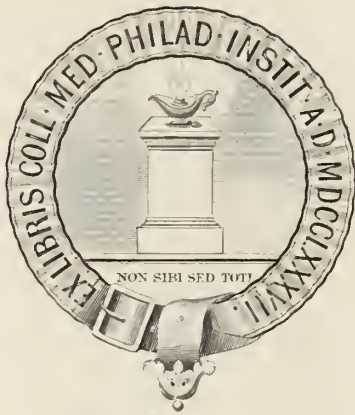


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Medical and Surgical Journal

EDITED BY JULIUS F. MINER, M. D.

Surgeon to the Buffalo General Hospital.

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AUGUST, 1863.

NO. 1.

ORIGINAL COMMUNICATIONS.

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

TUESDAY EVENING, July 14, 1863.

Minutes of the last meeting were read and approved.

Dr. Rochester proposed *Dr. Edward Mackay* for membership.

Dr. Ring proposed *Dr. Thomas M. Johnson* for membership.

The call for voluntary communications not being readily responded to, by any of the members present, *Dr. Miner* reported in brief the results of some cases of operations upon the eye, which had recently interested and gratified him, not so much on account of anything remarkable or peculiar in the operations themselves, as the results which had been obtained.

The first case was that of a young man who had become completely blind from inflammation of the iris and closure of the pupil in both eyes. In one, the cornea had also become opaque, and thus all hope of restoration lost. Artificial pupil had been made, and the most satisfactory result obtained in the right eye, which still preserved a transparent cornea.—Vision was now sufficiently perfect to enable the patient to engage in many useful occupations. The time-dial was plainly distinguished, the minutes being accurately stated. He takes pride in telling the time of day very accurately, some times saying, "it is four minutes and a half" or "six minutes" of, or past any hour.

It was well known that few operations for artificial pupil resulted in perfect vision, no matter by what kind of operation the opening is made. That there are various reasons for this is very apparent. The artificial pupil is usually made to one side of the natural site for this opening, and this may be assigned as one reason. It is often too small, and does not admit sufficient light. It has also lost its power of contraction and dilatation, thus admitting or rejecting light as occasion demands. The retina has been, in many cases, injured by the same causes which have closed the pupil, or it has been shut up in total darkness, and for months or years even its functions have been suspended, until it no longer takes impressions of objects with distinctness and accuracy. These, and other causes, which we may not understand, are operative in preventing perfect vision after operation for artificial pupil; and though more or less vision is commonly obtained, yet it is rare to accomplish what we desire.

The second case referred to was one of traumatic cataract in left eye, associated with inflammation of the cornea, which had resulted in ulceration and opacity. Recently the cornea had become very prominent, protruding conically as if about to terminate in staphaloma. There was pain and intolerance of light. The conjunctiva was inflamed, and from this membrane and the lacrimal glands there was constant and profuse serous discharge. The object of treatment was not so much to restore vision as to overcome inflammation, relieve pain, and prevent greater deformity.—With the view of relieving the intra ocular pressure, and thus also the pain and inflammation, the operation which has recently been so much practiced by ophthalmic surgeons and termed by them iridectomy was performed the outer and lower portion of the iris being drawn through the opening made in the cornea and removed. This was followed by temporary relief from the pain, and the eye seemed much less irritable and intolerant of light. Five days later the pressure upon the cornea from within was apparently as great as before, and the pain nearly as severe. That the removal of a portion of the iris as in iridectomy will many times relieve the pressure in such or similar cases has been demonstrated by abundant clinical experience. That it is much more efficacious for this purpose than division of the ciliary muscle, which was at one time largely practiced, or paracentesis, which simply allows the escape of the aqueous humor, there seems to be abundant proof. In this case, however, the pressure and bulging of the cornea returned, and five days after the first operation, the anterior chamber of the eye was opened with a cataract needle and the aqueous

humor allowed to escape. This last operation was practiced three times at intervals of about five days, and each time afforded temporary relief. He had said that the operation for iridectomy had been found to relieve intra ocular pressure and inflammation more generally and more permanently than other operations which allow the simple escape of the aqueous humor. That it should certainly relieve the pressure for a time, is sufficiently manifest, since all these operations equally allow the escape of the contents of the anterior chamber of the eye. Why iridectomy should relieve it more than the others is not fully explainable, and so far as he knew, it rested upon the evidence of clinical experience alone. His personal observation had not been sufficient to warrant a conclusion, but very accurate observers have established the fact beyond much doubt; still it is perhaps as well, since we cannot explain why it should be so, to leave the question open for further observation and inquiry. Suffice it to say, that in the case under consideration there was about the same amount of relief obtained by one operation as by the other.

Finding that relief was not permanent and the cornea constantly becoming more and more conical, the operation for cataract by extraction was made, not with the view of obtaining vision, since the cornea was too imperfect, but for the purpose if possible of preventing staphaloma, and of relieving pain and inflammation. The previous operation of iridectomy had prepared the way for easy extraction of the lense, and it readily escaped upon making section of the cornea. The results of this last operation so far as it is possible to judge in so short period, had been highly satisfactory. The patient had again resumed his usual occupation and reports himself free from pain or other inconvenience.

Other cases, both for iridectomy and cataract, which have been operated upon within the last few weeks, might be of interest to some members of the Society, but, since little time has yet elapsed it would be more proper to introduce them when the results are more fully known. Operations for cataract especially require time to determine the amount of vision obtained. Remarks upon these cases are crude and unconsidered, as he had no intention of presenting them, and should not have done so had there been other communications to occupy the time.

Dr. White remarked that pelvic hæmatocele and the means of differential diagnosis from pelvic empyocele, had frequently occupied the attention of the Society. He had recently met with interesting cases, one of which he would briefly relate. Visited in consultation with *Dr. Potter* of Lancaster,

a young married woman. She was menstruating regularly. Six weeks previous to his visit, while riding, was taken suddenly with severe pain in the right side, near the right ovarian region. She had suffered from chills, fever, anorexia, &c. Upon examination at his first visit, he detected a tumor anterior to the uterus, between it and the bladder. It was hard, tense and tender. Upon introduction of trocar and canula there escaped *per saltum*, arterial blood. Mentioned this, since it is proper to confess embarrassments.

Two weeks later visited her again. Dr. Boardman rode out with him, and gave chloroform. Again introduced exploring trocar and obtained pus; afterwards, a large, long trocar and drew off three pints of pure pus. Trocar two and a half or three lines in diameter. With the view of enlarging and making a free opening he passed the uterotome while closed, and when opened, withdrawing it, there escaped urine; thus showing that either the ulceration had extended into the bladder or he had opened into it. The parts were drawn together as after operation for stone in the bladder. He had since heard from Dr. Potter and learned that no urine had escaped since the closure of the wound. Catheter was retained in the urethra for a few days, and the case had terminated in recovery. Accumulations of pus were common in the pelvis upon all other sides of the uterus, but he had never before met with a similar case, and thought that sacculated accumulation of pus anterior to the uterus and between it and the bladder must be very uncommon.

Dr. Rochester said he had recently observed that *Dr. Percy* had written a paper upon the use of digitalis and veratrum viride—arterial sedatives—for the purposes of diagnosis, and claimed that he was the first to recommend their use for this purpose. Did not wish to claim originality, but had for years been in the habit of recommending rest, digitalis and veratrum viride for the purpose of quieting the action of the heart the better to decide upon any disease which might be present. He had done this, but did not know that it was unusual or uncommon practice.

One young man in particular he had watched with great interest. He had been under treatment by a Homœopathist for disease of the heart, and came to him for examination. The action of the heart was very tumultuous and the diagnosis so much obscured by it, that he prescribed digitalis and rest, and appointed another time to complete his examination. The action of the medicine was satisfactory, and when he again presented himself for examination, the heart was found free from disease, and the upper portion of the right lung solidified. The case had remained under his care

for a long time, and by the use of tonics and stimulants the progress of the disease appeared to have been arrested. Had related this case, and made these remarks not because he desired to claim anything for himself, but in justice would say that this plan of treatment had long been adopted by himself, and he presumed by others, for the purpose of making more clear and definite diagnosis of the diseases, both of the heart and lungs.

Would like the opinion of the physicians present if it was not common to use arterial sedatives—*veratrum viride*—and *digitalis*, with the view of quieting undue action of the heart, and hurried respiration, for the purpose of affording a better and more satisfactory examination of these organs.

Dr. White said that he made no pretention to great cultivation of the ear, in distinguishing obscure or incipient disease of these organs; but listens to their workings with the knowledge he has been able to obtain and with usual satisfaction to himself and others. Recollects some years since using in some cases and recommending to other physicians the following compound, for the purpose of producing more regular action of the heart, and thus obtaining a better examination of the lungs, and a clearer diagnosis in disease of the heart:

| | | | |
|-----------------------|---|---|-----|
| Tinc. Aconite (root) | - | - | ʒi |
| Tinc. Digitalis, | - | - | ʒiv |
| Tince. Verat. Viride, | - | - | ʒii |

Six drops every four hours.

Dr. Miner remarked that *Dr. Rochester* in reporting his case of diseased lung had perhaps unintentionally intimated his views upon the value and influence of tonics and stimulants in arresting the progress of tuberculosis. This subject was now, or was about to, interest physicians and the public perhaps more than any other medical question. The universal adoption of the stimulating and tonic plan of treatment in all cases of real or supposed disease of the lungs, he might perhaps say heart, and indeed truly enough, all other organs, had at length arrested the attention of the profession, and everywhere evidences of "coming retribution," or rather coming investigation are apparent. Recently *Prof. Flint*, formerly of this City, had read a most interesting paper before the New York Academy of Medicine, consisting mainly of a clinical report based upon sixty-two cases of arrested tuberculosis. The main objects of inquiry were, the evidence afforded of self-limitation, the influence of hygienic measures, the agency of remedies, and the importance of alcoholic stimulants in determining the arrest of the disease.

He had a great many things to say upon these points, but was not quite prepared to say them at present. If he should express any opinions too hastily, he hoped to receive a little indulgence upon the ground of not having sufficiently considered all the bearings of the question.

The main question for consideration, indeed the one upon which practical men will place great importance, may be briefly stated. Are *stimulants* and *tonics* capable of arresting the progress of tuberculosis? Dr. Flint has given illustrative cases, and is leading us to believe that with proper stimulation and tonic medication a great many cases of consumption are either cured or arrested in their progress for a number of years. This is based upon clinical observation, and the cases have been obtained probably during a series of years; some of these cases we have reason to reason came under his observation while practicing in this City, and no doubt were obtained many times from those coming under his observation as a consulting physician. This is mentioned to show that there are more sources of error in diagnosis than would obtain under other circumstances. He was ready to concede that no one was, or could be, more accurate in physical exploration than Prof. Flint, or less likely to be deceived. Taking great pleasure in saying this, of one we all so much respect, he would yet intimate that some of the cases which were included in this paper as recovered, might in their subsequent histories throw doubts upon their ever having been cases of tuberculosis. Every where cases may be found which were at first considered incipient tuberculosis, but time and observation has corrected the diagnosis. It will be asked, has not physical exploration demonstrated disease of the heart and lungs? and do you mean, now, to reflect upon our ability to detect incipient disease? He thought that physicians of distinguished ability often visited patients but once and in consultation, and sometimes came to conclusions which time and further observation would have changed.

Again, the older authors represent consumption as existing for from ten to thirty and forty years, and yet these patients were subjected to the emetic, cathartic, counter-irritant, starvation plan of medication, and died after an illness of forty years, of consumption.

Dr. Rochester suggested that these were mostly cases of bronchitis, which the older physicians were unable to distinguish from tuberculosis.

Dr. Miner replied that very likely many times bronchitis was then regarded as tuberculosis, and would cheerfully acknowledge the immense

value of physical signs in aid of diagnosis; while doing this he would also say that much yet remained to be discovered, and would express the belief that we have greatly overestimated our advantages. We have come to believe that if physical signs of disease are absent, disease is also certainly absent, while this is not always true. It is a mistake which young physicians are constantly making, and making it because they are continually told of the value of one and another physical sign, and are not told, in plain language, that tubercular deposit is often present while yet it is undiscoverable by any physical exploration; while some of the physical evidences may appear present, associated with the general symptoms of tuberculosis, and yet the results of the case show quite conclusively that tubercular deposit was never present in the lung. We are all liable to make errors in diagnosis.

The evidence as obtained from all quarters, as to the value of tonics and stimulants in these cases seemed to him quite unsatisfactory. It appears probable that some few cases of tuberculosis are arrested or recover from inherent natural tendency to recovery, while others terminate fatally, whatever treatment they receive. Cases might be obtained in great numbers, which to all appearance were induced and greatly hastened by stimulation; ten cases of this class to one where the slightest evidence could be obtained of benefit derived from its use. He did not design to oppose the tonic and stimulating plan of treatment; neither would he be deceived as to its actual value. Had constantly adopted it in practice, and yet was not satisfied that so great good had been accomplished; its good and evil were about evenly balanced.

Dr. White would refer to a very dirty subject which he did not like to say much about, but from the frequency of application for advice, and the great importance often attached to it by the unfortunate victims he would introduce it. There were a great many young men, especially students, both medical and theological, who were greatly distressed and agitated with the fear that they were going to be spoiled by seminal emissions.— Had recently been consulted by some young men from the country who first wrote to him describing their cases. They finally visited him, and upon investigation he found that one of them suffered perhaps once a week, and the other once in two weeks. This he did not regard as disease, and it should not be treated as disease. They only require to be disabused of the erroneous opinions which they have obtained by reading quack advertisements and various quack publications, which have made them

dupes. One young man was about to break his matrimonial contract because he feared he could not properly discharge the duties of married life; and the other was actually giving up his professional course of study thinking he was so injured in mental capacity as to be unable to do himself justice as a professional man. They take a paper to read the telegraphic despatches from the war, and leave it unfinished, to turn over and see in the advertisements what will cure involuntary emissions. The younger members of the profession are often unable to convince them of their error without the support of a consultation. It is the solemn duty of the physician to disabuse them of the idea that they have disease. Some times in cases of actual disease of this nature where cauterization was unnecessary, he had recommended bromide of potash, but does not know that it is of any value. These cases are much more commonly imaginary than real, and hygienic and moral treatment is all they require.

Dr. Cronyn spoke of the attention of the class of patients referred to by Dr. White, being first called to their own disease not from pain, debility or other inconvenience, but by newspaper advertisements. Spoke also of the frequency of insanity as the effect of masturbation, and related cases illustrative of his remarks upon the subject. In some cases he recommends tonics, but regarded employment, and diverting the mind as the most important part of the treatment.

Dr. Cronyn exhibited the head of a tape-worm, (*Tenia Lata*,) which he had recently obtained. He had also forty feet of the body of the worm. It was obtained after administering two or three doses of koso. The head was very distinct, so that even with the naked eye there could be no doubt, while the microscope revealed the features with remarkable distinctness.

Dr. C. would remark also in connection with the case of injury to the head reported at last meeting, that the patient had since that time recovered.

Voted to adjourn.

J. F. MINER, Secretary.

ART. II.—*Letter from the U. S. Navy*—BY J. F. NORTON.

U. S. BRIG PERRY, June 17, 1863.

Dr. MINER:

Sir:—In communicating the following, not so much for its intrinsic value, as to assure yourself and readers of the Journal, that I have not at least become insensible to the duty and obligation naturally devolving upon me, as a member of our time-honored profession. With our complement of men, who number all told, about 100, we have had some 500 sick days for the last four months. This would appear unusually large but from the fact that a portion of this number were old constitutional cases, such as strumous, indolent and syphilitic ulcers. These have all occurred upon those of a scrofulous habit, who, upon receiving a slight wound upon the limb, was sure to degenerate into indolent or sloughing sores, varying according to the peculiar idiosyncrasy and constitutional taint of the patient, several of which proved very obstinate and tedious of cure. I will take the liberty of detailing one case that recently came under my observation, for the purpose of showing how easily the surgeon may be perplexed, baffled, and perhaps disappointed in the effect and result of his most reliable remedies. One of our men, a landsman, aged 22 years, of a highly strumous habit, got a slight injury upon the leg, but did not report until some ten days after, when I found a large, perfectly round and deep indolent ulcer; it was of a black appearance, and situated in front, between the tibialis anticus and soleus muscles, and extending to the subcutaneous tissue of the tibia. I commenced with my usual plan of treatment. At the expiration of about ten days I had made use of all the effective remedies at hand, without even changing the condition or appearance of the ulcer in the least. My suspicions were aroused, and I ordered a strict watch over the patient, when I soon found that he was in the practice of removing the dressing and filling the ulcer with common salt, for the purpose, as he said, of preventing a healing process. I placed him in a straight jacket so he could not meddle with it, and in a few days' time, with ordinary treatment, the ulcer was quite well.

As I wish to be brief, I will conclude by remarking that "although my experience as a Naval Surgeon," is by no means extensive, yet I think there can be no doubt, and perhaps others have observed a predominant influence prevailing at sea, to bring forward, hasten, and mature strumous, tuberculous diathesis. My attention was called to the subject first from three cases of *Naval Officers*, laboring under incipient phthisis, and whom I was

ordered to survey. Each of these cases had been exposed to this influence from a year to eighteen months, when as I assume, these *latent tubercles* upon the lungs were aroused into action, with spitting of blood and the usual premonitory symptoms of premature consumption. These cases were sent home probably to die, or perchance recover for a season by a timely change of air and climate. Such patients are often sent to sea with a view to their restoration; and it is a well conceded fact, that they either die or recover quite speedily. Now it is my belief, that if we could positively know the condition of the lungs of those who fortunately return home cured, or improved, we would find no tubercular development, nor did there any exist. On the other hand, if tubercles did exist, there is no improvement, but an aggravation, and speedy termination of the disease.

Most respectfully,

J. F. NORTON, M. D.,

Surgeon U. S. Brig Perry.

ART. III.—*Intracardiac Blood-Concretions*—By J. F. MINER, M. D.

It is not with the view of presenting any new theories that the subject of heart clot and its influence in some cases of sudden and unexpected death, is introduced to the attention of the readers of the Journal; but rather with a desire to explain, if possible, the causes which have in several instances in this vicinity produced death when it was least expected.—Coagulation of blood within the heart is not an uncommon occurrence, and may take place, just previous to, or simultaneously with death. It is said it may also take place after death, though the formation we have reference to, it is believed is never made after death. The *post mortem* clot is a soft, gelatinous coagulum, which does not merit the name which has been given it. Every physician accustomed to making dead house examinations, is familiar with these fibrinous concretions; their importance and the symptoms they produce may not be so well understood as their physical appearances and character. They may be suspected in some instances during life, but they are much more frequently observed after death, and generally but little importance is attached to them, upon the principle that they are formed during the death struggle, and after the circulation has nearly ceased. It has also been looked upon by some physicians, ignorant of its character and composition, as an organized growth, and denominated “Polypus of the Heart,” a most satisfactory cause of death indeed. This is quite excusable,

since in some instances the concretion is quite firmly attached to the endocardium, and cannot be separated without injury of this membrane; it is also said to be more or less distinctly vascular, according to the period of formation previous to death. The name, however, sufficiently indicates the incorrect views which were held concerning these formations, and shows these observers were very ignorant of common *post mortem* appearances, and of the literature of both pylopid growths and intracardiac blood-concretions. It would be interesting to inquire in many cases where these concretions are found, what influence they exerted upon the circulation, and what agency, if any, they had in producing death. That they are often unsuspected during life, and found only upon examination after death, is sufficiently certain, while the causes and time of this formation together with the effects upon the circulation, the physical and general signs of its existence, and its agency in causing death, are much less apparent. What then are its causes or the conditions of the circulation which most favor its formation? Coagulation of the blood in the chambers of the heart is the accident of which we speak, the causes of this so far as they are known, and the symptoms by which it is recognized, are points of special interest.

The conditions necessary to the coagulation of blood while in the heart or vessels, would appear to be stagnation in the current—obstruction to the circulation, or unnatural composition of the blood itself, or perhaps both these conditions combined. Obstruction of the circulation may be produced by a great variety of organic changes in the heart or vessels, but so far as observed valvular disease of the heart is but rarely attended with blood concretions, nor are cases of enfeebled circulation from other causes, from general debilitating disease. Anæmia, however produced, either from protracted disease, repeated hæmorrhage, long, continued, exhausting discharges, or other causes, is not the condition of the system or blood which seems to favor what is called “heart-clot;” which is an expressive name, and quite appropriate when properly understood. More sudden impressions upon the circulation at a time of comparative health appears to be more often attended by blood concretions.

It is not consistent with the object of these remarks, to consider the numerous inquiries which suggest themselves in connection with this subject, or to attempt to throw any new light upon the diagnosis, prevention or cure of this disease. A few cases illustrative of this condition, or supposed to be illustrative of it might be instructive, and more fully convey the views of the writer. That we often observe heart clot upon *post mortem* exam-

inations which had no agency in producing death, there can be no doubt. That it is sometimes the immediate cause of death is also not improbable, and to this point only is attention directed.

“J. G., aged 22 years, of usual good health, but having suffered from acute rheumatism upon several occasions, was subjected to anæsthesia by chloroform, for the purpose of removing the great toe. Chloroform was administered by an inexperienced student of medicine, and continued longer than was necessary. Respiration and the circulation were suspended so that when the operation was made it was observed that there was no hæmorrhage. This period of interruption was so long continued as to create alarm for the immediate safety of the patient, though the heart did not at any time cease entirely its action, at least did not so far as could be ascertained. The toe was amputated and stump dressed. The respiration commenced and the circulation was restored to a quite healthy standard. Consciousness was perfect, and the patient conversed rationally, but appeared strangely and looked anxiously. At length the breathing gradually became more hurried, the countenance livid, the pulse irregular, the heart sounds, mixed and tumultuous, and all the symptoms exceedingly singular and indicative of fatal termination. About thirty-six hours after the administration of the chloroform the patient died. Twenty-four hours after death *post mortem* examination revealed no cause of death. Brain not examined; heart natural; a straw-colored blood clot in the right side of the heart, probably formed in the last moments of life. Does chloroform produce death in that way? Please write and tell me what you think was the cause of death.”

The above is a condensed history of a case furnished not long since by a medical friend, and with other cases coming to our knowledge has stimulated the hasty preparation of this article. One other instance of a similar character and further illustration will be unnecessary:

Mrs. —, in labor with her third child. Pains severe and labor progressing; chloroform to complete anæsthesia; child born while mother was unconscious. For half an hour before completion of labor pains were feeble and inoperative. Not having forceps and parts being fully dilatable, traction was made upon the head with the fingers used in the manner of forceps, and by this means the child was assisted into the world. The uterus did not contract readily to expel the after-birth, and some assistance was afforded by traction upon the cord. During that time there was considerable hæmorrhage, and the patient at one time seemed to be dead, so

complete was the syncope. After a little the patient rallied and appeared quite comfortable. The effects of the chloroform passed off, and everything looked favorably. She however became restless, anxious and delirious.—Pulse indistinct, feeble, and very frequent; respiration very difficult and rapid; and in about six hours after the termination of labor she died.—The friends of this woman, especially those of them who are opposed to, and prejudiced against chloroform, lay her death at its door; but before determining this point it would be necessary to ascertain what influence, if any, it had in producing the condition of suspended circulation and respiration. It is perhaps an entirely new view of the dangers of chloroform to regard it as liable to produce death by inducing blood clot during the periods of suspended respiration which so often occur under its influence; still, in connection with hæmorrhage, which is supposed also to favor this formation, it may have more influence than has usually been supposed. Whatever interrupts the circulation, or greatly enfeebles it, must certainly be regarded as more or less operative in producing such result.

Authors upon diseases of the heart describe with sufficient minuteness the physical signs and general symptoms of this condition, and yet it must be confessed that diagnosis is rarely positive, and rests upon the general history and circumstances of the case, rather than upon any well defined local or general condition. That cases do occur, where the diagnosis is positive, is quite possible, but it is more common that this condition of distress, dyspnoea and death, are attributed to other causes. These violent symptoms are produced only in cases of rapid formation of blood clot, since when it is a product of slow growth the heart remains tolerant of the foreign substance, and the circulation and respiration is comparatively little affected by it.

The intimation that some cases of unexpected and sudden death depend upon this cause, is made only as a suggestion, and not as a demonstrated reality. It is a rational and plausible cause of death in the two cases referred to and briefly described, and yet it is not quite certain that the clot found in the one case acted in any way to interfere with the circulation or shorten life; while the second case where there had been hæmorrhage, might have died from other causes, and no heart clot is known to have been present. It is conjectural only, and belongs to that large class, "cause of death unknown." The hæmorrhage would greatly favor the coagulation of the remaining blood; but perhaps with our present knowledge upon this point we are not justified in regarding coagulation as posi-

tively the cause of death. Other cases might have been introduced where much less doubt would exist as to the nature of the case, where blood clot was found after death sufficient to produce the most serious effects upon the circulation, but these instances are recent, and an attempt to indicate their nature has prompted these reflections upon this subject mainly with the hope of calling attention to this form of disease.

MISCELLANEOUS.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, July 1, 1863.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

Alcoholic Stimulants in Pulmonary Tuberculosis—Discussion of Dr. Flint's Paper.

Dr. Flint read an elaborate and interesting paper, entitled the "*Management of Pulmonary Tuberculosis, with Special Reference to the Employment of Alcoholic Stimulants.*" It consisted mainly of a clinical report, based upon sixty-two cases of arrested tuberculosis. These cases are analysed and compared as regards points of agreement relating directly and indirectly to the management, the main objects of inquiry being the evidence afforded of self-limitation, the influence of hygienic measures, the agency of remedies, and the importance of alcoholic stimulants in determining the arrest of the disease. He considers that the disease is arrested whenever the general and local symptoms show it to be non-progressive for several consecutive months. After the arrest, the recovery may or may not be complete. In many of the cases the recovery was complete, while in others a certain amount of cough and expectoration continued for a considerable period of time, in two cases for more than twenty, and in one case for forty years.

For convenience of analysis he arranges the cases in three groups.—
 I.—Those in which no curative or hygienic methods of management were employed. II.—Those cases in which hygienic measures were employed. III.—Cases in which remedial measures, including alcoholic stimulants, were supposed to have had a curative influence. I.—In the first group seven cases are collected, of which four recovered entirely. II.—The second group includes twenty cases, in twelve of which the recovery appeared

to be complete, in eight the arrest of the disease was not followed by complete recovery within the period that the condition of the patients severally was known. The ages in this group ranged between nineteen and fifty years, and seventeen of these were males. In only four of the cases are there any grounds for supposing that climate had any curative influence. The most important point of agreement developed by the analysis of this group of cases relates to change of habits as regards exercise and out-door life, and the agreement in this respect is highly significant. III.—The third group embraces thirty-five cases. Only one of these cases was treated with tonic remedies, exclusive of cod-liver oil and alcoholic stimulants. In four tonics were employed in conjunction with alcoholic stimulants, and in two tonic remedies were conjoined with cod-liver oil; alcoholic stimulants and cod-liver oil were employed conjunctively in eight cases. Stimulants, oil, and tonics were used in one case. The curative remedies employed were only three in number: cod-liver, alcoholic stimulants, and tonics of iron and quinine. In five of the thirty-five cases, the curative treatment consisted exclusively of cod-liver oil; in two of these the symptoms entirely ceased. Of these thirty-five cases, in fourteen the curative treatment consisted exclusively in the use of alcoholic stimulants; of these fourteen cases of arrest, in nine the recovery was apparently complete. Generous living was inculcated and adopted as far as practicable in all the cases.

The most striking and valuable of the results of the analytical study of these sixty-two cases is their almost uniform agreement as regards change of habits with respect to exercise and out-door life at the time of the arrest. Excluding the seven cases of the first class, and two in which the facts with respect to this point were not noted, of the remaining fifty-three, in all save three, the histories show a greater or less change of habits to have been made; and in many cases the change consisted in relinquishing sedentary callings for other pursuits, in order to carry out more effectually the desired reformation. Regarding the indications for the use of stimulants, Dr. Flint says:

“If their immediate effect be that of a cordial stimulant, that is, if they produce a sense of comfort; if they are followed by a feeling of increased strength, and a greater disposition to exercise; if they do not excite unduly the circulation or nervous system, I believe we may expect benefit from their use. *Per contra*, if their immediate effect be discomfort; if they are followed by a feeling of increased weakness and less disposition to exercise,

and if they excite unduly the circulation or nervous system, I believe they will not do good, and may perhaps do harm."

With respect to the formation of habits of intemperance, he remarks: "In not one of the cases which I have reported has there been developed, so far as I know, a craving for stimulants, or a reliance upon them, rendering it difficult to relinquish their use. I have had my attention directed particularly to this point of observation, and I have not yet found an instance in which there was any apparent reluctance to discontinue the use of alcoholic stimulants whenever it was deemed advisable. I have not yet found an instance in which their use was continued after they were declared unnecessary; in short, up to this time I am not aware that in a single case among the many cases in which I have advised alcoholic stimulants, has a patient fallen into intemperate habits. * * * I certainly am not prepared to advocate the use of alcoholic stimulants as a prophylactic; that is, to sanction indulgence among those who may believe or fancy that they are in danger of becoming tuberculous. I would not advise their use in doubtful cases; they should follow a clear diagnosis, based on signs and symptoms. In persons with the unfortunate idiosyncrasy which leads to an irresistible craving on the slightest indulgence, the immediate effects would always contra-indicate their use in conformity with the rules which should govern our practice in cases of tuberculosis. And, finally, when employed as a remedy, they are not to be taken as a means of conviviality, or for any other than a curative influence."

Dr. Detmold was not able to reconcile the clinical and autopsical history of phthisis with the generally received theory as to its cause. It was claimed that the respiratory function was the one that suffered. This he could not believe, because, if there was a deficiency of oxygen admitted to the blood, digestion still remaining active, there would necessarily be a chance for the accumulation of facts. But the reverse of this was the case. Again, the most successful remedies used for phthisis were the hydrocarbons. This, to his mind, did not prove that the disease was due to any great want of oxygen.

Dr. Griscom thought that the disease depended on the lack of carbon in the blood instead of oxygen, and instanced in proof of that fact the beneficial influence of fats as remedial agents.

Dr. McCready alluded to the fact that alcohol was discharged from the body, as such, and acted beneficially only so far as it stimulated digestion and aided assimilation.

Dr. Horace Green had only employed alcohol as an adjuvant to other remedies, and therefore could only speak approximately of its effects.—Conjoined with tonics and out-door exercise, he had seen great benefit from its use.

Dr. Flint, jr., was of the opinion that inasmuch as the process of nutrition was very much interfered with, the indications were to bring that process to the normal state. He believed that alcohol conduced to such an effect, not by its actual consumption, but by its mere presence, the same as did common salt. He alluded in the course of his remarks to the results of experiments upon alcohol made by Surgeon-General Hammond, who claimed to prove that by its use the amount of urea excreted was really less than without it, and that a person could do more work with a less amount of food. With regard to the habitual practice of using ardent drinks, he remarked that it caused healthy persons to live too fast, and become in consequence prematurely old. In disease, however, the effect of alcohol was simply by its presence beneficial in stimulating digestion and aiding assimilation.

Dr. Parker spoke strongly against the practice of whiskey drinking, which was becoming so common in the community on the slightest pretence, and thought it well that practitioners should be on their guard against prescribing it when they were in any doubt concerning its beneficial effects.

Dr. Blakeman related the case of a young lady who, in consequence of the prescription of a physician, was led into habits of intemperance to such an extent that in the course of eight months she was accustomed to take two and a half pints of brandy daily. She died a drunkard.

Dr. Post related a similar case of a young man, with strong hereditary predisposition to consumption, who, upon the advice of a physician to stimulate freely, also became a drunkard, and eventually died of delirium tremens.

Dr. Peaslee was in favor of stimulants in phthisis, when a good effect could be obtained by nothing else. He considered alcohol useful as a stimulant to digestion and to the nervous system, as well as a generator of animal heat. He thought it impossible that alcohol should arrest retrograde metamorphosis, as claimed by Dr. Hammond.

Dr. Batchelder stated that during a practice of over half a century, having pretty generally prescribed stimulants, he had never known a single case of habitual drunkenness as the result.—*American Medical Times*.

IODIDE OF LIME A SUBSTITUTE FOR IODIDE OF POTASSIUM.

BY JAMES R. NICHOLS, M. D.

The "Iodide of Lime," first introduced in 1855, by Dr. Puddock, a distinguished London physician, has been rapidly gaining favor among English practitioners, as a remedy of great value. It is used in those cases where iodide of potassium is indicated, with more marked effects than usually attend the use of that salt. The success attending its use has led us to prepare the article with much care. The lime and iodine are held together by a very feeble affinity, and the salt will not admit of exposure without evolving free iodine. The *solution* is a colorless and almost tasteless liquid, and remains permanent although long kept and exposed to the air.

Each drachm of the salt contains eight and a half grains of iodine; and each fluid ounce of the solution contains half a grain of iodine. The iodine *in the solution* exists in the form of iodide of calcium and iodate of lime, thus:— $6\text{CaO} \times 6\text{I} = 5\text{CaI} + \text{CaO}, \text{IO}_6$. Acids decompose the solution, and free the iodine; hence the utility of this form for the administration of iodine, probably in the state of an oxide. The iodide of lime is superior to iodide of potassium in several particulars, as—

1—The smallness of the dose, and the minute state of its atomic division. 2—In not passing off so quickly through the kidneys. 3—In its ready combination with the blood and tissues, manifested by its alterative effects. 4—In being nearly tasteless, and therefore readily taken by children. 5—In being much less expensive. 6—In not producing either gastro-enteritis or vesical irritation.

Iodide of potassium is an expensive remedy; and on that account many physicians refrain from using it. The iodide of lime being found to be more efficacious and much cheaper, will doubtless be substituted for it to a great extent. It has been used in England with much success in throat diseases, in morbid conditions of the general system, in scrofulous affections, in intractable cases of neuralgia, in diseases caused by metallic poisons, etc. At the Bloomsbury Dispensary, England, it has been extensively prescribed for three years with much success.

The dose of the salt is very small; about one-fourth of a grain given in solution two or three times a day. Of the solution, two or four fluid drachms may be given as often. The small quantity required for a dose renders this preparation *cheaper* than any of the medicinal iodides. The iodide of potassium, at one-half the cost per ounce, given in six-grain doses, is more than *ten times as expensive* as iodide of lime.

Physicians may find it convenient to prepare the contents of an ounce bottle at once. This may be done by simply pouring on to the salt in a tin or porcelain-lined vessel one gallon of boiling water. Some carbonate of lime falls to the bottom, and the solution soon becomes clear and ready for use. It can be kept in a cool place for several months.

The SOLUTION should always be used in preference to the salt.

For the numerous class of *eruptive affections*, chronic or acute, in children or adults, nothing can exceed the beneficial effects of iodide of lime. It may be combined with sarsaparilla, or any other of the vegetable alterative or tonic agents.

ON SUBCUTANEOUS INJECTION OF MORPHIA IN CHOLERA.

BY DR. ISAAC ASHE, BIRKENHEAD.

[The following cases occurred in the practice of Dr. Ricketts, of Birkenhead, who, perceiving the value of opium in cholera, and also the difficulty of administering it either by the stomach or rectum, without its being immediately rejected, conceived the idea of employing it as related in sequence, and with success in several instances.]

Case 1—Mrs. H——, aged 35, on November 11th, was seized about 7 o'clock A. M., with violent purging and vomiting, occurring about every quarter of an hour, and attended with severe cramps in the bowels, extending down the limbs. The evacuations were of the usual ice-water character; coldness and collapse came on very speedily; and when Dr. Ricketts was sent for at 10 o'clock, or three hours after the commencement of the attack, the patient was already cold and livid in countenance.

Dr. Ricketts immediately injected π xv. of liq. morph. acet. beneath the skin of the abdomen. In quarter of an hour the cramps were completely removed, and the patient expressed herself as very comfortable. Dr. Ricketts administered, also, a few grains of calomel. From the moment of injection there was no return of either purging or vomiting; collapse was removed, warmth returned to the surface, and she rapidly regained strength. The next day she was able to be up, and felt almost as well as ever, being able even to go about and attend to household matters.

Case 2—At half-past 12 o'clock the same night, Dr. Ricketts requested me to see a patient, with similar symptoms. He was an old Indiau veteran, aged 64, and had often seen men struck down in India with cholera,

and was, consequently, very well aware what was the matter of him. I found him suffering from violent purging, which had occurred, he estimated, about twenty times within the eight hours which had elapsed from the commencement of the attack; vomiting had come on about two hours later, and was continuing with great frequency and severity. The cramps in the bowels were so severe, that the stout old soldier was crying out with them; they extended also down the thighs; collapse had not yet commenced, but the surface was much colder than normal, though the pulse was 104. Following Dr. Ricketts' treatment, I injected π xv. of liq. morph. acct. beneath the skin of the abdomen, and, wishing thoroughly to test the efficacy of this plan of treatment, determined to have recourse to no other measures. In a quarter of an hour the cramps were quite gone, and the patient exclaimed about the wonderful powers of the remedy.—They did not again recur, though the purging returned, but with less frequency; vomiting also recurred once or twice during the night. Accordingly, some hours afterwards, Dr. Ricketts injected a second π xv. of the liq., which had the effect of completely arresting all purging and vomiting. The patient was up the next day, complaining only of a little weakness, and on the following day he set out on a journey.—*Med. Times & Gazette*, Dec. 13, 1862, p. 644.

EXAMINATION OF URINE IN DISEASE.

M. Bonchardat has arranged the necessary agents for such an examination, so as to make the matter easy. The principal agents employed are heat, nitric acid, tannin, lime, and ioduretted solution of the iodide of potassium. 1—*Heat*. A little above 100°; the urine becoming turbid, will separate albumen in the form of clots or flakes. But it must not be forgotten that every specimen of urine which becomes turbid, under the agency of heat, is not necessarily albuminous; hence we must employ, 2—*Nitric Acid*. Add some of this acid carefully to the urine. If albumen be present flakes will be deposited. An excess of acid will dissolve the flakes. Any urine that becomes turbid under the influence of heat, and renders a precipitate under the action of nitric acid, contains, beyond all doubt, albumen. 3—*Tannin*. A solution is made by adding two hundred *grammes* of water to ten *grammes* of tannin, and ten *grammes* of ether are then added to preserve the solution. The action of this re-agent cannot be

relied upon, since the solution of tannin will produce an abundant precipitate, if soup, rich in gelatine, have been taken shortly before the analysis.

4—*Lime*. This detects admirably the sugar of diabetes. Fifty *grammes* of urine, and two *grammes* of lime, being boiled together in an assay bottle, will give the color of caramel, more or less dark, according to the quantity of sugar present. The quick-lime is slaked with water, and then introduced into a flask which has a tight cork. If fifty *grammes* of urine are not colored when boiled with two *grammes* of lime, then two *grammes* more should be added. After the mixture is boiled again, if no color appear, it is well to test the lime. For this purpose, a half teaspoonful of starch sugar is poured into the flask. On boiling, if the urine should then be freely colored, we have proof that the lime had been properly calcined, and that the urine contained no sugar independent of the starch-sugar which had been added.

5—*Ioduretted Solution of Iodide of Potassium*. This is prepared by dissolving one part of iodine and one part of iodide of potassium in fifty parts of water. This solution will communicate a chestnut brown color to urine containing sulphate of quinine or any other alkaloid likely to be administered in therapeutics.—*Jour. de Chim. Med. and Amer. Med. Monthly*.—[*Dublin Medical Press, Feb. 18, 1863, p. 59.*

A MODE OF PREVENTING PITTING IN SMALL-POX.

I am desirous of adding my testimony in favor of a mode of preventing pitting in small-pox, not, I believe, in general use, and which, though spoken of in "Wilson on Skin Diseases," is either not mentioned or not laid stress on in our works on the general practice of physic.

I allude to the Arabian plan of pricking the pocks. I have tried it many times, and have never been disappointed in the result. Three of the cases especially abide in my memory, in which the patients were very fair, and two of them very pretty, and who all retained their fairness and beauty without a vestige of a scar.

My practice is to watch the progress of the papules, and on the fourth or fifth day, when I think the vesicles have nearly attained their full size, and *before they become pustular*, I *cut off* the apex of each vesicle with a lancet; for I find it is not sufficient to merely prick the vesicle slightly, or the exuding lymph will dry and seal the vesicle, which may thus go on to

the formation of pus. This procedure will not cause the least pain if done with a sharp lancet, and a light and steady hand—the summit of the vesicle only being cut, and the flat of the instrument held on the same plane as the skin. Having opened all the pocks, I let the patient continue to lie on his back, and place a small poultice (without a rag) on such parts as are much inflamed. When these little poultices have been on an hour or so, they should be removed, the places lightly sponged, and covered with sweet oil by means of a camel's-hair brush. On the following day, if the pocks are inflamed, and matter forming beneath the crusts, I open them, and poultice again. In this way the inflammation, suppuration, and ulceration or sloughing of the skin beneath the pock are cut short, and a scar prevented.

In the last case I had, the eruption was very abundant, and confluent in places. Still I confess I have happily had no really bad confluent case since I have used this treatment, though I had much experience of such in 1848; and I think it probable that if I had a case of low type where the eruption was flattened, I should not prick the vesicles till I had by stimulating the patient got the pocks to project more fully, or I should fear that the excitement and irritation of the operation might depress the invalid; and it is even possible that the small discharge of fluid from the cuts might drain away a fraction of the strength so desirable to retain. I should not be deterred, however, in a quite confluent case if the eruption stood well out, and I think it as rational to try and cut short the inflammation of the skin in this disease as to make incisions for prevention of suppuration and sloughing in cellulitis and other affections.

An advantage of this instrument over that of the application of nitrate of silver is, that it does not cause pain or increase the febrile action, nor have I found it in any way interfere with favorable progress.

It may be objected that the process is tedious, and exposes the operator to the risk of contagion; but by getting behind the patient as much as possible, and avoiding his breath, the latter danger may be lessened; or if the necessary time cannot be spared, I see no objection to an intelligent nurse being trusted, after instruction, to perform so trivial an operation.

I believe those who try this method will find it far superior to the use of the mask or unctuous preparations, though it may be combined with the plan of covering the face.

The application of a solution of caoutchouc in chloroform, lately recom-

mended, I have not tried; but I imagine it must produce a most unpleasant feeling of constriction, and cannot certainly be more effectual than the foregoing in preventing disfigurement.—(R. B. Painter,)—*London Lancet*.

THE UNITED STATES ARMY LABORATORY AT PHILADELPHIA.

Since our last notice of this enterprise of Surgeon-General Hammond's, we have twice visited the laboratory, where Dr. A. K. Smith, U. S. Army, the Director, and Prof. Maisch, the Chemist, politely showed us the several departments at present in operation. The Laboratory buildings are those formerly occupied by Crew, Rogers & Crew, for their chemical works, at Sixth and Oxford streets. The main building has three stories, with a large one story building attached, and several detached structures for special purposes. All the heating in the main building is effected by steam, except such as is performed by gas burners. A twenty-five horse power engine, with appropriate boilers is erected in a position central to the laboratory operating rooms, and yet separate. Immediately above the boilers, and deriving its heat from them, is a drying room, which opens by a door into the mill or powdering room. In the latter there are at present two pairs of chasers, and one Bogardus' mill. Two more pairs of chasers are to be erected in a short time. Mr. Maisch informs us that he has succeeded in getting his bolting machine to operate very successfully. In this room is also the machine for making the preparations of *free* metallic mercury, as blue pills, mercurial ointment, etc., by shaking, as described and used by Dr. Squibb, except that the plan of the machine is more simple. In this room, all the fine powders, as ipecac, rhubarb, jalap, etc., are prepared, and sent up stairs to be bottled, whilst the chief occupation of the mill is in preparing drugs for percolation. Proceeding eastward from the mill room, the visitor enters the general operating room for Pharmaceutical and Chemical processes; commencing with the percolators, which are adjacent to the mill room, the processes become more chemical towards the further end, the visitor can here witness the concentration of liquids on water-baths, and in stills for fluid and solid extracts, preparation of morphia, and for the crystallization of salts. The preparation of the officinal solutions of ammonia, is conducted here also, but apart from the other processes.

The large percolators are constituted of wood, lined with tinned copper, varying in capacity from 260 gallons to 150 gallons. Besides these, ves-

sels of smaller size, constructed of tinned iron, are in use for lesser operations. 280 pounds of colocynth, and 600 pounds of valerian are percolated at one operation. These wooden percolators are arranged on a stage, on a level with, and connected with the mill room, so as to be easily charged. Each percolator has a manhole in front near the bottom, closed by clamps and screws, through which the exhausted material is extracted after each operation. Hanging in front of each percolator is a black-board, on which is written the leading facts of each operation as they are developed, such as name and quantity of material, menstruum, and percolate, with remarks when necessary. Along the eastern end, a range of jacketted steam evaporators are in operation and jacketted stills. In a detached brick building, on the north side of the lot is the room for furnace operations, including the preparation of oil of wine, which will be made in eight gallon retorts, on sand baths. Here the oxidation and solution of metals, and numerous other operations involving direct heat, will be conducted.— In the centre of the area, a building is constructed specially for the manufacture and bottling of ether, sweet spirits of nitre, and chloroform, with a subterranean store-room. Steam heat only will be used, and no light or fire of any kind allowed in the building. The apparatus for ether will be that of Dr. Squibb, described before in this Journal. By thus isolating these articles, much of the usual danger of fire will be avoided. Ample space remains in the yard for extending the buildings if required.

Returning to the main building, we find the storekeeper's room next to the mill room on the first floor, and north of this, other rooms, among which are the office and Mr. Maisch's private analytical laboratory, neatly fitted up with apparatus needed in the examination of drugs and chemicals previous to their purchase, when required. On the second floor north is the sewing machine room, in which twelve girls and a cutter, operating ten sewing machines, make one thousand linen sheets daily, and pillow cases, towels, and other items required in the army hospitals. On the opposite end of the building is the filling room, where all powders, salts, pills, and other dry substances are put up in bottles for the medicine chests; and in a similar room directly above this all the various fluid extracts, tinctures, and other liquids are bottled and labelled, each kind put up by itself on shelves for temporary storage, above the counter. The work in these two rooms occupy twelve girls, besides six others engaged in washing the bottles. In the *pill* room, four girls are engaged in making pills. At present the common pill machine only is employed, the composition and formation of the

mass is superintended by a graduate in Pharmacy. The pills made are pil. opii. cathart., comp. and pil. hydrarg., U. S. P., and pil. camphoræ et opii, pil. colocynth comp. et ipecac, and pil. quiniæ sulph. *aa* 3 grs.

It should be understood that the medical supply table for the army is by no means so comprehensive as the Pharmacopœia, and consequently the scope of operations is confined chiefly to those preparations on the list. It is intended to make Ceratum Simp., Cantharidis, and Resinæ, and, as soon as arrangements can be made, to spread adhesive plaster and isinglass plaster for the entire army. Morphia will also be made to an extent adequate to the wants of the whole army. It has been determined to manufacture sulphate of quinia, and as soon as the bark arrives this will be commenced, and the experiment of its economy made. About two hundred serons of Cinchona have been purchased.

The basement of the main building is paved with brick throughout, and is used for storing and bottling liquors, and fixed oils. Three girls attend to the bottling of liquors. The medical store wagons and panniers are filled at the laboratory, but made elsewhere. The bottles used are all marked in the moulding "U. S. A. Hosp. Dep.," and are furnished from Pittsburgh. Each bottle, of any size, is enclosed in a square pasteboard box surrounded with sawdust or rice husks, and these closely packed in wooden boxes appropriately marked, and then conveyed to the storehouse at Sixth and Master Streets.

All drugs are purchased on the requisition of the Director, Dr. Smith, by an order from the medical purveyor, (Dr. Robert Murray, U. S. A.) to a drug broker, it being clearly understood that all purchases are subject to the inspection and analysis of Mr. Maisch.

Such is a hasty view of this new enterprise. So far, we are informed, on many leading articles great economy has attended the experiments, and all has been well done. In the sewing machine department, since operations commenced, Dr. Smith says that they have paid for the machines, and saved the Government \$1200 besides! Of course it will take a longer period to determine the actual facts of the case, but there can be but little doubt of the expediency of the measure, whilst the necessity for large supplies exists, and under the care of such earnest workers as Dr. A. K. Smith and Prof. Maisch it will receive a fair trial.—*American Journal of Pharmacy.*

THE ADULTERATIONS OF MILK.

It is well known that much of the milk which is supplied in large towns is almost constantly more or less adulterated, and although the substances employed for the purpose are in most cases comparatively innoxious, it is much to be wished that some simple and efficient test of its genuineness and purity could be devised, capable of being applied by those who are unaccustomed to experiment.

The chief mode of adulteration practiced in this country consists in diluting the milk with water, and at the same time occasionally removing the cream. To correct the bluish color of the impoverished milk, it is said that a little annatto is sometimes added. Milk has been occasionally found adulterated with gum, flour, and starch to conceal its diluted condition, and it is even asserted that the clumsy fraud of adding chalk and emulsion of sheep's brains has been detected.

On examining a little of the milk under the microscope, the peculiar granules of starch and flour may be readily seen, larger and more oval than the milk globules, if either of those substances is present; and when examined with polarized light, each granule will be found to exhibit a dark cross. Should any doubt exist as to their real nature, the addition of a drop or two of a solution of iodine will impart to the farina granules a dark purple color.

Gum may be detected by acidulating the milk with acetic acid, boiling, filtering off the coagulum, and mixing the filtrate with alcohol, when the gum is deposited and may be recognized by its behavior with water. The presence of annatto would cause the milk to assume a brown color on addition of carbonate of soda.

The microscope will also serve to show the presence of macerated brain, which may be recognized by the occurrence of fragments of nerve and other organized structures, not found in pure milk.

The presence of chalk may be still more easily discovered, since, owing to its specific weight, it soon subsides to the bottom of the liquid, where it may at once be recognized by its effervescing on the addition of a little dilute hydrochloric acid.

We have no chemical means of ascertaining whether water has been fraudulently added to milk, the only effect being to dilute it, and render it of poorer quality, which might arise from natural causes. A knowledge of the specific gravity will not even allow us to decide as to the richness of the milk, since the abstraction of a portion of the cream, which has a

lower specific gravity than milk, may be made to neutralize the effect produced by the addition of water; the tendency of the removal of the cream being to raise the specific gravity of the fluid, and that of the addition of water, to lower it. A specimen of milk, therefore, which has been impoverished by the abstraction of its cream, and still further weakened by the addition of water, may be made to possess the same specific gravity as it had when taken pure from the udder.

For most practical purposes it is sufficient to compare the relative volumes of cream furnished by equal quantities of different specimens of milk. This may be readily effected by allowing the milk to stand in a graduated tube (*lactometer*) for twenty-four hours, at a moderate temperature, and measuring the number of divisions occupied by the cream.

Another method proposed by Daubrawa for the rapid determination of the quality of milk consists in mixing it with two volumes of alcohol of sp. gr. 0.833, filtering off the butter and casein (which may be dried and weighed,) and taking the specific gravity of the filtrate. Every increase of .004 in the specific gravity above 0.905 (the sp. gr. of the mixture of alcohol with the water of the milk) indicates 1 per cent. of milk-sugar.—For example, if the specific gravity of the filtrate be 0.922, there would be 4.25 per cent. of milk sugar, for $0.922 - 0.905 = .017$, and $.017 = .004 = 4.25$. The result may be controlled by evaporating the spirit, converting the milk-sugar into grape-sugar by boiling with a little dilute sulphuric acid, rendering the solution alkaline by potash, and determining the sugar by the standard copper solution (352.)

It occasionally happens that the milk exposed for sale is the produce of an unhealthy animal. Such milk has usually some peculiarity of taste or smell, and also a slightly viscid and unnatural appearance; on being examined under the microscope, too, it will probably be found to contain pus or mucus corpuscles, or to present other appearances differing from those of the healthy secretion.

DELIRIUM TREMENS.—Is a specific form of nervous poisoning, of which alcohol is at once the predisposing and exciting cause. The blood is poisoned by unchanged alcohol, and is rendered perfectly unfitted for the proper nutrition of the brain by long want of proper food, and by the retention of numerous matters which, in a state of health, are at once excreted, either unchanged or after undergoing some metamorphosis. Hence the proper

indications for treatment are, not to trust entirely to nature, or to treat some accompanying disorder, but at once to cut off any further supply of the poisonous substance by which the blood is infected; to strive by all means to get nourishing food administered; and to take proper measures for the thorough depuration of the blood, and the elimination from the system of the many effete matters with which it is crowded. The fact of the natural subsidence of the paroxysm of delirium, quite independently of art, explains the apparent success of such different modes of treatment as have been recommended. The free exhibition of some alcoholic liquor is probably the most frequently adopted practice in this country. This treatment, though recommended by several eminent men, is not warranted by the experience of those who have had unusually large spheres of observation. Probably the profuse perspirations of delirium tremens are one of the natural means by which the depuration of the blood is effected. Hence, if the temperature becomes decidedly low, and more especially if along with this there is a decided diminution or arrest of the cutaneous exhalation, give stimulating diaphoretics, such as a mixture of camphor and ammonia.—(Dr. W. Perrie, jr.)—*Brailhwaite's Retrospect*.

