. Indeed the whole process of closure might as readily have been effected by using it.

The position of the patient cannot always be predetermined. Something will depend upon the position of the fistula. If the position chosen is that for lithotomy, ether or chloroform can be much more easily given, and the patient is under easier manage-

ment. The position upon the hands and knees has this advantage, that the flow of urine, which is rather troublesome in the opposite position, is prevented during the operation, and perhaps it affords a better exploration of the vaginal cavity. But if an anæsthetic is made use of, there is great difficulty in maintaining the patient in the position, and besides as more or less propping is demanded, pressure upon the abdomen can hardly be avoided. It therefore interferes with that dependence of the abdomen which is quite an important feature of the position. The use of an anæsthetic in this as in many other operations, seems certainly of much importance, not only to prevent pain, but to suspend voluntary movements and resistance, which in this case are troublesome.

The failure of the first operation cannot fairly be set down to the form of suture used, though we can easily conceive that thin parts pinched between the cross-bars may be, in a measure, strangulated, and hence more liable to slough. The use of silk instead of silver for sutures, was a departure from the original plan of the "clamp suture," and had perhaps some agency in causing the failure. Nothing should be set down against the "clamp suture" when it is not fully employed. The desire to produce exact apposition, in the closure of a vesico-vaginal fistula, may lead to considerable pinching of the included tissues when the wires are secured, and thus aid in defeating the aim of the operator. Of the "clamp suture," some one remarked: "on the whole, I am convinced that it is the best form of suture that we yet have." But recent practice indicates that it has ceased to be regarded as the best form of suture. It is complicated and consumes much time in adjustment, and is not followed by better results than the simpler and more easily applied form of interrupted suture, when silver wire is used.

After all that has been written about improvements in the methods of closing vesico-vaginal fistula, and after all the complicated contrivances, which were intended to render, and have been thought to have rendered success more certain; if we except the use of silver wire instead of silk for sutures, there has been no great gain over the simpler method adopted and recommended by Dr. Hayward. The essential points, as he maintained, are; to pare the edges well, to obtain a good surface for adhesion; to include abundant tissue

within the sutures, by deep stiches; to allow the sutures to remain a considerable time, if of silk till they slough out; and to keep a catheter constantly in the bladder for a number of days. The use of the staff was an important feature also in the operation, for by it the bladder could be easily brought down. In all essential points this is the method employed by many successful operators, as for instance, Mr. I. Baker Brown of London. The staff may be replaced by a hook or forceps. The use of silver wire instead of silk appears to be a gain in method. Dr. Hayward allowed his silk sutures to work their way out by sloughing, which they will do generally in a few days. Silver wire will undoubtedly remain longer and cause less sloughing. He thought the catheter might be removed after the third day, but still employed at regular intervals to remove the urine, thereby avoiding all danger of breaking up newly formed adhesions.

In the case above related the catheter was worn constantly for about three weeks, a longer time than was perhaps necessary, but it caused no trouble or inconvenience, and it was thought best to continue its use. The patient lay upon her back mostly, and it was not found necessary to give opiates, as very little pain followed. Some operators are careful to keep the patient after the operation, upon the side, with the knees drawn up.

It is not many years since Mr. Earl said, "these cases present great obstacles, and are certainly the most difficult that occur in surgery." In one case he performed "upwards of thirty operations" before he succeeded. As the difficulties are largely mechanical, we may not be surprised that modern ingenuity has overcome them in a great degree. It is about twenty-six years since the first successful operation was made in this country by Dr. Hayward. He operated twenty times on nine patients. The results were, in three cases complete success; in five partial; in two failure. Comparing this with the cases of Mr. Brown of London, we find the number of successful cases much greater. In the London Surgical Home fifty-five cases were operated upon by him. The results were, as far as they had been determined, in forty-three cases perfect cure; in one partial; in five failure; in two death. Of the forty-three successful cases, in twenty-four one operation only was made; in eight two; in five three; in six more than three.

Thus in the earlier periods of the operation, three cases in nine succeeded, while in recent operations we have forty-three in fifty-five successful. We find that in sixty cases thirty-six or more than half were cured by a single operation.

---



---

## CORRESPONDENCE.

BELLEVILLE, C. W., March 8th, 1865.

To the Editor of the Buffalo Medical and Surgical Journal :

Sir:—In the *Canada Medical Journal* for March, I find an interesting case recorded, of “Resection of the Ankle-joint,” by Dr. John G. Johnson, taken from the *Buffalo Medical Journal*. Perhaps your readers, including your correspondent Dr. Johnson, will be interested to read the accompanying article, copied from the *London Lancet*, page 256, vol. 2, 1864.

I may add that this case is referred to in *Braithwaite* for July, 1863.

Truly yours,

W. CANNIFF.

---

### “RESECTION OF THE ANKLE-JOINT.”

“To the Editor of The Lancet :

“Sir:—I had the honor to report in the *British American Journal*, in the June number of 1862, a case of “Resection of the Ankle-joint.” The case was recorded four months after the operation. I then stated that I should at the expiration of a year furnish the profession with the final result. The Journal in which the case was published has ceased to exist. I therefore take the liberty of requesting a space in *The Lancet* to fulfill my promise. Indeed I venture to think the case of sufficient importance to warrant its publication in your widely circulated Journal.

There are two or three points to which I purpose particularly to refer, and which will become apparent as I proceed. These are points regarding which there is at the present time perhaps no settled opinion. The operation was performed in the way recommended by Henry Hancock, Esq., Surgeon to the Charing-Cross Hospital. Last winter, Mr. Hancock, in urging the importance of this operation, referred to the success of the case under consid-

eration, and I think from it it will be seen that conservative surgery deserved to be more fully tested. The young man operated upon was 21 years of age, with a constitution in most respects good. The disease of the bones which led to the operation was, I think, chiefly, if not altogether, due to local causes. Having made the single incision through the integument, as recommended, and dissected up the flap, the following pieces of bone were successively removed: First, the astragalus, one-half of which was in a state of necrosis, and the other portion in a disorganized condition. When the external malleolus, after which the tibia was turned out, and a little more than half an inch sawn off; but the condition of the bone above was such that it was deemed necessary to remove more; consequently, the incision through the soft parts having been extended, and the parts dissected from the bone, an inch and a half more of both tibia and fibula were removed. At this time it was recommended by the surgeon assisting me, to amputate; but as I had a strong faith in nature's ability to heal, and as the patient had caused me to promise that if there was but a slight possibility of saving the foot, to give him the benefit of it, I determined to make the trial. The upper surface of the os calcis was thereafter also removed to the extent of half an inch by the gouge. The operation being completed, the limb was placed in the fracture-box. By careful measurement of the bones excised, it was found that fully three inches in length had been removed. The space, however, between the bones of the foot and those of the leg were perceptibly diminished by contraction of the muscles of the leg. I confess my anxiety was great to see the result, for I was not aware of any precedent for so extensive a removal of bone. But no artery of any size had been divided in the operation; the diseased bone had been completely removed, and I trusted the powers of nature would prove adequate to the task of repair, although so extensive. A portion of the flap, in which was a cicatrix, that had resulted from previous sloughing, subsequently perished, leaving a large opening, through which could be seen the end of the tibia. But, notwithstanding this increased work of repair, healing of the whole rapidly progressed. There was no great discharge at any time, no inflammation, no waste of separative material. Water dressing alone was used. I mention these

facts, because had there been irritation, had there been much discharge, the result might not have been so favorable.

At the end of nine weeks the limb presented the following appearance: A healthy looking and limited cicatrix, marking the incision through the integument. A very small opening internally, where had been the most sloughing. The foot reduced to almost its natural size, and in a natural position. There is by admeasurement not more than an inch and a half of shortening. The bones of the foot have not yet joined with those of the leg. The foot can be moved passively in any direction, yet there is a comfortable degree of firmness, which has been constantly increasing. The patient can move the foot and toes in a natural manner. In a word, there is a prospect of an excellent joint.

Within four months after the operation he could rest the foot upon the ground; within six months he could walk by the aid of a cane, and at the expiration of a year he could run upon it. I saw him on one occasion mount a flight of stairs, three steps at a leap. I have recently seen the patient, and found by measurement there is just two inches of shortening. A boot is worn, with a sole thickened about three-quarters of an inch. The ankle is supported on either side by steel springs, and he walks with a very slight limp.

Now in this case we have a very striking exemplification of the resources of nature. Not only is there an extraordinary restoration of bone, but there has also been the formation of a new joint. In order to prevent an ossific union between the bones of the foot and those of the leg, the patient was instructed at an early date to exercise the muscles of the leg, so as to cause active motion. The result now is a very perfect joint. Not a few medical friends, with whom I have conversed about it, cannot credit the fact that there is any motion, being led away with the belief that after excision of a joint there is necessarily a stiff joint. I have reminded such that a very common cause of false joint after fracture is continued motion at the seat of fracture; and if so unfortunate a result follows so simple a cause in connection with a fracture badly treated, why can we not secure the same result after excision of a joint, by which the natural motion and use of the limb will be retained? This, as I have before said, can be secured by causing the patient

to use the muscles, so as to keep up motion. One can only speculate with regard to the provisions of this new joint, and it would be interesting and instructive to examine it; but in this case I do not think a chance will offer as long as the patient lives.

This operation, I believe, was never before performed on this side the Atlantic. During the past summer, while sojourning a couple of months at Washington, I learned that the operation was never practiced in the service; and although very many cases presented themselves where it might be performed, amputation was always resorted to instead.

I remain, Sir, yours, etc.,

WM. CANNIFF, M. D., M. R. C. S. Eng.

Formerly Act. Ass't Surg. to her Majesty's Forces; late Professor of Surgery, [University Vict. College, Toronto.

*Belleville, Canada West, 1864.*"

---



---

## MISCELLANEOUS.

---

### BACTERIDIA AND MALIGNANT PUSTULE.

To the Editor of The Lancet :

Sir:—The facts related in the following extract from a masterly article on Spontaneous Generation, by M. Jamin, in the *Revue des Deux Mondes*, are in all ways so interesting, that I make no apology for asking you to publish them. I ought to add that the italics which occur in one or two places are mine :

“Dr. Davaine has devoted himself for some years to the careful study of a terrible malady of the charbon genus—the splenic apoplexy (*sang de rate*—*anglicéé*, ‘blood’) which develops itself spontaneously in sheep, and is inevitably fatal to them. The blood of the diseased animals, examined under the microscope, has been found crowded with minute organisms allied to the *bacteria*, and which have been named *bacteridia*. This blood injected into the tissue of another animal carries these creatures with it, and death is certain. The malady is equally transmitted when a rabbit is made to swallow either the blood or part of an animal affected with splenic apoplexy. The infected blood may be dried and *kept for an indefinite time without losing the germs of the infusoria which it contains*;



and whenever it comes to be injected or to be given as food, the disease is propagated. These facts being ascertained, as the symptoms of splenic apoplexy offer some affinity to those of another malignant malady known by the name of 'charbon' (or malignant pustule,) inquiries were instituted as to whether there might not be a still closer bond between the two affections. 'Charbon' begins by a 'malignant pustule' of blackish color, surrounded by a ring of vesicles, which must be speedily destroyed by caustic, if a general infection is to be avoided. On the 14th of April of the present year (1864) Dr. Raimbert was called to a carter who had contracted a true malignant pustule on a farm where the sheep were suffering from splenic apoplexy. He removed the pustule, dried it at once, and handed it over to Dr. Davaine, who examined it under the microscope. It was a perfect *felt, composed entirely of bacteria*. Rabbits fed with it contracted splenic apoplexy in consequence, and died with their blood crowded with *bacteria*, and communicated 'charbon' to other animals. Here, then, is a disease transmitted from sheep to man, and appearing in him under the form of a pustule, which in its turn has the power of communicating to all animals the particular virus which it contains. And what is this virus? A brood of infusoria of a special and venomous species. *The smallest quantity suffices to kill, because it suffices to sow and multiply the species.* The malady is transmitted by inoculation, because the animalcules pass from the infected to the inoculated subject; it is transmitted by the air, because the germs dry up and are wafted away, and become again sown; possibly also, as many hold, by the bites of flies, which thus become the vehicle for the transmission of the *bacteria*. Such is the explanation, not less simple than certain, of the effects of a particular virus. The future will decide how far it is possible to extend to all analogous cases so fertile a theory, but already it is easy to understand the hopes of physiologists and to predict their success; perhaps we are on the eve knowing, avoiding, and curing contagious scourges."

The facts here detailed are not altogether new. Virchow, and some earlier observers whose names escape me for the moment, had already pointed out the occurrence, in countless numbers, of a kind of "vibro" in the blood of *living* animals affected with charbon.

I have not been able to refer to Dr. Davaine's own account of these researches; but before the case which he wishes to make out for the minute organisms he describes can be considered as finally established, other data will be required beyond those adduced by his reviewer. Not only must the constant presence of this particular species of *bacteridia* in the diseases in question be ascertained, but its absence in other putrefactive disorders. In all such cases there is a special danger, which those who have most studied the subject will best appreciate, of falling into the old error of taking for essential what may possibly be only an epi-phenomenon. The perfect way in which the facts seem to explain all the conditions, although a strong argument in favor of the interpretation set upon them, may on the other hand, easily beguile us into a too ready acquiescence in it.

At the same time the whole tendency of recent research, and of Pasteur's discoveries in particular, is to the effect that the tribe of minute organisms to which the *bacteridia* belong, in reality take the initiative in, and are the primary cause of, the zymotic changes with which they are found associated.

The uncontrollable *itching* which marks the first stage of malignant pustule, and is so characteristic of it, is, when considered as a phenomenon which betrays the presence of so many parasites in other parts not undeserving of attention in connexion with Dr. Davaine's view.

Should his discovery be confirmed by more extended researches, it is one of which it will be difficult to overrate the value.

As regards malignant pustule its importance will be supreme. Diagnosis, pathology, origin, mode of propagation, and indications of cure, will be all summed up in the conditions which attach to the growth and multiplication of a single parasitic organism.

In relation to diagnosis, the fact is one which might eventually become of the greatest possible use. For if it be true that the first breed of *bacteridia* is developed in the part which is to be the seat of the future pustule, the practitioner, armed with the microscope and with the little "harpoon" with which the Germans dip for trichina, might ascertain the characteristic presence of these minuter parasites by means of an operation not more formidable than the puncture of a grooved needle.

But, as M. Jamin rightly suggests, the interest of this discovery, should it be confirmed, culminates in its relation to the subject of contagion generally.

In a memorandum on the Investigation of Epidemic and Epizootic Disorders, which I drew up at the request of the British Medical Association in March, 1863, there occurs the following passage:

“In order to render the inquiry on which the Association is about to enter really comprehensive, it would be necessary to associate with the study of epidemics that of the diseases caused in man and animals by living parasites, external and internal.

A fuller knowledge of the phenomena attaching to the dissemination of the prolific and minute germs of these parasites could not fail to be of great use in helping to the true interpretation of the phenomena which attach to the strictly analogous dissemination of the equally prolific and equally minute germs of contagious poisons.

In particular, it would be of the highest value in showing, by data that could not be gainsaid, what is the real worth of the negative evidence now so implicitly relied on, as an indication of spontaneous origin, and as opposed to the law of propagation by continuous succession.

Additional reasons for putting the parasites and the contagions together in such an inquiry are—1, that at many points the two blend insensibly one into the other; 2, that, with the advance of knowledge, diseases are constantly being transferred from the group of common contagions to the group of parasites; and, 3, that there already exists amongst the most advanced thinkers on these topics, a shrewd suspicion that the two groups will eventually coalesce, and be found to be in their essence identical.”

Dr. Davaine's interesting discovery seems not unlikely to offer a striking illustration of more than one of the several positions here taken.

I am, Sir, your obedient servant,

WILLIAM BUDD, M. D.

The Manor House, Clifton, Feb. 5th, 1865.

## THE SURGEON-GENERAL OF THE FEDERAL ARMY.

By Editor of London Lancet.

We gave lately some details of the charges brought against the Surgeon-General of the Federal Army, and the finding of the Court Martial which dismissed him from that high position on the grounds of corrupt practice. The charges against him were of three kinds: they alleged acts in excess of authority; they charged personal corruption and intent to aid others to defraud the Government, and wilful falsehood. There were many circumstances connected with the Court-Martial by which the sentence was pronounced which indicated that its finding could not be accepted as satisfactory without further inquiry. In the first place, it appeared that the Surgeon-General had, prior to the assembling of the Court, been ordered to a distant part of the continent, and there charged with personal labors evidently designed to remove him from the scene of inquiry, and to inflict upon him a personal indignity, while they prevented him from preparing a defence. The Surgeon-General has now issued a statement of the causes that led to his dismissal, with a review of the evidence adduced before the Court, which is perhaps one of the most remarkable documents ever published by a public officer, and discloses a state of things which could hardly be supposed to exist, even amid such a combination of despotism and mobocracy as the civil war has produced in Northern America.

Dr. Hammond was appointed at the pressing instance of the American Sanitary Commission and of General McClellan and others. His appointment was unpopular with the Cabinet, but it could not be resisted. Two days after his appointment he was sent for by Mr. Stanton, Secretary of War, and at the close of a brief conversation was ordered by that gentleman "to leave his office immediately," from which time he of course "never entered it except upon strictly official business." This was a startling commencement of official relations. Their subsequent communications were of a corresponding character; incessant reprimands; wrappings; orders to report upon "what authority" this thing or the other thing was done. Presently the Secretary ordered a Commission to inquire into the conduct and affairs of the Department, naming for the purpose as President a person known to be a particular enemy of Dr. Hammond, with whom he had publicly quarreled, and who had sworn "to be revenged upon him." Dr. Hammond says: "The examination by this Commission was entirely *ex parte*. I was never called on for an explanation of any kind, and no witness was allowed to say anything which could be interpreted as favorable to me. I was never present at any session of the Commission. On the contrary, as soon as they had fairly entered upon their work, I was ordered to locate myself in the Department of the Gulf till further orders. I was therefore relieved from the charge of the Medical Bureau in Washington, and on the 30th of August, 1863, left that city. I have never been in charge of the Department since."

This Commission made a report, for a copy of which Dr. Hammond of course applied; but no notice was taken of the application, and he has never seen the report to this day. Meantime he was exiled to a distant department, and deprived of his authority as Surgeon-General. He made urgent application for a court-martial. "On the 15th of January," he states, "I arrived in Washington, in accordance with permission, granted only after I had received a severe fall, by which I was paralysed for several months; and on the 17th I was placed in arrest, and ordered to be tried by a court-martial, which was to meet on the 19th. I received the announcement with joy. I was confident that no unprejudiced court would convict me of wrong-doing in the face of the evidence of my innocence which would be presented." However, he was found guilty of corruption and of excess of authority. Reading the evidence which Surgeon-General Hammond now produces, it is impossible not to concur with him in affirming that the finding is highly dishonorable to the Court which convicted, and in no respect to himself. It is absolutely disproved by the documents which he produces; and we have no hesitation in declaring that Dr. Hammond stands now acquitted in the face of Europe and before his profession, and that his judges are condemned.

There are other circumstances disclosed by his statement which are of the most astounding character, and reflect deeply upon the conduct of the inquiry and the state of morality in Government departments under the present *regime* in Washington. In the course of the inquiry, a package of letters which had been stolen from his office was returned to his counsel, under cover, with the following letter:—

"Circumstances have placed the enclosed papers in my control, and I know where there are others which bear strongly in General Hammond's favor, and which have been secretly taken from his office. I will obtain them if possible. He has been and now is conspired against. I cannot remain silent while a great wrong is attempted. I dare not tell you *how* I got those papers. I did not steal them. I know you will do what is right with them. My only object is

JUSTICE."

"There were events," writes Dr. Hammond, "connected with the return of those letters to which I do not more specifically refer now, as I hope to be able ere long to connect the several links into a complete chain of evidence. I will only say that no doubt exists that these letters had in part been stolen from my office, and been mixed by some one with letters which had been sent by me to Dr. Cooper and to the War Department. In all, the package contained forty-nine papers. They were of such a character as showed that my office had been ransacked from top to bottom, and even the private drawers of my desk invaded. It was doubtless in one of these raids that Dr. Smith's money was taken."

When the history of this war is written, this defence of Dr. Hammond will be amongst the documents worthy of the attention

of the historian. Meantime we congratulate the Surgeon-General on having cleared his character, and supported his integrity by the strongest documentary evidence.

---

#### MERCURIALS IN PELVIC CELLULITIS AND IRITIS.

Prof. Simpson, in his Clinical Lectures on the Diseases of Women, says:

"I must leave the question to yourselves to settle how far you will mercurialize your patients. It is ordinarily laid down, more particularly by English authorities, in regard to the treatment of iritis and of almost every form of acute inflammation, that the administration of mercury should be had recourse to as one of the most essential elements in it; and in the treatment of pelvic cellulitis I used formerly to have recourse to it in almost every case as a general rule of practice; and I often have recourse to it still in combination with opium, as in two-grain doses every two hours of the calomel and opium pill of the Pharmacopœia. But I begin more and more to lose faith in its efficacy, for the disease goes on sometimes unchecked even when the mouth is salivated; and I really do not know that we have any certain proof of its power of producing absorption of inflammatory effusions. Ophthalmologists tell us that they can see these effusions beginning to be absorbed in the eye just as the drug begins to exert its constitutional action; but it is assuredly doubtful whether these phenomena stand in the relation of effect and cause, or whether they are not merely coincidences. I have heard Professor John Thomson repeatedly and strongly state that he had occasion to treat forty cases of syphilitic iritis, and having no faith in the reputed power of mercury in the cure of that disease, he treated them without mercury, and succeeded in effecting a cure in all the cases, excepting two, which occurred in the persons of two medical men who had had the misfortune, in the pursuit of their profession, to get their fingers inoculated with syphilitic poison, and who suffered from iritis along with other secondary affection. These two gentlemen had great faith in the power of mercury, and insisted on having it administered to themselves, and in them alone, out of all the forty cases of iritis, did the disease run an unfavorable course and end in loss of vision."—*Boston Journal*.

---

PETROLEUM IN SCABIES.—M. Decaisne, of Antwerp, treats itch by simply spreading this oil all over the body of the patient. He has obtained excellent results, and finds that the emanations from the oil purify the clothes which are put on immediately after the operation. He dispenses with the soap, the bath, the sulphur, and the liquid sulphuret of lime used in the Belgian army.

## THE ACTIONS OF THE HEART.

Will venous blood stimulate the actions of the left auricle and ventricle of the heart? I believe it will not, or at least very imperfectly. In every circuit which the blood makes, when it reaches the pulmonary arteries it is loaded with thecrement, or the products of the decay of the body. When in the pulmonary arteries, this decay, partly by a chemical and partly by a mechanical operation, is converted into gas, and expired out of the system in the shape of impure air. When in the pulmonary veins, the blood is further revived by the inspiration of atmospherical air, and when here, again, partly by a chemical and partly by a mechanical combination, heat is evolved. In this state the blood enters the left portals of the heart, and thus purified is well qualified to carry on the circulation, and at the same time to maintain the heat of the body. It may be asked, how is the venous blood circulated through the right auricle of the heart? I maintain that this is done by suction; the blood is thus drawn from the cavas to the right portals of the heart, and thence to the pulmonary arteries.

I am, Sir, yours, etc.

PHYSIOLOGIST.

*Liverpool*, 1865.

[*Lancet*.

---

ANÆSTHESIA PRODUCED BY INHALATIONS OF CHLOROFORM, AND KEPT UP BY SUBCUTANEOUS INJECTION OF MORPHIA.—Experiments have lately been made upon dogs, by a committee appointed by the Medical Society of Versailles, to test the value of the above method. Five experiments were undertaken. On the first dog chloroform inhalation alone caused anæsthesia for nineteen minutes; with inhalation and the injection of about half a grain of morphine, thirty-six minutes. On a second dog, with chloroform inhalation alone, the anæsthesia lasted thirty minutes; but the same inhalation followed by an injection of one grain of morphine caused an anæsthetic state of one hour and twenty-seven minutes. The same experiment being repeated, with an injection of one grain and one-tenth of morphine, produced anæsthesia for five hours and forty-four minutes. The committee state in their report that the prolongation of anæsthesia by subcutaneous injections of morphine must be admitted as a fact, although they do not wish to be over-positive, seeing that their experiments are but few, and, in one instance, performed twice upon the same animal.

---

VACCINATION AND SYPHILIS.—An important discussion is now pending at the Academy of Medicine of Paris. M. Depaul, one of the members, and reporter on the progress of vaccination, has incorporated in his report the late calamitous propagation of syphilis by vaccination. He expresses himself very strongly on the subject, and is likely to perplex very much the secretary of state, to whom the report is addressed. M. Ricord lately, in an excellent speech, combated the views of M. Depaul, and a lively debate is expected.

## EDITORIAL DEPARTMENT.

## ASSASSINATION OF PRESIDENT LINCOLN.

Our Journal goes to press at the very time when the telegraph has just flashed the startling announcement that, "*President Lincoln is dead!*" Business is suspended, the bells are tolling, the entire city draped in the emblems of mourning, and every loyal heart overwhelmed with grief and sorrow; a great people were never more deeply moved. We confess inability to write upon legitimate topics, and can only think of the national loss and grief, and of the effects this tragedy will have upon the national character and life.

President Lincoln's life has been one of unsullied brightness, and throughout all time and in every country, he will be regarded as the martyred Father of American Liberty. He has given to the cause of freedom a pure and unselfish support, lived to see its triumph over slavery, and, unwarned, appeared, to receive from the great Judge, the welcome, "Well done good and faithful servant;" snatched from earthly honors and glories, to receive the congratulations of angels, and take leadership in the great army of martyred heroes.

We cannot penetrate the thick veil which separates the present from the future—the known from the unknown. We cannot understand what benevolent purpose is concealed in this providence, or fathom the mystery, why our greatest blessings should sometimes come to us in deep or even painful disguise. President Lincoln is dead—died of most foul conspiracy; but the principles which made him hated are not dead, and cannot die; they are immortal, and if they had been born to die, his death, and the death of his heroic followers, would have baptized them to an immortal life. The great principle of freedom, as opposed to slavery, is now established for all coming time; it may be that it required this crowning sacrifice. The East and the West, the North, and even the South—the whole world of civilized men will now acknowledge its rule, while the assassins and villains who deny its power, cannot escape the retributions of an incensed people, or the judgments of a just God. Changes in governmental affairs, however great, could not produce such mighty revolutions as have taken place under the leader-



ship of President Lincoln; slavery was the rule and freedom the exception, while freedom has at last become the watchword of a regenerated country, and every additional sacrifice will only increase our love for it, while new anthems of thanksgiving and praise, shall be sung by a redeemed people. We shall not mourn for our President as "without hope." A few devils, thrice damned, will even rejoice in his death, but men of all parties will everywhere denounce the cowardly assassination, which has attempted to destroy the sick and unguarded, and in an unsuspected moment murdered its victim. Nothing has been gained, everything has been lost by the conspirators. The gain has been on the other side; freedom and human progress, have gained a worthy martyr; our army of dead, a noble leader, heaven an honest and earnest worker, and President Lincoln his eternal reward; "*but the mourners go about the streets.*"

---

DEATH OF SURGEON GENERAL WILLARD.

The following order has been received by Major-General R. L. Howard. The flag at the Arsenal is at half-mast to-day in accordance therewith:

GENERAL HEADQUARTERS, STATE OF NEW YORK, }  
 Adjutant General's Office, }  
 Albany, April 3d, 1865. }

General Orders, No. 10.

The Commander-in-Chief is pained to announce the death of Brigadier-General S. D. Willard, Surgeon-General, which occurred on the 2d instant.

By his death the profession has been deprived of an eminent and devoted representative, the church of a consistent and upright member, the State of a pure and patriotic citizen.

Distinguished in his life by singleness of purpose, sincerity of conduct, and a wealth of scientific resources, he has left a good name, to be cherished as a noble heritage. His professional skill and energy were freely consecrated to the alleviation of the sufferings of the country's defenders, while his abilities were constantly employed in the advocacy of reform.

As a mark of respect for the memory of the deceased, and his distinguished position, it is ordered that the flags upon these Headquarters and the State Arsenals be displayed at half-mast on Wednesday, the 5th instant, from sunrise to sunset, and upon the different Regimental and Company Armories on the day next preceding the receipt of this order.

By order of the Commander-in-Chief.

J. B. STONEHOUSE, A. A. G.

The above notice of the death of Dr. Willard contains all that is known by us of the circumstances attending this sad event,

Dr. Willard has been Secretary of the State Medical Society for many years, and has contributed much, by his efforts in its behalf. He has also edited several works of local and historical value, and placed the profession under lasting obligations. Dr. Willard was a most pure, energetic, persevering and capable physician, and his early death will create a vacancy in the ranks of our profession, not easily supplied.

---

BOOKS REVIEWED.

TRANSACTIONS OF AMERICAN MEDICAL ASSOCIATION.—VOL. XV.

We have received the above volume of the Association's proceedings, making a book of some four hundred and fifty pages, in style and appearance every way commendable. It contains a record of the doings at the session of 1864, both of a business and scientific character, a prize essay on jaundice, an account of the plan of organization, and the code of ethics.

It appears that eighteen States, the Army and Navy, and the District of Columbia, were represented by four hundred and sixty-five delegates, and sixty-eight permanent members. After the appointment of a Nominating Committee, the retiring President, Dr. March, read an address which is published in the volume. The subject which the address was mainly devoted to was the oft discussed one, of medical education, though the retiring officer, after the manner of departing rulers, now and then, took occasion to indicate his choice of a successor—a nowise commendable precedent. This matter of medical education is always being agitated and never making any headway, being always, or we might say yearly, put forward with profuse promises to the ear, to be broken to the sense. After all the assertions put forward by teachers, there can be no doubt that every year additions in the way of creation are made to the profession, of badly educated young men, and we might say of young men whose capacities in some cases are not equal to anything better than bad education. To whomever it is due, and that is not an easy matter to decide, whether the public who accept, or to the schools which endorse, there is no doubt some foundation for the statement that the education of the medical profession has not kept pace with that of the other professions. We can see where the remedy lies, but we can also see how little likely it is to be applied as long as pecuniary or professional ambition, or both, continue to influence teachers. However, nothing is lost by discussion, and it is a good sign to confess to a necessity for something better, even if the desire goes not with it.

In regard to the manner in which the committees appointed to report on various subjects discharged their duties, some idea may be formed, from the fact that of thirty-four different committees appointed, some twenty-five made no report—though it should be added that several asked a continuance and promised a report at a

subsequent period. Of the reports presented and printed, several are of considerable interest. We might instance those on Pessaries, on Military Hygiene and on Pathology of Lateral Curvature of the spine. Of the first, though we may not be prepared to go the full length of the writer, we are inclined to say, that the opinions advanced are worthy of the most earnest consideration. It may be, as suggested by Dr. Peaslee, one of the Committee on Obstetrics; that pessaries are sometimes absolutely the only means left us; but yet we fully believe the time will come when they will be disused entirely. We are decidedly of the opinion that *as used now*, pessaries do more harm than good.

The prize essay on Jaundice appears to be a very careful and thorough investigation of the subject, in which all the modern methods of analysis, and the microscope are called in. This appears to be one more added to the many valuable essays which are found among the publications of the Association—taken collectively, forming a body of writings of the highest merit and value—enough to redeem the failures of the Association in many other respects.

It may be added in explanation of the failure of many important committees to report, that those called upon to examine important subjects, as for instance, the resection of bones, require much time and care; and therefore cannot be expected to report in a short time. On the other hand many committees are got up at the urging of some one who has a matter to present, often a hobby, or a personal interest or grievance, in which no one but the proposer is interested, and which even he may forget in a year. Such committees do well not to report.

In the report of the Committee on Insanity, though the matter has some importance, one can easily see that the "hobby horse is [not] forgot."

The "yexed question" of what is to be done with specialists and specialties, came up again and was set apart for a committee. Dr. White of this city, we notice, was excused from serving upon it, at his own request. Specialists must be in some manner recognized by the profession, repugnant as it now appears to be to most. There is no good reason why quacks should be allowed to be the only specialists. We hope when the committee is called upon they will not report, "no report."

Upon the whole, this volume of Transactions rather tends to convince us, that the noble object for which the Association was created, so simply and well expressed in an early resolve, viz:—"That it is expedient for the medical profession of the United States to institute a National Medical Association, for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness," has not been fully realized. Its very constitution makes it, for the advancement of knowledge, inferior to smaller organizations, of men of like zeal, attainments and industry; kindred in tastes and sympathies. It is apparent that

though the list of members contains the best names in the profession, there are many who have ends to gain, more purely personal than professional, and are more interested to gain some advantage or recognition, than to contribute to the advancement of science. Yet its labors have done much to create a wide spread feeling of brotherhood, to uphold professional honor, and to stimulate to a higher usefulness. Its Transactions will always prove of interest to the profession.

---

*Medical Lexicon—A Dictionary of Medical Science; containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, and Dentistry; Notices of Climate, and of Mineral Water; formulæ for Official, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes; so as to constitute a French as well as English Medical Lexicon.* BY ROBLEY DUNGLISON, M. D., LL. D., Professor of the Institute of Medicine, etc., in the Jefferson Medical College of Philadelphia. Thoroughly revised and greatly modified and augmented. Philadelphia: BLANCHARD & LEA, 1865.

Dunglison's Medical Dictionary has so long been our standard work that little need be said of its merits; it deservedly stands at the head, and cannot be surpassed in excellence. The present edition has been very carefully revised and enlarged, about seventy pages having been added. Great attention and labor has been bestowed in perfecting the etymology and accentuation of terms, and rendering the work so complete as to embrace every term that has been "legitimated in the nomenclature of the science." This work has now more attractions than ever for the practitioner and student of medicine.

---

*The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral relations.* BY WILLIAM ACTON, M. R. C., late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospitals Paris, Fellow of the Royal Med. and Chir. and Statistial Societies, etc., etc. From the last London edition. Philadelphia: LINDAY & BLAKISTON, 1865.

We have to beg the pardon of the publishers of this book for so long delaying our notice of it. The only apology we can offer in extenuation, is, that we desired to read it carefully before expressing opinions concerning its merits, and have thus been obliged to delay longer than is our usual custom.

The work treats upon sexual precocity, masturbation in childhood, continence, celibacy, early marriages, early betrothals, long engagements, incontinence, masturbation in youth and adult, insanity arising from masturbation, virility, marriage, sexual intercourse in marriages, marital excesses, impotence, sexual indifference, infec-

cundity, unfruitfulness, spermatorrhœa, and other topics too numerous to mention. The style is unexceptionably tasty, and the book is well worthy careful perusal. As a popular work, to be placed in the hands of young people of both sexes, it is sufficiently professional to make its teachings respected, while it is plain enough to be comprehended by all. Upon many subjects treated in this work even physicians are often times unsettled in their opinions, and the work so far as we are able to judge will confirm, in truthful and correct views. Some of the chapters are upon topics not strictly medical in themselves considered, yet they have a medical bearing, and it is well to understand the influence of marriage, early betrothal, long engagements, etc., etc., upon the habits and health of the young. The opinions of the author are sustained by numerous cases which forcibly illustrate the importance of these subjects to physicians.

---

NEW MEDICAL JOURNAL.—We have the pleasure of announcing the appearance of "The New York Medical Journal," issued in good style, with an almost ostentatious display of collaborators. That it will be ably conducted and in every way worthy the confidence and support of the profession, there can be no doubt. It will be published the first of each month, and will be sustained by the talent of some of the most distinguished members of the profession in this country. We hope it is established upon a permanent basis.

---

#### BOOKS AND PAMPHLETS RECEIVED

*Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England.* BY JAMES PAGET, F. R. S., Surgeon Extraordinary to Her Majesty the Queen; Surgeon in Ordinary to His Royal Highness the Prince of Wales; Surgeon to St. Bartholomew's and Christ's Hospital. Revised and edited by WILLIAM TURNER, M. D., London, F. R. C. S. E., F. R. S. E., Senior Demonstrator of Anatomy in the University of Edinburgh. Third American edition. Philadelphia: LINDSAY & BLAKISTON, 1865.

*The Pharmaceutist's and Druggist's Practical Receipt Book, with a Glossary of Medical Terms, and copious Index.* BY THOMAS F. BRANSTON. Philadelphia: LINDSAY & BLAKISTON, 1865.

*A Monograph on Glycerin and its uses.* BY HENRY HARTSHORNE, A. M., M. D.

*Alphabetical Index to Braithwaite's Retrospect, embracing Parts one to fifty—1840—1865.*

*A Radical Operation for Procidencia, read before the New York Obstetrical Society, December 20, 1864.* BY THOS. ADDIS EMMET, M. D., Surgeon to the State Woman's Hospital, New York.