VESICO-VAGINAL FISTULA.—In operating for the cure of vesico-vaginal fistula, it will be found that fine strong silk answers even better than wire. It is passed much more easily and with finer needles, causes less irritation of the neighboring parts, and is removed much more easily, while union takes place quite as well as when wire is used. The use of the catheter may be dispensed with altogether. It is a most troublesome part of the after treatment, and, "I believe," it need not even be used to empty the bladder; moreover, the use of the catheter is not of itself quite free from danger, sometimes producing a species of catarrh of the bladder, persisting for months after the cure of the fistula.—(Mr. T. Spencer Wells.)—*Id.*

EPILEPSY—*Belladonna*.—At first the dose should be very small, and gradually augmented until the pupil shows signs of its action, and the patient complains of both alteration in sight and dryness of the throat; the dose must then be diminished until these effects are so far lessened as to cease causing absolute discomfort. The other toxic effects of belladonna are wholly uncalled for. Immediate and palpable beneficial results must not be looked for. At first the number of fits may even increase, but after the drug has been taken six or eight weeks, if any amelioration occur, it

will be decided and progressive. At first the drug should be given in an eighth of a grain dose, three times, or only twice daily, for a week; then a quarter of a grain for fourteen days; a third for the next fourteen days, at which time its physiological action will in most cases be manifest. It is well to halt at this dose, for two or three months, slightly increasing the dose if the patient shows diminished susceptibility to its influence. To those who wish to use a preparation of uniform strength, the salts of atropia are easily procurable. The hundred-and-twentieth of a grain of valerianate of atropia may be given as a commencing dose. Trousseau gives a centigramme of the extract, and an equal quantity of the powder of belladonna for the first month, in the evening of each day; during the second month he gives two such pills at the same time; and during the third month, three pills. If, at the end of six or nine months, the frequency of the fits is decreased, he increases the dose. He asserts that, of 120 patients, he has cured 20, (Dr. J. S. Ramskill.)—*Id.*

NOISY AND RESTLESS INSANITY.—*Hydrocyanic Acid*—A case is related in which the patient was noisy and restless, incessantly in motion, constantly shouting and screaming, and for long periods sleepless. She was completely delirious, and had not during the day a moment's repose. Four minims of dilute hydrocyanic acid were given every hour, in half an ounce of camphor mixture. Immediately after the first dose she became quiet and still, and slept at night. She continued better until the medicine was discontinued, when she at once relapsed to her old state. This may prove a valuable hint in some of these distressing and unmanageable cases.—(Dr. K. McLeod.)—*Id.*

GNORRHEA—*Injections*.—The main treatment of gonorrhœa should be by injections, copavia and cubeb being seldom necessary. The rule for their use is simple: If the inflammation be severe, let the solution be weak and frequently used; if it be of chronic type, let the solution be strong and seldom used. This rule is not only applicable to the treatment of gonorrhœa, but it may be extended (with necessary modification to treatment of all inflammations, and to the use of internal remedies, as well as of external applications. There is a general law regulating the actions of a large class of remedial bodies. The terms of it would run something in this form: "The more acute the disease, the more frequent and the weaker the remedy; the more chronic, the stronger and less frequently applied." One of

the most reliable astringents for the cure of gonorrhœa is alum. In the most acute form of gonorrhœa, when the discharge is profuse, thick, and glutinous—the lips of the urethra red, villous, and pointing—the patient should be directed to pour a small jug of cold water over the organ, and immediately inject a syringe-ful of solution of alum of the strength of half a grain to the ounce. This injection should be repeated every half hour for the first day, and as often at night as the intervals of sleep will allow. Along with this a saline purgative, and tartar emetic in minute doses, should be given. Next day the injections may be doubled in strength, and used every hour. Probably in forty-eight hours more the discharge will have ceased entirely, the injections must, however, be continued a week or so, of the strength of half a drachm to the eight ounces, three times a day; otherwise a relapse may occur which will be harder to cure than the original clap.—(Dr. M. H. Collis.)—*Id.*

Inversion of the Patient.—The taxis and every other means of reducing hernia failing, procure a board of five or six feet in length, and place and fix the patient by straps with his knees flexed over one end of the board. Then invert completely, or nearly so. The tumor will in many cases disappear spontaneously, and in very few will it refuse to return by a little manipulation. The explanation is the traction on the tumor exercised by the weight of the intestines, which of course gravitate from the tumor.—*Id.*

LACERATION OF PERINEUM IN FORCEPS CASES.—*Prevention of.*—The adoption of the following plan in forceps cases obviates all danger of lacerating the perineum. When the forceps have been applied, and the head of the child has been brought down sufficiently low on the perineum that the fore-finger of the accoucheur introduced into the rectum can reach, for instance, in occipito-anterior presentations, beyond the frontal eminence, the instrument should be withdrawn, or, if that be not convenient, all traction should be discontinued, and the finger, still retained in the rectum, should be used after the manner of the vectis, pressure being made with it, first on the space between the frontal eminences and the root of the nose, and afterwards on the upper jaw, and perhaps, if necessary, on the chin, as these parts successively come within reach. By this means the head is made to rotate in the axis of the outlet, and, being directed forwards under the pubes, its pressure on the perineum is greatly relieved.—(Dr. C. Ricketts.)—*Id.*

FEMORAL HERNIA.—In endeavoring to reduce a hernia I never hesitate to give chloroform, as the immense use which it has proved itself to be, quite overbalances the chance of occurrence of considerable chloroform sickness. In three cases out of four at least the taxis will fail, that is in femoral hernia; it ought not to be prolonged beyond a few minutes, and on no account must force be employed. If you then fail, you must make up your mind to operate, and do so at once. Opening or not opening the sac is quite a matter of secondary importance compared with the period of strangulation, and the more or less forcible taxis. I invariably open the sac, and have never seen any harm arise from this procedure, and if this is not done in some cases the surgeon cannot be quite sure that a bit of bowel is not left in the sac.—(Mr. Prescott Hewett).—*Id.*

QUININE.—*Therapeutical Action.*—Quinine is held to be a direct tonic on insufficient grounds, its real action is that of a sedative to the efferent nerves of the sympathetic, for the following reasons: That it requires a very much larger dose of quinine to produce its physiological effects in robust persons than in the debilitated; and in extreme asthenia, even small doses are poisonous. That it decreases the force and frequency of the pulse. When given in inflammatory fever, it restores the activity of the secretions. The following practical points will be found true. Quinine is only useful in dyspepsia, which results from suppression of the digestive secretions from febrile irritation. It should be used rather in sthenic than asthenic cases of inflammation. It is not suitable in diseases of the heart.—(Mr. R. Walker.) *Med. Times and Gazette, Feb, 21, 1863.*

DR. T. GAILLARD THOMAS has lately been appointed Adjunct Professor of Obstetrics to the College of Physicians and Surgeons of this City. The choice of the Trustees is an exceedingly good one. Dr. Thomas is a gentleman of acknowledged ability in his department, and has long enjoyed the reputation of being a very successful teacher. We learn that Prof. Bedford has resigned the Chair of Midwifery in the University Medical College, which he has filled with so much ability since the first organization of the school. His successor has not been appointed. Prof. Wolcott Gibbs has been chosen to fill the Rumford Professorship, Harvard College, Mass.—[*American Medical Times.*

EDITORIAL DEPARTMENT.

CALOMEL AND TARTAR EMETIC AS REMEDIAL AGENTS.

SURGEON GENERAL'S OFFICE,
Washington City, June 12, 1862. }

Dear Sir:—Desiring to obtain the opinions of the more eminent members of the Medical profession to the indiscriminate use of Calomel and Tartarized Antimony, I have the honor to request that you will answer the following questions:

1st—To what extent do you prescribe Calomel and Tartar Emetic in your practice?

2d—Do you regard these agents as indispensable in the treatment of disease?

3d—In view of the facts that a large number of the Medical Officers of the Army are young and inexperienced, and that soldiers cannot in the field be placed beyond the influence of atmospheric vicissitudes and exposure whilst undergoing medical treatment, would you recommend that the medicines in question be issued to Army Medical Officers, except, as at present, upon special requisition?

4th—Do you or do you not think that more harm than good has resulted from the use of Calomel and Tartar Emetic as medicines?

It should be stated that the following mercurials are at present on the Supply Table, viz;

Hydrargyri chloridum corrosivum; Hydrargyri iodidum flavum; Hydrargyri oxidum rubrum; Hydrargyri pilulæ; Hydrargyri unguentum; Hydrargyri nitratis unguentum; Pilule cathartice composite; and that it is provided by paragraph 13, of Circular No. 7, dated Surgeon-General's Office, May 7, 1863, which contains the Supply Table, and which refers to the manner of obtaining medical supplies, that "it is not the design of the Department to confine Medical Officers absolutely to that table, either in variety or quantity, but only to establish a standard for their guidance in making requisitions for supplies, leaving individual preferences to be indulged at the discretion of the Medical-Director or the Surgeon-General.—Neither is it supposed that the quantities of the table will always meet the necessities of unusual emergencies, as during epidemics, or in unhealthy seasons and localities; and Medical Officers who allow their supplies to be exhausted through any such contingencies, without timely notice of their approaching necessities, will be held to a strict accountability."

I am, sir, very respectfully,

Your obedient servant,

WILLIAM A. HAMMOND,

Surgeon-General U. S. A.

Upon the order of the Surgeon-General striking Calomel and Tartar Emetic from the Medical Supply Table of the Army, or upon the subjects of inquiry above presented to the distinguished physicians of the Army Medical Staff, we have never as yet ventured an expression. It has seemed

to us that every possible view had already been presented, and that unless we could add some important item, our readers would excuse us in keeping unbroken silence. We have felt willing that this matter should rest upon its own merits, and have not been distressed that some Homœopathic, Eclectic, Thompsonian, Spiritual pretender, should become jubilant over the order, and announce to bar-room congregations that "Calomel Doctors had been totally squelched by order of the Surgeon-General." It has never once occurred to us that the soldiers would suffer greatly from the privation, or that the physicians of the army would be obliged to resign on account of the indignity heaped upon them by this order. Surgery is so much done by "order" that army physicians have become accustomed to "orders," and do not take it so hard as those in civil practice, who take advice, but would be entirely unable to take "orders." It indicates that potent medicines have been abused by the inexperienced and incapable medical men in the army, and that this abuse, and misuse, was so great that it could better be dispensed with altogether. We cannot say much in favor of the taste exhibited in the manner of abating these dangerous remedies, and certainly had it not come to be the general style of doing things, we could hardly overlook and excuse so summary and impolite treatment. If the Surgeon-General was a physician only, we would abuse him for not being more gentlemanly, but since he is an Officer in the Army, we must let him do his duty in his own way.

If calomel was used, to any great extent in the treatment of the diseases of the soldiers; if, as he alleges, "its injurious effects were observable in the hospitals of the army," and ptyalism was as common among the inmates, as we have reason to fear, then we are glad that the order was issued; glad the Surgeon-General had enough decision of character and manliness of purpose to stop it short off, and heartily wish other officers in the army would correct abuses in their departments as summarily. Of tartar emetic we have nothing to say, only that we think it well for the soldiers that they are not to have any more of it, and have only been sorry that the order excluding it from the army, could not be extended, excluding it from almost universal abuse. This is not because it is always injurious, but because as used it does vastly more harm than good, and there has never yet been found arguments or evidences sufficiently powerful or extensively diffused, to prevent its continual misuse.

This suggestion which has somewhere been made of excluding these articles by a careful revision of the medical supply table, pleases us very

much. It would have been a polite way of doing the thing and afforded opportunity of excluding at least one-half of the remaining articles; however if they are left *on the table*, they will do no harm.

The replies which will be given to the inquiries above will be interesting and important, since it is expected that the leading Army Surgeons and Medical Inspectors will respond to this circular. Civil physicians are not in situation to discuss these questions with a view to their proper solution, and it is not supposed that they will be invited to give their opinions.

The universal employment of these two articles by civil practitioners is no doubt one reason of abuse in the army, since most of our military surgeons were recently in civil practice, and to great extent would adopt similar treatment in the army. As to the propriety of using these or similar articles in the treatment of disease, there can be no doubt; the profession will be found unanimous in the opinion that they are indispensable to the successful practice of medicine. It appears that this is conceded by the Surgeon-General, and that it is on the ground of abuse, and not of proper use, that the order of exclusion is based. The American Medical Association passed severe resolutions upon this subject, and yet we mistrust that time, and testimony, will tell tales which will go very far towards justifying this order. The fourth inquiry which is made, is a little remarkable. If our most experienced and observing physicians were asked: Do you or do you not think that more harm than good has resulted from the use of medicine? what would be the reply? and what would be the import if they should express the opinion that medicine had done, and was doing, more harm than good? It would certainly be no argument against judicious and rational medication, and would simply declare that the misuse is so great as to outweigh in the aggregate all good which is accomplished. It would reflect nothing upon legitimate medication, or weaken in the least our confidence in its beneficial effects. All other powerful and popular articles of the materia medica, capable of abuse, would as appropriately come under inquiry. What reply *should* the Surgeon-General receive if he wishes to know the same of stimulants? the very article which he estimates so highly. We wish he would ask this question as earnestly and would extend the inquiry to eminent, practical men in civil practice.— If the reply should go back to him, that it has killed more officers and men in the army than both disease and battle, would he issue an order for its total exclusion from the supply table and the lines of the army? if he would, he may as well issue his order. If it has not done this in the army,

it has done it in civil life, and has disabled more men and rendered them unfit for military duty, or any other duty, than have been in both armies, on service, killed, wounded and missing. Opium, the most valuable medicine in the whole list of the materia medica, is also liable to great abuse, and if we estimate its uses and abuses, it is quite possible that the injuries of the one would quite outdo the benefits of the other. We have not time or space to devote to a discussion of this subject, and have referred to it mainly because it is so unfashionable to let it alone.

SPECIAL MEETING OF THE ERIE COUNTY MEDICAL SOCIETY,
AUGUST 4, 1863.

The President, Dr. Charles Winne, communicated the action of the Court upon the suit of Dr. Bartlett for membership in the Society, and read the following reasons assigned by the Court for granting peremptory mandamus:

IN SUPREME COURT, ERIE SPECIAL TERM, MARCH, 1863—

N. DAVIS, Justice, &c.

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| THE PEOPLE, EX. REL. FREDERICK W. BARTLETT, against THE MEDICAL SOCIETY OF THE COUNTY OF ERIE. |
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Motion for peremptory mandamus. J. A. Allen for Relator; H. W. Rogers for Respondent.

DAVIS, J.—“I am led to my reflections on this case to the conclusion that the application of the relator was improperly rejected. It is true that he had been guilty of acts of gross empiricism in the publication of the advertisement annexed to his affidavit; and had that publication been continued at the time of his application I should regard the action of the Society as entirely justifiable. But it appears without contradiction that it had been abandoned for years, and that the practice of the relator had been changed from the *specialty* mentioned in the advertisement to one of a general character. There are no allegations made by defendant affecting the moral character of the relator, and I feel constrained to consider his course at the time of his first establishing himself in Buffalo in the light of *youthful indiscretions* rather than unpardonable offences. The *locus penitentiae* was not shut against him, and his abandonment of his empirical conduct for so long a time before his application, affords satisfactory evidence of an intent

to avail himself of the right and duty to reform. While I have no doubt that the members of the Society who voted for his exclusion, were animated by a high sense of duty to their profession, yet they seem to me to have gone beyond their just powers in refusing him admission for acts which the relator had himself repudiated and abandoned.

If the relator should resume his obnoxious course after his admission he will be justly liable to the censure of the Society and ultimately to removal from its membership. But with the evidence of his present good conduct and of his adhesion to and intention to conform to their rules and ethics, he was legally entitled to admission to the Society, notwithstanding the professional errors of his early practice. The relator is entitled to the writ prayed for."

The President remarked that he should consider it his duty to notify Dr. Bartlett to sign the Constitution and By-Laws, etc., unless otherwise instructed by the Society.

After some discussion it was

Voted that the President be invited to communicate with the President of the State Medical Society, and after consultation with him, empowered to make appeal to the Term of the Supreme Court to be held in November, 1863, if he should think best.

Voted to adjourn.

J. F. MINER,

Sec'y pro tem.

BOOKS REVIEWED.

The Medical Student's Vade Mecum; a Compendium of Anatomy, Physiology, Chemistry, Poisons, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, etc., etc. By GEORGE MENDENHALL, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical College of Ohio, Member of the American Medical Association, etc., etc. Seventh Edition, revised and greatly enlarged, with two hundred and twenty-four illustrations. Philadelphia: LINDSAY & BLAKISTONE, 1863.

This is a very attractive and instructive book for young men pursuing the study of medicine, and while attending lectures it is invaluable. It furnishes a short and plain view of the most important facts and principles of the various sciences which engage his attention, and is arranged so as to refresh and more firmly fix upon his memory whatever is heard or read.—It is also very convenient for ready reference for the physician who may not have time to devote to reading more voluminous works. In cases of

emergency when the young physician may be in doubt what course to pursue, it will prove a convenient and safe guide. It contains in short terms the principal facts of Anatomy, Physiology, Surgery, and Theory and Practice of Medicine and Materia Medica, and also a vast amount of information not included strictly under these heads. Its style is worthy of mention since it is so plain and so eminently within the comprehension of the young student. While we speak of it as especially adapted to the student, we by no means regard it as suited alone to students who have not yet received their diplomas, but physicians of experience will find it exceedingly valuable to them when they desire to refresh their memories with the anatomy, physiology or chemistry which they have forgotten.

This last edition is a great improvement upon the former ones, and as now presented to the profession it more than ever deserves its well merited popularity. It is truly astonishing to observe how many facts and how much direct teaching can be crowded into a small space. We most of all desire to call the attention of medical students to its merits, for there is no book better adapted for ready reference.

A Manual of Minor Surgery. By JOHN PACKARD, M. D., *Demonstrator of Anatomy in the University of Pennsylvania; one of the Visiting Surgeons to the West Philadelphia Military Hospital, etc., etc.* With 145 illustrations. Authorized and adopted by the Surgeon-General of the United States Army for the use of Surgeons in the Field and General Hospitals.

This is a convenient, well arranged, well written compendium of Minor Surgery, describing the instruments and materials used in dressing—application of dressings—modes of arresting hæmorrhage—sutures, etc., etc. It has chapters also upon Surgical Depletion—Anæsthesia—Bandages—Fractures—Dislocations—Cauterization and Injections—Foreign Bodies—Post Mortem Examinations—Disinfectants—Minor Surgical Operations. The Report of a Board, convened by order of the Surgeon-General, to examine the work with the view of its adoption for use in the Medical Department of the Army, declares that “it is satisfied that it is a better text-book upon the subject, than any of the treatises with which the American market has hitherto been supplied.” This is saying a great deal where so many and so unobjectionable works have been published, and especially where so little differences exist, either in the material or manner of arranging it; they all contain the same facts; they all afford essentially the same teaching. This work pleases us very much, and its condensed, direct, plain style, greatly commends it to the profession.

A Practical Hand-Book of Medical Chemistry. By JOHN E. BOWMAN, F. C. S., formerly Professor of Practical Chemistry in King's College, London. Edited by CHARLES L. BLOXAM, Professor of Practical Chemistry in King's College, London. Third American from the fourth and revised London edition, with illustrations. Philadelphia: BLANCHARD & LEA, 1863.

Bowman's Medical Chemistry is the very book we have been wanting, for a long time. It contains in clear language and with accurate description the processes for examining the urine, bile, blood, milk, mucus, pus, etc., etc. Part V is upon the Detection of Poisons in Organic Mixtures—Arsenic, Antimony, Mercury, Lead, Copper, Zinc, Iodine, Sulphuric Acid, Hydrochloric Acid, Nitric Acid, Oxalic Acid, Hydrocyanic Acid, Opium, Strychnine, Nicotia, Phosphorus, Alcoloids, etc., etc. It is a valuable book for every physician, and there can be nothing better adapted to the wants of the medical student. It is indispensable to the physician in the rural districts where they are obliged to rely wholly upon themselves, and cannot at once refer their chemical examinations to professed chemists. In a word, it is a jewel of a book, and all physicians should buy it. In our miscellaneous department will be found a short extract from it upon the adulteration of milk. This is a specimen of the book, and will give an idea of its general style.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A. B., A. M., M. D., Lt. Col. Medical Inspector U. S. A.; Professor of Military Surgery and Hygiene and of Fractures and Dislocations in Bellevue Hospital Medical College; one of the Surgeons to Bellevue Hospital, New York; Professor of Military Surgery, etc. in the Long Island College Hospital, Brooklyn; author of a *Treatise on Military Surgery*. Second edition, revised and improved. Illustrated with two hundred and twenty-five wood cuts. Philadelphia: BLANCHARD & LEA, 1863.

We have very little occasion to speak of this book either by way of description or commendation. Our readers are for the most part familiar with the book, and well acquainted with its distinguished author. In the authorship of this book Dr. Hamilton has made for himself a world wide reputation, and at the same time he has accomplished more for the protection of Surgeons in legal proceedings than had ever been done before, and placed the profession under such lasting obligations that future generations of young surgeons will "rise up and call him blessed." Every form of fracture and dislocation is thoroughly described, together with the most proper mode of adjustment and retention. It is of untold value as a guide

in practice, and at the same time it is a standard authority which will be everywhere recognized both by physicians and courts of justice. It has filled the hiatus which has long existed upon this subject, and taken its proper place with the most valuable of our standard Surgical works. The author tells us in his preface to this second edition that, "by a careful revision I have sought to render this edition, as far as possible, a faithful record of the progress of that branch of surgical science of which it treats. With this view some portions have been amended, some paragraphs have been excluded, and considerable additions have been made. The short chapter on "Gun-Shot Fractures" seemed to be demanded at this moment, and especially as the work has been placed upon the United States Army Supply Table for post and General Hospitals. Whether on the whole, by these new labors, the character of the volume has been improved, the reader must judge.

BOOKS AND PAMPHLETS RECEIVED.

A Treatise on Hygiene with special reference to Military Service. By WM. A. HAMMOND, M. D., Surgeon-General U. S. Army; Fellow of the College of Physicians of Philadelphia; Member of the Philadelphia Pathological Society; of the Academy of Natural Science; of the American Philosophical Society; Honorary Corresponding Member of the British Medical Association; Member of the Verein Fur Geminschaftliche Arbeiten Zur Furderung Der Wissenschaftlichen Heilkunde; late Professor of Anatomy and Physiology in the University of Maryland; late Surgeon to and Lecturer on Clinical Surgery at the Baltimore Infirmary, etc., etc. Philadelphia: J. B. LIPPINCOTT & Co., Nos. 715 and 717 Market street, 1863.

The Pharmacopœia of the United States of America. Fourth Decennial Revision. By authority of the National Convention for revising the Pharmacopœia, held at Washington, A. D. 1860. Philadelphia: J. B. LIPPINCOTT & Co., 1863.

Braithwaite's Retrospect; a half-yearly Journal of Practical Medicine and Surgery, containing a retrospective view of every discovery and practical improvement in the Medical Sciences, digested from the leading Medical Journals of Europe and America.

This invaluable compendium, which was commenced in 1840, is issued simultaneously with the London edition, by virtue of an arrangement entered into with its distinguished editor, and appears regularly in *January and July* of each year.

Gastrotomy—Large Abdominal-Uterine Tumor, extirpated by JOHN O'REILLY, M. D., F. R. C. S. I. Reported by RICHARD J. HALTON, L. R. C. S. I. New York: Printed by ROBERT CRAIGHEAD, 1863.

Annual Announcement and Circular—Bellevue Hospital Medical College, New York, 1863-4.

For particulars notice advertisement sheet.

Announcement of the Rensselaer Polytecnic Institute, Troy, N. Y., 1863-4.

The Rensselaer Polytecnic Institute aims to educate young men intending to follow the Scientific Professions, and more particularly such of them as are promotive of the leading material pursuits of the age. Its principal instruction lies, therefore, in the Departments of Chemistry, Geology and Mineralogy, Botany, and the Mathematical and Physical Sciences.

Young men, also, not contemplating active professional duty, but desirous of increasing their attainments by a partial course of scientific study, are afforded advantages which perhaps no other Institution in the country offers.

The Atlantic Monthly, devoted to Literature, Art and Politics, August, 1863. Boston: TICKNOR & FIELDS.

Bound Volumes of the Atlantic.—The eleventh volume of the "Atlantic," comprising January to July, 1863, is now ready, neatly bound in muslin.

• COMMENCEMENT OF LECTURE TERM IN BERKSHIRE MEDICAL COLLEGE. The forty-first Annual Course of Lectures in this Institution commences August 4th, and continues sixteen weeks. This is one of the oldest and most popular Medical Colleges in New England, and those who pursue their studies in this Institution will enjoy unsurpassed opportunities.

Report of Deaths in the City of Buffalo for the month of June, 1863.

Accident, 4; do. by drowning, 7; Brain, concussion of, 1; Cancer of the stomach, 1; Cholera morbus, 1; Consumption, 16; Convulsions, 15; Croup, 1; Debility, 1; Diarrhœa, 2; Disease of the brain, 1; Disease of the heart, 4; Disease of the spine, 1; Diphtheria, 1; Dropsy, general, 4; do. abdominal, 2; Dysentery, 1; Fever, 1; Fever, puerperal, 1; do. scarlet, 4; Hæmorrhage, 1; do. from uterus, 2; Inflammation of the bowels, 2; do. brain, 3; do. of meninges, 5; do. lungs, 14; do. pericardium, 1; do. peritoneum, 2; do. stomach, 1; Jaundice, 2; Marasmus, 2; Murder, 2; Old age, 6; Paralysis, 1; Rheumatism, 1; Scrofula, 1; Unknown, 5; Whooping cough, 1. Total deaths from diseases, 122. Also, 3 still-born were reported.

By whom Certified.—By Regular Practitioners at Public Institutions, 16; do. in the City at large, 46. By Irregular Practitioners, 24; by Coroner, 17; by Undertakers, 22. Total, 125.

The following shows the number of deaths in the City in each month of the present year; the number in 1862; and the average of each month for the five years, 1858 to 1862, inclusive:

| | 1863. | 1862. | 5 years Average. |
|-----------|-------|-------|---------------------|
| January, | 113 | 128 | 135 |
| February, | 90 | 132 | 120 |
| March, | 94 | 137 | 136 |
| April, | 119 | 155 | 121 |
| May, | 129 | 124 | 116 |
| June, | 122 | 118 | 112 |

The number of deaths in the first six months of the present year is 97 less than in the corresponding period of last year, and 73 less than the average for five years.

SANDFORD EASTMAN, M. D., Health Physician.

BUFFALO

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NO. 2.

ORIGINAL COMMUNICATIONS.

ART. I.—*Bromine in Hospital Gangrene.*—BY WM. B. ALLEY, M. D.

Alvin Dibble, aged 19, a private in Company F, 33d Regiment N. Y. V., received a gun-shot wound on the 3d of last May, at the battle of Fredericksburg, fracturing the upper fifth of the right humerus, and seriously injuring the wrist-joint of the same arm. On the following day he had the head of the humerus exsected; four days afterwards he was removed to some hospital in Washington, where, according to his report the wound steadily improved until it was three-fourths healed up, when Hospital Gangrene appeared, and continued until all the granulating surface, the new cicatrix, a part of the flap made at the exsection, and perhaps two inches in width of the integuments below the wound had sloughed out.

On the 30th day of June he arrived at Mr. Alfred Bell's in Nunda, N. Y., when in consultation with Dr. John Gilmore I first saw the case. We found his pulse 120, feeble, yet regular, appetite gone, and bowels loose. We found a deep, ragged, triangular shaped sore, extending from two inches below the outer edge of the coracoid process nearly down to the insertion of the deltoid muscle, and turning across the arm extending inwards and upwards to within three inches of the external end of the clavicle, leaving a sound tongue of integuments and the deltoid between, being an ill-shaped slough, eight or nine inches long, from one-half to three inches wide, with a little healthy granulating surface, and several insensible

grey spots in the wound, emitting an offensive odor, discharging a grayish, sero-purulent fluid.

The gray patches were cauterized with nitrate silver, the balance of the sore well washed in lime water and dressed with a cold linseed poultice—a chalk and opium powder given at night. Dr. Gilmore took charge of the case, and gave him a plain, generous diet, egg-nog and vegetable bitters. The sore generally dressed once in an hour with lint and cold water, it being first well cleansed with lime water and then washed with a solution of per mang. potassa ζi , water one pint, with an occasional linseed or yeast poultice. This treatment had so far improved the case that on the 12th of July I found his pulse 85, bowels nearly regular, appetite good and strong, skin natural, one-third of the wound nearly cicatrized, the whole sore filled with healthy granulations, and the patient able to sit up and walk about his room, and out into the garden.

Four days afterwards I was advised by Dr. Gilmore that a small grayish spot had appeared in the wound.

On the 18th of July I again saw the case; found his appetite failing, pulse 100, some fever and diarrhœa; a part of the granulating surface and a portion of the integuments at the lower edge of the wound had commenced to slough out, a grayish yellow pus adhered in patches to the granulating surface, and in the upper part of the sore there was a small opening; the granulations around it looked pale and flabby, and were nearly insensible to the touch. On introducing a probe I discovered a loose fragment of bone two inches below the shoulder-joint.

Sunday, July 19th, saw the case with Dr. A. C. Campbell of Mount Morris, and Drs. Gilmore and Upson of Nunda. No change except a stringy, gray matter adhered to a small place in the center, a little below the spiculum of bone found yesterday; all deemed amputation unnecessary. Dr. Campbell advised a plaster, composed of common plaster 100 parts to 8 parts of kerosene oil, with sufficient sweet oil to form a proper paste.

20th.—No real improvement, pulse 105 per minute; the opening in the upper part of wound probed day before yesterday discharges more, and its edges looked gray and flabby. Linseed poultices directed for the night.

21st.—Pulse 115, tongue covered with a dusky white fur, appetite gone, pain and redness about the wound increasing, the odor more offensive, the sore is sloughing out more, a stringy gray pus adheres to several parts of the sore, and a slightly greenish fluid issues from the opening that connects with the fragment of bone. We continued the usual tonic and sustaining

treatment; cauterized all the gray spots, removed all the sloughing parts, washed the wound in castile soap suds, and then with lime water, wetting the sloughing portions with whisky; and covering the whole wound with a yeast and charcoal poultice; wound to be dressed every two hours; and a cloth wet with a wash of acetate of lead, laudanum and cold water to be constantly applied to the inflamed parts about the wound.

Wednesday, July 22d.—No improvement, pulse 120, more fever; most of the new granulations had sloughed out, the opening connected with the bone growing larger, the discharge increasing in quantity and offensiveness.

At 11 o'clock A. M. a consultation was had; Drs. Gilmore, Upson, Warner, Meacham, Booth and myself, present. Opinion unanimous, that immediate amputation of the arm afforded him the only chance of final recovery.

At 2½ o'clock P. M. with the assistance of the above named gentlemen I removed his arm at the shoulder-joint, losing less than ten ounces of blood. Found gangrenous appearances far more extensive than was anticipated. I found the textures near the joint soft and tender. I removed muscular tissue of a pale yellow color, as far back as the neck of the scapula, and in front to the external end of the clavicle; also quite a piece of the subscapularis muscle from under the coracoid process. The dissection was continued as long as we dare keep him under anæsthetic influence, and we hoped that all the diseased tissues were removed; had to use about one square inch of the new cicatrix in order to get sufficient integument to close the wound. Used two parts of Squibb's ether and one part chloroform as an anæsthetic; it operated very kindly; he rallied slowly, sweating profusely for six hours after operation. Pulse 130, at 6 P. M.

On examination of the removed arm we found a fractured, loose, thin rim of bone still surrounding two-thirds the upper and sawed end of the humerus, one-fourth of an inch long, which the surgeon who excised the head had sawed off, but failed to discover and remove. This fragment being left is, perhaps, why the operation was not successful, terminating as it has. The sawed end of the humerus was rough and diseased for an inch below; all the tissues surrounding its upper third were gangrenous being soft, tender and nearly disorganized, and all the muscles were of a pale yellow color, as low as the middle of the arm, and portions of them still lower. There were no nerves or arteries injured by the former operation.

At 10 o'clock P. M. pulse 135, and feeble, and the skin dry. At 12 M. he vomited, apparently all he had taken into his stomach for the past 16 hours, and he loathed everything nourishing; gave him 30 drops aromatic spirits ammonia, followed in half an hour with morphine and brandy; after which he rested better.

23d inst. 6 o'clock A. M. Pulse 130; skin dry; took some toast and tea, but did not relish it. 2 o'clock P. M., pulse 125, complains of pain in the arm. 9 P. M., pulse 120, bowels moved freely.

24th, 9 A. M. Rested considerably; pulse 105, skin more natural, appetite improving, wound begins to suppurate. 9 o'clock P. M., pulse 110, skin dry.

25th, at 9 o'clock A. M. Pulse 108; at evening 118; had three stools since noon.

26th, at 8 A. M. Pulse 125; complains of headache and chilly sensations; wound discharges profusely; about an inch of the upper part of wound healed by first intention; yet a part of the cicatrix used as a flap was flabby and insensible; removed the flabby portion of the cicatrix, cauterized the freshly incised parts, syringed the cavity with lime water, dressing it with a yeast and charcoal poultice, to be changed every two hours; the other parts of the wound to be dressed with lint and cold water every hour. Gave ζ ss wheat whiskey once in three hours, and mutton broth or toast as often. 3 o'clock P. M., pulse 130, tongue moist, covered with a yellowish fur, diarrhoea worse, intellect clear, breath offensive, odor from wound bad; penciled the cavity with a solution of creosote, directed ten drops mur. tinct. of iron every six hours, whisky between, and chalk and opium powders after each evacuation until the diarrhoea abated.

Having read in the *American Medical Times* Dr. R. L. Stanford's article on Bromine in Hospital Gangrene, I resolved to try it, if I could procure the bromine.

27th, 8 o'clock A. M. Rested badly, countenance anxious, pulse 140, diarrhoea better, appetite gone, complains of severe pain in and around the wound, one small gray spot in one corner of wound; that part of the flap made from the newly cicatrized granulations was of a dark purple color emitting a foul odor; beef tea to be tried during the day. 9 o'clock P. M., patient uneasy, headache, pains about the shoulder, pulse 144, tongue moist and coated with a dirty yellow fur; loathed the beef tea, diarrhoea worse, the cavity enlarging, and discharging profusely; gray spot extend-

ing, the purple sloughing cicatrix discharged a greenish yellow, offensive fluid; without doubt hospital gangrene had appeared.

Bromine ordered is on hand. Dissected away all the diseased cicatrix, and gray insensible spots, down to red bleeding tissues; cleansed the cavity thoroughly, and dried with warm dry lint, and applied fresh pure bromine to every part supposed to have any gangrenous appearance. The cavity to be dressed every hour, with a fresh cinchona poultice; the other part of the sore with lint and cold water once in half an hour, and tinct. of arnica applied about the shoulder. A large chalk, kino and opium powder given; stimulants as usual.

28th, 8 o'clock A. M. Pulse 140, mind lucid, rested more quiet, bromine destroyed all the bad odor; no appetite, diarrhoea less, wound dark colored and discharging largely. 3 o'clock P. M., pulse 140, but stronger; urine scanty and high colored; color of cavity improved, but the odor is offensive; applied the bromine again; the ligature from the posterior circumflex artery came away. Diet; soft boiled eggs, tea and toast. Treatment; vegetable and aromatic bitters in whisky every eight hours, after eating; ten drops muri. tinct. iron every six hours, and egg-nog or mutton broth between.

29th, 7 o'clock A. M. Countenance better, pulse 136, pain and soreness about the wound less. Either the bromine or the fluids from the sore had created a severe erythema of the skin, extending several inches over the scapula and down the back, although great pains had been taken to prevent both from coming in contact with the sound skin. Bromine applied again, and the whole cavity and exposed surface washed with a solution of potass, per mang. and dressed with lint and cold water every hour. Same treatment continued. 1 o'clock P. M., pulse the same. At 8 o'clock P. M., pulse 134, appetite improving, had one natural stool; bromine has eaten off the visible part of the ligature of the brachial and perhaps the anterior circumflex arteries; there is less odor, less discharge, and some healthy granulations appearing.

30th, at 8 o'clock. Pulse 128; at night 122, bowels and appetite much improved.

31st. Diarrhoea again, but pulse 112.

August 1st. Same treatment continued. Bromine discontinued, except occasionally a tincture of it to destroy any odor that was present. Pulse 106; all things mending.

2d. Pulse 104.

4th. Pulse 100, appetite good, discharge ceasing.

6th. Pulse 96.

8th. Pulse 90 to 100; bread, milk and baked apples added to diet list; sore dressed with linsced oil ointment.

11th. Walked into the parlor alone; appetite excellent, bowels regular, allowed to eat with family.

15th. Rode out.

18th. Rode one-third of a mile and walked into my office to make me a visit. Pulse 100; system in fine condition; wound, four-fifths cicatrized.

I feel that bromine arrested gangrene in this case, being the main arm, that snatched this young man from the jaws of death. Still, he in fact owes his life to Mr. and Mrs. Bell. They gave him their best rooms and undivided attention, doing all that money and good nursing could do. No patient ever had better care; had it been otherwise he must have gone down. It is true I used other remedies; among them was the solution of potass, per mang., recommended by Surgeon-General Hammond, but I failed to see that it had any more effect than the cold water dressing.

As there are so many poor soldiers in our country liable just now to hospital gangrene, and as our text books furnish us with no specifics, I have reported the foregoing case, hoping it might tend to give others more confidence to try Dr. M. Goldsmith's remedy.

I wish you would give to the public your confidence in and knowledge of the use, of pure bromine in hospital gangrene. Soldiers are frequently coming home with what is supposed to be hospital gangrene, and I have heard of its causing several deaths within a few months.

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

TUESDAY EVENING, August 4, 1863.

Dr. Samo, Vice President, in the Chair.

Reading of the minutes of the last meeting postponed.

Voted, that Dr. S. W. Wetmore and Dr. Thomas M. Johnson be admitted members upon compliance with by-laws.

Dr. Strong related cases of infantile Cholera—one case of peculiar interest on account of sudden fatal termination. The child was four months old, and had been sick for three or four days when it was presented to his

notice in his office. The next day he was called to see it, and found that it had distinct Cholera Infantum. With close attention for twenty-four hours the more violent symptoms abated. Treatment consisted mainly of alteratives and anodynes. The child had been brought up upon a bottle, since the mother had nursing sore mouth, and it was necessary to wean the child from the breast. The second day on visiting it, he found every symptom greatly improved, the child looking as if it would soon be well; had some hesitancy about visiting the child again, it appeared so nearly recovered.— That night it died. This he learned in the morning, and was never more surprised. Having an interest to learn more fully the circumstances of the case, he visited the parents of the child to learn the history. They told him that the child remained the same as when visited by him, until in the night. There was great noise and excitement occasioned by an Irish Negro fight, and the child woke up suddenly in great fright, and there were copious discharges from the bowels. They commenced to prepare an injection which they had previously been directed to use, and before it was ready for administration the child was dead. Had never heard of a child dying of fright, though it was not unusual in times of cholera to hear of cases where fright had produced the disease, in adults, which rapidly terminated in death. That a child should be thus affected, he regarded as quite remarkable.

Dr. Wyckoff spoke of the prevalence of diarrhœa and dysentery. Both of these diseases he thought were more prevalent than common at this season of the year.

Dr. Smith reported diarrhœa, with great prostration, as very common. Had attended several cases which required stimulants in connection with alteratives. They seemed to more urgently require stimulation than cases he had been accustomed to see. He also related the particulars of one case which proved fatal, the system appearing depressed beyond the power of remedies to effect.

Dr. Miner remarked that Diphtheritic disease was also quite prevalent, and that he had attended whole families affected more or less severely.

In some cases the disease appeared to be wholly a local affection, the tonsils, palate, and fauces being covered by the exudation, and yet the general symptoms of the disease were entirely absent, or if not wholly absent, were yet in so mild form, and of so short duration, as to be properly regarded as absent. Had always regarded diphtheria as a constitutional disease, and had now no ground for changing his opinions; still, diphtheritic sore throat

did appear with extensive exudation upon tonsils, fauces, and even within the nasal cavity, and yet was unattended by general symptoms. On the other hand, the general disease with slight, or even without any, local exudation was sometimes observed in quite severe form; and from these two facts he had inferred that removing or curing the local manifestation, was not necessarily removing the disease in the least degree. The cases he had recently treated were mostly of mild type and required no medication. He had generally prescribed chlorate of potassa, mainly for its moral effect.

In one of the German neighborhoods diphtheria had prevailed extensively, and fatally, terminating in death in several cases. In one of these he had been urged by the family, and family physician, to make the operation of tracheotomy, which he did, not however with confidence in its beneficial effects. This patient was seven years old, and had been sick eight or ten days, at least, had not been well for that period, and had been gradually growing worse. Upon the fauces, palate, and tonsils could be distinctly seen the yellow, thick, dry exudation of diphtheria, while it was suffering from the general symptoms of severe membranous croup. Countenance livid, voice almost absent, pulse rapid, and dyspnea very great, which became worse after administration of chloroform. The condition of the respiration and circulation became so bad before the trachea was opened that it seemed certain life would become extinct before the operation could be completed. Upon opening the trachea it was found completely filled with false membrane—with, to all appearance, the false membrane of croup, and not the exudation of diphtheria—that is, not the dry adherent friable membrane observed in the fauces and upon the tonsils, in the usual form of diphtheria.

It was tenacious, easily detached and removed entire, with the complete impression of the trachea when first removed, which it however lost after being laid upon paper. Respiration became easy, pulse more natural, beating one hundred and twelve per minute. The child soon partook readily of milk and whiskey, and appeared comparatively comfortable until the next day, when respiration increased, becoming more and more rapid until death, which took place about twenty-four hours after the operation.

In regard to the propriety of this practice he had little to say. So far as his experience or observation extended, there was nothing to favor such operation, and whenever he made it, it was rather with deference to the views and opinions of others, than from any confidence he entertained in its beneficial effects. When surgeons have reported great success in tracheoto-

my for croup, they have misled us by incorrect diagnosis or mis-statement of fact, calling spasmodic croup, membranous, or excluding fatal cases from the report. The point of interest was the appearance of the membrane in the trachea, and its resemblance of croup, while in the throat it was distinctly diphtheritic. Whatever may be said about the differences in the two diseases, when occurring in the form of the case described, they are practically and actually the same. Specimen cases of diphtheria and croup are sufficiently distinctive, while the two diseases often approach each other, and become the same; and he believed that there was always a near relationship in the character of the exudation in these two forms of disease.

Dr. Wyckoff spoke of having seen cases of diphtheritic croup and of the almost uniform fatality of the disease. Expressed distrust in the efficacy of tracheotomy, and thought the cases might as well terminate fatally without, as after it, since it did not afford great relief during the remainder of life.

Dr. Strong remarked upon the negligence of physicians after being voted members of the Association in complying with the by-laws.—Many of them never take any further steps towards completing their membership. Thought it improper to vote to membership any who did not desire to become members, and show that desire by signing the Constitution and By-Laws and paying initiation fee.

Voted to adjourn to the first Tuesday evening in September.

J. F. MINER, *Secretary*.

ART. III.—*Cases occurring in Stanton Military General Hospital—Surg. JOHN A. LIDELL, U. S. V.—Gun-shot Wound of Head—Trephining—Death. Reported by WM. H. GAIL, Medical Cadet, U. S. A.*

Private Peter Hayes, Co. B, Ninth Pennsylvania Reserves, aged about 28 years, admitted to Stanton Hospital on the morning of December 15th, 1862; was wounded at the battle of Fredericksburg, Va., December 13th, 1862, in the head. Said he had no recollection of the receipt of the injury, and was unconscious for some time afterward. There was a scalp wound, such as would be inflicted by a bullet, over the posterior part of the parietal bone, on the left side of the head. On introducing the finger the wound was found to extend down to the bone, and

the bone was depressed about one-fourth or one-sixth of an inch. There was another scalp wound about two inches anterior to the one just mentioned, through which he said a portion of a bullet had been extracted, before he came to this hospital. The last mentioned scalp wound was much smaller than the former, and the two were connected together underneath the scalp, as would be the case if the bullet had impinged upon the skull at the posterior wound, and glanced forward underneath the scalp. The patient complained of nothing but soreness in and about the scalp wound; he exhibited no symptom of compression or other lesion of the brain. He walked into the ward unassisted. The pulse and skin were good; the pupils were natural; he protruded his tongue well; there was no paralysis of any part of the body; he was perfectly conscious, and answered questions promptly and intelligently. He was ordered to remain quiet in bed; his hair was cropped close; ice was applied to his head, and the day passed without any alarming symptoms. During that night he had several convulsions, cataleptic in character, and brief in duration. At the morning visit of the 16th, he was found comatose, not very profoundly so, however, for he could be roused by speaking to him in a loud tone, and by introducing the finger into the wound, but he immediately sank off again into the state of stupor. His evacuations were passed involuntarily in bed. He was subject to frequent twitchings of the muscles of the right side of his face. There was no disparity in the pupils, which were somewhat contracted; his limbs were not paralyzed; his pulse was preternaturally slow, and rather feeble; his skin cool and moist; (inflammation of the membranes of the brain, with effusion of its products, was the diagnosis.) Ice to head was continued, a blister was applied to nape of neck, and magnes. sulph. in oz. doses every four hours was given him, until free catharsis was produced. There was little change during the day.

December 17th. The coma deepened; the power of deglutition was lost, and the tip of the tongue turned to the left side of the mouth when protruded, notwithstanding the catharsis, blister, and the ice to the head. He had no control over his evacuations; the pupils were still symmetrical, and contracted readily with the stimulus of light; his pulse was slow and feeble; his skin cool and moist.

On the morning of the 18th, the patient being worse, exhibiting paralysis of the right arm, but not of the right leg, as a dernier resort, it was determined to apply the trephine and remove the depressed bone and fragments of internal table. Accordingly the patient was put under the influ

ence of sulphuric ether, and the operation performed by Surgeon John A. Lidell, U. S. V. The crucial incision was made to expose the seat of fracture. One piece of bone, irregularly oval in shape, and rather more than one-half inch in diameter, was found to be depressed to the depth of from one-sixth to one-fourth of an inch. The crown of the trephine was applied to the anterior margin of the opening, in which situation it was observed that the perieranium was detached very easily. On removing the disk of bone excised by the trephine, the depressed portion was raised up, and easily removed with common dissecting forceps. Six fragments of the internal table were also removed; one of these of considerable size had perforated the dura-mater, making a rent about one-half an inch in length, and lacerating the substance of the brain; on withdrawing from that situation by the aid of forceps, there followed it a discharge of apparently disorganized brain substance.

After the operation the coma lightened considerably; the power of deglutition was restored, and he seemed sufficiently conscious to recognize his attendants, though he could not speak. In proof of partial recovery of consciousness, the nurse said he signalled to him when he wished to urinate. The improvement, however, was of short duration; on the afternoon of the 19th the coma again became more profound.

On the 20th, paralysis of the right side of the body became complete. After the operation frequent convulsive twitchings of the muscles of the right side of the face continued, but no general convulsive movements occurred. The symptoms increased in gravity continually; the patient became more and more exhausted, until mid-day on the 22d, nine days after receiving the injury, and four days subsequent to the operation, when he expired.

Autopsy 24 hours after death. Cadaver pale and emaciated; rigor mortis strong; on turning down the scalp, the track of the glancing ball from the posterior to the anterior wound was plainly seen; on dividing the dura-mater in the line of the saw, a thick and dark colored pus was discharged from the left side, to the amount of about one and one-half ounces; the dura-mater was seen to be congested, and on turning it up where it covers the convexity of the left cerebral hemisphere, its interior (parietal arachnoid) was seen to be lined over a great space, with a thick layer of false membrane; after removing the dura-mater, the greater part of the convex surface of the left cerebral hemisphere was seen to be covered over with a thick layer of yellowish gray colored plastic exudation, with brown

spots, adhering to the visceral arachnoid; the surface of the right cerebral hemisphere presented a congested appearance; under the seat of injury to the cranium the substance of the brain was seen to be lacerated and prominent, and on slicing it carefully, it was found to have undergone red softening and discolorization to the depth of one and one-half inches, in that locality.

The substance of the cerebrum generally, including both right and left hemispheres, was congested; the puncta were unusually large and numerous, and on the cut surface of a section the open mouths of blood vessels were very distinct, so much so as to constitute the cribriform appearance. The ventricles contained a considerable quantity of clear serum, and a sero-sanguinolent effusion collected at the base of the skull. The visceral arachnoid about base of brain was opalescent.

MISCELLANEOUS.

CHOLERA INFANTUM.

BY OWEN BROWN, M. D., OF PROVIDENCE.

This disease occurs in New England in the hot weather of summer and early autumn, and is so far familiar to most physicians, as to require no very minute definition. It is characterized by diarrhoea, vomiting, and great prostration of the system. The discharges from the bowels are variously colored, as green, dark brown, or resembling rice water. The odor is often very fetid, similar to that of putrescent meat, arising, perhaps from the absence of the antiseptic influence of healthy bile, in due amount, in the intestinal canal. The fever which is usually present, occasionally assumes a remittent type. The bills of mortality in most cities, and the experience of physicians in the localities where it prevails, testify to its fearful fatality.

HISTORY.—It is doubted if there is another disease, which annually destroys so many lives, about which so little has been written. Authorities tell us that in our large cities, during the summer months, about one-fourth of all the deaths, among children, arise from this disease. During the year 1860, five hundred and fourteen children are reported as having died from it in Philadelphia alone, which is perhaps not more than the average mortality from this cause, in most of the large cities in this country.

Though it causes this frightful destruction of infant life every year, yet the name of Cholera Infantum, or its synonyms, is not found in the indices to Braithwaite's Summary of Medicine and Surgery during the six years from 1854 to 1860, thus leaving the inference that not an important article was written upon this subject during all that time. In the Year Book of Medicine and Surgery, of the Sydenham Society, for 1859, it is true that two articles upon the Pathological Appearances in Cholera Infantum are alluded to; both were published in that year. In one of these articles, the writer states that in many cases, the sinuses of the dura mater were found "filled with fresh blood coagula, and with fibrinous formations more or less adherent and firm," and hence arrives at the conclusion that the rapid loss of water from the blood favors the formation of venous thrombus in the brain, and thus occasions sudden death, in many cases. In the other paper alluded to, the author relates four cases, in all of which he found inflammation of the colon, which he considers a constant attendant upon the disease. Besides these articles, the Year Book alludes to a paper upon Cholera Infantum, in the United States, as published in New York in 1858, and also to a paper published in the Gazette des Hopitaux, in 1858, entitled Weaning—its Relations to Cholera Infantum. Perhaps the most valuable article yet written upon Cholera Infantum, is by Dr. James Stewart, published in New York, in 1857. This paper, however, is not intended to present a bibliography of this subject. In the various medical periodicals, there are remarks upon the "Diarrhoea of Infants," which, from the kindred nature of the diseases, affords much valuable information relating to the subject immediately before us.

Dr. Condie states that "the disease occurs as an epidemic in all the large cities, throughout the middle, the southern, and most of the western States, during the season of the greatest heats, making its appearance and ceasing, earlier or later, according as the summer varies in the period of its commencement and close." "In the more southern States, it appears as early as April or May, and frequently cases of it occur until late in September."

Dr. Copland remarks, "that in some very unhealthy climates within the tropics, the children born of European parents seldom reach two or three years, without having an attack, and in some places scarcely one will survive this age, if suffered to remain in them. It is certainly not an infrequent malady among children in the English metropolis."

SYMPTOMS.—The disease, like cholera, is often preceded by diarrhoea, but not unfrequently it commences at once, like cholera morbus, with vomiting

and purging, and death sometimes occurs within twenty-four hours. More commonly it comes on with frequent diarrhœa, attended with frequent vomiting, with marked pyrexia, and the case may be protracted from one to several weeks, ending in complete irritability of the stomach, collapse, and, perhaps cerebral effusions.

The diarrhœa may linger for months, even, and with the approach of cold weather, yield to treatment, or the recuperative powers of the system may then, alone, prove adequate to recovery.

PATHOLOGY.—This has often been minutely and ably described, and it is not the intention of the writer to go into detail, nor could he state anything original upon this head.

In cases of an early death from an attack, it is known that the mucous membrane of the alimentary canal is unusually pale, the liver frequently congested—sometimes enlarged, and observers are perhaps unanimous in the statement that the *mucous follicles* of the alimentary canal are enlarged. Dr. Horner describes the appearance of the enlarged follicles as “resembling a sprinkling of white sand upon the surface of the mucous membrane.”

In more protracted cases, the mucous membrane of the stomach and intestines exhibits evidence of inflammation in red points, and the glandular follicles are enlarged. Dr. Horner “found the mucous follicles enlarged, and even ulcerated, both in the small and large intestines, and in one case, ulcerations of the surface of the membrane in the jejunum.

Pathologists appear to be united in the opinion that there is present, *at first*, merely an *enlarged* condition of the *mucous follicles*, with irritation of the mucous membrane, and congestion and enlargement of the liver. At a more advanced stage, inflammation of the gastro-enteric mucous membrane, with, sometimes, ulceration and softening.

At almost any period of the attack, the meninges of the brain are liable to be involved, and serous, or sero-sanguineous, effusion to take place.

CAUSES.—The disease is known to be almost wholly confined to children under two years of age. The *mucous follicles* of such are “liable to be *largely developed*,” and the mucous membrane is peculiarly sensitive.—During dentition, the buccal mucous membrane, as well as the salivary glands, perform their functions of secretion with unusual activity; by reflex action, the nervous irritability produced by the pressure of the advancing teeth against the gums, or against the nervous filaments distributed to the gums, would excite the mucous membrane of the stomach and intestines to

morbid action; any indigestible substances taken as food, may increase this action, and the relaxing and debilitating effect of the hot, close, damp air of cholera infantum localities, together with the unascertained atmospheric poison absorbed into the system from such localities, complete the conditions essential to the production of this fatal disease.

It is well known that during the heat of summer, certain sudden changes, as from dry and warm to damp, sultry, "close" weather, will give origin to numerous cases of cholera morbus in adults; it is believed, that in large cities, corresponding atmospheric changes are attended by a large increase of cases of cholera infantum among children—that causes which would, in adults, have produced cholera morbus, in the more sensitive and impressible digestive organs of the child, induce cholera infantum.

NATURE.—The pathological conditions throw much light upon the nature of this affection, rendering it very safe to regard it as essentially, at first, a *gastro enteric irritation*, passing into gastro-enteritis, with the concomitant lesions, involving especially the mucous follicles of the alimentary canal, complicated with congestion and enlargement of the liver; and made much more virulent by a depraved condition of the blood, induced by atmospheric toxæmia.

TREATMENT.—At the onset of an attack, the indications, reasoning from the pathology and nature of the disease, are:

1st. To quiet nervous irritability, whether arising from dentition, or other cause affecting any part of the digestive organs, and which, by reflex action, may induce vomiting or diarrhœa.

2d. To arrest the increased secretion and excretion of the mucous follicles, and thereby arrest another source of diarrhœa and vomiting.

3d. To control the fever induced by the blood poison, and give the system an opportunity to recover itself.

4th. At a more advanced stage to guard against collapse, or to arouse the system from it when it has supervened.

5th. The treatment of the sequelæ.

To meet these indications, the following remedies, variously combined, have been found very efficient:

Opium, or its preparations; creosote, calomel and mercury with chalk; aromatics, as aromatic syrup of rhubarb, infusion of cinnamon, or of spearmint; astringents, as rhatany, in some of its preparations, and acetate of lead; to these may be added quinia, iron, mineral acids and ice.

To a child under two years, one twenty-fourth to one sixteenth of a grain of powdered opium, may be given, with half a grain to a grain of calomel, to promote the action of the liver; or where there is not much gastric irritation, one or two grains of Dover's Powder, with a grain of mercurialized chalk, may fulfill the first indication to quiet nervous irritation.

The addition of a grain of acetate of lead, to either of the above, restrains the action of the secretory surface of the intestines, or constricts the mucous follicles, and at the same time, perhaps, allays febrile excitement.

Creosote is known to have a powerful effect in restraining serous discharges, and it seems highly probable that its anti-septic properties may be of advantage, since the discharges are so often highly putrescent; besides, it is often useful in allaying gastric irritation.

Aromatics, acting as local stimulants of digestive organs, often prevent or overcome the want of tone which gives origin to morbid excretion.

Any successful attempt at arresting the diarrhoea and vomiting, is liable to result in an increase of fever, with great thirst; the profuse discharges from the stomach and bowels deprive the blood of its watery part, and in this manner, thirst is also induced.

Ice, given in small quantities, at frequent intervals, most happily controls the fever, and allays the thirst.

Since the preparation of this paper was commenced, the writer has had under treatment a child of some twenty months, sick with cholera infantum, which lay, part of the time, in a semi-unconscious condition, but was disturbed at intervals by pain, or aroused by thirst, and then so eager for fluids as to take nearly indifferently, unpalatable medicines or grateful drinks. When a lump of ice was placed in this child's mouth, with the first cooling sensation, it awoke from its lethargy, and its face fairly beamed with pleasure. From that moment it began to amend, and recovered from a nearly hopeless condition.

Dr. Mauran, of this city, relates an instance which occurred to him many years ago, when ice was not so much used in practice as now. He was called to a child nearly in the collapsed stage of cholera infantum. It was vomiting most profusely a dark substance resembling coffee grounds. It entreated water from every one who approached, and vomited it instantly. Dr. M. called for some ice, and a lump was placed in the child's mouth, and retained with great satisfaction. Regarding the case as hopeless, and seeing the comfort the ice afforded, the Doctor sat by and gave it piece after

piece, until, in a brief time, the child had swallowed an entire saucer full. The ice was continued during the night as the child desired it. This patient rapidly recovered.