*Twenty-Second Annual Report of the Managers of the State Lunatic Asylum, for the year 1864. Transmitted to the Legislature February 4th, 1865.*

## AMERICAN MEDICAL ASSOCIATION.

The Sixteenth Annual Session will be held in the city of Boston, on Tuesday, June 6th, 1865. The following Committees are expected to report:

- On Insanity—Dr. H. K. Storer, Mass., Chairman.  
 On Exsection and its connection with Conservative Surgery—Dr. Lewis A. Sayre, New York, Chairman.  
 On Drainage and Sewerage of large cities and their Influence on Public Health—Dr. W. J. C. Duhamel, D. C., Chairman.  
 On Alcohol and its Relations to Man—Dr. G. E. Morgan, Md., Chairman.  
 On Quarantine—Dr. Wilson Jewett, Penn., Chairman.  
 On Medical Ethics—Dr. J. A. Murphy, Ohio, Chairman.  
 On the Microscope—Dr. James M. Corse, Penn., Chairman.  
 On the Relations which Electricity sustains to the Causes of Disease—Dr. Squire Littell, Penn., Chairman.  
 On the Morbid and Therapeutic Effects of Mental and Moral Influences—Dr. A. B. Palmer, Michigan, Chairman.  
 On the Causes of the Extinction of the Aboriginal Races of America—Dr. George Luckley, New York, Chairman.  
 On the Causes and Treatment of Ununited Fractures—Dr. Frank H. Hamilton, New York, Chairman.  
 On Diphtheria—Dr. Lucius Clark, Illinois, Chairman.  
 On the Uses and Abuses of Pessaries—Dr. James P. White, New York, Chairman.  
 On International Medical Ethics—Dr. J. Baxter Upham, Mass., Chairman.  
 On Climatology and Epidemic Diseases—Dr. C. W. Parsons, Rhode Island, Chairman.  
 On Autopsies in Relation to Medical Jurisprudence—Dr. T. C. Finnell, New York, Chairman.  
 On so-called Spotted Fever—Dr. James J. Levieck, Pennsylvania, Chairman.  
 On the Introduction of Disease by Commerce and the Means for its Prevention—Dr. A. Nelson Bell, New York, Chairman.  
 On Patent Rights and Medical Men—Dr. David Prince, Illinois, Chairman.  
 On Prize Essays—Dr. D. H. Storer, Massachusetts, Chairman.  
 On Medical Education—Dr. T. Antiselle, D. C., Chairman.  
 On Medical Literature—Dr. Charles A. Lee, N. Y., Chairman.  
 On Necrology—Dr. C. C. Cox, Maryland, Chairman.  
 On Compulsory Vaccination—Dr. A. N. Bell, N. Y., Chairman.  
 On Ligature of the Subclavian Artery—Dr. Willard Parker, New York, Chairman.  
 On Revision of Plan of Organization—Dr. N. S. Davis, Illinois, Chairman.  
 On Specialists—Dr. J. Homberger, New York, Chairman.  
 On Medical Cups of Navy—Dr. T. L. Smith, N. Y., Chairman.  
 On Medical Cups of Army—Dr. C. S. Tripler, U. S. A., Chairman.

WM. B. ATKINSON, *Permanent Secretary.*

B U F F A L O

# Medical and Surgical Journal.

---

---

VOL. IV.

MAY, 1865.

No. 10.

---

---

ART. I.—*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, JANUARY, 1864.

' *Fracture of the Neck of the Femur.*

DR. BALL presented a specimen of Fracture of the Neck of the Femur. The subject was an old lady, aged 78, who, up to the time of the accident, enjoyed good health. Some time ago she fell on the hearth, causing the fracture. In course of time she was able to go about on crutches, but after death the friends feeling dissatisfied with the surgical treatment she had received, a post mortem was held, the result of which exonerated the surgeon from all censure. The fracture was found to have been *transversely* across the neck; there was some inflammatory action about the cervix, and some necrosis of the bone. The question here recurred, whether bony union will take place in fractures occurring within the capsular ligaments.

DR. JONES related a case, where the *let alone* treatment was pursued, with as good results, as in the case in point. In forty-five days the patient was able to go about on crutches.

DR. WILLSON had a similar case under observation. About five years ago the patient fell and broke one leg, and about three months ago she sustained a fracture of the other. She refused to have anything done in the way of splints, bandages, etc., but allowed *sand bags* and other appliances to be adjusted, to keep the parts quiet.

DR. BALL desired to know the opinion of the Society, in regard to the best treatment of these fractures.

DR. ENOS remarked that no person could determine whether this fracture was *within* or *without* the capsular ligament. It was more than probable that it was partly *within* and partly *without* the ligament.

DR. SPEIR desired to know whether *exsection* of the head of the bone would give relief in any of these cases.

DR. ENOS could not recall any instance where such an operation had been performed in these fractures; he thought it would be neither proper nor judicious to undertake it, when there was neither *suppuration* nor *necrosis*.\*

#### *Diphtheria.*

DR. BELL reported two cases of scarlatina, and one case of measles, which were followed by diphtheria. He regarded the debilitated state of the system as the pre-disposing cause and thought that during the prevalence of diphtheria, such patients were very liable to be attacked by it.

DR. ENOS stated in relation to these cases, that he had frequently seen cases of scarlet fever followed by measles, and vice versa; he believed there had been a simultaneous incubation of the two diseases. Most of the cases of scarlet fever he had seen lately had taken on a diphtheritic form of sore throat. He had recently seen cases of albuminuria and pneumonia, accompanied by diphtheritic deposits. Most of these cases occurred in enfeebled constitutions.

DR. REESE reported a case of mumps followed by diphtheritic deposit. The disease commenced by inflammation and swelling of the parotid gland and diphtheritic deposit in the throat; in about thirty hours inflammation of the brain set in, the swelling in the neck subsiding, convulsions then occurred and patient died. About that time another child in the same family was attacked with mumps and diphtheritic sore throat, and was treated with iron and quinia, and local treatment; this patient lived three or four days, and died of exhaustion. Dr. Bell remarked that some of the most severe cases of diphtheria he had seen were accompanied by swelling of the parotid gland; one case which he had seen with Dr. Cranc died in forty-eight hours; he was convinced of the tendency of diphtheria to take hold upon debilitated constitutions or to supervene on other diseases.

DR. DODGE reported a case in a patient 56 years of age; pulse very feeble; could not be counted; patient was roused with difficulty; the respiration indicated that the membrane extended down the larynx. The next day membrane appeared upon the tonsils

\* Dr. Enos is referred to report of a case of removal of the head of the thigh bone after fracture, published in Buffalo Medical and Surgical Journal vol. iii, page 239.—ED.



and velum. Brandy, beef tea and tinct. ferri muriatis were added, and the patient gradually improved. A peculiar point in regard to this lady, was that at the age of 17, she menstruated regularly three times, but never since then. She has never suffered any inconvenience from it.

DRS. HART, Conkling, Ball and Burge had all seen a succession of cases, not generally of grave character. Dr. Burge reported the case of a boy, six years old, in which dyspnœa was extreme for one week. He recovered gradually under the use of milk-punch, beef essence, chlorate of potash and citrate of iron and quinine internally, and externally a liniment of soap and tinct. of the root of aconite—one part of the latter to eight of the former.

DR. HART asked what was the value of chlorate of potash in these cases?

DR. BALL had so little confidence in it that he had discontinued its use.

DRS. CONKLING and BURGE used it with great success, and would not be willing to relinquish it. Dr. Conkling thought all harsh and stimulating applications had done harm in the acute cases during the last year, but was confident he had seen good result from painting the tonsils with a solution of bromide of iodine, six drops to one ounce of syrupus gummi.

DR. BURGE had long since abandoned topical applications, except as gargles.

DR. HART was in the habit of using a solution of nitrate of silver as a gargle.

DRS. HART and CONKLING had seen quite a number of cases of scarlatina during the month.

DRS. BALL and BURGE had hardly met with it at all.

#### *Sloughing Bubo.*

DR. BURGE had recently treated a case of sloughing bubo—of gonorrhœal origin, in which the loss of substance was so great as nearly to lay bare the femoral artery. The patient, a German, about twenty years of age, became much reduced, requiring a liberal exhibition of tonics, stimulants and opiates; of the latter one grain of gum opium every two hours for several days with marked benefit. The Doctor did not attempt a full and accurate report of

the case, but desired only to present a few points of especial interest. The gangrene was arrested by the application of strong nitric acid, after there had been quite a copious venous hemorrhage. Four or five days subsequently arterial hemorrhage occurring, Drs. Gilfillan and Dodge (in Dr. Burge's absence from the city,) applied a compress, soaked with liquid persulphate of iron. This was carefully removed on the third day, since which time the immense cavity has a healthy aspect. The only local treatment at present is fine, clean oakum, applied several times a day. Patient improving rapidly.

*Scarlet Fever with Diphtheria.*

DR. CONKLING had met with scarlet fever in an unusually severe form, many cases being complicated with diphtheria. In one case, a boy ten years of age, there were present at the first visit symptoms indicating scarlet fever, but no rash, and only slight redness of the fauces. At the second visit, twelve hours after, he was found pulseless, extremities cold, the surface of a purplish hue, and the tonsils, pharynx and roof of the mouth covered with a whitish exudation. He died four hours afterwards.

*Necrosis.*

DR. MINOR reported several cases of necrosis operated upon at the Brooklyn City Hospital. First case, necrosis of the lower third of the femur, in female 28 years of age, disease of nine month's duration, there was considerable discharge from a sinus on the outer aspect of the limb leading to bare bone. It was considered expedient to cut down and remove the suspected sequestrum. A free incision was made along the thigh, and on exposing the bone two cloaca were found opening into the medullary cavity. A portion of the bone was removed by the aid of gouge and bone nippers, and was found to be eburnated and enlarged, but on getting into the medullary cavity no sequestrum was found. The wound is granulating and the patient doing well. The next was a case of necrosis in a robust young man. Another case was that of a boy who had suffered from inflammation, and from whom he had removed the first phalanx of one of his fingers. This patient now has disease of the lower third of the femur. A fourth case in which he had operated for necrosis of the sternum on a man about thirty

years of age, he cut down upon the bone, saving the periosteum and knawed away the external table with bone nippers and removed the sequestrum. Patient is doing well.

These cases did not appear to be connected with struma, rheumatism or syphilis, and as to the primary cause of the trouble he had not formed an opinion, further than that inflammation of the periosteum was doubtless the first step in its progress. Loss of vitality in the bone and disease of the medullary membrane followed as an inevitable consequence of persistent periostitis. The most remarkable feature to him was the point of election. Why *necrosis* should so frequently occur *in the lower end of the femur*, he was much interested to know, and thought it a subject well worthy of future investigation.

#### *Hæmoptysis.*

DR. BELL reported a case of hæmoptysis and syncope from mental shock. Patient 36 years of age, thin and tall; condition below par. On going to bed he coughed and spit up one-half ounce of blood and frothy mucus. This was followed by syncope. The patient was thought to be dying, and Dr. B. was sent for in haste. Brandy was administered and the patient recovered. Upon examination Dr. B. finds phthisis. He reported this case on account of the remarkable effect upon the system of this patient, from fear of his disease, being aware of a predisposition to it. He is now perfectly prostrated, not by the loss of blood, but from shock; is taking cod liver oil and whisky.

#### *Operation for Femoral Hernia.*

DR. ENOS reported a case upon which he operated for femoral hernia. A woman, 35 years of age, had a femoral hernia for some years; had worn a truss; about a week ago the truss came off, and she felt the hernia come down; bowels regular, and patient continued her occupation. She afterwards had sickness at stomach; saw a physician, and was sent to the Brooklyn City Hospital. Pulse 112; patient comfortable; no vomiting for twenty-four hours; abdomen soft, flabby; no pain. In right groin was a large inflamed tumor in the usual position of femoral hernia. Attempts had been made to reduce it. The case was considered a peculiar one on account of the undistended abdomen, want of pain, unob-

structed bowels and regular pulse. It was deemed advisable to operate. Dr. Enos cut down upon the tumor and found it to be an omental hernia; the portion of omentum was discolored, but had no odor; the stricture was divided and the parts returned. Dr. Enos ascribed the lack of more marked symptoms to the omental character of the hernia. Patient took ether during the operation, and has since been troubled with bronchial irritation and cough.

*Ephemeral Fever.*

DR. MINOR related a case of a child, to which it was difficult to give a name. On Wednesday the child played as usual; at 5 o'clock slept, and at 6 o'clock she had high fever; pulse 140; skin hot; tongue fair. Thursday and Friday had slight remissions; no cough; brain, stomach and bowels normal, undisturbed until Friday, when there was nausea. Castor oil, warm bath and enema. Patient improving. He mentioned it as an instance of general fever without local lesion.

*Dropsy.*

DR. ENOS reported a case of dropsy. The patient is asthmatic, and has an obscure affection of the heart and lungs; no vascular lesion discovered; impeded circulation; discoloration of the lips and tongue. Dropsy commenced one month ago; extended to the abdominal cavity; limbs enormously swollen; urine free from albumen. The only source of dropsy is the obstructed circulation; patient unable to lie down, and has to bandage the forehead to procure sleep. Dr. E. punctured one of the limbs above and below the knee; after a day or two the limb not punctured burst; a swelling appeared upon dorsum of the foot; punctured it and bloody serum escaped; there is much discharge from limb; there is inflammation on both sides, but much greater on the side not punctured. He thinks this case shows the propriety of puncturing the limb before great distention occurs. The patient has been relieved by the escape of fluid, and now feels quite comfortable.

*Influenza.*

DR. MITCHELL stated that he had recently met with an unusual number of patients suffering from headache, pain in the back, restlessness, fever and coryza. He regarded the disease as influ-

enza. After three weeks there was less of the head affection and fever, and diarrhœa occurred. In some of the cases, cold seemed to be the exciting cause, but in other cases the diarrhœa would come on in persons of good health, and who were not subject to it. He regarded the diarrhœa as the same disease.

Dr. DODGE had seen many cases of influenza lately, and noticed aphonia as a prominent symptom. He recalled three or four cases in which diarrhœa occurred. Dr. Mitchell had also noticed the occurrence of aphonia in some of his cases. Dr. Dodge finds throat affections prevalent. Dr. Ford also, but not attended with coryza.

#### *Pertussis.*

Dr. MITCHELL related a case of whooping cough. A previous infant of the same family had died in convulsions. The present infant was attacked with whooping cough; the cough became more violent, with loss of appetite. Various remedies were used, small doses of ipecac, opiates, hydrocyanic acid and poultices to the chest. The child soon refused medicine, as it brought on coughing. They were then administered by injection; the cough increased in violence; there was but little expectoration; patient had twitchings; prognosis unfavorable, probably fatal. Dr. M. was sent for in haste, and administered ether to relieve the cough and spasm, which was very violent. This relieved the cough; there were no more spasms, and the disease was arrested. Dr. M. believes the life of the patient was saved by the use of ether. The inspirations were so few and short that it was necessary to use the ether at the commencement of a paroxysm. Dr. Mitchell was not aware when using ether in treating this case that it had been used in such cases. He now finds it has been used, but no case is recorded where the patient was under one year of age.

Dr. FORD had treated several cases of whooping cough within the past eighteen months, which commenced with unusual amount of coryza, eyes and face much swollen and acute bronchitis; the cough was unusually severe at commencement. These cases were brought to a close within three weeks by the use of mustard applications, calomel and Dover's powders, and expectorants with considerable anodynes.

DR. GREEN thought that Dr. Mitchell's case confirmed the opinion that whooping cough was a spasmodic affection. He controls it by the use of belladonna extract in doses of  $\frac{1}{4}$  to  $\frac{1}{2}$  grain in solution, every three or four hours, and sinapisms to the spine.

DR. DODGE relies upon belladonna, but regulates the dose inversely, believing that a child can take more belladonna with impunity than an adult can. He uses extract  $\frac{1}{4}$  grain, every six hours. Remembers in one instance he treated a child at the City Dispensary with belladonna and dilute nitric acid, and in four days the child was free from cough. Has repeatedly seen cases relieved by this treatment. His own child was treated in the same way, and in ten days the cough was entirely gone.

#### *Hematuria.*

DR. HALLETT related a case of hematuria in a boy 10 years of age. Patient was two weeks convalescent from remittent fever when Dr. H. was called to see the patient for hemorrhage from the urethra. The hemorrhage was controlled by an administration of persulphate of iron. There had previously been hemorrhage from the nose. The patient has pain in the urethra; passes long, thin coagula; passes his urine every ten or fifteen minutes; urine contains albumen, and under the microscope black corpuscles. Dr. H. believed the hematuria to have some connection with the remittent fever.

#### *Nephralgia.*

DR. EXOS related a case of nephralgia, or gravel, in a widow lady 35 years of age, of feeble constitution. She was taken several days ago with intensely severe pain in the back and right lumbar region, extending towards the anterior part of abdomen, above the crest of the ilium; this continued for several hours, subsiding sometimes, but usually only after the use of anodynes and hot fomentation. After the lapse of twenty-four hours pain recurred; forty-eight hours have now passed without any pain; blood appeared in urine, but it was difficult to say where it came from as the woman was menstruating. There was no evidence of stone. He at first supposed that the pain was produced by the passage of calculi. He remembered several cases of the same kind which recovered and no calculi were passed.

*Hysteria.*

DR. FORD related a case of a patient who had been suffering for months from hysteria, assuming an epileptic character. Two months ago after being relieved, she was taken with severe pain in the back and shoulders; the head soon became painful; eye failed, and in three days she was perfectly blind. There was much fulness felt about the temples. After leeching the temples and blister to the spine, patient began to see again, and has been free from convulsions since. Dr. F. saw the patient yesterday, affected with the same symptoms again.

*Puerperal Convulsions.*

DR. CONKLING related two cases of convulsions in pregnant women, originating from different causes. The first patient, aged 26, six months pregnant with her second child, became during the process of gestation very plethoric, suffered with a sense of fulness and pain in the head, and was able to take but slight exercise. On a Sunday evening in April last she had a *very severe* attack of vomiting, caused by indigestible food. The stomach, after a time, became quiet, and at 1 A. M. she was quietly sleeping. The Doctor saw her again at 10 in the morning, when she was complaining of severe pain in the head. The urine was colored with blood. At 2 P. M. while alone in the room she had a convulsion which left her blind. At 4 P. M. she could not speak. The urine drawn with the catheter was thickened with blood, and hence could not be tested for albumen. Leeches were applied to the temples, and irritating injections administered. At 8 P. M. she had a severe convulsion. The Doctor then turned and delivered the child, but she continued to fail, her right side becoming entirely paralyzed, she died at 2 o'clock Tuesday morning.

The second case was that of a patient aged 40, pregnant with her sixth child. The Doctor was sent for Monday afternoon, January 7th, the messenger stating that she had had a convulsion. She was lying on the sofa, very restless, with entire loss of sight and speechless. Her feet, limbs and face were œdematous. She was put in bed, and the urine drawn with the catheter was found to be highly albuminous. She had in a short time two convulsions, which lasted longer than the previous ones. Chloroform

was given, and the Doctor introduced his hand into the vagina and proceeded to dilate the os with the finger. The hand was gradually but gently crowded into the womb—the cord found to be pulsating, and the child removed alive. But a small quantity of blood was lost, the womb soon contracting firmly. Soon after a mercurial cathartic was given. Tuesday morning she remained unconscious, and the water albuminous. The cathartic acted freely during the day, and an opiate was given to quiet restlessness. Wednesday morning she could speak and see, but did not know her friends; urine slightly albuminous. Thursday morning she was entirely rational, and a mere trace of albumen in the urine. Her convalescence has been rapid and uninterrupted. In this case Dr. Andrew Otterson was present, concurring and assisting in the treatment.

In the first case there was evidently a rupture of some small blood vessels in the brain from the vomiting, and the clot thus formed occasioned the convulsions, paralysis and death. Delivery in this case was certainly uncalled for.

In the second case the indication was to remove the pressure from the venal vessels. The delivery here saved life, and undoubtedly was the only means by which that could be accomplished.

#### *Encysted Calculus.*

DR. ENOS reported the following case:

George Braznell, aged 30, born in England—United States 25 years, by trade a brick-layer. For seven years Braznell says he has been suffering from irritation of his bladder and urethra. The first symptoms noticed were a sudden stoppage while making a full stream—tenderness deep in the perineum and scalding sensation when making water. He sought advice at the time; had an instrument passed into his bladder, but the Doctor regarded the symptoms as the effect of a couple of gonorrhœas which he had had. Was in pretty good health at this time and for the four following years. Was treated by different practitioners, but his urinary symptoms were never removed by their treatment. Passed his usual quantity of water he thinks.

Three years since he found himself failing—getting weak and losing flesh. His urine he says contained matter—mucus, I pre-



sume—passed a good quantity. His urinary symptoms still continued the same as those above mentioned.

Two years since he was sounded by a Brooklyn Doctor, and a stone in the bladder discovered. Soon after this some other one sounded him and found a stricture. He was treated accordingly. B. says within the last year he has been failing rapidly, losing flesh and unable to do any work. His urethral symptoms continued almost the same. Passed a good deal of matter with his urine he says, and at times it [the urine] dribbled from him. The knee and ankle-joints have lately begun to swell.

November 23d, 1860, admitted into the Brooklyn City Hospital. Find, on passing a sound, a stone situated as if encysted underneath the os pubis. The patient is in a very bad condition. Pulse 100, weak. Has no appetite, very emaciated, an anxious look, knee swoollen.

December 6th, died.

From the time he came in till he died he was mostly in a drowsy state. Spent the greater part of the time asleep, and if not actually asleep, was always inclined to be so. Walking or sitting he felt drowsy. Cared for nothing except a little wine. For five or six nights prior to his death he had pretty severe sweats. His mind has been and was quite clear up to a few hours before his death.

On the morning of the 6th instant he complained of great pain in side. It was thought he had pneumonia, but a post mortem showed œdema of the lower lobe of right lung.

#### *Scarlatina.*

DR. BURGE stated that he had recently seen an unusually large number of cases of scarlet fever—many of them very severe. Of two deaths that occurred, one was from dropsy and the other from prostration. He was then in attendance upon a case, which in its early stages was a mild one, but in which there was effusion into the pericardium, and asked for the recommendation of appropriate treatment.

DR. BURGE also reported the case of a woman, much reduced with existing pulmonary tuberculosis and seven months pregnant, who, while attending upon her children, ill with scarlet fever, was

attaeked with severe sore throat, accompanied by a severe rigor, followed by a fever which soon became remittent. On the third day she misearried, the child living eight hours. For the intense thirst he gave her a table-spoonful of liq. am. acetatis every two hours, with marked relief. She is convaleseing. The Doctor thought that such a result in a case complicated with phthisis, scarlet fever, an active remittent and miscarriage, remarkable.

DR. BALL had also seen a large number of cases of scarlet fever recently. In one case the disease itself was of a mild type. He had diseontiuued his visits. After a few days he was sent for and found the patient, a girl three years of age, suffering from great irritability of the nervous system, and an entire suppression of urine. This continued, notwithstanding a varied and active course of treatment, and she died on the twelfth day of the suppression. Dr. Ball was then treating a ease eomplieated with diphtheria.

DR. GARDINER had seen no ease of searlet fever recently, but was attending a number of cases of diphtheria among adults. His treatment consisted of getting rid of all excrementitious matters, and then giving internally mineral acids and bitter tonics. Externally he generally applied tonics. The gargle he mostly relied upon was chlorate of potassa dissolved in one part of vinegar and two of water.

#### *Hemorrhage from the Bowels.*

DR. GARDINER reported a case of passive hemorrhage from the bowels. Alteratives and Dover's powders were administered, and followed by fecal discharges and no blood. To open the bowels subsequently he gave rhubarb, which, failing, he gave Croton oil and balsam of eopaiba, which brought away blood previously eoagulated. During the night there were fifteen discharges. He then gave opium and gallic acid internally, and chloroform liniment was applied over the bowels externally.

DR. GARDINER called attention to a new remedy, *Hamamelis Virginica*, or witch hazel, for the treatment of diarrhœa and neuralgia. He had used a fluid extract of it, in teaspoonful doses, with marked benefit.

#### *Periostitis. (?)*

DR. HOUSEL stated that he had been suffering, personally, for ten years with what he regarded as periostitis, resulting from the

use of mercury. He is seized with intense pain in the foot or leg, or arm, at different times. The spot that is the seat of suffering, can be covered with a silver dollar. It recurred every other Friday for eighteen months. There is now an interval of a week between the attacks. No pain or soreness remains in the effected part during the interval. He had used a great variety of medicines, but had not tried quinine. He had taken such quantities of it for intermittent fever that he had an aversion to it. The iodide of potassium in thirty grain doses, every three hours, always cured it for the time.

DR. BURGE thought Dr. Housel's affection an entirely nervous one, and from its periodicity could, undoubtedly, be controlled by quinine. He had recently treated a severe case of neuralgia located in the tibia with twelve grains of quinine a day with entire success. He thought small doses of quinine preferable, as a rule, to large ones.

DR. ORMISTON remarked that he had had under treatment a case of intermittent supra orbital neuralgia, which was cured by the administration of twenty grains of quinine in divided doses, during the intermission. Smaller quantities were tried without benefit.

DR. BURGE stated that in squamous and vesicular eruptions he had used an ointment composed of ten grains of carbonate of soda to an ounce of simple ointment of nutgalls with unvarying success.

DR. BURGE inquired if, in a case of albuminuria, now under treatment, he should be justified in removing the stimulants entirely, which his patient had partaken of very freely for a long time.

In answer to this Dr. Gardiner remarked that in such a case he had stopped the use of stimulants and administered bark and the perchloride of mercury with great benefit. His patient resumed the free use of alcohol and died.

*Gun-shot Wound of the Thigh.*

DR. HART reported a case of gun-shot wound in the thigh. A minnie ball was supposed to have caused the wound. There were two external openings. One morning there was discharged into the poultice a lump of material looking like a firm, fibrous

mass. On being opened it seemed like gunpowder wetted together. The next day another similar mass escaped from the other opening, after which the patient rapidly recovered.

*Spasm of the Leg after Labor.*

DR. CONKLING attended a lady in her ninth accouchment. Easy, natural delivery. Shortly after she was attacked with violent pain in the right leg, between the knee and ankle—leg drawn up. Laudanum injection relieved this. She had a similar attack in the two preceding labors.

*Dysmenorrhœa.*

DR. CONKLING also reported a case of dysmenorrhœa, in which there had been a membranous discharge monthly for years. Patient had been married fourteen years, and had been a great sufferer, both before and since her marriage. She had also hemorrhoids and irritation at the neck of the bladder. Profuse leucorrhœa, and at times numbness of the lower extremities. Would never until recently consent to an examination. A large, firm, smooth mass was found filling the pelvis, and apparently attached to the posterior surface of the uterus. It was painful on pressure. After gradual dilatation of the cervix, a No. 12 sound was introduced. Dr. Simpson of Edinburgh, incises the cervix instead of dilating, and then breaks up the adhesions with the finger, daily. Dr. Conkling succeeded so well with the dilatations he had no occasion to try the incision. Allusion was also made to Dr. Simpson's use of the bromide of potassium to discuss fibrous tumors in this region.

DR. BALL suggested that this case of Dr. Conklin's might be hæmatocele.

DR. BALL said he had lately attended in confinement a multipara with twins, still-born. The placentæ were distinct. After the delivery of the first child a placenta presented which proved to belong to the second child. Had he not supposed it to belong to the child already born he would have turned the remaining one and delivered by the feet with the hope of saving its life. The delay was considerable. Dr. Ball called this a case of *placenta previa* with the second child, in a case of twins. This gave rise to some discussion.

DR. BURGE remarked that he supposed the Doctor intended to use the expression in the popular sense, that it was of course placenta previa if the after-birth presented first, though it was quite evident it could not have been attached over the mouth of the womb, since the first child had already passed through that passage unobstructed.

*A Case of Acute Gastritis, supposed to have been caused by swallowing some acrid substance.* By DR. STEWART.

Mrs. — was taken suddenly with an acute burning, lancinating pain in the epigastric region, attended with persistent vomiting of green matter, a small, hard, and quick pulse, a constant and urgent desire for cool drinks, and an aversion to any kind of motion; dry in the center and red on the edges. This condition was supposed to have been caused by the patient swallowing some of the juice of pickled oysters into which had been mixed some onion juice. The ejecta was always alkaline.

The patient was freely leeches over the epigastrium; a large blister applied to the same region as soon as possible. Calomel and morphia given internally. Symptoms continuing the same, gave citric acid, and followed it by Henry's magnesia, and an enema of turpentine. Soon after giving these the bowels moved, and a quantity of fecal matter came away, at which time the vomiting ceased. The pulse rallied after leeching.

On the second day the burning at the stomach continuing, gave sub. nit. bismuth and mucilaginous drinks—the latter with ice cream, was given for several days, and no other treatment required. The patient entirely recovered in about ten days.

DR. WILLSON asked why calomel was used?

DR. STEWART replied, as an antiphlogistic and to allay irritation.

*A supposed case of Severe Colic.* By DR. HENRY.

MR. —, a gentleman who had been subject to colic, and had been under the Doctor's care and treatment on several occasions for the same; was taken one Sunday in church, and deeming himself competent to manage his case without a doctor's assistance, commenced operations as soon as he arrived at home; he soon became convinced that the more he did the worse the patient felt, and doubts arising as to how long this state of affairs would con-

tinue under his own management, he sent for the Doctor, who found him suffering intense pain in the right hypochondriac region. Gave him large doses of morphia, which afforded him no relief. Upon examining the abdomen found what appeared to be a cavity, but which proved to be a mere depression in the muscles, just over the crest of the illium, above which was a corresponding elevation, which proved to be a tonic contraction of the muscle, which was dissipated by firm presence.

*On the use of Chromic Acid in Internal Hemorrhoids.*

BY DR. HUTCHISON.

The disease presented the usual symptoms; the pain, however, was more severe at each menstrual period, and the patient suffered intensely at each defecation. All treatment having failed to afford her relief, and her distress being so intense, she finally consented to an operation. The Doctor removed the tumor by ligature, which was followed by relief for about one year, at which time she again suffered from the presence of more tumors. At this time nitric acid was applied thoroughly, and failed of success. Six months subsequent to this time the Doctor applied chromic acid. This application is unattended with pain, and is free from danger. Under its use, in this case, the internal tumors have disappeared, the patient entirely freed from pain, and in fact from the disease.

DR. H. inquired of the gentlemen present whether their experience in its use, in such cases, had been similar to his own?

None present had ever used chromic acid in internal hemorrhoids.

DR. JONES remarked that he had used it in—if he might be permitted to use the term—a hemorrhoidal condition of the os and neck of the uterus with good results.

*Strangulated Hernia.* BY DR. HUTCHISON.

This patient was not seen by a physician until three days after strangulation had taken place, and would not consent to be operated upon until the end of a week. The tumor was very large and somewhat discolored. Upon opening the tissues quantities of air escaped, which undoubtedly contributed largely in the make up of the size of the tumor, its presence in such amount was soon accounted for upon opening the sac and exposing the intestine, a

hole of considerable size was found perforating the walls of the sphacellated portion embraced within the stricture. The stricture was released, the intestine was not returned within the cavity of the abdomen; the result was fatal.

*Operation for Hernia, and return of Sacen-bloc.*

DR. BELL reported an operation for strangulated inguinal hernia. The tumor being as large as the two fists, and extremely tender. After dividing the stricture the sac was returned *en bloc*. The patient progressed favorably for a few days, but in consequence of bad hygiene, erysipelas set in, and on the eighth day the wound was re-opened to get rid of the *pus*, which amounted to eight ounces. By use of compressed sponge and careful bandaging, at the end of four weeks the incision had completely healed by granulations. But on the patient moving about, the adhesions broke away, and he could not assume the upright position, without the gut coming down. The Doctor also remarked, that Dr. Detmold of New York, in an operation for femoral hernia, had intentionally effected healing by granulation for the purpose of radical cure, and thought he had succeeded. But this was for a small hernia.

*Cancer of the Lip.*

DR. BARTLETT presented a specimen and the following report of a case of cancer of the lip. The subject was a laborer, 50 years of age. When admitted into the Kings County Hospital, he was suffering from a sore on the lower lip and chin, which proved to be of a cancerous nature. The disease was of fourteen years' standing. He complained of a burning pain in the lip, especially after eating. The saliva was constantly dribbling away from the mouth, and the mucous membrane was almost wholly destroyed, as was also the integument of the chin.

After due deliberation, it was decided upon to remove the whole of the lip down to the ridge of the jaw. This was done by commencing at the angle of the mouth, on both sides, and cutting through all the tissues of the lip down to the ridge of the jaw. A transverse incision was then made along the line of the jaw, and the entire lip removed, being a portion about two inches square. Flaps were then made from the sides of the face by mak-

ing an incision from the angle of the mouth, outwards and upwards, for about three inches, cutting through the platysma myoides and buccinator muscles to the masseter, which was not divided. In executing this incision, the point of the knife was kept a little higher than the handle, so as to make the mucous membrane longer than the skin, avoiding at the same time the duct of steno. The transverse incision, at the lower angle of the wound, was then prolonged outwards for about three inches, taking care to go below the facial artery as it rises over the jaw. The flaps on both sides were then dissected off, great care being necessary not to wound the facial artery, as the lip of the flap depended upon its being intact. The flaps were then brought together, and fastened by the quill suture. The incisions were all adjusted and secured with ligatures, and the mucous membrane turned over, and united to the skin, thus forming a new lip. The patient was then put to bed, and perfect rest enjoined. No untoward symptoms occurred until the third day, when secondary hemorrhage came on from the facial artery of the right side. This was controlled by pressure on the jaw. The cuts healed kindly and well; the lip was perfect, preventing entirely the dribbling of the saliva, and did not adhere to the jaw. The disease has never returned. No anæsthetics were used.

DR. BARTLETT also submitted an *enlarged aorta*, producing absorption of three dorsal vertebræ; a *fatty heart*, and *cystic disease of the kidneys*. And from another subject *two kidneys*, (one large and the other small,) showing the different stages of Bright's disease; also a *gall-bladder filled with calculi*, which produced obstruction of the duct. In this case there was no jaundice, but the urine was loaded with bile.

DR. HEUSER stated that he had, at the present time, a very interesting case of aneurism of the aorta, where the tumor was about the size of the fist. Five or six weeks before the Doctor saw him, according to the patient's statement, he complained of rheumatic pain in the axilla and shoulder, and thought it would gradually pass off. About two weeks ago the Doctor first saw him, and found the tumor as indicated.

DR. ENOS thought that cystic disease of the kidneys was owing to a change in the secreting cells of the kidneys, and not to a



dilatation of the uriniferous tubules, which embrace the malpighian bodies, for the reason that the contained fluid is not urine.

*Fracture of the Tibia.*

DR. HUTCHISON related a case of oblique fracture of the tibia, occurring in a soldier, whom he had seen in Virginia. The injury was received on the 27th of June, 1862, and was treated by the surgeon in attendanee. When the Doctor first saw him, on the 28th of July following, he found the bone protruding about four inches, the patient stating that the surgeon expected it would drop off. The bone was immediately removed, and on a further examination found that he had received a severe wound on the top of the head, evidently produced by buck-shot. Upon removing the detached fragments of the bones of the skull, about one-half of an ounce of pus flowed out, but whether it came from the membranes or not could not be determined. After this the Doctor lost sight of the patient until a few days ago, when he came to his office. He was then walking on a wooden leg, and the cavity in the head had filled up with bony matter.

*Compound Dislocation of the Tibia.*

DR. HUTCHINSON also presented two specimens of compound dislocations of the tibia. A woman, 63 years of age, slipped on the side-walk on the 25th of February, sustaining a compound dislocation of the tibia. He saw her soon afterwards at the hospital, and removed a portion of the bone. The patient progressed favorably for a while, when erysipelas, with suppuration set in, producing complete prostration. She also suffered considerably from bed-sores. She died on the 30th of March.

The Doctor remarked, that from a careful examination of the part, he inferred that the patient would have recovered with a good limb had not erysipelas and prostration supervened.

A man, 51 years of age, of intemperate habits, fell on the side-walk, and sustained a compound dislocation of the tibia, the bone being thrown inwards. Reduced the dislocation, and prescribed opium with stimulants, to ward off, if possible, an attack of delirium tremens, to which he had been no stranger. The next day, by the advice of Drs. Minor and Buck, thought it judicious to remove the leg. At the time of the operation the patient was

in pretty good condition, but on the sixth day he had retention of urine, a clammy perspiration, pinched countenance, etc. These symptoms increasing, the dressings were removed, and a very fetid discharge of pus occurred. Gangrene had already set in, and the patient died on the tenth day after the injury.

DR. MINOR remarked that he saw these cases, and was of the opinion that in all injuries of a like character, occurring in aged persons, except where the dislocation was very slight, amputation was the only thing to be thought of. In the second one of Dr. Hutchison's cases the patient was a bad subject, being intemperate in habits, and with no constitution to rely upon. He would lay it down as a rule, in all of these cases, to *amputate*, except the injury was very slight, or the patient young and robust.

DR. HUTCHISON remarked, that in compound fractures, when the part is reduced, there is no violent contraction of the muscles; but in compound dislocations the reverse is the case, the muscles contracting so violently as to preclude the possibility of keeping the parts in place. In robust, strong patients, of good habits, he would prefer *resection*, as the end of the bone can be removed without producing much shock to the system. Notwithstanding the unfavorable results in the two cases related, he would still be inclined to repeat the operation of *resection*.

DR. ENOS remarked that there could be no question as to the grave nature of compound dislocation of the ankle-joint; still he thought it unwise to lay down an absolute rule, that all such cases should be amputated. We know very well that many of these limbs have been saved, an ankylosed ankle being better than an artificial limb. It is true, that in the attempt to save the foot, many lives have been sacrificed. It is the duty of the surgeon, therefore, to ascertain, if possible, what are the causes of the fatal result in conservative attempts, and where they are present, to amputate at once, remembering the instructions of Sir Astley Cooper on this subject, who had canvassed it very thoroughly, as he did every subject upon which he touched. Amputation was indicated in old persons, especially if infirm, and their recuperative energy not equal to the task of reparation. Again, if the soft parts are very much lacerated—if the blood vessels and nerves are injured very badly—if the patient, though not old, is anæmic,

intemperate, or is debilitated from any cause—amputation should be performed. If, on the contrary, the patient is young or middle aged, and at the same time of good habits, vigorous and healthy, and the soft parts not badly lacerated—if sensibility remain in the foot, and the large arteries are unruptured—he thought it judicious to attempt to save the limb, either by excision or without it. If the parts cannot be readily reduced, or if reduced, and the end of the tibia slips from the astragalus, it should be taken off. If the tibia can be easily kept on the astragalus, it may be treated without *exsection*.