The fourth condition, or tendency to collapse, or collapse itself, is, of course, best met with hot applications, cordials and stimulants, if the stomach will bear them; but too often little remains which can be done with much hope of recovery.

In the Transactions of the Medical Society of the State of New York, for 1861, is an article upon "Dermoid Medication," which, it is said, "has often proved successful, in cases of cholera infantum, when all other means had failed." The skin is first cleansed with soap and warm water, and excited by frictions. Then a flannel, sufficiently large to cover the abdomen, is saturated with a solution of one scruple of corrosive sublimate, in six fluid ounces of alcohol. The flannel is sprinkled with laudanum and laid upon the bowels; over this is placed another layer, saturated with a hot infusion of spices. The whole is covered with oiled silk, and suffered to remain from twenty-four to forty-eight hours. Ice, iced champagne, &c., to be given internally.

The *sequelæ* are, most likely to be chronic diarrhœa, with anæmia, or marasmus. For the treatment of these affections, quinia, or quinia and iron, seem most admirably adapted, as the following:

| | |
|----------------------------------|--------|
| R̄ Quinæ et Ferri Citratis | ʒ ij |
| Syrupi Zingiberis | f ʒ iv |
| Tincturæ Opii | f ʒ ss |

Misce.—Dose, half a teaspoonful once in four hours, to a child under two years old.

It is familiar to the profession, that after opiates have failed to restrain a diarrhœa, quinia, or quinia and iron, will most effectually accomplish this end. In an able article in the *American Journal of Medical Sciences*, No. lxxxiii, N. S., p. 53, the writer says, of "the more obvious and important effects of quinia, none is of so much importance as its power of giving contractile action to the capillaries. This property of quinia gives it a power over almost all forms of venous and capillary congestion, which, perhaps, it is impossible to obtain by any other known agent." In concluding his remarks upon the known antagonistic effects of opium and quinia, he says, "he is forced to the conclusion, that they are not so far antagonistic that they should never be administered together."—*Id.* p. 58.

Since the above was written, the writer has met with the following extracts, from the Transactions of the Illinois State Medical Society, for 1860:

Speaking of the Diarrhœa of Children, Dr. J. O. Harris says:—"In this disease, I find that after exhausting all the usual remedies advised by our standard authors, and by my brother physicians, that quinine, in *full* doses, frequently repeated, acted (or seemed to act) admirably. I thought at the time that I was prescribing empirically, and now do not pretend to explain the *modus operandi* of the remedy. I only know this, that my patient recovered under the use of quinine, and I still prescribe it, when I see no particular indication for its use."

Dr. J. S. Rich of Florida, in an article upon Cholera Infantum, says he was remarkably successful in treating it with large doses of quinine. The following was given to his own child:

| | |
|--------------------------------|------------------|
| R̄ Quinîæ Sulphatis..... | grs. v. |
| Hydrargyri Chloridi Mitis..... | grs. iij. |
| Olei Terebinthinæ..... | gtt xx. |
| Mellis..... | f̄ Ⓞ j. |

Misce.—Give the whole at a dose,

After about twelve hours, the same dose was repeated, omitting the calomel. He says, "I could not detect any other effect of the quinine than a most profound and salutary sleep; the pulse, which had been much too frequent, irregular, thread-like and fluctuating, became slow as in health, and firm; the skin was continually moist, with warm perspiration; the kidneys acted most copiously; the bowels acted twice, but the last showing that the liver was performing its healthy functions. The most remarkable change was the disappearance of the general cadaverous aspect and *grave-yard odor*. The return of appetite and general powers of digestion, was extraordinary."—*Philadelphia Med. and Surg. Jour.*, May 24, 1862.

The following is a summary of treatment which the writer has found happily to fulfill many of the conditions suggested in this paper.

In the early stages, the following mixture is given, unless there are manifest contra-indications, including all the ingredients, or omitting those not apparently required:

| | |
|---------------------------------|---------------------|
| R Syrupi Acacîe..... | f̄ z iiss. |
| Syrupi Rhei Aromatici..... | f̄ z ss. |
| Syrupi Kramerîæ..... | z ss. |
| Spiritus Ammonîæ Aromatici..... | f̄ z j. |
| Tincturæ Opii..... | f̄ z ss. |
| Creosote..... | gtt. iv-vi. |

Misce.—To a child of one year or under, give half a teaspoonful once in four hours, gradually increasing the dose to a teaspoonful.

If this does not check the discharges, give at alternate doses, one-twenty-fourth to one-sixteenth of a grain of powdered opium, with half grain of calomel, or omitting the first preparation, give the last once in four hours. If still more restraining effect is desired, add to the last half a grain of acetate of lead.

At any stage of the disease, if there is evidence of acidity in the prime viæ, one or two grains of the bicarbonate of soda are added to the above powder, of course omitting the acetate of lead, when bicarbonates are given. Ice, as has been before suggested, or infusion of spearmint, cold, when there is not much gastric irritability. If there is much tenderness of the abdomen, mustard cataplasms, carefully guarding against vesication, or cloths wet with mustard and vinegar, pepper-sauce, or alcohol, are applied to the abdomen. When there are head symptoms, mustard cataplasms to the feet.

Dr. Condie states that minute doses of calomel rubbed up with sugar, and placed upon the tongue, will allay the vomiting.

Of course this treatment is not in any manner intended to suspend the paramount advantages to be derived from pure air, or a change of air, when practicable.—*Chicago Med. Jour.*

SARRACENIA PURPUREA AS A REMEDY FOR SMALL-POX.

In a letter to *The Times* of Tuesday last, Surgeon-Major Logie, Royal Horse Guards, (Blue) stationed at Windsor, writes that "Some time ago, seeing a paper written by Assistant-Surgeon Miles," of the Royal Artillery, on the efficacy of the North American plant called the *Sarracenia purpurea*, or pitcher plant, in the treatment of small-pox among the Indians, my colleague (Mr. Agnis) and myself have given this remedy, which has been imported into this country by Mr. Miles to the house of Messrs, Savory & Moore, a fair trial; and I am happy to say the eleven cases in our hands have recovered under its peculiar influence. This remedy I consider a boon to the public, for this reason—it is so easily managed; any one can make a decoction or infusion of the root, like tea. An ounce of the root is sliced and infused in a quart of water, and allowed to simmer down to a pint; this is given in two tablespoonful doses every four hours,

while the patient is well nourished with beef-tea and arrowroot. Four of the cases in my hospital have been severe confluent cases; they have throughout the disease all been perfectly sensible, have had excellent appetites, been free from pain, and have never felt weak. The effects of this medicine, which I have carefully watched, seemed to arrest the development of the pustules, killing, as it were, the virus from within, thereby changing the character of the disease and doing away with the cause of pitting, and thus avoiding the necessity of gutta-percha and india-rubber applications, or of opening the pustules. In my opinion, all anticipations of disfigurement from pitting may now be calmed, if this medicine is given from the commencement of the disease. Before leaving this subject, I may here caution the public that the useful part of the plant is its root, as recommended by Mr. Miles; and it can only be obtained from Messrs. Savery & Moore, to whose house alone it has been imported. With the usual kindness of Dr. Gibson, the Director-General, I have been amply supplied with it for the use of my regiment. So much am I impressed with the efficacy of it in small-pox over the old mode of treatment that I hope to hear of it in every country gentleman's medicine-chest, and before long that we shall see no more faces, as described by Dickens, like the interior surfaces of sliced muffins."—*London Lancet*.

PHOTOGRAPHY AND MURDER.

Under this singular and ominous title an absurd correspondence has been going the round of the journals, and has been accepted in some quarters as conveying solemn truth of serious import. A Mr. Warner, photographer, on reading an account of the murder of Emma Jackson in St. Giles's, addressed a letter to Detective Officer James F. Thompson, informing him that "if the eyes of a murdered person be photographed within a certain time after death, upon the retina will be found depicted the last thing that appeared before them, and that in the present case the features of the murderer would most probably be found thereon." The writer exemplified his statement by the fact of his having, four years ago, taken a negative of the eye of a calf a few hours after death, and, upon a microscopic examination of the same, found depicted thereon the lines of the pavement on the slaughter-house floor. This negative is unfortunately broken, and the pieces lost. Mr. Warner states his opinion that the subject is of too great

importance and interest to be passed heedlessly by, because if the fact was known through the length and breadth of the land, it would, in his estimation, tend materially to decrease that most horrible of all crimes—murder.

Mr. Thompson, superintendent of detectives, replies in similarly solemn style, capping the marvellous information of his correspondent by a detail of circumstantial accuracy. He says: "The secret you convey in your letter—photographing the eyes of a murdered person—is one of the greatest importance, but unfortunately it is unavailing in this instance, for various reasons, three of which I will give you: 1st, life had been extinct some forty hours prior to my seeing the body of Emma Jackson; 2d, the eyes were closed; 3d, a post-mortem examination has been made, and she has been buried—shell coffin—since Monday last. In conversing with an eminent oculist some four years ago upon this subject, I learned that unless the eyes were photographed within twenty-four hours after death no result would be obtained, the object transfixed thereon vanishing in the same manner as undeveloped negative photograph exposed to light. I did not therefore resort to this expedient."

The multitude of reasons given by the sapient superintendent of detectives for not attempting an absurd impossibility will remind his readers of the forty reasons of the mayor for the town-gunner not firing a salute, of which the first—namely, the absence of powder—was held to be sufficient. The information derived from the eminent oculist is singularly interesting. But, before attempting the photographic feat which is suggested, Mr. Thompson might find useful practice in endeavoring to subtract the sound of a flute from a ton of coals, or to draw out the moonshine from cucumber seeds. *Quid vetat ridendo dicere verum.* Mr. Warner has hoaxed himself, and the superintendent of detectives takes the name of oculist in vain. "Stone walls do not a prison make," and the bars on Mr. Warner's photograph were not akin to the pavement of the slaughter-house. Mr. Thompson may assure Sir Richard Mayne that such a photograph taken more than twenty-four hours after death will succeed as well as if taken two minutes after—and no better.—*London Lancet.*

ACTION OF QUININE.—That quinine is a tonic I have long had reason to doubt. Quantities of this valuable drug appear to me to be annually wasted in administering it in all sorts of affections as a simple means of increasing appetite or communicating strength. I consider it a vegetable

alkaloid, which, like others of its class, operates on special parts of the nervous system through the blood vessels. Why it does so we are ignorant. That vegetable poisons do possess this influence constitutes an ultimate fact in the science of therapeutics. But in a similar manner to that in which opium operates on the brain, strychnine and hemlock on the spinal cord, and other drugs operate on other parts of the nervous system, so, I believe, quinine acts on the ganglionic system of nerves, controlling and diminishing those phenomena of fever which physiology has proved to be produced by their irritation or injury.—(*J. Hughes Bennett*) *Lancet*.

OPERATIONS FOR HARD CATARACT—RESULTS OF EXTRACTION AND OF DEPRESSION OR RECLINATION.—There are four compilations relative to the results of operations upon hard cataract. Their conclusions do not exactly correspond, although they do not vary very widely. By adding them together their errors may balance, and the result be a close approximation to the truth.

| | By Extraction. | Failures. | Ratio. | Reclination. | Failures. | Ratio. |
|---------------------|----------------|-----------|---------|--------------|-----------|---------|
| Frederick Jaeger, - | 728 | 33 | 1 in 22 | 129 | 21 | 1 in 6 |
| Edward Jaeger, - - | 114 | 7 | 1 in 16 | 81 | 12 | 1 in 7 |
| Arit, - - - | 540 | 41 | 1 in 13 | 82 | 14 | 1 in 6 |
| Rivaud-Lanraud - - | 2073 | 201 | 1 in 10 | 177 | 50 | 1 in 3½ |
| Total, - - - | 3455 | 281 | 1 in 12 | 469 | 97 | 1 in 5 |

Stated in another form, the number of failures after extraction of hard cataract is eight per cent., while of reclination or couching, the number of failures is twenty-one per cent. By failures are meant cases where sight was totally lost. After extraction the pupil may be closed, and, for the time, sight not be restored; an iridectomy may afterwards impart vision. Such cases are not counted failures. In reclination the immediate result may be successful, while after a few months chronic choroiditis or retinitis may be set up by the presence of the lens in the vitreous humor, and eventuate in softening and atrophy of the globe. The failures in reclination may be more or less remote, those of extraction follow immediately. The successes of reclination are liable to a disastrous issue years after the operation; the successes of extraction are permanent.—II, D. N.

U, S. PHARMACOPEIA.—We had hoped to have been able to present a notice of this work, which would have been published ere this, but for an expected delay of two weeks, arising out of the necessity of getting type

made for expressing the accentuation in the index, as directed by the Convention at Washington. The Chairman of the Committee having objected to the appearance of any notice prior to publication, we are compelled to postpone any commentary on the Pharmacopœia until our September issue. Meanwhile we have every reason to believe that the book will be published about the middle of July.—*American Journal of Pharmacy.*

EDITORIAL DEPARTMENT.

THE COURTS AND ERIE COUNTY MEDICAL SOCIETY.

The County Medical Societies are branches of the New York State Medical Society, and have been regarded in former years as essential to the interests of the regular profession. At the time of organization, they were made by law a protection to the practice of legitimate medicine, but have long since by statute ceased to possess any such function. While it has been obvious that the organization was of no practical value, it has been sustained upon the ground of forming a medium of connection with the State Society, and constituting a sort of dividing line between legitimate and irregular practice. It was supposed that the Society could regulate in some degree its own affairs, could at least select its fellows and protect itself from what was regarded as improper and unworthy membership.

By the following section of an Act passed April 10, 1813, it appears that by-laws could be legally made regulating the admission and expulsion of members; the Society have always acted under this impression, and have formerly been sustained in their action:

“And be it further enacted, That it shall be lawful for the respective Societies to make such by-laws and regulations relative to the affairs, concerns and property of said Societies, relative to the admission and expulsion of members, relative to such donations or contributions as they or a majority of the members at their annual meeting shall think fit and proper: *Provided,* That such by-laws, rules and regulations made by the Society of the State of New York, be not contrary to, nor inconsistent with the Constitution and laws of this State, or of the United States; and that the by-laws, rules and regulations of the respective County Societies shall not be repugnant to the by-laws, rules and regulations of the Medical Society of the State of New York, nor contrary to, nor inconsistent with the Constitution and laws of this State or of the United States.”

So far as we are informed the right and duty of the Society to guard itself from improper and dishonorable membership was not questioned

until within the last few years, when appeal has been made to the Courts upon several occasions for admission by those who had been refused its fellowship. The virtual decision of the Court, has been to the effect, that the physicians belonging to the Erie County Medical Society, have no legal right to select their companions; that the Courts have the right to admit and retain physicians in this organization, or to expel when their conduct is judged by them sufficiently dishonorable and unprofessional to warrant such action. This Society, if a purely legal association, at present affords no legal protection whatever; the graduate of a respectable Medical College has all the rights and privileges which pertain to members of the County or State Societies, and there is no longer the slightest benefit to be derived from these organizations so far as professional assistance, or legal protection is concerned. That the Courts should presume to decide who are, and who are not, suitable persons for membership in our Medical Societies, is one of the most absurd propositions ever presented, and submission to such dictation would prove the Societies incapable of self-government and unworthy the trusts confided to them.

We have been deluded in the view that our State and County Societies were honorable associations, for the protection and promotion of medical science, for it appears at length that graduates of medical colleges may practice the grossest empiricism, make the most public exposure of their charlatanism, obtain the favor and support of the easily fooled, and at length after the pretention has grown old, and the rewards of empiricism and mountebankry more precarious and uncertain, may assume the "*locus penitentiae*," and be regarded by the Courts as entitled to all the rights and privileges of good fellowship; that they may do this and yet never make any public acknowledgment of their errors, placing so far as the masses are concerned, the advocate and advertiser of an exploded and obsolete system of pretention, upon an equality with the members of an honorable profession. It looks in making a truthful picture as if we had some actual life scene to draw from, and were growing personal in our allusions to the Courts, and to the members admitted through them to the Society. This is not so at all. We do not mean any such thing. It is the principle we oppose, and nothing more. If the Courts admit our members as they judge proper, and retain them as they see best, offering acceptance with all sins unrepented and unforgiven, at least unacknowledged only at the confessional, where the curtain of secrecy is closely drawn, then at our next meeting we expect the Court will admit the few

Homeopathists in the City who hold diplomas from medical colleges, for it is now pretty well settled that they occupy the "*locus penitentiae*" as truly and as heartily as any other, while in some cases their actual practice is sufficiently orthodox for the Judges and Courts, "and surely the door of repentance is not shut against them, and they may avail themselves of the right and duty to reform."

The Courts are opening the door of admission to our County Society so widely and protecting it so feebly that if it ever was of any practical benefit to the profession, it is now wholly destroyed and the Society is made only the medium whereby quackery may obtain better company. To the regular physician it has no value. Indeed it is astonishing how even without this finishing touch of destruction, physicians could so long have respected and sustained this organization, yearly going through the miserable farce of electing officers, collecting dues, discussing the by-laws, etc., etc., when in point of fact the soul and spirit of the organization had long since taken its departure, leaving only the recollection of its former worth in the minds of a few of the "oldest inhabitants." Pity that its skeleton form, could not have gone with the pure spirit which once inhabited it, and rested in a common and honored grave.

It may be difficult to make satisfactory disposition of this ghost, but present or absent, sustained or repudiated, regarded or neglected, it is only the shadow without the substance. The Erie County Medical Society protects no interest, redresses no wrong, cultivates no medical or other science, makes now no dividing line between legitimate, honest and honorable medical practice, and the grossest forms of pretention and quackery. It is capable of evil, but wholly incompetent of good. But why speak the truth so plainly of an institution which has been so long respected? Why not let the dead rest in peace? We are law loving, law abiding citizens, and do not propose any conflict with the institutions of law. We do however propose for the consideration of the members of Erie County Medical Society, the abandonment of an organization which does them no good, and appears now likely to do them great harm. A Medical Society whose membership is under the control of our Courts and Judges, which proposes no advancement of medical science, and offers no protection to medical practice, is a nuisance and a humbug; and sinks into insignificance when standing by the side of a voluntary association whose chief object is the cultivation and promotion of medical and surgical knowledge, whose

membership is thus far above suspicion, and wholly under its control, in no way liable to dictation or interference.

The County Society once abandoned, dead and buried, its resurrection is impossible with its present provisions. The State Society has kept up a nearer semblance of life, and as forming a connection with it, the County organization may still have its advocates. This is the only conceivable argument in its favor, and we are willing it should have its full influence since for this loss of communication we have a remedy to propose which may be made effectual, but if there is no remedy, it is well, of two evils to choose the least.

We have for a number of years been trying to sustain the integrity of this Society, both in the Courts and elsewhere. It has cost us as a profession a great expenditure of kind feeling, and has been productive of no good whatever. It has seemed to augment and make public the differences among medical men, while it has never conferred one single advantage upon either party in the contest. Looking at the interests of any physicians who have been admitted to membership by force of legal process, it has never accomplished for them any good; it is impossible by this process to obtain honorable and cordial fellowship, it is in reality no membership at all.

“ You can *call* spirits from the vasty deep, but,
Will they come when you do call them?
That is the question.”

The Courts can order membership in Medical Societies, but, will it come when they do order it? that is the question.

Whoever desires to defend this Society will please send his copy.— We have advocated its demise, and briefly indicated our reasons.

PROVIDENCE INSANE ASYLUM.

We have before called the attention of our readers to the location of the Providence Insane Asylum and to the facilities here enjoyed for the care and successful treatment of this class of patients; but with its growing importance to the community, and its increasing facilities for usefulness, together with its increased number of inmates, it may be not altogether uninteresting for us again to speak somewhat in detail, of the present condition and prospective importance of this institution.

It is now a little over two years since it was consecrated to the care and

treatment of the Insane, and placed under the direction of the Sisters of Charity. Sister Rosaline Brown has the general supervision, and in a great degree to her energy and ability both in its construction and management are we indebted for a most humane, well conducted, and well arranged institution for the care of this unfortunate class of invalids. We say indebted, since the blessing is inestimable to those who cannot be properly cared for at home, and are obliged to seek the protection of such an asylum; not more to them, however, than to the friends by whom they are surrounded.

In Buffalo and vicinity it has been necessary heretofore to send those who required the restraints and moral influences of an asylum, to a distance, thus necessitating greatly increased expense and at the same time in many cases a great outlay of kind feeling, the separation being so wide and complete as to be exceedingly painful. It is not even now universally known that we have in our own city one of the most desirable resorts of the kind to be found in this country, and occasionally a patient is sent to the older and more over-crowded asylums of the interior or eastern portions of the State, more from ignorance of what may be found at home than for any love of the "far sought or dearly bought;" but of this there is no ground of complaint, since many more who have previously been inmates of other institutions, now return and choose this, in preference to all others.

It is located in one of the most healthy and attractive portions of the city, in an enclosure containing thirty acres of land finely cultivated and beautifully laid out in gardens and walks, with shade trees, groves, &c., &c., thus adding greatly to the beauty and attractions of the place and at the same time affording opportunity for employment for those who are able to enjoy it; an item of the greatest importance in the treatment of the diseases of the mind. The building contains forty-two private rooms which are nicely finished for the accommodation of patients and furnished in such style as to not only answer for their comfort, but to afford the luxuries and attractions of home. These rooms connect with spacious halls and verandas, and in this way, freedom from restraint appears complete, and yet the open air is obtained, while the greatest safety is insured. The care of the patients devolves almost wholly upon Sisters of Charity, who give their personal attention to this duty; very little of this labor is delegated to hired servants. It is astonishing to see what perfect control is often obtained by them, over even the most violent. Oftentimes five or six strong men accompany a patient to the hospital, when the sister in charge manages and controls

with kind words, and firm assurances, much better. The restoration of each curable case is full of encouragement, of congratulation, and of incentive to renewed effort, but the care of the incurable maniac, calls for the exercise of the most christian patience and forbearance.

The two great objects which are mainly in view, are, the cure of the greatest possible number of those who are admitted, and the tenderest care of, and kindest attention to, the comfort, happiness and well being of those who are incurable. The first object, the cure, is dependent upon a great many circumstances and conditions not under the control of such institutions. Recent cases of insanity terminate in more or less perfect recovery in the majority of cases, if early placed under proper treatment both hygienic and medicinal; while those of long standing are much less hopeful. It is observed that few instances of perfect recovery are seen when insanity has been of more than one year's duration previous to admittance. It is largely the recent and acute cases which terminate in recovery.

At the present time the medical superintendence devolves upon ourselves, and proper or otherwise, it is unbecoming us to speak of its character.—The reputation of an Insane Asylum, and of the medical superintendent are inseparable, and we hope that nothing may be neglected on our part, which would contribute to the success and prosperity, growth and usefulness of this institution. We regard it as a solemn and important trust, committed to our keeping by those who have the interests of the Asylum at heart, and have expressed in this appointment the most unbounded confidence in our ability and fidelity. It will be our aim, as well as our pride, that the record of recovery stand as high as is consistent with the nature of the diseases we have to treat, and we pledge our best endeavor for both the cure, and care, of all who may be admitted for treatment to the Providence Insane Asylum.

Sometimes we are asked if it is not denominational in character, to which we earnestly reply, no, it is not; it is for the accommodation of the insane without any distinction. It was not built by any one denomination, it is not sustained by sectarian favor, it exerts no sectarian influence. It is a private asylum for the insane, where all may resort who desire, and obtain, we believe, unsurpassed advantages for recovery.

It is pleasant to see how all prejudice is gradually disappearing from the minds of those who know anything of the plan and management here adopted; and we find our rooms and wards filled with patients, who soon become greatly attached to those who so kindly minister to their wants.

The medical treatment of the Insane will constitute a pleasant field for observation and inquiry, and though it has been largely cultivated for the last few years, still it is open for further investigation. The hygienic management of Lunatics is really one of the most important subjects which can engage the thoughts of those who are entrusted with their care. Moral influences are potent for good or evil. It is incredible what effects are often produced upon diseased minds by what may be termed moral treatment, and though it may be confessed that medicine, as such, has only an indirect application to the disease of the mind, still we are not without means of cure. Employment, diversion, amusement, social opportunity, change of scene, &c., &c., is our moral materia medica, more powerful for good, in diseases of the mind than the actual materia medica in diseases of the body. But of all this we must speak, when by experience we have grown wise.

BOOKS REVIEWED.

A Treatise on Hygiene with special reference to Military Service. By WM. A. HAMMOND, M. D., Surgeon-General U. S. Army; Fellow of the College of Physicians of Philadelphia; Member of the Philadelphia Pathological Society; of the Academy of Natural Science; of the American Philosophical Society; Honorary Corresponding Member of the British Medical Association; Member of the Verein Fur Geminschaftliche Arbeiten Zur Furderung Der Wissenschaftlichen Heilkunde; late Professor of Anatomy and Physiology in the University of Maryland; late Surgeon to and Lecturer on Clinical Surgery at the Baltimore Infirmary, etc., etc. Philadelphia: J. B. LIPPINCOTT & Co., Nos. 715 and 717 Market street, 1863.

The reasons for presenting this treatise to the profession are so well expressed in the author's own words that we take the liberty to quote from the preface, since it will show the object and design of the work better than any other description:

"If I had not believed that a great necessity existed for a treatise upon some of the principal subjects of hygiene, I certainly should not, in addition to my onerous public duties, have undertaken the task of preparing the present volume. That a growing attention to the subject of sanitary science is being manifested, cannot be doubted. The most intelligent members of the medical profession recognize the principle that their efforts should be directed more especially to the prevention of disease than to its cure, and the people, who are rarely slow to comprehend matters which it is to their advantage to know, are beginning to appreciate the same fact.

But while I do not wish to be understood as at all doubting the efficacy of proper medication in the treatment of disease, I am sure that the curative influences of hygienic measures have been too much neglected, and that drugs, the traditional actions of which have been positively disproved by physiological and chemical researches, as well as by the soundest deductions from pathology, are too frequently administered through a strict adherence to the routine which hinders the development of medical science, and cramps the powers of those who labor for its advancement. One object therefore which I had in view, was to lay before the profession and those who contemplate entering it some of the principal facts which bear upon the hygienic condition of man in causing, preventing, and curing disease.

But I had a still stronger motive to actuate me. The nation had entered upon a war, for the preservation of its liberties, the most gigantic ever undertaken in the history of the world. Hundreds of thousands, from the boy to the old man, had devoted themselves to the service of their Country—men whose value to the State could not be estimated, and upon whom its future greatness, both in war and peace, in a great measure depended. Thousands of physicians had been found to take the medical charge of the armies created—many of them well known for their professional eminence, and others, by far the greater number, young and inexperienced, though not lacking the will and the ability to do their whole duty when that duty was pointed out to them. Many of these latter have now become fully equal to the laborious service to which they have devoted themselves, and each month adds efficiency and distinction to the medical corps of the regular and volunteer forces of the army.

In the military service, more than any other, a knowledge of the means of preventing disease and of facilitating recovery by methods other than the mere administration of drugs is necessary. Armies are often so situated that their salvation depends upon the knowledge which the medical officer may possess, and it never happens that some important application of hygienic principles cannot be made to them by those who are charged with their medical superintendence.

But though many excellent treatises upon individual hygiene are to be met with in the French and German languages, there is not one to be found in the English tongue. The little book of Dr. Pickford does not profess to go at any length into the subject, and is devoted almost entirely to the consideration of the meteorological influences exerted upon health,

and to the discussion of points of public hygiene; and the excellent treatise of Prof. Dunglison has for many years been out of print. As to military hygiene, I know of no other book on the subject, in the English language, than the capital little manual of Prof. Ordranax, of Columbia College, which, though containing many most valuable hints in regard to the health of the soldier, was not intended by its accomplished author as a treatise on the subject.

There was no work then to which I could refer those who came to me for information which I had no time to give them as fully as was desirable; and as I had for several years given a large portion of my leisure to the study of hygiene—rather, however, in a desultory way than with any systematic objects in view—I concluded to devote the hours which would otherwise have been passed in rest, in preparing a volume upon the more important subjects belonging to the science of hygiene, especially those which have a bearing upon military service.

It is not pretended that this volume is complete. There are several subjects other than those considered, such as Occupation, Exercise, the Excretions, Marriage, Celibacy, etc., which I would have been glad to have taken up, had I not been convinced that the need for some work on sanitary matters was imperative; and therefore, notwithstanding the imperfect result of my labors—the shortcomings of which no one can perceive more clearly than myself—I have concluded to stop for the present, and to defer to a second edition, should such be called for, the more complete fulfillment of my task, by the consideration of topics not only interesting in themselves, but important in their bearings upon the health, the comfort, and the happiness of mankind.

Moreover, I have been restrained from expressing my views fully upon some subjects, for the reason that the immense amount of material which has been collected in the Surgeon-General's office during the past year—an amount unprecedented in the annals of military medicine and surgery, and more even than is contained in the published medical records of all the armies of the world—is not as yet so arranged as to be in a form for satisfactory study, and I therefore preferred, both for my own sake and that of the reader, to delay the consideration of points which otherwise I should have discussed with insufficient light. Besides, much important information might have been given in regard to the relations of medical statistics to hygiene, but for the fact that the associated matter would have been in many instances of value to the enemy in a military point of view.

Since this treatise was commenced, events have been developed with surprising rapidity, and, in consequence, several subjects in regard to which opportunities for forming definite opinions had not been afforded, are now matters of fact. Such, for instance, is that of the adaptability of the negro race for all the purposes of war, which, at the time the chapter on Race was written, was, in some respects, an open question, but which has been recently shown to be no longer a subject of doubt. The opinion then expressed relative to the immunity of this race to attacks of malarious diseases has received additional confirmation from the official reports which have recently come to hand, from which it appears that while the white troops are affected to the extent of 10·80 per cent. with diseases of malarious origin, the negro troops serving in the same army show only 0·80 of such diseases.

It is only by yielding our opinions to the necessities of the age in which we live, when every science bearing upon medicine is being developed by the labors of thousands of investigators, that we can claim the right to be regarded as wise physicians seeking only the good of those committed to our charge, rather than our own personal advantage. In science we believe nothing until it is proven, and even then we should be ready to forsake our most cherished doctrines when the evidence of their instability is forthcoming. If, therefore, I have been positive in the expressions which are at variance with those held by others, it is only because I *now* believe them to be correct. To-morrow I may renounce them all.

But even in my positiveness, I hope I have not forgotten the proprieties of life, or the forbearance and courtesy which should prevail in all discussions, especially in those of a scientific character."

The work contains forty-three chapters, under the following heads:

"General Qualifications and Disqualifications of Recruits—Special Qualifications and Disqualifications of Recruits—Race—Temperaments in General—Particular Temperaments—Idiosyncrasy—Age—Sex—Hereditary Tendency—Habit—Morbid Habits—Constitution—The Atmosphere—The Accidental or Non-essential Constituents of the Atmosphere—Physical Properties of the Atmosphere—Temperature—Light—Electricity—Water—Soil—Locality—Climate—Acclimation—Habitations—Hospitals—Principles of Hospital Construction—Field Hospitals—Lighting of Hospitals—Heating of Hospitals—Ventilation of Hospitals—Barracks—Camps—Food—Alimentary Principles—Physiological and Sanitary Relations of Food—Animal Compound Aliments—Vegetable Compound Aliments—

Accessory Food—Alimentation of the Soldier—Clothing—The Hygienic Relations of Clothing with the several parts of the Body.”

Since our readers will have much greater interest in what the Surgeon-General has to say upon the use of Alcohol as food, as what he calls accessory food, than in any other notice we can give of the work, we will quote some of his remarks upon that subject, though at the risk of occupying considerable space. At the present time, it is certainly a very important practical work, and the author shows himself thoroughly acquainted with his subject, and actively alive to the great interests he advocates and desires to promote; and while we can only copy a few of his remarks upon a single subject, we yet earnestly recommend the careful perusal of the whole volume. Especially should all the medical officers of the army become familiar with its facts and teachings; to them, and to those under their care, it is of vital importance:

“We see, then, that alcohol, like other substances, is absorbed into the blood, and exerts its influence on the system through the medium of that fluid. In the next place, we have to inquire relative to the effects which it thus produces.

“Pure alcohol is a violent poison. In the dose of less than one ounce I have seen it cause death in a medium-sized dog, and many cases are on record of fatal effects being immediately produced in the human subject after comparatively small quantities had been swallowed. When diluted, its effects are not so rapidly manifested, and in this form, when taken in sufficient quantity, the condition known as intoxication is produced. Previous to this point being reached, the nervous and circulatory systems become excited, the mental faculties are more active, the heart beats fuller and more rapidly, the face becomes flushed, and the senses are rendered more acute in their perceptions. If now the further ingestion be stopped, the organism soon returns to its former condition without any feeling of depression being experienced; but if the potations are continued, the complete command of the faculties is lost and a condition of temporary insanity is induced. If further quantities are imbibed, a state of prostration follows, marked by coma and complete abolition of the power of sensation and motion. Such is a brief outline of the obvious symptoms which ensue upon the use of alcoholic liquors in considerable quantities. When taken in amounts less than are sufficient to induce any marked effect upon the circulatory and nervous systems, there is, nevertheless, an influence

which is felt by the individual, and which is mildly excitatory of the moral and intellectual faculties.

“But besides these perceptible results of the use of alcoholic liquors, there are other physiological effects which flow from their use, far surpassing in importance any that have been named, and which mainly render the substances in question useful as aliments.

“We have already passed in review the principal phenomena connected with the retrograde metamorphosis of the tissues of the body. We know that a certain amount of tissue is decomposed with every functional action of the organ to which it belongs, and we at once perceive that, were it not for the formative processes which are going on, whereby new material derived from the food is deposited, to take the place of that which is removed, death would very soon result. It is often important to arrest this destruction of tissue, without at the same time lessening the force which would otherwise be derived from its continuance; or it may be desirable to obtain a great amount of force from an individual in a limited period. In alcohol we have an agent which, when judiciously used, enables us to accomplish both these ends, together with others scarcely less important, which will be alluded to more at length hereafter. The operation of alcohol will be best illustrated by an example.

“Let us suppose that a plowman, laboring twelve hours a day, upon a diet consisting of ten ounces of meat and sixteen of bread, finds that he loses weight at the rate of one ounce per day. Now, in order to preserve his life, he must either take more food or he must lessen the waste of his tissues. Meat and bread are both expensive, and he finds it difficult to obtain them, or, what is not at all improbable, the quantity he eats is as much as he has any appetite for. The alternative which presents itself to him is that of working less. If he is his own master, this would be a very excellent way of getting rid of the difficulty. He would shorten the period of his labor to ten hours, and then, instead of losing weight, he would perhaps gain an ounce a day. But it may happen that this alternative is not open to him—he must work twelve hours a day. In this condition of affairs he takes a mug of porter or a glass of wine, or what would be worse, a dram of whisky, after his mid-day meal. He finds that he is pleasantly exhilarated, his vigor is increased, and he labors on to the close of his task contentedly, and when it is concluded, is in better spirits and less fatigued than he has been before when his day's work was ended. He returns to his home, and, on weighing himself, finds that he has lost but

half an ounce. He repeats his beverage the next day; like results follow, and, when he weighs himself, he ascertains that he has lost nothing. The inference therefore is, that the beverage he has imbibed, or some constituent of it, has retarded the destruction of his tissues, and has itself aided in supplying the material for the development of the force he has exercised in his labor.

“Now it may be supposed that this is altogether a fancy picture, that it is a theory based upon assumptions only, like too many others which encumber science. In physiology or hygiene we believe nothing but that which is demonstrated, and even then we do so provisionally, with the full understanding in our minds that if to-morrow new facts are brought forward which appear to be inconsistent with those upon which a favorite theory rests, and which are of greater weight, the hypothesis shall be abandoned without hesitation. Let us see, therefore, what evidence we have to support the view that alcohol retards the destruction of the tissues and supplies material for the generation of force.

“Many years ago, Dr. Prout ascertained that after the use of alcohol the amount of carbonic acid ordinarily excreted by the lungs became considerably reduced. Within the past few years other investigators have arrived at similar conclusions, and have extended their inquiries to the other excretions of the system. Thus Böcker ascertained that under the use of alcohol not only was the amount of carbonic acid exhaled by the lungs lessened, but there was a very decided diminution in the quantity of urine eliminated and in the amount of its solid constituents.

“My own experiments tend to the same general conclusions as those of Böcker. They had reference to the influence of alcohol when the food was just sufficient for the wants of the organism, when it was not sufficient, and when it was more than sufficient. Four drachms of alcohol were taken at each meal, diluted with an equal quantity of water.

“During the first series, when the food was of such a character and quantity as to maintain the weight of the body at its normal standard, I found, as the result of experiments continued through five days, during which time 60 drachms of alcohol had been taken, that the weight of my body had increased from 226.40 pounds to 226.85 pounds, a difference of .45 of a pound. In the same period, the amount of carbonic acid and aqueous vapor exhaled from the lungs had undergone diminution, as had likewise the quantity of urea and its solid constituents.

“During these experiments my general health was somewhat disturbed. My pulse was increased to an average of ninety per minute, and was fuller and stronger than usual, and there was an indisposition to exertion of any kind. There were also headache and increased heat of skin.

“The inference to be drawn from these experiments certainly is that, when the system is supplied with an abundance of food, and when there are no special circumstances existing which render the use of alcohol advisable, its employment as an article of food is not to be commended. But there are two facts which cannot be set aside, and these are, that the body gained in weight and that the excretions were diminished. These phenomena were doubtless owing to the following causes: First, the retardation of the decay of the tissues; second, the diminution in the consumption of the fat of the body; and third, the increase in the assimilative powers of the system, by which the food was more completely appropriated and applied to the formation of tissue.

“The *quasi* morbid results which followed are just such as would have ensued upon the use of an excessive amount of food of any kind, or the omission of physical exercise when the body has become habituated to its use. If I had increased the extent of exercise taken, there is no doubt there would not have been the undue excitement of the circulatory and nervous systems that was manifested.

“The truth of these propositions is seen in the second series of investigations, during which the food ingested was such as I had previously ascertained involved an average decrease in the weight of the body of .28 of a pound daily. Under the use of the alcohol, not only was this loss overcome, but there was an average increase of .03 of a pound daily. The effects upon the excretions were similar to those which ensued in the course of the experiments of the first series.”

Gastrotomy—Large Abdominal-Uterine Tumor, extirpated by JOHN O'REILLY, M. D., F. R. C. S. I. Reported by RICHARD J. HALTON, L. R. C. S. I. New York: Printed by ROBERT CRAIGHEAD, 1863.

This is the report of a remarkable case of abdominal tumor successfully removed by operation. The following extracts are made from the pamphlet, which will give many of the facts and circumstances of the case, in the language of the author:

“Mrs. L., the subject of the present report, was a married woman about 55 years old, the mother of several children. Seven years ago the tumor

first made its appearance, at that time causing little or no inconvenience; but as time passed it increased in size, and finally filled up the whole front of the abdomen, distending the parts so as to produce great deformity, while the pain became considerable, and latterly the constitution began to give way altogether. There was a good deal of emaciation, and the lower extremities showed considerable œdema. On examination, the tumor was found to be firmly fixed, but the parietes were movable slightly upon it. There was no evidence of fluctuation, but it was supposed, from its great elasticity before the operation, that it contained a number of cysts. As the patient was evidently sinking, Dr. O'Reilly determined to give her the chance the operation affords, a middling one, according to the general opinion of the profession; but by his theory of the physiological action of the organic nervous glands, and the effect of opium thereon, he calculated on being able to prevent *peritonitis*, which is so often fatal after these operations. With this intention, therefore, he prepared the patient, and the night before the operation gave her forty drops of laudanum, to keep her bowels quiet and *contracted* during the operation. She slept well, and in the morning, just before the operation, her pulse was 144. She was cheerful, perfectly easy, and very hopeful as to the result. On the first of July, at 12½ o'clock P. M., chloroform being administered by Mr. James O'Dowd, Dr. O'Reilly, in presence of Drs. Nelson, T. G. Thomas, and myself, commenced the operation. The first incision was carried from the umbilicus to the pubes, and the integuments, muscles, and peritoneum, being divided, the tumor was brought into view, and Dr. O'Reilly made an attempt to introduce a trocar, but without success: he tried in another spot with the like result. Indeed, from its feel, it was evidently solid; so he prolonged the incision almost to the ensiform cartilage, and now the parietes, contracted at each side, left the tumor exposed. It hid the *viscera* altogether, and when it came to be lifted out it was found to be attached to the uterus, or rather the uterus was attached to it behind, and the fallopian tubes embraced it on either side. The lateral ligaments were closely attached to it; in fact they formed an all but complete investment, for they stretched out on it apparently as the tumor increased. There was a great deal of difficulty in finding the exact attachments of the tumor, but the principal ones appeared to be from the third to the fourth lumbar *vertebra*, and then extending along the sacro-iliac synchondrosis of the right side—how far down in the pelvis may be imagined when I mention the fact that I tied a vessel low down in the recto-uterine space: the attachments were partly torn through with the hand, partly cut. The principal vessel entered the tumor opposite the third lumbar *vertebra*, and was of considerable size; there were about six smaller ones: each was tied as it was divided; nevertheless, hæmorrhage from the numerous oozing-points was considerable. When the tumor was removed, the abdominal cavity (the lower part of it) was sponged out several times to remove the blood. The edges of the wound were brought together first by a deep metallic suture, twisted, embracing the soft parts external to the peritoneum; and by a common interrupted suture securing the integuments, sticking-plaster being applied in the intervals between the sutures; and finally a towel folded flat, a pad of tow, and a many-tailed bandage, completed the dressing, the two last tails of the bandage being

brought down under the thighs, up in front of the groin, and fastened there to guard against any slipping; and then the patient being thoroughly washed, and all traces of blood removed, was carried to bed. She got immediately a draught containing two grains of opium, and after half an hour, that having produced no apparent effect, she got two grains more. She was ordered to take nothing but a small piece of ice, sucked occasionally, and to take two grains of opium every third hour, making in all eight grains between the hours of one P. M. and nine P. M. She slept about three hours after the last dose of the opium, and had no pain of any kind. The opium to be continued during the night every third hour.

“It is worthy of remark that, during the operation, all rules laid down in books on the subject were entirely disregarded. The window was kept open, admitting a free draught. The intestines were allowed to come out, and they were never touched until the operation being over, when they were all lifted in again, Dr. Nelson well remarking that “the flannel usually employed to keep them in was as rough to the delicate covering of the intestines as a clothes-brush would be to the skin.” Vomiting having occurred, the stomach was thrown forwards out of the abdominal cavity, as it were: its contractions and dilations could be plainly observed. The liver was quite healthy. The tumor, which might be called fatty fibro-cellular, displayed on section two large lobes of fat, intersected with fibrous bands, large sinuses (venous), connected by cellular tissue; it presented very much the appearance of a cow’s udder, and weighed over *thirty pounds*. After the patient was got into bed, she expressed herself as being quite easy. She had suffered no pain; pulse 100; voice pretty strong.”

We quote the record of the seventh day, which shows the termination of the case, so far as the operation is concerned:—

“July 7th.—She took four grains of opium during the night. The dressings were removed to-day, as well as the pins and sutures; the whole wound was healed by the first intention, with the exception of the lower part where the ligatures came out; there is not the slightest pain on pressure over any part of the abdomen, which is soft and relaxed; she expresses a wish to get a beef steak; she wants to know when she can get up and go home (she occupied a room at her sister’s residence).”

Soon after the record was made, the patient took, upon her own responsibility, three ounces of cream of tartar, and died in consequence on the second day after the partaking of the cream tartar, and the ninth from the operation. Dr. O’Reilly remarks that—

“I am satisfied Mrs. L. might have lived some years had she *obeyed* my orders, and not, in *violation* of her promise, taken the cream of tartar.

It will be recollected that the fact of the cream of tartar acting as a purgative, proved the *non-existence* of peritonitis.”

The Pharmacopœia of the United States of America. Fourth Decennial Revision. By authority of the National Convention for revising the Pharmacopœia, held at Washington, A. D. 1860. Philadelphia: J. B. LIPPINCOTT & Co. (Price \$1,00.

This work contains the proceedings of the National Convention of 1860

for revising the Pharmacopœia, with preface and preliminary notices, together with the Materia Medica. In the catalogue of Materia Medica the names of medicinal substances are given in Latin and English, and synonyms in English are added, and a brief description of each article is generally introduced. The body of the work is devoted to the medicinal preparations; the composition and mode of manufacture is given, while therapeutical uses and the doses of the various compounds are omitted. This will be considered as a defect by those who would like to consult the work for the purpose of learning the composition, mode of manufacture, therapeutical uses, and dose. It is not, however, possible to include everything pleasant and profitable to know of materia medica and of the various medicinal preparations in a work of small size, which is cheap and convenient as a book of reference. For the physician who compounds his own remedies, it will be found exceedingly valuable, and it contains much which every physician will find it desirable to know. It has been corrected and revised until it may now be considered a perfect standard. It contains tables of medicines introduced into the Materia Medica and dismissed from it, of medicines introduced into the medicinal preparations and dismissed from them. It also has a table of the changes in the Latin officinal names, and of the changes in the position of medicines. It is a condensed and corrected Pharmacopœia of the United States, and commends itself to all those who would be guided by the most recent and approved standard.

BOOKS AND PAMPHLETS RECEIVED.

A Manual of Instructions for Enlisting and Discharging Soldiers, with special reference to the Medical Examination of Recruits, and the detection of disqualifying and feigned diseases. By ROBERT BARTHOLOW, A. M., M. D., Assistant Surgeon U. S. Army, Surgeon in charge of McDougall General Hospital, Professor of Mil. Med. Jurisprudence, Army Medical School. Adopted by the Surgeon-General for issue to Medical Officers of the Army. Philadelphia: J. B. LIPPINCOTT & Co., 1863. For sale by Breed, Butler & Co.

What is the Modus Operandi of Medicines? Do they produce their effects by their Action on the Blood, as taught by all Modern Physiologists? or, do they produce their effects by their Action on the Organic Nervous System, through the agency of the Blood? The latter question considered and affirmatively answered. By JOHN O'REILLY, M. D., F. R. C. S. I.

On Artificial Dilatation of the Os and Cervix Uteri by Fluid Pressure from above; a reply to Drs. Keiller of Edinburgh, and Arnott and Barnes of London. By HORATIO R. STORER, M. D., of Boston, Surgeon to the Pleasant St. Hospital for Women, Member of the Obstetric and Medico-Chirurgical Societies of Edinburgh, etc. Re-printed from "The Boston Medical and Surgical Journal," for July 2, 1862.

Annual Announcement of the Jefferson Medical College of Philadelphia, Session of 1863-4 commences Monday, October 12th.

Lindsay & Blakiston's Physician's Visiting List, Diary, and Book of Engagements.

The Publishers have been compelled, on account of the greatly increased cost of paper and other materials used in making THE VISITING LIST, to advance the price slightly over that of former years. The improvements added to the book, however, will, they trust, be regarded by the Profession as a full compensation for this necessary change.

Price.—Prepared for 25 patients, plain, 63 cents, tucks \$1. For 50 patients, plain, 75 cents, tucks \$1.25. For 100 patients, tucks, \$2. For 100 patients in 2 vols., Jan'y to June and July to Dec. \$2.50.

DISSECTING TERM AT THE UNIVERSITY OF BUFFALO.—We desire to call the attention of medical students to the time of opening of the Dissecting Rooms in the University of Buffalo. The announcement of Lectures and the Journal advertisement have both given notice incorrectly. This term commences the first Wednesday in October instead of the second, thus giving ample time for full and complete dissections previous to the commencement of the Lecture Term. The Demonstrator of Anatomy, SAMUEL W. WETMORE, M. D., will give his undivided attention to the instruction and assistance of those who attend this important preliminary course, and we have no doubt his ability and energy will make this opportunity of the greatest value to all students who would obtain a really practical knowledge of anatomy.

EFFECTS OF THE DRAFT UPON THE TYPE OF LAST JOURNAL.—The draft took place in our city at the time of the publication of our last Journal, and though it was destructive and distressing in its results upon individuals and families, yet we have seen nothing which equaled its effects upon the type of our last issue. The conscripts and exempts were about equal in number, and the confusion and riot was truly "Lachrymal."

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TREASURY DEPARTMENT, OFFICE OF INTERNAL REVENUE, }
WASHINGTON, June 11th, 1863. }

DECISION OF THE COMMISSIONER OF INTERNAL REVENUE WITH REGARD TO THE INCOME TAX TO BE PAID BY PHYSICIANS.—Assessment should be made upon all collections during the year 1862, without regard to whether the services were rendered during that or previous years. If any profits made during that year and uncollected, remain uncollected when they might have been readily realized, and with a view merely to avoid the assessment of the tax, they are to be considered as collected, and assessed accordingly; for no evasion of the liability of the tax-payer of his duty under the law should be allowed to profit him. But merely contingent profits, uncollected, the sum not ascertained, remaining open for adjustment, are not liable to assessment.

2d. As to "expenses necessarily incurred in carrying on any trade, business or profession," physicians cannot be allowed the wear and tear of horses, carriages and harness, any more than they can of their own constitutions, or of their health, necessarily injured in the practice of their vocation; but any incidental expenses, such as the feeding of horses, hire of servants, and such like, are to be deducted from their income.

Very respectfully,

JOSEPH J. LEWIS, *Commissioner.*

BUFFALO

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NO. 3

ORIGINAL COMMUNICATIONS.

ART. I.—*Spotted Fever*—By E. W. JENKS, M. D., *Sturgis, Mich.*

During the last winter and spring a new form of disease has prevailed in different parts of the country, which has by common consent received the name of "spotted fever." In this immediate vicinity I saw no cases; ten miles from here, in La Grange county, Ind., the disease prevailed to quite an extent; a number of cases proving suddenly fatal. In other portions of Northern Indiana the disease was more common and still more fatal.

My own preconceived ideas of the disease, from what I had heard, were that it was a variety of typhus. The first case I saw perplexed me exceedingly, and I was ready to call it either typhus or cerebro spinal meningitis. From repeated observation I am convinced that it was neither one or the other, but a distinct and peculiar disease, having its own peculiar morbid cause and phenomena.

Without giving a history of each individual case, I will give only the general characteristics of the disease, as it presented itself to me; among the most striking of which, were the suddenness of attack, and in fatal cases, the sudden fatality. Most of the patients were attacked with a chill following which would be the sudden occurrence of headache, mostly in posterior region of the head, with severe spinal pain, sometimes extending to the limbs. Soreness of the flesh of all parts of the body was complained

of in almost every instance, so as to elicit tokens of suffering whenever the patient was moved, even in those cases where there appeared to be almost complete stupor. In the majority of cases the head was drawn back, and no proper amount of force could bring the chin to the breast. Immediately following these symptoms, and in some cases simultaneous with them, was the characteristic eruption, which was of a dark purple color, non-elevated, and not receding upon pressure; there would also be some lighter colored spots, making a gradation of color from the dark ecchymoid spots, to those of a light red. There was no uniformity in the size of these spots, some were not larger than a pin's point, while some were one-half to three-fourths of an inch in diameter. In one case I saw, in addition to the spots I have described, several large elevated spots, of the size of a twenty-five cent piece, of very dark color, presenting outside of the dark color a blistered appearance. Dr. Fletcher, of Lima, Ind., informed me that in several instances he observed these elevated blistered spots.

There was sometimes vomiting in the commencement of the attack, with an abhorrence of food. I neither observed or heard of any case of diarrhœa or abdominal tenderness; in every case there was obstinate constipation. The febrile symptoms varied, in the sudden fatal cases none followed the chill, but the pulse was feeble and the skin cold. In none of the cases was there a strong, full pulse, and the heat of the surface was less in all cases than is usually observed in acute diseases. Dr. George Fletcher, of Lima, Ind., with whom I saw some cases of this disease, and to whom I am indebted for an account of some of his observations, says that in one case which recovered, the patient lost permanently the use of one eye, there being complete amaurosis. In another case there was strabismus and curvature of the spine, which continued at last accounts, several months after. In one fatal case I saw, there was swelling of cervical and sub-maxillary glands. There was not complete delirium in any case, the tendency was more to stupor than delirium; the patients could usually be aroused so as to give intelligent answers to questions; in all fatal cases the patients died comatose.

In one case only was I permitted a post-mortem examination. The patient, a girl aged 13, went to bed at night apparently well; getting up in the night to obtain a drink of water she suddenly lost the use of her limbs. Her parents not hearing her return to bed, got up and found her on the floor; she said she could not walk, and complained of cold, headache, and soreness of limbs. I saw her the next morning; she was lying

with her head thrown back, the surface of the body was cold, and covered with the characteristic symptoms; the pulse was slow and feeble, the pupils were dilated, the bowels were neither distended or tender.— She was in a state of stupor, yet when aroused would complain of severe pain in head, back and limbs. The next day there were more febrile symptoms, yet at no time as manifest as is usual in acute diseases. In this case only did I see any glandular swellings about the neck. She remained in about the same condition until the third day, and then died comatose. Autopsy was made twelve hours after death. The brain was found very much congested, the veins being distended to their utmost capacity; there was a small amount of serum effused at the base of the brain and there appeared to be a slightly softened condition of the upper portion of the spinal cord. The left cavities of the heart were entirely empty, while those of the right side were filled with very dark colored blood, with small amount of coagula. The dependent portions of the lungs only were congested, otherwise they had a healthy appearance. I regret that I was not allowed time to examine the abdominal viscera.

Without giving the details of treatment in any of the cases of "spotted fever," I would merely say that the treatment most successful, was upon the sustaining plan, viz: brandy, quinine, beef tea, and tinct. ferri mur.

The mortality of spotted fever was very great; in the majority of fatal cases they were speedily fatal; the commencement of the attack was the time to be watchful; those patients that lived several days were quite apt to recover, although recovery was very slow.

The nomenclature and pathology of this disease have been subjects of much disputation. Many medical men have denied the existence of such a disease. Some have called it by one name, and some by another. I have been unable to find in any medical work a description of the disease as it presented itself to my notice. I do not find it mentioned in any work on the Practice of Medicine. Dr. Bartlett, in his work on "Fevers in the United States," speaks of a disease which prevailed in New England between the years of 1807 and 1815, which was commonly called spotted fever and was supposed by some writers to be the true typhus. Dr. B. says, "It is very certain that in many important particulars it bore a striking resemblance to true typhus. This resemblance is noticed by most writers upon the disease. Dr. Elisha North called it *a new petechial typhus*. Dr. Hale of Boston, regards the disease as it prevailed in Gardiner, Maine, in 1814, as a congestive fever." "It is not easy," says Dr. B., "at the present day,

upon such evidence as we possess, to decide with any confidence upon the precise character of the spotted fever of New England." Dr. Bartlett's conclusions of the spotted fever of New England, from all information he could obtain of the disease, were such as might be proper to conclude of the spotted fever of this vicinity, viz: "that it belongs to that class of new and more or less temporary epidemics, each having its peculiar character, marked by its peculiar phenomena, and depending upon new and peculiar combination of unknown morbid influences, which have always from time to time made their appearance, rather than to the class of established and permanent maladies."

While engaged in writing this article, my attention has been called to quite an elaborate paper upon "Spotted Fever as seen in the vicinity of Philadelphia in 1853," by Dr. W. W. Gerhard, included among the "Transactions of the College of Physicians of Philadelphia," and published in "The American Journal of Medical Science," for July, 1853. I am extremely gratified that my own views and limited observations of the disease correspond so closely with such high authority. I would commend the paper to all who wish to investigate this disease, but more especially to those who have questioned its existence, this paper coming from such an authoritative source will help dispel all such doubts.

This paper of Dr. Gerhard's is the first I have ever seen in print describing "spotted fever," so as to correspond with the disease as it prevailed in this vicinity. My own views of the pathology, diagnosis, and nomenclature of the disease are given in this paper, and since the publication of it I can add nothing more appropriate than is given in the language of Dr. Gerhard. He says, "Although the proof of spotted fever being a blood disease, is to my mind conclusive, it must not be ascribed to an impoverished condition of this fluid from innutritious or deficient food, as none of the patients whom I saw were in a condition of actual poverty, and a large majority belonged to a class amply supplied with all the comforts of life."

"The disease indeed, is one which I should place in the list of rare peculiar disorders, evidently depending upon diseased conditions of the blood, which occasionally show themselves; they last for a time, then disappear, but are not sufficiently permanent in their attacks to find a place in the regular treatises on the practice of medicine. The diagnosis becomes easy to one who has become familiar with the disease, from the individual physiognomy of the patient. There is a peculiar dusky hue,

“and an expression of stupor conjoined with the eruption which characterize the disease at once, especially if we add to these signs the cerebral symptoms of the disease.

“Inasmuch as this disease is attended by no definite anatomical lesions, the appellation given to it more than half a century ago by Dr. Gallup, and others in New England, of spotted fever, should be retained. It is sufficiently characteristic and involves no doubtful point in question. The only objection to the term is that the disease may be confounded with epidemic typhus or ship fever, in which the whole body is also covered with spots, but these constitute a real exanthema, and are, of course of a totally different character and aspect from the eruption of spotted fever. The latter is little else than a hemorrhagic effusion, very like that of scurvy

“The most important remedies are stimulants. The necessity for stimulation is based upon the rapid loss of force which takes place in this disease. The disease I believe to be produced by some unknown cause, which we may call poison, if we choose, acting upon the body. A certain time is required for the elimination of it from the system, and during this time we must support the strength by appropriate food and stimulants.”

ART. II.—*Case occurring in Stanton Military General Hospital—Surg. JOHN A. LIDELL, U. S. V. in charge, Gun-shot Wound of Head; Punctured Fracture of right Parietal Bone—Recovery. Reported by WM. H. GAIL, Medical Cadet U. S. A.*

Corporal Ezra Scarborough, Co. G, 15th New Jersey Volunteers, admitted to Stanton Hospital May 8th, 1863, aged 34 years, and of robust constitution; was wounded in battle at Fredericksburg May 3d, 1863, by a musket shot; fell down insensible on the receipt of the injury, and remained unconscious for some time—how long he does not know. Examination disclosed a gun-shot wound of the scalp, near the vertex, and a little to the right of the median line, complicated with depressed fracture of the skull in the same locality. The depressed portion of bone was about one inch long by one-half of an inch in width, and was located in the right parietal bone, on the vertex near the sagittal suture. Amount of depression about one-fourth of an inch. The left lower extremity and the left arm were both paralyzed at the time of his admission. Could flex the fingers of the left hand a little, but in no other respect could move any part of the

extremities; paralysis was of motion, and not of sensation; the muscles of the face were not paralyzed, and he protruded his tongue well; he exhibited some confusion of intellect, some tardiness in answering questions, but was not delirious. Complained of some headache, a dull pain shooting from the wound towards the right eye; pupils contracted and symmetrical, but sluggish to stimulus of light; no unnatural heat of head; pulse about seventy per minute, soft and full; skin soft, moist, and natural in temperature; bowels confined; has never vomited; wound was already suppurating.

Treatment—cut off the hair close; water dressing to wound; ice bag to head, a saline purgative, and a low diet. Under this treatment the case progressed favorably; had slight headache almost continually; there was a constant tendency to constipation, so that it was frequently necessary to administer purgatives.

By the 15th of May, the paralysis had diminished so much that he could flex the left elbow. At this time his bowels did not move without the aid of medicines; pupils still contracted and sluggish; pulse ranges from sixty-five to seventy per minute.

May 25th.—Has recovered good use of the left arm, but it is not yet as strong as the other; the depressed bone is partially elevated; pupils not contracted, but sluggish; pulse continues to range from sixty-five to seventy.

June 7th.—A fragment of the fractured bone has become detached, and was removed this morning; it proved to be a piece of the internal table of the skull, nearly one inch in length by one-half an inch in width; the dura-mater became visible at the bottom of the wound, together with the pulsations of the brain; pupils natural in size, and contracting readily under the stimulus of light; tongue clean; secretions normal; wound suppurating properly, looks healthy, and has already contracted some; ice bag discontinued; other treatment same as before.

June 12th.—Pulse has risen in frequency from fifty-five to eighty; paralysis of left leg diminishing in a marked degree.

June 24th.—Paralysis continues to diminish; has complained of headache at irregular intervals, especially if the bowels were confined.

July 8th.—Wound of head gradually closing up; pulsations of brain no longer visible; patient begins to leave his bed.

July 17th.—Two small pieces of bone detached, and lying in bottom of wound, removed to-day; patient doing well in every respect.

August 1st.—Patient doing well; wound of scalp nearly closed; walks with the aid of a cane.

August 17th.—Patient left the hospital on furlough.

These cases are submitted without comment. The great diversity of opinion existing, and that has existed among the most eminent surgeons the world has ever produced, regarding the operation of trephining, induces me to present them without remark, and let every one draw his own conclusions.

The cases are interesting; the history complete and impartial, and may serve to illustrate the truth of Liston's aphorism, that "no injury of the head is too slight to be despised, or too severe to be despaired of."

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

TUESDAY EVENING, September 1st, 1863.

Dr. Congar, President, in the Chair. Reading of the minutes of the last meeting postponed.

Dr. Gay remarked that he would attempt to entertain the Association for a few minutes, if no one else had anything special to present, with the subject of Fractures.

Fracture of the lower end of the radius (*colles fracture*) was quite common, but he had recently seen one complicated with dislocation of the ulna. Had looked through "Hamilton on Fractures and Dislocations," and found that such accident is not recognized. Thought possibly this might be due to accident rather than design. Would not speak at length of the treatment adopted, as it would not interest the Association. Used a modification of Hamilton's splint, and thought there could be no better.

Would inquire if any member of the Association had used Malgaign's apparatus, consisting of a ring with a pointed serew which is made to penetrate to the bone, and thus insure complete apposition of the displaced fragments. Thought it might be useful in cases of fracture of the tibia and fibula, with displacement of the upper fragment of tibia.

Also remarked that fracture of the neck of the thigh bone in young persons was regarded as a very rare accident. He had recently seen one such case.

Has had some experience in the treatment of fracture of the clavicle. Generally uses adhesive plaster. Has observed in the treatment of fractures generally that the position is best in which is the least pain, and proposes to dispense with constraining retentive apparatus; bones would gradually assume proper position and unite with good results.

Dr. Cronyn remarked that possibly a do-nothing plan of treatment would do well in some cases, but thought *Dr. Gay* would do well to consider the differences in the different points of fracture of the clavicle, otherwise he would have deformity and possibly suit for mal-practice. Related a case where the figure of eight bandage was carefully applied, and though the patient was very restless and impatient, yet the recovery was complete and without deformity. Spoke also of the different plans of treatment applied to fractures, and thought that no one, could be made applicable to all cases.

Dr White said, that fearing silence on the part of the members might be construed into endorsement by the Association of the views expressed upon the subject of fractures, he would make a brief reply, though he was sorry that some one more engaged in this department than himself should not be willing to conduct the discussion. In our efforts to improve we must be careful that we do not revolutionize. It appeared conclusively settled, that in oblique fractures some sort of retentive apparatus was not only conducive to comfort, but actually necessary to insure favorable result. He would not be very strenuous as to the kind, but that broken bones should be supported by some sort of retentive dressing, there could be no doubt. Young practitioners should not be deceived with the statement that an easy position was a safe and proper one, and that broken bones would always assume, *unaided*, a proper and natural position. If displacement had been produced, a careful adjustment should be made, and efficient measures adopted for retention. It was not always necessary to make immediate adjustment; the provisional callus, as it is called, is formed gradually, and previous to the eighth day final adjustment may be made, considerable indulgence granted until that time; but bones which have been badly displaced have no power or tendency voluntarily to assume a position from which they have been violently removed and return prevented by inflammatory effusions or mechanical obstacles. If it is only intended to say that we have been instructed to depend too much upon apparatus, and have used it unnecessarily, objection will not be taken; but if *Dr. Gay* intends to say that we do not require any at all, then he is holding to extreme views and cannot be sustained by the experience of the most extensive and accurate observers.

Malgaigne's apparatus, to which *Dr. Gay* referred, so far as he knew, had never been adopted by any surgeons of this country, and Malgaigne himself on account of his extreme views and practices had been denominated

by the profession of his own country, the Tiger of Surgery. To speak favorably of an apparatus so harsh and painful in its application, designed to compel coaptation of bones by the most powerful mechanical force, and in the next sentence propose to dispense with all retentive apparatus upon the ground that bones would gradually assume a natural position, voluntarily, and unite without deformity, is advocating the two extremes at the same time, both of which are manifestly untenable.

Dr. White also remarked, that the case of vulvo-vesical fistula, reported at a previous meeting, the result of which was at that time uncertain, had terminated favorably, and the patient now sleeps the entire night or rides from Niagara Falls, her place of residence, to this city, retaining her urine. It would be recollected that a flexible catheter was used instead of the one recommended by *Dr. Sims*. It was fastened to the thigh by adhesive plaster, so as not to become displaced. Thought this would answer equally well in almost all cases.

Dr. Jansen related a case of a young girl, fourteen years old, whom he was called to visit with *Dr. Felgemacher*. Found pulse small, lips blue, and complaining of severe pain in the left breast. Prescribed whisky and morphine. *Dr. F.* thought it was fictitious altogether—was because she did not like to be confirmed in the church. Prescribed for cyanosis. The child soon died, and they did not know the cause of death. No *post-mortem* examination permitted.

Dr. Gay related a case where a boy fell, striking upon the belly, and was dead in twenty minutes. *Post-mortem* examination not allowed.

Dr. Jansen mentioned an instance of sudden death after being run against by a car. The body was not bruised. Death took place immediately. Upon *post-mortem* examination the liver was found divided completely.

Dr. Lockwood introduced the subject of diarrhœa and dysentery, and spoke of its general prevalence in severe form, and also cholera infantum. Related the particulars of one case of dysentery which proved fatal, and appeared wholly beyond control by medication. He gave two grains opium and half a grain of calomel every two hours, and at the same time anodyne injections; but opium seemed to exert no influence in suspending the discharges, or the mercury in changing their character. The dejections were slime, with but little blood. Later in the disease gave stimulants freely. One injection was composed of nit. silver grs. x; water ℥i. This produced considerable pain, and was attended by no benefit.

The disease had appeared with him in its more intractable form, and many severe cases had come under his care. He had made use of the more common and also of the uncommon remedies, and had seen his cases terminate favorably in almost all instances, yet had been constantly under the impression that the disease was generally assuming a very persistent type. Had introduced the subject for the purpose of learning the opinions of others concerning it, both of its nature and proper treatment.

Dr. Wyckoff related one case seen with Dr. Storek. After the first visit Dr. S. took charge of the patient. When first visited he had been having dysenteric stools for some hours; was in great pain, had chills, fever, tenesmus, and the ordinary symptoms of dysentery. After Dr. S. had been with him about half an hour he passed at once two quarts of brine water. Ordinary treatment was adopted, or what he calls ordinary—opium and calomel. The peculiarity of the case was the combination of symptoms.

Dr. Rochester said there was unquestionably a great deal of diarrhœa and dysentery, some cases mild, and requiring little treatment, and others severe, like the ones described. He had lost some patients, and found the disease very intractable. His treatment had been of various kinds, and he had grown skeptical as to the influence of medication. Thought there was not more successful treatment than the saline cathartic and opium plan, especially in cases of febrile action. The sulphuric acid treatment which he had tried both in private and hospital practice, signally failed. Some times he had seen the disease in malarial form, requiring quinine for its cure, which he gave with opium. He often prescribed grain doses of morphine with calomel, with good results. Opiate suppositories were often very useful. Saline cathartics with opium would usually control the disease, but intractable cases would occur to every practitioner. If he was to give preference to any one plan, it would be after saline cathartics to give opium and quinine.

He had also tried in hospital a plan of treatment recommended by Dr. O'Shannese of India. It consisted in administering ipecac in full doses—in one or two dram doses, emesis to be prevented by previous administration of a full dose of tincture of opium. The opium did not prevent vomiting in the cases he had tried. The reasons for not trying it in private practice are sufficiently obvious. It had also been said by Dr. Buek of New York that the disease had been cut short by this plan of treatment, who gave illustrative cases, one of which was, a woman who had been sick ten days.

After the adoption of this plan, convalescence commenced immediately. Had himself had but little experience in this, and had only mentioned it thinking others may have had more.

Dr. Wyckoff spoke favorably of the cathartic plan of treatment in adults; thought more highly of it than of any other. Had never adopted it with children.

After a spirited discussion concerning the time of publishing the proceedings, *voted* to adjourn.

J. F. MINER, *Secretary*.

CORRESPONDENCE.

THE COURTS AND COUNTY MEDICAL SOCIETIES.

To the Editor Buffalo Medical and Surgical Journal :

Sir:—In the last (September) number of your valuable Journal you have an editorial advocating the abolition of the Erie County Medical Society, in the closing sentence of which you challenge the defenders of the Society to “send in their copy.” Though among the youngest of her knights, and perhaps the weakest, I pick up the gauntlet, and will at least show my devotion by shivering a lance in her favor.

You commence, in a very impersonal vein, to discuss the legal status of the County Societies of this State, but soon dropping this mood you make the Erie County Society do duty for the whole, and, as you advocate its honorable sepulture, I suppose you mean to write *requiescat in pace* over all of them. Let me restore the discussion to its original broad basis, and proceed to examine the question from this stand-point. I do this the more readily, because you claim to be contending for a principle, and not for a personal pique.

Now in the outset you say in effect that these Societies were formerly useful and honorable institutions, rightly endowed with the power to regulate their memberships and prescribe the rules of honorable professional standing. There, Sir, I am happy to agree with you, and beg leave to start the discussion from this common ground. If we are to advocate the abandonment by the profession of these Societies, which for half a century have been considered its honor and safeguard, it behooves us for the honor and dignity, no less than for the learning and usefulness of our calling, to make sure that we do so upon good and sufficient grounds. After a care-

ful reading of your article I can find but two reasons alleged for this proposed dissolution, which I take the liberty to condense, as follows:

1.—“The Courts have opened the door of admission so wide, and protected it so feebly that the Society is made only the medium whereby quackery may obtain better company.”

2.—Therefore these Societies are become useless, and “protect no interest, redress no wrong, cultivate no medical or other science, make now no dividing line between legitimate, honest and honorable medical practice and the grossest forms of pretension and quackery.”

Now this, (which I believe a fair digest of you argument,) is a clear *non sequitur*, and reminds me of,

Major—Omnes Parisii sunt Galli.
Minor—Omnes Galli sunt aves.
Ergo—Omnes Parisii sunt aves.—Q. E. D.

No matter how many members the Courts may admit to our Societies, they will have all the immunities and privileges the Legislature, by its enactments, may guarantee them. The number of members has nothing to do with the privileges of those members. There can be no organization having a legal existence, over which the judiciary shall not have jurisdiction when appealed to by individuals who claim to have been wrongfully excluded from its benefits. They possess and exercise this power over all organizations, religious and secular. Individuals expelled from Christian churches have been re-instated by the Courts;* yet no one claims that membership of a church confers no benefits, or that Christianity holds out no hope of Heaven. This supervisory jurisdiction of the Courts is a very necessary safeguard of our liberties, and however much we may dislike it as physicians, we are bound to uphold and defend it as patriots. But it does not seem to me that our Courts have, as a rule, shown any disposition to relax the conditions of honorable standing in the profession. Not that they may not have rendered wrong decisions, and been the means of forcing upon us unworthy associates, but I believe every such case has arisen from a misapprehension of facts, rather than from an unworthy animus. I should be loth to believe that our judiciary, or even a majority of the members of the legal fraternity, were in favor of supporting quackery, or wished in any way to derogate from the true dignity of our profession. And in support of this position I may cite you to a decision published in your August number, which, whatever may be its justice as to matters of

* This of course applies to the *temporal*, not the *spiritual* affairs of the church.

fact, certainly affirms in clear terms the right and duty of our Society to jealously guard its doors from unworthy intruders. There is too much parallelism between the two professions to permit us to suppose our Judges in any degree leagued with, or in favor of, quackery. And the manner in which they have maintained the dignity of their profession, amid similar discouragements to those we have labored under, merits our respect. Both professions have been made the subject of Legislative interference, and it is to that body we must address our grievances. I am not writing to defend the Courts, but to show that if our field has been made common property it is rather because the Legislature has torn down the fence than because the Courts have opened too wide the gates. Let us transfer then the *onus opprobrii* from the expounders, to the makers of our laws, and your argument will at least be logical in its sequence, whatever may be thought of its validity. Viewed in this light your argument is the same in effect, which has been used against the County Societies ever since the sweeping enactments of the Legislature of 1844. Previous to that year our profession had been hedged about by a high wall of law which effectually prevented access to its ranks without due preparation, and at least the semblance of fair fame. Yet I should be sorry to believe that there is not as much honor and dignity among us now as among our predecessors then. But much misapprehension exists as to the nature of the change made in our legal condition by the laws of that year. While it is true that any person may practice medicine who can get patients to employ him, it is not quite true that ignorant pretenders are placed by the law upon an equal footing with regularly educated physicians. On the contrary the distinction between these two classes is distinctly made and maintained. An irregular practitioner is liable for mal-practice to both criminal and civil prosecution; a regular physician to the latter only. A regularly qualified physician may teach his profession—an irregular cannot. By the terms of the charters of the various colleges, (including I believe the Homœopathic and Eclectic,) certificates of study with a "physician duly qualified to practice his profession" are necessary preliminaries to the reception of a degree. Though as philanthropists, as well as physicians, we ought to desire that no one should be allowed to interfere with the human frame unless duly educated and qualified, we are not to conclude too hastily that all is yet lost. I cannot do better than to quote here the conclusion of a report made to the Kings County Medical Society and published in the transactions of the State Society in 1858. It says: "But what

positive advantages, it is asked, remain to those who comply with the requirements of the law? We answer, the advantages of safety and honor, of protection and privilege. The consciousness of rectitude, possibly the opportunity and means of improvement given or received. In short, all that was ever connected with these Societies, except the monopoly of the trade."

Do not imagine that I have even the slightest desire to defend our law-makers from your just indignation for a course of legislation which seems admirably calculated to exalt quackery, and delusion, at the expense of the legitimate medical profession; far be it from me to undertake so ungrateful a task. But I do maintain that they have not been successful in this end. I maintain that the honor and dignity of our profession are things innate, and inherent, and far above and beyond all legislation. No man shall go beyond me in upholding the true nobility of our calling, or in striving to keep its ranks free from unworthy intruders, but I cannot believe that prohibitory laws constitute the only means of purification, or confer the only dignity and honor. If it be true that our County Societies "protect no interests and teach no medical or other science," then it may be pertinent to ask what has become of the spirit of professional courtesy and pride which ought to exist among their members? If our edifice is yielding to the assaults of quackery, something must have been lacking in our defence, and we may not unprofitably ponder upon the language of the ancient orator:

"Nos autem viri fortes satisfacere reipublicae videmur, si istius furorem ac tela vitemus," (for *reipublicae* read *societies*.) We must have been too much intent upon individual gain, and too little upon those interests of the whole fraternity which ought to be our jealous care.

But I deny the conclusion, and on the contrary maintain that the County Society is yet an institution of both honor and dignity. If not, why this anxiety to get into it? Were it a mere dead body the courts would not spend their time adjudicating in regard to it, nor would any man waste his money trying to force an entrance into it.

You advocate the death and burial of these Societies. Sir, I answer, suicide is the coward's resource, from evils he fears to meet. Let us rather like brave men, resolve to *live*. If the law will not grant us dignity let us take it by deserving it. The dignity of our profession rests upon the individual worth of its members. Let us then strive to raise the standard of that worth by every means in our power. You testify to the efficacy of

voluntary association for that purpose, then why abandon any one of the Societies we have already established? To quote a homely proverb, "there are black sheep in every flock." If unworthy men are foisted upon us, let us try to raise them to a level of high moral excellence and worth, resting assured if we fail they will sink to oblivion by the force of their own gravity, and we shall be in no degree lowered by their fall. Good men are none the less good because bad men wear the same form, and it is but a fool's argument against Christianity to assert that sinners sometimes

"Steal the ivory of Heaven to serve the devil in."

P.

We are most happy to publish the above communication, and glad to have the jurisdiction of the judiciary so grandly glorified, and to know that the County Societies are institutions of such honor and dignity. We should like to inquire if at the millennium the Courts will not admit sinners to the fellowship of the churches without baptism or confession? It will probably be the "right and duty" of men to be christians; the jurisdiction of the judiciary is established "they possess and exercise this power over all organizations, both religious and secular."

Again we should like to know how it is that we have our incorporated Eclectic and Homœopathic Medical Colleges, if irregular practitioners cannot legally teach their professions? There are many other things we should be willing to know, but as they have no remote bearing upon the value of the County Societies, or the legitimate jurisdiction of the Courts, we will not now stop to make inquiry.

We see very little in the above communication which we cannot heartily endorse, and nothing which tends towards controverting the main and essential propositions advocated in our editorial article.—Ed.

SPONTANEOUS SALIVATION—A SUGGESTION.

Editor Buffalo Medical and Surgical Journal:

Sir:—A good deal having been said in the Medical Journals, as well as in the newspapers, regarding the abuse of mercury by the medical officers of the army, and especially since the late order of the Surgeon-General on the subject, it has struck me that perhaps many cases have been reported of mercurial ptyalism which were in reality cases of spontaneous salivation. This is mentioned as an idiopathic affection by medical authors, but I believe is somewhat rare. While serving with the Twenty-first Regiment in August, 1862, I met several cases, and as they served to prove to me at least, that the disease was not a myth, and that it might exist in the army, I am inclined to the belief that it may have often been mistaken for the mercurial affection. I regret that I cannot give a detailed history of the cases, but perhaps such a brief account of them as I can give from memory may not be uninteresting to those who are discussing the question.

In August, 1862, while we were encamped on the since celebrated "Maryland Heights," near Fredericksburg, I discovered symptoms of severe

salivation in a patient in the regimental hospital; as I had been giving him some calomel I of course attributed it to that, and such was the view taken of it by Surgeon Wilcox, (then Chief Surgeon of the Brigade,) at his visit of inspection, where he saw the case. My only difficulty was to account for so severe symptoms from such a small quantity of the drug as he had taken. A few days later I found the same affection in a man who had taken no mercurial at all. I cannot now recall the precise number of cases which occurred, but think there were about half a dozen, some of whom had and some had not taken calomel, or *pil hydrargyri*, but none of whom had been subjected to a "mercurial course," or had taken more than a very small amount of the remedy. As all the patients were well known to me from long association, I felt sure that, unless in the first case, there could be no such idiosyncrasy as sometimes exists and renders even a small amount of mercury a poison, so I put mercury out of the question, even in the cases of those who had taken it; in the cases of those who had not, there could of course be no doubt. Nor was there, I think, any mistake in the diagnosis; it seemed very clear to both Surgeon Wilcox and myself.

Of the causes of this disease I can say but little, and have no theory to offer. Fevers of various grades, and affections of the alimentary canal, were prevalent, from the effects of the season and other causes. I believe no case occurred of a man otherwise healthy, being affected with ptyalism, nor could we trace it to any drug, though many of the list are accused of causing it. Scurvy was also quite out of the question, as the men were well nourished, and there were no signs of it. As to treatment, we found a gargle of brandy and water most effectual, though other plans were tried.

If it were generally known that salivation is not always a sign of overdosing by mercury, much of the obloquy heaped upon medical officers might perhaps be averted.

Very truly yours,

JOSEPH A. PETERS.

CRESTLINE, CRAWFORD Co., Ohio, Sept. 11, 1863.

Editor Medical and Surgical Journal:

Dear Sir:—Will you please send my number of the *Buffalo Medical and Surgical Journal* to me at Crestline, Crawford Co., Ohio? Also, for the good of the profession at large, please publish in the Journal the following recipe, which is now being sold by a celebrated traveling Doctor.

For the common good of the profession and humanity in general, I have purchased it, and wish to make it public. The following is a true copy of the original. E. BOOTH.

“Medicine for to distract the Reumatism, Pains and toothake, Backake and boils, strains for man & horses & many more sores: Take one quart of good Old Rye Whiskey & add in the bottle One oz of campfire, six pots of Red pepper, six cents worth of gloves, 5 cents worth of cinnamund, 3 cents worth of shaven sope, One table spoonful of salt. Add them all in the bottle together & set the bottle in the sun 9 days before using & where the pain is grease it well Evening and Morning. Dont give up soon. Shak the bottle 2 or 3 times a day.

50 cents for a rceat. It is a sure cure.”

MISCELLANEOUS.

ON BLOOD-LETTING IN APOPLEXY.

BY DR. THOMAS K. CHAMBERS, PHYSICIAN TO ST. MARY'S HOSPITAL, &C.

[Perhaps no question is more serious than that regarding the propriety of taking blood in cases of coma, apoplexy, and paralysis. Delay may be irretrievable; yet a false step may be equally fatal.]

In the first place, let us clearly understand what is the *modus operandi* of the means you design to employ, and then what morbid conditions it can and what it cannot relieve.

The two most marked immediate effects of blood-letting are, dimiution of the force of the heart, and contraction of the area of the blood vessels. That these are the most important and most direct of the resulting phenomena, is shown by their being in direct proportion to the dose; the more rapid and copious the detracton of blood, the more certainly they follow. Both natural and artificial hemorrhage thus produce, first syncope, or failure of heart-power; and then a slackening and arrest of the blood-stream by contraction of the vessels.

What now are the morbid conditions in apoplexy which such results as these are likely to benefit? I am not going to enumerate all the causes of apoplexy, because such a recapitulation would be very unsuited for the purpose of the present lecture, and, if they came into your head at the time you were in presence of your patient, would serve rather to confuse than to clear your ideas. A most practical thing to do will be to divide them into three heads with reference to the treatment to be pursued; and I think

you will find them all capable of being classified under *destruction* of the nerve-fibres, *compression* of the same by a *solid*, and *compression by a fluid* substance.

Now, if the nerve-fibres be destroyed, as is the case, for example, in what appears after death as a softening of the cerebral substance, it seems unadvisable to take away the pabulum of nutrition; for you would be diminishing the power of the remaining brain-tissue to take the place, as far as it can, of that which is irretrievably lost. Nor are the immediate effects of blood-letting likely to be advantageous; for in these cases the force of the heart is not morbidly augmented, and the blood-stream is in general rather deficient in quantity already. We shall probably be only adding to the disease by subtracting blood. When, then, we have reason to think from the previous history that there is old disease leading to softening of the cerebral substance, we should abstain from bleeding altogether. If, for instance, there have been before the present attack a state of mental excitement, or severe headache, or feverishness; or if the gait has been unsteady, the speech thick and stammering; if there have been ear ache, or a purulent discharge from the auditory meatus; if previous to the apoplexy, there have been convulsions; if the patient be serofulous, or of a serofulous family, we must take all these circumstances as warnings against the lancet—altogether, probably, but certainly against its immediate use.

Supposing, however, that we have no evidence of such a diseased state of the cerebral substance, and can allow ourselves to conjecture that the nerve-fibres are more compressed than permanently disorganized, then we have further to consider whether the compressing substance is *solid* or *fluid*. By a solid likely to cause apoplectic paralysis, I refer to a clot of blood which has been thrown out long enough to become entirely coagulated. This is the only solid sufficiently common as a cause for us to consider. Is it likely you have to deal with anything of this sort? Is there in the patient's brain before you at the moment a clot of blood such as you see put up in bottles in the museum, and often also in the dead house? Do not be in too great a hurry to conclude so at once. Four days ago you saw on the dissecting-table the corpse of a man who more than thirty-six hours previously had fallen down stairs, and was supposed to have fractured his skull; his cranium was uninjured, the fall was apoplectic, and there was a quantity of fluid blood pressing upon the brain. You see by such instances as these that blood extravasated from the vessels inside the body does not coagulate immediately, as it does when drawn from a vein; it remains long, and may

remain much longer than it did in that case, in a liquid state. It takes, not minutes, not hours, but I may really say days, to become solid. When the apoplexy or paralysis has lasted for days, then indeed, but not till then, you may conclude that a clot has formed; and then, and not till then, may you pronounce that the force of the heart's action will not increase the oozing of blood into the focus of pressure. After that—after you have a solid, and not a fluid pressure, to deal with—I am willing to concede, and anxious to impress upon you, that abstraction of blood is useless and hurtful; but till then I believe its immediate influence to be a beneficial one, and in the right direction. Therefore do not conclude that a clot is formed, or that bleeding is for that reason useless, till at least twenty-four hours are passed after the fit.

Supposing that a fluid has to be dealt with, you are perhaps anxious to know of what nature it is; and, in point of fact, I find that I am constantly asked by students, when they see a case of apoplexy in the wards, whether it is serous or sanguineous apoplexy. I say to you now, what I always say then, that there is no possibility of certainly distinguishing them; and that, fortunately, it is of no importance to either physician or patient to do so, as far as the immediate treatment of the fit is concerned. One, indeed, forms a clot after some time, which we have been just now discussing; and the other remains liquid. But that does not affect the question of the comatose condition now before us. I will speak, then, of "fluid," not distinguishing blood or serum, or bloody serum or serous blood, but clubbing them all, as must be done by practical men, together. When, then, there is fluid compressing the nerve-fibres, I feel sure that there is an influence for good in blood-letting, accompanied, of course, by a danger, as all active treatment is, but still a decided influence for good. It is capable of lessening the force of the heart, which is driving the blood towards the place where it is oozing out either as serum or complete blood, and of diminishing the calibre of the vessels that allow it to pass. The anxious question is, how to secure those advantages without the necessary accompanying dangers, without adding too great an additional shock to the already shocked nerves, without weakening fatally the already weakened general system.

You will observe, by the example of the patient I have used as my text, that the first effect of an apoplectic seizure is the violent blow to the nervous system above mentioned. The poor woman was damp and cold, and pale as a corpse; the pulse and heart beat quick, and irregularly, and weakly, just like those of an ox stunned by the slaughterer's pole-axe. Had

she been bled then, she would certainly have died outright; and moreover, even had she survived, there was no object to be gained by it; for the heart was weak enough, surely. But after a time—seven hours in this instance, sometimes sooner, sometimes later—the heart and pulse recover, and the blood must be driven against the ruptured or oozing vessels with the same force which originally caused them to rupture or ooze. Now is the time to step in with the lancet. You prevent by it what often happens to apoplectic patients if left alone entirely; you prevent the relapse into coma which frequently follows an apparent partial recovery during reaction; you prevent it in a very intelligible way, by lowering the force of the blood-stream, which the injured vessels have already shown themselves unable to bear. This was the time, and this was the object, of the blood-letting in our patient's case. So complete was the apoplexy, by such a slender thread was she hanging on to life, that I believe the slightest additional extravasation of fluid in the cranium must have been fatal; and to this judicious use of the lancet by our house-surgeon, Mr. Chisholm, I attribute the patient's life.

You will observe the bleeding was not a large one—only eight ounces when reaction first occurred, and eight ounces again in the evening, when the pulse was again getting hard. I mention this to warn you against a mistake into which you might be led by an old and rather questionable maxim, "*Extremis morbis, extrema remedia.*" You might be disposed to say, the more the apoplexy, the more bleeding. Such a notion would be most dangerous. A small bleeding accomplishes the object in view; and a large one can do no more, while it seriously abridges the vital powers. Above all things, don't open the temporal artery; it is nearly equivalent to cutting your patient's throat,

I much prefer, in these cases, venesection to cutting the temples or the nape of the neck, as is sometimes done. What you want to do is to affect the general system, and particularly the centre of circulation—an object which is attained with most rapidity and certainty by opening a vein. You are aiming to prevent blood from being driven into the skull, not to extract that which is already in; at least, if you are striving after the latter result, your anatomy and physiology ought to have taught you better.

The effect of bleeding during the collapse, before reaction has taken place, is, as a rule, sudden death, especially when the heart or its valves are diseased. The effects of *over-bleeding* at a later period are, an excited condition of the circulation, and consequently a more violent impetus against

the brain; and at the same time a more watery state of the blood, and consequently a greater tendency to serous effusion. As it is impossible to tell whether red blood or serum is exuded in the cranium, you run the greatest possible risk of augmenting the very evil which your injudicious zeal was intended to obviate.

Perhaps you may say, "I am going to bleed my patient again, for the sake of encouraging absorption; and surely absorption of the clot should be aimed at." Now, I am not so sure of that; if it were absorbed sooner than the nerve-fibres were ready to resume their functions, something else must be effused to take its place in the cranium. At all events, I am quite convinced that such absorption is best left to the reviving powers of nature; and you are diminishing these by unnecessarily depriving the body of blood.

In apoplexy and central paralysis, remember that you are dealing with diseases where nature still retains an inherent power of repair; in a moderately healthy constitution, the tendency is to get well. Do not, therefore, attribute all cases of recovery to the means used, unless you can give a probable physiological explanation of their beneficial action; but if you can thus rationally justify your treatment, do not hesitate to feel satisfied with it, whether successful or unsuccessful.

There is no necessity for being idle while you are awaiting the time to bleed. Stimulant injections and purgatives, hot water and mustard poultices to the feet and legs, a careful arrangement of the clothing and bedding so as to prevent congestion of the head, with keeping up the animal warmth and keeping the friends quiet, will amply occupy your time. It is also conducive to the end you have in view, to shave the head and apply cold lotions to the skull.

After reaction has returned, you will find advantage in the application of ice to the head; it is physiologically correct, and is often a great relief to the patient. You may remember that this poor woman used the first power of speaking that returned to her in begging me to continue the ice; whenever it was applied, it induced sleep, and was most agreeable. What a strange state a person must be in for ice to the head to be agreeable! But so it was.

When, then, you are called in to a case of apoplexy, let these considerations pass through your minds:

1—Does it depend on destructive softening of the cerebral substance? If so, I must not let anything persuade me to bleed.

2—Has the effusion taken place so long ago as to be, if blood, coagulated? If so, again, I had better abstain.

3—If it be fluid, bleeding is very much to be desired; it may prevent increase of the effusion, and relapse.

4—But to make bleeding most useful and least hurtful, the proper time must be selected, namely: the time when the heart regains its strength.

5—The best guide is the circulation. The sharpness and hardness of the pulse and heart, as felt by you, are a faint picture of the sharpness and hardness of the pulse, as felt by the patient's brain. With your fingers on the wrist, let your mind travel into the interior of the skull.—*British Medical Journal*, June 8, 1861.

NITRATE OF SILVER.

To the Editor of The Lancet:

Sir:—I think it very important to call the attention of surgeons to the superiority of the ordinary nitrate of silver over the new preparations which have been now some time in use. The new preparation—"lunar caustic points, perfectly tough"—is worthless as an application in surgical cases. It is not nearly so soluble as the old brittle stick of nitrate of silver, and has scarcely any power in checking and subduing inflammation, and useless in the cure of wounds. The same remarks apply to the cake and crystals of the nitrate of silver used for photographic purposes; which, although they may be more chemically pure, are much less efficacious for surgical purposes than the old preparations.

It is a remedy to which I called the attention of medical practitioners thirty-seven years since in an "Essay on the Use of the Nitrate of Silver." Every succeeding year it has maintained its value in my estimation; but I fear that if the new preparations continue to be used, it will undeservedly fall into discredit.

The grounds upon which I have formed my opinion are these: I have used the new preparations for some time; and in cases where from past experience I looked forward with a certainty to successful results, I have been much disappointed, and the cause was to me then inexplicable. To give a case: A medical friend had a severe puncture. I applied the nitrate of silver with a conviction that he would have no further trouble with it. To my surprise, the application took little or no effect; surrounding inflammation followed, also of the absorbents. Further applications were made

with the same nitrate of silver; but the inflammation continued its usual course, keeping my patient several days in bed, and afterwards it very slowly subsided. Another case: A patient had a severe contused wound on the middle finger of the left hand from a fall. The nitrate of silver was well applied. I expected it would heal under an adherent eschar. That it did not do so surprised and disappointed me. The wound remained some weeks in a painful and inflamed state; and when at last it healed, it left an irritable induration, with swelling. This I treated again and again with the nitrate of silver without much benefit. These and other cases I could relate (one especially, a formidable attack of erysipelas on the leg, which formerly I found yielded to the application, entirely failed) led me to think there must be something wrong in the preparation of the nitrate of silver; and it occurred to me that the new preparation did not produce so much pain as the old one immediately on its application. I procured some of the old-fashioned stick of nitrate of silver. The first application on the case above mentioned did more in removing the irritable, inflamed swelling in four days than all former applications.

From the experience I have had daily of the use of the nitrate of silver for so many years, I am convinced that no remedy of equal power in subduing external inflammation and healing wounds has been discovered, if properly applied, although many remedies have been recommended in lieu of it.

In cases of extensive external inflammation I would use a solution of four scruples of the old-fashioned stick of nitrate of silver to four drams of distilled water. In common cases of inflammation and wounds, the ordinary stick, as particularly directed in my last work—"Additional Observations on the Use of Nitrate of Silver," etc.

I am, Sir, yours respectfully,

JOHN HIGGINBOTTOM, F. R. S.

Nottingham, July, 1863.

MATERNAL IMPRESSIONS.

To the Editor of The Lancet:

Sir:—The following case may perhaps be deemed worthy of a place in your pages:

Mrs. N——, aged twenty-four years, primipara, a woman of delicate build, and highly nervous temperament, suffered a great deal during her

pregnancy with morning sickness, faintings, and great despondency of spirits. About ten weeks previous to her delivery she had a few scattered spots of "herps" on the front of the chest, which disappeared under ordinary treatment, when some kind, good-natured, knowing old woman informed her it was the "small-pox, and that without doubt her child would suffer from the same disease." The bare notion of this preyed very much upon her mind, and her husband and myself both failed in driving the absorbing notion from her brain.

On June 22d she sent for me, having been in labor some four hours. On rupturing the membranes, a most unusual quantity of amniotic fluid escaped, coming away in gushes with the commencement of each pain. On the child being born, I noticed it had been dead for several days, the head, face, and whole surface of the body being covered at about three-quarter inch intervals with pustules exactly resembling in size, form, and appearance the small-pox vesicles at maturity. The depression in the centre was plainly marked. When the topmost cuticle was detached, there was no fluid of any sort underneath. The mother's first remark was, "Is the child marked?" she fully believed it would be so. We well know how mysterious are the freaks of nature in cases of this description. Still I think a careful compilation of numerous cases would tend eventually to throw more light on the matter.

The following cases have occurred in my practice:

1—A child born with one eye of a light blue color (right eye); the other a dark hazel. Mother says she had seen a child with similar eyes sitting on a door-step in Lisson-grove.

2—Child born with mouth and upper and lower extremities resembling those of a dog. Mother states that she was worried and torn by a dog whilst she was in the seventh month of gestation.

3—Child born with left eye blackened as from a block. The mother stated that her husband came home irritated, and struck her (eight hours previous to her confinement) on the corresponding part of her face.

4—A child born with four little fins or stumps for upper and lower extremities. The mother had been frightened by seeing a man maimed in his lower extremities, who used to traverse the streets on a board with wheels.

5—Child born ten nights after display of fire-works in commemoration of Crimean war. Child's feet were covered with bladders of serum, similar to those arising from scald or burn. The mother was alarmed by the

descent of a stick of a discharged fire-rocket, which struck the roof close by the place where she was standing.

I remain, Sir, your obedient servant,

JOHN S. BEALE, M. R. C. S. L.

Paddington-green, June, 1863.

MENINGITIS STUDIED BY THE OPHTHALMOSCOPE—By M. BOUCHUT.

We have already before called the attention of our readers to the value of the ophthalmoscope for the diagnosis of meningitis and other cerebral affections.

Twenty-three cases of meningitis have been examined in Bouchut's Clinic. The changes in the eye-ground, observed in these cases, were:

1st—Peripheric congestion of the optic nerve and congestive exsudations in the retina and choroid.

2d—Dilatation of the veins of the retina around the papilla.

3d—Varicosity and flexuosity of those veins.

4th—Thrombosis of those veins.

5th—Retinal hæmorrhages in consequence of rupture of veins in some cases.

The papilla is always less distinct; its circumference is diminished in consequence of the surrounding congestion.

In one case, cerebral symptoms had raised the suspicion of meningitis, and the ophthalmoscope showed the characteristic symptoms. The cerebral symptoms subsided entirely, but the child died twelve days afterwards, in consequence of general tuberculosis. The post-mortem showed that the ophthalmoscopic examination had not deceived, for there existed a great number of meningeal tubercles.

M. Robin examined, at the request of M. Bouchut, a number of the eyes microscopically. He found the retinal veins dilated, sometimes containing clots, sometimes ruptured in consequence of hæmorrhages. Once the internal and middle tunic of a vein were broken, and the vein dilated at that point presented a kind of aneurism. In one case, the papilla was irregular; another time, white patches, looking as if the tissues had undergone fatty degeneration, appeared; in three cases, at an examination shortly before death, a decoloration of the eye-ground led to suppose an anæmic condition, while previously congestion had been found.

The congestion of the deep membranes of the eyes Mr. B. explains in the following way: The veins of the choroid and retina, he says, issue into the *sinus cavernosi*, and as soon as the flow of blood in the different sinuses of the *dura mater* is impeded, the circulation of the veins of the deep coats of the eye must be influenced correspondingly by it, and necessarily the circulation in the sinuses of the membranes of the brain is rendered more difficult in meningitis, either by the great congestion, or thrombosis of the various intra-cranial sinuses.

Often the degree of congestion shown by the ophthalmoscope is different in both eyes, as the degree of intra-cranial venous circulation is not equal on both sides.

The deformity of the papilla may sometimes, the author says, owe its existence to the compression of the optic nerves near the chiasma by purulent or gelatinous exsudations, as they are frequently observed in tubercular meningitis.

M. Bouchut, one of the first medical authorities in France, considers the ophthalmoscope as a valuable and almost indispensable means of the diagnosis of cerebral diseases, particularly in children, and we hope that our readers will have an opportunity to try and give us the result.—*Gazette des Hop.*, Oct. 1862.—*Am. Jour. Ophthalmology*.

EDITORIAL DEPARTMENT.

MEDICAL DEPARTMENT OF THE ARMY.

Medical Inspector Joseph K. Barnes, has been assigned to duty as acting Surgeon-General during the absence of Dr. Hammond, who has been ordered to a distant service, while it is reported that a commission has been appointed to examine into the condition of the Medical Department of the Army, and that pending the investigation the Surgeon-General has been relieved temporarily of duty in the Medical Bureau, as is customary in such cases. Much speculation exists as to the causes of such action, and in this condition of affairs the friends of Dr. Hammond, as well as his opponents, are extreme in their expressions both of favor and opposition.

By the friends of Dr. Hammond it is held that his appointment was calculated to produce, and did excite the envy and jealousy of the senior members of the staff. The practice of selecting the oldest member of the

staff for Surgeon-General had become established, and hence it always happened that the duty devolved upon those far advanced in years. While acknowledging that there were senior surgeons who were eminently qualified for the position, it was yet thought best to fully break away from this practice and, Dr. Hammond, an Assistant Surgeon, was appointed to this office, for the following reasons, as his admirers claim: That he was a distinguished medical teacher; in reputation as a medical and scientific author; had experience in military duty; the vigor of middle life; great powers of physical endurance, and *ardent patriotism*.

In regard to the services and labors which the Surgeon-General has bestowed upon the Medical Department of the Army, a great amount of credit is claimed for him. Immense armies, widely scattered, engaged in deadly conflicts, with great numbers of sick and wounded men requiring medical supplies, conveyance, surgical attendance, hospital accommodations, etc., demanded great energy and executive capacity in the chief officer. This duty, it is believed, has been performed with ability, and the character of the medical staff of the army elevated and its efficiency increased. The military hospitals are unsurpassed in their arrangements, and illustrate advanced views in hygienic and sanitary science. If the Surgeon-General has instituted and directed their construction he is entitled to great credit, for they are models in construction and management, and intelligent observers are at once impressed with wonder and admiration. Under the circumstances of construction and management they are certainly a great success, and deserve most unqualified commendation.

Again, reorganization of the Examining Boards, with the view of elevating the standard of qualification for admission, both to the regular and volunteer army; founding the Army Medical Museum for the collection of specimens of military surgery; and the collection and preparation of material for a Medical and Surgical History of the War, designed to illustrate the progress which the profession of the United States has made in Military Surgery, are objects accomplished to such a degree that whoever has been instrumental in proposing and forwarding them, may properly claim both from the profession and public, respectful consideration.

It is also claimed that the organization of an Army Medical School, to be located in Washington, which is so far advanced that the Lecturers are selected for the first course to be given this fall, is another achievement of the Surgeon-General, worthy of great praise. This may be regarded as very praise-worthy by many, but we are not of the number. We have

had occasion to change our views upon many subjects connected with military measures and military practice, and possibly the success of this Institution may show us our mistake, but at the present we cannot regard it as either necessary or useful; we look upon it in a very different light. We do not propose to condemn it, or speak disrespectfully of it, but regard it as a scheme for the promotion of personal ambition. If it is so, it may, and probably will be so managed as to advance the knowledge of military surgery in some degree; indeed this is necessary, or the other and more primary object will fail. Perhaps it might as well be stated as a general proposition, applicable in this case as in many others, that medical schools in this country are instituted for two purposes; the first object being the advancement of those who have organized themselves, The Faculty, and agreed to call each other Professors; and the second, the instruction of young men in the primary branches of medicine; this latter object purely incidental, and solely for the promotion of the first grand overshadowing purpose. This scheme of calling each other professors has really become a branch of business, and is now carried to such an extent that when ambitious men cannot by management or merit get others to assist them, it is common to do it alone, and when an aspirant for popular favor takes this course, it is found worth about as much to him as if he had favorite influential colleagues to do him the honor.

Those engaged in this enterprise of professorships are often detected in "laying pipe" upon a plan which will fully equal the lowest tricks of the politician. The present respect which is usually bestowed upon capable and faithful teachers of medical science, will gradually give place for the disgust and contempt which attaches to a cheat, unless some correction of abuses in this direction is obtained. We have no personal objection to the Surgeon-General making a new medical school of his own, and making a class of Professors of Military Surgery. If he does it well, there is nothing to censure, though he should appoint his especial favorites to pleasant positions; but we see, or think we see, appointments made, or to be made, on account of "*ardent patriotism*," through all coming time. Military surgery will be taught by professors of "*ardent patriotism*" in the Government school, while representatives of distinguished families, or influential circles, or large estates will teach it in the more private colleges. Patriotism which is true, merit which is actual, energy and intelligence which is positive and unconditional, will all be overlooked unless "pipe is laid" for its benefit; *it* will never lay its own "pipe."

Notwithstanding the opposition, which has come up from many quarters, the duties of the office of Surgeon-General have been efficiently and successfully performed, and much of the opposition is the fruit of envy, jealousy and revenge. However, the Secretary has appointed a commission to inquire into the condition and management of the Medical Bureau. What may be the ground for the appointment of this commission does not yet appear, though conjectured rumors of fraud and corruption, are sufficiently numerous.

We have attempted in these remarks to state the general condition of affairs in this department without lengthy comment, or at least to state what appears to us as the truthful condition. The army is an ever fruitful theme, both for the Journalist, the Politician and Divine; all have an interest in its management and success, but it is an especially fruitful source of reflection to the medical profession. It is opening up to it a wide field of labor, and offering opportunity for the cultivation of one important branch of medical knowledge never before studied to any great extent in this country. That there should be great differences of opinion among men, equally well informed, is not strange; that one division of the army surgeons should attach value to that which another equally competent, regard worthless, is not more than is found with intelligent physicians in civil practice, where the field is old, and much better cultivated. Physicians have much to contend with in the practice of their professions, and should learn to bear with the prejudices and peculiarities of others. It is not to be expected that all will think alike of many important therapeutic measures, and the widest range for individual opinion should be given; we should, if possible, become tolerant of each other's opinions. It is pleasant to observe that physicians who attend to their private practice, and have ambition mainly for it, and for a clear perception of truth, have little contention, and comparatively few differences of opinion. Office of whatever description you please, is apt to corrupt and distract all who receive it.—When men accept it, they are to be excused for a great many faults. When it falls upon physicians, the severest judgments have come upon them. We hope, as journalists, to hold upon the exciting medical topics of the army a middle ground, and not too violently censure, or too readily bestow unmerited praise.

A COMMISSION TO INQUIRE INTO THE CONDITION OF THE
COLORED POPULATION.

A Commission has been appointed by the Government to inquire into the condition of the colored population emancipated by the President's Proclamation and by the Act of Congress, and to report what measures are necessary to place them in a condition of self-support and self-defence, with the least disturbance to the great industrial interests of the country.

This Commission are seeking to ascertain the vital statistics concerning the African race, and the mulattoes, as well in the Northern and Middle as in the Southern States.

It is very important that this should be done, but unfortunately the data do not exist.

It is not known, from any wide circle of observation, whether the mulattoes are as fertile as blacks and whites; whether they are long lived; nor even whether their breed can exist permanently; that is, whether its hybridity will prevent its persistence. Then there are questions about the adaptation of the cross-breed to the northern parts of the temperate zone; questions about the effects of amalgamation upon the white race, and the like.

The Commission have sent out circulars to many medical men, but of course will not reach all who might, if called upon, give valuable aid. We therefore print the series of questions put forth by Dr. Howe in behalf of the Commission, and invite the attention of our readers to it.

Those who are disposed to answer the queries, or to favor the Commission with their views upon the general subject committed to it, are invited to address

DR. SAMUEL G HOWE,

143 Second Ave., cor. East 9th St.,

New York.

QUESTIONS.

- 1—What is the number of the colored population of your town?
- 2—About how many pure blacks?
- 3—About how many mulattoes?
- 4—Does the colored population, if not recruited by immigration, increase or decrease?
- 5—Do mulattoes seem to you to have as much vital force to resist disease and destructive agencies as pure blacks, and as whites? and do they usually live as long?
- 6—To what diseases do mulattoes seem peculiarly liable?

7—Do mulatto families usually have as many children as white families?

8—Can you give instances, within your own knowledge, of the number of children in one family born of, and reared to maturity by, mulatto parents?

9—Are the colored people generally industrious and self-supporting, or not?

10—How is it in the second generation with regard to the number and health of offspring?

11—Through how many generations has any family of mulattoes been known to persist?

12—Do the mulattoes seek public charity in greater or less proportion than whites?

13—Do you consider them, upon the whole, as valuable members of the community, or not?

BOOKS AND PAMPHLETS REVIEWED.

A Manual of Instruction for Enlisting and Discharging Soldiers, with special reference to the Medical Examination of Recruits, and the detection of disqualifying and feigned diseases. By ROBERT BARTHOLOW, A. M., M. D., Assistant Surgeon U. S. Army, Surgeon in charge of McDougall General Hospital, Professor of Mil. Med. Jurisprudence, Army Medical School. Adopted by the Surgeon-General for issue to Medical Officers of the Army. Philadelphia: J. B. LIPPINCOTT & Co., 1863. For sale by Bred, Butler & Co.

This book appears to us to be at the present time one of the most important of works. There is always importance to be attached to a well written book, but at the present time when physicians in many instances not thoroughly familiar with all the evidences of disease or acquainted with what really constitutes disability for military duty, have been appointed to make final decision upon the ability of men drafted into the military service, it is opportune and altogether indispensable that some work which is concise, correct and complete should be available. There has never been a duty imposed upon the medical officers of the army so difficult to perform with exact justice to both the government and the conscript, as the examination of drafted men. It requires for its proper performance a thorough medical education made complete by extensive practice, as well as experience in the examination of recruits; and we think that even then, errors in judgment would not be uncommon. It was never difficult to

decide with tolerable exactness upon those who wanted to join the service as volunteers, for they had no diseases they desired to magnify, but men forced into the service are feeble, sickly, rheumatic, catarrhal, consumptive, insane, epileptic, deaf, blind, and in short, every way disabled. The author of this book has considered every topic, and given tests for feigned diseases, which are worthy the consideration of ail examining boards. We are only sorry that the work had not been issued sooner, and read attentively long since; it would have been better, much better, for all concerned. As it is, and it is impossible that it should be otherwise, we will conclude our brief notice of a book which should be in the hands of every medical officer, by saying that it is well and carefully written, every important subject has received due attention, and the work shows great practical ability and careful observation in the author, who has had ample opportunity, and has given the profession a work upon the examination of recruits and detection of feigned diseases worthy the careful consideration of every medical officer of the army.

What is the Modus Operandi of Medicines? Do they produce their effects by their Action on the Blood, as taught by all Modern Physiologists? or, do they produce their effects by their Action on the Organic Nervous System, through the agency of the Blood? The latter question considered and affirmatively answered. By JOHN O'REILLY, M. D., F. R. C. S. I.

The position taken by the author of this pamphlet is, that all medicines exert their influence upon the system through the "organic nervous system." The ancients supposed that life was located in, or rather that the pineal gland was the seat of life. Dr. O'Reilly demonstrates that it is in the organic nervous system. We will make a short quotation, allowing the Doctor to speak, and our readers to judge for themselves. The pamphlet is certainly worthy a careful perusal:

"If it is true life can be destroyed by a blow on any of the principal "ganglions of the organic nervous system, as for instance the semilunar "ganglion, then it follows that life is located in the ganglions or organic "nervous system and not in the blood.

"If life is located in the organic ganglions, then it follows that life must "be located in the organic nervous system. If organic nerves are in the "coats of the arteries, then it follows that life must be located in the organic "nerves which supply the arteries. It has been stated by Prof. Dalton, "that too much importance is attached to the organic nervous system, as

“ regards the operation of medicines, but if the statements I have made are
“ true, and I think their truth cannot be questioned, it follows that all the
“ operations of medicinal agents for good or evil, depend on their action on
“ the organic nervous system when introduced in the blood. When poisons
“ are introduced into the blood by the lacteal and lymphatics in the intes-
“ tinal canal, or by the lymphatics on the surface of the body, or by the
“ process of inhalation, the action is all the same, they destroy life by
“ destroying vitality in the organic nervous system.

“ Blood-poisoning is a vague term, signifying that the blood has been
“ poisoned, but gives no explanation or idea how the poison causes death.
“ The blood carries the poison and communicates it to the organic glands
“ at the termination of the arteries.

“ To illustrate the truth of this explanation, it is only necessary to call
“ the attention to what happens when arsenic is applied to a cancerous ulcer
“ on the lower extremity. The arsenic is absorbed by the lymphatics, it is
“ carried into the venous circulation to the right side of the heart, to the
“ lungs, to the left side of the heart, and by the aorta, its branches, ramifi-
“ cations, and capillaries, to all the organic glands wherever located. The
“ organic glands of the stomach become imbued with the poison; inflam-
“ mation of the mucous membrane of the stomach is the result, and symp-
“ toms of poisoning by arsenic present themselves,

“ When Fowler’s solution is given in a case of eczema, it is taken up by
“ the lacteals and lymphatics in the intestinal canal, passes into the venous
“ circulation, next into the arterial circulation, is given off to the organic
“ glands on the surface of the body, and changes the diseased action of the
“ organic glands, sometimes causing them to assume a healthy action.