In both of the cases of *exsection* referred to, in the Brooklyn City Hospital, one under Dr. Hutchison, and the other under his own care, the patients were nearly 60 years of age. He thought Dr. Hutchison's patient would have recovered, (as you see by the specimen presented that quite an attempt at ligamentous union had occurred,) if injury of the back had not complicated the case. *Bed-sores and pneumonia* carried off the patient, after she had recovered from two attacks of phlegmonous erysipelas, attended with copious, purulent effusion into the areolar tissue of the injured leg. This patient was, also, toothless. His own case, a man 62 years of age, was an unfortunate one. He had been temperate and in good health, with good teeth and good digestion. There was fracture of the internal malleolus, and the tibia protruded through the integument, the vessels and nerves being uninjured. Hence, notwithstanding his age, the result of the consultation was, to attempt to save the limb by removing a portion of the tibia. There was no attempt at repair; mortification set in, and the patient died in ten days. Possibly this result might have followed amputation; but this, doubtless, should have been done at once, as the vital force proved to be more feeble than had been supposed. Neither of these cases, therefore, was favorable for excision, or for conservative treatment without it.

Dr. HUTCHISON remarked, that in *resection* it was better to take off the whole joint, as ligamentous union would go on more rapidly.

Dr. MIXON observed, that after a careful consideration of the whole subject, he could not see any hope for the patient, except in amputation.

DR. ENOS added that Sir Astley Cooper was in favor of *amputation* in compound dislocations, when the patient was very old, or where there was a great laceration of the soft parts, and injury to the nerves and vessels. His own practice would be, if the parts could be restored, and retained in their place, to let them alone; and if not, to take off the extremity of the bone. In young patients he would always resort to *exsection*.

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

TUESDAY EVENING, April 4, 1865.

The Society met pursuant to adjournment, the President in the chair. Present, Drs. Lockwood, Rochester, Eastman, Gay, Gould, Congar, Wyckoff, Wetmore, Ring, Cronyn, and Trowbridge.

The Secretary being absent Dr. Ring was elected Secretary *pro tempore*. The first business in order was the election of officers, which passed off without serious breach of the peace, and with the following result:

DR. WM. RING,	. . . . .	President.
“ WM. GOULD,	. . . . .	Vice President.
“ J. A. PETERS,	. . . . .	Secretary.
“ T. T. LOCKWOOD,	. . . . .	Treasurer.
“ J. B. SAMO,	. . . . .	Librarian.

Dr. Ring having taken the chair, Dr. Samo was duly installed as Secretary *pro tempore*.

Dr. Rochester said that the attention of the profession, in various sections, had been called to the consideration of the disease called “Spotted Fever,” and its relation to cerebro-spinal meningitis. He could not say that the diseases were identical, but they certainly appeared to possess many points in common. He had seen but two cases in this city, and they were not attended with the maculae. The first occurred in Jackson street, in the person of a lad named Neil, about ten years of age. He was called to him on the eighth of January, in the evening. The boy had been ill for a few hours, and was screaming with headache. The attack was regarded as neuralgic, the result of exposure to cold. A hot foot-bath and Dover’s powder was prescribed. The next morning,

(9th,) there was no improvement. The same pain in the head continued; the face was flushed, the head was slightly drawn back, pain in the limbs was also observed as well as bronchial râles. The pupils were dilated, and did not contract on exposure to light. The diagnosis of the preceding evening was evidently incorrect, and the grave nature of the attack was apparent. A cathartic dose of calomel was ordered. Sinapisms were applied along the spinal column, and quinine was directed in doses of two grains, every two hours. In the evening the cathartic operated freely. Quinine, with the addition of a teaspoonful of whisky with each dose was continued, and Dover's powder directed in small doses at intervals of from four to six hours. On the 10th there was manifest improvement. Treatment continued. On the 11th Dr. Rochester's services were summarily dispensed with.— (*More Hibernico.*) He learned, however, subsequently, from the gentleman who succeeded him, (Dr. Cronyn,) that the lad was quite ill for several days; that the disease was evidently cerebro-spinal; that essentially the same treatment was continued, and that pretty prompt recovery took place. About this time, however, a younger child took ill, had a purpuric eruption, and was moribund when the Doctor was first called to see him.

The second case, Dr. Rochester continued, was one of sad and painful interest from many causes. On the afternoon of the first of April he was called to see a little boy five years old, the nephew of a much esteemed friend and colleague, (not resident in the city.) The history in brief was as follows: The child was healthy and full of life and animation. The preceding evening he complained slightly of fatigue, slept well however, and rose the next morning. Yet as he appeared somewhat indisposed his mother gave him a slight relaxative, (castor oil.) At 1 P. M. he seemed much more ill, and Dr. Rochester was sent for. Professional engagements prevented him from reaching him until nearly 5 P. M. At that hour he found him in an unconscious state, or rather in a condition where he had lost a portion of his faculties. It was very apparent that he could neither see nor hear; usually a very docile and amiable child, he could not be persuaded to open his mouth. He kept the teeth constantly clenched, and screamed through them when stirred or moved. His face was flushed; the eyes were open and

staring; the pupils were dilated and entirely insensible to light. The hands and feet were cold; the pulse was about 96, but irregular; the respiration was 48 per minute; the head was very slightly drawn backward. A careful exploration of the thorax and abdominal cavities revealed no cause for the serious disturbance of the system, and the condition of the organs of sight and hearing, pointed, but too distinctly to the great nervous centres. Sinapisms were applied freely to the whole surface of the body.—Cathartics and anti-spasmodic injections were administered, and eight grains of calomel were given by the mouth. Quinine in doses of two grains was ordered every three hours, and whisky one teaspoonful every hour. At 10 P. M. there was no improvement, the pulse had run up to 140, the respiration was 50. Reaction had taken place and the head and feet had become warm. Treatment continued with directions to repeat the calomel should no catharsis occur by midnight.

April 2d, 8 A. M. The bowels acted freely in the night, but no relief followed. The muscles of the upper and lower extremities are in *tonic* spasm. The pulse cannot be counted. The surface is pale and clammy. 9 A. M. died.

Dr. Rochester stated that he hoped most sincerely that this was an imported and not an indigenous case of this terrible disorder; the little boy had been to Rochester and to Medina within ten days of his seizure, and remained some days in each place.

*Dr. Cronyn* spoke of the case first mentioned by Dr. Rochester, he having had the charge of it subsequently. He had no doubt of the character of the disease. Had since had another case in the same family, for which he was called upon to prescribe, not however until it was too late to be of any assistance. This child died after a brief illness, covered with purple spots larger than petechiae.

Dr. C. also related a case of disease of the kidney in a lady, in whom a tumor made its appearance above the crest of the ilium. This lady had had pain in the back, for which she had been treated for five years previous. The urine became so scanty that but a small teacupful was passed in thirty-six hours. This, on testing, was found to be one-half albumen. Was still under treatment.

Under the head of "prevailing diseases," Drs. Rochester, Con-

gar, Eastman, Lockwood, Wyekoff, Wetmore and Gay, spoke of the prevalence of diarrhœa, and some cases of cholera morbus. Dr. Eastman attributed these cases to the impure condition, this spring, of the Niagara water so generally used by our citizens. Drs. Wyekoff and Rochester dissented from this view, the former alluding to two cases in his practice in which no Niagara water had been used. Dr. Wetmore called attention to the character of the evacuations in the cases which had come under his notice, they being light colored and serous. Dr. Ring reported a case of typhoid fever, accompanied with severe diarrhœa, which he had seen.

*Dr. Eastman*, from the Committee on Vaccination, made some interesting statements on the subject, and urged upon physicians the importance of impressing their patients with the necessity for vaccination.

*Dr. Rochester* alluded to the subject of the condition of men liable to draft, and was inclined to believe our native born citizens, as a rule, more disqualified from various causes, than those of other nationalities.

*Dr. Trowbridge*, as Examining Surgeon Thirtieth District, N. Y., had had considerable opportunity for comparison, and could not agree with Dr. Rochester. Believed Americans, on the whole, at least equal in *physique* to foreigners. Would furnish some statistics soon from his official reports for the Association.

*Dr. Wetmore* proposed Dr. George U. Gleason for membership.

Adjourned.

JOSEPH A. PETERS, Sec'y.

ART. III.—*Abstract of the Proceedings of the Medical Society of South Western New York, held at Jamestown, May 10, 1865.*

*Dr. Irwin* of Dunkirk, reported a case of Cystic Sarcoma of Liston, the tumor involving one testicle and cord, and weighing 2 lbs and 10 ounces. It was removed about the first of November last, and the patient made a good and rapid recovery, and in four or five weeks was at work as a day laborer. Dr. Irwin then hoped it would not return, but late in the winter it made its appearance in the inguinal canal, and is rapidly doing its fatal work.

*Dr. Hazeltine* of Jamestown, reported the spontaneous expulsion of a large uterine tumor. A young married lady was confined with twins; nearly two years afterwards she had an abortion with twins; some three or four months afterwards she was taken sick as if in labor, and after long continued and severe pains, expelled this tumor, and since has been well. She had no hemorrhage; the tumor was organized, with a shining, firm covering, pyriform in shape, and five lines in diameter at neck, where it separated.

*Dr. Strong* of Westfield, made a report upon epidemic erysipelas, as it occurred in the town of Ripley last March. (See Art. iv. of this Journal.) He thought it an asthenic disease, depending upon a blood poison, and asked discussion upon the report.

*Dr. Loop* of North East, Pa., the adjoining town, had seen a few cases in his practice; viewed the disease as asthenic, and the treatment was about the same.

*Dr. Cochrane* of Westfield, had seen a few cases of it also, and agreed with *Dr. Strong* as to pathology and treatment. The first case he called diphtheria at his first visit, and looked for a membranous deposit the next visit, but instead of that found an erysipelas of the head making its appearance.

*Dr. Bennett* of Erie, Pa., had seen several of the worst cases reported by *Dr. Strong*, and coincided fully in the report.

*Dr. Hazeltine* referred to a similar epidemic, occurring some twenty years since in the same town, but extending more generally through the county. Said that at that time it took a more sthenic type, and the patients bore depletion, even venesection, afterwards tonics and stimulants. That epidemic took the name of "black tongue," and was very fatal.

*Dr. Bennett* spoke of a Thompsonian Doctor, who came to Ripley, whilst that epidemic was proving most fatal, and acquired a permanent reputation by his success with "Capsicum, No. 6," etc.

*Dr. Smith* of Dunkirk, narrated his early experience, having commenced his practice in such an epidemic. He was driven by the fatality of the disease in the hands of physicians who were depleting, to adopt another course, and went to using stimulants and general sustaining treatment. He then learned not to deplete in epidemic erysipelas.



*Resolutions on the occasion of the death of Dr. C. E. Washburn of Fredonia, N. Y.*

A Committee, consisting of Drs. Strong, Bennett and Irwin, was appointed to present to the Society resolutions in reference to the death of Dr. C. E. Washburn, of Fredonia. They reported the following, which were unanimously adopted:

*Resolved*, That the Secretary of this Society be instructed to enter upon the records the following notice of the death of Dr. C. E. Washburn:

Died, in the service of his country, CHARLES E. WASHBURN, M. D. an honored founder and member of the Medical Society of South Western New York.

Dr. Washburn was a man of rare and scholarly attainments in medical science and general literature; a graduate, and subsequently a Tutor in Amherst College, Massachusetts; a pupil of Dr. Valentine Mott; an Assistant-Surgeon in the New York City Hospital for two years; an enthusiast in medical research, he entered upon his profession with an amount of experience and culture vouchsafed only to the favored few. Voluntarily offering himself to his country, he fell a victim to exposure and untiring labor in camp and field, ministering to our prisoners dying from the pestilence of malignant fever on their way from the charnel-house of Andersonville.

*Resolved*, That as medical men, members of this Society, we have lost one of our most worthy and loved associates; we mourn his death, and will cherish his memory as a noble and cultivated physician, a pure patriot, a living Christian.

*Resolved*, That we tender to his wife and children our heartfelt sympathy, and would share with them their grief in this their great bereavement.

*Resolved*, That a copy of these resolutions be sent to the family of our deceased brother, and to the Buffalo Medical Journal for publication.

J. ANDREWS, Secretary.

Jamestown, May 17, 1865.

---

ART. IV.—*Epidemic Erysipelas—A Report read before the Medical Society of South-Western New York, by THOS. D. STRONG, M. D., Westfield, N. Y.*

During the last half of February, March, and first week in April, an epidemic occurred in the town of Ripley, in this county, of

great interest, both from the severity of the attacks and from the variety and severity of the complications. No age was exempt, though it was generally confined to adults, and was mostly within the area of twenty-four miles. A few cases occurred in the adjoining towns of Westfield and North East.

The disease commenced with a distinct chill; sometimes as severe as that of an intermittent, followed by violent pain in head and general aching of the bones. When reaction occurred (in a few hours), there was heat of skin, flushed face, great thirst, entire loss of appetite, pulse from 110 to 140, soreness of throat, the whole pharynx being actively inflamed, in many cases the tonsils were swollen so as to touch each other, in others swollen scarcely any; in many the swelling externally at angle of jaw was great, apparently involving the parotid and submaxillary glands; some complained of soreness of the muscles of neck laterally and behind.

The early appearance of the throat and the constitutional disturbance indicated diphtheria, and I watched, expecting to see false membrane, but none appeared.

The first case I saw had been sick five days. She then had erysipelas of face, which finally involved the whole head; was 56 years old; had great difficulty of deglutition; tongue dry and black; teeth covered with sordes, delirious; skin hot and dry, and great irritability of stomach, so that it scarcely retained anything for a time. The next nine cases were those who had taken care of her, or the sick ones who had been with her. Afterwards it showed itself in families a mile or two distant, and where no one had seen a case of this sickness. In one of these families there were six cases, and in another four, one of them fatal.

The complications mostly occurred in three to eight days, after a marked mitigation of the throat troubles and constitutional disturbance. One case had acute glossitis, six had acute bronchitis, three had pneumonia, five had acute rheumatism, six had erysipelas, four of the head, one of arm, one of hand. One had inflammation of supra-orbital cells, antrum and ear, and two had peritonitis. These last two had each taken an active cathartic by domestic prescription. One died—she was a healthy woman of forty-five years of age. Saw her first after the peritonitis was declared. The soreness of throat was much better, though the swelling at angle of

jaws remained, and she could open the mouth but partially. The peritonitis was declared thirty-six hours before, by chill and vomiting, followed by acute pain, tenderness of abdomen, and intense tympanitis. Her position was upon her back; shoulders raised and knees drawn up. Her treatment was morphine, verging to narcotism, quinine, *ess.* beef, and warm fomentations. She died in five days from the onset.

Her daughter, about nineteen years old, had been absent, and returned the day of her mother's death. In four days after, she was taken with a severe grade of the throat trouble, and in three days more with erysipelas of the head. Her pulse was 140; delirious; tongue dry and black; teeth covered with sordes; urine passed involuntarily; head immensely swollen. She recovered.

In no case did suppuration occur either in tonsils or the external swelling of neck.

In all the cases both mild and severe, the patients complained of great debility. The constitutional disturbance seemed greatly disproportioned to the local trouble where severe complications did not occur. I was early struck with the evident signs of blood-poisoning, and the strong epidemic (if not contagious) tendency of the disease, and in the first case the typhoid symptoms were so evident that no one could mistake them.

I will say but few words about the treatment; it was nearly the same in all, varying more in *degree* than *kind*. A cardinal point was to sustain; quinine—from 6 to 20 grains daily; whisky—from teaspoonful every two hours to tablespoonful every hour; *ess.* beef, chicken broth and milk porridge *ad libitum*. In all the cases either chlorate of potash or sesquichloride of iron were used; anodynes were used moderately.

The condition of the patients, the evident blood-poisoning, and the typhoid tendency of the complications, pointed to this course of treatment; and the results would alike justify it, as but *one* died, and that *one* not having treatment until thirty-six hours after peritonitis was fully declared.

This report is based upon notes taken in thirty-six cases in my own practice.

## MISCELLANEOUS.

## AN EPIDEMIC OF TYPHOID, TYPHUS AND SPOTTED FEVER.

BY J. T. PEARCE, M. D., MECHANICSBURG, O.

During the past summer and fall, our community enjoyed a remarkable immunity from all varieties of fevers, scarcely a case of well-marked typhoid fever occurring in the entire neighborhood. In the month of October, however, a soldier returned to his home in our town sick of typhoid fever. His case was well defined, of the enteric form, and confined him to his bed and room some six weeks.

Before he had fairly recovered, his mother, a healthy woman, about forty years of age, was taken down with the same variety of disease, next a younger brother, and in quick succession other members of the family were attacked, and, finally, five of the same family were sick of typhoid fever within a few weeks from the recovery of the first case—none escaping but the father, a remarkably stout, healthy man.

From this point of beginning, the disease spread to other families until the majority of the dwellings in that part of the village contained one or more cases of typhoid fever. Gradually it extended to other more distant neighborhoods in town and country, and finally, this was our prevailing form of disease until in the following February, when it merged into, or gave place to several cases of the alarming disease known as Spotted Fever, which at the present writing, March 23d, has I believe subsided, leaving our community again reasonably free from disease.

The disease, from its commencement to its close, selected its subjects alike from all classes of society. Ease and opulence gave no more immunity than squalor and poverty. The only preference it seemed to manifest was for women and children, there being very few adult males affected at any part of the season.

The cases arranged themselves into three varieties, appearing to my mind at least, but separate links of the same chain of disease. First we had the well defined typhoid fever of the enteric variety, next the well marked typhus, and third, the spotted fever, which last form seemed but a rapid evolution of typhoid or typhus, produced by the same *materies morbi*, but of greater virulence or larger

amount, and influenced in its manifestation by constitutional and predisposing differences. These different varieties were attended with all grades of intensity, from the mildest grade of typhoid fever, in which the patient was scarcely sick enough to take his bed, to the gravest form of the same variety, in which the small and rapid pulse, the tympanitic abdomen, the frequent and involuntary alvine discharges attested the severity of the disease. The well marked cases of typhus were few in number, compared with the first variety, but the same difference in intensity was manifested, and so of the last most fearful form, spotted fever. Like the cases of typhus, this last variety afforded us but few cases compared with the first, but it showed the same difference in grade. In some cases the patient complaining of but little more than loss of appetite, with pain in back portion of head and neck, with general soreness and uneasiness of body. In others again the disease would be ushered in with the usual chill, the surface soon becoming covered with petechial spots, and the organic nervous centres becoming so severely shocked by the specific cause that death would come to the little sufferer's relief before it had passed many hours or days in this alarming condition. \* \* \* \*

The first two cases of spotted fever which made their appearance in our neighborhood were very violent, and both died in some forty-eight hours after the attack. They were brothers, aged respectively twelve and fourteen years. I did not see the cases, but learned from the physician who attended them that their cases manifested all the usual symptoms attributed to bad cases of spotted fever, as it has been witnessed in the different sections where it has prevailed of late. Such as severe pain in the occipital and nuchal regions, extreme soreness and sensitiveness of flesh and skin, dark colored eruption, delirium and great restlessness, with a hurried but feeble pulse, etc.

A few days after the death of these patients, I was called to see a little girl, aged about twelve years, who was taken with a chill, followed by moderate arterial re-action, pulse 120 and of moderate volume, great restlessness, throwing herself from side to side, severe pain in head, neck and back. In three hours from the time the chill ceased a general efforescence was thrown out over the whole body, of a measles-like character, which continued some

twenty-four hours, becoming of a darker huc as it faded. Paralysis of right arm came on during first twelve hours, and continued some two days and recovered. After some two days of extreme suffering, patient gradually got better, and after an illness, very much like typhoid fever, of some two weeks' duration, she recovered.

Another case which came under my notice of a little girl, about same age as the first, after a period of two or three days of violence, in which the marked pain in head, neck and back, with raving delirium, extreme soreness of body, ecchymosed eruption, etc., were quite prominent, passed into a condition so much like our usual cases of typhus or typhoid fever, that it would have been taken for such and nothing more by one knowing nothing of its early history. Bleeding at nose and partial deafness were very common with our typhoid patients during the winter. These symptoms, particularly the deafness, was very marked and troublesome in this case. The child is having a very tedious convalescence. A low grade of fever, dry tongue, with sordes upon teeth and lips, continued soreness of flesh, great nervousness, almost complete deafness, slight acceleration of pulse at night, are the prominent symptoms which continued some two weeks after the violence of first few days passed over. She is now about the close of her fourth week, and just beginning to sit up.

A well marked case of this form of disease in the case of a man about thirty years of age, has been under treatment by Dr. Clark, of our town, and after several days of alarming symptoms, in which the characteristic occipital and nuchal pain, the petechial eruption, raving delirium, soreness of flesh, etc., were very well defined, he passed into the same train of symptoms common to our typhoid patients—even the characteristic diarrhœa and tenderness on pressure, so common in typhoid fever, existed in his case.

In summing up these cases from the beginning to the close of our epidemic, I think the following points are apparent:

First, that we have had in the same epidemic well marked cases of typhoid, typhur and spotted fever: Secondly, that they were all produced by the *same* specific cause, and are but *varieties* of the same disease: and, Thirdly, that it is reasonable to treat them *all* on the same general plan of medication. \* \* \* \*

As to the specific cause producing this group of disease, the

profession is agreed, I believe, that it is a blood poison. That the cases are *toxicological* certainly cannot be denied. Every symptom tells the story that a poison is circulating in the blood and disturbing the two fundamental properties of living structures—vital affinity and susceptibility. And also that the three classes, typhoid, typhus and spotted fever, being produced by the same morbid agent, are but varieties of the same toxic disease, the dissimilarities owing to the *amount* or *virulence* of the poisonous agent, seemed to my mind true.

As to the plan of remedial treatment, it seems reasonable, as well as warranted by the most careful observation, that in all these varieties the two general indications are:

1st.—To destroy the blood poison and arrest the septic tendency of the fluids; and,

2d.—Assist in the elimination by keeping the excretories fully open, especially the skin and kidneys.

The condition of the bowels in typhoid, the great innervation in typhus, and the *cerebro spinal lesion* in spotted fever, as important as they are, we consider but lesions developed in the course of the disease, and must be met as symptoms indicate. And in regard to the different agents used for this purpose, there will be a difference among practitioners.

But in regard to the first *two* indications, destroying the blood poison and securing its elimination, there ought, it occurs to me, be more harmony than there is. These are *uniform* conditions, alike in all cases. What will destroy the poison in *one* case, *as a rule*, will in all. And as a rule, what will eliminate in *one* case will in *all*. The *lesions* set up in the system in the course of the disease are ever varying with the constitutional differences, and must be met accordingly.

From late experiments made with the use of the sulphites of soda and lime in arresting the blood ferment in the eruptive fevers, they have been offered to us as promising success in filling the first indication in the disease under consideration. And so far as I have used the sulphite of soda in spotted fever, I must speak favorably of its use. I did not give it a trial in typhoid or typhus, but from its use in what of spotted fever I have had to treat, I think it promises much in this direction. How far can others

speak of its use? or have they any thing by this time better? In my treatment of spotted fever, I relied on sulphite of soda and chlorate of potash for the first indication; on tinct. belladonna and counter irritation to arrest the engorgement of brain and spinal cord, with such use of tinct. cantharides, chlor. tinct. ferri, spts. nit. ether and ol terebinth, as seemed indicated. I was influenced in the use of tinct. belladonna from the result of Brown Sequard's experiments, and also seeing it recommended by Prof. N. S. Davis, of Chicago. And from its effects in my hands, I feel like giving it more extensive use if I should again be called to treat that or similar disease of those structures.—*Cincinnati Lancet.*

---

---

## EDITORIAL DEPARTMENT.

---

### QUACK ADVERTISEMENTS—THE SECULAR AND RELIGIOUS PRESS.

The English Medical Journals have been exposing and violently condemning the indecency and dishonesty of the public press in admitting to their columns the obscene advertisements of quacks, and many of the leading journals have in consequence signified their purpose to exclude such matter from their columns. From an editorial article in the *Boston Medical and Surgical Journal* we learn that the immediate cause of this movement was a late exposure in the courts, by a victim of these extortionate quacks who had the moral courage to expose this system of robbery. That any exposure should arouse public opinion and the sensibilities of those having control of the public press, is highly gratifying, and shows that the public are too ignorant of the real objects of these villainous notices, and newspaper publishers too ready to publish whatever pays best, provided the public will tolerate in their issues, these vile, disgusting, immoral advertisements. To bring this subject a little nearer home than London, and talk about the same matter in the State of New York, or even city of Buffalo, would perhaps interest our readers more and come nearer within the scope of our personal observation and influence. Newspaper notices of quacks and quack medicines include the major part of what a great many people know about disease and medicine; the daily paper is the almost exclusive source of instruction which



many families possess. They read the local items, and they are in the main truthful records of passing events; some of the telegraphic despatches are official, and to be depended upon; the political opinions of their favorite daily, they adopt and regard them as correct; with something of the same feelings of confidence they also read the advertisements, and rarely mistrust that they are not also "official despatches" representing truly and faithfully the facts therein recorded, and to be relied upon and trusted.

Again into the "local column" it is very customary to smuggle notices of some "celebrated doctor," who will be at such a place at such a time, and who cures all manner of incurable diseases, or some medicine which is capable of the greatest wonders; the advertisement reading like an editorial endorsement, and placed by special arrangement in position to be regarded by many of the unobserving as the opinion and recommendation of the editor. By this means many people who are not naturally very great fools, are very greatly fooled; indeed it is a deliberately planned swindle, and there is scarcely a paper published but is guilty of the corruption. The daily commercial papers may perhaps try to excuse themselves on the plea that they are not responsible for the advertisement; let them then become a medium of communicating to the public all manner of vileness, dishonesty, immorality; all sorts of misrepresentation, foolishness and inconsistency; all that will make their readers know less of truth, and more of error.

If this may be said of the secular press, what shall be said of the religious? A distinguished divine publishes upon one side a scriptural sermon, illustrating the great truths of revelation, or enforcing the duties of honesty, morality and christianity, while upon the opposite page, every absurd, untruthful and immoral misrepresentation conceivable, is presented in attractive style, that is, in large type, but disguised form; even the implements of the most disgusting crimes are placed side by side with the pure doctrines of christianity. When our religious papers and journals advertise burglar's tools, counterfitting dies, assassination instruments, gambling saloons and assignation houses, they will have done no meaner and have become no guiltier than, when presenting to the public "Golden Pills," "Monthly Regulators," or "Receipts for Removal of Obstructions," obtained gratuitously of Rev. A. B.,

by enclosing a stamp, etc., etc. The quack medicine and the quack and itinerant doctor occupy a large space in our public prints, both secular and religious, with the effect to make more people fools, than they make either good or wise. We have often laid aside our favorite religious paper, and said the *New York Independent*, is a curse rather than a blessing—will kill with its advertisements of worthless or injurious medicines more bodies and with its advertised falsehoods and misrepresentations ruin more souls, than can by any possibility be redeemed by its agency. What we have thought of it, is equally true of most others; the evil is becoming a great one, its baleful effects are daily witnessed by the physician in his intercourse with the sick, and any influence which can be brought to bear upon the regeneration of the public press, will be of incalculable good. The medical profession may be in fault in this matter; its influence has not been exerted as it might have been; the people have not yet been instructed in truth to the exclusion of error; perhaps they will forever shut out all knowledge of truth. It is regarded as unprofessional to place the truth of medicine before the people; it is supposed to be beyond them and that they cannot reach it, even if they would. People intelligent in all other things are profoundly ignorant in medicine; and it is mainly on this account that the untruthful and absurd misrepresentations of medicine-mongers exert so great influence over the public.

Publishers should be held in some degree responsible for what they advertise, and *above* all, they should not allow imposture to be extended by appearing as supposed endorsers. The most ready way to correct this great evil would appear to be in educating the people to shun and despise these advertised quacks and medicines, and to avoid the sheets which contain them. This is not an easy task, since the people are ready to pay for being fooled, but would resist being instructed in the truth; these "*Testimonials of Cures*" are regarded as positive evidence and worth any amount of negative testimony. How to correct these notions—how to reach the public ear and instruct the masses in any rational and truthful views of disease and its cure, is truly a question not yet satisfactorily answered. By what medium the public can be reached and this gigantic quack advertisement swindle corrected, we are not

prepared to say, but we think the field is one which every physician should cultivate to the extent of his ability; it is "missionary ground"—the greatest field for benevolent effort and open to all honest workers.

All effort in the direction of reform, will of course be opposed by publishers upon the ground that those who pay for the advertising space, should have the privilege of filling it with what they please, as they would say, "furnishing the copy;" by the great public of quacks, who are ever jealous of any attempt at regeneration, upon the claim of the right of free trade, free speech, free thought, and the inalienable privilege of every American man, woman and child, to swallow whatever they please, if advertised as good for them. This opposition, however, is not excuse; we are to go as the apostles of science and preach the gospel of medical truth to those who are capable of receiving it—who are able to understand and appreciate its plainest laws. Alas! it will not be accepted; there are scoffers in these days who will deny its truths, and will persuade others to follow their teachings; but nevertheless "truth is God-like and must finally prevail."

It would seem that there might be found some short way to accomplish for truth a great triumph, and that an intelligent people might be taught a short hand method of reformation; that papers and journals might be silenced in their teachings of immorality, inconsistency, falsehood and indecency; but whoever has watched the current of popular credulity, has discovered that nothing can be invented too preposterous and absurd for belief and adoption by a portion of every community; whoever is acquainted with the *status* of morality, knows that even many in the higher classes—the fashionable circles, are not above the meanest and most contemptible crimes—that they contribute to evils and wrongs, which are covered, yet murderous. It is not easy to make short hand disposal of systems which receive such support and sanction.

Silence in regard to this system of imposition is what it requires for life; with exposure it will die away and disappear; it is only to be known to be shunned. Even those criminally disposed, will shun and despise a fraud so palpable and plain, which, offering them the means of crime, robs them of their money, and disappoints them at last.

Tell many families that advertised doctors and medicines are valueless; that they never do good, and very often harm, and they foolishly suppose that you are prejudiced, and prefer that you call a physician, if in pain, and take his advice, when Perry Davis' Pain Killer would relieve them as early, and cost them much less; but as we have said, "truth is powerful and must prevail." If we would correct the immeasurable swindle of newspaper advertising of quackery, we must speak boldly, and through the press; the people are to be reached in this way, and in no other. If this subject was truthfully written upon and exposed in the same sheet with the abominable nuisance, it would in time abate the nuisance. It cannot be possible that any great number of people would persistently follow error when carefully pointed out; though it must be confessed that about one-fourth of the population have little mental power to distinguish the most palpable error in medicine from the plainest truth.

---

AMERICAN MEDICAL ASSOCIATION.—The sixth of June, the day appointed for the National Association, is near at hand, and everything appears propitious for a meeting of unusual interest. The State and City authorities have united with the profession of Boston and the reception and entertainment of members will form an attractive feature of the occasion. The social entertainments of these meetings have always been unsurpassed in attractions; nothing better or more satisfactory can be desired in this direction.

The Boston Medical and Surgical *Journal* speaks of the unanimity of the profession of that city and the hearty co-operation of all parties, in making provision for the entertainment of the Association, and extends to the profession and to the Medical Staff of the Army and Navy a polite and cordial invitation to be present and participate in the proceedings of the Association. We hope there will be a full attendance, and that the coming meeting will be productive of substantial good to the profession.

---

*Small-pox in India.*—Small-pox is ravaging Lahore; 7000 out of a population of 50,000 of the native inhabitants having fallen victims to it within two months.

BUFFALO

# Medical and Surgical Journal.

---

---

VOL. IV.

JUNE, 1865.

No. 11.

---

---

ART. I.—*Transactions of the Medical Society of the County of Kings.*

REGULAR MEETING, FEBRUARY, 1864.

*Puerperal Convulsions.*

DR. J. E. CLARK reported a case of puerperal convulsions in a woman, aged 30, the mother of three children, and now eight months' pregnant. He saw the patient on Wednesday. She was suffering from intense headache, for which leeches were applied to the temples. Next day headache continued; urine albuminous, and swelling about the face. Seen in consultation with Dr. McClellan, and cupped over region of kidneys. Did well until Sunday, when she became much worse. Dr. McClellan being out, Dr. Enos was called. During the consultation she had a convulsion. Chloroform was administered. The os was dilated and the woman delivered of a living child. The convulsions then subsided. The patient had three convulsions between Sunday and Monday morning. On Thursday convulsions came on again, and continued until death, which occurred on Saturday. Patient died comatose. Dr. Enos made a post mortem examination. The skin was of a bright yellow color. As the patient had not been seen for twelve hours before death, it could not be determined whether this was an ante-mortem or post-mortem appearance. The lungs were healthy; heart fatty; liver fawn color, enlarged, and very fatty; kidneys were enlarged and fatty.

*Paralysis.*

DR. JOHNSON reported a case of paralysis of the right arm, after whooping-cough, in a child  $2\frac{1}{2}$  years old. The paralysis occurred

after a severe spasm. The arm is wasted to one-half the size of the other. He had another case following scarlet fever. After playing by the window on a cold day, the child complained of pain about the cervical vertebræ. The next day there was complete paralysis of both feet and arms. Treated by counter irritation along the course of spine. Child has recovered the use of both arms and partial use of legs. The paralysis yielded in the right arm first.

*Imperforate Anus.*

DR. JOHNSON also reported a case of imperforate anus. The child had not been examined as carefully as it should have been at birth, and was supposed to be properly developed; but having no passage from the bowels the Doctor was called, and found imperforate anus. Nothing, but a fissure, where the anus should be. After waiting five or six days in order to allow the distention of the gut to indicate the most expedient point, vomiting occurred, and on the seventh day he operated, penetrating to the depth of an inch and a quarter, at which point he reached the rectum. The wound was kept open by the daily introduction of the finger. This he did himself for two weeks and then entrusted it to a nurse. From the neglect of the nurse the wound closed, and the Doctor was called again, to find the operation a failure. He operated again, and this time continued the dilatation for one month. The child is now well.

DR. MIXOR stated in relation to this case, that he had operated a few years ago upon a child for imperforate anus, in which case there was a stellate appearance in place of the anus. He operated on the third day after the birth of the child; cut up about one inch, using curved bistoury, and guiding the knife by the concavity of the sacrum. The wound was afterwards kept open by the introduction of a finger stall of very thin India rubber. The finger stall was introduced first, and then filled with wool until the anus was dilated to the size desired. The result was very favorable. The child recovered with power to retain feces. Dr. M. thought this method of dilating the wound very preferable to the one used by Dr. Johnson. He had attempted the introduction of a sponge tent, but found the pain and irritation too severe to continue it.

Dr. Minor had operated in another case where he went up two and a half inches, and failing to find the gut the operation was discontinued.

#### *Varicocele.*

Dr. MINOR related the treatment of a case of varicocele in a young man, on the left side. He had at first used a suspensory bandage, but with little relief. The plan he now adopted was to thrust the testicle well up, and bandage the lower portion of the scrotum with adhesive plaster to retain the testicle in position. The patient is doing well, and has a fair prospect of recovery.

#### *Spinal Meningitis.*

Dr. MINOR also briefly reported a case of spinal meningitis, arising from dentition. The most prominent symptoms were opisthotonos and great prostration. The patient recovered under the use of blisters, tonics and electricity.

#### *Anomalous cases of Parturition and Gestation.*

Dr. I. T. CONKLING related the following case: He was called to a case of labor in a primipara, in which the head presented in the right occipito-posterior position. The occiput corresponding with the right sacro-iliac symphysis and the os frontis with the left acetabulum. Instead of rotating to the left anterior, and the occiput emerging beneath the pubis, the occiput passed into the hollow of the sacrum and becoming arrested the forceps were applied, and the child removed with face anteriorly.

This presentation is regarded by Naëgelé as the second in frequency, yet the non-rotation of the head is very rare. The rotation occurring in all but 27 of 1254 cases recorded by Naëgelé. In all of 26 cases mentioned by Staltz, in all but 2 cases of 76 by Barry, in all but 39 of 303 by Dubois.

Dr. HART thought such cases particularly adapted to the use of the forceps, and remarked that in no case ought a child to be marked by the skillful application of the forceps.

Er. NORRIS (coroner) stated that he had been recently called upon to hold an inquest upon a child whose frontal bone and those of the face had been crushed by the forceps.

DR. HOUSEL stated that he had recently been called in consultation by *Mrs. Dr. Redmond*. The patient, a woman aged 35, had had severe labor pains for thirteen hours, but which had entirely ceased three hours previously. Patient was conscious; pulse weak; vertex at the superior strait. He advised the use of the forceps, which was refused, lest it might injure the reputation of attending physician. Two hours after head had receded. He decided there was rupture of the uterus. Dr. Byrne was then called as additional counsel. Dr. B. introduced his hand into the uterus, found laceration upon the posterior surface of the uterus. He found no pulsation in the cord, and proceeded to deliver by the feet. The head could not be removed; applied forceps and failed; patient sinking. An incision was then made in the neck, and the blunt hook attached to the forceps attached to the occipital bone and head delivered. Woman died in four hours. No post mortem.

DR. NORRIS exhibited a specimen of certificate from a mid-wife, in which she had forged the name of a physician. He gave his views as to certificates of death, and thought they should be received only from regular practicing physicians.

DR. CONKLING stated that he was called in January last to see a woman who was eight months' pregnant with her sixth child, on account of the edematous condition of her lower limbs. Otherwise felt well. No albumen in urine. But slight relief was obtained from the swollen condition of the extremities, and she gave birth to her child at the expected time by a short, easy, and natural labor. The child cried faintly; the cord was enormously distended with fluid; the body was completely anasarcaous, and purplish, and its face so much swollen as to nearly obliterate its features. No pulsations could at any time be detected in the radial arteries, and its respirations, which were at first scarcely perceptible, ceased ten hours after birth. Post mortem eighteen hours after death. No fluid found in the abdomen or pleural cavities, but the pericardium was distended with water so that by its mechanical obstruction it must have caused death.

DR. HART regarded this case of hydrops pericardii as an exceedingly rare one.

DR. NORRIS mentioned the case of a young girl who died very suddenly. The pericardium was found distended with water—the cause of death,



DR. NORRIS also stated that the case of the pugilist, Bill Poole, was somewhat parallel. He was shot, the ball entering the septum between the ventricles, and became encysted there. The aperture through which it entered healed, but the inflammatory process resulted in throwing out slowly, for six weeks, a quantity of water in the cavity of the pericardium, sufficient to impede the heart's action and cause death. At the post mortem examination everything was found healed, but an accidental cut of the knife struck the encysted ball,

DR. BALL mentioned a case of phlebitis occurring during gestation, in order to elicit the views of members in regard to the propriety of producing premature labor in cases where the life and future health of the mother are involved.

In July last was called to see a lady, aged 43 years, who was suffering from some constitutional disturbance, attended with suppression of the menses, constipation, etc. Thinking that it must be the change of life with her, from her age, and the fact that she had not conceived for twenty years, he paid but little attention to the suppression, but prescribed for the more general symptoms.

In August he saw her again, and found her suffering very severely from phlebitis of the left lower extremity, which she said had troubled her since her last confinement.

Upon a thorough investigation of the case he satisfied himself of the existence of pregnancy, when he ordered her perfect rest, and prescribed for the difficulty, which was much relieved for awhile, but after a few weeks it returned, and involved both limbs and extended up into the iliac regions, causing extreme pain and restlessness.

The disease continued to increase in severity, and the patient becoming so much exhausted from the loss of sleep and from suffering as to imperil her life. He was considering the propriety of interference when nature came to his relief by bringing on premature labor in the eighth month of gestation. He thought it an important question as to what circumstances would justify the practitioner in superceding nature in such cases.

## REGULAR MEETING, MARCH, 1864.

*Poisoning by Oil of Tansy.*

DR. NORRIS reported the following case:

A short time ago a case of poisoning by the oil of tansy came under his notice. The accused, on his examination stated, that he had administered only *ten* drops of this article, but the probability is, that he had given a great deal more. At all events, the woman, soon after swallowing the potion, was seized with convulsions, fell in the street, was taken home, and expired soon afterwards, in one of the paroxysms. On opening the body the odor of tansy was very perceptible, and an analysis of the contents of the stomach, afterwards, revealed the fact of its presence most conclusively. It seemed, in fact, to permeate the whole system, the mucous membrane of the stomach and duodenum being soft and intensely inflamed. On the right side was found a minute gland, with a very small duct, which afterwards proved to be the kidney; but it was evidently arrested in its development, and was of no service whatever. The specimen was presented at the last meeting of the Pathological Society of New York, and elicited a great deal of discussion. The left kidney was large, and had to perform all the duty. The vessels of the brain were engorged with blood, and fluid was found in the ventricles.

On opening the uterus, it was found to be impregnated; the embryo could be clearly seen, and the communication of the placenta distinctly traced. A great point of interest in the case, was the abnormal kidney.

The question here recurred, what was the cause of death, and in what way did the tansy produce this sudden and fatal result? In his opinion it produced a poisoning of the blood, and prostration of the nervous system. The question, however, has never been satisfactorily determined, and no one had yet clearly determined how this oil causes death. Tansy has been known to have caused fatal results in 3ss doses, but he did not think that ten drops would have that effect. He was aware that this article was used to procure abortion, but he did not believe it was a *specific* in these cases.

DR. BALL thought it a very intricate question, to determine the cause of death in poisoning from the oil of tansy; but imagined

that it produced a poisoning of the blood, and as a consequence prostration of the *nervous* system.

DR. GARDNER knew of one case where tansy *did* produce abortion. A woman, quite young, and the mother of a family, complained while on a visit in the country last August, that she was pregnant, and desired very much to get rid of the *fatus*. The same evening a strong decoction of tansy was given to her; in the morning a hemorrhage, so profuse, occurred, that a doctor had to be sent for. The *fœtus* was finally expelled, and her own life, with difficulty, saved. She again came under his care in January, suffering from rheumatism, and general debility; and while under treatment, informed him that she had been pregnant for the last three months. A profuse hemorrhage soon afterwards occurred, and she had to assume the recumbent position; administered ergot, and was told next day that the *fœtus* had come away. Such, however, was not the case; it was merely a *uterine mole*, a portion, most likely, of the placenta, left behind since last summer.

DR. GARDNER was sent for last summer, to attend another lady who had frequented the skating ponds, and received many severe falls. She was not aware of being in the family-way. When he arrived at the house, she had profuse uterine hemorrhage, and a little while afterwards an ovum came away. The falls, in this instance, may have produced loss of vitality in the embryo, and the ovum remained behind for some time before being expelled.

DR. BALL desired to know what was meant by a "false conception;" whether it was a proper term to make use of, and whether it was the result of previous *abortions*?

DR. NORRIS was not averse to the term, and thought it meant a "blighted ovum." He attended a lady, some time ago, who supposed herself pregnant for three or four months. She was flooding pretty freely, and he administered ergot. Soon afterwards she passed off a shapeless mass of flesh, resembling a placenta, and about the size of the fist. This lady had had no previous miscarriages. Thought that this mass was a blighted ovum.

DR. GARDNER related a case where a uterine "mole" was thrown off some months subsequent to a miscarriage.

DR. HART was cognizant of several instances, where ladies threw off these false conceptions. One lady, in particular, had

four attacks of the kind before a child was born. She afterwards had several children. He could also remember another case, where the lady threw off two shapeless masses, and had never been pregnant previously. She afterwards had children.

DR. GARDNER stated, that some time ago, he was called to assist a physician in a case of arm presentation. Introduced the hand with great difficulty into the uterus, turned and delivered a good sized child. On examination found another child in utero; the pains soon came on, and she was delivered of the second. The placenta was single, but on the membranes of the second child a rudimentary placenta was attached without cord.

#### *Local Experiences.*

During the last month Dr. Hart had seen a great deal of measles, where the cough was severe, respiration quick, and afterwards congestion of the lungs with typhoid diathesis. The rash seemed to be more or less livid in color.

DR. GARDNER stated that he had seen several instances of scarlatina with diphtheria of a malignant type. Was called one morning to see a child with this disease, and found the skin covered with the rash, the neck very much swollen, and breathing very much impeded; she died the same evening. A child of the same family was taken sick shortly afterwards, with the same complaint, where the cellular tissue of the neck was enormously swollen, although the child could swallow pretty well. Thought that an abscess was forming, and found that by the advice of some friends, a large poultice had been applied. The parts suppurated, and soon after the breaking of the abscess the child died, probably from syncope.

DR. BALL had two or three cases of measles occurring during whooping cough. In these cases the whooping cough seemed to moderate during the febrile excitement, but the measles pursued its regular course, although the eruption was scanty. He had also seen several cases of billious fever, during the last month.

DR. HART mentioned a case of membranous croup, which terminated fatally.

#### *Puerperal Convulsions.*

DR. GARDNER had attended a woman three weeks ago in a very severe attack of puerperal convulsions. It was her first child,

and three days previous to her confinement complained of feeling very unwell; the bowels were very costive, and the feet swollen. When labor set in, examined and found a head presentation, but noticed that the membranes did not come down. The labor was tedious, and about 8½ P. M. she suddenly gave a scream, and was seized with violent convulsions. Sent immediately for assistance, and Dr. Burge soon afterwards arrived with the forceps. Chloroform was administered, but in consequence of rigidity of the soft parts, could not apply the instruments properly. The membranes, however, soon protruded, and were ruptured, producing a loud noise. The pains succeeded each other rapidly; the head came down, and the soft parts projected enormously. By a careful manipulation these were pushed back over the head, and no laceration took place in delivery. The patient was very uneasy all this time, and it was 12½ A. M. before the child was born. Mechanical means had to be resorted to to resuscitate the child, but it died very suddenly the next day. The convulsions continued for twenty-eight hours at intervals of twenty minutes to one hour; they then subsided, and she is now in a fair way to recover. The urine was limpid; but could not examine it satisfactorily, as it came away involuntarily, and was mixed with the other discharges. Did not think the convulsions were owing to uremic poison, but caused by the great sluggishness of the bowels, and the woman's own carelessness in not taking any cathartic medicines. Dr. Gardner stated that he had also blistered the neck very freely, and for a few days had to resort to beef tea injections to support the system.

DR. NORRIS saw a similar case about five years ago, where he bled freely from both arms, and thought it the only means of controlling the convulsions.

DR. HART said that he had been very fortunate in his obstetrical practice, having never met with any formidable cases of puerperal convulsions.

DR. BALL had attended several pretty severe cases of the kind, and had bled freely. He thought it a very proper and judicious treatment.

*Baker Brown's Operation for Lacerated Perineum.*

DR. JOHNSON related a case of Baker Brown's operation for lacerated perineum, in which he assisted Dr. Farley. The case was one of instrumental delivery, and the laceration extended through the recto-vaginal fourchette to the rectum. The operation was performed on the eighth or ninth day after delivery. The sutures were part superficial, and part through the whole mass of tissue, and these latter were tied on each side of the laceration over pieces of a gum elastic bougie cut off for the purpose. The elasticity of these served to tighten the sutures and keep the edges of the wound in perfect coaptation. The operation was performed with facility, and resulted without accident in union by the first intention.

DR. JOHNSON next called for the experience of the members present in the treatment of prolapsus of the vagina, and elicited from Drs. Landon and Enos a description of Dr. Emmet's operation, which consists in abrading bands of the prolapsed wall in such a manner as to infold by sutures a culdesac of sound membrane which ultimately contracts, hardens and disappears. The operation may be repeated as often as necessary to restore the prolapsed wall to its normal length.

*Atalectasis.*

DR. ENOS reported the case and post mortem of a child ninecent months old, to which he was called the day before its death. It had never been healthy, and its appearance at the time he saw it, indicated some malformation of the heart or large blood vessels. It was breathing 80 times per minute, and livid. On post mortem the foramen ovala was found open, and the posterior part of the left lung in a state of complete atalectasis, evidently having never been expanded.

*Erysipelas.*

DR. BELL reported a case of erysipelas of the ear, characterized by extensive swelling and severe pain. He at first applied to the inflamed surface, his favorite remedy, a glycerine solution of iodine. But to the surrounding temporal region, which was extremely painful, he ordered the application of the tincture of the root of aconite. This was followed by such relief as to suggest its further

application to the erysipelatous surface, from which time, on the fourth day after disease, and when it was at its worst, the aconite was substituted in full strength, every two or three hours, for the iodine, and gave the patient great relief. Internally three grains of quinine and five minims of muriated tincture of iron were given every three hours, with a generous diet. Yet convalescence has been slow, and the blood evidently in a bad state, as the patient has had purpuric spots over the whole cutaneous surface.

*Inhalation in Diphtheria.*

DR. BELL also reported a case of diphtheria of a young lady, aged 21, and previous good health. February 27, after two or three days' "sore throat," she was suddenly seized with a violent dyspnoea and almost incessant cough. In this condition he first saw her. A pail of hot water was quickly prepared for the inhalation of watery vapor. This was followed by temporary relief, but after frequent applications during the day, ceased to give any alleviation. Diphtheritic membrane was apparent on the inferior border of the tonsils and on the back of the throat, but by no means in such quantity as to present an obstacle to respiration. The respiratory murmurs were on inspiration sibilant, as in asthma; but the expiratory were fine, moist and weak. Believing the paroxysms of dyspnoea to be wholly due to a spasmodic action of the muscles of the larynx, (probably excited however by the presence of diphtheritic deposit,) appropriate anti-spasmodics were clearly indicated, and inhalation appeared to be the best means of application. To this end fifteen drops of the fluid extract of hemlock were added to about an ounce and a half of warm water in an inhaling tube an inch in diameter, and, with some difficulty at first, on account of the spasmodic action of the larynx, the operation commenced. The patient persisted, however, and in about twenty minutes was relieved. She soon afterwards fell into a quiet sleep, which lasted three hours. Twice subsequently during the night, (it was first used about 9 o'clock P. M.,) the remedy was repeated with the same result. But on awaking the third time, about five o'clock next morning, while she was threatened with another paroxysm she complained of severe temporal headache and dryness of the throat, and was in a copious cold sweat.

This condition being attributable to the hemlock, it was discontinued, and, in its place the tincture of musk was substituted, using at first twenty-five drops, but subsequently a teaspoonful to the ounce and a half of water. This acted equally well, and without unpleasant consequences. Being obliged to be absent for the afternoon, Dr. Kissam was called upon and requested to attend in the case in emergency. About five o'clock P. M. another paroxysm came on so suddenly and violently, that the patient could not hold the tube. In the strait Dr. Kissam very promptly but carefully used chloroform without producing insensibility, with relief. During the following night and the next day the musk inhalation was used at the *very beginning of the paroxysm*, with the effect of subduing it five times. On the fourth day twice, and not afterwards.

Other treatment consisted of, during the first day, a syrup of ipecac emetic, with an apparent aggravation of the spasm, an aperiant aided by an assafetida injection; and, during the whole course of the disease, two and a half grains of quinine with five drops of the muriated tincture of iron every three hours, whisky and beef tea, all she could be induced to take, which was but little. During the first three days the membrane increased about the fauces and downwards out of sight. On the fourth day it softened, and from this time was as usual offensive, breaking down and thrown off—the patient with a slight cough hawking up a mouthful at a time. She is now fairly convalescent, taking the quinine and iron three times a day, and generous diet.

The case elicited an informal discussion on the utility of inhalation, and the general prevalence of diphtheria at the present time. Dr. Enos, in particular, mentioned several cases, and one which he thought would have been an appropriate case for treatment by inhalation, other remedies having failed. All appreciated alike, however, the usually fatal issue of such cases, especially in children, in whom it was manifest that inhalation in the manner described, could not be used.

#### *Fatty Degeneration of the Heart and Kidneys.*

DR. CONKLING presented a heart and kidneys, (which had undergone fatty degeneration,) and a uterus from the same patient, who



died eighteen hours after delivery. From the commencement of gestation she suffered from excessive *nausea* and *vomiting*. When he first saw her, then in the seventh month of pregnancy, she was greatly debilitated, being unable to walk across the room. The feet and limbs were greatly swollen; the face swollen and pallid; pulse 130; respiration rapid; stomach rejecting all kinds of nourishment, and hemorrhage from the nose occurring daily. No albumen was found in the urine. Efforts were made to allay the vomiting, and support the system, but she did not improve in strength. As her life was in danger, if allowed to complete the natural term of pregnancy, the question of interfering to induce premature labor, was presented to the family, as the less of two evils, though the induction of labor might cause fatal hemorrhage from the uterine sinuses, as in her anemic state, the blood was thin and watery. Dr. Enos saw her, in consultation, February 6th, 1864, and advised the injection of warm water into the vagina, two or three times daily. This was continued until Friday, February 12th, when slight pains were felt through the hips, and on the 13th labor pains came on, and she was delivered of a living child, the breech presenting. The uterus contracted firmly, and but little blood was lost. The following morning she was feeble, but bore the free use of nourishment and stimulants without vomiting. She rallied, however, but little, and afterwards continued to lose strength, and died on the night of the 15th.

At the post mortem, which was made by Dr. Speir, the heart was found small, and covered with fat, its muscular fibres undergoing the process of fatty degeneration. The kidneys were fatty. The liver was also fatty and greatly enlarged.

#### *Condyloma.*

Dr. WILLSON presented a specimen of condylomatous growth of the labia minora, which he had removed the day previously by the *ecrasseur*. The disease was clearly traceable to syphilitic origin, and had attained about twice the size of a fig. The patient was put under the influence of chloroform, and the parts then removed. The operation lasted about ten minutes, and was attended with very trifling hemorrhage. This patient was also suffering from an obstinate stricture of the rectum, which had existed about six

months, and which had lately rendered defecation impossible, except the bowels were kept soluble by the use of cathartics or injections. At a previous examination he had been unable to pass the index finger into the rectum. In this contingency he availed himself of the advice and assistance of Dr. Hutchison, who recommended the forcible dilatation of the rectum, and suggested the use of a common kid glove stretcher to accomplish that object. After the operation, heretofore mentioned, he attempted to insert the point of the stretcher, but failed to do so. Dr. Hutchison, then, by main force, passed his index finger its whole length into the rectum; the stretcher was then inserted without difficulty three or four inches, and by moderate force the gut dilated to nearly, if not quite, its natural size. A slight discharge of blood succeeded the operation. The diminution in the calibre of the rectum was found to have been caused by thickening of its walls, occasioned probably by the same disease that existed in the vulva. As an additional obstacle to the passage of the *faeces*, there was a band of condyglomatous growth, seemingly stretching from opposite sides of the gut. This band was broken down. The stricture did not extend more than three inches above the anus. As a justification of the operation, it may be stated that the patient was relieved in a few moments of a very distressing and inconvenient complaint. It is possible that the relief afforded may be only temporary, but it is hoped that by the judicious use of *bougies*, a permanent cure may be effected.

DR. HUTCHISON presented a specimen of rupture of the rectum, occurring in a female 40 years of age, under the care of Dr. Parker of New York. The patient had been suffering for a long time from stricture of the rectum, and about two weeks ago he was asked by the attending surgeon to assist in an operation for its removal. On examination the finger could be passed up the rectum for two or three inches, but not being long enough, it could not pass beyond the stricture. The patient being placed under the influence of chloroform, a *bougie* was passed very carefully up the rectum. As soon as it reached the stricture, the patient made a violent expulsive effort, and the bougie, as we supposed, passed through the obstruction. The operation was finished, and both left with the understanding that he was to attend for the time

being. About half an hour afterwards was sent for in great haste, and on his arrival found the patient suffering from intense pain and vomiting, which continued during the night, and until death ensued next morning.

A post mortem was held thirty hours after death. The rectum was found ruptured, and the feces had passed into the peritoneal sac, exciting peritonitis. Supposed the rupture occurred at the time of the operation; when the patient made the violent expulsive effort, the bougie passed through the *gut*, which was very thin at the seat of stricture, and not through the *obstruction*. Did not ascertain much of the history of the case, except that for the last two years the fecal discharges had been growing smaller and smaller, until at length they became about the size of a No. 9 catheter. The specimen was examined under the microscope by Dr. Speir, but he could not detect any of the ordinary characteristics of cancerous disease. Still he would not like to say positively that it was not malignant.

DR. MINOR was cognizant of a similar case of stricture, in an aged person, which was supposed to be malignant. The patient went to Philadelphia, and was under the care of Dr. Pancoast, who introduced an instrument into the rectum, and dilated the stricture. The gentleman returned home soon afterwards, and the improvement in his condition was so manifest as to put every precedent at fault.

In reply to a question, Dr. Hutchison stated that he did not know whether any tubercular trouble existed in the lungs, as they had not been examined. It was with great difficulty that a post mortem could be obtained, and hence the examination was confined to the abdominal cavity alone.

If the stricture was not malignant in character, it must have commenced as an inflammation, followed by ulceration, producing a cicatrix, which gradually closed up the rectum. A softening of the part, at the seat of the stricture, was very apparent, and he could pull away with facility, loose portions of the tissue.

Dr. Exos remarked, that upon examining the specimen, he noticed that the stricture was *anteriorly*, and not at the curve of the sacrum. He thought, therefore, that the bougie could not have been forcibly pushed in.

DR. MINOR alluded briefly to the means used for dilating strictures, and that a safer and better mode of treatment might be adopted in cases similar to the one spoken of. He had operated on a child for *imperforate anus*, and used a small *India rubber finger stall*; he introduced it in a collapsed state into the intestine, after the incision was made, and then filled it with sheep's wool, until a sufficient dilation was effected. The softness of the rubber, and the elasticity of the wool acted admirably, and the child finally recovered. He thought the introduction of bougies, in strictures of the rectum, was not alwas a safe operation, and accidents were liable to occur. These, however, could not happen, were a method similar to the one be used in the imperforate anns, resorted to.

DR. A. OTTERSON thought that Dr. Minor was very fortunate in his operation for imperforate anus. Three years ago he operated on a child for this trouble, but could not succeed in keeping the gut open for more than seven months, at the end of which time the child died.

In regard to strictures of the rectum he would remark, that he had a specimen in his office, where there was softening around the stricture, the patient having died suddenly from a rupture of the bowels.

#### *Intra-Pericardial Cyst.*

DR. EXOS presented a specimen of intra-pericardial cyst, mitral insufficiency, adherent pericardium, and hypertrophy, a sequence of rheumatism. It was taken from a delicate girl, twenty years of age, who five years ago had articular rheumatism, in the progress of which she had endocarditis, accompanied by a *bellows murmur*, most intense at the apex, indicating mitral regurgitation. Her feet became swollen, and she suffered from *dyspnoea*. She improved, however, so that the swelling disappeared, and she had tolerable health, until three weeks since. Her breathing, however, was always short, and the *bruit* did not pass away.

When called to see her three weeks since, she was pale; her countenance *anemic*, and somewhat anxious; the breathing hurried, and she was unable to lie down. The heart was much enlarged, its action rapid, but regular. There was a mitral regurgitant murmur, which could be traced along the spine, from the lumbar region

to the summit of the head. The lungs were resonant, but there was a loud râle over both lungs, and a rattling sound, like that of parchment compressed. There was pain in the left side. The bowels were torpid, the urine normal, and the menses absent for months. The feet began to swell again, and some hemorrhagic spots were seen on the insteps. Respiration became more hurried, and death finally ensued.

On post mortem found the left *pleura* adherent in the lower part; both lungs were pushed aside by the heart, whose weight was thirty ounces, with the pericardium, which was adherent by not very strong adhesions. A *cyst*, about the size of a butternut, was formed, apparently of this effused material. It was in the right auriculo-ventricular groove, and contained a clear serum. All the *valves* were normal, except the mitral, which was contracted and insufficient. The *left atricle* was greatly expanded, and the *appendix* so dilated as to readily admit the finger.

The Doctor remarked that the great *hypertrophy* was occasioned by the valvular disease, and the adherent pericardium; that the *cyst*, which was the first he had ever met with in this location, was doubtless rubbed up, and elaborated out of the effused plastic material, by the motions of the heart, very much as a *bursa* is formed, to avoid friction between two gliding surfaces.

*Spurious Pregnancy; Its Symptoms, diagnosis and treatment, with a Record of Cases; Paper by Dr. E. N. CHAPMAN.*

Nine cases of spurious pregnancy of a marked character having fallen under my observation, I purpose to give their histories, and venture a few remarks explanatory of the phenomena they presented. Doubtless most of the members of the Society have met with similar instances; and I hope, by a comparison of observations and opinions, we may arrive at a probable, or at least a plausible, explanation of the causation of this morbid condition, which simulates gestation so exactly as often to deceive the most experienced accoucheurs. A delusion of this kind may readily hold possession of the woman's mind in the earlier months, when a medical man even would be unable, satisfactorily, to clear up the doubts in the case, since he has nothing but sympathetic disturbances, aptly called signs, to guide him; but it is somewhat remark-

able that this pseudo-pregnancy may advance step by step through all the stages of a genuine one, and apparent labor pains set in, when lo! on examination, the uterus is found of its natural size, and the conception and attendant manifestations a *lusus nature*.

CASE I.—M. S., aged 42, the mother of twelve children and the subject of one miscarriage, applied at the clinique May 1, 1863, for the purpose of having it determined whether or not she was in the family-way. She supposed herself pregnant from the fact that her courses, unless interrupted by gestation or lactation, had never failed since their first appearance, excepting at two periods during the previous summer; but now her menses had been absent for the last five months, her abdomen had gradually enlarged, and for the last month she felt the movements of a child *in utero* precisely as in former pregnancies. The signs in this condition, however, by any change in the breasts were wanting; and the morning sickness, which always troubled her excessively when she was carrying each of her children, was absent. Her general health was excellent, and she had been latterly increasing in weight.

On examination, the uterus was found to be undeveloped and not affected with any disease.

There was evidently a considerable increase of fat in the abdominal walls; but, aside from this, no cause could be clearly discovered for distension.

CASE II.—A. H., aged 34, who was married, and had had six children and one abortion, sought advice at the clinique for a pregnancy, as she thought, which had prolonged itself beyond the normal period. Thirteen months ago her courses stopped for two months, but subsequently there has been regularly a very slight red stain. She has had morning sickness and feelings similar to those she experienced with all of her children; but there is no change in the breasts; they are undeveloped, and the areolæ and follicles are unchanged.

About three months after the cessation of the courses she discovered a tumor in the left iliac region that was movable, changing its position as she lay on one side or the other. This tumor seemed to her to increase in size continuously, and at present her abdomen is distended as though with a nine month's fœtus. Shortly after the time above mentioned she felt life, and continued

to do so, precisely as in other pregnancies, to the period when she should have been confined. Now, in a disturbance with a drunken man, she was thrown violently and struck on her side against a trunk, with a force so great that a blood-mark, the size of the open hand, was formed. After this injury the motions of the child became more and more feeble, and eventually ceased altogether in two weeks' time. Chills several times a day, coldness of the extremities, difficulty in evacuating the bladder, and dizzy, swimming sensations, were now experienced. On examination, no enlargement of the womb, morbid growth, or other diseased condition could be detected, only a distension of the abdomen, from the bowels, which were very torpid and filled with gas and faeces. There was a considerable deposition of fat in the cellular tissue; indeed the woman was corpulent and much above the average weight, yet she was markedly deficient in red blood, and was now as the investigation showed, suffering from the symptoms of anæmia, which either originated the defective menstruation or arose from it. My experience teaches me that there may be a poverty in the red globules without its necessarily rendering the individual thin and spare, and that often there is defect in persons grossly fat; also, that anæmia is frequently the cause of menstrual irregularities, and, *vice versa*, amenorrhœa is very many times the cause of anæmia.

The diagnosis in this case was scanty menstruation, which was supposed to be the occasion of the other morbid conditions.

CASE III.—Several years ago a woman called at my office to engage my services in her confinement, which was expected to come off in a couple of weeks. As on inquiry she lacked some of the more ordinary signs of pregnancy, I instituted a tactile examination, when the uterus was discovered to be undeveloped. Her disappointment was great at the blighting of her hopes. The particulars of this case I am unable to give, since by neglect I omitted making a record at the time; and I can recall nothing in regard to it, excepting that she had been married about a year and was thirty or more years of age.

CASE IV.—In April, 1862, a married woman, aged 28, the mother of four children, and the subject of two abortions, presented herself at the clinique. She supposed herself near her time, as she

was greatly increased in size, and had felt life for four and a half months. She applied on account of a severe flooding which had seized her three times. On examination, the uterus was found undeveloped and retroflected.

CASE V.—During the past summer, my friend Dr. J. E. Clark, requested me to examine a lady who thought she had more than completed the period of utero-gestation. She had been married rather more than a year, and notwithstanding her courses were regular though scanty, she had for ten months been going through the phases of pregnancy, and experiencing the phenomena usually attending it, even to feeling the fetal movements. She had prepared everything for the hoped-for event, and now she suffered the preliminary but irregular pains of labor, that, starting from the lumbar region, passed forward and downward through the pelvis. She was very corpulent, her breasts were very large, but lacking the signs of gestation, and her abdomen was much increased in size and resonant. On examination, the uterus was found to be of the virgin size. The illusion of the lady was banished by aloes and assafœtida, which unloaded the bowels and removed the flatus.

CASE VI.—On the twenty-seventh of last August I was called at eleven o'clock, P. M., to see a woman at the Station House in Court street. On my arrival, I found the captain of the police in attendance, who told me the woman was in labor, and that the waters had come away. I found she had severe pains about every five to ten minutes, like those of labor, which were attended with an expulsive effort, as we see in the second stage. It seems that she had had in the early part of the evening hysterical convulsions in Montague street, and was taken into a house by a lady. Subsequently she tried to make her way home, but was obliged to call a policeman to her assistance.

The examination revealing an undeveloped uterus, she was sent to the hospital, where, on the next morning, I obtained the following history:—A. K., æt. 17 years, had only menstruated twice before her marriage, which took place ten months ago; but subsequently, for four "turns," she was "unwell" regularly and naturally. For the last six "periods" her "courses" have failed, excepting once four weeks ago. Until the suppression, her health was perfect, but afterwards she had nausea in the morning, sour stomach,



etc.; but as the nausea went off, as it did in an hour or two, she felt well the rest of the day, and had a good appetite for dinner and supper. She had frequent, sometimes difficult, urination; a feeling of weight and pressure down the pelvis, particularly on walking; a sense of weakness through the back and hips, and a white vaginal discharge, but no pruritus, burning or scalding sensations. Her bowels operated mostly every day, and her abdomen was swollen and felt tender generally, but was more particularly sensitive over the stomach and edge of the liver. Her size, augmenting gradually for the last six months, has obliged her to let out her dresses. On examination, there is found no change in the breasts, no growth in the abdomen, and no development of the uterine. At the third day of her stay in the hospital, after being questioned in regard to fetal movements, she felt life, and continued to do so when she was dismissed. Two weeks subsequently, when she called at my office, she still persisted obstinately in the opinion that she was pregnant, and my professional dictum had no weight with her perverted and deluded imagination. The treatment consisted of cathartic doses of blue mass and aloes, which, bringing away retained feces and flatus, reduced her size promptly, removed the abdominal tenderness, and corrected the gastric and hepatic secretions.

CASE VII.—In September last, M. A., a married woman, forty years of age, who never conceived unless now pregnant, came to the clinique to learn what might be her prospects touching family matters. Unfortunately, four years ago her hopes were blighted when everything—a gradual enlargement of the abdomen to the nine months' standard, the development of the breasts, which secreted a milky fluid, and the movements of the child, which were felt for four months—seemed promising. Gradually the swelling disappeared, without any notable evacuation either of feces or gas. During this quasi-gestation she was healthy, had a good appetite, and a regular free state of the menstrual function. She now states that she began two months ago to enlarge again, and that she has the same symptoms as before, excepting the fetal movements and the secretion of milk. Her menses are regular and free, and were neither now nor on the former occasion interrupted.

On examination, silver lines were found on the abdominal walls,

and flatus in the large intestines; but the uterus was of its normal, unimpregnated size. The treatment was the same as in the fifth case.

CASE VIII.—Mrs. A. L., aged 36, married, the mother of two children, and the subject of one miscarriage, came to the clinique January last. Five months ago she was delivered of a false conception—a fleshy mass, with no appearance of organization, the size of the two closed fists. Excepting the stoppage of the menses for a period of four months, she had had no symptoms of pregnancy, and no feelings such as she formerly experienced when in the family-way. Her condition was one of debility and weakness, which were further increased by a profuse flooding that attended the discharge of the false conception. Her present symptoms are morning-sickness, weakness in the last lumbar vertebræ, tenderness in the right iliac fossa, leucorrhœa, a greatly increased size of the abdomen, and an absence of the courses for the last four months, excepting a slight red stain three days since. She is tender over the margin of the liver, exhibits signs of hepatic torpor, and disorder of the gastric functions. She has not felt life, and experiences no darting pains through her breasts, which are unchanged in their size and in the color of their areolæ, though warmer than the surrounding parts and nodulated from the enlarged milk tubes.

On examination, the uterus was found to be of its natural size and free from any disease, and the abdomen to be very resonant.

She was ordered the following prescription: R. Hydrarg. chlorid. mit. gr. viij.; resinæ jalapæ gr. ij.; sacch. albi ʒ ss.; M. This was to be followed by castor oil in case it failed to operate. The evacuations by this cathartic were very dark, but there were no evidences of the bowels being distended by fæces, and no wind was passed, although it was found on examining her again that the gas had left the intestines, and that the prominence of the abdomen had subsided. The calomel seemed to break up the chain of morbid sympathies and restore the digestive functions to their normal condition.

CASE IX.—Mrs. L. M., æt. 24, and married eight years, has during the last four years miscarried three times, but she never had a living child. She had been treated by Dr. C. by the speculum for six months without obtaining any benefit. For the last

six months her menses, though regular and without pain, are extremely scanty—a mere red stain for one day. She has no leucorrhœa, urinary trouble, or itching, scalding, or forcing sensations in the pelvis, but suffers from great tenderness in the left iliac fossa, and a severe pain in the sacrum and last lumbar vertebra that extends over the left ilium and down the left leg posteriorly. This pain is increased by exercise, and relieved by lying down. She is slightly constipated, but her stomach is not disordered, and she takes her food with a relish. She has symptoms of pregnancy, shooting pains in the breasts, enlarged milk tubes, distinct follicles, and a light brown color of the areola. Six months previously she suffered severely from morning sickness, and had fainting fits, to which she is always subject during gestation.

By the touch the uterus was found prolapsed to the perinæum, lying nearly in the axis of the excavation, excepting that the fundus was more backward and pressed under the promontory of the sacrum. The uterus could be readily elevated on the point of the finger, was not enlarged or congested, and its neck was not thrown forward.

By the speculum the cervix was found to be free from disease.

This patient, for a month and a half, took internally the pyrophosphate of iron, and used vaginal injections of alum; at the end of which time she felt very badly, and was obliged, from the intensity of the pelvic pains, to keep her bed most of the day. She had menstruated twice very freely, a week each period, and with great pain. The areolæ were of a deeper brown than at first.

The prescriptions were renewed, and on the following week a globe-pessary was introduced.

My notes state that she returned at the end of a month, felt much better, and was relieved of her troublesome symptoms by the use of the instrument. Whether the benefit was permanent is not known.

CASE X.—E. L., æt. 30 years, the mother of two children, has the following symptoms:—Menses every third week, free, and lasting from six to eight days; bowels regular; appetite variable; tenderness over the stomach on pressure; no gastric disorder, no hysteria, and no pelvic irritation or suffering. Her husband left

for the war in January, 1863, and in the last part of April following she felt movements in the abdomen. Four and a half months after feeling these movements, her size was equal to that of a woman at the ninth month, and her breasts were distended with milk. When the supposed full term had arrived, she was taken with pains, which lasted for three days, and were violent enough to cause her to seize hold of some object to steady and support herself. After this she had no more pains, the distension of her abdomen gradually subsided, her breasts grew smaller, and the milk dried up. In January, 1864, the symptoms of pregnancy had disappeared. In June following, when I first saw her, she was suffering from nervous prostration and gastric disorder. She was ordered resinous purgatives and iron. Whether her health was completely restored is not known.

*Commentary.*—The subject of spurious pregnancy, though of high practical import, has not received that attention from systematic writers which its obscurity would seem to demand. In truth it is scarcely alluded to, except incidentally, when the signs of pregnancy are discussed; and never with a completeness sufficient to aid the general practitioner in diagnosing such cases, or understanding the phenomena they present. The few instances recorded in the medical journals stand as isolated facts—rare and curious facts—but no one thinks they are other than exceptional, or that the morbid condition can be studied to advantage or explained satisfactorily. Hence a mystery hangs over this disease and shrouds its causation in an obscurity so great that well educated physicians frequently commit the most grievous blunders, which, perhaps, are only rectified at the commencement of a spurious labor, when an empty womb is determined by the touch.

*Diagnosis.*—The diagnosis the first three months is well-nigh impossible, since a congestive state of the uterus and its appendages will occasion the same sympathetic phenomena as a genuine pregnancy—enlargement and shooting pains in the breasts, changes in the areolæ and their follicles, etc.—but there is this difference, disease produces an unnatural, pregnancy a physiological congestion of the uterus; in the former the general health will deteriorate and be gradually undermined; in the latter it will remain intact, or, if disturbed at first, will subsequently improve, as is shown by

a good appetite, vigorous digestion, increase in flesh, and a full, firm pulse. In almost any case, when the menses have failed, should we have evidences from the pulse, the desire for and the proper assimilation of food, that the organic functions are carried on with regularity and in perfection, we may be tolerably certain that impregnation has taken place; since a morbid condition of the uterine organs would specially involve the ganglionic nervous system, and perturb or subvert every function over which it presides. When gestation has advanced three and a half to four months, the line of demarcation between the morbid and the physiological becomes more clearly defined, the breast-signs are better pronounced, and the enlargement and gradual growth of the uterus are very apparent to the touch. When the indications of gestation above mentioned increase steadily for some weeks, you may form all but a positive diagnosis.

From four to five, and five to six months, no practitioner is excusable in not being able to give a proper answer, and deciding positively the existence or non-existence of impregnation; since now, in addition to the more characteristic changes in the breasts and the presence of the bulky uterine globe that is detected by palpitation and the touch, or both united, the movements of the child, perceptible to the mother and attendant, ballotement and auscultation will determine beyond peradventure the fact of conception. Nevertheless, the most experienced accoucheurs, at this, or even as late as the full period, have at times been at fault, being at the outset misled by the spurious symptoms of pregnancy, and finally confirmed in the error by the patient asserting that she feels the movements of the child.

Professor Bedford relates a case, in his work on Obstetrics, of a lady suffering with ascites, so strenuously positive as to the reality of her pregnancy, of which she was certain from the strong movements of the child, that she frequently wrung from him an equivocal but reluctant assent that he also felt these movements. He was thus led on, without making an examination, to the completion of the nine months, when, false labor pains setting in, the uterus was found undeveloped. The lady died four days subsequently.

Dr. Keiller (Monthly Journal, and Braithwaite, No. xxii, page 313) relates a case of spurious pregnancy to which he was called

by the attending physician to perform the Cesarean section by reason of the very painful and protracted nature of the labor, which had reduced the patient to the verge of exhaustion. The motions of the child could be felt and seen distinctly, and were thought by the patient to be so violent that it seemed as if the child "would leap through her side." Professor Simpson, in his recent work on the Diseases of Women, relates a great many instances of this morbid condition; but his apparent desire to make much of his subject, his statement that virgins may have the disease, as had been observed in the case of sluts excluded from the society of the male at the time of "heat," his assertion that spurious imitates actual pregnancy so perfectly as to be its exact counterpart, and his grouping under this head all cases where a woman suspects or fears that she is pregnant, form such a jumbled, distorted and colored picture, that his descriptions are devoid of practical value, and involve us in greater doubt and hesitation than the silence of our obstetrical writers. The truth is, that a spurious pregnancy like those that I have related, is only of occasional occurrence, and can be diagnosticated usually without much difficulty.