“ I will conclude by remarking, that the dilatation and increase in size of
“ the carotid arteries during the growth of the stag’s horns, the dilatation
“ and increase in size of the uterine arteries during gestation, cannot be
“ attributed to the blood, or cannot be attributed to any substance intro-
“ duced into the blood, inasmuch as the other arteries continue in their
“ normal state. The dilatation and increase in size are attributable to what
“ is called vital action, but as vital action is synonymous with life, and as
“ life is located in the organic nervous system, it follows, therefore, that
“ dilatation and increase in size of the carotids and uterine arteries are due
“ to the presence of the organic nerves in the coats of the arteries.”

On Artificial Dilatation of the Os and Cervix Uteri by Fluid Pressure from above; a reply to Drs. Keiller of Edinburgh, and Arnott and Barnes of London. By HORATIO R. STORER, M. D., of Boston, Surgeon to the Pleasant St. Hospital for Women, Member of the Obstetric and Medico-Chirurgical Societies of Edinburgh, etc. Re-printed from "The Boston Medical and Surgical Journal," for July 2, 1862.

This is an article considering the subject of "Dilatation of the Os and Cervix Uteri" in obstetric surgery. It is mainly devoted to the evidences of priority of discovery, and practical application of "fluid pressure from above," in accomplishing this result. He says:

"Immediately on entering practice, it became evident to me that the great field for advance in obstetric therapeutics was *the interior* of the uterus—an opinion that was daily strengthened during the intimate relations to which I was admitted by Prof. Simpson in 1854–55.

"At that time the sole means, at all safe and reliable, of directly reaching the interior of the unimpregnated uterus, was by the use of expansible tents, then only made of sponge, first suggested for this purpose by Simpson in 1844. It is true, that for the induction of premature labor, for which the method to be considered was first proposed to the profession by both Dr. Keiller and myself, and for which its use is now urged by such competent authority abroad, there had been many measures suggested and practiced—all of them, however, acting either secondarily or by reflex action, as do galvanism, mammary irritation, puncture of the membranes, their separation from the uterus by bougies, the injection of water or air, an agent here so dangerous, or by the uterine sound, and also, there seems to me good reason for believing, the so-called oxytoxics, as ergot of rye; or by a stimulating or dilating force applied and first acting from below.

"These remarks apply with equal force to all methods that had then been proposed—to those of Hamilton and Hopkins; to the flexible catheter left in the cavity of the uterus by Merrem, Krause and Simpson; to the vaginal and cervical plugs and dilators of Brünninghausen, Osiander, Von Busch, Hüter, Gariel and Braun; to the carbonic acid douche, suggested Brown-Séquard, and so fatal in the hands of Scanzoni and others; and to the water douches, of Kiwisch, applied to the vagina, and of Schweighäuser and Cohen, to the uterine cavity. These several means, while they were applicable but partially and with varying success to the pregnant uterus, were wholly unfitted, with the exception of sponge tents, for opening up that which already contained no fetus; and for this the elastic bougies of McIntosh and the unyielding ones of Simpson, the spring-knife of the

latter, the hollow tubes used by Wakely for urethral stricture and adopted from him by Baker Brown, and the instruments of Rigby, Graham, Weir, Oslander, Busch, Krause and Jobert, with expanding metallic blades, are either insufficient or attended with too much hazard.

“Caoutchouc bags or sacs, distended with air, had been proposed some years previously by Gariel, for the treatment of displacements of the uterus by pressure from below, and for plugging the vagina in cases of hæmorrhage. He had also suggested their possible introduction into the cervix, not, however, through it, for the purpose of overcoming stricture of that canal, and had even asked, “if this property of the bulbous air sound could not be turned to advantageous use in inducing premature labor?” here referring however, to their use in the vagina, as had already been suggested by Hüter and Braun, were attended with singularly unfortunate results, Breit and others reporting a mortality of six patients out of fourteen.

“To sponge tents applied to the cervix there attach, as I have already intimated, various important objections. They are readily acted upon chemically by the uterine and vaginal secretions, and from their organic character quickly undergo putrefactive decomposition, subjecting the patient to a certain amount of risk from such possible absorption as is hereby implied. They act at times with great rapidity and force, and where the tissues are morbidly friable, if not very carefully made, they may produce unintentional or dangerous tension and laceration.

“From direct experience of these several dangers, it became my aim to find, if possible, a substitute for sponge in the dilatation of the cervix, and in May, 1855, in a paper read before the Medico-Chirurgical Society of Edinburgh, I proposed the use of tents prepared from the bark of our indigenous slippery elm. Shortly after, during the publication of Dr. Simpson’s *Memoirs*, I had again occasion to refer to the disadvantage of sponge under certain circumstances, and at still greater length in a paper presented during the fall of the same year.

“The use of elm tents in my own hands and those of others who have communicated with me upon the subject, proved the agent greatly superior to sponge in those cases where a low and moderate action is desired, as, for instance, in mechanical dysmenorrhœa and certain forms of sterility; and as yet I know of nothing that will here better answer the indication although during the course of my experiments in this direction I have tried a variety of other substances, as althea root, etc., among them the root of gentian, afterwards made the basis of a memoir upon mucilaginous tents,

by an English Surgeon, Dr. Aveling, of Sheffield, in apparent ignorance of his having been anticipated by my suggestion of three years before.

“Steadily pursuing these efforts towards the solution of the interesting problem proposed, I again called the attention of the profession to its importance by a paper published in Philadelphia early in 1859, in which were pointed out the several indications for artificial dilatation of the cervix uteri, and the several dangers attaching thereto, alike in the induction of premature labor, the assistance of the progress of accidental abortion and of labor at the full time, the exposure of the uterine cavity for the purposes of diagnosis and treatment, both in diseases puerperal and non-puerperal.

“During the preparation of this paper, duly appreciating, as will be apparent from its perusal, the actual and relative value in the assistance or induction of labor, of the several elements of action involved—namely, dilatation of the cervical canal, detachment of the membranes from the walls of the uterus, and the prolonged preservation intact of the bag of waters—I had frequent conversations upon the subject with my friend Dr. Nathan Hayward, of Roxbury, now Surgeon of the 20th Massachusetts Regiment, and at that time associated with me in the conduct of the Eustis St. Dispensary. With his assistance, I contrived an instrument designed to combine the various indications just referred to, and this was used in practice upon the first favorable case that presented itself to us, on April 13, 1859. The operation was entirely successful; labor was prematurely induced at the eighth month in a woman who had four times previously undergone craniotomy, and a living male child was delivered. The case was the more interesting to us from the fact that both Dr. Hayward and myself were present at her last confinement; I had turned and delivered the trunk, but it was found absolutely necessary to lessen the head from below before it could be made to pass.

“The proposal of the measure now resorted to, as I supposed, for the first time, was made at considerable length under the name of ‘the uterine dilator,’ and the case reported in July, 1859. I then stated that the instrument, introduced within the cavity of the uterus, produced its action in a three-fold manner: “reflexively, as a foreign body; reflexively and directly, by separating the membranes from the uterine walls; and directly, as a fluid wedge, by dilating the os; in each of these three respects, its effect being in proportion to the amount of distension applied. It should be noticed that this dilatation,” I also added, “is *from above downwards*, while the tent dilates from below upwards.” I referred to the similarity of

this instrument to one suggested for the female urethra by Spencer Wells, of London, some months previously, which in its turn had been taken from a modification by Thompson of James Arnott's urethral dilator, so forcibly brought forward as long back as 1818, both by myself and his brother Neil, and shortly after by Ducamp in a memoir that received much approbation from the French Academy. I mentioned, also, the curious fact in the history of the various means that have been proposed for dilatation of the uterus, that they have all, without exception, been based, directly or indirectly, upon some method previously in use for the treatment of strictures of the male urethra.

"I have thus plainly stated my own position in relation to the plan of dilating the uterus by fluid pressure acting from above, and have shown the gradual and successive steps by which I arrived at the idea and its development. The medium employed for dilating my sac was water; to the dangers of air used for this purpose, as it has been by others who have taken part in this controversy, I then called attention, as I shall again do in the course of the present communication.

"Now as to opposing claims, I shall endeavor to state them as fairly, even at my own expense."

The Atlantic Monthly.—This most popular of American periodicals, is placed upon our table by the favor of the publishers, Messrs. TICKNOR & FIELDS, Boston. The October number contains articles from Charles Sumner, John G. Whittier, R. W. Emerson, H. D. Thoreau, J. W. Trowbridge, J. P. Quincy, D. A. Wasson, F. D. Hedge, C. C. Hazewell, G. B. Prescott, and others. While it is announced that the November number will contain contributions in prose and verse, from Henry W. Longfellow, James Russell Lowell, Oliver Wendell Holmes, Professor Agassiz, Louisa M. Alcott, J. K. Marvel, T. B. Aldrich, H. D. Thoreau, and other well known writers.

The eleventh volume of the "Atlantic," comprising January to July, 1863, is now neatly bound in muslin. No periodical can better deserve the popularity it enjoys. It should be placed upon the table of every family who read English.

Harpers' Magazine.—The number for October is a very entertaining one. It commences with an account of the "*First Cruise of the Monitor Passaic*," which cannot fail to interest all readers of magazines. The third article is styled "*Scenes in the War of 1812.*" With this article is also a map of Niagara Frontier, an illustrative cut of the interior of Fort Niagara, and the portraits of Stephen Van Rensselaer, John E. Wool, William Hamilton Merritt, and other embellishments contribute to the interests of this article. The remaining twenty articles deserve also equal attention, but we must not attempt to speak in detail of the merits of these popular magazines. They are always welcome visitors, and serve to beguile a weary hour when the harder labors of the day are done.

Peterson's Ladies' National Magazine.—Whoever would be themselves, and have their children in the fashion, should take Peterson's Magazine; it is a very fashionable book, and always contains illustrations of the latest fashions. It also has fashionable literature from the first American authors, and always makes itself an attractive and welcome visitor.

Godey's Lady's Book.—By favor of the publishers of this interesting and popular magazine, we have been favored with the monthly issues, until quite recently, when for some reason the late numbers have failed to connect. The monthly numbers we have no doubt continue to please, interest and instruct those who do receive them. We do not often notice, as they deserve, these popular journals, which are sent us as a courtesy, since we hope our readers are already better acquainted with their merits than ourselves. Godey's Lady's Book is, of course, upon every lady's reading table in its advance copies.

FIELD AND HOSPITAL STRETCHER.—Dr. Frank H. Hamilton has just perfected an admirable invention of a field and hospital stretcher, which is at the same time as comfortable a bed as any man, sick or well, could desire. It is the surgeon's and nurse's long-sought desideratum, and is as well adapted for use in private families as in the army. The chief merits of it are compactness and facility for moving or changing the position of the patient without touching his body or lifting him by the limbs, a process that is dangerous and often impossible with wounded men on the usual plans of support. It will be a positive preventive of the terrible bed sores

from which the soldier often suffers more than from broken limbs. Two or three hundred of Dr. Hamilton's stretchers can be carried in a single wagon and it does not take three minutes to put them in trim. The greatest advantage will be gained by them in removing the wounded from a field. The canvass can be drawn under a body in strips so gently as not to provoke or increase the bleeding of wounds, and being buttoned to the side-pieces and stretched by a simple screw, the bed can be carried off, or supported on stones, as comfortably to the patient as on a regular four-poster. The model will be presented to the Surgeon-General in a few days.—*Med. and Surgical Reporter.*

PHYSICIANS WANTED IN NORFOLK.—The following, taken from the *Norfolk Virginian*, shows a demand for physicians in the South:

"We are requested, by the Mayor of Norfolk, to say that several physicians are wanted in this city, and can obtain immediately a good practice. The old physicians being required by an act of the Legislature of Virginia to take the oath of allegiance to the United States Government, refuse to do so generally, and consequently there is but one doctor in the city qualified to practice.

Loyalty and regular diploma are the qualifications required. Apply to
W. H. BROOKS, Mayor of Norfolk, Va."

☞ Medical men who wish to join the State Corps of Volunteer Surgeons for service during the exigencies of a battle, should make application to the Surgeon-General of the State in which they are residing.

There are a number of Surgeons and Assistant Surgeons required for the regiments of U. S. Colored Troops. The pay is the same as that of other regimental medical officers, Surgeons, \$163.00, and Assistant Surgeons, \$112.83 per month. They must be examined by a Medical Board previous to appointment, and the general principles of examination are the same as those observed in the examination of Assistant Surgeons of Volunteers. Application should be made to the Surgeon-General, U. S. A., at Washington, D. C., for permission to come before the Board.

SUBSTITUTE FOR WINE.

SURGEON-GENERAL'S OFFICE, }
Washington, August 15, 1863. }

Circular No. 13.—Surgeons-in-charge of hospitals are informed that they can procure a substitute for *Port Wine*, for the use of the sick, by making proper requisition therefor.


In consequence of the impossibility of procuring pure port wine of the grade formerly issued to the army, an article of Tanagona wine has been adopted for issue instead.

This wine is light, dry, and astringent, and is the pure juice of the grape, purchased by the Medical Department in bond, and bottled at medical purveying establishments.

WM. A. HAMMOND,
Surgeon-General.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.—A new College edifice is in course of erection for the Medical Department of Lind University, in Chicago, Ill., to be completed in September, and used for the next annual course of instruction. It is of brick, three stories high, and will combine all desirable conveniences and comforts. The name of this University having been changed by the Board of Trustees to that of *Lake Forest University*, a new name for the medical school became necessary, and the Faculty have given to it the title of the *Chicago Medical College*, by which it will hereafter be known.

DEATH OF DR. GEORGE HAYWARD.—While the meeting of the Councillors of the Massachusetts Medical Society was in session yesterday, Dr. John Jeffries announced the sudden decease, within an hour, of Dr. George Hayward, of this city, by apoplexy. The abruptness of this announcement produced a profound impression upon the gentlemen present, many of whom were among Dr. Hayward's old friends and associates. A committee was at once appointed to recommend some action on the part of the Councillors in view of this sad event.—*Boston Medical Journal*.

 The English Medical Act which compels every person practicing medicine and surgery to be qualified and registered does not, it seems, prevent quacks from this country obtaining a foothold in the profession.—Many of these graduates from chartered medical colleges exhibit their diplomas, are registered, and commence practice. The profession of England should understand that our State Legislatures charter colleges of every complexion, and the graduates of these institutions are therefore legally qualified. The title of M. D. in this country has no significance whatever.—*N. Y. Medical Times*.

BUFFALO

Medical and Surgical Journal.

VOL. III.

NOVEMBER, 1863.

NO. 4.

ORIGINAL COMMUNICATIONS.

ART. I.—*Secondary Hemorrhage from Gun-Shot Wounds, with a case.*
BY WM. H. GAIL, *Medical Cadet, U. S. A.*

Secondary hemorrhage from gun-shot wound, says Mr. Roux, proceeds from "separation of the eschar; from injury by fractured bones; from the capillaries caused by general feebleness of the patient." The latter corresponding with the "hemorrhagic diathesis" of Druitt, produced by long campaigns, improper diet, and the absence of a sufficient quantity of vegetable food, to prevent the system from laboring under a scorbutic cachexia. But whatever be the cause, it is a disagreeable complication, and requires prompt and energetic action to insure any degree of safety to the patient. Strommeyer relates a case, showing the necessity of knowing what to do, and the presence of mind, to do it without delay.

An arterial hemorrhage from a wounded brachial artery, occurred in the third week of the injury—a fracture of the humerus; the arm was amputated, but the patient soon died, having lost so much blood in the first instance; "an incompetent medical man who was present not having presence of mind to employ compression." In the treatment of this *accidental* complication of gun-shot injuries, the first indication is, to arrest the hemorrhage; the second, to prevent its recurrence. The first may be fulfilled by compression, ice, persulphate of iron; these, if the artery be small, and the hemorrhage be slight, may fulfill the second indication

also; but if a large artery be implicated, deligation is necessary, and we have to choose between the rule promulgated by Bell and Guthrie, of tying both extremities of the divided arteries; that of Anel, who advocates the ligation of the main trunk at a distance from the wound, between it and the heart, and amputation. In primary hemorrhages the plan of tying the divided extremities is preferable; but in hemorrhages occurring after the limb has become swollen, its tissues infiltrated, agglutinated and disorganized, to cut down and deligate the extremities of the bleeding vessel, is a task not easily performed. Experience has proved Anel's operation to be unsatisfactory in its results, (vide McLeod's notes on Surgery of the Crimean War, page 135, and note on page 136,) and consequently amputation is resorted to.

The following case will illustrate the difficulty that would have been experienced had an attempt been made to perform Guthrie's operation; and, although it is not positively disparaging to the method advocated by Anel, its result cannot with propriety be considered to favor it.

Sergeant James Ferguson, Co. G, 142d Pennsylvania Volunteers, a young man of good constitution, was admitted to Stanton Hospital December 29, 1862, on account of a gun-shot wound of the right leg, received in the battle of Fredericksburg December 13, 1862. The bullet passed through the calf of the leg in its upper third, behind the tibia and fibula, in a downward and outward direction. The wound did well until the middle of January, when the granulations assumed an unhealthy appearance, and the discharge became thin and serous. He also exhibited typhoid symptoms, having a hot skin, frequent pulse and dry, red tongue, watchfulness, and no appetite. In this way he went on from January 15th until Friday morning, January 23d, when hemorrhage unexpectedly occurred from the external orifice, behind the fibula. The officer of the day readily controlled bleeding by the application of pressure by a bandage, and ice. He thought the patient lost in all about 10 ounces of blood. Through that day and night the loss of blood by oozing was very little. On Saturday morning, January 24th, the bleeding recurred; this time from the internal orifice, behind the tibia. Dr. Mursick, his attending surgeon, was in the ward when the bleeding commenced; he readily controlled it by the application of persulphate of iron, lint, ice and bandages. He lost this time from 4 to 6 ounces of blood, not more than the last figure. Meanwhile the typhoid symptoms became more marked; he complained of great tenderness throughout the leg and thigh; the inguinal glands were

somewhat swollen and tender; there was dusky redness with soreness in the track of the long saphenous vein; his skin was of a pale yellow hue, and he presented other symptoms of pyæmia.

On Sunday morning a slight bleeding occurred from the internal wound, which was controlled by pressure and ice; there was a marked increase of swelling of the leg noticed that morning, and infiltration thereof, with blood was suspected; the swelling was extending from the leg to the thigh, especially over the external and internal condyles, and the popliteal space also was already filled up with the swelling. He was very pale, expressed a great deal of anxiety; pulse 120 per minute, quick and weak.

On Friday we thought hemorrhage came from the peroneal artery, on Saturday from the posterior tibial, at all events we were uncertain on Sunday morning with regard to the source of the bleeding. The case now presented an unpromising appearance on account of the debility from the loss of about 18 ounces of blood, in all not more than that, superadded to typhoid disease, or condition, and it was decided to tie the femoral artery at the apex of Scarpa's space, as affording the best chance for prolonging life. The operation was performed by Surgeon John A. Lidell on the afternoon of that day, Sunday, January 25, 1863, forty-three days after he had been wounded. The patient was manifestly pyæmic, and we scarcely hoped for his recovery on that account.

Monday morning, January 26th, patient appeared brighter, pulse 130, tongue more moist, leg getting warm down to the ankle, plugs removed from wounds, and some dark, offensive blood flowed away; 6 o'clock P. M. foot cold, leg cooler, blackness extending across the leg in track of wound, tongue dry; has had a slight chill, and he is somewhat delirious; pulse 130 and weak.

Tuesday, January 27th, in the morning the patient looked better than he did the evening before; pulse 132, and stronger; leg warmer and blacker, foot pale and swollen, (serous inflammation;) discoloration and serous infiltration extending up the thigh.

Wednesday, January 28th, patient presents a pale, yellow hue; blackness of the limb deepening and extending; has reached the lower end of the incision for tying femoral artery; odor gangrenous.

Thursday, January 29th, 1863, patient sank, and died in the evening, four days subsequent to the deligation of the femoral artery.

Autopsy showed that the bleeding came, not from the posterior tibial or

peroneal artery, as had been supposed, but from the lower part of the popliteal artery, which had been open to a large extent by ulceration; it was also found that the ball had grazed the hind part of both the tibia and fibula in its track, and there were some loose splinters, small in size, in relation with those bones.

A piece of the femoral artery, four inches long, was taken out, which embraced the seat of deligation. On the proximal side of the ligature the clot was firm, closely attached to the walls of the artery, and about three-fourths of an inch in length, with its apex pointing upward toward the heart. On the distal side of the ligature there was also a firm clot adherent to the walls of the artery, but this clot was much smaller than the proximal one.

In this case, as frequently occurs, the patient was averse to amputation, and as his symptoms were anything but favorable to recovery, his request was acceded to, and Ancl's operation performed, with the hope of prolonging life for a brief period only.

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

TUESDAY EVENING, Oct. 3, 1863.

Dr. Congar, President, in the Chair.

Minutes of the last meeting read and corrected—*Dr. Rochester* saying that he spoke of the Acid Treatment in diarrhoea and not in dysentery and *Dr. Wyckoff* remarked that the case seen by him, with *Dr. Storck*, was one with all the symptoms of cholera, rice colored stools, cramps, cold surface, collapse, etc., these symptoms rapidly succeeding to the dysenteric discharges; this peculiarity alone constituted the interest of the case. Approved as corrected.

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 right eye about one year since, which gradually increased until in a few months he had distinct cataract in that eye; and 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 for division and depression of the lens, which

produced no inflammatory disturbance of the eye, and for a time promised favorable result. 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.

Dr. White said he had seen two cases of melanosis, in one of which he removed the eye: the patient died the following year of fungus hæmatodes.

Dr. Shaw mentioned a case which he had seen, where there was large tumor and no appearance of the natural eye.

Dr. Ring recollected a case presented at the clinic while he attended lectures in Geneva. The eye was extirpated, and he thinks the disease did not return.

Dr. Rochester remarked that since *Dr. Miner* had introduced the subject of diseases of the eye, he would relate some of the particulars of one or two interesting cases which had recently fallen to his care. A gentleman called upon him not long since, saying that he had come to tell him that he was blind in one eye; though the eye looked naturally, he could not see. He had received a blow upon the eye. Upon examination, after the pupil was dilated, could distinctly see opaque lens. The blow had produced traumatic cataract.

Another man, while chopping wood, had a stick fly up and strike him in the eye; he fainted from the effects of the blow. When seen the pupil was dilated, and there was no contraction from effects of light. The next day it had not improved, and there was more occasion for fearing amaurosis. He was treated with blisters, cathartics, cold applications and Iodide of Potassium. This case finally recovered.

A third similar case was that of a woman, who had a beer-bottle cork fly against her eye, which also appeared to have produced traumatic cataract and also amaurosis. The amaurosis, or loss of function in the nerve, is supposed to be produced by the direct injury of the blow upon the nervous structure, while the inflammatory action or stasis which this induces, is probably the cause of the opacity in the lens.

Dr. Shaw related a case struck with a ball-club, which produced dilatation of the pupil, which still remains, yet vision is improving.

Dr. Cronyn related similar cases; one was struck by a stick of wood; the pupil was dilated. Cold water was applied, and the pupil gradually contracted; but there was no return of vision. Another similar case, attended with high inflammatory action, was treated actively, with the effect of subduing the inflammation, but not of restoring vision.

Dr. White, while upon the subject of eyes, would call attention to the practice when foreign substances are lodged in the posterior chamber of the

eye. Bits of steel or portions of percussion cap are the more common substances. It is plainly in sight, and the impulse both with physician and friends, is to remove it. In such cases, should anything be done when it cannot be seized and removed through the opening which itself has made? A few days since a lady from Chautauqua county, brought a little girl to him, with part of a percussion cap in the posterior chamber of the eye. It could be distinctly seen, and she had been advised by her physician to visit the city to have it removed. Thought more irritation would be produced in this instance by the removal than it would be likely to produce if let alone, and advised rest, exclusion of light, cold applications, and an aperient, and had since learned that inflammation had abated under that treatment. Vision was imperfect, inflammation and pain moderately severe; and he thought that if operation had been made, possibly the eyeball would have been spoiled. Was satisfied in his own mind that if it could not be taken out from the opening it had itself made, it should not be removed. This case was seen also by Drs. Rochester, Eastman and Boardman, who coincided in the opinion he had expressed. The responsibility in such cases was sometimes great, and physicians might say, how stupid not to remove it! It required some courage to advise not to interfere. This case had been related and these remarks made for the purpose of placing on record, that such substances may often better be left than to run the risks attending attempts at removal.

[Dr. Cronyn said it was remarkable what prejudice would do in some such instances. There had recently been a discussion in London upon the very subject. It used to be thought necessary to remove in order to save the opposite eye, but it is clearly stated in the *Lancet* report of the discussion that such substances should not be removed unless they are producing inflammation.

Has now a case where a piece of steel is unquestionably in the globe of the eye. It produces no great disturbance; the globe is a little atrophied.

Also related a case where a shot had been lodged in the posterior chamber of the eye. He was called, but before his arrival they had made ready for the operation. An old man, who had been a medical student and schoolmaster in Glasgow, had informed them, that if the Doctor knew anything he could turn the eye out and remove the shot immediately. The man was in amazement when he introduced a curette and displaced it into the vitreous humor, especially when pain, which had been severe, immediately subsided. This substance could be distinctly felt with curette, yet

no effort was made to extract it. So strong was the impression made upon the minds of the friends by the school-master, that several physicians were consulted before they became satisfied as to the correctness of the practice.

Drs. White, Ring, Cronyn, Wyckoff, Rochester and others, spoke of the prevalence of pulmonary disease and scarlet fever, and also some cases of diphtheria.

Dr. Miner had nothing to say of prevailing diseases, but desired to make a remark or two upon the subject introduced by *Dr. White*, though this had been passed in the order of exercises. *Dr. White* and others had recited cases where foreign substances had been left in the eye and so far as known no very serious consequences had followed. The final results of these cases are as yet undetermined, and if known to be favorable show, only that in these instances such practice was justifiable and safe. Without having had his attention called to this subject with the view to learn what may have been the general opinions of authors of *Ophthalmic Surgery*, he was yet confident that surgeons had as a rule regarded the removal of such substances, when their positions could be distinctly discoverable as much more safe and proper than trusting to the expectation of their remaining harmless. Though *Dr. Cronyn* had informed us, that in the *Lancet*, this principle had recently been settled, yet he could not think that any good authority could previous to this, be found to sustain the position that foreign bodies in plain sight in the eye should not be removed unless they can be taken from the opening made by their entrance within the globe.

This suggestion from *Dr. White* was a very important one, and though he did not desire to express a doubt but that the case from the country received most judicious advice, and that other cases related were properly treated, still he thought in many similar instances a skillful operator, with proper instruments and at favorable time, might remove such foreign substance and obtain better results than if left to the uncertainties of spontaneous cure.

Dr. Rochester desired to call the attention of the editor of the *Medical Journal* to the advertisement of *Wade & Ford*, of New York, with the attachment "Sole Agents for *Firmenich's Irritation Instrument*," thus giving those who are unacquainted the idea that it is something. That such thing should by any process obtain mention in the advertising sheet of the *Buffalo Medical Journal*, was quite surprising to him, and he pre-

sumed the editor never had his attention called to it, for it is not long since, he condemned the practice in other medical journals of advertising to the profession an instrument possessing no advantages, whose use was claimed and quackishly applied, by an irregular practioner, as a sovereign remedy for all diseases.

Dr. Miner replied that the publisher of the *Journal* did not vouch for the goods advertised. If that was the idea of any one, they were mistaken. Every careful reader of the *Journal* knew that the Editor regarded *Firmenich's Instrument* as good for nothing. He was sorry that a firm manufacturing the best surgical instruments in this country should append to their card "Agents" for any such thing, and was sure that if they were well acquainted in Buffalo and vicinity it would be the last thing they would be agents for; and, if agents, would desire to have it known as little as possible. Was glad the subject had been introduced, thus giving opportunity for explanation.

Voted to adjourn.

J. F. MINER, *Secretary*.

ART. III.—*Foreign body removed from the left Bronchus.*

BY J. F. MINER, M. D.

Mrs. T——, a patient in the Buffalo General Hospital, while eating dinner became very suddenly strangulated, and appeared for a time, as though she would never breathe again; at length, however, she was able to respire more easily, and finally became comparatively comfortable. When able to converse she said that her mouth contained, when she commenced dinner, two pins, that one of them was gone, and must have passed down her throat while eating her soup. The respiration becoming gradually more easy and the cough less severe than at first. It was hoped that the foreign body was not in the air passages, or if so, that it would be ejected, or was so situated as to remain harmless. On the sixth day after the accident I was invited to see and take charge of the case. Upon examination it was found that the whole left lung was obstructed, the air entering slowly and escaping in the same manner with extensive rhonchus. The seat of the obstruction could be easily and satisfactorily determined by the great amount of rale present at that point, and the impulse communicated by the forced respiration. The patient was now examined by many of the hospital staff, and also by several physicians not connected

with the hospital. That there was some obstruction in the bronchial tube of the left lung was undoubted by all; that it was so complete as to seriously endanger life was also unanimously conceded, the irritation and inflammation together with the cough and dyspnoea being so great that life could not be prolonged for many hours unless relief was afforded. In regard to the chances of success in attempting the removal, there was some differences of opinion, yet all agreed that they were few and uncertain; that to reach the seat of obstruction and remove a foreign body which appeared stationary and immovable, was nearly a hopeless undertaking. Some advised trusting to the chances of spontaneous elimination, and related cases of recovery by such method, but this case was certain to soon terminate fatally unless the foreign substance could be removed. It was also agreed that though it was not very probable it could be removed, yet an attempt was justifiable.

The patient was brought slowly and fully under the influence of sulphuric ether, and an opening made in the trachea as low as it was possible through the deep tissues of a fleshy young lady. After all hemorrhage had ceased, careful exploration was first made with a long silver probe, and the foreign body found distinctly present in the left bronchial tube, an inch or an inch and a half from the bifurcation of the trachea. With small, long forceps, which had been bent for the purpose, an attempt was now made to seize and remove the offending substance, whatever it might prove to be. This was the difficult part of the operation, for respiration was frightfully embarrassed while yet the trachea was left unobstructed; any additional interference could be tolerated but for a few seconds only. After a few unsuccessful attempts our efforts were crowned by complete success, the foreign body being grasped and removed entire. It proved to be a piece of bone from the soup she was eating at the time of the accident. It was a little over an inch in length by half an inch in width, flattened a little, pointed and roughened. It had been inhaled and fortunately deposited in position where respiration could be continued by the opposite lung. The wound healed kindly, and all the symptoms of pulmonary irritation gradually subsided so that the patient was dismissed, the tenth day after the operation.

After the inhalation of foreign substances into the air passages, there are a very small proportion of cases of spontaneous ejection during violent paroxysms of coughing; these are usually instances where the foreign body is small and smooth, and is moving up and down in the trachea. Upon this

ground a somewhat distinguished surgeon from Boston who was visiting the hospital at the time, and other medical men who were present advised trusting to the chances of spontaneous elimination, and related cases where kernels of corn, beans, and similar articles had been expelled. The hospital staff was united in the opinion that an effort to remove it was fully justifiable.

This advice, to wait the natural issues, has an appearance of conservatism about it. Conservatism in surgery does not consist in delay in making necessary operation, or in trusting to natural agencies for relief because nature may have been known to have put forth almost miraculous effort, and in rare instances succeeded. Conservatism consists in discrimination of cases, with energy and ability to plan and execute whatever may be necessary for the accomplishment of desired objects. This substance did not move, it was stationary, and there was no ground of expectation that it could ever spontaneously make its escape. It was impacted firmly in the tube, and no natural effort could cause it to change locations. It was producing great distress, and had remained so long that there was considerable purulent secretion. The bone itself was so roughened and of such shape, that when passed within the tube nothing could be supposed capable of extracting it, except the forceps. That foreign substances lodged in the air passages have been known to make their exit at other and distant parts of the body, having formed channels of exit by slow and gradual ulceration, the passage way being closed behind by the wonderful provisions of nature to protect and repair herself, forms no good ground of expectation that such results will follow sufficiently often to influence the plan of practice.

It may be said that after the successful removal, it is safer to talk of the propriety of such operation than before, while the character and shape of the foreign body was uncertain and the possibility of reaching it yet undemonstrated. If the effort had not been crowned by success; if the patient had died in the attempt, the satisfaction afforded by the fact that vigorous effort was made to save life, would have compensated in great degree, for the chagrin and mortification of failure, and would have been much more creditable to the energy and skill of those having charge, than to have neglected such effort.

CORRESPONDENCE.

SPONTANEOUS SALIVATION.

Editor Medical and Surgical Journal:

In the last number of the *Journal* I notice an article on "Spontaneous Salivation; a Suggestion," which to me appears so wonderfully suggestive, that when I read it I felt induced to lay down my meerschaum and write a short discourse, taking said article for my text. I will commence by asserting my belief that the Surgeon-General may be more than half right in withholding such dangerous medicines as calomel and tartar emetic, from the supply table, for the reason that many who were fortunate enough through political or other powerful influences to obtain medical appointments in the volunteer service, knew little or nothing, practically, of the effects of those powerful drugs upon the human system, and hence the reason that a routine practice of making prescriptions, into which Hydrargyrum in some form entered largely, prevailed; and it is not strange that with the use of vinegar and other acids with which it would come in contact in the stomach, changing the mild chloride to the bi-chloride, that salivation would follow and that frequently.

It cannot be denied that there is a recklessness in the army, not only in prescriptions but of human life generally. Who would like to trust the physician with the care of his loved ones at home, who would make a prescription founded upon the following short scientific examination:

What is the matter with you? How are your bowels? Let me see your tongue.

Pilula hydrargyri et morphia. No matter what the complaint, the same prescription for all.

Or would one who would himself take seventy grains of sulph. quinine at a single dose, be any more safe. This I have seen and was not surprised to see the same surgeon, a few days after on his way to Washington, sick and his regiment deprived of his (valuable?) services on the eve of, and during a series of battles. But I am wandering from my text. The article says "While serving with the 21st Regiment in August, 1862, I met several cases of spontaneous salivation, and as they served to prove to me, at least, that the disease was not a myth, and that it might exist in the army, I am inclined to the belief that it may have often been mistaken for the mercurial affection." Who ever supposed that the disease described by authors

as Spontaneous Salivation was a myth? If pregnant women and teething children composed the army, and particularly the 21st Regiment, it would not surprise me that the doctor should meet with "*several cases in that Regiment in August, 1862.*" But as that Regiment was composed of full-grown men (in whom the disease is certainly rare), I cannot but distrust the doctor's diagnosis. It is unfortunate, *perhaps*, for the cause of science and the unfortunate surgeons of the army, that the Doctor kept no records and has to rely upon memory for such an important discovery; one that unfolds all the mystery of the Surgeon-General's order in regard to Calomel and Tartar Emetic. It is all explained now in the wonderful discovery of "Spontaneous Salivation." Let us take a look at the "cases."

1st, "In August, 1862 . . . I discovered symptoms of severe salivation in a patient in the regimental hospital. As I had been giving him some calomel, I of course attributed it to that, and such was the view of Dr. Wilcox. My only difficulty was to account for so severe symptoms from such a small quantity of the drug as he had taken." Now here is a case of severe salivation following the administration of calomel, believed to be such at the time by the surgeon giving it, and that opinion confirmed by Dr. Wilcox, and now cited by our learned friend, as an example of "spontaneous salivation." The profession ought to be forever grateful for such an irrefragible argument.

Case 2—"A few days later I found the same affection in a man who had taken no mercury at all," (queer). This is all said of case 2. Now, I am disposed to take this statement with many grains of allowance. Many of the officers and men carried medicines of their own, and may have taken it unknown to the surgeon. And where there is so much shirking duty as there is in the army, they would not be likely to tell if they had obtained the medicine and taken it. It is a pity that the Doctor's memory does not extend to the other four cases, as he says there were "about half-a-dozen cases in the 21st Regiment, in the month of August." That regiment, on the first of August, 1862, may have numbered six hundred men. That would be one per cent affected with "spontaneous salivation," some, at least, of whom had taken calomel. This would give us, if we have 500,000 men in the field, 5,000 salivated men with or without calomel in a single month. There is no good reason for supposing that the disease was confined to the 21st regiment. This statement being true, is it any wonder the Surgeon-General opened his eyes to the matter, and cause of all this salivation?

To detect the difference between mercurial and spontaneous salivation would not, I fancy, be very difficult for an experienced physician. Hence in my mind arise serious doubts as to the correctness of the Doctor's memory or conclusions, for this reason. On the 9th of August, 1862, every man in the 21st regiment, sick and unfit for active duty, was sent to the hospital, some 40 or more. At daylight the regiment marched and participated in the Pope campaign, during which time, while marching and fighting, there must have been little time for observation, for the man that could not march and fight would of necessity receive very slight attention from the surgeons, for the race was swift and dangerous. To establish his "theory" the Doctor very conveniently for him, but equally unfortunately for his case, "puts mercury out of the question, even in the cases of those who had taken it." and innocently thinks there was no mistake in his diagnosis. It is from no "pique" that I have noticed in this frank manner the Doctor's paper. I have ever looked upon him as one destined to make his mark in the profession; and this notice will, I trust, be met by him in the same spirit, and if it should unfortunately cause irritation and the "other plans of treatment" should fail to soothe it, that the remedy found "most effectual" will cure the wound as readily as it did "spontaneous salivation."

By what process of reasoning a surgeon can "put mercury out of the question even in the case of those who had taken it," is certainly too much for my poor comprehension. Nor does it depend so much upon idiosyncrasy of constitution, as upon the presence of an excess of acids. "Two grains of calomel may, and has been known to produce severe salivation when followed by dilute sulph. acid. The acids naturally contained in the stomach are the muriatic and acetic, and a grain or two of calomel or a few grains of blue mass would be sufficient to cause serious salivation, if thus changed into the bi-chloride."*

In conclusion permit me to say, that the "obloquy heaped upon the heads of some army surgeons cannot be so easily averted, even were it generally known that salivation is not always a sign of over-dosing by mercury."

MEDICUS.

* Braithwaite, Part I, page 45.

STURGIS, MICH., October 21, 1863.

Editor of Med. and Surg. Journal, Buffalo, N. Y.:

Dear Doctor:—In my communication in October number of the *Journal*, upon "Spotted Fever," I find two errors. On page 83, 3d line, for "characteristic symptoms," read "characteristic eruption." On page 84, 13th and 15th lines, for "1853" read "1863."

I will endeavor to send you another communication for the December number.

Yours, truly,

E. W. JENKS.

MISCELLANEOUS.

ON THE EMPLOYMENT OF ANÆSTHETICS IN OBSTETRIC MEDICINE AND SURGERY.

BY HORATIO R. STORER, M. D., OF BOSTON, SURGEON TO THE PLEASANT STREET HOSPITAL FOR WOMEN.

In ordinary surgical practice it would be viewed as cruel, if not decidedly wrong, to perform an operation without the previous induction of anæsthesia. This, however, is as yet often considered unsafe, unnecessary or unadvisable in obstetric practice, and in midwifery especially its aid is in this region, as a general thing, still withheld. In behalf, therefore, of those whose sufferings in the imperfect or abnormal performance of their peculiar function are doubtless far more exquisite and agonizing than we as men can possibly realize, I would claim precisely the same propriety and the same necessity for the use of anæsthetics in obstetrics as is now acknowledged in other and general practice.

The subject is one with which I happen to have been brought into peculiarly close relations; for the past eight years, and by a large circle of medical friends, I have been often importuned to state my convictions regarding it. I am satisfied that there exist several important and very prevalent errors, and in speaking decidedly it will be from extended personal experience.

Various objections have been brought against the employment of anæsthetics, but it will be found that their use has been advanced by the very arguments relied upon by their opponents. Many of these being upon their very face absurd, I shall notice only those that are in any degree plausible.

It has been asserted—

- 1.—That anæsthetics are hazardous to life;
- 2.—That they have a tendency to develop immortalities, alike
in operator
and patient;
- 3.—That it is unnecessary to abrogate pain, a natural phenomenon;
- 4.—That to do so is controversial of Scripture; and
- 5.—That their use is liable to produce subsequent ill effects upon the immediate or remote health of the patient.

Of these objections, two apply to the general use of anæsthesia, and the last three more especially to its employment in midwifery; though the last of them all, that involving a subsequent deleterious influence, to a certain extent has a general bearing. As to the first of them, which, with the exception of the last, is really the only one deserving serious consideration, it will be noticed that the argument applies with different force to ether and chloroform, the two anæsthetics generally employed; and to these again, with still other degree, as they may be resorted to in midwifery or for the other purposes of obstetric medicine or surgery.

I shall return to these points, and now merely state in answer to, first, the general objection that anæsthetics are hazardous to life;

a.—That anæsthesia is no more hazardous than other measures acknowledged by the profession to be not merely justifiable, but absolutely necessary; and

b.—That its use is often less hazardous than its absence.

To the second objection no more weight attaches than as regards the use of any narcotic or stimulant.

To the third, which covers the use of anæsthetics in labor, we reply that pain is of itself an evil, and of itself depresses the vital powers; that delays are here always dangerous to the life of either mother or child; that a naturally painless labor is almost never seen, and that to shorten the average duration of labor is to annually save tens of thousands of lives now sacrificed.

The fourth objection applies equally to the whole practice of obstetric medicine and surgery, and therefore though it could be logically disproved, it needs no further reply.

The last objection to which we have referred, is based upon a belief that the use of an anæsthetic renders the patient, in general practice, more liable to affections of the circulation or nervous system, and in labor predisposes her to post-partum hemorrhage, etc. There is no doubt of this

liability when the agent is an improper one or unskilfully administered, and it is to the frequency of such instances that we may fairly attribute the prevalent opinion. On the other hand, I do not hesitate to assert that, under other circumstances, no such fear need be entertained. As far as regards the possible sequelæ of child-bed, it will be seen that anæsthetics, when properly exhibited, increase the force of the uterine contractions, and probably, also, the very uterine contractility, so that in such cases liability to post-partum hemorrhage, for instance, would be decidedly lessened; and in abnormal labor, where the uterus itself, for operative measures, is purposely put to sleep, rapid delivery would be hardly likely to occur, unless by design, allowing the uterus, therefore, sufficient time to awaken again, as it would be sure to do. Should, however, hemorrhage take place under these circumstances, it would probably have occurred without the anæsthetic—for this agent does not separate the placenta from the uterine wall, any more than it produces, as has been gravely asserted of it in more than one instance, an hydrocephalic or an encephalous fœtus.

On the other hand, the obstetric advantages of anæsthesia are decided—giving

to the patient

relief from pain and

saving of her vital powers—

and to the operator

increased facilities for action from muscular relaxation,

and absence of disturbing elements,

emotional and intellectual.

The indications for its use in obstetrics are—general and special.

1.—It is useful for purposes of diagnosis—both in cases puerperal

and non-puerperal.

It stops spasmodic and reflex muscular action, as in the various forms of hysteria, subduing general convulsive disturbances, quieting the abdominal muscles where their movement, regular or irregular, would suggest those of a fœtus in utero, flattening the surface in so-called spurious pregnancy, straightening joints supposed ankylosed or otherwise diseased, checking the extreme tenesmus of vagina or rectum, by which prolapsus uteri, cystocele or rectocele are at times stimulated; and in other cases it prevents the involuntary shrinking from pain, and consequent almost involuntary muscular action, during a severe examination.

- 2.—It relieves pain, anxiety and restlessness during disease, as dysmenorrhœa, carcinoma, etc. ;
- operations, non-puerperal and puerperal ;
 - and especially during labor—

thereby shortening it and lessening its mortality and dangers, to mother and child.

3.—It is indicated in labor, not merely because

- a. it relieves pain, anxiety and restlessness, and so saves the vital powers, as already said ; but because
- b. it dilates the os and vaginal passage—often relieving rigidity where such exists ;
- c. it relaxes the voluntary muscles, preternaturally excited by reflex action, preventing their interference and undue effect ;
- d. it excites the uterine fibres, producing greater uterine contraction and thereby preventing inertia and hemorrhage ;
- e. it prevents puerperal convulsions where threatened, and where they are present it abates them ;
- f. it facilitates manual or instrumental assistance where such is required

As to the relative value of the two anæsthetics for obstetric purposes :

Between ether and chloroform, putting aside all local prejudices, which both in Europe and America have been allowed altogether too much weight, there are certain differences noticed, worthy of grave consideration. That I may not be misunderstood, I shall express myself very plainly, and in view of the circumstances under which I have experimented with each of these agents,* I trust the profession will feel inclined to look fairly at my views of the subject, even if in some respects they run counter to the generally received opinion.

I think I may state the following as rules for practice :

- 1.—Ether alone, and never chloroform, should be used for purposes of diagnosis and in all cases of operative surgery, capital or minor, general or obstetric, except those immediately pertaining to labor.

* My first impressions and estimate of ether were formed in Boston, from direct observance of its effects in the hands of those who first applied it to practice, and who have ever since kept its best interests in view. I refer to these sources in connection with my own private experience with the agent, now by no means inconsiderable, inasmuch as they have all led me to a single conclusion. My first impressions and estimate of chloroform, against which I had been decidedly prejudiced, were formed from daily, I might say hourly, familiarity with it during my sojourn in Edinburgh with Prof. Simpson, who, while he was the first ever to use ether in midwifery, was only led to discover the anæsthetic properties of chloroform, at deliberate and repeated risk to his own life, by experience of the disadvantages of ether for the purposes of labor.

2.—Chloroform alone should be used in midwifery, to the entire exclusion of ether.

That deaths have taken place in general practice from the use of chloroform, I freely admit. It is remarkable, however, that many of these cases have been of the simplest operations, as in dentistry, and that death often occurred before the operation had commenced, the agent having been exhibited not to lessen but to prevent pain, the nervous system being in a quiescent condition.

For the ordinary purposes of surgery, therefore, it is plain that as less risk in such cases does pertain to ether, it should be used in preference to chloroform. With regard to the practice of midwifery, however, it is far different. To the present date, so far as I am aware, there does not exist on record, from the thousands of obstetric cases in which chloroform has been used, a single instance where death can be legitimately attributed to its influence. With certain allegations to the contrary I am of course familiar, but in the cases upon which these are based, the fatal result seems in every instance to have been directly dependent, not upon chloroform, but upon one or other of the following causes:

The agent was impure, or

was administered by an incompetent attendant,

whether physician or nurse;

the patient, without other care or supervision, herself induced the anæsthesia, either during the labor

or subsequently—or

there existed some previous disease or unavoidable complication, that of itself must necessarily have produced death.

Such being the fact, the objection falls. It cannot be said that if not on record, unfortunate cases, directly depending upon chloroform, must yet have occurred; for there are too many opponents of anæsthesia, who would at once seize upon and publish them did they exist.

If such immunity in childbed be granted to chloroform, as I conceive must be done, upon what grounds can it be explained? Upon several.

Firstly: labor, though so often treated and spoken of to the contrary, is essentially a normal and strictly physiological action—the great end for which, sexually and anatomically speaking, woman was formed. The shock, therefore, to the system which she undergoes during child-bed, though in the simplest cases so tremendous, is one for which, to a great extent, provision has already been made. There is at that time a greater

tolerance of nervous shock, for want of a better expression, than we find in ordinary surgical cases of apparently much less proportionate severity, especially if these be in disease of long standing, or after severe accident, where the vital powers have been in consequence undermined, or an important organ has been structurally disorganized. In these cases the vitality of the patient may be considered as below par; in labor, on the contrary, it is decidedly exalted, and above par.

Upon this point, the obstetric tolerance of chloroform, other elements seem to bear, as

Secondly: the excitability of the reflex system in the female is notorious; and that this is enhanced not merely by abnormal processes, as of various uterine or ovarian disease, but even by the perfectly healthy performance of natural functions, as of menstruation, copulation and conception. This influence is very evident during the whole term of gestation, and it is undoubtedly as powerful during labor. If it were granted that the liability to fatal depression or collapse from the use of chloroform existed during parturition to so great a degree as at other times, against which, however, we have other reasoning and direct negative evidence besides, it is probable that in the very exaltation of the whole reflex system to which I refer, we have a sufficient safeguard and cure.

But still further:

Thirdly: It is now generally believed that in the female, during the period of menstruation, a large elimination of carbon from the sanguineous system takes place through the medium of the uterus, and that at these times, accordingly, the lungs are relieved of a portion of their usual work. If this be true, and there is certainly strong evidence in its favor, then it follows, normal labor taking place almost precisely at the time of the periodical menstrual molimen,* that a certain amount of adverse impression might be produced at this time upon the general system through the lungs, which could not safely be induced by the same channel at another.

By the three theories I have now propounded, namely. (1) the gradual preparation of the system for the shock of parturition, (2) the existence of an unusual, and for the time tonic, stimulus to the nervous system, by which cardiac paralysis may be averted, and (3) an unusual, and for the time tonic, depuration and decarbonization of the blood through the ute-

* This molimen undoubtedly occurs to a certain extent, though perhaps almost imperceptibly, at its regular interval throughout gestation, rendering the patient much more liable to abort at some times than others upon slight provocation.

rine sinuses, by which the ordinary tendency to asphyxia from the use of chloroform may be prevented—do we not have a satisfactory explanation of the immunity from accident that has been observed in the exhibition of this agent during childbirth?*

I have dwelt at length upon this point in my brief summary, the immunity of chloroform during labor, because its apparent inexplicability has been to many a sufficient reason to decide them at once against its use. "We grant that a death may never yet have occurred from chloroform in childbed," has more than once been said to me by friends of high authority, "but you may possibly lose your next patient, and are therefore not justified in such hazard." I confess that early in practice I shared these fears, but since the arguments now urged have suggested themselves, such scruples have gone, and of late I have not hesitated to administer chloroform to parturient patients far gone in cardiac and pulmonary disease.

The arguments above advanced have not, I think, been hitherto as distinctly presented by any writer or teacher, though in part they may have been foreshadowed.† Do they not explain certain other intricate obstetric problems? As, for instance, the alleged improvement of phthisical women during pregnancy; the apparent relief to pulmonary disease sometimes seen, when complicated with amenorrhœa, during vicarious menstruation; and also the rapid decline in consumptive patients, occasionally occurring after parturition. I would call the attention of thoracists to these several points.

To return—

The use of chloroform in midwifery, granting, as I have claimed, its safety for this purpose, has certain positive advantages over ether; sufficient, I consider, to entitle it to decided preference.‡

* It might be thought that the last of the theories proposed would apply with equal force to the ease of purely venous hemorrhage from any ordinary source. I conceive, however, that even were we to allow a certain amount of influence in such cases, which have not as yet in this connection been at all investigated, it is the fact of the occurrence as a regular and normal physiological phenomenon during labor, no matter how small in extent, that furnishes the key to the whole question.

† I frankly acknowledge that my attention was first riveted upon this question some thirteen years ago by my friend Dr. Walter Channing, to whose philosophical remarks upon the subject in his excellent treatise upon Etherization in Childbirth, I would refer my readers.

‡ To these I called the attention of the profession several years since, at a meeting of the Suffolk District Medical Society, at which it had been proposed that the physicians of this city should once for all stamp their emphatic and general condemnation upon the inhalation of chloroform. I then claimed that whatever objections might be urged against the drug for ordinary practice, an exception must be made in its favor for cases of midwifery, promising that at a future day I would revert to the subject. I accordingly now redeem this pledge.

1.—The vapor of chloroform is much more agreeable to the patient and to the physician.

2.—It is less likely to occasion any unpleasant or depressing concomitant, as nausea, vomiting, etc.

3.—Being more powerful than ether, it induces anesthesia with much more rapidity—a matter of great importance in labor, where it is always necessary, except where operative interference is required, that the effect of the anæsthetic should be confined to the pains, and not pass over into the interval.

4.—Its effects are much more transient than those of ether, a characteristic of equal value with the last, and for precisely the same reason, namely, that

5.—It does not, as is frequently the case, with ether,* prevent the recurrence of the pains, and so stop the progress of the labor.

6.—It is more efficacious than ether for restraining or preventing puerperal convulsions and puerperal mania.

It has been suggested to me by a close observer, Dr. McIntire, now of Concord, N. H., whose use of chloroform in childbed has been very extensive and dates from its first suggestion to the profession, that when resorted to there is much less danger of puerperal fever, if the patient, as is often the case, has been directly exposed to contagion or any other exciting cause. From the facts communicated to me by Dr. McIntire, I am inclined to think there are good grounds for his opinion. There is no doubt, at any rate, of the efficacy of chloroform in preventing exhaustion, nervous irritation and other predisposing causes

As to the time of its administration, a point upon which there has been much difference of opinion:

Generally, its use is hardly required till the completion of the first stage of labor, when the os uteri has become fairly dilated. Should there exist, however, sufficient suffering at an earlier period, the agent should certainly then be resorted to. It should be given only during the pains, except a complication exist requiring manual or instrumental interference, when its use should be continued through the interval; and in this lies one of the chief advantages of chloroform in midwifery, that whereas given during the pains alone, and properly, it not only does not interfere with the uterine

* The liability of ether in this respect is notorious. For a single admission to the point, and among many that might be adduced, I will refer to editorial articles in the *Boston Med. and Surg. Journal* for August of the present year, (pp. 63 and 87,) published after the above paper was publicly read.

contractions, but regulates, if inconstant, and enhances them, on the other hand, if a cessation of that action be required to enable us safely to pursue any measures within the cavity of the uterus, as for turning or applying forceps above the brim, we can obtain it by extending the use of the agent through the interval. In a large proportion of cases it will not be necessary, at any time during the labor, to induce complete insensibility; a very few breaths of chloroform, sometimes indeed a single one, sufficing to annul the sensation of pain.

The absolute amount given is usually too small and with too sparing a hand. Somewhat like opium, we get from minute doses a period of excitement and perhaps of delirium that is escaped by more decided application. The great secret is to produce the narcotism as rapidly as possible, and yet gradually obtain our mastery over the respiratory organs. This remark applies with equal force to the administration of ether in ordinary surgical practice, though its importance is too often lost sight of or not fully appreciated.

At first, and throughout, atmospheric air should be freely admitted with the vapor applied; and therefore I would condemn any form of artificial inhaler, however carefully constructed. The simplest form is the best, and a mere handkerchief or napkin will answer every indication if it be only borne in mind that the vapor of chloroform is much heavier than air, and if properly applied will descend about the face of its own weight.* Attention to this fact will also prevent the possibility of vesicating or unduly irritating the mucous or cutaneous surfaces. The patient should be told from the outset to inspire very deeply; the motion soon becomes automatic, and the vapor, by penetrating every pulmonary vesicle, produces a much more profound and instantaneous effect. Throughout the inhalation and as a matter of course, due attention should be given to the pulse, and more especially to the respiration of the patient.

I have referred to the necessity of the agent being perfectly pure and reliable. In this matter perhaps I may be over-cautious; but upon personally inhaling many specimens of chloroform, procured from different

* A suggestion has been made to me by Dr. Sutherland, the well-known Professor of Chemistry at Montreal, that may prove of extreme value in preventing the occurrence of accident from chloroform in ordinary surgical practice. It is that the face and body of the patient during inhalation should be turned more to one side than is generally the case. The weight of the vapor being such as after a few inspirations to fill and almost hermetically seal the lungs by its mere gravity, the position I have indicated would evidently allow more perfect expiration and a much more complete entrance and admixture of atmospheric air than is otherwise possible.

sources, there has apparently been evident a diversity of effect, and I therefore still confine myself to what from long experience I have every reason to be satisfied with—the manufacture of Messrs. Duncan & Flockhart, of Edinburgh, procuring it either through friends or responsible parties in the trade.*

Of chloric ether I have had much less experience than of sulphuric ether and chloroform; knowing no reason to prefer it to either of these agents, while there are several decided objections to its use, I omit its further mention.

It is sometimes asked, if a patient should be urged to the use of an anæsthetic, when timid or prejudiced against it. This is a question that, personally, I have no hesitation in answering affirmatively. These fears, as already said, are perfectly groundless, when the agent is properly given and its use duly restricted. The risk to life in labor lie rather in the absence of an anæsthetic than in its administration, and so does the liability to a tedious recovery. Few, if any patients, and this remark applies also to cases of general surgery, but can safely bear an anæsthetic, and come kindly under its influence, too, if it be properly exhibited; and every additional example of this that we may be able to present in practice, is so far a refutation of the belief to the contrary that so generally obtains. For this reason I should advise its use under the circumstances we are now considering, but not for this alone. Since entering obstetrical practice, it has been with me a matter of conscience, this abolishing the last and most exquisite agony of all, save dissolution, to which, in one respect, the rending asunder of two distinct natures during childbirth, it bears no slight resemblance.

I can recall not one single case of labor among several hundred where I have given chloroform, in which, however simple or complicated the case, I have noticed the slightest ill effect from the anæsthetic; in all, I am satisfied, its use was attended with benefit to the patient. I refer to this per-

* Messrs. Metcalf & Co. and Leopold Babo, of Boston, are prepared, I believe, to furnish chloroform directly from Messrs. Duncan & Flockhart.

The above rules one would suppose to be simple enough. With reference to the objection made, as in this Journal for October 15th, page 228, that ignorance of these plain and reliable formulæ as to the administration of chloroform, because common, is sufficient argument against learning them, it applies equally to every drug of any power used by medical men. Because accidents have happened, in the hands of the ignorant, from their exhibition in surgery, the agent is not to be blamed or lightly thrown aside; that accidents have happened from their exhibitions in the hands of the wise and skillful, who were yet on an important point or points ignorant, careless or forgetful, should no more be laid to the agent's discredit.

sonal experience for the same reason that has controlled my practice—that I believe that in the advancement of medicine, individual influence but *begins* with the cases, be they few or many, under a physician's care. It is the example and the embodied thought that avail.

ON THE USE OF VERATRA IN THE ACUTE ARTICULAR RHEUMATISM OF CHILDREN.

Acute articular rheumatism may be regarded as a disease of the sthenic order, and depressing remedies may therefore be employed in young subjects who are attacked by it, provided that these remedies are used discreetly, and that their effects are closely watched. M. Bouchut has made a number of practical observations on the employment of veratria in the treatment of acute articular rheumatism in children. He frequently, and indeed almost daily, employs this medicine in the disease alluded to, and he is well satisfied with the effects produced, both in regard to its tolerance by the patients and to its efficacy. He administers the veratria to children either in pills or in a julep, taking care to add an equal quantity of an opiate to facilitate tolerance. He begins by a dose of 1 to 5 milligrammes, (a milligramme is $\cdot 0154$ of a troy grain,) according to the age, the last dose being that which he generally prescribes for a child at the age of ten. He then increases the dose progressively from day to day, doubling it the second day, tripling it the third, and so on in succession, but always watching the effects produced, and regulating the dose accordingly. He has thus sometimes reached thirty-five or forty milligrammes a day, given in seven or eight pills at equal intervals in the twenty-four hours. As soon as there is any sensible improvement in the pain and in the rate of the circulation, he follows an inverse progression, diminishing the dose every day, so as to return gradually to the original quantity, and at last discontinuing the use of the medicine altogether.—*Bulletin Gen. de Therapeutique*, July 15, 1862.

ON PHLORIDZINE AND ITS USES.—BY DR. D. RICCI.

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 root of 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 crystalized by slow cooling from a dilute solution, previously treated with freshly 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 salicine, to which it is much allied. Like salicine, 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.

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 whooping-cough, infantine fever, or any other disease. The doses he has employed are five grains three or four times a day for adults, and proportionately smaller doses for young 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 favorable. 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, and it is abundantly supplied in Great Britain, thus rendering us independent of the rapidly diminishing cinchona forests of South America.—*Dublin Quar. Jour. of Medical Science, August, 1863.*

ON PULSE-BREATH.

BY C. RADCLYFFE HALL, M.D., F.R.C.P., PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION,
TORQUAY.

Dr. Radclyffe Hall, by the term "pulse-breath," signifies an audible pulsation communicated to the breath as it issues from the mouth, by each beat of the heart. The sound is that of a gentle gushing of the breath, synchronous with each pulsation of the heart, and the degree of audibility varies in different cases and in the same case under varying circumstances. Dr. Hall has heard it so loud, that he could count the pulse by it at a distance of fifteen feet, and on the other hand it has been so subdued, that it was requisite to listen close to the patient's face for its detection. He heard it distinctly in two cases of phthisis in an advanced stage, and he considered that the mechanism of the production of the phenomenon is easily explained. A phthisical cavity old enough to possess rather dense walls and tolerably dry, by being emptied of its customary contents, and not immediately separated from the heart by permeable lung-tissues, vibrates with each beat of the heart, and at each vibration throws the air in the cavity, trachea, larynx, and mouth into a sonorous pulsation. When the cavity is more or less filled with liquid, it no longer vibrates, and as this is the habitual state of a cavity which has not collapsed, the phenomenon of "pulse-breath" is a rare occurrence. But Dr. Hall observed the same, phenomenon in a totally different case — namely, one of cardiac disease with enlarged liver, pulmonic congestion, and general anasarca. In the latter instance the explanation is more difficult than when a phthisical cavity exists, but the sound is supposed to be due to the impulse of the heart conveyed through the bloodvessels to the air-cells and passages. "Pulse-breath" has been hitherto undescribed by authors.—*Medico-Chirurgical Review*.

 EDITORIAL DEPARTMENT.

DRUGS IN THE TREATMENT OF DISEASE.

The element of physic in medical practice is certainly becoming more simple; our drugs are fewer and much less complicated. The progress of true medical science has greatly qualified our estimate of the value of mere medicine in the treatment of disease. While physicians regard quinine as

cure for ague—nobody knows how; and many believe that mercury has some strange power over venereal poison; yet even quinine often fails, and the uses of mercury are becoming circumscribed rather than extending. Every day is showing the value of measures founded upon a rational study of the body and its diseases; at the same time, no sound man is very sanguine in his expectations of discovering specifics for the cure of the various diseases common among mankind.

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 Dover's 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 respectfully watch the natural course of disease, to regard pathological processes only as modifications of physiological ones, with natural tendency to terminate in harmonious and healthy action when the obstructions are overcome which these 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 detraction from the dignity and importance of the physician; he is indeed much more worthy public admiration and confidence than he who would attain no more than 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 this object.

Pseudo-medicine talks loudly of specifics, and makes no account of the provisions of nature for the cure of disease. Medicine is everything, nature perverse and destructive without its regenerative power, "every disease and symptom of disease has its corresponding remedy," we may say remedies," for it is astonishing how multiplied and unending are its resources. One medicine is never sufficient to cure disease, it always requires two or more, alternated with exactness, taken in equal quantities and with equal

frequency. Upon this plan the poor victim of the "infinitesimal" it is said often becomes the receptacle of a "most unprincipled amount of physic."

Perhaps it may be well to suggest, that medicine should be so studied and taught as to make more apparent the "great gulf" which is fixed between regular scientific practice and the various quackeries of the day. There is no field of operation where the distinction is more real between intelligent, honest and progressive medicine, and the various forms of empiricism and quackery, than this open ground of constant unlimited and unending medication. Medicine should be so used that the most unobserving patient will perceive, that it is only one of many means to an end, assisting in the performance of the great functions of nature, and acting not mysteriously, but naturally and rationally. Above all he should understand that the duty of the physician is not mainly to advise the use of drugs, that he pays not for physic, but for the advice, attention, skill and enlightened judgment of his medical attendant.

Medicine-monger is a term not yet applicable only to those who practice the various forms of quackery, but in too many instances it is descriptive of physicians who from habit and extensive practice, have not stopped to sufficiently consider the value of other and more rational means of cure; and still continue in the administration of medicine which does no good, and often protracts disease, and produces much harm. In extenuation of this practice it is often said, that community is not yet sufficiently educated to accept the advice of a physician without medicine; this is in some degree true, but sensible patients will soon learn to prize and properly appreciate the advice of an honest physician, who fearlessly and unconditionally tells him, you have a disease which medicine has no power to control; its use will make you no better, and is liable to do you great harm. We suppose that if physicians should confine themselves to prescribing medicine only where it is plainly indicated, and should advise food, clothing, exercise and other hygienic conditions when these would answer the indications equally well, or even better, that medicine proper would meet with a vastly diminished sale, and that the glory and immortal honor of the profession would be fully established. The habit of giving some medicine, in almost all cases, and of giving two or three different kinds, in a great many, has really become established with the majority of practitioners. While we do not propose to intimate that the compounds given are usually very injurious, or in any way capable of doing great harm, we yet

claim that they are unnecessary, sometimes injurious, and always objectionable, unless plainly indicated. It requires much less time and thought to write a prescription, than it does to explain the reasons why no prescription is necessary. Many patients might at first be as well satisfied, but in the end the true greatness of the physician who does his duty, will appear.

Treating disease with only the medicine which is useful, is certainly no easy task, or one which the younger members of the profession will find possible for them to inaugurate. The older and fully established can give opinions which are authority, while the young physician must be not only a hero, but also a martyr if he use fewer weapons.

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 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."*

It is not that we would lessen faith in the value of judicious medication, or detract in the least from the confidence which the intelligent physician reposes in his therapeutics; but we would rather increase his expectation of usefulness by excluding from his armament the useless weapons, and suggesting the employment of the remaining ones only when necessity demands. That there is, however, too much confidence in the influence of medicine, and too great readiness to attribute results to its effects, there can be no doubt; this holds good both with physicians and patients, still the responsibility rests mostly with the profession. If those who minister at the altar of medical practice, hold to, and often express erroneous views, the disciples who attend its ministrations will imbibe its error, and transmit it, greatly augmented, to brother followers. We sometimes wonder at the ignorance of communities and individuals in matters pertaining to our profession; we can only say, "like priests, like people."

* A recent visit to a child that had been treated nine days for "cerebral congestion," and given up to die by Homœopathic physicians, terminated in an expression of opinion that the child had no disease whatever, except the sugar granules. Parents incredulous, but consented to suspension of all medicine for twenty-four hours, at termination of which period, child was playful and well as ever. Comment unnecessary,

When a few years since the people first thirsted for some medical knowledge and discovered that the physician was not the medium of strange spiritual or superhuman influence, but worked by tangible and natural agencies, the dignity of physicians was so august, that to tell patients the name of the medicine they were to use, was regarded an unbecoming condescension; while inquiry upon any such point was often met by indignant intimations of very improper interference. This haughty and silent reserve could be preserved only for a short period, and was finally construed to prove that the medicine was always "calomel and jalap," and that the doctor was determined by every means possible to force its acceptance. Now came the revolt, and to meet the necessities of the case, vegetable doctors and rapidly succeeding ics and isms, until the world is full of imposture in medicine. For this we are sorry, but it is not so much our concern that the masses of mankind are ignorant and stupid in these matters, as that the members of the profession should in any way contribute to the result.

To reform and educate the masses, to a just appreciation of the value of medicine as such, or to the importance of observing the plainest and most common hygienic rules and conditions may well be looked upon as a hopeless task. Intelligent men in other matters will astonish us with their ignorance and stupidity in matters of medicine, and when the various forms of absurdity which now receive credence shall have been exploded and passed away, others will not be wanting to take their places equally absurd and preposterous. About one-quarter of the people follow after and take naturally to the systems of empiricism as they severally make their appearance. Thomsonian, Eclectic, Galvanic, Homœopathic, Magnetic, Spiritualistic, Dermotic, Aquatic, etc., each in turn receives their support, and is the system they advocate. They are worthy people; in most respects they have not less common sense and observation than others, but are monomaniac in matters pertaining to their health. That this is the true condition of things is no disadvantage to the capable physician; on the other hand we regard it as a blessing, since truthful and honest advice, which had a show of consistency and probability about it, would be repudiated by them as too dull and old fashioned for their faith, having nothing wonderful, mysterious or unaccountable about it, nothing to attract or confound. Physicians do not want such patients upon any terms of remuneration, and it cannot be regarded otherwise than a favor that their wants can be supplied from the ever open fountains of delusion.

A more careful study of the natural history of disease, and a more thor-

ough acquaintance with the conditions of its progress and decline, will enable us to estimate the true value of our remedies, and prevent in a great degree the administration of medicines which can do nothing better than amuse the sick while nature restores the health. This, however, is not the true view to take of unnecessary medication. It is an unwarrantable deception and fraud; it lowers the true nobility of the profession, and gives it a near alliance to quackery.

COMMENCEMENT OF MEDICAL LECTURES IN THE UNIVERSITY OF BUFFALO.

The first Lecture of the season at the *Buffalo Medical College*, was given on Wednesday, Nov: 5th, by Professor James P. White, who chose for a topic, as introductory to his course, The History of Midwifery. Commencing with the derivation of the term, he traced the early history of the art, beginning with Adam and Eve, and making a quotation from a writer of the eighteenth century to show that Adam, yielding to the necessities of the case, must have rendered obstetrical assistance to Eve when she gave birth to Cain, thus giving the department of obstetrics precedence over all others in point of time." This, however, was not regarded as the true time to date the origin of the art, but that period when the rude, but well-meant efforts of one friend to relieve another in such cases closed, or gave place to those who were supposed to have more information and experience, and, consequently, to possess greater skill. The earliest history we possess—the Scriptures—make frequent mention of female practitioners among the Hebrews and Egyptians; yet, it was not, perhaps, possible to make accurate date of the commencement of the practice by the Egyptian and Hebrew Midwives.

It was remarked that in all ages, and in every country (China, perhaps, excepted) the practice had been in the hands of females down to almost the present era; and both in the ancient and modern language the appellation of the practitioner was always in the feminine, with the exception of the French term *Accoucheur*.

The early practice of the art was shown to have been exceedingly rude and simple, but to have been practiced in some shape among all nations—barbarous and civilized—though ages may have transpired before it was reduced to the systematic regularity of a science. It would seem probable that this department of medicine was the first, that of necessity, was exer-

eised as an art; and it is quite certain that it is the last to receive the highest state of improvement.

“Hippocrates, who, as you are doubtless aware, practiced medicine 460 years before the Christian era, is styled by some authors the Father of Midwifery, as well as of Physic. It is unnecessary to dwell upon the unbounded veneration with which his name has been regarded by succeeding ages. His works must ever command the highest admiration as carrying with them indubitable proofs of profound and laborious research. His sagacity and experience fully entitle him to the praise of subsequent obstetricians. He must have been possessed of all that was known on the subject, at the time in which he wrote.”

A brief account was presented of the imperfect and rude notions entertained by Hippocrates, and also of the difficulties he encountered in obtaining any reliable information since it was not taken from bedside observation. “The precise character of the symptoms to be remedied, and the *ratio medendi* of the means used, came to him through the medium of uneducated females, who were utterly incapable of forming a correct diagnosis or making a just report.

It is not wonderful then that his notions on this subject should now excite a smile, or that we hold in light estimation his uncouth and curious remedies. From the time of Hippocrates until after the commencement of the Christian era, Midwifery made no progress. Celsus, who flourished in the reign of the Emperor Tiberias, A. D., '37, although an ardent admirer and close copyist of Hippocrates, threw some new light on parturition. He was the first to recommend the introduction of the hand to rectify position; and to deliver by the feet where the arm presented, and must, of course, have been aware of the error of Hippocrates in attaching such fatal consequences to foot presentations. Galen was the next name in the catalogue, who appeared 600 years subsequent to the writings of Hippocrates and 150 years after the Christian era. In him we find a most elaborate and able expounder of the works of this great man, and he claims the singular merit of bringing back physicians to the Father of Medicine, from whose simple, but sound principles, he insisted they had been too much divided by the Methodists and other theorists. Although the writings of Galen were chiefly paraphrastic, yet, he certainly effected many improvements; and in the anatomy of the viscera of the female pelvis, he may lay claim to the title of discoverer.”

We should be most happy to have been able to follow the lecture to its close, thus offering our readers a condensed history of the rise and progress

of obstetrical science down to the present time. We have been able to offer only a mere glance at the first portions and leave the more important teachings for those who were favored with the opportunity of listening. The interest which would naturally attach to a condensed history of Midwifery was greatly increased by the spirit and force of the speaker, who lends his own enthusiasm, in a great degree, to the themes upon which he speaks. On this occasion he was greeted by the appearance in his lecture room, of an unusually large and intelligent class of students, besides many professional friends who were present, to show their interest not only in the speaker and subject, but also in the College whose prosperity and advancement is an object of congratulation and pride.

REVIEWS.

A Report on Hospital Gangrene, Erysipelas and Pyæmia, as observed in the Departments of the Ohio and the Cumberland, with cases appended. BY M. GOLDSMITH, U. S. V. Published by permission of the Surgeon-General U. S. A. Louisville: BRADLEY & GILBERT, corner of Third and Green streets, 1863.

This report is an exceedingly interesting and important one, full of statistical evidence and eminently worthy the consideration of all interested in the subjects it considers. The points of resemblance and of difference in these diseases are very plainly shown. Cases are introduced showing with great clearness the origin and causes of these diseases, in many cases. For the purpose of giving our author's own description of the disease, known as Hospital Gangrene, we will quote a paragraph or two embracing his description of the disease, and perhaps also part of his directions for the application of bromine, which seems certainly to have proved a sovereign remedy:

"The cases of hospital gangrene, which have been treated in the hospitals at this place, have presented some constancy in most of their characteristics; and in order that the true nature of the disease may be apparent to the Surgeon-General, I will state the appearances commonly presented:

1st.—The gangrenous affection presented a tolerably constant tendency to the assumption of a somewhat circular form. This tendency, however, was frequently interrupted by the varying effects of the special remedy used. Thus, when the skin was not undermined to any great extent, the disease was commonly arrested immediately, and the ulcer left, presented

the usual circular form; but when the skin was much undermined, or undermined to unequal extent, at different points in the circumference, the disease was not arrested as promptly at one point as at another, and thus, eventually, the circular form was lost. Then, again, the gangrenous erosion had sometimes an irregular elongate form, coinciding with the original shape of the wound. Sometimes the gangrene attacked the walls of a wound passing through a limb, and presented itself as the sloughing core of a ball wound, the pulps protruding from the aperture of both entrance and exit.

2d.—The spread of the gangrene seemed pretty generally to be influenced by the succulency of the tissues. Thus, when it commenced on the surface in a superficial wound or ulcer, it generally spread most rapidly in the skin and cellular planes. The disease continuing, the muscular substance would next be attacked. Dense fasciæ, as the fascia lata, and tendons, resisted the influence much longer; on the whole, the bones suffered more than tendons. Another reason why the disease spread laterally rather than deeply, and of consequence more in cellular planes, and less rapidly towards the deeper tissues, is, that the sloughs could be more readily detached from the exposed parts of the gangrenous surface so as to allow the effectual application of the remedy, while it was difficult to detach the sloughs underlying the skin, and, of course, difficult to mix the remedy with the sloughs—the *sine qua non* of its curative agency. These causes have operated so decidedly in modifying the form and appearances of the granulating sores left on the subsidence of the gangrene, that many of the numerous surgeons visiting this place, to see for themselves the effects of the treatment instituted, have found it difficult to realize that they were looking upon the ravages of hospital gangrene, unless it so happened that I could show them some cases in which the disease was in progress.

3d.—The sloughs were variant in their consistence, and this variance ran from tolerably firm eschars to diffluent pulps. The consistence of the sloughs coincided rather with the consistence of the tissues sloughing. The sloughs of skin were soft, swollen, tolerably coherent masses. The sloughs of cellular tissue were soft, flocculent, yielding more abundantly a dirty yellowish fluid. The sloughs of muscles were firmer, less pulpy, more coherent. In some of the cases, and especially in those in which the process was slower, skin, cellular substance, and muscles, seemed to melt away into mere diffluent matter, the product of the destruction of each of the several tissues in these cases being nearly alike.

4th.—The sloughs were commonly of a dirty greyish hue, those of the skin being, in most instances, somewhat darker than those of the cellular substance. The variations of color appeared to be influenced more by the quantities of altered blood in the tissues than by any other condition.

5th.—In all of the cases there was present a most pungent and intolerable fetor. In some instances the pungency of the gaseous effluvia was so great as to produce a persistent smarting in the eyes and the nares of the persons engaged in dressing the sores. The odor would often fill the whole ward. This fetor, in greater or less intensity, was the almost constant attendant upon the gangrenous process, appearing when it began, continuing as it continued, and ending when it ended. So constant was this coincidence that those who treated the case came to regard the disappearance of the fetor as the reliable evidence of the arrest of the disease; the presence of it, as the signal of the commencement of the process. This odor was peculiar; it was not the sickish odor which is often perceived in suppurating or ulcerating wounds, nor the odor of common gangrene, or of common putrefaction of dead animal matter, but an odor peculiar, recognizable with the nose, but not admitting of description.”

“Later experience with the bromine in my own hands satisfies me that the following directions for its application are sufficient for almost any contingency:

1st. *Preparation.* If the gangrenous sore is large, or the patient intolerant of pain, chloroform or ether should be administered.

2d. The surgeon should be provided with basins, sponges, dry lint, blotting paper if at hand, a stout rubber or a glass urethral syringe, a small measuring glass, some *pure bromine*, a pair of forceps, probe scissors, and a spatula or the handle of a scalpel.

3d. The patient being prepared, the surgeon should, with forceps and scissors, remove all the sloughs so far that some bleeding points are exposed, The bleeding having ceased, or been arrested by the touch of the bromine he next scrapes away the fluid putrilage or purulent fluid bathing the surface of the sore; he now turns up the edges of the skin, and, with the handle of the scalpel, removes all the pultaceous matter underlying the skin. The flocculent pulps adherent to the surfaces underneath are now removed with the scissors and forceps. The same proceedings are practised in the cellular planes between muscles. The surfaces are now to be dried, first with lint or tow, and finally with blotting paper, or any dried paper pulp. The bromine is now poured into the glass measure partly filled with water. The

syringe, or a pipette, is next thrust through the water into the layer of bromine, and this is drawn up into the syringe or pipette; with this instrument the bromine is applied, first to the cavities between the muscles, next under the skin, next to the exposed surfaces under the sore.

This application of the bromine coagulates and hardens the soft flocculent pulp, and gives the fluid parts of the putrilage the consistence of brain substance. The scissors and scalpel are again put into requisition; the gangrenous portions may now be easily removed, and when it is done, from under the skin, from the intermuscular spaces, and from the exposed surfaces of the sore, the bromine should be re-applied. Where the gangrene attacks the elongated track of a ball-wound—traversing a limb, for example—a piece of candle-wick, threaded in an eyed probe, should be saturated with the bromine and passed through the wound.”

We regret not being able to publish more of the report, which is certainly a most valuable contribution to the knowledge of the profession, upon this subject. The volume is composed of nearly a hundred pages, and is devoted to a full and complete consideration of the topics introduced. Much careful observation has been made by the author, and much truth has apparently been discovered and elucidated.

For sale in this city by the dealers in medical books.

Synopsis of the Course of Lectures on Materia Medica and Pharmacy. Delivered in the University of Pennsylvania, with three Lectures on the Modus Operandi of Medicines, by JOSEPH CARSON, M. D., Philadelphia: BLANCHARD & LEE, 1863.

In this book, we have what may be termed the headings of the various subjects which are to be carefully studied, and in some instances brief descriptions and statements of facts. Students who attend lectures at the University of Pennsylvania, will find the book an indispensable outline to the course of lectures upon Materia Medica and Pharmacy; while students everywhere will find it a guide to the leading facts and principles comprised in this extensive subject. This synopsis, as here given, has sometimes been bound with blank leaves, and in any case, blank leaves can be supplied to the frame work here published, which could be filled in with notes taken at the time lectures are delivered, or by reference to works upon the subject. This frame work requires to be filled up in some such way before it appears at all complete.

The three lectures upon the *Modus Operandi* of Medicines, contain new suggestions, and comprise the results of investigation with respect to the part taken by the nervous system in the action of medicines, and the proofs of absorption. The names of the medicinal articles and their preparations, have been made to conform to the United States Pharmacopœia of 1863. This book is eminently worthy the attention of medical students, and may be obtained of the book merchants in this city.

Pictorial History of the War for the Union.

We have received the first volume of a work entitled *Pictorial History of the War for the Union*, embracing a complete and reliable history of the war from its commencement; giving a graphic picture of its encounters, thrilling incidents, frightful scenes, hairbreadth escapes, individual daring, desperate charges, personal anecdotes, etc., gleaned from eye-witnesses of, and participants in the terrible scenes described—a truthful living reflex of all matters of interest connected with the most gigantic of human struggles; together with a complete Chronological Record, giving every event in the order of its occurrence. W. D. Griffing is the agent for this valuable work and no other opportunity will be offered to obtain it except of him.

BOOKS AND PAMPHLETS RECEIVED.

The Principles and Practice of Ophthalmic Medicine and Surgery. BY T. WHARTON JONES, F. R. S., *Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, etc., with One Hundred and Seventeen Illustrations. Third and Revised American Edition, with additions from the Second London Edition.* Philadelphia: BLANCHARD & LEA, 1863.

Mental Hygiene. BY J. RAY, M. D. Boston: TICKNOR & FIELDS, 1863.

A Case of Neuroma of the Optic Nerve, with remarks and Illustrations. BY JOHN A. LIDELL, M.D., *Surg. U. S. Vol., Prof. of Anatomy in the National Medical College. Second Edition.*

Illustrated Catalogue of Medical, Surgical, and Scientific Publications. Philadelphia: BLANCHARD & LEA, 1863.

The Union Monthly, and Journal of Health and Education, devoted to the Union of the Nation, National Education, and the Temporal and Spiritual Welfare of the Army. WM. M. CORNELL, M.D., LL.D. Editor. Philadelphia and Boston, 1863.

Annual Announcement of the Medical Department of the University of the Pacific, San Francisco, California. Session of 1863-64. San Francisco: TOWNE & BACON, 1863.

The Sanitary Commission Bulletin.

Peterson's Ladies National Magazine. For December.

Godey's Ladies Book. For December.

Atlantic Monthly. For December.

THE BOARD OF DRAFT.

The Board of Draft has concluded its labors in this district, so far as hearing applications for exemptions, receiving substitutes, &c., was concerned. The following, furnished by Provost Marshall Scroggs, shows the result:

| | | | |
|--|-------|---|-------|
| Physical disability..... | 1,187 | Passed for duty and furnished substitutes | 443 |
| Mental disability..... | 19 | Paid \$300..... | 217 |
| Only son of widow..... | 85 | Non-residents..... | 101 |
| Only of aged or infirm parents..... | 102 | Alienage..... | 393 |
| One of two sons drafted and then elected | 31 | In service 3d of March..... | 28 |
| One of two sons elected after draft..... | 28 | Convicted of felony..... | 1 |
| Brother of children dependent on him.. | 1 | Died before draft..... | 1 |
| Father of motherless children..... | 20 | “ after draft..... | 1 |
| To of same household in service..... | 12 | Passed for duty and not finally reported | 60 |
| Over 35 years of age and married..... | 297 | | |
| Under 20..... | 49 | Total | 3,120 |

The whole number drafted in this county was 3,808, of which, as appears from the above table, 443 have furnished substitutes; 217 paid the commutation fee, and 60 passed for duty, and are now on furlough—making a total of 270, as the proceeds of the draft. Six hundred and eighty-eight drafted men have failed to report to the Board, and are now classed as deserters; 1,894 have been exempted on legal grounds, and 1,206 on account of physical and mental disability. The whole expenses of the Board of the Board of Enrollment have been \$12,000; and the expense per man realized from the draft, \$16 66.

DIED.—In Adams, Jefferson Co., N. Y., on Sunday the 18th of October, Dr. Charles E. Brownell, M.D., of this city, aged 23 years. Dr. Brownell was a graduate of the University of Buffalo, and by his energy and ability had established himself in the practice of his profession in a remarkable degree during the brief period allotted him by Providence for the prosecution of professional labor. He was capable, active, and earnest, eminently qualified for distinguished usefulness.

Consumption had marked him for a victim, and though conscious that his work on earth would soon be done, he cheerfully pursued his cherished objects of professional ambition, until exhausted nature could no longer sustain the effort, when, with christian hope, he committed his soul to God.

The profession have sustained the loss of an active, intelligent, and honest physician, while his family, and large circle of friends, mourn the early death of an affectionate husband, a warm friend, and a devoted christian.

HICKS' MERCANTILE COLLEGE.—We would call the attention of those who have sons to educate, to the winter term of this institution, where those who prefer to profit by their knowledge, can do so by attending this business college, which is one of the most extensive in its practice, having for its Preceptor, a practical accountant thoroughly acquainted in all the departments of trade. Graduation in this institution is a passport to desirable locations in the most respectable mercantile houses in the city.

REMOVAL OF A NECROSED LOWER MAXILLA, WITH PRESERVATION OF THE PERIOSTEUM AND THE REPRODUCTION OF NEW BONE.—M. Rizzoli, of Bologna, has submitted to the Surgical Society of Paris a case of necrosis of the lower jaw, from the fumes of phosphorus, in a man aged fifty-six years, in which the sequestra were removed through the mouth. M. Rizzoli made incisions on either side of the gums, scraped the thickened periosteum with a spatula from the dead bone, and removed the latter piecemeal. The preserved periosteum generated new bone in the place of the portions taken away, which comprised the body and part of the ramus on each side. It was, however, soon found that the upper part of the ramus and the condyle were also diseased; these portions of bone were also removed through the mouth with the same precautions, and the periosteum again acted in the same way. Eventually the man was able to use his jaw, and masticate, though deprived of teeth. M. Forget, who reported on the case, observed very justly that there was nothing new in this action of the periosteum in necrosis of bone, surgeons having long acted upon this periosteal property in such cases. M. Flourens has pointedly said, "Take away the bone, preserve the periosteum, and the preserved periosteum will restore the bone," but this applies less to the cases of necrosis of bone than to cases of experiments on animals and operations performed on healthy bone and periosteum. And even in these cases it should be remembered that osseous substance is reproduced, but not the actual bone as it existed before the resection.—*Lancet*.

BUFFALO

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NO. 5.

ART. I.—*A Report upon the latest Achievements in the Sphere of Epilepsy, from the German of Dr. Finkelaburg, of the University of Bonn, Germany. Translated, and with notes by H. LASSING, M. D., Physician and Surgeon to the Eastern Dispensary, New York.*

For the Buffalo Medical and Surgical Journal.

The latest progress of science in epilepsy and convulsive affections in general, have their most important starting point in the developments of the *theory of reflex movements*; and we must acknowledge MARSHALL HALL to be the real founder and most assiduous laborer in the field, a merit, the importance of which cannot be in the least obliterated by the error into which this inquirer was led by his attempts to explain these phenomena.

But Hall was not satisfied with his physiological observations of these reflex actions, but the intimate relation of these to *Epilepsy* was so far from escaping his attention, that as early as 1851. in the *Academie des Sciences* he dared to make the proud assertion, that through his researches he had reached near to that point, which Esquirol placed beyond the possible reach of human undertaking, namely, a physiological mastery of epilepsy. If this and some other expressions Hall made, looks like a species of over-estimation of the practical bearings of his services, we must nevertheless credit the physiologist with them. Neither are his erroneous explanations of some of the symptoms which constitute the epileptic attack, and the consequent clinical deductions, the errors of which we will now illustrate, to make the pathologist forget that the insight into *reflex neuroses* now become so important, and science and practice remains indissolubly connected with the remembrance of Marshall Hall as its creator.

In 1855 Hall published a comprehensive treatise, consisting of his observations and the theories based thereon upon the part which reflex action plays in pathology, which he had previously singly communicated to the Academy, (Hall, Marsh, *Aperçu du système spinal ou de la série des actions réflexes dans leurs applications à la Physiologie, à la Pathologie, et spécialement à l'Épilepsie*. Paris: 1855, Masson.) In this work he developed the following upon Epilepsy:

1st.—The disease consists either of a disease of texture of the spinal nerve-centre, (“*épilepsie organique*,”) or of a morbid increase of the reflex excitability of this nerve-centre, arising and kept up from without (“*épilepsie inorganique*.”) (It is only to the latter and more frequent form which stands parallel to simple paroxysmal Apoplexy and intermittent mania that Hall's researches have relation.)

2d.—The causes of epilepsy, without disease of texture of the spinal marrow (the *épilepsie inorganique*) are either emotions arising from the brain, which propagate themselves upon the spinal marrow—powerful mental affections or visceral, gastric, sexual, or finally irritations originating in the peripheries which put the spinal marrow into a morbid state of excitement. In all these cases the epileptic convulsions are reflex, or according to Hall's nomenclature “*diastaltic*.”

3d.—The motor reflex action is always first exhibited in the external cervical muscles, such as trachelismus, sometimes in the shape of torticollis, or with participation of the inner laryngeal muscles, as laryngismus. After this only will the compression of the cervical veins and larynx, produced by the convulsions of the cervical muscles, affect the brain and result in suspension of sensation and general convulsions.

4th.—The last named and most dangerous symptoms of epilepsy can be done away with, or at least in all cases materially mitigated by tracheotomy. Against the accusation that he recommended this as a remedial agent in the disease, Hall defends himself with determination, and says he never expected any but palliative results from it; nevertheless he certainly believed that through this method many a patient was not only protected against danger of losing life, but was also saved from the reaction of severe epileptic paroxysms upon the brain—epileptic idiocy.

5th.—As to the radical treatment of the disease itself, Hall recommends in the first place a strict avoidance of all causes tending to excite reflex action, physically as well as mentally, to do which a careful reform of the entire mode of life is necessary; and secondly, a reduction of this excitabil-

ity of reflex action itself by well regulated corporeal exercise and the careful use of gradually increased doses of the Extract of Hyoscyamus.

The practical, true conclusions of Hall's theories of epilepsy, culminated in the new views of trachelismus, and particularly laryngismus, the correctness of which he sought to defend against many heavy assaults. Then he looked for other conditions in which these reflex cervical convulsions came under observation. He found the same in *tetanus*, *hydrophobia* and *poisoning by strychnine*. While studying the physiological relations of the latter experimentally, he believed to have observed that strychnine produced death by laryngismus, and in fact that tracheotomy would entirely prevent death, or at least materially prolong life. As a further practical corroboration of his teachings, Hall in the appendix of his book, gives eight cases where severe epilepsy was reputed to have been successfully treated by tracheotomy, by different English and American physicians. What value we are to place upon them the following analysis will show :

In the first case (reported by Dr. Cane. Uxbridge,) the patient was free from attack for seven months after the operation—when patient became lost to view. Regarding the previous frequency of the paroxysms there is no account.

In the second case (by Dr. Macharsie. Chesterfield,) the operation resulted in considerably mitigating the attack; after cicatrization of the tracheal opening, they returned with double violence, and patient died during a paroxysm.

The third patient (by Dr. Niel. Philadelphia,) had at first after the operation only incomplete, but after three months' much severer attacks of the disease, and succumbed to one without any closing of the tracheal opening or any other influences being exercised upon the latter.

A fourth observation (by Dr. Herrick. Chicago,) referred to a case who died on the second day after operation, but Hall believes that it would have resulted favorably had the operation been made earlier.

The fifth patient (operated upon by Dr. Bucknill,) was at the Devon County Asylum. The attacks returned half as often and two-thirds as violently as before the operation, but patient soon died from a pulmonary affection.

In a sixth case, (a lady, operated upon by the same physician,) there was an unmistakable amelioration of the convulsive attacks, as well as an improvement of the mental health; but after nine months—with an undis-

turbed tracheal opening—had a much more aggravated relapse, ending in death.

In the seventh case (observed by Dr. Edwards. Cheltenham,) there was considerable amelioration of the paroxysm, during the six weeks the canula remained in the wound; after its removal, violent attack with fatal coma.

The eighth and last observation related to an eclamptic case, is one in which tracheotomy procured a momentary improvement of symptoms of suffocation and improvement of the general convulsions, yet could not prevent a fatal end in a very few hours.

These are the eight out of the twelve operations in tracheotomy for epilepsy had up to 1855, which Hall "selects for communication." That the four cases which were not "communicated" did not result more favorably can be taken as a foregone conclusion, from the fact that Hall silently passed over them. And upon such, more than doubtful results, he demands a repetition of an operation, in itself dangerous to life as a palliative in a disease which in itself is seldom fatal. Notwithstanding this, Hall's authority, after the appearance of these reports, induced further experiments, two of which were fully described by two English physicians, J. W. Ogle and Edward Jackson Riccard.

The first performed tracheotomy on a boy aged sixteen years, who had been five years afflicted with epilepsy, and latterly had several attacks daily, and already showed unmistakable signs of commencing idiocy. Before and after the operation the administration of various vermifuges resulted in the discharge of a great mass of *ascari oxyuræ*. The attacks (the tracheal opening being kept so) gradually were reduced to one attack per day which was not at all accompanied with the former troubles of suffocation. Besides the constant wearing of the canula, vermifuges and general tonic were administered for several months, and the boy who also showed more mental freedom and awakening, was ordered to take a trip to Brighton. A year afterward his condition became worse, the paroxysms were more frequent and violent, and the boy often remained insensible even during the intervals of paroxysm. The canula which was removed during a paroxysm could not again be returned, and with the healing up of the opening there was not only no relapse, but on the contrary observable improvement of his general condition and amelioration of the spasms resulted.

The physician to the Brighton Hospital, Dr. Ormerod, who last observed the patient, attributes the temporary favorable effects of tracheotomy, prin-

cipally to the psychical impression and is of opinion, that any other severe operation would have had a similar success.

As a proof of the inefficiency of tracheotomy Ormerod quotes a case of epilepsy, in which an abscess of the glottis necessitated the aforesaid operation, and which nevertheless succumbed the following day to a severe attack.

Dr. Ricard (*Lancet*, June, '59,) opened the trachea in a female aged 37 years, an epileptic. During six months when the canula was worn, the attacks were milder, but on the other hand, from the day of operation the patient suffered from hæmoptjjs. In seven months, after previously laying aside the canula, the former violence of the affection returned and an unusually vehement paroxysm, (though the canula had been replaced,) ended fatally.

Notwithstanding the slight encouragement which such results could give, the method was nevertheless not left without trial in Germany.

Dr. C. Westphall, of Berlin, reports (*Annals Berlin Charité*,) an operation of tracheotomy performed by request of Jader upon a patient, whose condition, according to the accompanying description, deserves more to be called hysteric than epileptic. An apparently danger threatening spasm of the glottis formed the indication for the operation, after which and as soon as the febrile re-action had ceased, the convulsive attacks showed themselves at first milder, then as before with general convulsions and loss of sensibility, notwithstanding unimpaired respiration through the canula.

That a spasmodic closing of the glottis increases the importance and danger of the epileptic attack and favors a general distribution of the convulsive shock other experience does not permit us to doubt, and therefore the temporary amelioration of epileptic attacks after tracheotomy cannot, as some (Hasse, for instance,) have believed, be ascribed *solely* to the general impression of the operation. A real gain nevertheless, can hardly be expected as the creation of an opening is in itself dangerous and its being kept open difficult, besides to a very great extent permanently exposing the organs of respiration and the accidental injuries to these which can never be surely prevented, may be followed by the worst consequences. Two of the aforementioned patients died in consequence of the pulmonary irritation, while on the other hand the gain to be derived from the operation as this experience proves, is extremely uncertain and limited. As to Hall's argument concerning the independence of the mental symptoms, particularly the insensibility from an asphyxiating return of venous blood to the brain, it is counterbalanced as Foville has already shown, among other things, by

the simple fact that the epileptic, at the beginning of the attack, (at the moment of his insensible downfall,) never looks congestive, but on the contrary pale, and the venous congestion and facial bloating only appear during the general convulsions.

Sieveking, whose book (on epilepsy and epileptiform seizures, London, 1858,) is remarkable for a series of excellent observations, believes the cause of our deficient knowledge of epilepsy to be principally our observation, of the most remarkable symptoms, namely: The convulsive attack itself has led us to neglect the permanent symptoms of the disease which continue during the so-called intervals. He claims that epilepsy is a disease of the entire body, not that of a single organ, and that a careful observation of the entire system, and the entire organic functions, but particularly those of the nervous system, are necessary to form a correct judgment, not only for every case of pure epilepsy, but also the relation of collateral circumstances to the epileptic bases. The epileptic attack is the blossom of an injurious weed. Not only the blossom, but also the root and trunk must we learn to know and extirpate. The oftener the paroxysms, the more distinct will we find the symptoms of the intervals, which exhibit themselves in three classes; as an heightened cerebro-spinal reflex irritability, as a diminution of intelligence, and finally as a diminished energy of the sympathetic nervous system.

The increased sensorial and motor excitability evinces itself by the unsteady and restive look and expression, a tendency to hurried, trembling movements of a convulsive character, by spasmodic sensations similar to those felt in hysteria, and in excitability of temper, force of the voluntary impulses, in one word, in a general nervousness which often can be plainly read by the first view of the external appearance of the patient. Next we notice a disturbance of the power of mind in an unaccustomed difficulty of associating and combining thoughts; then memory becomes weak and particularly after every attack defective; the first indication of idocy which will supervene after a while. The sympathetic affection of the brain is also shown by headaches, dizziness, dilation or unevenness of the pupils, and a rapid and weak pulse. Finally, the 3d group of symptoms are held as not unimportant by Sieveking, which indicate a torpor of those organs depending upon the sympathetic nerve; as want of digestion with inclination to dyspepsia, flatulence and constipation, irregularity of the catamenia. All these symptoms appertaining to the intervals appear in different stages, combined generally, more seldom singly; but entire want of their appear-

ance among fifty cases which Sieveking observed, did not occur. Our knowledge of the predisposing causes of epilepsies is yet very limited and requires a much larger field of statistical observations than those yet had, for which we are solely indebted to negative instruction.

Sieveking also gives a table of comparisons regarding the frequency of the disease in the French and British armies, but this proves no influence of race, nor difference between inhabitants of high and low countries, as has been asserted, yet they do prove a relative endemic frequency in some neighborhoods, without any, as yet, authentic cause. For example, among the French conscripts, aged 21 years, the proportion of epileptics, according to the different departments, varied from 41,5 to 339,0 in 100,000. The lowest proportionate number came from the department Puy de Dôme, the highest from the department Pyrénées Orientales. The department De la Seine ranged about half-way, with 137. Such marked differences which are corroborated by official figures as to other localities, as in the dukedom of Nassau (a v. Franque Mass. Med. Jahrbuch,) require a more satisfactory explanation than that given in the suggestion of Sieveking, "that in those departments where the greater number of epileptics came from hereditary influences in the course of time had an overpowering effect." Several cases cited as epidemic epilepsy, such as the accompanying symptoms of dancing mania, and as in 1842, in Teheran, clearly do not appertain to this class, but are to be accredited to the co-ordinate spasms, without any interval of sensibility, the epidemic powers of spreading of which is universally known.

Among the cases of epilepsy observed by Sieveking there were $11\frac{7}{8}$ of a direct hereditary nature. With the others, the predisposing causes, as far as they could be ascertained, consisted in such influences which a general debility of the circulation and nervous system usually draws after them; sexual excesses, particularly masturbation, chlorosis, leucorrhœa, physical deprivations, bodily and mental over-exertions, etc.

Upon this ætiological basis of the overwhelming majority of epileptic cases, Sieveking very properly places the most practical value, because in them he sees the safest land-mark for a correct therapeutic method. Exciting causes, susceptible of proof, were observed by Sieveking in one-third of his cases, and consisted mostly of psychical affections, such as fright, terror, great sorrow; next came injuries of the head, otitis, scarlatina, helminthiasis, irritation of dentition, etc. Psychical causes were more frequently observed in female patients (54 per cent.) than in males, (35 per cent.,) a fact which

coincides with the general opinion of the greater susceptibility to psychical impressions in the female sex. The true importance of the balance of the so called exciting moments to the cure of epilepsy, is not placed in any new light whatever, by the observations of this author. All the physical disturbances enumerated, happen so extremely often without being succeeded by epileptic symptoms, that we want every standard by which to judge their real significance. The same may be said, according to Sieveking's view, of the pathological state of the nervous centres, in which the causes of epilepsy were thought to be discovered. They all occur a thousand times without any epilepsy, and, regarding the manner of their possible relation to epilepsy, we are, as yet, entirely in the dark. A grand summing up of his experiences, lead Sieveking to adopt a theory of a change in the nervous system of the epileptic patient, or the subject predisposed thereto, the nature of which is, as yet, unknown, which may lay dormant for years, even for life until awakened and brought into action by an adequate irritation, just as different substances have a different degree of inflammability from a jet of flame approaching them, so men vary in their susceptibility to external disturbing influences upon the nervous action. Some are perfectly fire-proof others yield gradually, and still others are as inflammable as tinder. This is also the case, as in most neuroses, in epilepsy. The disease is everywhere the same, and all classifications, according to the different causes, have only a limited value. Even the distinction between idiopathic and symptomatic epilepsy, is considered as so difficult of being carried out, and of so little practical value, that he only sees in it a danger of losing sight of the unity and identity of the form of disease.

Sieveking believes that, the first attack, in many cases, is produced by a disturbance of the intercranial circulation, be it through a diminished or increased supply of blood, (of course, with a pre-existing disposition,) and refers, in addition to his own experience, to the well known experiments of Sir Astley Cooper, who, by ligation of the carotid, and compression of the vertebral arteries produced epileptiform attacks in animals. In some cases bodily and mental over-exertions preceded the first as well as the succeeding attacks,—an observation which would recommend the observance of physical and psychical quiet in the treatment of this disease.

The brain, according to Sieveking, must under every circumstance, be considered as the nearest participating organ in epilepsy, as the suspension of the activity of the brain and of sensibility is the most constant of all symptoms and cannot in any way be explained as an affection of the spinal marrow alone.

In the treatment of epilepsy, S. keeps two objects principally in view: general strengthening of the nervous system, and derivation from the head. The first indication is to be met by bodily and mental quiet, scrupulous regulation of the diet, and particularly by the use of cold baths; the second, by the employment of a seton, purgatives, zinc and other metallic remedies. He advises against the undertaking to treat epilepsy without the use of the cold bath. In treating debilitated individuals, he at first increases the temperature of the bath a little and then gradually lowers it. To augment the re-action in torpid subjects he at first adds salt to the bath. With strong patients he soon gives the cold douche, the depressing influence of which upon the nerves will soon show itself in a considerable reduction of the frequency of the pulse.

As an opposite to Sieveking's book, which contained the observations of the most practical points, the third edition of Radcliffe's Treatise upon epilepsy and other convulsive diseases (Radcliffe, Chas. Bland; Epilepsy and other Convulsive Affections, their Pathology and Treatment, 2d edition; London, 1861: J. Churchill.) created considerable surprise by the originality of the scientific theories it puts forth. Ever since 1855 Radcliffe defended the theory that muscular contraction is not a result of an irritation of the muscular tissue emanating from nerves, but on the contrary represents the normal quiet or equalized condition of the same while relaxation is caused and maintained through the influence of the living nerve. The physiological function of a muscle, its contraction, would, according to this, be a species of negative act, as the same could only be voluntarily produced by means of a withdrawal of the relaxing enervations. This paradoxical view, to which however, some time since, Mattendi in France, and Eägel and particularly Stannius in Germany, have become converts, takes its arguments principally from the comparison of an active muscle with those in a condition of dead rigidity, which latter Radcliffe, as well as Stannius, calls the natural condition of every muscle, freed from nervous influence. In both, the electrical muscular current ceases, in both, the elasticity of the muscular substance appears in greater force, while in the relaxed condition they are held by the nervous influence. As further evidences Radcliffe in a full description of his numerous experiments enumerates, the supervening of convulsive movements by cutting off the supply of blood, the disappearance of *rigor mortis*, by the re-establishment of irritability after transfusion of blood into the arteries of the muscles, and finally the fact that the direct incitability of muscles after severing the appertaining nerves regularly increases.

The relaxed muscle is thought by Radcliffe to be in a state of polar electrical expansion, which is to be relaxed by specific influences, particularly by galvanic currents, whereupon the muscle as long as the relaxing, freeing influences continue, will relapse into its normal state of contraction. For a time this revolutionary theory did not want supporters, particularly among neuropathologists, who, as well as Radcliffe, saw in this a plausible explanation of many heretofore mysterious circumstances in the field of theories of neuroses, and for this reason were less exacting of physiological proofs.—Under a sober test, however, this shaky fabric could not stand long. It was soon found that in fact, although in death's rigor, the elasticity of muscles is increased, but in activity, is on the contrary very much diminished. (Funke.) It was remembered that the fluctuations, *i. e.* interruptions in the muscular stream were simply results of physical changes, in the muscular substance and does not in any way necessarily prove a ceasing nervous influence "the natural condition of every muscle freed from nervous influence, and finally the observation of Bernard and Kolliker, that after destruction of the extreme nerve-end in a muscle by woorara no rigor supervenes, but that this is the case where the muscle itself is destroyed by veratrine, must be held valid as the most decided disproof of Radcliffe's and Stanius' position.

Nevertheless let us follow Radcliffe in the application of his theory to the elucidation of the convulsive neuroses, particularly epilepsy. First, he believes himself to be able from immediate observation to prove the fact, that the commencement of epileptic convulsions is equally regularly combined with a stoppage of the supply of arterial blood to the head as it was the case in the experiments of Sir Astley Cooper, (and in Germany, Kussmaul and Tenner's) after ligation of the arteriæ vertebræ and compression of the carotids. The deathly paleness of the countenance immediately before and at the beginning of the epileptic paroxysm he considers as conclusive against the adoption of the idea of arterial as well as venous congestion, but is in every way consistent with the laws laid down by this writer in connection with his foregoing theory, that the stimulus of the arterial blood upon the nervous system is not accelerating but obstructing in its relations to the muscular action. If we consider the attack as caused by an obstruction rather than an acceleration of the relations between the arterial blood and brain, we will find a similar state in the interval. He alleges that with most epileptic patients the pulse is weak, slower (?), the temperature of the general surface lower than normal, respiration imperfect and irregular. The entire appearance of the epileptic would indicate rather a reduced than an heightened activity,—the brain particularly

psychically indicates the direct opposite of excessive development of power, and this not only during, but in the intervals of the attack. A further corroboration of his views is found by Radcliffe in the pathological appearance of epilepsy, inasmuch as he refers to their corresponding with those of idiots, discolorations, atrophy of the grey substance, chronic softening or induration, hydrops of the ventricles, etc. The reports of Schroeder van der Kolk, (of which we shall speak hereafter,) published in the meantime, prove according to Radcliffe, a diminished activity of the medulla oblongata, and consequently the opposite of that explanation which the discoverer himself would ascribe to them. Again, the expansion of the vessels is not to be referred to arterial hyperæmia, but to a backward movement of venous blood during the attack, and the main cause of the secondary atrophy and degeneration of the substance is to be found in a diminished power of resistance in the latter (?). Original debility or incidental stages of exhaustion of the medullary substance accordingly would represent the pathological foundation of epilepsy, which like other symptoms of so-called "morbid excitability," do not indicate an excess, but a deficiency of enervation. Also other classes of reflex neuroses, such as those of teething, irritation of worms, uterine patients, &c., are viewed by the author as simple states of exhaustion of the nervous centres caused by pain, want of sleep, loss of blood or fluids, and are more or less clearly and nearly regularly exhibited in the functions of the circulation, formation of the blood, and in respiration. And for this very reason (?) the author considers that this entire class of disease without the adoption of his asserted physiological theory of an obstructing muscular enervation is incomprehensible.

The advantageous side of Radcliffe's teachings is probably, that they do not exert any misleading influence upon therapeutics but on the contrary seem to serve as a stauuchion to the rules sanctioned by general experience.

Insufficient activity of the nervous system and debility of circulation, viewed as the foundations of the disease, must exclude all influence, tending to weaken the system, and on the contrary indicate a careful regulation of the diet and manner of living generally as well as the exhibition of *tonics*, mild stimulants and such other remedies as we know tend to assist in the building up of the nervous system. These principles are sure of general approval, but less so necessarily, must be the indiscriminating method upon which R. bases his views of the test of remedies recommended in epilepsy. Because fat is a large ingredient in the brain and nerve substance, he advises the food for epileptic patient to be prepared

more rich in oils than for those in health, and particularly recommends the use of the brain of animals as a suitable article of diet. Iron, zinc cod-liver oil, oil of turpentine, valerian, camphor, naphtha, all were found by him very effectual "in certain cases," the last named remedies, particularly where there was general prostration of strength. Epileptic patients from malarial districts "usefully took quinine." With such having a predominating erotic diathesis, "the bromide of potassium did good service." But the best results "he promises himself" from his latest experience with the combination of phosphorus and cod-liver oil, to the use of which he was led by finding that fat and phosphorus are the very ingredients of the brain, which increase or decrease in exact proportion to its powers. In an accurate analysis of the brain of six children, youths, men, old men and idiots, L'Heritier found the following averages:

| | Children. | Youths. | Men. | Old Men. | Idiots. |
|------------------------|-----------|---------|-------|----------|---------|
| Fat | 3.45 | 5.30 | 6.10 | 4.32 | 5.00 |
| Phosphorus | 0.80 | 1.65 | 1.80 | 1.09 | 0.85 |
| Albumen | 7.00 | 10.20 | 9.40 | 0.65 | 8.40 |
| Osmazone and Salts.... | 5.96 | 8.59 | 10.19 | 12.18 | 14.82 |
| Water..... | 82.79 | 74.26 | 72.51 | 73.65 | 70.95 |

According to this it would seem that idiots possess only one-half the average proportion of phosphorus found in the brain of adults, and considering the intimate relationship of idiocy and the more unfavorable forms of epilepsy, a similar relative proportion is to be expected in the latter.—The form in which Radcliffe exhibits phosphorus is the following:

℞ Ol. Phosph. (Pharm Boruss.) ℥i ij.
 Ol. Morrh, ℥ vi miscæ.
 S ½ to 1 Table Spoon full 3 times a day.

Radcliffe has also great faith in the curative powers of the constant electric current, as produced, of effective strength, by Pulvermacher's chains, when used in epilepsy, for the especial reason that Matteucci in passing it through the spinal substance of animals poisoned by strychnine, observed no convulsions. Particularly useful, he says, is the employment of the current as a direct preventive of the expected attack as announced by premonitions, or as to be expected from its observed periodicity. This want of even the smallest appearance of science throws a dark shadow upon the general value of Radcliffe's researches, and is the less excusable, inasmuch as the author, according to his own assurance, is a much employed practitioner in the treatment of patients afflicted with epilepsy and nervous diseases generally, and therefore should know from experience, that in this respect, a cautiousness, even distrustful, is far to be preferred to reckless credulity.