*Cause.*—The cause appears to be an irritation of the uterine organs, not from morbid growth, congestion, inflammation, or any other pathological state open to the investigation of our senses; but from a defect in, or absence of, the menstrual function, from an irritability caused by excessive coitus in the newly married, from the change of life, or from displacement of the uterus, as we observe in partial retroversion or retroflexion. When the menses are scanty or absent for some months, we almost invariably find the bowels torpid, flatulent and distended, the stomach nauseated, filled with morbid secretions and loathing food, and the liver overcharged with its secretion, as is evinced by the dusky, yellow state of the skin. The nervous system is seriously implicated, as the whole family of the neuroses testify, and seems to be imperfectly sustained in its due balance by a defective blood. At this point the mind loses its healthful tone and may become the prey to any illusion. Should the female desire offspring very much, she will very likely brood over her disappointed hopes, and eventually become a monomaniac on this subject. In my opinion, the men-

strual fluid is both a hemorrhage and an excretion, and does, like the bile, eliminate from the blood certain noxious elements which, if retained, disorder the circulation and perturb the nervous system. Probably most cases of pseudo-pregnancy may be referred to an imperfect functional activity of the uterus, and the perverted state of mind thence arising. The remainder arise from some obscure irritation of the generative organs. The condition has some analogy to hysteria in the torpid, distended, and flatulent state of the bowels, the unbalanced mind and the perversion of the nerve centres, and doubtless is one of the protean forms of this disease. As the abdominal muscles are put upon the stretch, and are consequently fatigued and weakened, some of their fibres may contract irregularly and spasmodically, and thus imitate the movements of a child in utero.

*Treatment.*—The treatment of spurious pregnancy is sufficiently indicated by the cases related above. A pre-requisite to a satisfactory management of any case is a positive diagnosis, so clearly made out that we can unhesitatingly dispel the woman's false hopes. The illusion must be banished before we can hope to combat successfully the functional disturbances that attend in its train. Of these disturbances, the most marked are torpor of the liver and atony of the muscular coats of the digestive canal. Purgatives of the resinous kind, with or without mercurials, according to the state of the biliary secretion, will be demanded in most instances for the restoration of the stomach, bowels and liver, to a proper discharge of their offices. Occasionally it will be necessary for the expulsion of flatus to make the cathartic medicine stimulating and carminative by the addition of asafœtida or turpentine. As the muscular coats of the intestines have, by distension, lost their tonicity, we must re-awaken excitability and contractility by local stimulation, and then continue this impression for some days; but when a proper action of the bowels is renewed, this must be eventually sustained by laxatives, or preferably by vegetable articles of diet. Order having been restored in "the storehouse and shop of the whole body," the elements of nutrition will be presented to the blood, which, if defective, may now find the materials for its reparation. Should the red globules be deficient, we may now resort with advantage to some of the many preparations of iron. As the

blood is renewed the nervous system will feel the quickening influence, animal force and vigor will radiate to every part of the system, and the generative organs will be restored to their normal condition. Thus menstrual irregularities or deficiencies will be remedied, and the immediate cause, frequently, of the patient's infatuation will be removed. If displacement of the uterus, by irritation of the organic nervous system, conspires to the production of the spurious symptoms of pregnancy, the use of pessaries, or other means, will be necessary before a permanent cure can be effected. In fine, we must banish the hallucinations of the patient, and then correct the functional disorders, whatever they may be, that have arisen as results.

I will in this connection relate a case of nymphomania that came under my notice in June, 1862, that seemed to arise from a premature cessation of the "courses." A. M., aged 44, and single, has had her menses suppressed for ten years, with the exception of a few months four years ago, and one "turn" two months back, when she had a considerable "show." She was brought to the clinique by a female friend. She was moping, spiritless, gloomy, and greatly distressed in mind, and had fled the house of her employer, where she had lived many years, for fear she should commit some overt act, some great indiscretion, with her master's son, a boy eighteen years of age. She stated, without any reserve or apparent violence to her delicacy, that she had the most uncontrollable passion for this young lad, could not bear to have him a moment from her sight, and had a burning desire to sleep with him. She struggled against these feelings, being, according to the statement of her friend, a person of rigid morals, and one having a high sense of religious duty, but eventually the infatuation became so complete and irresistible that she suddenly took safety from her temptation in flight. The patient was corpulent and full-blooded, had a wild, nervous excitability about her, would not eat for fear of poisoning, and suffered from gastric, hepatic, and intestinal disorder; yet she was not entirely bereft of reason, as was evident from her leaving her master's house to avoid temptation, and her ready assent to an examination for uterine disease, which I thought might be the cause of her present state. The examination revealed the hymen intact, but failed to disclose any disease of the uterus



or vagina. This patient was sent to the Lunatic Asylum at Flatbush, and nothing further of her history has come to my knowledge. To me it seems clear that the symptoms in the case arose from the amenorrhœa, and that the patient's blood was poisoned by the retention of certain elements that should have been eliminated by the menstrual fluid, whence originated this peculiar manifestation of hysteria. Her real condition was not far removed from that other monomaniacal class—the subjects of an imaginary pregnancy.

DR. HUTCHINSON referred to the case of a lady, whom he saw, when she supposed herself five months pregnant. The *menses* were scanty, the *abdomen* enlarged, the *areola* discolored, and as she affirmed, fetal movements were distinctly felt. He could not detect the pulsations of the fetal heart, yet he gave it as his opinion that she was pregnant. He watched her until the ninth month, when she suffered from severe pains; a proper discharge of blood occurred, and a *gush* of wind proceeded from the uterine. In conclusion the Doctor thought that *good* resulted, as well from recounting the mistake, as the successes of Physicians.

DR. BURGE saw a lady, who had all the signs of pregnancy, and enjoyed good health. She continued to manifest such symptoms for eighteen months, when she was delivered of a fine child.

DR. HART had been engaged, at one time, to attend a woman who, after the lapse of ten months, and no signs of labor coming on, was examined by him, and the *abdomen* found to be flaccid, and the *uterus* undeveloped.

DR. EXOS remarked that he was sent for, some time ago, to attend a patient who supposed herself in labor. Upon an examination, however, he found the uterine undeveloped. The Doctor also mentioned a case, he saw in the country, of a woman, whose abdomen was enlarged, a *motion* distinct to the patient, and also to the physician. He had never seen the motions of a fetus more distinct; yet the abdomen was resonant, and the uterine undeveloped, tumor being found.

---

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

TUESDAY EVENING, May 2d, 1865.

Society met pursuant to adjournment, the President, Dr. Ring, in the Chair. Present, Drs. Gould, Rochester, Miner, Strong, Samo, Shaw, Lockwood, Peters, Congar, Gay and Eastman.

The minutes of the last meeting were read and approved.

Dr. George U. Gleason was elected a member upon compliance with the bye-laws, and meanwhile was invited to sit with the Association.

*Dr. Rochester* called attention to a case of empyema, mentioned by him in August last. The patient was a soldier, who had been in service about two years, but for nearly a year was sick in hospital, and was discharged for physical disability. His disease was not recognized, but was considered disease of the heart, liver, etc. He came under the treatment of Dr. Van Pelt of Williamsville, who correctly diagnosed it and brought the patient to Dr. Rochester. When presented the left thorax was completely filled. There was no resonance except in the supra-scapular and supra-clavicular intercostal spaces. The heart was dislocated upward and to the right, the apex being half an inch to the right of the nipple. There was no evidence of air passing into the lungs. He had chills, night sweats, and dyspnoea; there was great lividity of the lips and nails. Moreover he was of a tubercular family. These cases are considered by Dr. Bowditch very unpromising, nevertheless there was so great suffering that it was resolved to try paracentesis thoracis, and the operation was accordingly performed in the presence of Drs. Eastman, Burwell and Boardman. The instrument used was the one invented by Dr. Wyman and recommended by Dr. Bowditch, which has a pump attached for extracting the air and pus. A small trocar was inserted between the 7th and 8th ribs below the scapula, and by the aid of the pump two quarts of aplastic lymph were evacuated. The patient was then put upon stimulants, and after three days the pump again used and two quarts more obtained. In short, in  $3\frac{1}{2}$  months he was tapped twelve times and twenty quarts of purulent matter obtained. The improvement in his physical condition can be best illustrated by stating that he used to come in from Williamsville (10 miles) in the morning, be operated on and return at night. At the conclusion of the treatment his left thorax was almost in normal condition, and the heart was restored to its usual position and healthy. The general treatment consisted of iron, iodide of potassa, cod liver oil and camomile, which has been considered efficacious in arresting suppuration.

Had recently had a similar case which had not so happy a termination. The patient had not been well for a year or two, having had a little cough. He had extreme dyspnoea, lividity of the nails, lips, etc., and cough, but without expectoration. The heart was dislocated to the left side; there was tympanitic resonance over a great portion of the right side, but no respiratory murmur. On forced respiration, amphoric breathing and pectoriloquy were heard. The diagnosis was hydro-pneumo-thorax, with probably perforation of the pleural cavity from tuberculosis. The precise nature of the case was more difficult to determine from the great distress the patient was in, and it was to relieve this distress that an operation was determined on. Perforation was made between the seventh and eighth ribs posteriorly, and about two quarts of pus, and a great quantity of air was discharged. The relief experienced was instantaneous. At the end of a week the cavity having again filled up the operation was repeated. Death took place in two weeks.

Dr. Rochester considered the mode of operation of great importance. The use of Dr. Wyman's instrument afforded a safe means of emptying the cavity without admitting external air, whereas when the ordinary canula was used this could not be avoided, and the result was the discharges became very offensive, and the danger to the patient increased.

*Dr. Miner* remarked upon the great interest of the case reported by Dr. Rochester, and the highly gratifying results of the case; partial recovery even, being a termination which must be regarded as remarkably favorable. Thought that the pump mentioned by Dr. Rochester might have advantages in operating, but doubted if the exclusion of external air was one of them. Must confess to a sympathy with the notion that exclusion of air from a pyogenic membrane was not so important as had generally been supposed. Could not see why external air should be worse than that admitted from within. Would like to inquire if Dr. R. ascribes any peculiar medicinal effects to camomile other than were possessed by the other bitter tonics? Had the opinion that camomile was a medicine of the feeblest properties, and like gum arabic and liquorice, incapable of doing any good or harm.

*Dr. Rochester* replied that Dr. Moore ascribed to the remedy in

question almost specific properties in such cases. The idea was not original with Dr. M., but had been taken by him from some Medical Journal. Must confess himself rather skeptical on the subject, though he had tried it faithfully.

*Dr. Strong* thought there could not be much ground for doubt as to the propriety of the exclusion of air in such cases. Saw the operation performed some twenty-five years ago by his preceptor, in the old way, and he could never forget the extreme offensiveness of the discharges.

*Dr. Eastman* had employed chamomile for four or five years, in many cases, with good effect in diminishing the amount of pus. Generally used the fluid extract, and gave ℥ss three to five times daily. Thought the usual doses of ℥i to ℥ij too small.

*Dr. Strong* thought chamomile could only be considered a good vegetable tonic and must deny it any specific properties.

*Dr. T. D. Strong* of Chautauqua county was introduced to the Association, and gave a highly interesting account of an epidemic of erysipelas which had been prevailing in that county. The substance of these remarks having already appeared in this Journal they are omitted here.

The diseases reported as prevailing were, infantile convulsions, pneumonia, mumps, erysipelas and roseola.

JOSEPH A. PETERS, Sec'y.

---

## MISCELLANEOUS.

---

TREATMENT OF HYDROCELE.—*Dr. William Jollic* (Gateshead-on-Tyne) recommends the following plan, which he has followed for some years, and invariably with success, even after failure with port wine, etc. :

"I tap the hydrocele by trocar and canula in the usual way, draw off the fluid, and then introduce through the canula into the cavity of the tunica vaginalis a common surgeon's probe, which has been previously coated for an inch of its length with nitrate of silver. I prepare the probe by heating the extremity to a dull, red heat in the flame of a gas-light, and placing it in a little finely-powdered nitrate of silver, and then again subjecting the probe to the heat, so as to form a smooth coating to the instrument. If your correspondent and other surgeons will make use of this method, they will, I have no doubt, quickly, effectually, and cheaply relieve their patients of a troublesome complaint."—*Lancet*.

ON THE ACTION OF TINCTURE OF PERCHLORIDE OF IRON IN THE CURE  
OF RENAL AND URINARY AFFECTIONS.

BY ARTHUR HILL HASSALL, M. D., LONDON.

There are few remedies more frequently prescribed in the treatment of renal and urinary affections than is the tincture of perchloride of iron, formerly called muriated tincture of iron. The value of that remedy in a variety of such cases is undoubted, as in the albuminuria of Bright's disease, in hemorrhage from the kidney, bladder, or urethra, in spasmodic stricture, etc.

The tincture of the perchloride of iron consists of two atoms of iron in combination with three of chlorine, dissolved in water to which rectified spirit has been added; and it possesses the properties of an astringent, tonic, and styptic, coagulating blood or albumen with which it is brought into contact, and constringing the vessels and tissues to which it is applied.

Now, this astringent property is just that which a remedy ought to possess to be useful in the cases above referred to, and by it, it is usually supposed, it exerts its beneficial action; and certainly nothing would appear to be more plausible and more natural than this explanation.

Having, after the administration of this remedy, repeatedly tested the urine for the purpose of detecting in it the presence of iron, and having failed to discover the faintest trace of the metal, I was led to doubt the correctness of this view, and was induced to institute some experiments, in order to put the matter to the proof.

To a patient, T. L——, laboring under an habitual urinary discharge, I administered for the period of more than a week a drachm of the tincture thrice daily; but, although I tested the urine on several occasions, in no instance could I detect the smallest trace of iron, notwithstanding that a pint of the urine was evaporated to a small bulk before being examined.

To a patient now in the Royal Free Hospital, Charles S——, who is suffering from an extravasation of blood, three drachms of the tincture were administered on two consecutive days. The whole of the urine passed in the twenty-four hours of each day was collected, a pint of each sample evaporated to a small bulk, and tested as before, but with a similar negative result.

Lastly, I myself took in the course of a day three drachms of the tincture; the urine passed in the twenty-four hours being collected and analyzed, not only on the day on which the medicine was taken, but on the preceding and succeeding days. Still no iron was found.

I could enumerate several other instances in which iron had been taken and the urine analyzed without even traces of the metal being subsequently discovered. The examples, however, I have quoted are sufficient to show that the tincture of perchloride of iron does not produce its beneficial effects, as generally supposed, in restraining the amount of albumen or of blood discharged from

the kidney or other portion of the genito-urinary mucous track by coming in contact with the seat of the lesion and by its action as an astringent.

How, then, does this remedy act? That much of the iron contained in the sesquichloride does not find its way into the circulation at all, but escapes from the system with the undigested portions of the food, is certain; the black discoloration of the faces under the use of this tincture, and indeed, I believe, under all the preparations of iron, is well known, the color being due to a combination of the iron with a portion of the sulphur of the food—sulphuret of iron being thus formed. It might therefore be very plausibly presumed that while the greater part of the iron is thus thrown off by the bowels without having been absorbed at all, the hydrochloric acid, being set free, enters the circulation, is eliminated by the kidneys, and so comes in contact with the seat of lesion; and that it is to the acid, and not to the iron, that the benefit is to be attributed. But if this view be correct, it is capable of being substantiated by experiment; and with this object I administered to two persons drachm doses, repeated thrice daily, of the perchloride; the urine of the twenty-four hours being collected and analyzed before, during, and after the administration of the ferruginous preparation. \* \* \* \* \*

The experiments showed, 1st, that there was no increase in the acidity of the urine consequent upon taking the remedy; 2d, that there was no increase of chlorine, and that therefore the hydrochloric acid of the perchloride was not eliminated by the kidneys either in the free or combined state; thus proving that the second view mentioned of the action of the remedy is also entirely unfounded.

These results are not a little remarkable; and we have, therefore, still to inquire, in what way does this medicine act in the cure of disease? Its effects are too rapid to allow it to be supposed that its operation is due to its influence in improving the condition of the blood by its action on the red corpuscles. We appear, therefore, driven to the conclusion that the perchloride of iron acts by its stimulating influence on the nervous system.

These observations are interesting, not alone as concerns this one preparation of iron; they also probably apply more or less to most of the other medicinal preparations of that metal, since it is at least certain that by far the greater part of the iron contained in them is not absorbed, but escapes from the system by the bowels like that of the perchloride.

The particulars herein recorded are suggestive of further experiments calculated to throw additional light upon the subject, and which hereafter I may have the opportunity of instituting.

Wimpole street, 1865.

*To the Editor of The Lancet:*

Sir:—I was much interested in Dr. Hassall's valuable and suggestive paper on this subject, published in *The Lancet*, in which he

mentions that the efficacy of perchloride of iron depends on its stimulating influence on the nervous system, especially referring to its use in the cure of renal and urinary affections.

In former notes I have spoken from practical experience of its value in the treatment of erysipelas, venturing to differ from so high an authority as Dr. Hughes Bennett, who says it is useless in this disease.

I believe that the tonic, or rather the roborant and *stimulating* influence of the remedy is the rational way of accounting for its good effect in erysipelas, in the treatment of which it has now been used for several years; and we have here an explanation of its efficacy in delirium tremens, in which it has lately been employed with remarkable success.

This medicine is also much used in the treatment of phthisis, diphtheria, cynanche, etc., and I think it is generally admitted that the chlorine which it contains, as well as the iron, acts with peculiar benefit in these diseases.

I hope Dr. Hassall may have an opportunity of instituting further experiments on this subject, which is far from exhausted.\*

I am Sir, your obedient servant,

JOHN ROSE, M. D., Surgeon R. N.

Kidderminster, January 2, 1865.

[*Lancet.*]

#### EPIDEMIC OF PLAGUE IN ST. PETERSBURG, RUSSIA.

The newspaper accounts are as follows:—"An epidemic, resembling in its fatality the Asiatic cholera, has for some months devastated the interior of Russia. Apparently taking its origin in Siberia, it has gradually swept down southward, spreading more widely on either side as it advances. As yet it has completely baffled the skill of the Russian physicians, and of those professors of medicine who have proceeded from Germany to study its symptoms. In many respects this epidemic resembles the celebrated plague of Athens, which decimated Attica in the second and third years of the Peloponnesian war. Like it, the epidemic belongs to the class of eruptive typhoid disorders. The person seized immediately despairs of recovery; he loses memory and hope together. Like it, too, the Siberian fever is accompanied generally by a hoarse cough and violent retching, and the victim seldom survives beyond the ninth day. There is some difficulty in obtaining a reliable account of the disease, for the Russian officials, never very communicative, have endeavored to conceal the existence of the disease. But it has touched one or two towns in Austria and Prussia, and rages at St. Petersburg. The deaths in the latter city are acknowledged to amount to eighty or one hundred per day, but it is suspected they are five times as numerous.

\* It is desirable above all, if it has positive influence over any of these diseases—erysipelas, delirium tremens, phthisis, diphtheria or cynanche, that this be more certainly determined. It is a common remedy, but its effects are not generally very obvious.—[ED. BUFFALO MED. JOUR.]

The disease is said to have assumed a mitigated form in Germany, but very great alarm prevails throughout the continent. Men hoped that with the Asiatic cholera the last great scourge of the human race had passed away, but they suddenly find themselves confronting a pestilence which advances as rapidly as a prairie conflagration, floating on the rivers, and borne on the air. Apprehension, too, as in the case of the Asiatic cholera, predisposes to the disease.

“A plague of this description, raging in St. Petersburg, cannot be long absent from other European capitals. It marches steadily and surely. Already its route is traced by death and mourning, and its future track has been pointed out. In such a case quarantine regulations are nearly useless. No plague was ever yet kept away from our shores by delaying a ship from an infected port at a distance from the harbor. The fever may be conveyed in a letter, a bale of goods, a waif, or straw from the ship wafted to the shores. It may be taken up by the wind passing over the deck, and be borne mysteriously, despite of all precautions, to the crowded town. Physicians may dispute whether it is infectious or contagious. Such discussions may be interesting to the profession, but the practical truth is, that whether a plague be conveyed by the air or by contact, there is no means of staying its progress to any land to which it may be the will of Providence to visit with such a scourge.”—*Liverpool Post*.

“**TERRIBLE EXTENT OF THE RAVAGES OF THE DISEASE.**—The total number of cases has reached ten thousand, of deaths two thousand, and the average number of cases is one hundred a day. No less than forty physicians are reported dead, though whether they have fallen victims to the disease is not stated. The account which the correspondent gives of the disease itself, is that ‘it is not cholera, but plague, with dilated pupils, carbuncles, and pestilential bubo.’ Dr. Charles Murchison, physician to the London Fever Hospital, expresses, in a letter to the *Times*, his opinion that the malady is ‘relapsing fever,’ which, under different designations, has been well known in Britain and Ireland for nearly two centuries, which constituted a great part of the Irish epidemic of 1847, and which about the same time was very prevalent in various parts of Germany. The mortality from relapsing fever is not great, only three per cent., but Dr. Murchison shows that all epidemics of such fevers have co-existed with typhus, in which the mortality is twenty per cent. The public, he says, need be under little apprehension as to the importation of the Russian epidemic into England. The more formidable of the two diseases composing it is here already, and has, for the last three years been very prevalent among the poor of London.”—*St. Petersburg Telegram to the London Times*.

BERLIN, April 7, 1865.

Authentic intelligence touching the Russian epidemic, states that three several maladies exist at the same time in St. Peters-



burg. In October last, *meningitis spinalis* appeared at St. Petersburg. This is a spasmodic affection of the brain and spinal cord, by which children are chiefly attacked; the mortality was from twenty to fifty per cent. In November, typhus was added to the first mentioned disease, occurring sporadically at first, and gradually developed into a malignant species of *febris recurrens*. The fever lasts a week at a time, the several attacks being separated by intervals as long. During these intervals the health is apparently so good that people have been dismissed from hospital who died soon after. A special committee has been formed, under Gov.-Gen. Suwaroff, to look after those apparently cured. On a second or third attack there is a general collapse, decomposition of blood, and paralysis. Quinine and stimulants have no effect. The deaths, at first but twenty, have risen to forty per cent. The spleen and liver are much affected. In many cases epidemical inflammation of the spleen, or *postula maligna*, has been observed. Quite recently the Siberian plague has broken out also; of this, seventy per cent. die within a few hours. A strong disposition to vomit, which cannot be satisfied, a swelling of the belly, pestilential carbuncles, and dark color of the skin, are its unmistakable symptoms. It is the "black death." St. Petersburg papers deny the existence of the plague in the capital, but the official *Northern Post* states it to have broken out at Szaniewo, in the Waldai Hills, and the description given in the St. Petersburg official *Medical News* and *Exchange News*, in which the dilatation of the pupils is especially dwelt upon, shows the malady, in its present stage, greatly to resemble the plague. In many cases, indeed, it is difficult to distinguish plague from *febris recurrens*, at the time when typhoid epidemics are abroad. The disease is apparently on the decrease. Dr. Erichson, surgeon to the Emperor Nicholas, aged seventy-five, died while attending hospital. In Poland, also, an epidemic has broken out. One case at Kole, near Warsaw, is represented in the *Warsaw Gazette* as *meningitis spinalis*. Out of five thousand inhabitants in that town, there are thirty-six sick and fifteen dead. In Eastern Prussia, there are many cases of *meningitis* near Dantzic.—*Correspondence of the London Times—Chicago Medical Examiner.*

---

#### CYCLONES AND SICKNESS IN INDIA.

Within the past few months, two cyclones of terrible severity have occurred in the bay of Bengal. In a brief notice of these most remarkable rotary storms, these gigantic whirlwinds, we shall not be departing far from the strictly professional range to which we limit ourselves in this journal; for these tornadoes are not only attended with great destruction of life, but are also the fruitful cause of disease and death. They generally occur about the time of the change of the monsoons, that is, in the months of October and April.

The first of these two cyclones occurred on the fifth of October last. Its central force seems to have been felt at the head of the bay in the region of Calcutta. The waters of the bay were piled up to a height of thirty feet, and driven with fury over the island of Saugor, and other low lands at the mouth of the Hoogly. It flooded the entire delta of the Ganges known as the Sauderbunds; it swept up the river to Calcutta and far beyond. All up the river, the population on both sides has literally been "carried away as with a flood." It was at first reported that 12,000 persons had perished by these inundations. This was regarded as an exaggeration, and disbelieved in England, but subsequent inquiry proved that this estimate was very far below the truth. It is now ascertained that more than five times that number perished by drowning or in other ways. In the island of Saugor alone 7,000 persons are known to have been swept away. An eye witness says:—"The Sauderbunds are swept bare of every living thing, and every habitation. The river and the land were strewed with dead bodies of men, cattle, and even snakes. The river was so full of dead bodies of all kinds, as to impede the progress of the steamer. A missionary speaks of a police officer, who in coming from Diamond Harbor, (near the mouth of the Hoogly,) to Calcutta, made his way with immense difficulty, and counted over 5,000 corpses on his route. Of the 200 ships and steamers at Calcutta, more than 100 were destroyed, and generally with all on board. Four hundred and ten houses, well built of masonry, were utterly ruined, and more than 1,600 seriously damaged. Of the small native houses in the city, 40,000 were destroyed. More than 1,000 persons perished by the falling of houses alone. A recent estimate places the loss of life by this cyclone at 60,000!

By a private letter we have notices of a second cyclone, the principal force of which seems to have been felt on the coast to the southward of Calcutta. At Marsulipatam, a large city on the western shore of the bay, 20,000 persons were either killed or drowned during the storm. Thirty-five out of sixty girls in a boarding school of the Church Missionary Society in that city perished.

As was anticipated, disease had already commenced its ravages in the form of cholera, small pox, and fever. The latter which often prevails as an epidemic in those low, marshy districts, is now depopulating whole districts. The poor natives die on all hands without hope of assistance, and without medicine. There appear to be no means to stop the progress of the diseases which are now devastating the country. The native feels ill, wraps himself in his blanket, says it is his *fate*, and so perishes.

All this is sad enough when reviewed at this distance, but it is not without its personal significance and interest to us; for India has always had the reputation of being the seed-plot of disease. The Asiatic cholera, one of the most fearful scourges of our race, claims India for its birth-place.—*March Editorial Med. and Surg. Reporter.*

## IRIDECTOMY IN GLAUCOMA.

Prof. Quaglino, of Pavia, at the end of an excellent account of our present knowledge concerning glaucoma, expresses the following opinion upon its curative treatment by iridectomy: 1. Glaucoma, arthritic amaurosis, and arthritic ophthalmia of the older ophthalmologists, are dependent upon one and the same identical morbid process, which only varies by the length or acuteness of its course. 2. The pathological condition which induces chronic and acute glaucoma is choroiditis, with increased secretion of the vitreous humor, and consequent distension of the retina and papilla of the optic nerve, associated with an extraordinary rigidity and hardness of the sclerotica, proper to the senile condition, or induced by an atheromatous and arthritic process at a less advanced age. 3. In acute glaucoma not only is the choroid implicated by the morbid process, but this also extends to the retina, the hyaloid, and the internal membranes, while in chronic glaucoma the choroid is alone in question. 4. The functional phenomena which precede and accompany the development and course of glaucomatous amaurosis are a consequence of the compression which the nervous elements of the retina and the optic nerve undergo, and of their progressive atrophic degeneration. 5. The most prompt and certain means which art possesses for arresting the progress of this disease, and restoring the equilibrium in the pressure of the vitreous humor and the lateral pressure of the vessels of the retina, is iridectomy, the excision of an extensive portion of the iris. 6. Iridectomy may be resorted to with advantage even in cases in which there are evident physical signs of atrophy of the papilla with excavation, lateral limitation of the field of vision or amblyopia, providing there exists extraordinary hardness of the globe of the eye. In such cases iridectomy at least removes one of the morbid elements (internal pressure) which favors atrophy of the papilla, and thus frequently arrests the amaurosis. 7. Iridectomy possesses no advantage in very inveterate glaucoma, when the papilla and the vessels have been for a long time atrophied; in cases in which an optic neuritis inducing atrophy of the papilla has preceded the glaucoma, or when glaucoma is complicated with serious affections of the cerebral optic centres. 8. Iridectomy is of service in cases of obstinate ciliary neuralgia, even when amaurosis has become complete, providing that it depends solely upon compression of the ciliary nerves.—*Brit. and For. Med. Chir. Rev.*, Jan. 1865, from *Annali di Med.*, Oct.—*American Journal of Medical Sciences*.

---

THE STRABISMUS OPERATION MADE EASY.—M. Emile Martin, of Marseilles, lately presented to the Academy of Medicine of Paris an instrument for quickly and securely dividing the tendon of the particular rectus muscle which is to be cut. The instrument is

composed of a handle, to which is fixed a short stem ending in a blunt hook. In this hook lies a curved, very sharp blade, which is made to leave its recess in the hollow hook by pressure being made on a kind of spring fixed in the handle. The operation is thus considerably facilitated, and the section made completely as soon as the tendon has been hooked up.

---

---

## EDITORIAL DEPARTMENT.

---

### PROCEEDINGS AMERICAN MEDICAL ASSOCIATION.

We publish Dr. Bigelow's Address before the American Medical Association, copied from the *Boston Medical and Surgical Journal*. Want of space excludes from this number the President's, Dr. Davis's Address, which will appear in our next issue. The transactions, in full, will have been received in time for the July number, and whatever is supposed to be of interest to our readers will appear in our next number. We have heard through our friends, who were present, that the meeting in Boston was in every respect a decided success—free in great degree from the imperfections and abuses which even the friends of the Association have urged against it.

The Association met at the Representatives' Hall in the State House, Boston, on Tuesday morning, June 6th, at 10½ o'clock. The meeting was called to order by the President, Dr. N. S. Davis, of Chicago, Ill., and prayer was offered by Rev. S. K. Lothrop, D. D.

#### *Dr. Bigelow's Address.*

By direction and under the authority of the Committee of Arrangements, I bid you cordial welcome to the metropolis of New England. Sixteen years ago these halls were honored by your distinguished presence; and since that time, although a bloody war has devastated the land, twice have you met together, under the sheltering protection of cities far distant from each other, to lay an offering upon the altar of science. We are now once again assembled, to unite in a single common sentiment of congratulation at the advent of peace, for which we have so long watched, and in whose genial sunshine the flowers of science may again expand.

The American Medical Association was at no remote period one of the prosperous institutions of the country. From a small and

perhaps doubtful beginning, it had risen by a continuous and steady growth to become one of the successful enterprises of the age. The great cities of the North hailed its advent with acclamation, while further South the hospitable homes of Richmond and Charleston, of Nashville and St. Louis, were thrown open for its warm and generous reception.

Such was our inevitable position four years ago, when the demon of insurrectionary strife exhaled its poisonous and blasting breath over the fairest and most fertile portion of our common country. Cut off from intercourse with their Northern brethren, deprived of the opportunity of attaining light and truth, borne down by relentless exactions and unmerciful conscription, by devastating war and its inevitable sequels of poverty and bereavement, our Southern States have been to us for four years an alien and a hostile land.

During this long and weary period the steadfast edifice of the Republic has breasted the battle and the storm; an insidious and fatal bolt at last descending to rive its highest pinnacle. We recover from the shock to thank God, that as the tumult ceases and the smoke clears away, the grand old edifice still lifts its head among the nations, unshaken in its foundations, untarnished in its glory, an impregnable tower of strength, and the hallowed shrine of patriotism. The Southern States have at last succumbed before the persevering valor and terrible unanimity of the North, and the jarring elements have at last found repose, after the convulsions of a great transition period, not in the replacement of the old strata, but by the gravitation of the social system into the final and inevitable equilibrium of human rights.

While the whole country is occupied with the great and difficult problem of reconstructing the Union, that we may come out of this ordeal a wiser, a more stable, and a more prosperous people, it is for us to consider whether we cannot do something to render our own association a more efficient and a more productive institution. No one can doubt that the medical science of this country now ostensibly represented in this body, is destined one day to occupy a very high place in the medical history of the world. The American mind, the practical ability of which no one has ever doubted, is devoting itself more and more to the study, by exact experimental observation, of abstract truth, each year augmenting the number of medical philosophers devoted to scientific research at the sacrifice of professional and personal interest. It requires no prophet to foretell that they will identify this Association with illustrious labors whose magnitude and importance will henceforth keep pace with the invigorated growth of the Republic.

And who shall set bound or limit to the vast future of this country? If we believe with the great philosopher that "in the youth of a State arms do flourish; in the middle age of a State, learning," who that has witnessed the Titanic conflict between opposing hosts such as the history of the world has rarely seen con-

fronted, who that contemplates the magnitude of this broad continent, its millions of acres of waving grain, the treasures buried in its bosom, the iron, the gold and silver, and coal and oil more precious than these; the great liquid highways that bind together North and South and East and West in one indissoluble bond of natural union; the energy of its people, the enormous territory now first thrown open to the intelligent efforts of free labor, who can fail to discern in these combining elements of prosperity the stalwart youth of a colossal nation? Let your imagination for a moment contemplate the vision of its maturity and manhood; when the great Western Valley shall become a central home of letters and the arts, when the culminating light of science shall there shed its full effulgence, and the youthful giant of the Western hemisphere in his ripened strength and intellect shall challenge the place left vacant for him on our planet.

While the great Republic is accomplishing its political destiny, let us fail not to carry forward our corresponding mission of relieving human suffering, averting human disaster, and retarding human decay; not by deceptive assumptions, not by fallacious assurances, not by the dogmas which professional pride has set up, but by an earnest, impartial and discriminating pursuit of truth, and by an unwearied effort to divorce popular error from the companionship of legitimate science. It is our duty to lay here in solid labor the foundations of an association which for a century to come shall gather to a focus and radiate the light emanating from the best minds in our profession.

We rejoice to offer an earnest expression of our gratitude to those of our medical brethren, some of whom we are proud to see among us, who have stood so nobly at their posts by sea and land amid the carnage and the pestilence; and who, surrounded by the distractions of the camp and of the fight, have borne a conspicuous part, both by their active services and their literary labors, in upholding the honor and dignity of their profession.

Not less happy are we to see among us our brethren of those neighboring provinces, from which we have received such kindly tokens in our recent hour of national affliction. The people of this continent have so many common interests and common sympathies that no political landmarks can render them alien to each other.

I welcome you, gentlemen, in behalf of the Committee I have the honor to represent; of the old Massachusetts Medical Society, who cherishes a matronly regard towards her younger sisters of other States; in behalf of the city of Boston, which extends to you her civic hospitality. Welcome, friends and brothers! assembled from distant regions of our common land—from the great commercial emporium through whose aortic thoroughfare pours the ceaseless tide of nations, or from the city whose traditional brotherly love echoes so freshly from the lips of all our wounded soldiers; you, brothers of New England, born to the common herit-

age of toil and freedom; you whose home is by the great Western watercourses, whose blood sprang from the same fountain as our own, and has so often mingled with it again upon the battle-field; and you, few we may fear, but thrice welcome, loyal and faithful brothers of the South, who have passed through the long night of trial that you might hail to-day the glorious dawn of liberty. Welcome, fellow-citizens of the redeemed Republic, whose wounds you have bound up in binding up those of her defenders. Welcome all who honor us by their presence on this auspicious morning, which beholds the sacred emblem of liberty restored to its rightful places, tattered with bullets, stained with blood, fringed with the sable sign of mourning, but spread over every stronghold from which treason had struck it down, and soon to rekindle all its ancient glories.

---

BOOKS REVIEWED.

*Annual Report of the Provost Marshal General, from November 1863 to November 1864.*

We have received from Surgeon J. H. Baxter, U. S. V., Chief Medical Officer of the Provost Marshal General's Bureau, a copy of the above Report, a pamphlet of about fifty pages. Of the portion of it devoted to the business proper of the Bureau, we of course have nothing to say, but the medical portion of it, by far the greater part, must be interesting to all medical men who are interested in vital statistics. The statistics embraced are those of the draft of 1863, (known as the *first* draft,) and that of March 14, 1864, (second draft,) the draft of July 18, 1864,<sup>a</sup> and the fourth of 1865, will be embraced, we suppose, in a subsequent report.

A most difficult problem to be solved in carrying out the provisions of a conscription act is to decide upon a list of diseases which shall constitute causes of exemption. To be sure the progress of this war has so far educated every medical man that he must have a tolerably correct idea of what would and what would not disqualify a man for the duties of a soldier in the field; but, clearly, it would be impracticable to leave the matter to individual discretion, and to frame such a list as shall neither furnish too easy a means of escape, nor prove too exacting upon those really incapable to do duty, requires no small tact. This difficulty has made itself manifest in the fact that three lists of disqualifying infirmities have been issued since the act went into effect, and it is

worthy of notice that each list has been more stringent than its predecessor. The reason for this change, though obvious enough to any one who has had any experience in the workings of the conscription, has not been appreciated by the mass of the people, and no little grumbling has resulted. In the outset, both the authorities and the people, were inclined to place the examination of a drafted man very nearly on a par with that of a recruit, neither realizing how few men comparatively, are physically perfect. The recruit is to receive a bounty, and Government demands that he shall be fit for any duty, but the drafted man is already in the service, and if not fit for severe duty, he may be put into less severe situations when he will be just as valuable as a better man. That is, in the one case it is a question whether a man shall be taken who is offered, in the other whether a man shall be retained who is already taken. In time of peace the two standards could properly be made more nearly alike, but in a war, and especially such a war as has just closed, good sense dictates such a policy as has been pursued, and patriotism requires that people should acquiesce in it.

The effect of this change of causes for exemption is seen in the fact stated in this Report that whereas, in 1863, the number of exemptions was in the ratio of 314.02 to 1000 examined, in 1864 the ratio had fallen to 257.02 to 1000; nor can this decrease be ascribed to the population having been in any degree sifted out by the examination of 1863, for, owing to the change in the list of causes the exemptions for physical causes of 1863, did not hold good in 1864.

We should be glad to copy the list of disqualifying infirmities, and make it the basis of some remarks, but our space forbids; however, we can in the main endorse the following from Surgeon Baxter's Report:

"I do not recommend, at present, any change in the list of diseases and infirmities governing boards of enrollment in the exemption of drafted men; believing that, though faults may exist, yet with a proper construction and understanding of the list, as now given in paragraph 85, Revised Regulations Provost Marshal General's Bureau, all drafted men, who are really unfit for military service can be exempted in accordance with its provisions."

A large portion of the pamphlet is occupied with a very thor-



ough tabulation of the results of the examinations under the two drafts included in the Report. We had intended giving an analysis of these statistics, which are both valuable and interesting, but refrain from doing so at this time in the hope that the final reports will ere long enable us to reason from a more extended basis. We are the more willing to adopt this course, since the forms adopted for the forthcoming reports promise a more thorough analysis of the examination, and more copious statistical information. One or two considerations, however, which might become sources of error in a superficial examination of the tables here given, we cannot refrain from noticing. One is, that very many drafted men feeling themselves to be fit for duty, have waived the privilege of examination and furnished substitutes, consequently their names do not appear on the Surgeon's books. Had these all been included the result would have been undoubtedly somewhat modified. The other refers to the comparison made between the results of examinations here and in Europe, whereby it appears that the percentage of rejections is much smaller in this country. It should be borne in mind that the European examinations were not made under such a pressing necessity as has governed here, and, consequently exemptions and rejections have been made for merely technical defects which, under the present regulations, do not constitute a sufficient cause for discharge. We have ourselves seen men of European birth who held certificates of exemption from conscription<sup>1</sup> given them there who could not be exempted here, though the same cause existed still. A comparison between the recruits rejected here and abroad would, we think, show a less difference.

By far the most interesting tables are those containing the average age, height and chest measurements of men examined, but of those we purpose to speak hereafter, only pausing now to express our regret that *weight* was not also made a subject of report, as we believe, within certain limits, that is a valuable indication of physical condition.

The intelligent industry manifested in the preparation of this document merits great praise, and entitles Surgeon Baxter to the especial thanks of all who are interested in vital statistics. The lessons to be learned from these, and the corresponding tables

which will eventually be prepared from our voluminous hospital records, will be of universal value, and will constitute the grandest addition ever made to the science of military medicine, surgery and hygiene.

In conclusion, we are glad for the honor of our profession, to copy the following paragraph from the Report, and to endorse it so far as our knowledge extends, notwithstanding many petty calumnies which have been indulged on the subject. We quote, "and from personal inspections and reports of competent medical inspecting officers, I feel justified in stating that surgeons of boards of enrolment, as a class, are gentlemen of education and ability, reliable and honest, and there is every reason to believe, are influenced in the performance of the responsible duties pertaining to their position, rather from a desire to serve their country than the meagre compensation received for their services." P.

---

*A Vest-Pocket Medical Lexicon: being a Dictionary of Words, Terms, and Symbols of Medical Science, collated from the best authorities, with the addition of new words not before introduced into a Lexicon, with an Appendix.* By D. B. ST. JOHN ROOSA, M. D., Aural Surgeon to the New York Eye and Ear Infirmary. New York: Wm. Wood & Co., 61 Walker Street, 1865.

This is a miniature Medical Lexicon, being only about three inches long and one inch thick, containing 270 pages; designed to serve as a "vest-pocket" companion to the student while attending medical lectures; and is very convenient to any one wishing a ready reference dictionary. It contains also abbreviations and symbols used in writing prescriptions, examples of prescriptions, poisons and their antidotes, and a table of elementary substances with their symbols and equivalents.

---

*Transactions of the Medical Society of the State of Pennsylvania, at its Fifteenth Annual Session, held in Philadelphia, 1864.*

We have received a copy of the Transactions of the above Medical Society. It reports cerebro-spinal meningitis to have prevailed epidemically in seven counties. Diphtheria was reported in nine, typhoid fever in seven, measles in seven, scarlatina in six, variola in five, erysipelas in five, and whooping-cough in four. The President, Dr. Wilson Jewell, delivered the Annual Address. Dr. Andrew Nebinger, on behalf of the Committee of Arrangements of the Philadelphia County Medical Society, welcomed the

delegates in an elegant and appropriate speech. No medical papers were read before the Society. The volume consists mainly of the reports of the various County Societies of the State.

---

*Fourteenth Anniversary Meeting of the Illinois State Medical Society, held in Chicago, May 3, 4 and 5, 1864.*

The Medical Society of the State of Illinois held their Fourteenth Annual Meeting in Chicago, May, 1864. In the absence of the President, Dr. A. H. Luce, first Vice President occupied the chair. Dr. M. O. Heydoek of Chicago, Chairman of the Committee of Arrangements, welcomed the members in a brief and appropriate address. The Committee on Practical Medicine reported erysipelas and cerebro-spinal meningitis to have prevailed epidemically. Also such improvements as had been made in the practice of medicine during the preceding year. The Committee on the Diseases of the Eye, found as the result of their investigations, that diseases of the conjunctiva formed by far a greater class than those of any other part of the eye. The Committee on Orthopedic Surgery reported a large number of interesting and important cases of the various kinds of talipes, and instruments for their treatment. There are reports from the Committee on Surgery, and articles on puerperal fever and cerebro-spinal meningitis, which the want of space prevents further notice.

---

#### BOOKS AND PAMPHLETS RECEIVED

*Physicians' Prescription Book; containing lists of the terms, phrases, contractions, and abbreviations used in prescriptions, with explanatory notes; the grammatical construction of prescriptions; rules for the pronunciation of Pharmaceutical terms; a prosodiocal vocabulary of the names of drugs, etc.; and a series of abbreviated prescriptions illustrating the use of the preceding terms. To which is added a Key, containing the Prescriptions in an unabbreviated form, with a literal translation, for the use of Medical and Pharmaceutical students.* BY JONATHAN PEREIRA, M. D., F. R. S. *Fourteenth edition.* Philadelphia: LINDSAY & BLAKISTON, 1865.

*The Renewal of Life—Lectures, chiefly Clinical.* BY THOMAS KING CHAMBERS, M. D., *Honorary Physician to H. R. H. the Prince of Wales; Physician to St. Mary's Hospital.* From the third London edition. Philadelphia: LINDSAY & BLAKISTON, 1865.

*Annual Report of the City Inspector of the City of New York, for the year ending December 31, 1864.* Document No. 7.

*The Ophthalmic Review; a Quarterly Journal of Ophthalmic Surgery and Science.* Edited by J. ZACHARIAH LAURENCE of London, and THOMAS WINDSOR of Manchester, Eng. April number.

*Contributions to Practical Surgery.* By W. H. VAN BUREN, M. D., Professor of Anatomy, University of New York; formerly one of the Surgeons of the New York Hospital, of the Bellevue Hospital, and Vice President of the N. Y. Academy of Medicine; consulting Surgeon to St. Vincent's Hospital, and the Woman's Hospital; member of the Pathological Society and the Medical and Surgical Society of New York; member of the U. S. Sanitary Commission, etc., etc. Philadelphia: J. B. LIPPINCOTT & Co., 1865.

*Household Poems.* By HENRY W. LONGFELLOW; with illustrations by JOHN GILBERT, BIRKET FOSTER, AND JOHN ABSOLON. Boston: TICKNOR & FIELDS, 1865.

*Catalogue and Circular of the Albany Medical College, 1864.*

*The Army Surgeon's Manual.* By WILIAM GRACE, of Washington, D. C. Second edition. New York: BAILLIERE BROTHERS.

*Receipt of Music.*—We have to acknowledge the receipt of sheets of some very fine music—"Funeral March to the Memory of Abraham Lincoln," and "Oh, send me one Flower from his Grave." Published by Horace Waters, 181 Broadway, New York.

ERIE COUNTY MEDICAL SOCIETY.—The Semi-Annual Meeting of Erie County Medical Society was held June 13th, and the following physicians were voted members upon compliance with the by-laws: Drs. Cole of Sardinia, Gleason, Little and Burger of Buffalo.

The meeting was quite fully attended. A large number of members from the towns were present, and the meeting was a spirited and attractive one. We learn that no address was delivered. Dr. Brown was appointed orator for the next meeting, and Dr. Johnson, substitute.

EXPLANATION—*Answer to the Canada Medical Journal.*—Dr. John C. Johnson's operation for exsection of ankle-joint, reported in the April number of this Journal, was made February 1862. Any one desirous of fixing the date more definitely will, no doubt, be supplied with the facts upon application; we are unable to supply them at present.

#### *Deaths in Buffalo in the month of May.*

CAUSES OF DEATH.—Accident by drowning 8, anæmia 1, apoplexy, cerebral 1, brain, congestion of 3, brain, softening of 1, cancer of the stomach 1, cancer of the breast 1, cholera infantum 2, cholera morbus 1, consumption 13, convulsions 7, croup 3, croup, diphtheritic 1, debility 2, delirium tremens 1, diarrhœa 6, disease of the heart 4, disease of the stomach 1, diphtheria 4, dropsy, general 2, dropsy abdominal 1, dropsy of the heart 1, dysentery 1, fever 1, fever, puerperal 1, fever, scarlet 3, fever, typhoid 5, hemorrhage 1, inflammation of bowels 1, do. brain and meninges 5, do. liver 1, do. lungs 15, do. lungs, typhoid 3, do. lungs and pleura 1, inanition 1, kidneys, Bright's disease of 1, meningitis, cere. spin. 1, marasmus 1, measles 2, old age 3, premature birth 1, pyæmia 1, stomatitis 1, small-pox 10, suicide 1, syncope 1, tabes mesenterica 1, unknown 4, whooping cough 2. Total 136.

BY WHOM CERTIFIED.—By regular physicians at public institutions 20; do. in city at large 63; by irregular practitioners 24; by coroner 11; by undertakers 18.

BUFFALO  
Medical and Surgical Journal.

VOL. IV.

JULY 1865.

No. 12

ART. I.—*Transactions of the Medical Society of the County of Kings*

REGULAR MEETING, APRIL, 1864.

*Epithelioma.*

DR. EXOS presented a specimen of epithelial growth, removed from a patient after death. The subject, a married woman, 58 years of age, had been an office patient of Dr. Kissam, and had been suffering for many years from an ulcer on the middle of the right side of the neck. On the day of her death she had walked a long distance, and on her return homeward hemorrhage occurred in the part affected. Soon afterwards she slipped and fell down an *area*, and when picked up the blood was pouring out in torrents, her garments being completely saturated. On examination the ulcer was found to have involved the *platysma myoides* and *sternocleido-mastoid* muscles, producing a degeneration of those tissues. The ulceration had also involved the *internal jugular vein*, which had, probably, given way upon turning her head, before she fell. The fall, most likely, opened the vein more extensively; and the ruptured vessel, remaining open, allowed access to the air, which entered the heart, and produced sudden death. The vessel was surrounded with so much consolidated structure, that the opening could not close up; the sides had been compressed together, adhesive inflammation had taken place, and the vein had, probably, been obliterated. Under the microscope transformed cells were found, and we supposed it to be an epithelial cancer, gradually developing itself in the muscles, and extending through to the skin.

DR. MINOR remarked that he had previously seen the specimen, but had not observed, till now, the existence of a *plug* at the *distal* side of the heart. Had supposed that death was owing to syncope;

but the discovery of this *plug* almost demonstrated a different cause for death. In the *diastole* of the heart, air was drawn in through the opening in the vein, and paralysis of the heart supervened. Nature had set up a plastic effusion at the *distal*, and not at the *proximal* side of the heart. An extremely small quantity of air, entering the circulation, will produce fatal results; but he did not think that *asphyxia* would produce instantaneous death.

Dr. ENOS supposed the air passed through the pulmonary artery, and thence into the pulmonary capillaries; and these refusing to transmit it, *asphyxia* supervened. No doubt, if the heart is paralyzed, death ensues; but the question arises, "does air, if introduced into the cavity of the heart, produce instant death, by paralysis of that organ?" He thought not, and as a proof, he would refer to a case where he had removed the heart from a serpent, and the heart contracted for half an hour afterwards; hence there was no *paralysis*. When air enters the circulation, it prevents the blood from being transmitted through the pulmonary capillaries; the blood, as a consequence, does not become aereated, and death finally ensues.

Dr. MINOR replied, that the difference between a reptile and a human heart was so great, that any comparison between them could not be entertained. But why, he would ask, will the ingress of a minute globule of air into the circulation produce instantaneous death? If it were from *asphyxia*, death would not take place so soon; the comparative slowness of death from this cause would make the explanation untenable. Dr. Dalton says, "no animal will live a *second* after the heart ceases to beat." He (Dr. Minor) thought, therefore, that the air deterred the natural stimulus from the heart, and as a consequence the heart ceases to beat.

Dr. MASON felt very much interested in the discussion, but thought that the cause of death was very obvious. The patient, it seems, was old and feeble, and laboring for a long time under a cancerous disease. On the day of her death she had walked a long distance, was attacked with profuse hemorrhage and died. Setting aside all speculations, he thought it would be sufficient to say, that she died of hemorrhage. With regard to reptiles, the fact is well authenticated, that they will live without breathing, for a long time; perhaps for ages. In the case under considera-

tion, he thought we could not arrive at a different conclusion than that the patient died from sudden exhaustion, the result of excessive hemorrhage.

DR. CONKLING thought that concussion of the brain might have had something to do with the cause of death, as the woman, in falling, struck the forehead in the vicinity of the eye.

### *Cerebro-Spinal Meningitis.*

DR. D. S. LANDON reported two cases of cerebro-spinal meningitis. They were characterized by the appearance of rubeola-like spots—more livid towards the last, tetanic spasms and fatality. On post mortem the meninges of the brain and spinal marrow were found to be intensely inflamed.

DR. ENOS saw both of these cases with Dr. Landon, and of the first case particularly, described the sub-arachnoid effusion of cerebro-purulent matter—limited to the surface of the pia mater, not dipping down into the convolutions. It was not observed around the medulla. The spots were peculiar—gradually passing from center to the circumference, and very profound—that is to say, extending quite through the cutaneous tissue and hemorrhagic.

DR. BYRNE inclines to the belief that the disease in question, is merely a very malignant form of measles, and thinks that upon further investigation the opinion will be confirmed.

DR. ENOS recurred to a case he saw three or four months ago, which, though not characterized by an eruption, he now regarded as *cerebro-spinal meningitis*. The post mortem appearances in that case were very similar to the first case reported by Dr. Landon. The lesion in this case, however, was more particularly at the base of the brain.

DR. ENOS also reported a case of the same disease, in a woman fifty years of age, who was taken with pain in the abdomen and vomiting. She was first seen by a homœopathist, on Wednesday before Easter, who pronounced it to be gastritis. Dr. Enos saw her in the night of the same day, and found her suffering with excessive headache, and general hyperæsthesia. Head thrown back, pupils contracted, eyes suffused, and semi-unconscious.—Surface cold, particularly extremities. Applied leeches to back of neck, but afterwards she appeared to be worse. Opiates only,

seemed to give relief. Profuse diaphoresis also supervened under their use. Although she became more tranquil, there was, however, no apparent relief of the disease. The prominent symptoms continued. The urine being retained, on Friday it was drawn off, and found to be albuminous. Saturday a severe herpes labialis appeared, and quickly succeeding this, florid spots about the size of a split pea began to appear on the extremities. On Sunday, Dr. Sands, of New York, was consulted, and coincided in the diagnosis. The patient died on Sunday afternoon. No post mortem could be obtained.

DR. EXOS had also seen another case, in consultation with Dr. Cochran, with similar symptoms in the early stage. He saw her the day before death. The spots were chiefly confined to the extremities, and some of them were from an inch to an inch and a half long by three-quarters of an inch wide, slightly raised, and of a slate color. They appeared to be circumscribed by a definite border, though irregular in shape.

DR. MITCHELL had seen a patient with Dr. Hutchison, in which there was reason to suspect *cerebro-spinal meningitis*, but he had not since heard of it, and could not give the details of the case.

DR. BELL remarked, that he had seen one of Dr. Landon's cases, which had all the characteristics peculiar to epidemic diseases, where the blood was in a low condition. The *spots* were raised after death, and during the disease, and extended throughout the cutaneous structure. In cutting through them the blood exuded, showing it to be in a fluid condition. This is characteristic of several forms of epidemic diseases of a malignant character.

DR. FORD thought this disease of great importance. It had appeared in different parts of the country at different periods, but the *spots* were *incidental*, and did not always occur. In 1805 only *one or two in ten* presented this phenomenon; and at the present time it is not always present. The disease then showed itself by first attacking the feet, and afterwards changing to some other portion of the body. The epidemic, at present, is *adynamic* in character. He had had, he thought, a case of the kind about two months ago, where the patient was first attacked with severe pain in the right elbow; then the right hypochondriac region became involved; the pain was very severe, and pleuritic in character; the



whole right side seemed enlarged; the pulse was 80, and very full, and the veins very much distended. Ordered a purge of calomel and compound extract of coloeynth, with warm drinks and sinapisms; also administered calomel and opium. The next morning the patient felt better; but in the evening found mucous râles over the right lung, and dulness on percussion. On the morning of the second day he seemed convalescing, and complained of no pain; but during the day was attacked with severe pain in the head. On the third day found him with an intermittent pulse, pain in the back of the neck, and eyes suffused. Ordered a blister to the neck, and administered stimulants, and the patient seemed to improve. A few hours later, however, hemorrhage occurred at the nose, and the patient gradually sank and died.

#### *Pneumonia.*

DR. MITCHELL mentioned that he had seen an unusual number of cases of pneumonia, especially in complication with measles, and some of these cases were remarkably rapid. Consolidation, in one case, was evident in thirty-six hours. Another case, complicated with rheumatism, presented a state of complete consolidation after two days duration. There was also pleurisy in this case, at the first; and subsequent to this state of things the pneumonia rapidly recovering, simultaneously with a new attack of rheumatism of the extremities. The disease thus recurred a *third* time consequent upon rheumatic metastasis.

Another case of pneumonia uncomplicated in a previously healthy servant girl, was *relieved in one night* by 20 grains of calomel. Two days afterward she was convalescent.

DR. MIXON traced an apparent prevalence of what appears to be a metastatic predisposition of inflammatory affections. A recent detail of cases of cerebro-spinal meningitis, by Dr. Scriven, of Long Branch, New Jersey, showed that most of his cases of that disease began in rheumatism. These cases of pneumonia by Dr. Mitchell, as an apparent result of rheumatic metastasis, seemed to him to be at least a curious coincidence.

DR. BYRNES' recent experience was in accord with Dr. Mitchell's. He had had an unusual number of cases of pneumonia, which had generally run a very rapid course, but favorably.

DR. FORD had also experienced a prevalence of pneumonia, and had noticed the same peculiarities.

*Ptyalism.*

DR. MITCHELL stated that he had recently noticed what appeared to him to be an extraordinary liability to ptyalism under the use of mercury.

This statement elicited an opinion from Dr. Minor, that the increased susceptibility to mercury in this connection was probably due to the *adynamic* character of diseases. Very different, he thought, from what the same diseases were many years ago, and hence the propriety of the supporting plan of treatment now so generally pursued.

---

REGULAR MEETING, MAY 17, 1864.

*Discussion on Rupture of the Uterus.*

The discussion on Rupture of the Uterus being the special order for the evening, Dr. Chapman stated, that as the gentlemen who were expected to open the discussion, were not present, he was not yet prepared to bring the subject in a proper form before the Society. He would mention, however, that he had had six cases of rupture of the uterus in his practice, and would ask the indulgence of the Society in a brief recital of them.

The first case occurred many years since; the woman had had three children, and had been delivered with instruments previous to the present confinement. In the morning of her sickness the pains were light, and the *os* undilated; toward evening, however, the pains became very severe, and there were apparent symptoms of sinking; pulse 150, with cold, clammy perspiration, the head of the child having, in the mean time, receded. In consultation with Dr. Brown, turned and delivered. No post mortem could be obtained, but there was an apparent deformity of the sacrum, and the *rent* was in the posterior portion of the uterus.

In the second case, the woman had been previously delivered with instruments. When taken sick, in the morning, the pains were insignificant, and continued so throughout the day. In the evening, while sitting up, she suddenly sank back exhausted; she

complained of no pain, but the pulse began to grow very quick and feeble, and symptoms of prostration were very apparent. On examination found no receding of the head, and no *two tumors* in the abdomen. In this emergency Dr. Brooks was called in, and we concluded that rupture had taken place; determined to turn and deliver as soon as possible, but the friends would allow nothing to be done. Was sent for again the next morning, but the patient died soon after his arrival. The post mortem revealed a rupture of the womb, which was not very extensive, and an ecchymosis and softening of the parts at the seat of the trouble.

The third case he saw in the morning, and as the pains were insignificant, he advised her to sit up, as labor might progress more rapidly. This, however, had no effect; the head began gradually to recede, slight hemorrhage occurred, and two tumors could be felt in the abdomen; the pulse was rapid and feeble, and symptoms of exhaustion set in. Turned and delivered immediately; enjoined perfect rest, and administered opiates. The next morning she said she felt better, but the pulse was more rapid and feeble, and she died in two or three days in a sort of *collapse*.

The fourth case was seen by Dr. Clark in the morning, when the pains were insignificant, and the *os* undilated. In the evening was sent for in great haste, and saw her with him. Detected rupture, and immediately turned and delivered. The woman died on the seventh day.

In the fifth case the pains were at first languid and labor tedious; after a while the head came down on the perinæum, and the pains became very severe. All pain, however, soon ceased; there was no hemorrhage, and no receding of the head; the pulse was rapid and feeble, and symptoms of prostration very evident. Having found, on his return with the instruments, that the patient was more prostrated, he determined to turn and deliver. She died the next day. On post mortem the *rent* was found in the posterior portion of the organ, at the junction of the cervix with the body.

The sixth case occurred recently, and was of great severity. The woman had been twice delivered with instruments in Ireland. On examination, found that the head had not engaged in the superior strait, and detected a deficiency in the diameter of the pelvis. Saw her several times during the day, but the pains were insignifi-

cant. In the evening symptoms of exhaustion set in, but on examination could detect no two tumors in the abdomen; the head had fallen forward on the pubic bone, but was fixed enough to perforate. Concluded, however, to turn and endeavor to deliver. The body was extracted without much difficulty, but the head could not be pulled down, the occiput being entirely out of reach. Gave chloroform and ether, but the pulse becoming more feeble and rapid, had to be very cautious in their administration. Having found it impossible to deliver the head, concluded to decapitate first, and afterwards extract the head. Thought at one time that she was dead, but she rallied again a little, and she was left alone with the head undelivered. Death occurred on the following day. No medicines were given in any of these cases, and the difficulty occurred when the pains were insignificant. What, he would ask, was the best mode of treatment in these cases? If gastrotomy were resorted to, we would only have a wound remaining, which would be no worse than the rupture itself. It was a very fatal disease, and he imagined that in the reported cases of recovery, there was merely a *slitting* of the cervix, and not a rupture. The use of anæsthetics was very prejudicial, as it caused too much depression of the nervous system; and he thought no physician was authorized in delivering a woman *in extremis* merely to have it to say that she did not die undelivered. The causes of rupture of the uterus, in his opinion, were from some change in the uterine walls, a fatty degeneration of portions of the muscular fibres, and thinness of structure, or pressure on the sharp edge of the promontory of the sacrum. In a majority of cases, he thought, this accident occurred where there was deformity of the pelvis, and that it usually occurred at the junction of the cervix with the body of the uterus. If the uterus were perfectly developed no rupture would ensue, no matter how severe the pains. None of the children were born alive.

DR. HART had never had a case of the kind in his practice, but had seen one in 1849, in a lady, in her eighth confinement, the patient of another physician. At the commencement of labor she complained of coldness of the extremities, and symptoms of exhaustion were very evident, although the pulse was natural, and the countenance good. Delivery was effected as soon as possible, but in an hour or two afterwards she complained of nausea, the

pulse became rapid and feeble, and death soon ensued. Two weeks previously she had injured herself, and complained at the time of feeling something give way. The child was alive. The post mortem revealed clots of blood in the uterus, and a rupture at its neck. The statistics in regard to these cases could not be relied upon.

DR. BYRNE considered these cases of deep interest to every obstetrical practitioner, and though he might not be able to offer anything new on the subject, he still hoped that considerable information might be obtained. Some authors have entered largely upon the consideration of rupture of the uterus, while others have scarcely noticed it, merely advancing some commonplace remarks, and advertng to statistics. So much discrepancy, however, exists among these, that no reliance can be placed upon them.

The Causes of Rupture of the Uterus he would divide into three classes—1st, Maternal; 2d, Fœtal; 3d, Accidental.

In the 1st class he would rank *deformities, alteration and softening* in the uterine tissues; *degeneration* produced by traumatic inflammation, or pathological changes. In this class might also be mentioned *excessive and irregular uterine contraction*, where degeneration of the muscular tissue exists. In the 2d class we have *abnormal fetal developments of the head, and mal-positions of the fetus in utero*. In the 3d class may be enumerated *unwarranted delay* in the application of the forceps or in rectifying mal-positions; and lastly the administration of ergot.

With regard to the frequency of rupture, no reliance can be placed upon statistics.

The location of this trouble, however, is situated, generally, in the anterior portion, at the junction of the cervix with the body. Saw the first case in Dublin in 1843. The woman was in her seventh confinement, and without any extreme uterine contractions, the symptoms of rupture set in. The skull was perforated, and delivery effected. The woman recovered.

The 2d case occurred in a stout, robust woman, the mother of four children, and residing in South Brooklyn. On examination found the head pressing on the perinæum, and expected delivery to take place at any moment. Suddenly, however, she screamed

out, but complained of no pain; the face became pale, the hands white, and great distress evident; the extremities were cold, and in an hour she was almost pulseless. Delivered with the forceps, but she died in twenty-four hours afterwards. The rupture was situated in the anterior portion of the uterus.

The 3d case occurred in a woman, the mother of four children. The pains were very irregular and inefficient, and continued so for twenty-four hours, when he was again called upon. Found the woman prostrated, with feeble pulse, pale countenance, cold extremities, and cessation of all uterine pains. On examination no deformity could be detected.

Another case happened in a woman, whom he had previously attended, and whom he had at the time advised, if she again became pregnant, to have labor brought on at seven months. She went, however, her full time, and was sick for three days, when symptoms of rupture set in. In this case the accident occurred on the right side. The rest of the cases were similar to those already mentioned.

He did not think it necessary to dwell upon the symptoms of rupture; they were very plain and simple, and easily recognizable. There is an entire cessation of uterine action, great prostration, and almost invariably, *coffee ground* vomiting.

The treatment of these cases has excited much controversy, both at home and abroad.

When the pelvis is so deformed that it is morally certain the head cannot pass through, then the treatment should begin at once, and no delay should occur. If the rupture had already taken place, he would perform gastrotomy. He referred to the much talked of ease of Elizabeth Sherwood, and thought it *fabulous*; for he could not see how it was possible for a child's head to be drawn through a space of  $1\frac{3}{4}$  inches, nor how the woman could survive the operation. If there is rupture, gastrotomy will not make the woman worse, and he considered it, therefore, the proper treatment. But he could not see any reason why a woman should be delivered *in extremis*, merely to have it to say that she did not die undelivered.

With regard to the *after treatment* of these cases, no reliance could be placed upon statistics. In thirty-four cases, there were

two recoveries. One of these was very peculiar, recovery having taken place under the calomel and jalap treatment. Our only resort, however, seems to be in opiates, and in keeping the vagina syringed with warm water. When recovery occurs in these cases, rupture is apt to recur at the next labor. Professor Simpson has clearly proved that the head of the male child, at full development, is larger than that of the female.

DR. HOUSEL felt very much interested in this subject. He had seen one of the cases mentioned by Dr. Byrne, where labor had progressed for thirty hours before rupture occurred. He believed that recovery has taken place after this accident, and the statistics would prove it.

DR. HAWLEY read a report of two cases, where the two women had all the characteristic symptoms of ruptured uterus, and recovery had taken place.

DR. CONKLING thought that there might be considerable doubt whether there was, in reality, rupture of the uterus in the cases reported by Dr. Hawley.

DR. CHAPMAN remarked that there should be some *positive* symptoms before a case of the kind could be reported as having recovered. A mere hemorrhage, or severe pain in the epigastric region, could not be considered diagnostic. The detection of *two tumors* in the abdomen was, in his opinion, the only positive sign of the accident. If the *rent* was large and the child had passed into the peritoneal sac, he doubted whether recovery could take place.

---

REGULAR MEETING, JUNE, 1864.

*Cancer.*

DR. HUTCHINSON presented a specimen of cancerous disease in the two mammary glands. In the right breast the trouble commenced about six months previous to its attacking the left side. The tumor gradually increased in size, and was hard and nodule, with retraction of the nipple. The patient complained of no severe pain, except after violent exercise, and by her own request, the diseased mass was removed. The right breast was easily removed; no hemorrhage occurred, but suppuration was

profuse. The left healed by the first intention. The disease was eareii nomatous in character. Could not trace any hereditary taint.

The second specimen was of cancer of the right breast, of three years' standing. The tumor was not large, but hard and moveable, and closely adherent to the top of the breast. There was no retraction of the nipple, and the patient complained of no severe pain. The operation was performed three weeks ago, and when first removed, the gland looked like a mass of fat, but now the diseased tissues can be distinctly felt. It was found to be of the encephaloid variety, which is of very rare occurrence in the mammary gland.

DR. HUTCHINSON thought an operation in these cases was proper, although it might not prolong life. He did not know of any case where the patient lived more than four years. Dr. Buck, however, mentioned a case where the patient lived for twenty years.

DR. ENOS stated that when in London in 1858, he saw a cancerous tumor removed from the breast of a lady, who, according to report, had been operated upon for the same trouble, twenty years previously. The patient enjoyed pretty fair health.

DR. HUTCHINSON remarked that Dr. Watson had a case of cancer of the genitals, where a cancerous mammary gland had been removed twenty years previously.

#### *Cystic Tumor.*

DR. HUTCHINSON also presented a cystic tumor, removed from the right leg of a lady. Had punctured it some time ago, and the fluid ran out; but the trouble soon after returned, and the tumor was removed on the 17th instant. Thought the only treatment in these cases was, to dissect the *sac out entire*.

#### *Catalepsy—Diabetis Millitis.*

DR. CULLEN reported the occurrence of two comparatively rare cases of disease in one family. One a case of catalepsy, and the other diabetis millitis; the latter was of especial interest on account of the excessive secretion—from three to twelve quarts of urine in twenty-four hours. S. g. '34—'40, and syrupy; the per cent. of sugar not ascertained. The patient is a female, aged 12 years; keeps her flesh pretty well, with tolerable appetite, and



diminishing thirst, which has been excessive. The tongue is *beefy*, but not dry.

DR. CATLIN is disposed to regard the secretion of sugar as being due to some abnormal state, or irritation of some portion of the pneumogastric nerve, in accordance with certain experiments of Dr. Hunt, jr., in 1860, and that the sugar may be manufactured by the liver, kidneys or lungs.

DR. EXOS cited the writings of certain French pathologists—Faver and Bernard—who maintain that the secretion of sugar under such experiments only takes place during the act of dying. The treatment of the case has been chiefly dietetical—avoidance of starchy and saccharine matter. Has given bicarbonate of soda, but doubts its benefits. Palliation merely is all he anticipates; knows of no curative means.

#### *Cystitis.*

DR. CATLIN reported a case of Cystitis (?) The gentleman called yesterday, presenting a 3ij phial of urine, with half an inch depth of deposit. On microscopical examination found it to contain pus, and crystals of oxalate of lime—square. The question arises, whence the pus? Patient complains of pain in lumbar region. The urine gelatinizes with potash. Nitric acid slightly thickens it, but heat clears it up again.

DR. JOHNSON regarded it as a case of cystitis, there being no evidence of renal disease. In evidence of which he cited a similar case. There having been in this case no complaint calling attention to bladder. Dr. J. did not know of any other microscopic characteristics than pus. The case finally resulted in rapid failure and death.

DR. BELL cited two cases in the City Hospital. One of them evidently improving under the injection of nitrate of silver 10 grs. to the ℥i—½ used at a time. A weaker solution has not been followed by beneficial results.

DR. CULLEN cited a case complicated with priapism and nocturnal seminal emissions. He has not been able to relieve the patient, and has recently advised him a sea-voyage. Dr. Cullin's experience in such cases, generally, especially if they have existed long, is unfavorable to recovery.

*Caries.*

DR. JOHNSON reported a case and showed specimen of amputation of leg for caries of lower third of tibia. The case having been before trephined. But the disease progressed, and finally became so extensive as to require amputation, which was performed yesterday. The patient was a female, aged 42, and Dr. J. thinks of probable syphilitic cachexia. Otherwise he is unable to account for the persistent progress of the disease, in spite of frequent removals of all diseased bone. On discussion, the general expression of opinion was to the effect, that the caries was the result of periostitis, and to such a degree as to have destroyed the nutrition of the bone.

---

 REGULAR MEETING, SEPTEMBER, 1864.
*Hernia.*

DR. EXOS presented a specimen of umbilical hernia, removed from a man 56 years of age, short and fleshy, weighing 280 pounds. He had suffered from it for a number of years, and wore a truss, but the protrusion never fully returned. Several weeks since more of the contents were forced through the opening, and he was immediately seized with pain; but the wife, thinking it merely a colic, applied mustard to his bowels. Two days afterwards he was seen by his physician, when collapse was apparent—a weak and rapid pulse, body bathed in perspiration, and vomiting of greenish matter.

On examination the *tumor* was found to be twenty inches in circumference, and evidently strangulated. Anæsthetics were immediately administered, and the parts cut down upon, the peritoneal sac being opened during the operation. The omentum was found to have protruded, and had formed a kind of sac on the abdominal wall. The adhesions were broken up, and the contents returned into the abdomen. The man gradually sank, and died in forty-eight hours afterwards.

On post mortem, a portion of the small intestines (probably the ileum) had also been found to have protruded, and this had produced the grave symptoms.

Doctor E. also presented a tumor, which he had removed from the breast of a healthy, robust girl. She had noticed it for two or three years, its growth being very slow. At first it gave her no trouble, but after a while she complained of a pain shooting around the shoulder. About a week ago she came to his office, and on examination found in the right breast a tumor, quite moveable. Neither the integuments nor the glands in the axilla were involved; the health was good, with the exception of some irregularity about the menses. Found upon inquiry, that some years previously, some of the members of the family had died of cancer. Advised its removal, and the tumor was taken out, the parts healing up kindly. The tumor was modulated, the structure being somewhat like the gland itself, and only attached to the breast by the tendinous processes. This complaint is called by Sir Astley Cooper, the *chronic mammary tumor*, or *nodulated tumor*. It will sometimes disappear, and if not painful, would advise the "let alone" treatment. Under the microscope it was found to consist of a fibrous structure, attached to the glandular substance.

DR. HART stated that about thirty years ago he attended a lady in her confinement who, after the secretion of milk was well established, complained of a pain and swelling in the right breast. Examined and found a tumor, resembling the one described by Dr. Enos. The lady remarked that she had noticed a little lump there for a long time, but it did not give her any trouble. In this instance suppuration took place, and the tumor entirely disappeared.

DR. WM. GILFILLAN desired to know, what was the *efficient cause* of death in the case of umbilical hernia?

DR. ENOS thought it was from *exhaustion*. The patient seemed to recover completely from the anæsthetic influence, but there was a gradual sinking after the operation. The peritonitis was not extensive. The trouble was also aggravated by the cathartic medicines he had taken. He was, also, very fat, and with little recuperative energy, and when first seen he had been sick for several days, was very weak, and had been vomiting a great deal.

DR. WM. GILFILLAN thought it a very instructive and very interesting case. This summer, while in the country, he was called to see an elderly lady, who was attacked with all the usual symp-

toms of cholera morbus, and was treated for such. The complaint not subsiding, a further examination was made, and a small, moveable tumor found in the femoral region. Concluded there was a hernia, and two hours afterwards operated. While the chloroform was being administered, she vomited some stercoraceous matter. The woman recovered. Upon inquiry found that the tumor had been coming and going for the last two or three years, but as it did not give her any trouble she did not notice it. Mentioned this as an instructive case.

DR. EXOS stated that a short time ago he saw an old lady, who had been suffering for years from an *irreducible femoral hernia*. She was suddenly seized with vomiting and excessive pain, and on examination found a large tumor in the groin. In cutting down upon the parts found the omentum, which is not a common occurrence in this region. A portion of the intestines was also forced out, which, becoming constricted, produced the alarming symptoms. About  $2\frac{1}{2}$  inches of omentum were forced out, the pedicle being  $1\frac{1}{2}$  inches in diameter. When the omentum is adherent in such cases, he thought it just as safe to cut it off.

#### *Ileus.*

DR. LANDON related a case of a man who was taken ill in February last, with violent colic, followed by obstinate hiccough and coughing for several weeks. In March discovered a small tumor in the iliac fossa, which gradually increased in size, and was slightly tender. It continued to increase until August, when fluctuation was discovered, which extended towards the crest of the ilium. A large abscess (on the side) was evident, which was opened, discharging at first blood and serum, followed by an oily, fetid fluid, and afterwards by healthy pus. A week previous to death a fecal discharge occurred. With the appearance of the tumor there was *constipation* for two or three days; during the time of the discharge the bowels were *regular*; when the fecal discharge occurred *diarrhœa* set in. The abscess on the side was immense, and occupied a large portion of the iliac fossa, passing up and over the crest of the ilium, and denuding the bone for the space of an inch. The head of the colon, and the bowels adjacent, were permanently attached to the ilium; the extremity of the *appendix vermiformis*,

as may be seen in the specimen, was closed in under the head of the colon. The abscess commenced with the ascending colon, and extended down the iliac fossa. The swelling was just inside of the anterior superior spinous process.