Now to turn from this surprising picture of British natural philosophy to the more refreshing labors upon the continent, we find first of all in Germany, regarding the physiological view of epilepsy, and particularly regarding the theory of the immediate seat of the disease, that a firmer basis has been gained through the researches of Pflüger upon the functions of the spinal marrow. Pflüger first proved the fact, that the direction in which sensational excitements are converted into reflex movements, always radiate toward the medulla oblongata, such as from the cerebral nerves downward, from the spinal nerves upward. Only then when the reflex excitement reaches the medulla oblongata can the reflex movements be communicated to the other side and spread over the entire body, while in the brain itself, as well as in the medulla spinalis only one sided reflex movements are caused. This not only proves the medulla oblongata to be more susceptible to sensational excitements, but also that in the medulla we are necessarily to look for the origin of all bilateral, clonic and tonic forms of convulsions. A further axiom of importance to neuropathology in the reflex theories of Pflüger, is that in difference of intensity of convulsions laterally, the intensest one takes place on the side upon which the irritation was applied to the medulla spinalis, or made its exit from the brain.

A brilliant corroboration and filling up to Pflüger's results were found in the observations of Brown Sequard, who succeeded, by injuring the lower part of the spinal marrow, in producing a slow progress of the state of traumatic irritation, to the medulla oblongata, the attack of which (after about three weeks) was shown by bilateral, epileptiform and periodically remittent convulsions. The latter, however, could be voluntarily produced by irritating single cutaneous branches of the trigeminus on the injured side.

[To be Concluded in next Number.]

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

TUESDAY EVENING, November 3, 1863.

Dr. Congar, President, in the Chair. The minutes of the last meeting read and approved.

Dr. Rochester, for the purpose of bringing the subject before the profession, would relate a case of delirium tremens. A young man, 26 years of age, called at his office, apparently rational. Said he had been drinking very badly, as many as twenty or thirty times in a day. Stomach was irritable, rejecting all injesta; tongue raw and red, with tenderness over the

epigastrium; bowels loose, frequent mucous dejections. Thirst intolerable. Urine nearly natural. Directed sinapism to the epigastrium. Calomel ten grains, to be followed in four hours by Seidlitz powder, and in four hours another, if there was no dejection from the bowels; bland nourishment and as little stimulus as possible.

Next morning found he had retained the calomel and some food; bowels had moved. Thirst continued as urgent and stimulants strongly insisted upon by the patient. Gave milk freely with lime water, also soda water; whisky ζ i every two hours. Morphine gr, i every four hours, until he should obtain some sleep; blister to be applied over epigastrium.

Next morning had slept an hour, was as thirsty as ever, had rejected the soda water, but retained a little of the milk and lime water. The blister was now dressed with morphine; took nothing but ice, and refused everything else. Received notice this morning that he was dying; went to the hospital as soon as possible and found that he was dead. Treatment in the case was almost nugatory. Mentioned the case as one of fatal issue in first attack. He was confined to his bed, and some might think that his not being allowed to walk about the ward was injurious, but he would probably have died while walking. Dr. R. mentioned a case where a patient was walking about the ward; he lay down and in a few minutes afterwards died.

Dr. Gay mentioned a similar case of sudden death, which occurred in the General Hospital, Dr. Smith, house physician, giving him the particulars. The patient made a violent attempt to get out of the window; in this he was prevented, when he laid down, and was dead in a few minutes,

Dr. Peters would inquire if there was any remedy which would cure the appetite for liquor. Had seen nostrums advertised for its cure, but of course supposed there was nothing of it. Medicating spirits and giving great quantities had also been proposed for the cure of the appetite.

Dr. Boardman replied that the Physician in charge of the Asylum in Canandaigua said that they attempted the cure. That they watched carefully to exclude all stimulus and habituated them to life without it, encouraging their confidence in themselves. Mentioned cases which had been under his own care, and had suffered from repeated attacks of the disease, where, after the treatment, he had learned they even disliked the smell of spirits. Treatment consisted in purgations, Valerian, Peruvian Bark, &c.

Dr. Peters supposed that the same treatment pursued by the physicians in Canandaigua and by Dr. Boardman was essentially adopted everywhere. While physician to the Erie County Almshouse this general plan was adopted in great numbers of instances, but the same patients generally returned every year, and he thought they were *not cured*.

Dr. Gay thought amputation of the stomach was the only effectual remedy for its permanent cure.

Dr. Rochester remarked that similar cases to those reported by Dr. Boardman are known to all, but these are not usually cured, but the victims of delirium tremens almost always fill a drunkard's grave. He knew something of the *Nostrum* referred to by Dr. Peters; thought it unworthy a discussion in the Society. A great deal was claimed for it, as was usual with all *Nostrums*, but it was of no value whatever. In regard to curing by medicating spirits, or giving it in large quantities, he could only say, that generally they would take it, medicated or not, as much as they could get, and as long as they could get it.

Dr. Boardman said he was also of the opinion that those who have once delirium, almost always die drunkards.

Dr. Gay referred to the power of habit as illustrated also in those who chew tobacco, who can judge something of the strength of the influence. He believed that the taste once fully formed is in most instances so strong as to be impossible to reform.

Voted, on motion of Dr. Rochester that the "Special Subject" for next meeting be Delirium Tremens.

Voted, to adjourn.

J. F. MINER, Secretary.

CORRECTION IN LAST MONTH'S REPORT OF THE DISCUSSION UPON INJURIES OF THE EYE.—Dr. Cronyn related similar cases, *one* of which corresponded with that related by Dr. Rochester, a stick of wood striking globe of eye, producing faintness, sickness at stomach, &c. Came to office some days after injury with permanently dilated pupil and loss of vision, which still continued. Another case, that of a young lad 17 years old, injured in stove factory, was seen immediately and treated actively by leeching, cold, &c., and pupil gradually contracted and vision is now quite restored.

Again, this subject was recently discussed in *Lancet* and decided that when a foreign body produces no irritation and is beyond reach in *posterior* chamber of eye, it was better to let it alone, but if it produced irritation at any time and the foreign body could not be removed, lest the sound eye should suffer, the *injured* one ought to be removed."

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Amputation of Thigh—Removal of large Tumor.*—BY J. F. MINER, M. D.

Nov. 7, 1863.

GENTLEMEN:—The first case which we propose to present for your observation, is one of scrofulous disease of the knee joint. Your attention is particularly called to the appearance and condition of deformity which justifies the operation we are about to make. Amputation of the thigh you are aware is one of the most severe and dangerous operations in surgery; though the dangers depend greatly upon the causes which have produced the necessity for operation, and also upon the point in the thigh, where amputation is to be made, together with many other conditions and circumstances which must be clearly apparent to all. The fatality has been great after severe injuries and gun-shot wounds, while much better results have been obtained when amputation has been made for removal of disease, as in the case before you. The risks have also been found to be greatly diminished in proportion as the point of amputation was removed from the body; removal at the lower or middle third being very much more successful than at the upper third or hip joint.

This young lady is twenty-four years old, of decidedly scrofulous constitution, but without evidence of tuberculosis of the lungs. She has suffered from this disease of the knee joint for a good many years, and attributes the first cause to injury received when a young girl by a fall. For the last five years she has suffered much more severely, and there has been constant purulent discharge from the various openings you now observe. The tissues around the knee are infiltrated and hardened, while the motions of the joint are lost, and the leg is flexed strongly upon the thigh. A probe passes deeply into the structures of the joint but does not detect denuded, carious or necrosed portions of bone, and yet there can be no doubt that the articulating surfaces of the joint are extensively diseased and ulcerated. This drain upon the system, together with the pain, which is constant and severe, will be observed to have reduced the general strength and produced a condition of anæmia which has been rapidly increasing for the past few months. This increasing prostration indicates that nature is unable to bear up against so extensive and continued disease, and that removal of the leg and knee is a necessity, for the long continuance of life.

Nothing but this necessity could induce such operation, since it is so full of danger. Amputation of the thigh has proved fatal in so large a propor-

tion of cases that it has been almost abandoned by surgeons, indeed when made after gun-shot and other injuries, it is so uniformly fatal as to be the rule, with only here and there an occasional exception. "Amputation of a limb is the last resource and opprobrium of surgery, as death is of the practice of physic; it being notwithstanding impossible to do impossibilities, and save a limb or a life which can no longer be preserved." The operation itself is very simple and easily performed; even a poor surgeon may make it very well.

There are a great many questions connected with this subject, which however it is no part of my purpose to discuss; they have been under consideration by the profession for hundreds of years, and yet the New York Academy of Medicine, propose at the next meeting, a discussion upon amputations in gun-shot fractures of the thigh; showing that the principles of practice are not even now fully settled. After this discussion we have no doubt differences of opinion will be entertained upon many points connected with amputations of the thigh, both after injury and on account of disease.

The diseased mass which is here removed has some interest to you, and for the purpose of showing the condition of the structures of the joint, the bones and articulating cartilages, I will lay it open before you. The patella is denuded of cartilage in nearly its whole under and articulating surface. The cartilages of the joint are all thickened and ulcerated, while the heads of the bones are also carious, or in condition of disease which answers to ulceration in the soft parts.

It is manifest upon examination, that this condition of extensive disease could never be recovered from, and that the only possible chance of preserving life was in making the amputation. It has been made with a loss of not more than two or three ounces of blood, a less quantity than I have ever seen in making amputation of the thigh. This was due mainly to the perfect compression of the arteries by the tourniquet and its not being tightened upon the veins, allowing free return of the circulation, until the very moment of making the incision, together with the almost instantaneous ligation of the larger vessels. The small loss of blood is in this case of great importance, for our patient has no blood to spare. The full effects of sulphuric ether has also prevented, I believe, in a great degree, the shock which is usual in making capital operations. We are yet exposed to many dangers, but have done what we deem best, and must abide the results.

The 2d case which we have for operation this morning is a very large tumor, situated upon the side of the head and neck, but in such situation that it can be quite safely removed. It has attained great size, appearing almost like a second head upon the side of the natural or original one. It appears in the location where encysted tumors of various kinds often make their appearance. It is probably what is called fatty or steatomatous tumor, but it is hard and unyielding for such growth, and this throws some doubt upon the case, indeed there is apt to be doubt in all these cases, and one can hardly be positive without exploration either previous to, or after operation. The question of most vital importance and the only one which would greatly influence our practice, may be answered with almost positive certainty. That it is benign, and not of malignant character is made probable, certain I may say, by 1st, its history. It has been present in this form for several years; has not increased in size or been painful; has not affected the general health; 2d, by its appearance and location. It is lobulated, but not hard enough for scirrhus; it is not cerebriiform or encephaloid cancer, because such disease is much more rapid in its course and termination. Though malignant disease may involve any, and all the structures of the system, still it is not common for it to commence in this location and present this appearance, or attain to this size.

It is worthy attention, since clinical observation will soon enable you to determine with tolerable certainty between the benign and malignant growths; though it must be confessed that the instances are not rare, where deep seated tumors will evade all distinction, their true characters cannot be determined.

The tumor has been removed with the distinct cyst, which has probably been formed by the cellular tissue being gradually condensed by the immense growth of the tumor. Upon section it is seen to be fatty, and the hardness and unyielding quality of it, is caused by the hypertrophy of the cellular tissue, of which the mass is partially composed, which seems almost like fibrous degeneration.

This old gentleman is about 70 years of age, and shows considerable resolution, is desiring the removal of this tumor; he is, however, vigorous and active, and will probably bear the operation very well.

We have in the wards several other patients waiting impatiently for operation, which we must postpone until another time, while it will afford us pleasure to present before you each week, such cases as seem of interest. The number may not be great, but they possess additional interest in being

as politicians sometimes say, "fresh from the people," that is, they are such as every one who practices surgery will be called upon to treat.

The Buffalo General Hospital now offers those who require it, *gratuitous medical and surgical treatment*, and thus will perhaps make its advantages for clinical observation equal, or even superior to any other institution west of New York and Philadelphia. As one of the attending surgeons, I most cordially invite you to its advantages, happy if I may in the least contribute to your surgical opportunity.

ART. IV.—*Cases occurring at Union Chapel Hospital, Washington, D. C., 1862.—By W. H. BUTLER, M. D., late in charge.*

GUN-SHOT WOUND OF RIGHT FORE-ARM—AMPUTATION—DEATH BY PYÆMIA.—O. L. Otis, aged 25, private Co. D, 83d Pa.; strong and robust, never sick. Was wounded at Gaine's Hill, June 29th, 1862. Wound not dressed till second day, when he started for the James River, traveling 25 miles during the day and night, carrying his shattered arm as well as he could with the other supported by a handkerchief; it bled considerable on the way and he was greatly exhausted on his arrival. Took steamboat for Fortress Monroe, where he was in hospital five days. Admitted to Union Chapel Hospital, Washington, July 7, (a very hot day). Arm laid on a pillow, with simple dressing. Ball had struck the middle of the radius, fracturing it, passing obliquely upwards and out near the inner condyle of the humerus; so as to leave a question whether this process might not be injured, and the joint involved. The wound of entry long and jagged, loose pieces of bone easily felt, the attempt to remove them causing free hemorrhage. Both wounds suppurating freely. Ulna not injured. He had also received a flesh wound, left thumb, and last phalanx 2d and 3d fingers of left hand. No discoloration of arm. Appetite and spirits good.

At a consultation July 9th, present Medical Inspector Coolidge, U. S. A., Surgeon D. W. Bliss, U. S. V., Dr. Stone, of Washington, and house surgeons Butler and Kennon; it was unanimously agreed to amputate the arm.

Patient more irritable than before; says he feels pretty well, but nervous; pulse 120. Dr. Coolidge amputated, making anterior and posterior flaps; middle 3d. Dr. Bliss held the artery; little loss of blood; four arteries tied; found high division of the braehial. Patient under ether. Came out of the operation well. R. Tr. Opii. m. xl. Repeated at bed-time; slept well.

July 10; feels pretty well this morning; not much appetite, but craves drink; stump looks well; ℞ meat broth, tea, &c.; pulse 130; bowels confined; sulph. magnesia ζ i., followed in the evening with enema, sulph. magnesia and water, which relieved the bowels.

Some suppuration was manifest, on the 11th, the pulse had fallen to 100, meantime progressed well; on the 14th the pulse 94; felt well, good appetite; took out all the stitches, supporting it well with straps. On the 19th he sat up; 3 ligatures came away, and on the 29th, the 4th and last.

August 7; has been recovering very rapidly and for about a week has been about the house; stump nearly healed, a small point only uncovered; very little suppuration has occurred for a week past, as much however as the size of the wound would warrant. Now he complains of feeling rather cold, headache, &c.; ℞ S. Quinia. grs. v. Opii. pulv. gr ss., night and morning; says he has been subject to fever and ague. 8th—bowels costive; ℞ mass. hydrarg, gr. x. at 12; evening, seidlitz powder, followed by free dejection.

Had a hard chill later in the evening followed with fever and perspiration, ℞ S. Quinia, grs. v. every 4 hours. 9th; no appetite; pulse 110; feels hot; tongue covered with a white fur; anxious expression of countenance.

Heretofore we had only suspected, now we had the realization that our patient had Pyæmia, ℞ S. Quinia gr. ij. hydrarg chl. mite. gr. i. at 10 o'clock; diet: rice, milk, toast, tea; nausea and want of appetite were present. After this, began to vomit yellowish water; complains of thirst; is in a very irritable, nervous state. 3 P. M., ℞ Bismuth, sub. nit. gr. ij. Morph. gr ss. Morphia to be repeated as he vomits; Turpentine stupe over bowels; S. Quinia in sol. aromat. sulph. acid gr. v. at 4 and 6 P. M. and 2 A.M. 10th; tongue nearly cleared off, not so dry; looks sallow over body; complains of back of head; vomits occasionally, even in taking fluid in small quantity. 9 A. M. Pulse 144; feels hot and thirsty; ℞ Liquor, Ammo. acetat. ζ ij. Spts. Etheris, Nitrici. gutt. x. every 2 hours; milk, ζ vj. brandy ζ j. sweetened to taste with ice every 2 hours. Beef essence ζ ij. every 4 hours. 7½ P. M.; pulse 140 and feeble; slightly delirious; delirium increased, and he died in active delirium 11½ P. M., from Pyæmia.

The weather for several days has been oppressively hot, the thermometer ranging from 90° to 100° Fahrenheit.

Here is a case where the patient had apparently passed beyond any chance of untoward result, cut down by this insidious poison.

AMPUTATION OF FOREARM.—Robert Walker, aged 26, of Co. F, 71st Pa., always healthy and robust, but of rather intemperate habits, received gun-shot wound of left wrist, at battle of White Oaks, June 30th, 1862, the ball entering upper part of wrist, apparently over os magnum, and passing obliquely forwards and downwards, coming out near articulation of metacarpal bone of thumb with wrist; the point of entrance at the time of reception at this hospital, July 7th, being the larger wound.

July 7.—The arm was irrigated with cold water, and it seemed in a fair way to make a good recovery up to the 14th, when he began to complain of pain, and some swelling became apparent; could feel some roughness on introducing the probe.

July 17.—Dr. Coolidge cut down to and removed the os magnum trapezium, uniform, head of third metacarpal bone, head of second metacarpal and sawed off the shaft of second metacarpal for $\frac{3}{4}$ of an inch to get rid of the roughened end. Wound stuffed with lint, and cold water applied. Had bad hiccough in the night; says he is subject to them. \mathcal{R} . Morph. gr $\frac{3}{4}$, whiskey \mathcal{Z} j.

July 18.—Felt more comfortable; tongue covered with yellowish fur; pulse 98; cold water applied to arm; Sulph. Morph. gr. ss. at night; hand swelling some; looks pale, and edges of cut look dark and unpromising; considerable unpleasant smell; lint not removed; dressed, ung. resinæ, \mathcal{R} , Sulph. Quinia gr. j, pulv. Opii. gr. ss. every $2\frac{1}{2}$ hours; good diet; Whiskey \mathcal{Z} j, morning and afternoon; slightly delirious Sunday.

July 20.—Hiccough returned some more this morning; \mathcal{R} pulv. Opii. grs. v. Ammo Carb. ij \mathcal{Z} Ft chart No x; 1 every 2 hours, alternating with 1 table spoonful of the following: \mathcal{R} , Spirits Vini Gallici \mathcal{Z} vj, Aqua pur \mathcal{Z} ijj; beef essence every third interval of brandy; for hiccough \mathcal{R} , Sulph Etheris comp. \mathcal{Z} j Ammon Aromat gutt x, Morph. gr. $\frac{1}{4}$ every 3 hours. On examining the under part of the arm this morning; found a thick round collection of coagulated blood near the radial artery, above radio carpal articulation, aneurism suspected; the clot was removed, when it began to bleed pretty freely; restrained it by pressing the brachial for a few moments; compression continued for half an hour when it was discontinued, and watched closely. After 2 hours it commenced bleeding again; restrained by compression; pulse 4 P. M. 156; at 5 P. M Dr. Coolidge saw him and on consultation decided to amputate at the upper third of fore-arm. Present, Dr. Charles Bigelow, A. Asst. Surgeon U. S. A, Medical Inspector

Coolidge, Drs. Butler and Keunon, House Surgeons. Patient under ether; circular operation; 4 arteries tied; flaps left open a few moments to guard against hemorrhage as there was some inflammation in the arm up to the point of incision; 6 sutures applied; adhesive plaster and bandage to support stump; patient behaved very well under the effects of the ether; much better than at last operation; after operation \mathbb{R} Tr. Opii. m. xl.

July 21.—Patient restless; mutters some; tongue rather thick and coated; pulse 100 and not so full.

PATHOLOGICAL CONDITION.—Found diffused aneurism coming from radial artery near articulation of wrist, the blood having diffused itself into the muscular tissue about the fascia of the wrist and hand. The first row of carpal bones perfect, and trapezoid of second row; there was fracture of third metacarpal bone near its articulation with unciform obliquely upwards and the piece remaining attached; wound looking badly and having a peculiar bad smell.

Treatment; whiskey \mathbb{Z} j every 2 hours, beef tea \mathbb{Z} iv every 4 hours; at night whiskey \mathbb{Z} j every 3 hours, to take S. Ether comp. \mathbb{Z} j Aromat. Spt. Ammo gutt x Sulph. Morph gr $\frac{1}{4}$ every 3 hours for hiccough (Typhoid symptoms apparent.)

22d.—Treatment continued to 26th, when Tr. Valerian was substituted for the hiccough and with advantage, a few drachm doses effectually controlling it. The ammonia and morphia only restraining it for a short time.

27th.—Quinia grs. iij, pulv. Ipecac gr. $\frac{1}{4}$, every 4 hours, whisky \mathbb{Z} j every 3 hours; chicken broth; eats some at each regular meal.

29th.—Treatment continued, oil terebinthe \mathbb{Z} iss, Sac alba Acacia pulv. q. s, aqua menth \mathbb{Z} i, teaspoonful every 2 $\frac{1}{2}$ hours. Bed-sores noticed this forenoon over sacrum and on left nates; cataplasm, Lini and Carbon. Eats eggs, chicken, milk, etc., at nearly every meal.

August 2d.—Removed slough from bed-sores, Inject cupri. sulph. gr. ij, wash the back with tannin gr. v, aqua \mathbb{Z} j, Spts. Vini Gallici \mathbb{Z} i, every 2 hours; general treatment continued, but he gradually failed, and died 12 $\frac{1}{2}$ o'clock August 10th, The weather for two days previous was very hot—thermometer ranging from 90° to 100° Fahrenheit.

The discussion on hydrophobia at the Academy of Medicine has resulted in the appointment of a rabies committee, charged with the duty of investigating prophylactic measures, and endeavoring to procure the extinction of this scourge of the canine race.

CORRESPONDENCE.

SPONTANEOUS SALIVATION AGAIN.

Editor Medical and Surgical Journal :

The criticism of "Medicus" in the last Journal is written with so much apparent friendliness toward myself, that I can have no hesitation in accepting the writer's disclaimer of any intended personality, and hope to reply in the same spirit.

I am sorry he should have marred his article by the introduction of any slur upon the Medical Staff of the Army as a body; it is unworthy an appearance in so courteous an article. I shall enter into no defence of medical officers, as I do not consider it necessary; the bad ones I have no wish to shield, and the good ones do not need it.

"Medicus" criticises my article for not giving more detailed statements of the cases referred to, and hence assumes to doubt my memory, or my diagnosis, or both. Now in reply to this I can only say, that, during more than six months that I was in charge of the Regiment, I do not remember a case of ptyalism either with, or without mercury, except the few cases named, which all occurred in one camp, within a short time.— This circumstance served to fix my attention upon the subject, and led me to seek for some cause for the occurrence. As I was as certain as I could well be that some of my patients had taken no mercury, I was induced to believe some other agency was at work in these men. I expressly stated that none of them were otherwise healthy, all had more or less derangement of the digestive organs. Since my attention has been called to this subject, I have been told by one of our oldest and most scientific physicians, that he has often observed a similar affection in patients suffering from derangements of the *primæ viæ*, and has been chagrined to find his patients salivated from some cause which he was unable to discover. He should have consulted "Medicus," who would have told him that it "depended upon an excess of acids," and would have quoted Braithwaite to him. "The acids naturally contained in the stomach are the muriatic and the acetic, and a grain or two of calomel or a few grains of blue mass would be sufficient to cause serious salivation, if thus changed into the bi-chloride."

There's a discovery for you! Chemistry, Materia Medica, Physiology and Therapeutics, in one easy lesson.

Can "Medicus" tell me by what process acetic acid can be made to con-

vert a chloride into a bi-chloride? "No other paper has the news." But the best authority we have on the subject,* tells us that the only acid found in the free state in the gastric juice is lactic, though there are found of soluble chlorides about three and one-half parts in the thousand. It is to M. Mialhe that we are indebted for the theory that calomel, and other forms of mercury, are changed in the stomach (by the action of these chlorides) to the bi-chloride, yet he could only succeed in thus transforming one-fiftieth of a given weight of calomel by digesting for twenty-four hours, a much longer time than it usually remains in the stomach.

Again we have the practical fact, taught in the lecture room, and in text books, and observed by nearly all physicians that, of all the mercurials usually administered as medicines corrosive sublimate is most poisonous, but least efficacious in producing salivation.

Most, or all, of our text-books on the the practice of Medicine speak of an idiosyncrasy which forbids the use of mercury, but our learned friend, by a single sweep of the feather end of his pen, dipped in an "excess of acids," banishes them forever from our view.

"Medicus's" system of Statistics is new and ingenious, it ought to have been promulgated to the "Statistical Congress" at Berlin at its late session. If, according to my theory, there were (as he says,) 5,000 cases of "spontaneous salivation" in the army, it is fair to conclude that, according to his, there were a like number afflicted with "an excess of acids." Had'nt somebody better abolish the acids?

I do not know that the precise dates are important, but as they have been alluded to I will say that all these cases occurred in one camp, and previous to August 9th, 1862. Some may have been seen in the latter part of July.

As to the literature of the question, one would conclude from Medicus's remarks that authors confine the disease to pregnant women and teething children. Yet Watson (Principles and Practice of Medicine, p. 529,) says, "Profuse ptyalism sometimes occurs without any obvious cause, and is then said to be *idiopathic* or spontaneous; and this is a circumstance it concerns you to be aware of, both as practitioners and as medical jurists.

* * * But it is certainly of importance that you should be acquainted with the fact that ptyalism sometimes exists as a separate and independent malady." The same author also quotes (*loco citato*) several distin-

* Bernard, quoted by Dalton.

guished authorities to the same effect, one of whom (Dr. Pereira) had seen a dozen cases. Wood and others mention it also.

"Medicus" says somewhat cavalierly, "To detect the difference between mercurial and spontaneous salivation would not, I fancy, be very difficult for an experienced physician."

In the case of "pregnant women and teething children," this is true, I believe; but in the spontaneous salivation under discussion it is not so true. In the former case we have absence of fœtor, a marked symptom, but in regard to the latter, Watson says, we have "The same *tenderness and swelling* of the salivary glands, the same copious *secretion and excretion of saliva*, nay, even the same *fœtor*, or a smell which can scarcely be distinguished from it." I do not believe even "Medicus" could distinguish the mercurial from the non-mercurial affection without knowing the history of the case; I know I could not, and I only claimed to *think* myself right, admitting the possibility of error, while he assumes I am wrong on mere hypothesis.

The "obloquy" to which I referred did not come from Surgeon-General Hammond, but from the

"Blanche, Tray and Sweetheart"

of the newspapers who have recently turned their wrath against General Hammond himself; I am rejoiced to see, however, he has come off triumphant from his trial.

As I do not know "Medicus," (wherein he has the advantage of me) I hope he will not need to be told that I entertain no pique towards him.—Nevertheless, if he will meet me over a dose of the "most effectual," with our respective meerschaums, I shall be pleased, while he is explaining the *modus operandi* of changing a chloride to a bi-chloride by means of acetic acid, to tell him by what process I was enabled to "put mercury out of the question"—if we are not both lost in a cloud of our own raising.

Yours, truly,

JOSEPH A. PETERS.

VELOCITY OF NERVOUS FORCE.—The "Veterinarian" states that by the aid of a chronoscope M. Hirsch has come to the conclusion that nerves transmit their impressions at the rate of thirty-four metres a second. M. Heinholtz estimates the velocity at 190 feet per second, but his experiments were performed on the motor nerves of a frog, and those of M. Hirsch on the sensitive nerves of a man.

MISCELLANEOUS.

TREATMENT OF DIPHTHERIA, FROM CORRESPONDENCE OF THE LONDON LANCET.

To the Editor of the Lancet:

Sir:—I have lately met with five very severe cases of diphtheria, or what was sixty years since, when I was a pupil of Dr. Harper, called angina maligna, or putrid sore-throat. I have always found it highly contagious. It affects the nervous system very early, inducing great prostration of strength and delirium; the countenance very anxious; the throat and fauces being so swollen as to threaten suffocation; the uvula, being elongated, irritates the throat, and gives a constant disposition to vomit, but without effect; the mouth and fauces appear as if boiling water had been poured down the throat, or like raw beef; the tongue covered with a thick whitish fur; a burning heat not only in those parts, but extending to the whole of the chest; and a total inability to swallow anything. Of course the first thing is to prevent suffocation, the next to get the poison out of the system, and repair the mischief it has done.

For a great many years I have found the effervescing saline with nitrate of potash can be swallowed when nothing else can. I have given it every half hour, and ice, if it can be kept in the mouth, and swallowed as it becomes dissolved. If ice cannot be got, I have ordered cold spring water, the volatile liniment to be used externally, and cold vinegar and water rags to be applied to the forehead. Where the skin is hot and the pulse high, I have ordered the body to be well sponged two or three times a day with tepid water, in which a little soda has been dissolved, and had a current of fresh air passed through the room very often, and every means used to prevent the disease spreading. These means I have always found successful, nor do I recollect to have lost one patient.

About thirty-five years since I was sent for to a family, and found one of them dead from suffocation before I got there. The others recovered. As soon as the inflammatory stage is passed, port wine and tonics may be given with advantage. I have generally found that from eight to twelve days after a person has been exposed to the infection, is the time of what may be termed the incubation; but its attack is then sudden. One of my cases was a volunteer, who was at drill on Saturday evening; but on Sunday noon, when I first saw him, he was in a very dangerous state.

I am, Sir, your obedient servant,

WILLIAM JONES, M. D.

To the Editor of the *Lancet* :

Sir:—When a man with sixty years' experience addresses you on any subject—when, moreover, he is able to say that in the treatment of so deadly a disease as diphtheria he has always been successful, and does not recollect having lost a single case—his communication well deserves the attention of the profession. Will Dr. Jones, therefore, pardon a very much younger man than himself asking him a few questions in reference to his letter in *The Lancet* of last date?

Dr. Jones at once assumes the identity of diphtheria and the old putrid sore-throat, and says he has always found it “highly *contagious*.” He further says that he has generally found the period of incubation to be “from eight to twelve days after a person has been exposed to the *infection*.” Now, as it is an important point, will Dr. Jones be good enough to say whether he makes any distinction between contagion and infection? and, if so, whether he considers diphtheria infectious? If it is not asking too much, will he also give us some idea of the kind of evidence on which he bases his opinion? Accepting generally his description of the symptoms and the indications for treatment, might I ask whether he has *never* seen more than an ineffectual effort to vomit in any of his cases? And whether, above all, he has never observed the characteristic membrane from which the disease derives its modern name, and of which he makes no mention? Might I further remind him that a “total inability to swallow anything” is quite incompatible with the administration even of saline draughts, ice, or spring water, and ask if in such cases his only expedient “to prevent suffocation” has been the volatile liniment used externally.

I may add that, although I can boast of no such success with this hateful disease as Dr. Jones speaks of, I am quite satisfied of two things which he entirely overlooks, and these are the early administration of wine, etc., even during the “inflammatory stage,” and the value of a local treatment. I have some suspicions, however, that Dr. Jones' diphtheria and mine and most other people's are somewhat different; but if he will kindly reply to the questions set down above, my suspicions may be removed, and I am sure he will have conferred a great boon on the profession as well as the public if he has found and made known a method of treatment in diphtheria which is “always successful,” or as nearly so as we can hope for in medicine

I am, Sir, yours, &c.,

SCEPTICUS.

October, 1863.

To the Editor of the Lancet:

Sir:—In your impression of a late issue appears a letter from Dr. Jones, who states that sixty years ago he saw cases of diphtheria treated by salines, etc. He also says he does not remember having lost a single case.

I, for one, beg most respectfully to doubt the truth of this assertion. In his account of the train of symptoms, he has certainly omitted some of the most prominent ones. His treatment is ridiculous for such a formidable disease. I think nearly all the profession agree that stimulants administered early constitutes the principal part of the treatment. Dr. Jones, moreover, does not name the different preparations containing chlorine. I am sure, after a very great experience in the treatment of this complaint, chlorine in some form or other, both internally and as gargles, is the sheet-anchor in the shape of medicines.

I am, Sir, yours, &c.

M D.

October, 1863.

ROYAL NATIONAL LIFE-BOAT INSTITUTION.

DIRECTIONS FOR RESTORING THE APPARENTLY DROWNED.

From London Lancet.

The leading principles of the following Instructions are those of the late Dr. Marshall Hall, for the Restoration of the apparently Dead from Drowning, and are the results of the latest discoveries:

Send immediately for medical assistance, blankets, and dry clothing; but proceed to treat the patient *instantly* on the spot, in the open air, whether on shore or afloat.

The points to be aimed at are, *first* and *immediately*, the restoration of breathing and the prevention of any further diminution of the warmth of the body; and secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore breathing, and to prevent any further diminution of the warmth of the body, must be commenced immediately and energetically, and must be persevered in for several hours, or until a medical man has pronounced that life is extinct. Efforts to promote warmth and circulation must be deferred until natural breathing has been restored.

TO RESTORE BREATHING—TO CLEAR THE THROAT. 1—Place the patient on the floor or ground; with his face downwards, and one of his arms under the forehead, in which position all fluids will escape by the mouth, and the tongue itself will fall forward, leaving the entrance into the wind-pipe free. Assist this operation by wiping and cleansing the mouth.

2—If satisfactory breathing commences, adopt the treatment described on the next page to promote warmth and natural breathing. If there be only slight breathing, or no breathing, or if it fail, then

To EXCITE BREATHING. 3—Turn the patient well and instantly on the side and—

4—Excite the nostrils with snuff, hartshorn, and smelling salts, or tickle the throat with a feather, etc., if they are at hand. Rub the chest and face warm, and dash cold water on it.

5—If there be no success, lose not a moment, but instantly

To IMITATE BREATHING. 6—Replace the patient on the face, raising and supporting the chest well on a folded coat or other article of dress.

7—Turn the body very gently on the side and a little beyond, and then briskly on the face, back again; repeating these measures deliberately, efficiently and perseveringly about fifteen times in the minute, or once every four seconds, occasionally varying the side: (By placing the patient on the chest, the weight of the body forces the air out; when turned on the side, this pressure is removed, and the air enters the chest.)

8—On each occasion that the body is replaced on the face, make uniform but efficient pressure, with brisk movement, on the back between and below the shoulder-blades or bones on each side, removing the pressure immediately before turning the body on the side: (The first measure increases the expiration, the second commences inspiration.)

* * * The result is respiration or natural breathing; and if not too late, life.

CAUTIONS. 1—Be particularly careful to prevent persons crowding round the body.

2—Avoid all rough usage and turning the body on the back.

3—Under no circumstances hold the body up by the feet.

TO PREVENT ANY FURTHER DIMINUTION OF WARMTH.—These efforts must be made very cautiously, and must not be such as to promote *warmth* and *circulation rapidly*; for if circulation is induced before breathing has been restored, the life of the patient will be endangered. No other effect, therefore, should be sought from them than the prevention of evaporation, and its result, the diminution of the warmth of the body.

1—Expose the face, neck, and chest, except in severe weather, (such as heavy rain, frost, or snow.)

2—Dry the face, neck, and chest as soon as possible with handkerchiefs or anything at hand; and then dry the hands and feet.

3—As soon as a blanket or other covering can be obtained, strip the body; but if no covering can be immediately procured, take dry clothing from the bystanders, dry and reclothe the body, taking care not to interfere with the efforts to restore breathing.

CAUTIONS. 1—Do *not* roll the body on casks.

2—Do *not* rub the body with salt or spirits.

3—Do *not* inject tobacco-smoke or infusion of tobacco.

4—Do *not* place the patient in a warm bath.

EDITORIAL DEPARTMENT.

ATTENDANCE OF STUDENTS AT MEDICAL SCHOOLS.

We notice by our exchanges that most of our Medical Colleges are favored by greatly increased numbers of Students. This is due, in some degree, to the great demand for medical men in the army, and the readiness with which the young men of the profession find remunerative employment.

It is sometimes objected to by the army Surgeons that they are young and inexperienced. This is true in good degree; all the active young men, not fully employed in private practice, at once turned their attention to the army, and found a ready opening; and others who had given attention to various callings, to the neglect of professional pursuits, have also obtained place and commenced anew the practice of Medicine. The *young* Surgeons have proved most valuable to the service in many respects. It has been found that those advanced to over forty years of age have not often been able to endure the hardships of military life; while young men, fresh from College, have rarely failed to make efficient and capable medical officers.

The army is offering to recent graduates in medicine opportunities worthy their attention, and we have no doubt that many of the graduates of the approaching commencements in the Medical Colleges will obtain pleasant positions in the army. Provision has been made, and especial pains taken that young men who graduate, shall be fully instructed in military practice, so that it is probable that those who hereafter enter the army will be better qualified to enter at once upon the duties of the service.— This great increase of attendance is suggestive of many things both to the Students themselves as well as to the Boards of Instruction. To the former it indicates that though the field is large, they must enter heartily and

energetically in the strife for excellence or be lost in obscurity; since active competition will meet them in every pathway of professional ambition.—The latter might perhaps regard it as a favorable time to introduce improvements in their systems of instruction, which have long been urged upon them and regarded important by distinguished teachers and members of the profession.

Reforms in Medical education have been suggested and urged for a series of years. The American Medical Association was mainly organized for the promotion of this object, and something has been accomplished through its agency. Since its organization most Medical Colleges have attempted reforms; have extended their lecture terms, increased the number of their Professorships, instituted daily examinations of their classes, incorporated Hospital Clinical instructions, both in Medicine and in Surgery, made more ample provisions for teaching Physiology, Pathological Anatomy, Pharmacy, Medical Jurisprudence, &c. Notwithstanding this has been accomplished, there are remaining improvements which can hardly be said to have been attempted.

We have not yet heard from the Medical College where preliminary examinations are made and thorough English education insisted upon; though we have seen in the annual announcements that the terms of graduation are, "twenty-one years of age; three years study with a regular practitioner of medicine, and an adequate knowledge of the *Latin* language; attendance upon two full courses of Medical Lectures, the last at this Institution, and satisfactory examination before the Faculty and Curators."

There are other improvements which have been long urged, but not attempted by our schools. Possibly the time when such advancements as have been suggested, could be safely inaugurated, has never appeared; we are not disposed to presume it ever has, since the attempt has not been made, though heartily desired. A great deal of priority and superiority in reforms, are claimed in introductory addresses before freshman classes and friends of favorite institutions, but after all, a vast amount yet remains to be accomplished, even granting all that we have seen claimed.

Buffalo College has published nothing in this line of "achievements," and we presume it would not be willing to have us speak for it; but if we do not say Buffalo College, and place under it whatever we think has any connection with it, some one may think we *mean* Buffalo while we avoid *saying* anything about it.

If our friends knew us pretty well, they would understand that we never mean what we do not say, and that we propose to say, in such matters, what we mean and honestly believe to be true.

The Buffalo Medical College, has gradually increased in all the elements of true prosperity, and has never seen a time in its history when it had greater reason for congratulation than the present; never a time when it could so well afford to maintain becoming modesty. It has no occasion for boasting of its success, and we presume is sensible that the summit of excellence is not yet fully attained. While it has been forward in originating and early in adopting every improvement, it is probably conscious of defects, and looking forward to the time when a higher standard of attainment shall be reached.

Young men who hold a Diploma from its Faculty possess good evidence of thorough primary qualification in all the branches of medical knowledge; while opportunity has not been wanting for them to become practically familiar with the practice of Medicine and Surgery. We hope and expect to see the time when the standard of admittance and graduation in the University of Buffalo will not only equal, but excel, that of sister institutions.

Young men who are to commence the study of medicine should possess at least an adequate knowledge of the *English* language; but this pre-requisite we are sorry to say is not insisted upon. The archives of all our medical schools furnish evidences of this, and of the importance of more thorough preliminary education.

We do not mean to say that there are not physicians who, with limited early opportunities, have attained to distinction in the profession, and far out-done many who were favored with classical culture; but they were men far above the average, in natural strength and vigor of intellect, and have pursued their objects with a devotion and perseverance to be found only with few among the many; they have overcome obstacles and surmounted difficulties which would have overwhelmed and discouraged less resolute and determined men.

While suggesting this topic for the consideration of those interested, we would yet say that we believe the occasion for reform is gradually lessening. Medical students are better educated before entering the schools than formerly; they are seeing more and more the importance of thorough qualification both previous to, and after commencing their professional course of study; they are devoting themselves more exclusively to professional attainment, and making their period of pupilage more productive of positive

knowledge. They do not, as formerly, look forward to years of waiting for occasion to put in practice what they have learned, but expect to be immediately employed in active labor. A more favorable time to enter the profession of Medicine was never known; and we are glad to believe that more thoroughly qualified, energetic and capable young men were never seeking to enter it.

RETREAT FOR INTEMPERATE WOMEN.

The subject of the following communication is one the importance of which can hardly be exaggerated. The unfortunate victims of the vice to which it refers are among the most pitiable objects to which our professional sympathies are ever directed. The experience of nearly every physician must have furnished him with cases of this kind of the most embarrassing character. Household restraints and home influence are little better than worthless in these cases, and the prospect of an asylum where they can be received and tenderly cared for will bring an indescribable relief to many. We have no means of knowing how extensive a provision is required for the purpose in our own State, but we hail the commencement of this movement with the greatest satisfaction, and hope it may meet with the signal success which it deserves.

RETREAT FOR INTEMPERATE WOMEN.—The necessity of making some special provision for the victims of intemperance, partly for the benefit of the individual and partly for that of the community, is beginning to attract general attention, and the subject in its various bearings has been brought before the Massachusetts State Board of Commissioners on Insanity, as among the matters deserving their serious consideration.

Aside from the question of establishing a public asylum for inebriates, the advantages of which would be more naturally confined to the middle and lower classes, it appears that there is as yet in New England no place of refuge for intemperate women of good social position except the public and private lunatic asylums, which are unfitted, in the almost unanimous opinion of their superintendents, for the reception of such cases; at many asylums, indeed, admittance being refused to them, alike in justice to the other patients and to the inebriates themselves. The number of applications at the New York General Asylum at Binghamton far exceeds the possible capacity of the building, while the Washingtonian Home in Boston, whose influence for good is already so extended, is for men alone.

In accordance with this apparent want, arrangements have been made by which there will be afforded to a limited number of self-indulgent women, whether addicted to opiates or stimulants, the necessary elements for their cure, namely: voluntary seclusion from temptation, the strictest privacy if desired, a location in the immediate vicinity of this city and yet unrivalled for purity of atmosphere and beauty of scenery. The house selected for the purpose is one constructed with especial reference to a comfortable residence during the winter; attendants will be provided of unexceptionable character, and but few patients will at present be received.—For further information application may be made to the Secretary of the

Commission, Dr. H. R. Storer, at Hotel Pelham, Boston; the other members of the Board being Hon. Josiah Quincy, jr., of Boston, and Dr. Alfred Hitchcock, of the Governor's Council, of Fitchburg. It may be stated that the step now taken has the cordial approval and endorsement of His Excellency Governor Andrew, Judge Hoar of the Supreme Court, Drs. James Jackson, Jacob Bigelow, John Jeffries, H. I. Bowditch, J. Mason Warren, Tyler of the Asylum at Somerville, Jarvis of Dorchester, and other of our more prominent citizens.—*Boston Med. and Surg. Journal.*

This subject appears to be attracting the attention of philanthropists who are encouraged by the results which have already been obtained in this direction. The number of women, in good social position, who are injuriously addicted to opiates or stimulants is very much greater than would be supposed even by the most observing and thoroughly familiar, and any measure which promises to effect reform with this unfortunate class of sufferers should be hailed with joy. It is a question of some moment what effects are to be produced upon the habits of patients by the extensive use of stimulants and opiates in the treatment of disease. Time will show how important that these articles be discontinued as soon as the necessity for their employment is removed. It is not improbable that the injurious use of these articles is on the increase, and that the victims will require greatly enlarged facilities for their proper care, and cure. We hope the Institution near Boston will prove successful in the radical reform of the "limited number" who will voluntarily seek seclusion from temptation. Perhaps we may be permitted to say in this connection that in Western New York The Providence Insane Asylum affords the seclusion from temptation and the privacy desired, while its home-like attractions are unsurpassed in any Institution either public or private. While we say this of the private Asylum here, we do not mean to intimate that Insane Asylums are generally well adapted to the treatment of these cases. Certainly the larger and more public institutions are not.

PRESENTATION.

An interesting affair took place at the Medical University on Tuesday, in which Professor Sanford Eastman was the recipient of a fine horse, from the class. Death had recently deprived him of that indispensable assistant in professional duties, and afforded the students an opportunity of manifesting their appreciation of, and devotion to, their tutor, than whom the medical profession has no higher ornament, or society a more noble and courteous

gentleman. It was a pleasant surprise to the Professor, who was unaware of any such intention on the part of his pupils until the close of his usual anatomical lecture, when it was made known in the following short and impressive speech from Mr. Wm. Pitt Willis, of the class :

PROFESSOR EASTMAN:—In behalf of the students of this University, whom I have the honor to represent, I have been delegated to communicate a small testimony of their regard for you as a faithful friend, a thorough teacher, and above all as a christian physician. We deem it a pleasure to avail ourselves of this rare opportunity of conveying to you in a tangible form the evidence of our profound gratitude. You have labored both in season and out of season to prepare us for the honorable performance of the difficult and responsible duties of the medical profession. Sir, you will please accept this humble token, and with it our unanimous desire that, with health and vigor unimpaired, with your years renewed as the eagle, you may long continue your high prerogative to hold a professional chair in this college, and impart wisdom to each succeeding class whose good fortune it shall be to sit at your feet.

To which the Dean replied :

Gentlemen and Students of the University of Buffalo:—I am entirely taken by surprise, and cannot find words adequate to express my gratitude for this expression of your favor and esteem. You are all aware that for a year past my health has suffered much, and it was with many apprehensions that I should be unable to do justice to you that the present course of lectures was begun: But I thank God that notwithstanding my labors, my health has been, and is still, improving. If my efforts have been crowned with success I can but say, I have done my duty. Let me say for the class, that it has never been my pleasure to meet a class in this college which so far won and merited my esteem for its gentlemanly deportment, intelligence and attention.

At the close, three hearty cheers for Professor Eastman awakened the echoes of the old college halls. The occasion will long be remembered by all who were present.

E. H. T.

SMALL POX IN WASHINGTON.

(Extract from a private letter.)

This city is full of small Pox. I presume you have seen in the papers that the President has had varioloid. It is not wonderful that it should invade high places, when such reckless neglect is practiced as occurs in this city. No precautions are used. If any person gets disease he is kept at home, and no card of warning put up, or precaution used, to prevent its spread.

I may overstate, but it has been said to me that there are 400 cases of this loathsome disease now in the city. The contrabands are a fruitful source of propagation; being poor, they invariably wear their old clothes after recovery, and thus continue to spread the disease.

BUFFALO DISPENSARY APPOINTMENTS FOR 1864.

| | |
|--|-----------|
| Dr. J. N. Brown, Physician..... | 1st Ward. |
| “ P. H. Strong, “ | 2d “ |
| “ J. Boardman, “ | 3d “ |
| “ J. R. Lathrop, “ | 4th “ |
| “ J. Hauenstein, “ | 5th “ |
| “ J. B. Samo, “ | 6th “ |
| “ S. Eastman, “ | 8th “ |
| “ C. C. Wyckoff, “ | 9th “ |
| “ J. Whittaker, “ | 10th “ |
| “ L. P. Dayton, “ | 11th “ |
| “ Henry Nichell, “ | 12th “ |
| DR. T. F. ROCHESTER, and } “ G. N. BURWELL, } <i>Consulting Physicians.</i> | |
| DR. J. P. WHITE, and } “ J. F. MINER, } <i>Consulting Surgeons.</i> | |
| W. H. PEABODY, <i>Apothecary.</i> | |

S. N. CALLENDER, *Treasurer.*JASON SEXTON, *President.*ISAAC D. WHITE, *Secretary.*F. P. WOOD, *Vice President.*

BOOKS REVIEWED.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. WHARTON JONES, F. R. S., *Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, etc., with one hundred and seventeen Illustrations. Third and Revised American Edition, with additions from the Second London Edition. Philadelphia: BLANCHARD & LEA, 1863.*

There is no department of Medicine or Surgery which has undergone more changes and been enriched with greater improvements during the last ten years than that of Ophthalmic Medicine and Surgery. Our knowledge of the pathology of diseases of the eye has been greatly increased, particularly of the deeply seated structures, while at the same time our therapeutics has received thorough revision and improvement, and operative procedures have been instituted by which many ophthalmic affections can be relieved. This field of practice has been cultivated with great ability, and results have been obtained which do honor to the laborers who have been chiefly instrumental in the discovery of new truths, and application of improved means of relief.

From the examination of this book, which we have been able to make, we are satisfied that it is fully up to the present advanced state of ophthalmic knowledge, and that nothing practically useful has been omitted which

could be possibly embraced in a work of 500 pages, which is designed for the guide of the practitioner, available at the bed-side of the patient, and in the operating room.

The instruction given upon the uses of the ophthalmoscope, and the illustrations of the diseases which this instrument is capable of showing constitute a valuable chapter.

Within the last few years the operation of iridectomy, or excising a segment of the iris for the relief of glaucoma, or to relieve intra ocular pressure has attracted a great deal of attention, and much has been written upon the subject. It may be interesting to quote a few remarks upon this subject since the theory, operation and probable results, are condensed in few words:

“All the leading features of glaucoma are to be attributed—according to the most recent authorities—to excessive tension of the eyeball from a superabundance of fluid within it, which distends the vitreous humor. This fluid—serum—is derived from the choroid, so that glaucoma might be considered a serous choroiditis.

It is held, therefore, that the loss of vision in the condition of early glaucoma is not the result of any change primarily occurring in the retina, but of a pressure of the vessels, and that by the removal of this pressure, the retina will regain its power, just as by compression within the head the brain might lose its functions for a time, and regain them when the pressure was removed.

In accordance with these views, Graefe excised a portion of the iris in a particular way, and stated that there was almost from the first, a diminution of pressure, followed by an abatement of the symptoms, and an improvement of the vision, even when under great pressure, it had been abolished for a time.

This operation of Graefe, called iridectomy, consists in excising a segment of the iris in its whole breadth, from the pupillary margin outwards to its insertion through an opening of corresponding size, made at the extreme edge of the anterior chamber. By the removal of the iris in this manner, the pupil is at once enlarged up to the corneal incision, which forms, as it were, the base of a colobonia iridis, and the edge of the lens, with the suspensory ligament, stretching in front of the vitreous humor, and the ciliary processes is exposed to view. The little blood which oozes into the anterior chamber from the cut edges or surface of the iris should be at once pressed out or removed with a scoop. The after-treatment is very simple. A light

compress may be applied for a short time, as a precaution against hæmorrhage. This may be replaced after an hour or two, by a piece of wet rag. The room should be shaded. At first, the aqueous humor trickles away, but the corneal wound soon heals, and the anterior chamber fills again. The hardness of the eye ball is at once lessened, and a natural tension is gradually attained; the pain abates, and soon altogether disappears. As regards vision, when the proper cases are selected for the operation, it is claimed by many surgeons, to be completely restored.

We believe, ourselves, that the operation of iridectomy is of no use in chronic glaucoma, while in acute glaucoma, good effects do result from the operation; notwithstanding this, we are persuaded that the excision of the iris is a proceeding unnecessarily superadded to a means long known as calculated to give relief, and to which alone the benefit obtained is to be attributed, namely: the removal of the tension by evacuation of the superabundant fluid in the eye."

Division of the ciliary muscle, as proposed by Mr. Hancock, is also noticed in this connection, but we have not space to devote to this subject, and must close our notice of this work, which we regard as especially valuable to the general practitioner. The numerous illustrations which it contains are indispensable in assisting to form correct diagnosis, or in illustrating the manner of making operations. The book, as a guide and reference, is invaluable, and will, we have no doubt, in its present improved edition, more than ever, receive confidence, and be regarded as standard authority, upon the subjects it treats.

Mental Hygiene—By J. RAY, M. D. Boston: TICKNOR & FIELDS, 1863.

The work before us is divided into five chapters, on Mental Hygiene, as affected by Cerebral Conditions—by Physical Influences—by Mental Conditions and Influences—by the Practices of the Times, and by Tendency to Disease.

The first chapter discusses the relations of the mind to the brain. He says:

"As the music is in the player, not in the instrument he uses, so is the brain the material organ by which the mind is enabled to exercise its powers. On the other hand, among men whose views on philosophical subjects are determined more by the testimony of sense than any subtle deductions of reason, there are some who regard the mind as entirely a function of the brain. Without the brain there is, and there can be, no mind. This question, as already hinted, derives its importance chiefly from the theolog-

ical bearings. If the mind is an original, independent principle, having only an incidental connection with the body, then, it is supposed, it may, and indeed must exist after the dissolution of the body. But, if it is merely a phenomenon resulting from the play of organic elements, it must necessarily perish with the organism from which it sprung. It is not quite certain that either of these views will warrant the inference that is drawn from it. Although we may admit the independent existence of the mind, there must be other reasons, I apprehend, for believing it to be immortal; and, though we admit that the mind is a product of vital movements, it does not necessarily follow that there can be no conscious existence after the component parts of the animal mechanism are dispersed. We are not to measure the resources of Almighty Power by our own feeble conceptions, nor to suppose that a fact is impossible merely because some of its conditions are beyond our comprehension."

Dr. Ray does not believe in the indefinite progressive development of any special traits, and thinks the world will look in vain for any higher types of mind than it has already seen, yet he does not underrate the value of studying the laws of hereditary transmission, and following their teachings. He remarks as follows:

"Now, what we seek for as the proper result and aim of mental cultivation is, not a particular endowment that may be transmitted from one generation to another, but a large range of capacity, great facility of achievement, and great power of endurance. That these qualities may be rendered permanent by a faithful compliance with the laws of breeding, there can scarcely be a doubt; but this, it must be observed, is something very far short of indefinite development. We have no reason to suppose that, by any possible scheme of training and breeding, finer specimens of the race can be obtained than Pericles and Alcibiades; but we are warranted in believing that by this means individuals of distinguished general excellence would be far more common. If it be true, then, that, in the various stages of its progress, the mind, like the body, is under the government of inflexible laws, it follows that these laws should be thoroughly understood, in order to obtain the highest possible degree of mental efficiency. To show exactly what they are, to exhibit the consequences that flow from obeying or disobeying them, is the essential object of mental Hygiene, which may be defined as the art of preserving the health of the mind against all the incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements. The management of the bodily powers in regard to exercise, rest, food, clothing and climate; the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, the discipline of the intellect—all come within the province of mental hygiene."

Upon the subject of intermarriage between blood relations, he says:

"A not unfrequent cause of mental deterioration, is the intermarriage of blood relations. The great physiological law, that like produces like, depends upon this condition, that the parents shall not be nearly allied by blood. In the domestic animals, neglect of this condition is soon followed by deteriora-

tion, and if continued through several generations, the original good qualities of the breed disappear altogether. In man this effect is less obvious, parties often escaping any apparent penalty, even when the law is violated in two successive generations. But it is common enough and severe enough to render infractions of the law fearfully hazardous. Its existence has been denied on the strength of some limited statistics, but the stern facts on the subject are too numerous to be accidental, and it must be our own fault if we do not heed the lesson which they teach. Because the physical qualities of the parents are occasionally too prominent and too well established to be materially injured by a single infringement of the law, and the first impression is not enforced and reduplicated by repetitions of the infringement, men are disposed to believe that they have committed no transgression!