DR. ENOS remarked that the trouble in this case commenced, most likely, in the appendix vermiformis. Some fecal matter might have collected there, giving rise to inflammation and ulceration, and finally peritonitis. The peritonæum may have become adherent, and the matter thus found its way through that membrane, and over the crest of the ilium. This, of course, is an unusual occurrence, as penetration of the appendix produces violent inflammation; still, he thought the inflammation commenced in that part of the intestine.

DR. WM. GILFILLAN did not agree with Dr. Enos in regard to the origin of the trouble. He had examined the specimen very carefully, and thought the symptoms would indicate that the disease was caused by some obstruction at the *ileo cæcal* valve, producing inflammation and ulceration into the surrounding cellular tissue, the *abscess* finally extending over the crest of the ilium. Did not think that it could have commenced in the *appendix vermiformis*. Had often seen violent colic produced by eating apples, the inflammation being kept in bounds only by large doses of opium.

DR. ENOS remarked that upon a more careful examination of the specimen, he agreed with Dr. Gilfillan, that the disease had commenced at the ileo-cæcal valve.

---

ART. II.—*A Case of Injury to the Knee-Joint.* By J. R. LOTHROP, M. D.

In this case the injury was caused by the passage of the flange of a car-wheel over the knee. It occurred in the following manner: The man injured was about to uncouple some cars while the train (one made up of loaded freight cars) was slowly moving. As he stepped in between the cars, his foot caught between two rails—this happening near a switch where the rails were converging. Being unable to extricate his foot, he was thrown down under the cars upon his right side, his head in the direction of the moving train, his foot bent over the inner rail on which the wheels

were running, and his right knee brought up by the side of, but not upon, the same rail. It appears that the right limb flexed lay upon a cross-tie, the outer side resting on the tie. The head of the spike which fastens the rail pressed upon the outer side of the femur and near the joint. In this position the knee was pushed close to the rail, so that the flange of the wheel as it passed along cut into the joint on its inner side, striking heavily the inner condyle of the femur, and bruising off the articular cartilage, some of which appeared in the wound. At first it was supposed the knee had taken but little of the weight of the car, and that the injury inflicted was limited to the opening of the joint; but it was afterwards found that the weight had been sufficient to fracture the femur a short distance above the joint, though, as no displacement occurred, it was not suspected at the time. It seems very probable, both from the position in which the man lay, and the appearance of the boot which he wore, (a very heavy and thick-soled one), that the wheels passed over the foot as it lay bent over the rail. The marks left on the boot indicated that it had been subjected to violence. But whether this is so or not, it is sufficient to say that the foot escaped with slight injury, a fact somewhat surprising if it was subjected to the weight of a loaded freight car.

The man was carried to the Buffalo General Hospital not many hours after the accident, and was soon seen by me. There was then a wound on the inner side of the knee-joint, about four inches in length, extending around to the front somewhat. That it penetrated the joint was evident from the escape of the synovial fluid and from pieces of articular cartilage in the wound. On the outer side was also a wound deep and defined, corresponding to the head of the spike. After a careful examination, finding no evidence of a fracture, and supposing, from the appearance of the wound, that it was of the nature of an incised wound, it was determined to make the attempt to save the limb. I think from the appearance of the knee there was no ground for suspecting that it had been subjected to the violent pressure which after events proved to have been inflicted. The motions of the joint were made, but there was no crepitus or mobility near the joint to raise the surmise of a fracture.

Thinking it best to attempt to save the limb, it was kept in a

slightly flexed position, and cold water applied. For some time everything went on well. The patient's condition was good; his appetite and strength kept up, and there was not much pain or constitutional disturbance. But after a time pus formed, and though the wound seemed sufficient to afford it free exit, it burrowed about the joint. Openings were made, but the formation continued, and the patient's strength began to fail. Still, as too often happens in such cases, amputation was delayed in the hope that a change might take place for the better; until the condition of the patient and the joint was such that nothing remained but to remove it. Just one month had passed since the injury, and the patient's state, under great suppuration, irritative fever and diarrhœa which had set in, rendered it doubtful if he would survive amputation. It had come to this, an experience more common than perhaps it ought to be, that in the attempt to save a limb, both limb and life are put in jeopardy. However, there being no other procedure left, unpromising as affairs looked, the limb was removed. The combined effects of ether and the operation, left the patient in a state of prostration from which he seemed little likely to rally. For about two weeks he was in a very critical state, vomiting some, with a constant diarrhœa, small quick pulse, profuse sweating and pinched features. By as free use of stimulants and nutritious diet as could be borne, after a time he began slowly to improve, and after a long time recovered. The flaps did not unite at first, though but little sloughing took place, and eventually the lower end of the bone separated by necrosis.

In the end, after several months, a good stump resulted, and the man is now as well as ever he was before the accident. Soon after the amputation, when his condition was worse, and there seemed but little hope of his improving, it was determined to administer strychnine in small doses. Accordingly, a twentieth of a grain was given every fourth hour. A marked change for the better soon took place. The diarrhœa ceased, the appetite improved, and the face appeared brighter. The strychnine was continued until it caused twitching of the limbs and then suspended. After its disuse the diarrhœa reappeared, and the patient seemed somewhat worse. These symptoms ceased upon the renewal of the remedy. This is mentioned, not that it may be set down as an in-

stance of a certain beneficial operation of stryehnine as a stimulant in low conditions, but only that it may be inferred that in some way a good result following its use seemed quite probable.

In the removed limb the cavity of the joint was found filled with purulent matter, the cartilages softened, disorganized, and at the point where the condyle was struck by the edge of the wheel, entirely gone. Pus was found burrowing deeply both above and below the knee, and as high up the thigh as the line of fracture extended. Slight attempts at repair were evident at some points of the fracture; osseous material being found in small quantities about the break.

An examination of the bone after removal revealed the existence of a fracture without displacement just above the joint, a split at the line of union of the epiphysis on the inner and front aspect of the bone, and a depression in the bone on the outer and posterior side corresponding in size to the head of the spike on which it bore. The crushing force exerted upon the bone was therefore great. It is quite remarkable that such an extensive fracture of bone could occur and yet no displacement follow. The accompanying representation will give some idea of the nature of the injury to the bone.



(Front View.)

This case in some respects resembles injuries of the knee-joint occurring in military practice, in which the force causing the wound is great, the shock severe, and the injury to the bones entering into the joint extensive. Such cases generally do not admit of attempts to conserve, and in such cases secondary amputation is almost invariably fatal. That recovery



(Posterior View.)

took place does not invalidate the rule that primary amputation is safest and wisest. It is not, therefore, intended to bring this forward as in any measure establishing the correctness of the practice. It would have been far better to have removed the limb very soon after the injury was received. Had the amount of injury to the bone been fully understood, probably no delay would have been suffered. But some writers state that the knee joint may be opened and recovery will follow; and even that recovery may follow when suppuration has taken



place, if the openings are made sufficiently large to give free escape to the pus. Without doubt recoveries have been observed, and limbs saved, but in many cases reported, there is probably a little doubt whether the joint has been opened. In gun-shot wounds, for instance, a ball may pass near without opening the cavity of the joint, and great swelling and suppuration ensue, ending, however, in recovery. Such cases are not to be classed with or furnish precedents for those in which the joint is actually opened, air allowed to enter, and long suppuration follows, with the familiar, severe symptoms of joint injury, especially in one as important as the knee. Sharp cutting instruments may enter a joint inflicting no injury upon the bone, and by careful treatment, such as closing the wound, not much trouble follow. Such cases are seen in civil practice, and the fact that they are saved goes some way to influence the judgment in severer cases in which delay is mischievous, and early amputation the only proper treatment.

Injuries to the knee often deceive us into a fatal delay, even when the bones suffer much, by the absence of early severe symptoms. They often go on well for a time, and the condition of the patient remains good; and nothing but experience can give us warning of the dangers which will occur as the case goes on. We need to be prepared for the wearing and exhausting suppuration attended with abscesses burrowing about extensively, and diarrhœa which will come on at a later period to waste the strength and life. To these dangers may be added, the liability of purulent absorption. It certainly seems sometimes difficult to make up one's mind to the necessity of resorting to amputation when there is so little disturbance or pain, and especially when the patient begs for delay from an inability to comprehend the danger, and a desire to avoid mutilation. So that it happens that the period most favorable for the operation, and that perhaps in which it may be safely performed, passes by sooner than one is prepared for. The symptoms often become very serious in a short time.

An injury like the one related above, would, in all probability, be attended with breaking off of pieces of bone, which, acting like foreign bodies, would entirely preclude all idea of closing up the wound, and thereby favoring an early subsidence of the threatened mischief. In this respect it resembles gun-shot wounds of the knee

joint, in which even if the bone is not splintered, the track of the ball must suppurate, and therefore the wound must be kept open. This being the case some surgeons have practiced free incision into the joint and report recoveries. The cases reported by Dr. Moses, an advocate, in his earlier military experience of delay, are probably familiar to most readers, but they will not fail to notice that in his last report he speaks with much less confidence of the propriety of attempts to save the limb when the knee has met with severe injury.

The experience of our army surgeons when collected and published, will give us valuable and abundant instruction in the matter of severe knee joint injuries. Heretofore military surgeons have declared early removal of the limb the only safe and proper treatment. The experience of many, of most we may say, has been that unless this is done a fatal result will in all cases follow. McLeod, in his Notes on the Surgery of the Crimean War, says: "I have never met with one instance of recovery in which the joint was distinctly opened, and the bones forming it much injured by a ball, unless the limb was removed."

This case of recovery after secondary amputation, is to be set down as one of the exceptional cases which sometimes occur. It will be apparent to most what reasons influenced to delay, viz: the early absence of severe symptoms, the desire to save a limb, the partial resemblance of the wound to an incised wound, the obscurity of the bone injuries, the desire of the patient to avoid, if possible, mutilation, and I may add what perhaps I should not, had the result been different, a failure to recognize the absolute but deplorable necessity which experience has led others to appreciate, viz: an early resort to amputation. The result, therefore, does not justify the treatment, and this example may serve as a useful, warning, but by no means as a guide in a case of similar injury.

---

ART. III.—*Addison's Disease, without organic change in the Suprarenal Capsules. Report of Case.* By J. F. MINER, M. D.

Mrs. L., aged 35, was delivered of a healthy child in February last. She recovered from her confinement imperfectly, but had nursed her child and continued her usual household duties in some degree until about June 1st, five months from the time of its birth.

She had regarded herself as feeble but not sick; her appetite was pretty good; sleep comfortable, and her condition such as not to have alarmed her. At this time examination revealed the following: great emaciation, skin upon the whole surface of the body very dark, we may say in many places, black—the lighter portions being in the flexures of the joints and palms of the hands. This discoloration had come on gradually, and had now become complete, so that a lady of naturally clear and fair, though dark complexion, had become as black as a mulatto; nausea almost constant, vomiting common and very troublesome; pulse 120, and very feeble; mind clear, and spirits for the most part hopeful; respiration natural, or at least corresponded with the circulation; cough not more than had been present for years, not sufficient to attract much attention; tongue clean, surface cool; countenance remarkable, being anxious, shrunken, and indicative of serious disease; the eyes were prominent, the clear white conjunctivæ contrasting strongly with the dark color of the skin. On examining the mouth minutely, dark patches were found upon the mucous membrane, some of them half an inch in diameter; many were much smaller.

Dr. Eastman visited the patient with me while living, and in a few weeks after made *post mortem* examination in presence of a number of our professional friends, who were invited to be present on account of the rarity, interest and obscurity of such disease. The supra-renal capsules were of course the chief objects of interest and investigation; suffice it to say, however, that if they were not perfectly healthy, they were certainly not very manifestly diseased; and the *post mortem* failed to reveal any adequate cause of death.

Reports of cases of what has been called Addison's disease are common, where the supra-renal capsules are found diseased—enlarged, absent, softened or converted into tubercular masses, their fibrous envelopes thickened, or thinned—in a word, some one or a variety of diseases are found, or supposed to be found, in these glands. The theory of this disease, as proposed by Dr. Addison, would be satisfactory, or, at least, more plausible and convincing, if there was uniformly found some one change, or indeed, if in all cases any morbid change whatever could be clearly discerned. These glands are variable in size and consistence, their fibrous envelope is thicker or thinner, and the cortical or medullary struct-

ure more or less distinct, even in cases unattended by evidences of disease. It is believed that these glands may be almost entirely absent, and yet no discoloration of the skin, no anæmia, no disease; that they are changed, softened, suppurated, tubercular, or otherwise diseased in cases which are attended by discoloration of skin and great prostration, there can be no doubt. What influence these changes have in inducing such condition is not yet determined. The bronzed skin and general symptoms are observed while there is yet no discoverable change in these glands. The deposit or generation of coloring matter in the skin and mucous membrane, with the other symptoms of exhaustion and debility which mark this disease, are as yet inexplicable, though many observers have gone so far as to regard this whole matter as settled—that Addison's disease is caused by some disease of the suprarenal capsules, perhaps I should say, by *any* disease in these glands. Discoloration of the skin is quite common; pigmentary matter is deposited in patches of greater or less extent, and remains permanently, or after a time disappears. It has been attempted to connect this condition with the acute and rapidly fatal one, where the skin is bronzed and the system depressed by an influence which is certainly and often rapidly fatal. It is not known what produces the condition in either case, or what will remove it, nor is it probable that any relationship exists between them. Discoloration of the skin in pregnancy is very common, and often very annoying; still it sometimes almost entirely disappears after confinement, and is never attended by any other evidence of disease; the same thing is observed wholly disconnected with pregnancy. Bronzed skin then is not Addison's disease, nor is Addison's disease invariably attended with the cutaneous discoloration, though this must be regarded as its most important diagnostic symptom. There are great difficulties in studying carefully a disease which occurs so rarely, and this is no doubt one reason why so much remains unsettled concerning a malady, which, when fully developed has thus far proved invariably fatal. This fact alone strongly indicates that it is dependent upon organic change, and therefore included in that fatal list of diseases over which medicine has no curative influence.

Nausea and vomiting, with great prostration and debility are as

essential to the disease as bronzed skin, though without the discoloration of the skin we should hardly be able to diagnose the disease even though all other symptoms were present, since the remaining indications of the malady may accompany many other affections. Neither would the bronzed skin alone show the nature of the disease, though it is the characteristic symptom of the affection which Dr. Addison has regarded as dependant upon loss of the functions of the supra-renal capsules.

There is something in the appearance of this bronzed skin which is peculiar, yet not easily described by language; when once observed it is not likely to be ever after confounded with discolorations from other causes. An inattentive and careless observer may fail at first, even in well marked cases to apprehend its nature. The case above detailed was looked upon by a former attendant and treated as jaundice; still nothing could be more distinctly not jaundice, or more certainly Addison's disease. Diagnosis cannot be difficult; it can be made quite early and positive. Treatment at whatever stage commenced is merely palliative, if indeed it has any influence whatever over its progress.

---

## MISCELLANEOUS.

---

### PROCEEDINGS AMERICAN MEDICAL ASSOCIATION.

Dr. N. S. Davis, of Chicago, President of the Association, delivered his annual address, as follows:

GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION:

In entering upon the discharge of those duties imposed on me by your too generous partiality, one short year since, I was constrained to do it with expressions of deep regret, that the great struggle for subduing a gigantic rebellion was still continuing; and that in consequence, the seats of many of our professional brethren whose cordial hands and warm hearts had so often greeted us, were still vacant. Those expressions of regret were accompanied by the hope, that before the day for this annual gathering should come, the dark and desolating cloud of war would be broken, and give place to the radiant bow of peace, with former friendships restored and our national union unbroken. It is my

highest pleasure to congratulate you, to-day, that what we then so fondly hoped for, is now substantially accomplished. The cherished flag of our country again waves in triumph over every part of our almost boundless domain; and the patriotic legions who have borne it, proudly, on so many bloody fields of human strife, are returning to their peaceful firesides, decorated with wreaths of victory and enshrined in a nation's gratitude.

But our congratulations, to-day, are still mingled with a deep shade of sadness. Sadness; that so many of our countrymen have been compelled to sacrifice their lives in defence of the integrity and perpetuity of our government; sadness, that so many of our professional brethren have been constrained to abandon the peaceful pursuit of their humane calling at home, and sacrifice comfort, health and sometimes life, in the noble effort to mitigate the calamities and sufferings of war; and a deeper, more enduring sadness, that to the desperate wickedness of treason, has been added the darkest crime that can disgrace human nature, the deliberate murder of the Chief Magistrate of this great Republic. Let us hope, however, that in this act, the climax of human wickedness has been reached; that the cup of our national calamities has been drunk to its bitterest dregs; and with becoming humility, in the true spirit of our humane calling, let us implore the Sovereign Ruler of the Universe to make our re-union one of hearts as well as States; and our great nation, one in which labor shall everywhere receive its just reward, whether in the workshops and humble cottages of the North or on the sunny plantations of the South.

By a natural transition, the mind turns from these reflections to the work of death in our own ranks, since our last annual interchange of greetings. A few months since, one who has filled the highest position in the gift of this Association, with unrivalled ability, and whose professional skill, ripe scholarship, and noble christian deportment, had endeared him to us all, was called upon to cease his earthly toil and enter upon a higher and holier existence. And at the very hour when our profession was bowed in full sympathy with the national grief for the loss of its Chief Magistrate, our cup of affliction was made to overflow afresh, by the final departure of one, who, by universal consent, had occupied for many years the highest position, especially in the surgical

department of our profession, not only in America but throughout the civilized world. Need I mention the names of Jonathan Knight of New Haven, and Valentine Mott of New York? After long lives, ardently and successfully devoted to the dearest interests of humanity, full of years and full of honors, peacefully they have gone to their eternal rest. But their names, their works, and their noble examples are left to us and the generations that will follow. Nor has the work of the destroyer been limited to these; for within a few months past Thomas D. Mitchell of Philadelphia, William E. Coale of Boston, and Sylvester D. Willard of Albany, all members of this Association, and eminent in the profession, have been released from their earthly labors.

With this slight and imperfect tribute to the memory of those whom we shall see no more in our midst, permit me to occupy your attention with some reflections upon the past history, present organization, and future prospects of this great National Medical Association. In submitting these reflections, I shall assume neither the character of an eulogist nor a critic, but shall simply endeavor to draw such lessons from the actual results of the past, as will aid in the discharge of the duties of the present, that still greater benefits may be reaped in the future.

Twenty years have now elapsed since the Medical Society of the State of New York issued the call for the National Convention, from which our present Association had its direct origin. During that period of time, large, pleasant and harmonious meetings have been held in almost every section of our widely extended country, and both time and opportunity have been afforded for developing the actual interests and influences involved in our organization. It requires only a brief examination of our past career, to show that both in the principles of our organization, and in the practical results of our annual meetings, three important interests are directly involved; namely, the improvement of our system of medical education, the direct advance of medical science and practice, and the promotion of social intercourse and fraternal feeling throughout the entire profession. And the thoughtful attendant upon our meetings has not failed to observe, that each of these interests has uniformly attracted a due share of representatives. Indeed, most of the embarrassments attendant upon our past

meetings, and the criticisms to which the Association has been subjected, have arisen from the difficulty of accommodating interests so important and varied, in such a manner as to satisfy the advocates of each, in the very brief time hitherto allotted to our annual meetings. Thus, whenever medical education became the theme of discussion, those more interested in the reading and discussion of papers and reports of a direct scientific and practical character, were ever ready to restrict debate, refer the subject to committees, or in some other way avoid what they regarded as a mere waste of time. On the other hand, if the reading of an elaborate scientific paper was commenced, the author would seldom complete the first half dozen pages before the zealous advocate of educational reform would dispose of the whole subject by a motion to dispense with further reading and refer the document directly to the Committee on Publication. While the good-natured lovers of good dinners and sight-seeing would always be ready to aid the other parties with their votes, and to secure the acceptance of every invitation to an entertainment, an excursion, or a public institution.

Under such circumstances, our records soon became cumbered with a multitude of reports and resolutions concerning medical education, and the annual volume of Transactions plethoric with reports and papers that were read to the Association by their titles only; while the social entertainments reached a magnificence and costliness seldom equalled in any other relation of society.

The embarrassments felt from these circumstances led to frequent propositions to change either the constitution of the Association or its rule of business.

To avoid lengthy reports on general topics, all the standing committees on the different departments of medical science were first abolished, and a list of committees on special subjects substituted in their place.

To further economize time, an order was next adopted requiring every report and paper covering more than ten pages of manuscript, to be presented by a brief abstract merely setting forth its title and contents.

To check the evils of extravagant and costly entertainments, the Committee of Arrangements were instructed to omit all such



from the programme of arrangements for all subsequent annual meetings.

The practical results of these changes were by no means satisfactory. The first led to the annual appointment of a long list of committees on special subjects, not one in six of whom ever furnished a report of any kind. The second speedily developed the practice of presenting reports and papers by their titles only, and often accompanied by the acknowledgment that they were still unfinished, followed by a vote that they be referred directly to the Committee of Publication. Thus, in many instances, not only deciding to publish papers of which the Association was profoundly ignorant, but which, at the time, had no actual existence except in the minds and memoranda of the authors. The adoption of the third, judiciously designed to check extravagance in social entertainments, has resulted only in exchanging one magnificent public banquet, occupying one evening, for three or four private ones every evening during the annual sessions of the Association. If we add to these considerations the fact that the greater part of the first day of each annual session, embracing one-fourth part of the whole time, has been occupied with preliminary matters of organization, and the election of officers who were immediately required to enter upon the performance of duties for which they were often wholly unprepared, we shall readily perceive the reasons why the practical working of the Association, thus far, has not fully realized the wishes and expectations of many who have labored efficiently for its organization and support.

Some, who entered upon the work with the hope that the Association would be the agency for speedily securing the adoption of a uniform and elevated standard of medical education by all the medical schools of our country, and having in their own minds some favorite plan by which it was to be accomplished, having seen year after year pass without its adoption, very naturally conclude, from their stand-point of observation, that the Association is a failure.

Others, who entered with equal zeal upon the work of organization, with the hope that it would be the means of establishing in the profession of our country a spirit of original scientific investigation, a more complete elucidation of the causes and laws gov-

erning the prevalence of zymotic and epidemic diseases, and a higher standard of medical literature, have found, in our short annual sessions and the little attention actually given to scientific and original papers, comparatively little to sustain their zeal, or to deter them from writing over our portals the word *failure*.

Therefore, it is not strange that we should meet here and there an unfriendly criticism, or the uncomplimentary remark that our annual meetings partake more of the character of "gormandizing and sight-seeing," than of grave scientific and professional inquiry; or in casting our eyes over the assemblages of the last three or four years, we should miss the presence of some who contributed so much to the interest and value of all our earlier meetings. But with a frank admission of the defects and embarrassments in the past practical working of this Association, does the conclusion legitimately follow that it has made so little progress in the accomplishment of the important purposes for which it was organized, as to demonstrate its inutility, or to create a well-founded doubt of its ultimate entire success?

To answer this question without prejudice, it is necessary to keep in mind the distinction between the accomplishment of a given purpose and the particular modes or plans by which it is to be attained. Many of the latter may be tried and fail, and the object sought may nevertheless be fully accomplished. It is probable that three-fourths of those who originally looked confidently to this Association as the instrument for elevating the standard of medical education in this country, entertained the idea that it would be effected by some uniform plan embracing better preliminary education, longer lecture terms, more extensive clinical instruction, and more rigid examinations, to be formally adopted by the schools. And inasmuch as no such plan has yet been adopted, it is quite natural that those who had been regarding this as the only method for gaining their purpose, should regard the purpose itself as a failure. And yet such an inference would neither be a logical deduction from the premises, nor in accordance with the actual facts as they exist at the present time.

This will be fully apparent to any one who will compare the number, location and requirements of the medical schools of 1845 with those of 1865. At the former period from 13 to 16 weeks was

almost universally adopted as the length of the annual lecture term. Now, the number of colleges in which the lecture term is less than eighteen weeks, are few and unimportant, while some have extended it to five, and others to six months. Then, the number of chairs, or Professorships, was five and six, leaving the important branches of Organic Chemistry, Microscopic Anatomy and General Pathology entirely out, and usually making Physiology only an appendage to the chair of Anatomy. Now, the medical college that does not include all these in its curriculum, would be universally considered as behind the age. At the former period three-fourths of all the medical schools in this country were so located that their students could have no access, whatever, to any true clinical instruction at the bedside of the sick. And in those located at Boston, New York, Philadelphia, Cincinnati and New Orleans, where adequate hospitals existed, the actual clinical instruction was generally limited to one or two visits to the hospitals each week. Now, this is so far reversed, that two-thirds of the whole number of our medical colleges provide some amount of true hospital clinical instruction, and three of them at least are so directly connected with important public hospitals, that their courses of clinical instruction, in all the departments of practical medicine and surgery, are as full and as extensive as any of the other departments of medical science.

The extent and importance of the change in regard to clinical instruction will be rendered still more apparent by another mode of comparison. For instance, at the time of the organization of this Association, not only three-fourths of our medical schools were so located as to afford their students no access to hospitals, but a large majority of the whole number of students resorted to them for instruction. Thus, in the New England States there were, at least, six medical schools, of which only the one in Boston was located within reach of an adequate hospital; and yet its classes were often out-numbered by those of Pittsfield. While at the present time, if I remember correctly, the number of students receiving instruction in Boston with access to the Massachusetts General Hospital is nearly, if not quite, equal to that in all the other New England States put together. The time is fresh in my memory, when the number of students annually assembled in a

medical college, located on the bleak hills of Herkimer county, in the State of New York, fully equalled those resorting to the schools directly in the great metropolis of that State. Now I think there is not a medical college maintaining an active existence in that State, which does not provide for its students access to a public hospital for clinical instruction.

What is true of New England and New York, in this respect, is equally true of the whole country.

When we remember, that of all the improvements in medical education, demanded by this Association from its primary organization to the present time, none were more prominent, clearly defined, or persistently urged, than an increase in the number of Professorships with an extension of the curriculum; a lengthening of the annual lecture term; and the addition of full hospital clinical instruction both in practical medicine and surgery; we see how closely the improvements actually made correspond with the demands of the Association, and how nearly the objects sought have been already accomplished. It is true that they have not been accomplished by the formal adoption of any particular plan or concert of action, and perhaps not wholly through the influence of this Association; but that their accomplishment has resulted mainly from the strong concentration and persistent expression of public sentiment through this Association, there can be no reasonable doubt.

Neither has the influence of our organization upon the progress of medical science and literature been as feeble as many suppose. At the commencement of our associate existence, the number of original American medical works was comparatively small; and the universal complaint was, not only that American talent was spent only in the editing of foreign books, but that our own writers, even of the highest reputation, found it extremely difficult to find publishing houses willing to issue their works from the press. The able reports on this subject and on medical literature made to the earlier meetings of this Association, and the consequent general awakening of attention to it, throughout the whole profession, has resulted in so completely reversing the former state, that we now rarely see the name of an American writer appended merely as editor of a foreign work; while the medical press of our coun-

try teems with original medical works of high merit in every department of medical science. And not only so, but the shelves of the laborious practitioners of our humane art, throughout the whole country, now contains three American to one foreign work, especially in the departments of practical medicine, surgery and obstetrics. And whoever examines the series of published Transactions of this Association, will not only find a number of essays, which for scientific merit would do credit to the investigators of any other country, but they will find much additional evidence that attention has been directed to most important inquiries concerning the causes and prevalence of epidemic diseases; the influence of topography and climate on endemics; and the nature and therapeutic value of indigenous articles of the materia medica, not only among our own members, but also throughout many of the State, county, and distant medical societies in every part of the country.

Socially, the success of our organization has been all that the most ardent could desire. It has not only removed local prejudices and sectional jealousies, but it has awakened everywhere the most liberal hospitality and the most cordial friendships. It has, indeed, made neighbors and friends of families whose homes are a thousand miles apart; while it has infused new life into many old State and local societies, and stimulated the profession to the formation of many new ones.

From a deliberate and candid examination of the whole past history of the Association, with a full appreciation of the embarrassments arising from short annual sessions, and imperfect arrangements for the transaction of business, I am fully satisfied that so far from having proved a failure, it has made such substantial progress in the accomplishment of every important object of its creation, as to afford the fullest assurance of its final complete success. Hence instead of entertaining doubts, or yielding to feelings of hesitation or discouragement, every friend of the social organization of the profession, and every advocate of advancement in its educational, scientific and literary interests, should give it his most cordial support. Instead of abandoning the work of twenty years past, merely because it is not yet perfect, true wisdom would dictate the careful removal of such hindrances and imperfections as

time and experience had developed, that the great and important work, itself, might be pushed more rapidly to completion.

Having carefully and anxiously watched the progress of this Association, from the incipient steps of its organization to the present time, I trust those assembled on this occasion will pardon me if I devote the remainder of this address to a brief and explicit statement of those measures, which seem to me sufficient, if judiciously executed, to ensure its complete success and perpetuity.

Although it is apparent that most of the evils and embarrassments which have attended our past meetings have arisen from an attempt to crowd a consideration of the educational, scientific and social interests of the profession into the short space of three or four days, yet it is by no means desirable to abandon either of these interests in the future. The exact and all-important desideratum needed at this stage of our progress, is such an apportionment of time to each of these interests as their relative importance demands; and the time allotted to each so systematically used as to develop the highest degree of efficiency in the results. To have a time and place for each legitimate interest, and to keep each in its place, is a matter of permanent importance in an organization so extensive as ours. Happily, the arrangement for attending to the scientific interests of the Association in sections, first carried into effect in 1860, and the amendments to the constitution adopted in 1864, have removed all impediments to the adoption of a most complete and efficient plan of operations at each annual meeting. Let the morning sessions of moderate length be devoted to the general business of the Association and the consideration of all matters relating to medical education, together with the simple presentation of all scientific reports and papers by their titles, that each may be referred to the section most appropriate for its consideration. Let all the afternoons and evenings, except one evening of each session, be set apart exclusively for the consideration of the scientific interests of the Association in the capacity of sections. This would leave only the one evening of each session to be devoted, in a formal manner, to purely social interests. To some, this limited time may seem insufficient. But if we remember that all such as are more interested in sight-seeing and mere social intercourse than in the advancement of science and litera-

ture, can gratify their preferences at any part of the meeting without interrupting either the general sessions or the sections, it will be conceded that the time specified is quite as much as the *relative* importance of the interest to be served requires.

But the arrangements for that evening should be such as would permit the most free and cordial intercourse. A public hall should be provided in which gentlemen and ladies could mingle and promenade freely; where each could seek out his old friends and make the acquaintance of new ones; where wit, repartee, and if need be songs, sentiments and speeches could be made to enliven the evening. A simple stand might be placed in some corner, where all who wished could obtain a dish of ice-cream, strawberries or other fruit, and a cup of coffee. But there should be neither ostentatious show, nor rich viands, nor strong drinks, for the acknowledged guardians of the public health should not, especially in their highest representative capacity, themselves publicly violate the plainest laws of hygiene.

That part of our proceedings which has been the subject of most serious complaint, during the last few years, has related to the consideration and final disposition of such reports and papers as related to the scientific and practical interests of the profession. And it may appear to many that the time which has been indicated as proper to devote to those topics is still wholly inadequate for their proper examination and disposition.

If, however, all such papers and reports are called for and referred to the appropriate sections, before the close of the first morning session, as they certainly should be, it is confidently believed that adequate attention could be secured for every subject properly presented for consideration. If the order of business is so arranged as to accomplish this, the several sections can commence their work on the afternoon of the first day of each annual meeting, thereby securing from three to four full afternoons and evenings for their important work; and if all the sections are properly organized and the subjects for consideration judiciously distributed among them, it will be equivalent in practice to a multiplication of these three or four afternoons and evenings by six; or a practical extension of the time devoted to the scientific interest of the Association to three or four weeks.

And in this connection I wish to call your serious attention to the more complete and efficient organization of the sub-divisions of the Association. As each section is authorized to choose its own officers and adopt its own rules of action, their existence should, by no means, be regarded as ended at the adjournment of each annual session. But a President and thoroughly qualified Secretary should be chosen for the entire year; and each should adopt a series of well considered rules which should govern the reading, discussion, and final disposition of all reports, papers and questions that legitimately come before it. Among the rules thus adopted, should be one, requiring every report and paper to be so far complete at the time of its presentation, that if deemed worthy of publication it can be passed from the custody of the section directly to the Permanent Secretary, without being detained by the author for either revision or completion. Another should peremptorily forbid the reference of any report or paper on a scientific or practical subject, to the Committee of Publication, until the same has been sufficiently examined by the section, to know its length, its actual contents, and the number and character of the illustrations, if any, that are to accompany it. If there should happen to be more papers referred to any one section, than could be fairly examined during the time the Association is in session, such surplus papers should be referred to judiciously selected sub-committees, with instructions to complete their examination and report on the same to the Permanent Secretary within thirty days after the adjournment.

The adoption of such rules, and the rigid adherence of each section to them, would accomplish two very important objects. First, it would more effectually guard against burdening the Association with the publication of matters appropriate only for the pages of an ordinary medical periodical, and would secure the Committee of Publication against unnecessary delays in the reception of such matter as should be actually designed for publication in the Transactions of each year. Second, by rendering it certain that every report or paper properly prepared and presented in time, would receive a fair hearing and consideration, a very much larger number of writers and investigators of ability would be induced annually to present the products of their labor for the consideration of the Association.



Permit me to make one more suggestion in relation to the sections, namely, that each section should be provided with either a skillful secretary or a professional reporter, who in addition to the simple record of proceedings, should preserve a correct summary of all discussions on scientific questions and papers, and report the same to the Permanent Secretary, that so much of it as was of importance could be published in connection with the papers to which it might relate, in the Transactions of the Association. This would not only preserve many valuable facts and observations in a small compass, but it would present a strong additional inducement for the most active and experienced minds in the profession to attend and participate in the doings of the sections.

I hope the foregoing suggestions will be regarded as worthy of a prompt and careful consideration by the several sections of our present session.

I would also suggest to the Association the propriety of dispensing with the appointment of a long list of special committees annually, which seems to have served little other purpose than to advertise the names of those receiving the appointment; and instead thereof, allow each section annually to select such subjects for investigation, and appoint such committees to investigate them, as they may deem most profitable. This need not interfere in the least with the reception of voluntary communications on any subject, in the same manner as at present; and yet I am confident it would insure the selection of more important topics; cause them to be more equally distributed among all the important branches of medical science, and secure their more prompt and thorough investigation.

It should be a leading object of the scientific department of our Association, to awaken and foster in the profession an active spirit of experimental research and of rigid deductive investigations. It should also exert an important influence in directing such researches into the most profitable channels, by more carefully selecting the most appropriate topics for investigation from year to year.

If each section now provided for by our by-laws would perfect its organization and designate two or three important topics for investigation the coming year, it is certain that it would give to

the scientific interests of this Association a scope and efficiency far superior to the present or any previous methods of procedure. It has also appeared to me that such a change might be made in the mode of disposing of the papers presented to this Association, as would liberally encourage contributions and yet greatly increase the scientific character of our annual volume of Transactions. According to my views, the volume of Transactions published to the world, by such an Association as this, should contain no papers except such as embody a complete deductive review of the topics discussed, developing and establishing important rules of practice; or the results of such well-devised series of experiments or observations as clearly indicate a positive addition to our stock of knowledge concerning some one of the departments of medical science. Such papers and reports as might be presented and referred to the several sections, which though neither complete as deductive essays, nor clearly establishing new facts, yet containing fragmentary items or cases of value, or suggestions worthy of further investigation, should be recommended for publication in such regular medical periodicals as their authors might choose; while such, only, as were found worthless should be returned to their authors.

It might be feared by some, that the adoption of such a rule of proceeding would make our annual volume of Transactions very small. Be it so. It certainly is not the *bulk* of the volume, but the *quality* of the matter it contains, which is to affect both our reputation and our usefulness. Perhaps one of the most important topics connected with medical science, which still needs elucidation, is the connection of atmospheric conditions with the prevalence of certain forms of disease. But to properly investigate that subject, it is absolutely necessary to have a perfectly reliable register of the Thermometric, Barometric, Hygrometric, Electric and Ozonic conditions of the atmosphere, kept in each important geographical section of our country through a series of at least ten consecutive years, in direct connection with a corresponding record of the prevalence of the various forms of disease in the same localities. And I suggest whether, if the rule just mentioned in regard to the publication of papers in the Transactions, should so far diminish the size of the annual volume as to leave a surplus

in the Treasury, it would not be more profitably spent in furnishing the necessary instruments and establishing the necessary records, to determine with accuracy, in a few years, the actual relations of appreciable atmospheric conditions to the prevalence and character of diseases, than in the publication of such papers as serve little other purpose than to increase the size of the volume of Transactions. Indeed, if capable and zealous members of the profession, furnished with the necessary instruments, could be employed in each section of the country, and the results of their observations carefully arranged, tabulated and reported to this Association annually; where, in the section on Meteorology and Epidemics these results could be closely scanned, and have added to them the more desultory observations of the profession generally, it could not fail to throw a flood of light upon the etiology of a large class of most important diseases.

With becoming deference I submit the foregoing suggestions for your consideration. They contemplate no changes in our Constitution or plan of organization; they propose the introduction of no new or untried schemes; but they have for their sole object, the removal of obstructions and objections which the experience of the past has demonstrated to exist, and the development of a more complete systematic and efficient method of transacting all the important business of the Association.

The great object is to perfect and perpetuate what has been, already, so well begun.

This great *National Medical Organization* has already existed long enough to have passed the dangers and uncertainties of its childhood, as well as the fickleness of its youth. It is time that its principles, its modes of action, and its important objects, were clearly defined, methodically arranged, and matured to the steadiness and vigor of early manhood. Many of the most renowned members of our profession, who took part in its organization and watched over its earlier years, have been gathered to the home of their fathers; and the nineteen years of active toil that has been added to the lives of many others, have carried them beyond the period of ardent active labor, to the more quiet era of ripening age. They still mingle with us, and at each returning anniversary meeting we hail their presence and crave their council, with the same

joy and reverence, that characterizes the meeting of the filial son and virtuous father.

But the important question whether this Association, which has already accomplished so much for the advancement of the Educational, Scientific and Social interests of our noble profession, and maintained a vigorous and unsullied career during the nineteen eventful years that are past, shall be maintained, its modes of action perfected, and its beneficial influences constantly extended, depends entirely upon the generation who are now in the active, vigorous period of early manhood. If those of this class whom I now see before me, have imbibed the spirit of the founders of this Association, and will come forward with alacrity to the work of sustaining and perfecting what their fathers in the profession have begun, its existence will not only be perpetuated from generation to generation, but its beneficent influences will widen and deepen with every returning anniversary. Candor compels me to admonish you, however, that such a result can never be accomplished by any amount, either of good *wishes* or *fault-finding*; but by prompt, persevering, disinterested action. Let all those who desire to see the standard of medical education steadily elevated from year to year, continue to concentrate, and give expression to, public sentiment through the morning sessions of each anniversary meeting. Let all those who have been complaining for years past, that sufficient attention has not been given by the Association to scientific matters, appear promptly in the several section rooms this afternoon, and aid in organizing and putting into efficient operation each of those sub-divisions of our organization. The very complaints and criticisms in which you have heretofore indulged, have demonstrated your appreciation of the work to be accomplished. Hence I feel the more freedom in cordially inviting you to an active participation in the good work.

If the generation, into whose hands are now passing the labors, the honors, and the responsibilities of our time-honored and most beneficent profession, will give faithful heed to these things, the American Medical Association will not only outlive whatever changes and convulsions may be in store for our loved country in the future, but its members will annually come up from the North, the South, the East and the West, to sit in social harmony, and

plan additional means for alleviating human suffering, so long as civilization itself shall continue to bless the tribes of earth.— Finally, let us all remember, not only while transacting the business of this Annual Session, but also in all the work that is before us in the future, that the great object of a virtuous and happy life, is neither worldly honors nor worldly treasures, but an inward consciousness of doing GOOD from day to day.

---

---

## EDITORIAL DEPARTMENT.

---

### COMPLETION OF VOLUME FOUR.

The fourth volume of our Journal closes with our present issue, and it is but natural that we intrude upon its readers some facts and reflections pertaining to its personal history—its objects, condition and prospects. Four years since the Buffalo Medical and Surgical Journal was commenced, with the view that Buffalo was a medical centre of importance, and that to it would naturally be directed the interest and sympathy of a large circle of professional influence and support from western New York, and the adjoining States; that Buffalo itself sustained a Medical College of repute and influence, affording unsurpassed advantages and attractions; has hospitals, asylums, dispensaries, &c., &c., furnishing abundant fields for observation, with a living, active, earnest profession, ambitious to discover medical truth, and advance and extend medical science. To how great an extent this view has been sustained, and the just expectations of the friends of this enterprise realized, we shall leave our readers to judge; suffice it for us to say, that through the indulgence and favor of the profession, the Journal has been thus far generously sustained; and, with no just ground of complaint, and with many reasons for gratitude, we hope to continue in an enterprise which, though it has yielded no profit, and cost great labor, has yet been productive of benefits which are inseparable from earnest working.

The object in publishing this Journal has been to extend the influence of correct observation, to separate truth from error in medicine, and to present that only which is valuable; opposing

error and ignorance with the only legitimate weapons of science and truth. It has had no private or partial interests to promote; it is dependent upon no special favor, but asks the support and indulgence of all. It has for its object the collection and diffusion of medical knowledge, and is open for the publication of all honest and intelligent observation.

The history of this journal commences with the history of a rebellion unequalled in magnitude, unparalleled in barbarity, and unrivaled in its achievements for progress and civilization. It has been sustained through this period of commercial and political revolution, and now, in the calm of restored peace, indulges hopes of still more liberal support, more hearty sympathy, more extended usefulness. It will be conducted as heretofore in the interest only of the profession, and will rely upon it for countenance and support. Cordial invitation is again extended to the profession to favor the journal with original communications, and hearty thanks are returned for the favors of the past. The journal, as will be observed, is gradually growing in the number of its pages, as well as in the practical value of its contents. This increase in the pages of the journal has been in obedience to a personal ambition on the part of the editor, rather than to any inherent ability with the journal itself. It is the design to furnish its readers with the greatest amount of the best possible material, which the resources of the journal will permit, deficiencies to be made up from independent sources.

Restored peace has indeed brought us much for which to be thankful, but reduction in the price of publishing our journal is not included in the list, though some improvements in its style have already been gained. We hope to see the time when the present subscription price of the Journal will allow a greatly increased number of pages, and other improvements too numerous to mention; meanwhile, we would say to our readers, please invite all your acquaintances to forward their names as subscribers to which *Volume Five* commences with our next issue.

We hope to hear from some of our old subscribers who have too long forgotten us, before they are greeted with the first number of the next volume. We are modest in this invitation, not because the printer is paid or can afford to wait, but because so

few have neglected us, and so many of the profession both in the city and country have not only satisfied all just claims, but have in various ways placed us under lasting obligations, so that the debt of gratitude which we owe is so immeasurably greater than obligations which are due, that we scarce venture to intimate any delinquency whatever on the part of others. Our friends in distant places who have formed acquaintance with us mainly through the pages of the Journal, and have so frequently and generously manifested their friendship and professional confidence, will please accept our thanks, and an assurance that nothing could yield us so much gratification, or constitute so high an object of ambition, as to be able to really merit these favors. Cheered, sustained, and stimulated by the success of our journal in the past, we shall commence the duties of the future with fuller confidence and livelier hope, believing that our readers will sustain us when we are right, and correct and forgive us when wrong.

---

#### BOOKS REVIEWED.

*Annual Report of the City Inspector of the City of New York, for the year ending December 31, 1864. Document No. 7. New York: EDMUND JONES & Co., 1865.*

This work contains the Reports of the various Bureaus of City Inspection. The first, the Bureau of Sanitary Inspection and Street Cleaning—L. H. Boole, Superintendent—refers to the street-cleaning branch of the department, as one of great magnitude, there being 268 miles of paved streets in the city. The whole of this area is swept once every fortnight—about one-quarter is swept three times, and 75 acres twelve times in the same space of time. This Bureau employ 928 men, of various duties, and 290 carts for the daily removal of ashes and garbage.

The duties of the Surveyors of this department are to visit and examine every structure within the city limits. They must ascertain how each is occupied, dimensions of ground, number and size of apartments, height of stories, width of stairways, means of escape in case of fire, and everything pertaining to the public health. The number of occupants of each building must be ascertained. In some of the "tenement houses," measuring 18 feet in width,

and 180 feet in depth, 5 stories high, there are 900 persons living. It is not uncommon to notice buildings of ordinary size sheltering 200 or 300 men, women and children. Under this Bureau comes the tables of the returns of ashes, dirt, etc., received at the different dumps.

We notice particularly the elaborate report of Cyrus Ramsay, M. D., L. L. D., Register of Records and Statistics. This report shows that the number of marriages recorded were 2,675; births, 5,877; deaths, 25,645—males, 13,662, females, 11,983. The death-rate was 2.37 per cent., or 22.7 in 1,000. This is the lowest rate since 1851, and less than London or Paris. These returns indicate the city to have been free from any epidemic or endemic, and the general health to have been good.

It furnishes a table, exhibiting the total number of deaths in each year since 1851, which shows that the mortality is decreasing each year; also that there has been but one epidemic in that period, and no endemic of any violence, excepting that scarlet fever and diphtheria prevailed extensively during 1860. Small-pox was more fatal in 1854 and 1861 than usual, typhoid fever during 1863, typhus however declined. It presents tables of the mortality of men, women and children; children under 15 years of age, and under one year of age, &c. Tables of deaths from the most prevalent diseases, and of the number of deaths for each week and month; also tables of comparison between the mortality of New York and other large cities. The report is concluded by some remarks on Sanitary science, &c., and is full and explicit.

---

*Army Surgeon's Manual, for the Use of Medical Officers; from January 1st, 1861, to April 1st, 1865.* BY WILLIAM GRACE, of Washington, D. C. Second Edition. BAILLIERE BROTHERS, 250 Broadway, New York, 1865.

This book contains a detailed List of the Medical Staff of the Army, February 14, 1865, Regulations of the Medical Department, from the Revised Regulations for the Army, General Orders from the Surgeon General's Office, and from the War Department, from 1861 to 1865, and Medical Circulars. To the Army Medical Officer this Manual is invaluable.



*Physicians' Prescription Book; containing lists of the terms, phrases, contractions, and abbreviations used in prescriptions, with explanatory notes; the grammatical construction of prescriptions; rules for the pronunciation of Pharmaceutical terms; a prosodiocal vocabulary of the names of drugs, etc.; and a series of abbreviated prescriptions illustrating the use of the preceding terms. To which is added a Key, containing the Prescriptions in an unabbreviated form, with a literal translation, for the use of Medical and Pharmaceutical students.* BY JONATHAN PEREIRA, M. D., F. R. S. *Fourteenth edition.* Philadelphia: LINDSAY & BLAKISTON, 1865.

This little manual has reached its fourteenth edition, and speaks for itself. It contains terms and phrases employed in writing prescriptions, nomenclature abbreviations, symbols and signs ancient chemical symbols, grammatical construction, pronunciation of terms, abbreviated and unabbreviated prescriptions, and all that is necessary in writing prescriptions correctly. We heartily recommend every physician to have a copy in his library.

---

*Address before the Medical Society of the State of New York.* By DANIEL P. BISSELL, M. D., of Utica, President. *Delivered February 3, 1864.*

We have to acknowledge the receipt of Dr. Bissell's Address before the Medical Society of the State of New York, on Medical Progress. The Doctor begins as far back in ancient times as Hippocrates, and traces the gradual advance of the science to the present day. The address is eminently entertaining and instructive.

---

*Household Poems.* BY HENRY W. LONGFELLOW. *With Illustrations by John Gilbert, Birket Foster and John Absolon.* Boston: TICKNOR & FIELDS, 1865.

This little volume contains a large number of meritorious and elegant domestic poems, with numerous tasteful illustrations, designed to answer the constant demand for choice, and at the same time, cheap literature. The price of this volume leaves it within the reach of every household.

---

#### BOOKS AND PAMPHLETS RECEIVED

*The Annual Announcement of the St. Louis Medical College, Session 1865-6, and Catalogue for 1864-5.* St. Louis: GEORGE KNAPP & Co, 1865.

*Sixth Annual Announcement of the Miami Medical College of Cincinnati.* Cincinnati: A. MOORE, 1865.

*On Sleep and Insomnia.* BY WILLIAM A. HAMMOND, M. D., of New York. 1865.

*Hand-Book of Skin Diseases for Students and Practitioners.* BY THOMAS HILLIER, M. D., London. Philadelphia: BLANCHARD & LEA, 1865.

*Thirty-Third Annual Announcement of the Faculty of Medicine of the McGill University. Session 1865-6. Montreal.*

*Annual Circular of the Bellevue Hospital Medical College, City of New York, for 1865-6.*

---

THE RUSSIAN EPIDEMIC.—The epidemic at St. Petersburg does not seem to be diminishing. By the last accounts the number of persons suffering from it amounts to from 300 to 350 daily, and the number of deaths to about 90. On the 23d of May there were 4,430 patients in the hospital, 364 new ones were admitted, 253, were sent away cured, and 97 died.

NEW YORK, JUNE 28.—A letter has been received at the Custom House here, addressed to the State Department by our Consul at Port Mahon, announcing that the Russian plague is extending westward more rapidly than is generally supposed, and advising that all cargoes arriving from Russia or Turkish ports be rigidly scrutinized before landing. The disease is said to be the same as that which visited London a century since.

---

DELAY IN APPEARANCE OF JOURNAL.—By an accident in the office of publication, our journal for this month was "*piéd*" instead of published, which accounts for the late appearance.

---

*Mortality of the City of Buffalo for the Month of June, 1865.*

CAUSES OF DEATH.—Accident 2, Accident, by burn 1, Accident, by drowning 4, apoplexy, cerebral 2, brain, congestion of 1, Bronchitis, 1, Blow on the neck, 1, cancer of the Womb, 3, Cirrhosis of Liver 1, consumption 14, convulsions 8, d. bil. ity 2, delirium tremens 1, diarrhoea 3, disease of the Liver 1, disease of the spine 1, diphtheria 4, diabetes 1, epilepsy 1, fever, typhoid 2, do. typhus 5, hemorrhage of umbilicus 1, inflammation of bowels 1, do. of brain 1, do. of brain and meningitis 3, do liver 1, do. lungs 5, do. lungs, typhoid 3, do. lungs and pleura 1, insanity 1, meningitis, cere. spin. 2, marasmus 2, Neglect 1, old age 3, perforation of intestine 1, pyæmia 1, rupture of blood vessel 1, scrofula 1, small-pox 11, syphilis 1, ulceration in bowels 1 unknown 1, whooping cough 6. Total 108.

BY WHOM CERTIFIED.—By regular physicians at public institutions 15; do. in city at large 48; by irregular practitioners 20; by coroner 11; by undertakers 22. Total, 116.

# INDEX.

	Page.		Page.
<b>A</b>			
Abstract of the Proceedings of the Buffalo Medical Society, 44, 86, 132, 188, 336, 381, 414, 452, 502, 549.		Brain, Inflammation of	410
Abstract of the Proceedings of the Medical Society of South Western New York	505	Bubo, Sloughing	483
Acid, Carbolic	25	Black Vomit	354
Acid, Chromic	496	Bone, Remarkable Reproduction of—By J. F. Miner, M. D.	378
Acid, Hydrocyanic in Mania	152	Bone from Wound, Speculae of	397
American Medical Times, suspended	80	Beasley's Book of Prescriptions	309
American Medical Association and Dr. Morton	150	Birth, Extraordinary	392
American Medical Association, Transactions of	476, 593	Bowels, Ulceration of	123
American Medical Association	480, 518, 560	Breast, Tumor of	400
American Dental Association, Officers of	61	Biographical Sketch of Living Physicians	425
America, Medical Fees in	392	Bacteridian and Malignant Pustules	466
Aneurism, Subclavian, Successful Operation—By A. W. Smith, M. D.	346	Braithwaite's Retrospect, Index to	520
Aneurism of the Aorta	216, 393	Baker Brown's Operation for Lacerated Perineum	530
Aneurism, Popliteal	3:5	Bigelow, Dr., Address by	560
Address—By S. Hart, M. D.	125	Bennet, J. H. M. D., Hypodermic Treatment of Uterine Pains	101
Address—By Dr. Bigelow	560	Buttles, M. S., M. D., Sea-Tangle ( <i>Laminaria Digitata</i> )	187
Address—By Prof. Wm. D. Wilson	231	Barrett, S., M. D., Delirium Tremens	339
Addison's Disease—By J. F. Miner, M. D.	590	Bell, Dr. A. N., Paper on Disinfection	437
Amputation of Shoulder Joint—By J. F. Miner, M. D.	373	Baron, Liebig	392
Amputation of Leg	393	Bissell, D. P., M. D., Address	618
Amputation of Leg—By J. F. Miner, M. D.	421	<b>C</b>	
Annual Address before Erie County Medical Society—By S. Wetmore, M. D.	398	Card, Dr. Hammond	75
Annual Report of the Provost Marshal General	563	Cancers	579
Annual Meeting of the New York State Medical Society	386	Cancer of the Lip	497
Annual Address before the Medical Society of the County of Kings—By S. Hart, M. D.	125	Cancer, Medullary	121
Annals of the Albany County Medical Society	206	Calculus, Vesico Renal	408
Anomalous Cases of Parturition and Gestation	523	Cataract, Operation for	62
Alphabetical Index to Braithwaite's Retrospect	520	Caries	582
Asylum, Insane, Advisory Medical Board for	135	Calcareous Tumor	394
Ankle, Resection of	211	Catarrh—Inhalation	406
Ankle Joint, Resection of—By Wm. Cannon, M. D., M. R. C. S. Eng.	463	Chronic Inflammation and Displacement of Uterus	76
Autopsies, Fees for making	155	Chronic Diarrhoea—By Robt. Taylor, M. D.	8
Apoplexy, Cerebral	351	Charges against Brigadier General William A. Hammond	28
Absence of Epiglottis	303	Chloroform, Preservation of	33
Army Surgeon's Manual—By Wm. Grace, 346, 612		Chloroform, Death from	21
Apothecaries and the Medical Profession	398	Chloroform, Poisoning by	124
Anæsthesia Produced by Chloroform	473	Cheapest Disinfectant	72
Assassination of President Lincoln	474	Change of the Color of the Hair—By J. F. Miner, M. D.	93
Anus, Imperforate	522	Chorea, Turpentine in	470
Atalectasis	530	Chapman, John, M. D., M. R. C. P., New Method of Treating Disease	54
<b>B</b>			
Buffalo General Hospital, Report of	11	Climatic Distemperature	71
Buffalo General Hospital, Inspection of	79	Clinic for the Diseases of Females	106
Buffalo Medical Association, Abstract of the Proceedings of, 44, 86, 132, 188, 336, 381, 414, 452, 502, 549.		Clinical Remarks on Surgical Cases—By J. F. Miner, M. D.	194, 378, 421.
Buffalo Medical College, Lectures in	120	Club-Foot, Causes of	226
Buffalo Medical College Commencement	428	Closure of a Vesico-Vaginal Fistula—By J. R. Lothrop, M. D.	457
Books Received, 39, 79, 120, 164, 206, 347, 381, 436, 479, 520, 567, 613.		Compound Dislocation of Tibia	499
Brown—Sequard	167	Cow-Pox, Origin of, and Nature of Vaccine Virus	76
Berkshire Medical College Commencement	203	Comprehensive Dictionary—By J. Thomas, M. D.	163
Bromide of Potassium	31	Crystalline Constituents of Plants	150
Bergamot, Instantaneous Cure of Itch	164	Cerebral Apoplexy	351
Brain, Tuberculous Tumor of	210	Cerebro-Spinal Meningitis	367, 571

INDEX.

	Page.		Page.
Committee of the American Medical Association.....	207	Fever, Treatment of, by Subcutaneous Injection of Quinia.....	392
Catalepsy.....	580	Fever, Scarlet, with Diphtheria.....	484
<b>D</b>			
Davis, D. N. S., Address.....	593	Foreign Bodies in Meatus Auditorius—By J. M. Foster, M. D.....	41
Deaths in the City of Buffalo, Report of, 40, 80, 167, 168, 208, 348, 568.		Foreign Iodide of Potassium, Purity of.....	149
Diarrhœa, Chronic.....	8	Fatty Heart, Smoking as a Cause.....	145
Diphtheitic Paralysis.....	6	Fatty Degeneration of the Heart and Kidneys.....	532
Diphtheria.....	218, 482	Federal Army, Surgeon General of.....	470
Diphtheria, $\delta$ purious.....	104	Foot, Cause of Club.....	226
Diphtheria, Tracheotomy in.....	169	Femoral Hernia, Operation for.....	485
Diphtheria—By Slade.....	342	Functions and Disorders of the Reproductive Organs of Childhood.....	478
Diphtheria, with Scarlet Fever.....	484	Fistula, Vesico-Vaginal, Operation for—By J. R. Lothrop, M. D.....	457
Diphtheria, Inhalation in.....	531	Fibro-Cartilaginous Tumor, Case of.....	189
Diagnosis, Medical—By J. M. Da Costa, M. D.....	36	Foster, Jerome M., M. D., Foreign Bodies in Meatus Auditorius.....	41
Diagnosis, Surgical—By G. H. B. McLeod, M. D.....	200	Flexions of the Uterus, Sea-Tangle used in.....	187
Disinfection—By A. N. Bell, M. D.....	437	Fuller on Rheumatism.....	37
Delirium Tremens.....	339	<b>G</b>	
Diary and Book of Engagements.....	163	Gross, Surgery.....	213
Disease, New Method of Treating.....	54	Garrod, Dr., on Bromide of Potassium.....	31
Disease of the Kidney, Granular.....	405	Goff, Dr. H. B., Paper on an Anatomical Specimen.....	381
Displacement of Uterus, and Chronic Inflammation of.....	76	Gould, William, M. D., Fibro-Cartilaginous Tumor.....	189
Dunglison's Medical Dictionary.....	478	Gillillan, Dr. Wm., Tracheotomy in Diphtheria.....	169
Dropsy.....	436	Gay, Dr., Paper on Erysipelas.....	86
Dysmenorrhœa.....	491	Geneva Medical College, Address to Graduating Class.....	231
Dislocation of Tibia, Compound.....	499	Gonorrhœa and Syphilis, Treatise on—By S. Durkee, M. D.....	159
Dislocation of Wrist.....	393	Gun-Shot Wound of the Thigh.....	493
Deformities of the Feet, and Treatment of.....	221	Gun-Shot Wound, Amputation at Shoulder Joint—By J. F. Miner, M. D.....	378
Druggist's Receipt Book.....	520	Glaucoma—By P. D. Keyser.....	391
Development of Phthisis, Influence of Pneumonia in.....	155	Glaucoma, Iridectomy in.....	559
Depression of Skull with Fracture.....	209, 397	Gastritis, Acute.....	495
Dismissal of Surgeon General William A. Hammond, a Statement of the Causes.....	485	Glycerine and its Uses.....	520
Diabetis Millitis.....	580	Granular Disease of the Kidneys.....	405
<b>E</b>			
Effects of the Excessive Use of Sugar on the System.....	147	<b>H</b>	
Erie County Medical Society, Meeting of.....	341	Hammond, Brigadier General William A., Charges against.....	28
Erie County Medical Society, Representation in the New York State Medical Society.....	197	Hammond, Late Surgeon General.....	73
Erie County Medical Society, Annual Address—By S. W. Wetmore, M. D.....	368	Hammond, Military, Medical and Surgical Essays.....	115
Erie County Medical Society, Semi-Annual Meeting.....	568	Hammond, Lectures on Venereal Diseases.....	204
Epi-glottis, Absence of.....	349	Hammond, Causes of Dismissal.....	485
Epilepsy Trephining in—By J. F. Miner, M. D.....	421	Hypertrophy of the Heart.....	400
Entozoa, Specimen of.....	399	Hypodermic Treatment of Uterine Pains.....	101
Encysted Calculus.....	490	Hydrothorax.....	121
Excision of the Radius—By J. F. Miner, M. D.....	378	Hemorrhoids, Internal, Chromic Acid used in.....	496
Epidemic of Typhus, Typhoid and Spotted Fever.....	510	Hemorrhage from the Ewells.....	492
Epidemic of Plague in St. Petersburg, Russia.....	555	Hemorrhage, Umbilical.....	866
Epidemic Erysipelas—By Thos. D. Strong, M. D.....	507	Heart and Kidneys, Fatty Degeneration of.....	532
Enos, Dr. D. C., on Deformities of the Feet, and their Treatment.....	221	Heart, Action of.....	473
Enos, Dr. D. C., Absence of the Epi-glottis, Explanation.....	353, 568	Honor to the Brave.....	165
Extirpation of Melanoid Tumor—By J. F. Miner, M. D.....	421	Hygeoe and Military Surgery—By Frank H. Hamilton, M. D.....	329, 488
Ephemeral Fever.....	486	Hæmaturæ.....	485
Epitheoma.....	569	Hæmoptysis.....	485
<b>F</b>			
Fracture of the Skull.....	209, 397	Hernia, Operation for.....	485, 497, 582
Fracture of the Liver.....	402	Hydrocele, Treatment of.....	552
Fracture of the Neck of the Femur.....	481	Hysteria.....	489
Fracture of the Tibia.....	499	Hart, Samuel, M. D., Annual Address.....	125
Fever, Spotted, Notice.....	207	Hutchinson, Dr., Compound Dislocation of Tibia.....	499
		Homburger, Julius, M. D., Standard Operation for Cataract.....	62
		Hassall, A. H., M. D., on Tincture of the Perchloride of Iron.....	558
		Household Poems.....	6.3

INDEX.

Page.	a	Page.	
<b>I</b>			
Inflammation of Base of the Brain.....	410	Medical Society of the State of Pennsylvania.....	566, 347
Illinois State Medical Society, Meeting of... 567		Medical Society of the Southwestern New York.....	5, 5
India, Small-Pox in.....	518	Medical Society of the State of Illinois.....	567
Influence of Plurisy in Development of Phthisis.....	155	Miner, J. F., M. D., Exfoliation of Bone.....	453
Ilium, Rupture of.....	217	Miner, J. F., M. D., Specimen of Bone from the Upper Part of Tibia.....	414
Illustrated Magazine.....	166	Miner, J. F., M. D., Exsection of Radius.....	378
Iridectomy in Glaucoma.....	559	Miner, J. F., M. D., Gun-Shot Wound, Amputation of Shoulder Joint.....	378
Iron, Tincture of the Perchloride of.....	553	Miner, J. F., M. D., Amputation of Leg.....	421
Iron, Preparation of an Improved Wine of.....	149	Miner, J. F., M. D., Surgical Diseases of Women.....	1, 48, 81
Infant Therapeutics, Essays on—By J. B. Beck, M. D.....	119	Miner, J. F., M. D., Uterine Polyp.....	1
Infanticide in London.....	167	Miner, J. F., M. D., Trephining in Epilepsy.....	421
Injection of Quinia in Treatment of Malarious Fevers.....	392	Miner, J. F., M. D., Ovarian Tumor.....	48
Indiana State Medical Society, Transactions of.....	120	Miner, J. F., M. D., Extirpation of Melanoid Tumor.....	421
Inspector's Report of New York City.....	611	Miner, J. F., M. D., Rupture of the Perineum.....	81
Intra-Pericardial Cyst.....	536	Miner, J. F., M. D., Change of the Color of the Hair, Case of.....	93
Inhalation in Diphtheria.....	531	Miner, J. F., M. D., Clinical Remarks on Surgical Cases.....	194, 378, 421
Inhalation of Chloroform.....	473	Miner, J. F., M. D., Necrosis of Tibia, with Contraction of Tendo-Achillis.....	194
Imperforate Anus.....	522	Miner, J. F., M. D., Necrosis after Amputation, Remarkable Reproduction of Bone.....	378
Identification of Deceased Soldiers.....	151	Miner, J. F., M. D., Schirrhous Tumor.....	194
Itch, Instantaneous Cure by Bergamot.....	154	Miner, J. F., M. D., Addison's Disease.....	590
Inanominata, Successful Legation of.....	156	Medical College, Buffalo, Lectures in.....	120
Income Tax by Physicians.....	158	Medical College, Buffalo, Commencement.....	428
Iodide of Potassium, Purity of Foreign.....	149	Medical Diagnosis—By J. M. Da Costa, M. D.....	36
Iritis, Mercurials in.....	472	Medical News Items.....	39
Influenza.....	486	Medical Men, their Relation to each Other and the Public.....	111
Ileus.....	584	Medical Men as Coroners.....	156
<b>J</b>		Medical Profession and Apothecaries.....	388
Journal, New York Medical.....	479	Meacham, J. G., M. D., Diphtheritic Paralysis.....	6
Johnson, Dr. John G., Resection of Ankle.....	211	Morton, Dr. James, Abuse of Caustics.....	21
Jollie, Dr. William, Treatment of Hydrocele.....	552	Melanoid Tumor, Extirpation of.....	421
<b>K</b>		Morphia, Anæsthesia kept up by Subcutaneous Injections of.....	473
Kings County Medical Society, Transactions of..... 121, 158, 169, 209, 349, 393, 437, 481, 521, 569		Mercurials in Pelvic Cellulitis and Iritis.....	472
Kidneys, Granular Disease of.....	405	Military Surgery and Hygiene—By Frank H. Hamilton, M. D.....	389
Kidneys, Fatty Degeneration of.....	532	Man and His Relations—By S. B. Brittan, M. D.....	345
Keyser, P. D., Glaucoma.....	391	Materia Medica and Therapeutics Stelle.....	202
Knee-Joint, Injury to—By J. R. Lothrop, M. D.....	585	Military, Medical and Surgical Essays—By Hammond.....	115
<b>L</b>		Meatus Auditorius, Foreign Bodies in—By J. M. Foster, M. D.....	41
Lectures on Orthopædic Surgery.....	77	Manual of the Practice of Medicine—By Thos. H. Tanner, M. D., F. L. S.....	38
Lectures on Medical Education.....	78	<b>N</b>	
Lectures on Venereal Diseases—By Hammond.....	204	Necrosis.....	484
Lectures on Surgical Pathology—By James Paget, F. R. S.....	519	Necrosis, after Amputation—By J. F. Miner, M. D.....	378
Late Surgeon General Hammond.....	73	Necrosis of Tibia, with Contraction of Tendo-Achillis—By J. F. Miner, M. D.....	198
Letters from Dr. S. D. Willard.....	197	Notice of Spotted Fever.....	208
Lee, Professor, Letters from.....	197, 340	Nostrils, Removal of Foreign Bodies from.....	407
Laryngoscopic Medication.....	344	Nephralgia.....	484
Literary Journals.....	820	Noggerath's, Clinic for Diseases of Females.....	106
Liebig, Baron.....	392	Nealton, M.....	167
Local Experience.....	528	<b>O</b>	
Lacerated Perineum, Baker Brown's Operation for.....	530	Operation for Strabismus made easy.....	559
Lexicon, Medical.....	478, 566	Operation for Cataract—By J. Homberger, M. D.....	62
Lothrop, J. R., M. D., Closure of Vesico-Vaginal Fistula.....	457	Operation for Hernia.....	485, 497
Lothrop, J. R., M. D.—Injury to Knee-Joint.....	585	Operation for Subclavian Aneurism—By A. W. Smith, M. D.....	346
Lockwood, Dr., Simple and Specific Gonorrhœa.....	417		
Leg, Spasm of, after Labor.....	494		
<b>M</b>			
Medical Society of the State of New York, 161, 386.			
Medical Society of the County of Kings, Transactions of, 121, 158, 169, 200, 349, 393, 437, 481, 521, 569.			
Medical Society of the State of Ohio.....	205		
Medical Society of Erie County.....	341, 363, 568		

INDEX.

	Page.		Page.
Operation for Lacerated Perineum, Baker		Surgical Cases in Buffalo General Hospital—	
Brown's.....	530	By J. F. Miner, M. D.....	184, 373, 421
Orthopedic Surgery, Lectures on.....	77	Struck Oil.....	206
Ophthalmoscope, A Simple.....	151	Sea-Tangle, Use of, in Flexions of the	
Ovarian Cyst and Vaginal Stricture—By W.		Uterus—By M. S. Buttles, M. D.....	187
Gould, M. D.....	189	Stelle's Therapeutics.....	302
Ovarian Tumor—By J. F. Miner, M. D.....	48	Superinvolution.....	106
Ovary, Cystic Disease of.....	125	Subinvolution.....	108
Ohio State Medical Society.....	205	Smoking as a Cause of Fatty Heart.....	145
Oil of Tansy, Poisoning by.....	526	Sugar, Effects of the Excessive use of, on	
		the System.....	147
<b>P</b>		Soldiers, Identification of Deceased.....	151
Presentation.....	207	Slade on Diphtheria.....	342
Physician's Income Tax.....	158	Syphilis, Vaccination in.....	473
Physician's Dose and Symptom Book.....	163	Specula of Bone from Wound.....	397
Physician's Visiting List Diary and Book of		Small-Pox in India.....	518
Engagements.....	163	Spinal Meningitis.....	523
Physician's Prescription Book.....	613	Spurious Pregnancy.....	537
Paralysis.....	521	Strabismus, Operation Made Easy.....	559
Puerperal Convulsions.....	489, 521, 528	Smith, G. S., Esq., on Spurious Diphtheria.....	104
Paracentesis Thoracis.....	121	Strong, Thomas D., M. D., Report on Epi-	
Preparation of an Improved Wine of Iron.....	149	demic Erysipelas.....	507
Perforation of the Stomach.....	219	Sick and Wounded in Confederate Prisons.....	426
Petition of the late Surgeon-General to the		Scarlatina.....	491
Senate of the United States.....	347	Spasm of the Leg after Labor.....	494
Petroleum.....	392	Strangulated Hernia.....	496
Petroleum in Scabies.....	472		
Pregnancy, Spurious.....	537	<b>T</b>	
Plague in Russia.....	555	Transactions of the Medical Society of the	
Proceedings of the American Medical Associ-		State of Indiana.....	120
ation.....	560	Transactions of the Medical Society of the	
Paget, James, F.R.S., Lectures on Surgical		County of Kings, 121, 169, 209, 349, 293,	
Pathology.....	519	437, 481, 521, 569.	
Pearce, J. F., M. D., Epidemic of Typhus,		Transactions of the Medical Society of the	
Typhoid and Spotted Fever.....	510	State of New York.....	161
Peters, Dr. J. A., Oleum Tanacetii in Abor-		Transactions of the Medical Society of the	
tion.....	382	State of Pennsylvania.....	347, 566
Pericarditis, Specimen of.....	395	Treatment of Itch by Bergamot.....	154
Phthisis, Development of.....	155	Treatment of Malarious Fevers.....	392
Pneumonia in the Army of the Potomac.....	124	Treatise on Gonorrhœa and Syphilis—By	
Pneumonia.....	573	S. Durkee, M. D.....	159
Pertussis.....	487	Tracheotomy in Diphtheria.....	170
Periostitis.....	492	Tendo-Achillis, Operation for Contraction	
Pathological Specimen—By Dr. Speir.....	394	—By J. F. Miner, M. D.....	194
Popliteal Aneurism, Specimen of.....	295	Therapeutics and Materia Medica—Stelle.....	209
Pyæmia.....	460, 412	Therapeutics.....	468
Pharmaceuticals and Druggists' Receipt Book	520	Tincture of Digitalis used in Delirium Tre-	
Ptyalism.....	574	mens.....	339
		Tuberculosis.....	402
<b>Q</b>		Tumor, Calcareous.....	394
Quack Advertisements, the Secular and Re-		Tumor of Breast.....	400
ligious Press.....	514	Tumor, Extirpation of—By J. F. Miner,	
Quinia, Subcutaneous Injection of.....	392	M. D.....	421
		Tumor, Fibro-Cartilaginous.....	189
<b>R</b>		Tumor, Scirrhous—By J. F. Miner, M. D.....	194
Rheumatism—By Wm. H. Fuller, M. D.....	36	Turpentine in Chorea.....	407
Remedies, Report of New.....	65, 94	Trephining in Epilepsy—By J. F. Miner,	
Rupture of the Uterus.....	349, 574	M. D.....	421
Relations of Medical Men to each other and		Thigh, Gun Shot Wound of.....	493
the Public.....	111	Tibia, Fracture of.....	499
Representation of Erie County Medical Soci-		Tibia, Compound Dislocation of.....	499
ety in New York Medical Society.....	197	Tibia, Necrosis of—By J. F. Miner, M. D.....	194
Representation of the University of Buffalo		Treatment of Hydrocele.....	552
in New York Medical Society.....	197	Tincture of the Per-Chloride of Iron.....	553
Rectum and Uterus, Scirrhous of.....	352		
Railroad, Killed and Wounded by.....	392	<b>U</b>	
Rochester, Prof. T. F., Empyæma.....	150	Ulceration of Bowels.....	123
Rochester, Prof. T. F., Pelvic Hæmatocele.....	452	Uterine Polypi—By J. F. Miner, M. D.....	1
Rochester, Prof. T. F., Spotted Fever, Cases		Uterine Pains, Hypodermic Treatment of.....	101
of.....	502	Uterine Therapeutics.....	111
		Umbilical Hemorrhage.....	366
<b>S</b>		Ulceration of Larynx.....	353
Surgical Pathology—By J. Paget, F. R. S.....	519	University of Buffalo, Representations in	
Surgeon General of the Federal Army.....	470	New York State Medical Society.....	197
Surgeon General, Late, Petition to the		Uræmia.....	411
United States Senate.....	347	Uterus, Scirrhous of.....	352
Surgeon General Hammond, Late.....	73	Uterus, Rupture of.....	349, 574
Surgeon General of New York.....	392	Uterus, Chronic Inflammation and Displace-	
Surgeon General Willard, Death of.....	475	ment of.....	76
Surgery, Gross, Treatise on.....	213		

INDEX.

	Page.		Page.
<b>V</b>			
Varicocele.....	523	Women, Surgical Diseases of—By J. F.	
Volume Four.....	33, 609	Miner, M. D.....	1, 48, 81
Visiting List, Diary and Book of Engage- ments.....	163	Willard, S. D., M. D., Letters from.....	197
Vaginal Stricture.....	189	Willard, Surgeon General, Death of.....	475
Venereal Diseases, Lectures on—By Dr. Wm. A. Hammond.....	204	Wrist Dislocation.....	393
Vesico-Renal Calculus.....	408	Wilson, Prof. Wm., Address to the Gradua- Class of Geneva College.....	231
Vesico-Vaginal Fistula—By J. R. Lothrop, M. D.....	457	Wetmore, Dr. S. W., Annual Address.....	368
Vaccination and Re-vaccination.....	433	White, Prof. J. P., Polypus of the Uterus... ..	336
<b>W</b>			
Watson, Dr. James, on Carbolic Acid.....	25	White, Prof. J. P., Subinvolution and Super- involution.....	91
		Washburn, Dr. C. E., Resolutions on the Occasion of the Death.....	507