"Within a few years past, the physiological effects upon the offspring or marriages in consanguinity, have been carefully investigated by Devay, Perrin, Menière, and others, in France, and Bemiss and Howe in this country. These inquiries show, among these effects, an extraordinary proportion of disease and imperfection in the shape of insanity, idiocy, epilepsy, blindness, deaf-mutism and sterility. From 24 to 30 per cent. of all the pupils in the institutions of France for deaf mutes are the offspring of such marriages, and many of them left a deaf mute brother or sister at home. Dr. Howe collected the statistics of seventeen marriages in consanguinity, from which it appears that of the ninety-five children which proceeded from them, forty-four were idiots, twelve scrofulous and delicate, one deaf, and one a dwarf. Dr. Bemiss has collected the results of eight hundred and thirty-three consanguineous marriages, reported by himself and others, from which proceeded thirty nine hundred and forty-two children. Of these, one hundred and forty-five were deaf mutes, eighty-five blind, three hundred and eight idiotic, thirty-eight insane, sixty epileptic, three hundred scrofulous, ninety-eight deformed, and one hundred defective in one way or another."

This work is written in fine style, and good taste, and is designed for popular use, and contains suggestions quite as much for the benefit of the masses as for the professional reader. We hope it may receive general attention, for it tells us many things, some for us to do, and some to leave undone, that we may enjoy the highest degree of mental health.

BOOKS RECEIVED.

Transactions of the Medical Society of the State of New York, for the year 1863, from J. D. WILLARD, Secretary.

Transactions of the Ohio State Medical Society, 1863, EDWARD B. STEVENS, Secretary.

Regimental Surgeons of the State of New York in the War of the Rebellion 1861-3, By SYLVESTER D. WILLARD, M. D., of Albany.

BU F F A L O

Medical and Surgical Journal.

VOL. III.

JANUARY, 1864.

NO. 6.

ART. I.—*A Report upon the latest Achievements in the Sphere of Epilepsy, from the German of Dr. Finkelburg, of the University of Bonn, Germany. Translated, and with notes by H. LASSING, M. D., Physician and Surgeon to the Eastern Dispensary, New York:—Concluded.*

For the Buffalo Medical and Surgical Journal.

After the important precedent set by these two investigators, and probably somewhat more guided by the results of their labors than it would seem is willingly acknowledged, appeared the researches of Schroeder Van der Kolk upon the medulla oblongata, which again formed an epoch in the progress of research upon our theme. (Schröder van der Kolk, J. L. C., *Bau und Funktionen d. medulla spinalis und oblongata und naechste Ursache und rationelle Behandlung der Epilepsie. Aus d. Hollaendisehen v. Dr. F. W. Theile. Braunschweig, 1859.*) This author proclaimed the medulla oblongata to be the seat of epilepsy, eclampsia, chorea, tetanus, globus hystericus and hydrophobia, and with a hitherto unattained precision proved the origin and anastomosis of all those motor nerves, which in the epileptic attack play the main part—i. e. facialis, accessorius, port min., trigemini, hypoglossus—as well as their organic connections with the ganglionous central points of certain lines of sensational nerves in the medulla oblongata. Besides this clearer solution of the physiological, foundational relations the same investigator brings to light an entirely new pathological, anatomical state in the medulla oblongata of epileptic patients. The observation with the naked eye of the redness of the fourth ventricle and the adjoining marrow led him to make a closer microscopical examination of the same which extended itself over fourteen inveterate cases of epilepsy.

The results of these examinations culminated in proving the existence of considerable measurable capillary ectasis with thickening of the coats and pithy albuminous infiltration of the surrounding medullary substance. In those cases who during the attack regularly bit their tongue, these changes were mostly found in the course of the hypoglossal nerve and the olivaris, in the others more or less exclusively in the course of the vagus, a difference which seemed of such importance to the observer as to lead him to divide epilepsy according to the fact whether or not it was accompanied by biting of the tongue. The degree of capillary enlargement compared with the normal medulla oblongata varied in these fourteen cases from two-fold to the four-fold. In conjunction with this he found enlargement of the vessels in the brain albuminous intercellular fluid and atrophied ganglion-cells—particularly in the eorticular substance—with accompanying idiocy and imbecility.

It is not a little to the credit of Schröder v. der K., to draw the inference, of his discoveries with a most delicate modesty, although he could not completely withstand the temptation of a one-sided explanation. In the enlargement of the vessels he does not see a cause, but an effect of epilepsy which nevertheless in its turn, acting reflex, increases the obstinacy of the disease and enlarges the extent of sympathetic organic complications. He holds that to produce epilepsy it does not require any disorganization, no decisive change of tissue, only a heightened excitability, which is mostly accompanied by a re-inforced flow of blood and an increased change of substance. The morbid excitement can show itself upon the medulla oblongata if arising from the peripheral parts of the body through the spinal nerves, if from the bowels through the vagus or sympatheticus. (Kussmaul observed in a rabbit, whose carotis had been ligated, that every galvanic irritation upon the upper severed part of the sympatheticus produced convulsions, which upon the intermission of the irritation, ceased.) Again, a morbid admixture of blood can produce the highest state of excitement in the ganglion cells of the reflex organ. The loss of sensation Schröder v. der K., after the precedent of Kussmaul and Tenner, with probability ascribes as a consequence of spasmodic contraction of the cerebral arteries, but again in opposition to these observers claims an active arterial congestion in the medulla oblongata itself, at the beginning of the attack. This theory lacks a sufficient foundation, as the appearances in life he describes as well as the capillary ectasis discovered in the cadaver can be fully accounted for by the much more probable cephalic venous congestion exist-

ing during the second and third stage of every well developed epileptic paroxysm.

The rational treatment of epilepsy according to this writer requires: (a) Reduction of the heightened excitability of the medulla oblongata, and if necessary decrease of the strong sanguinous afflux to these parts. (b) If possible removal of the remote cause which through their influence upon the medulla oblongata sustain the excitability to the pathological reflex action. Among these remote causes, he considers as the most frequent, an increased nervous activity of the bowels or generative organs, after this excitement of the brain of a psychical nature. The most of the so-called specifics, such as the flor. zinci, lunar caustic, artmesia, and others seem to act by reducing the heightened excitability of the bowels. A direct action upon the medulla oblongata they do not have, and therefore this must at the same time be acted upon and its heightened excitability be allayed by *dispersive* remedies, as by seton in the nape of the neck, incisions in the scalp; in plethoric patients leeches, or cupping. In inveterate cases of epilepsy with idiocy, he met with success—in *one* case with radical cure (?)—from the repeated application of the actual cautery to the scalp.

Although the investigators already named, succeeded in elucidating the biological results of epilepsy and its histological products, that is the middle and end link of the pathological change, the desiderata most important to physicians, the elucidation of the commencing link of this chain, remained unattained. The task remained to grasp that unknown something, which was anatomically as well as chemically invulnerable, and yet must form the real and specific basis of epilepsy, and according to its appropriate relations limit it within the smallest lines possible, and thereby approximate to an understanding of its real nature. This object which in England was pre-eminently pursued by Sieveking, in Germany after Romberg's precedent seemed to animate Wittmaack, who sought by a scientific treatise, to penetrate the theories upon neuroses, and to vindicate its original separation as against the influence upon it by modern pathological anatomy and chemistry, (Wittmaack Theod. The intermittent, chronic cerebral spasms, epilepsia, pathologically and therapeutically viewed.) The real pathological foundation, the primogenetical basis of the epileptic affection, he says, is unmistakably owing to peculiar constitutional disposition of the nervous system. The postulate of such a specific disposition arises from the fact that all the causes of epilepsy usually enumerated, appear much oftener *without* than *with* it, and their influence or power is that *opportune* mo-

ment, which find a chance of invasion only where the balance of the central function regulators are already disturbed. The somatic type of the "to epilepsy disposed," W. found mostly in an *easy, nervous irritability upon a weak organic basis*. There are two large classes of individuals who, in particular, offer a broad basis to this epileptic predisposition. The first of these includes those lymphatic erethic constitutions to which the well known terminus technicus of the physiological school usually ascribes an irritable weakness with feeble power of resistance, i. e. great vulnerability of the nervous action—individuals of a fine gracile organization with slight plastic energy, often with a well expressed tendency to serofulous and tuberculous anomalies. Particularly the female sex and those between ten and twenty years of age, furnish frequent epileptic examples of this class. Menstrual anomalies accompany this upon the same basis, and are erroneously taken up as independent causes.

A second class of those disposed to epilepsy is formed, according to Wittmaack, by individuals of an apparently robust habit, in part plethoric and corpulent, formerly so-called leuco-phlegmatic, bloated subjects to whom the former physiological school ascribed a torpid irritability, heightened excitability with a weak power of reaction.

It can be seen how this author seeks after precise categories to limit those peculiar abnormalities of the constitution *preceding manifested epilepsy*, to grasp within definite classes its symptoms. If with unsatisfactory results, it is still his merit to have brought this great practical question again in the foreground, and to have pointed the way to its solution. In regard to the psychical immediate causes of epilepsy, W. expresses himself to the effect that they most generally bring their influences to bear in the shape of fright and fear, and then by means of an overpowering of the cerebral powers of reaction produce what might be called a psychical paralysis—offering a momentary open field to anomalous reflex action. These moments where a predisposition exists can be occupied by epileptic convulsions. He considers plethora and anæmia as equivalent causing states to awaken the predisposition; yet the latter appears to occur oftener than the former.

His pathological views correspond with his views of *indications*. These are characterized by caution in the use of the usual and even the most celebrated anti-epileptic remedies and by the preponderating endeavors to make the *entire disease* "the alienated nervous system with the organic constitutional alienations," the subjects of cure. For example, he is very

definite in his treatment in those frequently occurring cases caused by the so-called nervous erethism, that is, that temperament resting upon a great excitability without an equal base for an equivalent natural reaction. Here the application of powerful remedial agents are not to be thought of. The most important means are a strict regulation of the diet, occupation, (particularly mental,) exercise and quiet, consequently the success of a residence in the country, the milk, whey and grape cures.

Another kind of influence upon the system is necessary in torpid subjects; it can be more powerful, exciting, and in part withholding. For this reason, besides a somewhat stimulating diet, cutaneous stimulants, particularly that of cold come in properly here. W. says, "one cannot act more efficiently upon the cerebral energy, through any other organ than through the skin, with its numerous nervous plexuses, and I therefore know of no remedy which answers the required purpose as well as sea-baths, cold ablutions, or the cold affusions already celebrated by *Celsus*."

Of dispersive remedies, W. found fontanelles and setons the most effectual, but they must be continued a long time. Systematic gymnastics he advised in those cases where chronic abdominal troubles formed the basis of the epileptic attack.

The several results of labors upon the subject under our hands found a splendid conclusion in the work of Reynolds, (J. Russell Reynolds, *Epilepsy, its symptoms, treatment and relations to the chronic convulsive diseases*. London, 1861,) who combined a masterly review of all foreign researches with the results of a ripe personal experience, and independent style. Reynolds insists upon a strict separation of pure or idiopathic epilepsy—that is, those cases in which aside from the known symptomatic complications of the disease no other disturbances are observed, from deuteropathic or symptomatic epilepsy which are referable to disease of specific organs, external to the nervous centres, such as of the heart for example. Only the study of those of the idiopathic form can lead to clear results upon the nature and action of epilepsy. The two characteristics in the complication of symptoms are chronic spasm and insensibility. As the point of origin of the first Marshall Hall, Brown Sequard, and Schroeder von der Kolk, point positively to the medulla oblongata, and the upper portion of the med. spinalis. The second characteristic symptom, the pause of sensation, depends physiologically upon a specific change in the organ of sensation, the large cerebral hemispheres. Congestion of the brain, according to the old school, is the commencing link of the entire epileptic appearance, and

according to Marshall Hall it forms the connecting link between the spasm and insensibility. From the primarily affected medulla oblongata the irritation is conveyed to the vasomotor nerve of the cerebral arteries, and by spastic contraction of the latter produces insensibility.

As we can accordingly consider the seat of the disease as pretty definitely ascertained, the second question arises, what the nature of the change in the affected organ in epileptic patients, the medulla oblongata, is. Anatomical researches, among which Reynolds considers those of Schroeder von der Kolk the best, have shown that the changed function after a certain duration, always traceably is followed by a change in the state of assimilation, but that these changes in the assimilation are secondary, hence form no basis for the solving of the nature of the disease. Primarily it only shows the alienated function, regarding which the further question arises, whether it is changed in quality or in power. The medulla oblongata performs the specific office to change adducted sensorial impressions into motor momentums, to reflect them upon the motor nerves. The main elements of a convulsive attack may be recognized in the normal state, and as portions of normal organic functions. The insensibility during sleep is a normal appearance, equally so the continuance of involuntary reflex muscular movement during sleep. *How* insensibility during sleep arises, has not as yet been positively ascertained, and the theory of Laycock is the most feasible, that "the conduction of the excitants received by the sensorial nerves to the organs of sense and volition through changes in the medulla oblongata are impeded." On the other hand we see hourly changes not only under the influence of the will, but also of emotion, sensation and visceral impressions, different muscular actions and changes in the circulation. Respiration has its centre in the medulla oblongata; easy and quiet where there is no source of disturbance, mental emotion creates sobs and sighs, fatigue makes it gaping and irregular, impeded and stagnated by fear or violent physical exercise. The jaw and hands are closed involuntarily by anger, the face by excitement becomes distorted, blushes with shame and pales with fear. Thus we meet the phenomena of the spasm singly in daily life, as appertaining part of our normal activity. Reynolds therefore concludes that we have no ground upon which we can consider these changes in function peculiar to epilepsy as those of modality. They appear ill-timed, combined reversely and particularly changed in violence, yet we can see no new element of activity, and no change in the functional modality of the natural powers. That this gradual change of

function shows an exaltation and not a reduction, Reynold's proves contrary to Radcliffe's theories upon physiological grounds.

For the origin of the epileptic exaltation of action in the medulla oblongata he gives us five categories of causes.

1st.—Hereditary acquisition which he found in one-third of his cases, and as he says does not in any way clear up the origin of the disease.

2d.—Deep-seated, general change of assimilating power of a physiological or pathological nature in which the nerve centres participate; hence the prevalence of the attacks during dentition, development of puberty, and pregnancy, further the development of the disease during pneumonia or an rheumatic fever.

3d.—Excessive external stimulants, physical as well as psychical.

4th.—Accidental or habitual supervention of a precedent analogous to epilepsy. Hooping-cough, excessive coitus or masturbation can lead to epilepsy, also the spasmodic laugh produced by tickling of the soles.

5th.—Organic lesions in any part of the central-nervous system, tumors, chronic meningitis, softening of the brain, neuroma, etc., can produce epilepsy through conduction of the irritation they produce upon the medulla oblongata. The nearer a tumor is located to this the more of a source it furnishes for the origin of epilepsy.

Combinations of the here detailed momentums of origin form the rule, exclusive action of one of these, the exception.

The epileptic paroxysm Reynolds divides into three stages.

- a. Tonic spasm with insensibility, (cerebral anæmia.)
- b. Clonic spasm with continued insensibility, (cerebral hyperæmia.)
- c. The gradual returning volition of motion, through a stage of change of stupor, (cerebral prostration.)

From a therapeutic point of view Reynolds divides epileptics into three classes.

1.—That class where the general bodily state of health with the exception of the paroxysms remains intact, and in these the least success is to be hoped for. Diet, regimen and counter-irritation are the only means which sometimes produce an improvement.

2.—Where anæmia or other symptoms of a debilitated constitution show themselves, iron, quinine and tonics generally, stimulants even, besides a corresponding diet and careful regards of the functions of digestion are indicated.

3.—Increased irritability of the nerve-centres outside of the attacks.

demand the use of sedatives, like opium, hyosciamus, belladonna, etc. Reynolds never saw any satisfactory results from the use of the much lauded specifics, particularly of the metallic kind.

Among the isolated contributions to the casuistry of epilepsy, we find worthy of mention two cases observed and explicitly described by Schnee, (Schnee, Carl Emil, *Zwei Fälle als Beitrag zur Kenntniss der Reflex-Epilepsie, mit mikroskop. Untersuch d Erregenden Nervenpartie. Zurich, 1861.*)

The questions whether syphilis and epilepsy are related, is answered in the affirmative, based upon observations made by J. F. Dunean, (Dublin Journal, xxxv, p. 48, Feb. 1863,) and Jackson, (Med. Times & Gazette. June 22, 1861.) The first describes three cases of affection of the nerve-centres by syphilis. Jackson's observations are mostly based upon autopsies. Neither of these gentlemen, however, give us sufficiently satisfactory evidence that there did not co-exist any disease of the brain independent of the syphilis.

The relation of the assymetry of the cerebral hemispheres to epilepsy as investigated by Dr. L. Duchense, (Gaz. hebdom. viii, 1861,) showed but a slight difference, as a rule, in the weight of the hemispheres.

The majority of the isolated communications upon epilepsy originated from the question of *treatment* of the disease, without materially advancing our knowledge of the same.

Rigodin (Rev. de Ther. Med. Chirurg. p. 566, Nov. 1858,) speaks highly of the combination of ext. belladonna with rad valer, as effectual in simple inorganic epilepsy, and as a new remedy in obstinate cases he recommends expatriation, particularly a somewhat prolonged residence in the tropics. Several old cases in his practice recovered, he claims, upon a removal from France to New Orleans and Central America.

Cornell (Charleston Medical Journal xviii, May, 1858,) made extensive use of digitalis, which is an old Irish remedy against epilepsy. Corrigan saw many cures performed with this remedy in the hands of old women. Ordinarily ℥iv of the fresh leaves are macerated and made into a decoction with Oj boiling water, and of this every two days ℥iv are given with an addition of the radix polyp. or every three hours, until vomiting ensues. The reputation made by these empirical cures induced Cornell to give digitalis to his patients in carefully increased doses until the pulse became reduced to 45-50, and to keep the patient so for four months. He claims to have achieved a perfect cure in several cases, in all an amelioration and longer duration of the intervals. The cumulative effects of the remedy

became so apparent however in several cases that Cornell advises against its use excepting where the remedy is taken under the constant supervision of the physician.

Of the efficiency of the setons in the neck, so highly extolled by Schröder von der Kolk, Goerds (*Deutsche Klenik* 49, 1860,) gives an example. It was a case complicated with manial delirium of a robust girl aged seventeen. After being twice cured by a long continued seton, she was permanently cured by a protracted suppuration kept up after a blister to the nape of the neck.

General blood-letting had also its advocates. Bosmorin (*Gaz. des Hôp.* 19, 2861,) claims to have cured two children by a venesection in the arm made at the beginning of a paroxysm.

To the study of the forensic of epilepsy, we have nothing new of any importance, and cannot expect any. How important and at the same time how difficult practically it is to decide not only upon the imputableness, but as well upon the powers of volition in epilepsy regarding a given period of time, the following apropos case will show. It is from the *Gaz. des Hôp.* 125, 1861:

A shoemaker, aged 20, for several years subject to epilepsy, followed latterly by manial excitements, without however leaving any psychological alienation in the intervals, on the day before his wedding, was attacked with a violent headache, which he knew was a premonitory symptom of epilepsy. As he had always been relieved by being bled, he asked to be bled now, but had to wait until the succeeding day before he found a competent person to do it, and had it done a few hours before the ceremony, but without any relief. During the ceremony he was downcast and still, did not utter a single word besides the requisite "yes." He had hardly left the church when the headache increased to such an extent that he had to retire to bed in a room adjoining the one in which his guests were assembled. A violent paroxysm of epilepsy ensued, and soon became mania. He ran out naked among the guests, and furiously knocked down a lady and killed his father-in-law by stabbing him with a knife. Upon return to consciousness, three days subsequently, he remembered the wedding ceremony, and believed himself to have slept after that. Upon application of his bride's family the marriage was declared void by the court, because that the patient at the time of the marriage ceremony was not fully sane, and consequently incompetent to make a valid declaration of his will.

NOTES BY THE TRANSLATOR.—In translating this very interesting paper upon Epilepsy, I believe I have given a more extensive circulation to ideas tending to produce comment, research, and perhaps may obtain for this disease that attention from the profession which is necessary to our more perfect knowledge of it. I do not by any means share in the ideas of Dr. Finkelnburg, nor do I endorse his criticisms and encomiums upon the labors of those whom he quotes. I have only translated his paper and left all remarks which I have to make to be uttered in these notes. To any one acquainted with German medical nomenclature I need not make any explanation, for some of the somewhat unusual language used in the translation, and all I need to say in explanation to any one that German is a very difficult language to translate medical papers from, particularly for one like myself, who is not a German.

The writer, whom I translate from, does not seem to have quoted much from American medical literature, hence I am compelled to add some few cases and remarks from some of our American medical periodicals, which I think will add to the value of the paper and the light we have upon the subject, but in the first place I will add a paragraph which seems to go the rounds of our daily papers, and apparently emanates from a European source. I give it without comment, letting the reader draw his own deductions:

“SOMETHING FOR HEALTH—IMPORTANT MEDICAL DISCOVERY.—A London letter says:

‘A great discovery is just now engaging the attention of the scientific and medical world. Few English names are more familiar to Americans than that of Dr. John Chapman, once the leading publisher of heretical books, now editor of the *Westminster*, and always a devotee of science and medicine. This Dr. Chapman has been for years engaged in studies and experiments connected with the nervous system alone, with Dr. Brown-Sequard and Claude Bernard of Paris. For the past year he has been proving a tremendous discovery—namely, the cure of epilepsy, and many diseases hitherto deemed incurable, by means of the external application of ice and hot water, in India-rubber bags, at various parts of the spinal cord, acting thus upon the sympathetic nerve, and through it upon the most important and vital regions of the body. Many eminent physicians have accompanied Dr. Chapman to see the marvels which he had wrought upon patients who had long ago despaired of health. Many of the worst and most inveterate feminine diseases have yielded to the new cure. The treatment is as simple as it is grand. Any one who is troubled by the pressure of blood on the brain will find that, by holding a bag of ice on the nape of the neck ten minutes, an equable flow of blood can be secured. Those who are troubled with habitual cold may find relief by applying ice to the small of the back in the lumbar region. It is hard to estimate the importance of

this discovery, which will ere long be ranked by the side of that of Jenner. Seven hospitals are already under Dr. Chapman's practice, and, as yet, no one can bring forward an instance of failure.' ”

Again, I must mention a case as described to me by Prof. Carnochan of this city. About the time of Marshall Hall's visit to this country a case of epilepsy came under Prof. Carnochan's observation, Marshall Hall being present enthusiastically advised tracheotomy, which the Professor performed. The patient, previous to the operation, had had on an average, one paroxysm every day, and the operation was only expected to palliate, not to cure. Patient had an unusually large trachea, so much so that an instrument of a size large enough to fit in, as a canula, had to be made. The canula remained in the wound about six months; the paroxysms became lighter and less frequent, the intervals were longer, and at one time there was no paroxysm in six weeks. Upon removal of the canula a paroxysm ensued which ended fatally.

During the last three years I have had in private and dispensary practice forty-three cases of epilepsy under treatment of which I have kept a record; of these I will mention a few, and give the cause and history of the balance in a more condensed form.

Case 1.—A boy, 16 years of age, probable cause masturbation; paroxysms nearly every day; recovered upon the continued application of cantharidal collodion to the penis.

Case 2.—A young lady, aged 22 years; had epileptic attacks about the period when she should have menstruated; had amenorrhœa; upon reproducing regular menstruation, recovered.

Case 3.—A woman, aged 41 years, had had epileptic attacks for two years, averaging three a week, but at irregular intervals. Upon examination found a fibrous tumor in the cervical region pressing upon the spinal cord there; upon removal of which the paroxysms ceased.

Case 4.—A young woman, aged 25 years, of an anæmic appearance, but who had no symptoms of any other disease had epileptic paroxysms twice and three times daily. Upon administration of chalybeates they ceased.

Case 5.—A boy, aged 11 years, with epileptic attacks three or four times a week, recovered upon being removed from school and hard study.

Case 6.—A milkman, aged 37 years, who was in the habit of carrying two cans of milk upon a yoke fastened around his neck, and the weight of which principally rested upon the cervical vertebrae, had several attacks a week. Upon ceasing to carry the loaded yoke, rapidly recovered.

Cases 7, 8, 9, 10 and 11, were females where epilepsy was evidently the result of irregular menstruation. Upon the removal of which the epileptic paroxysms ceased.

Case 12, was that of an old lady who, during an attack of tonsilitis, swallowed a leech. She became affected with hysteria and epilepsy. Upon the administration of powerful purgatives and the introduction of *another* leech into her stool, (the one swallowed having been passed without her knowledge,) hysteria and epilepsy both ceased.

Cases 13, 14, 15, 16, 17, 18, 19, 20 and 21, were produced by masturbation, and were treated with epispastics. Six recovered entirely; two relapsed upon resuming the masturbation, and one died during a paroxysm.

Case 22, was dependent upon an irritation produced by an uterine polypus. Upon removal of which she recovered.

Cases 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33, no cause could be found, and patients all passed from my observation without benefit.

Cases 34, 35 and 36, died while under treatment.

Cases 37 and 38, no cause could be found, but recovered by the application of counter-irritation by moxa and setons along the spine.

Case 39, no cause ascertained. Recovered by affecting the general system with repeated emetics and mercurials.

Cases 40, 41, 42 and 43, were somewhat improved when first put under treatment, but soon relapsed and passed from under my treatment.

I copy the following from the Philadelphia Med. & Surg. Reporter, emanating from the pen of Dr. W. N. Cote of Paris:

"EPILEPSY.—It would be no easy task to enumerate all the remedies which have been employed against that obstinate and well nigh incurable disease known as epilepsy or falling sickness. The treatment should vary, according to the cause which occasions the disease. When it is sympathetic and arises from worms, anthelmintics ought to be employed. In some cases of epileptic fits, the oil of turpentine, in doses of from half an ounce to one ounce, has been found a very useful medicine. When teething is the exciting cause of the disease, the inflamed part of the gum should be deeply scarified, the body being kept open with laxative medicines, and the feet bathed in warm water. If the epileptic paroxysms seem to be owing to disordered digestion, the contents of the stomach should be evacuated by an emetic, consisting of a solution of the sulphate of zinc in an aqueous infusion of ipecacuanha, the dose to vary according to the age of the patient, and the different degrees of irritability of the stomach, and so on. Bleeding has been found of some utility in cases where the predisposition to epileptic fits has arisen from a plethoric state of the system, or from a turgescence in the vessels of the head. In those

cases, besides bleeding, an abstemious diet and proper exercise, and issues between the scapulae, or a seton in the neck, may be recommended. The insertion of a seton in the neck has sometimes been attended with considerable relief when, from frequent paroxysms, a morbid condition of the encephalon had prevailed. In those cases, digitalis has also been found serviceable; but to produce a permanent effect, the constitution must be kept under its influence for some weeks, by giving from half a grain to one grain of the powder, or from fifteen to thirty drops of the tincture, three or four times a day. Anti-spasmodics, such as valerian, castor, musk, ether, oil of amber, oleum cajeputae, arnica montana, belladonna, hyoseyamus, and opium, have been employed with more or less success. Electricity has been tried, but there are few cases on record which have been benefited by that agent. The younger the patient and more recent the complaint, the greater will be the chance of the electric current being of service.

Hitherto no specific has been found against epilepsy. Dr. Herpin, formerly of Geneva, and now practicing in this city, extols the virtues of the white oxyde of zinc in this disease. It may be administered according to the following formulas:

| | | | | | | | |
|---|----------------------|---|---|---|---|---|----------|
| ℞ | Zinci oxydi, | - | - | - | - | - | gr. xij. |
| | Pulv. cinnam. comp., | - | - | - | - | - | gr. xv. |
| | Cinchona, | - | - | - | - | - | ʒj. M. |

Ft in chartul., xij divide, quarum unam sumat ter in die.

Vel,

| | | | | | | | |
|---|------------------|---|---|---|---|---|-----------|
| ℞ | Zinci oxydi, | - | - | - | - | - | gr. xxiv. |
| | Extract gentian, | - | - | - | - | - | ʒss. |
| | Syrupi, | - | - | - | - | - | q. s. M. |

Ft. massa, et in pil., xij div.

Two may be taken morning and evening, with one ounce and a half of a decoction of Peruvian bark.

Drs. Trousseau and Bretonneau administer, with some degree of success, pills composed of 0.01 of extract of belladonna, and 0.01 of the powder of belladonna."

In the "Medical Times and Gazette" for Nov. 22, 1862, I find an article upon the treatment of epilepsy by belladonna, from the pen of Dr. J. S. Ramskill, Assistant Physician to the London Hospital and Physician to the Hospital for Epilepsy and Paralysis. He says that we must not always look for immediate and palpable beneficial results; even that we must expect the complaint for the first three or four weeks after taking it to grow worse, but that after six or eight weeks, if any amelioration occurs, it will be decided and progressive. At first the dose should be very small, and gradually augmented until the pupil shows signs of its action, and the patient complains of both alterations in sight and dryness of throat. Having obtained this result and maintained it for some time, the dose may be gradually diminished; but its effect upon the eye

and throat are not to be so diminished as to become imperceptible to the patient, but only so far lessened as to cease causing absolute discomfort. The other toxic effects of belladonna are entirely uncalled for. Dr. R. prefers giving the drug in an eighth of a grain dose, three times a day, or only twice daily for a week, then one-fourth of a grain for fourteen days; a third for the next fourteen, at which time its physiological action will in most cases be manifested. He thinks it wise to halt at this dose for two or three months, slightly increasing the dose if the patient shows diminished susceptibility to its effects, decreasing if the reverse happens, and then gradually dropping it to the quantity first administered. This writer also gives us some very interesting ideas regarding the nature of the action of belladonna upon the system, but for these I must refer the reader to the original paper.

I have looked further, but do not find anything excepting that which is available to every man, tending to enlighten us further upon our subject, hence I leave it thus abruptly, hoping soon to be followed in this direction by some other observer of epilepsy.

ART. II.—*Seven Cases of Aphonia, collected by W. H. BUTLER, A. Asst. Surgeon U. S. A.*

I have collected seven cases of Aphonia, resulting generally from cold. The cases I have seen have generally been well in other particulars. The cases have been recorded as the patients were accidentally met in the various wards of the hospital; in six the cause seems traceable to colds; the seventh is charged to a previous attack of measles. The average of the six recorded ages is 24 years.

The following well authenticated case of recovery of the voice is interesting: A soldier who had been suffering from aphonia for some time, and finally transferred to the Invalid Corps for this disability, while passing down Seventh street in this city, accidentally fell into a cellar-way and was considerably bruised, but on gaining the side-walk he found compensation for all his pains in the entire restoration of his powers of speech. No doubt the fall had dislodged some thickened membrane from about the vocal cords.

Case of Aphonia, No. 1.—George Dunbar, aged 23, born in Michigan, enlisted August, 1862; for some time has had a hacking cough after hard.

labor; has been subject to fever and ague from childhood up to three years ago; thinks he has had it every year. Was on duty three months after enlistment, about November 15th, had ague, took cold, had cough and loss of voice followed; cough continued two weeks, and in three weeks completely lost his voice. Has done only light duty from November 15th to January 15th, 1863, when he had what he supposes was typhoid fever; was admitted in Armory Square Hospital February 8th; had had diarrhoea for two weeks before admission, and it was persistent up to the date of his discharge, March, 1863. Have heard nothing of him since.

No. 2.—George Perry, aged 24, private Co. D, 20th Michigan Volunteers; enlisted August, 1862; was then well and hearty; of sanguine nervous temperament; was well until October, 1862, when he had intermittent fever, which kept him in hospital ten days, and was debilitated for two weeks after; before recovering from that, or at about three weeks from the first attack of fever, he was taken with inflammation of the lungs; was sick in hospital three weeks; while recovering from the latter disease thinks he got up too quick, caught a cold and lost his voice; coughed up blood after this, several times. Is now, July 18, 1863, well, but cannot speak above a whisper. July 25, 1863, is well and hearty; speaks in a husky whisper; thinks his voice is weaker now than three months ago. The uvula and muscles arching from it seem emaciated, and look rather pale. The tonsils look about natural.

No. 3.—Private Thomas Yagle, aged 30, sanguine nervous temperament, enlisted August, 1862; was then in good health; kept well until December, 1862, when he caught a heavy cold; had sore throat for a month with sore chest, and a dry, hacking cough; as he recovered from the cold he suddenly lost his voice, and yet speaks in a whisper; he also has a dry cough as if something irritated his throat. The tonsils and uvula seem emaciated, and have a pale look. (Case recorded July 22, 1863; feels well; patient had had typhoid fever in June, 1861, but was entirely over its effects when he enlisted in the following August.)

No. 4.—James D. Stearns, private 7th Co. U. S. Sharp Shooters, enlisted September, 1862, in good health; is of sanguine nervous temperament kept well for six months, then he had a slow fever, called by the doctors "putrid fever;" sore throat was associated with it; the latter affection produced hoarseness and affected the voice. This trouble lasted five weeks; was well after this until May 1st, 1863, when he caught a hard cold from exposure on picket duty, which required him to lay on the ground. He

recovered from this July 14th; caught cold again and has been unable since to speak above a whisper—well otherwise.

No. 5.—S. B. Labar, aged 27, private Co. D, 15th N. J.; previously healthy; never took a dose of medicine till he entered the army; January 17th was attacked with a severe cold; began to lose his voice, and on the 20th could not speak loud; was sent to camp hospital, White Oak Church, Stafford county, Va., where he staid two weeks, then returned to his tent, but did no duty till in March; has lost flesh, and continues to, up to this time, October 9, 1863. The throat on examination looks red in places, but not marked. He complains of some pain in left side of chest.

No. 6.—John A. Barr, aged 23, Co. H, 34th Massachusetts, enlisted July, 1863, was well and doing duty at Fort Lyon, Va., until January, 1862, when he had measles; while recovering from this disease he gradually lost his voice; entered Armory Square Hospital July 10th, rather debilitated, but able to do light duty; can only talk in a whisper. A month since, there was a time, say a week, when his voice returned in a slight degree, but soon relapsed.

No. 7.—Henry Wright, aged 22, 2d Batt. Inv. Corps, 49th Co., entered the service November, 1861, was well and hearty then, and kept well until about November 1st, 1862, when having been sent on picket, he was compelled to lay for two hours in the wet, and caught a severe cold, followed by expectoration of blood and inflammation of the lungs; was sick four weeks, and has been an inmate of hospital since, having entered Armory Square Hospital in June, then to Convalescent Camp, and now he is on duty here. November 4th, is pretty well, complains of shortness of breath; has occasional neuralgic pains through left lung; has some cough, raises white, thickphlegm; has slightly enlarged tonsils, and a reddish blush about arch of palate; says he has had a raw feeling about the throat since he had the inflammation of lungs. For some time during his illness he was very hoarse, and gradually afterward lost his voice. He now speaks with some effort in a moderate whisper.

Armory Square Hospital, }
Washington, Dec. 10th, 1863. }

THE operation for ligature of the subclavian artery, performed in November by Dr. Armsby, of Albany, has been successful. The ligature came away on the twenty-ninth day. It is now (Dec. 28th) forty days since the operation, and the patient is able to attend to business.—*Boston Med. Jour.*

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Excision of the Globe of the Eye—Operation for Cataract—Radical Cure of Varicose Veins.* BY J. F. MINER, M. D.

November 12, 1863.

GENTLEMEN:—I should perhaps preface my remarks this morning by a brief account of the progress which the patients, operated upon last week, are making towards recovery. The young lady whose thigh we amputated has not apparently suffered in the least from the operation; she has eaten, slept and felt as well as ever; the wound has united by what is called “first intention,” and the only opening now present is that kept up by the ligatures. It is a most remarkable result in many respects, and one that was by no means anticipated. How a young lady could have amputation of the thigh, and not suffer either shock, pain, loss of appetite, sleep, or anything else common after such operations I am unable to explain; such, however, has been the fortunate result.

The 2d Case—Removal of Tumor—has also been equally successful, and I am happy to inform you, that the old gentleman, now 70 years of age, is apparently the happiest man in the world.

The first case we present before you this morning is, Cataract—opacity of the crystalline lens—a very common disease with old people, and not unfrequently congenital—existing at birth. This case is one of great interest to me, not so much on account of the eye which has the opaque lens still remaining, but the other eye where the lens has been removed. The left eye has been operated upon by a very skillful and accomplished surgeon with perfect success, so far as removal of the cataract is concerned; but vision is not restored. The humours of the eye are perfectly transparent—and so far as appearances indicate there should be good vision; yet he is blind.

Many of you are perhaps familiar with the object and uses of the Ophthalmoscope—an instrument by which we are able to light up and look into the posterior chamber of the eye, to see some of the changes which disease produces upon the delicate tissues of the organ of vision. It is remarkable with what distinctness some of these changes are observed; though it must be confessed that blindness may be complete, and the causes yet remain undiscovered. If you have never become familiar with the workings of the ophthalmoscope, your enthusiasm will be raised to the highest point when you are able to catch your first glimpses of its wonderful revelations. It seems as though you had borrowed the eye of

Omnipotence and was looking in upon the secret workings of one of the most remarkable organs of physical machinery, whose hitherto obscure chambers are now lighted up by the torch of science. I am not sufficiently familiar with the use of this instrument to be able to see with distinctness all the conditions which are described by authors, but I think I am able to see the reason why this patient does not enjoy good vision. I think I can see that the retina has suffered change, and suppose that loss of sight depends mainly upon this delicate membrane being unfitted to receive impressions.

I have no reason to suppose that this was in any way produced by the kind or mode of operation practiced upon the eye. The changes required to destroy vision are very slight, and are liable to occur after any, and all operations for cataract. I shall make upon the other eye the operation by division or depression or both, and hope for better results, though I cannot be sure of obtaining them.

The process of absorption will gradually remove the lens after the breaking up of the capsule and depression of lens, which you now observe the process of making. It is quite painless and bloodless, and is generally followed by good results. The operation by extraction is now generally regarded as most likely to be followed by permanent vision, and many of the best operators greatly prefer this method, as being less liable to be followed by inflammation and the condition which is present in the left eye of this patient. I have practiced both methods of operation, and am not yet prepared to express personal opinion as to their relative advantages. I have obtained good results by extraction, depression and division, and I have also had cases of failure. This patient has come from Niagara county for this operation, and will remain sufficiently long to enable us to judge something of the success of our efforts to restore vision.

Case 2d.—This young man, now 20 years of age, received when quite a boy, a severe blow upon the eye, by which vision was immediately destroyed. The eye has somewhat the appearance of melanosis—that is, the iris is changed, appearing black, and without any central opening or pupil. I have previously satisfied myself more fully of the condition of this eye, by introducing a hook into the anterior chamber, and attempting to draw out the iris, as in artificial pupil; but I find that there is no iris, and that its place is supplied by the products of inflammation. This condition has produced so great intolerance of light in the sound eye, that he has not been able to follow useful employment, but a very small part of his life; he is never able to look up in good light, without shading the eye.

The sympathy which exists between these organs is very remarkable, while the exact conditions upon which it depends are not very thoroughly understood; the principles of treatment, however, which are proper in such cases, are better defined; especially for the last few years has it been fully established, that medical treatment exerts but little if any favorable influence in severe cases over sympathetic inflammation of the eye, after injury, and that excision or extirpation constitutes the only remedial procedure from which we can expect any decided benefit; while this affords prompt and permanent relief.

With the expectation of relieving this young man of the sympathetic effects of this diseased eye, I shall excise the anterior portion of the globe, and allow the escape of the contents of the eye, which you now observe consists of a fibrinous clot in place of the iris, and serum in place of the vitreous humor. Simple dressings will be applied, and I shall hereafter report to you the results of the operation. If it should prove as successful as I expect, he will have perfect vision in the healthy eye, and a good stump upon which to rest an artificial eye in place of the one we have excised. Nothing can be lost by making this operation, since he had no vision in the diseased eye, and I have confident expectation that much will be gained every way—relief of the intolerance of light—protection from injurious inflammation, and place for artificial eye—this I am expecting from the operation; but you are well aware there is uncertainty of result in all operations of this nature.

You observed that after removing the anterior portion of the globe the contents of the eye did not escape, and that the forceps removed with some effort the fibrinous clot which was adherent to the sclerotic coat and retained in the posterior chamber an accumulation of yellow serum, which had taken the place of the vitreous humour. This disorganization is the result of inflammation, and must be a rare product in this position, even of long continued inflammatory action. The contents of the orbit will gradually contract as the process of granulation progresses, and the young man will probably be relieved of a malady which has embittered his whole life thus far, and made him at times intensely miserable.

Case 3d.—The third and last operation we shall make this morning is for the radical cure of *varicose veins*. Surgeons practice several different operations for this purpose, all having the same object—obstruction of the vessel. Ligation of the vessel is perhaps the more common. Destruction by caustics, in various forms, has also been practiced. This patient has

had, I judge, caustic potassa applied with this view of exciting suppurative inflammation in the integument and vessel, and of thus closing and preventing the circulation of blood, forcing it to deeper and undilated channels, but has failed in every respect. This large, indolent ulcer has been here for several years, and some of his physicians have even regarded it as indicative of caries of the tibia, and proposed operation for removal of diseased bone. I need not say a more erroneous view could not have been entertained. The condition of the circulation is the cause of this ulcer, and when we have obliterated these immensely dilated veins, we shall soon see the ulcer take on healthy granulation and disappear, while the bones of the leg have never been in the least diseased.

Within the last few years a somewhat new method of operation has been practiced by a few surgeons—injection of solution of persulphate of iron into the vessel, with the view of coagulating the blood and thus causing a complete stoppage of the circulation. I have adopted this operation, practicing it in a great number of cases, both in private and hospital practice, and have never seen any unpleasant or unfavorable results; it has been with me uniformly safe and successful. I claim to speak only for myself, and would not hold any one else responsible for my opinions, since I am aware that others entertain different views concerning the safety and propriety of this operation. I believe that I am the only surgeon in this city who has ever adopted this plan, giving it a fair trial. It has been attempted by others, but from some cause, either abandoned or completed by application of ligatures. I have my own way of explaining this want of success, and do not regard it as any reflection upon the efficiency and safety of this operation.

I now take a small scalpel and open down, exposing the vessel, which is at once distinguished by the color given it, by the dark venous blood. With hypodermic syringe I inject into the vessel solution persulphate of iron four drops, diluted with about forty drops of water. This causes an instantaneous coagulation of all the blood in the vessel between the two points of compression, which may be made in any way you please; the fingers of an assistant answer every purpose. The clot should not be made more than an inch in length. It may be made in one or two different places in the same vessel; all the larger vessels should be treated in this manner.

The details of this operation are of importance; a faithful observance of these will insure success. Opening down through the integument will pre-

vent any uncertainty as to where you are to dislodge the contents of the syringe; thorough compression of the vessel will limit the extent of your clot; careful preparation of your solution will guard against its being used in so concentrated form as to destroy the coats of the vessel and produce extensive slough; application of large, warm poultice will abate the smarting and pain, and guard against inflammation. Hoping the results of this operation—of which I will inform you—will prove as favorable as my description has led you to expect, I invite you to adopt it, when opportunity offers, and judge for yourselves its relative merits.

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

TUESDAY EVENING, December 1st, 1863.

Dr. Congar, President, in the Chair; minutes of the last meeting read and accepted.

Dr. Lockwood presented pathological specimen, and read the following paper:

M. J. Wright, aged 46, about fifteen months since received a slight blow on his testicle during his work as a shoemaker, and his attention was called to it by thinking it unusually tender, when upon examination it was found to be enlarged. A physician was consulted and treatment received for some three months, or more, with the view to remove the enlargement. It continued to gradually increase in size, was but slightly tender on pressure, and not much painful. A dragging sensation from the increased weight was all the inconvenience he suffered.

About this time the case came under my observation, when the *gland* was found about double the natural size, hard, elastic and roughened, or uneven upon the surface. The cord was not enlarged, but the weight of the gland and other cause, had apparently elongated it, so that it hung low in the vaginal tunic of the scrotum. Persevering efforts were made to reduce the gland to its natural size, or at least to prevent its growth, but without avail. Mercury, iodine, blisters, leeches, compression and all other suitable remedies were faithfully tried with the view to overcome the disease, including confinement to a horizontal position; plain low diet, as well as outdoor exercise, tonics and stimulants, so as to be satisfied if possible that medicine could not remove the enlargement or prevent its continued increase.

A few months since I placed the patient in a dark room, had him hold a candle, burning brightly, close to the side of the scrotum, and grasping the posterior part of the swelling, so as to render its fore part as tense as possible, then by looking at the swelling from the side opposite to the candle, and placing my left hand on the fore part of the scrotum could plainly discover at superior portion of the tumor, a transparency which I regarded as serum, and thought possibly the case might be hydrocele, rather than chronic inflammation or hypertrophy.

The case was now visited by Dr. Miner in consultation, and a trocar was introduced into the transparent portion of the tumor with perhaps the escape of two ounces of clear serum. It was however, manifest before this exploration that the tumor was not caused by the accumulation of serum alone, but that the gland had suffered organic change. Efforts to improve the general condition of the system were continued for several weeks, affording no relief, and the condition both of the gland and patient constantly growing worse, I again asked the advice and assistance of Dr. Miner, who removed by operation the entire mass, which I have presented for observation in connection with this brief history.

Upon examination the gland is found to have cystic degeneration at one extremity, and in the body of the organ will be observed the characteristic appearance of malignant disease, so far at least as such appearance can be distinguished by the naked eye. It is softened in the center, and there is no appearance of anything belonging to any of the tissues of a healthy gland. This unhealthy mass is surrounded by dense fibrous tissue, while at the other extremity are two cysts; one contained perhaps an ounce of yellow serum, and the other about the same quantity of a fluid resembling ink. This pigmentary fluid may still be observed adhering to the blackened walls of the cyst which contained it. That it is malignant in character the practiced observer would almost unhesitatingly affirm by the general appearance independent of any microscopical examination; indeed if it should be found to lack the unmistakable microscopical evidence of malignancy, still very little doubt would be entertained as to its true character. Fortunately however for the diagnosis a microscopical examination made by Dr. Lothrop fully confirms, and shows, the almost unequivocal evidences of malignant degeneration.

Dr. Lockwood also remarked that though he had failed in his treatment in this case, still he thought that malignant disease, in its early stage, could be controlled by proper medication: that there was an incipient stage not

usually noticed, when medicine was capable of removing the peculiar pathological condition upon which malignant disease depends, and that its later progress may be more or less controlled by proper medication; while even in the last stages it affords as much hope as the operations of surgery. Surgeons were so much accustomed to see immediate and positive results from their operations, that they naturally lose all faith and confidence in other and more gradual processes, and think medicine is useless, mainly because they have not patience to wait its slower action. Spoke of the impossibility of making early positive diagnosis, and the injurious effect of removing small undetermined morbid growths as cancerous, thus making impression upon the mind of the patient, equally injurious to his health and happiness, as disease of this nature would be, if actually present.

In suspected cases of malignant disease of the testicle, uterus, and ovary, he recommended and depended largely upon iodine and its preparations, both locally and internally. In commencing the treatment, he usually, for a time, gave alterative doses of mercury, with rest and low diet; afterwards persevered for a long time in the iodine treatment. Cases of disease of the testicle, neck of uterus, and of the ovary, were related, showing the benefit of this plan of treatment, and illustrating his views of the nature of malignant disease. He referred to Drs. Ashwell, Montgomery, and Gooch, as holding views similar to the ones he entertained.

Dr. Miner presented the neck of a uterus he had that day removed for cauliflower excrescence. The excrescence was not large since it had recently been removed by ligature by a physician in New York City. The case had been from the first under the medical care of one of the most experienced and capable physicians of the city, and every proper means used to overcome the disease or stay its progress. It was presented to the Society for the purpose of showing the appearance of well marked disease of this nature, and also to show how, to all appearance, the disease has been completely removed, the amputation being wholly above it, and in perfectly healthy tissue.

Under the microscope are seen large, irregular, pale cells, multiform in shape with several nuclei, such as characterize epithelial growths. Of the character of this disease, there has never been any doubt; it has not in the least disturbed the general health and has appeared to be wholly a local affection.

To remove the excrescence simply, either by caustics or ligature, would in his estimation promise nothing; possibly the milder caustics in the early

stages might retard the growth, but beyond this could be productive of no good; while the ligature of the excrescence when it had become large and filled the upper portion of vagina, leaving the surface from which it grew untouched, was dangerous, unscientific and unjustifiable.

How much may be expected from the amputation of the neck of the uterus wholly above the disease, he was unprepared to state, and if he was to give an opinion it would be a guarded one, though epithelial cancer removed from many locations did not often-times return—was the least liable to return of any form of malignant disease.*

Dr. Lockwood had claimed for the influence of medicine a great deal more than he thought it deserved; indeed was willing to confess that he did not regard medicine of the least value in either curing malignant disease, in its early stages, or arresting its progress. Was aware that arsenic, mercury and iodine had been regarded as useful in some forms of malignant disease, but thought their failure had been so uniform, and complete, as to leave no just grounds of confidence in their value. Though he would agree with him in the uncertainty of permanent relief from surgical interference, he would yet unhesitatingly express the opinion, that cancer, though often interrupted in its growth, and progress, by natural and unknown causes, and hastened and developed by influences not understood, was still present in the system as cancer, and beyond the curative influence of medicine.

Dr. Strong remarked that this was a subject upon which much might be said upon both sides. It was an important question whether malignant disease could ever become benign. Had observed as Dr. Lockwood had, that Iodine was almost specific for the cure of enlarged and diseased testicle, though he could not say, that the cases cured by it, were actually malignant. Had often succeeded in removing conditions of these glands which appeared like, and were regarded by many as probably malignant. Thought to argue that malignant disease was malignant always, might be pernicious, since it would dissuade all effort and thus consign to operation some cases which would recover under proper medication. It was well to persevere with remedies until all doubt is removed, or until medication had received fair trial.

Differed somewhat with Dr. Miner, and thought it an unsettled and important question, whether this or any other form of malignant disease cannot at some stage be cured by medicine. The opinions of surgeons should be

*The surface has healed without accident of any kind, and the patient is now, (seven weeks after operation,) to all appearance, perfectly free from disease.

taken with many grains of allowance, concerning the efficiency of medicines; they rely too much upon operative means, to judge fairly of medicine. Thought that disease similar to that presented by Dr. Lockwood should not be early consigned to the knife.

Dr. Cronyn thought it generally admitted that malignant tumor was not always originally malignant. All forms of benign tumor may, under certain circumstances, become malignant; this he supposed established.— Injury would set up inflammatory action, giving rise to a cyst which will eventuate in malignant disease. It is strictly local for a time, and medicine should now be tried. Injury of the breast gives rise to hardness, and the cautious surgeon removes it, and thus prevents the tumor from becoming malignant.

Mentioned a case where ulceration had taken place, and he had advised to let it alone, but was surprised to learn that a distinguished surgeon had removed it; the patient died soon after. Spoke, also, of the hereditary character of cancer and related illustrative cases.

Dr. Miner did not regard it settled that benign tumors degenerate into malignant ones, or that injury, blows, falls, &c., were often or ever the cause of cancerous growths. Thought it much more probable that tumors which became clearly cancerous, were malignant from the beginning, and that the causes of cancer were quite separate and independent of blows or injuries.

Dr. Peters inquired if *Dr. Cronyn* thought a blow would produce cancer in a previously healthy person?

Dr. Cronyn was prepared to say, that injury has produced cancers in cases where there had been no previous suspicion of disease.

Dr. Strong thought blows often kindled inflammations which degenerate into malignancy. Did not know how it could be doubted that injury to the breast or testicle would produce inflammation, which would often degenerate into malignant disease.

Dr. Rochester spoke of the difficulty and impossibility of distinguishing malignant disease of testicle from scrofulous degeneration, by microscopic or other examination. Did not know but the one presented by *Dr. Lockwood* was cancerous, but did not think microscopic examination sufficient to decide its true malignancy. Had seen testicles affected with scrofulous degeneration removed by operation, and thought it a safer and better method than that of ulceration, which was sure to follow, and was slow, and uncertain in its termination, and liable to occasion protracted suffering. As

to the character of the disease in the specimen presented by Dr. Miner, thought there could be no doubt.

Dr. Rochester reported the prevalence of influenza with suffocative catarrh. Had been called in the night by patients alarmed on account of great difficulty of breathing, or a feeling of suffocation. The attack on children had been, in some instances, preceded by convulsion, for which no other causes could be discovered; there was no eruptive disease to account for convulsions. Drs. Lockwood, Samo and Strong reported the same, and also noticed some other diseases as more common than usual.

Dr. Strong had seen several cases of the suffocative catarrh which had also ulcerative aphtha—that disease which irregular practitioners so commonly call diphtheria.

J. F. MINER, *Secretary.*

CORRESPONDENCE.

Editor Medical and Surgical Journal :

Dear Sir:—It is with much regret that I feel obliged to intrude a second time upon the patience of your readers, but the style and tenor of Dr. Peters' article in your last issue in reply to what "Medicus" said in the November number, is so peculiar, that I cannot pass it over without a slight notice.

Plato says that "In writing we ought to hide ourselves, to disappear, to make the world forget us, that we may present nothing but the truths we wish to impress." I was forcibly reminded of this saying of Plato, when reading the Doctor's response to "Medicus" on "Spontaneous Salivation." The intense desire to get before the public in some way induces many a young man to follow a course precisely contrary to that advised above. It is no unusual thing consequently, to find ourselves delving deep in chaff in a vain search for a kernel of wheat. "Medicus" professes no taste for "trashy literature," but prefers plain common sense teaching in all things. But in thought, word and style, "*suus quisque mos sum.*" Nor does "Medicus" like that vain display of erudition, lavished without choice and without taste, nor that pomp of words which have no meaning.

Now I think I have satisfactorily explained our difference of "literary" ideas, and will proceed. With the "Medical Staff of the Army as a body," I have found no fault and introduced no slur. Perhaps Dr. Peters would like to enlist the whole Medical Army Staff in a body for the purpose of obliterating "Medicus." I deny making a charge or casting a slur

upon them as a body, but individually. "Medicus" knows whereof he speaks, and further knows cases to which his memory cannot revert without a shudder. Some of them it is true were not witnessed, others were. At the risk of being tedious I will dare the patience of your readers and relate a case or two merely to show why I said what I did, and to prove to those who have not seen for themselves that my remarks were true, and that individuals for whom I intended them cannot escape obloquy should they follow Dr. P.'s example and invite the whole Medical Staff of the Army to their assistance. A sick officer from the 21st Regiment arrives at a hotel in Washington and promptly sends for the surgeon in charge of the district, who visits the patient, gives him a severe reprimand for leaving his regiment; attributes it to cowardice, thus adding insult to injury, and leaves to repeat his visit in two or three days, each time asserting that his illness was of slight importance. After a few days his friends became alarmed, and one more anxious and officious than the rest, warned his mother who was then with him, that unless better attended, her son would die, and so he did. His remains now repose in one of our beautiful cemeteries, and the day is not yet forgotten by many sad hearts when his body was borne through our streets and deposited in its final resting place. I shall never forget that surgeon for his heartlessness, nor forgive his neglect.

A Captain engaged in that murderous assault upon the Heights of Fredericksburg, had the misfortune to be struck in the thigh by a "minnie." He fell instantly, and rose as quickly to his feet, was assisted to the hospital, and the ball taken out by incision posteriorly. An amputation was decided upon. To this he demurred, saying that as he could stand and walk he knew the bone was not broken, and amputation unnecessary. Several surgeons examined and declared the bone shattered, for could they not feel with their fingers the sharp points? It was finally conceded to wait until a certain Surgeon, named by the Captain, could examine it, and if he coincided with them, he would yield and submit to an immediate amputation. He came, and in his examination had the satisfaction, after some exertion, to remove one of the splinters, and taking it to the light exclaimed, "By G—d, gentlemen, that man's thigh-bone is made of gutta-percha." Then examining his pants, it was found that the ball had struck the contents of his pocket, and carried the fragments of his gutta-percha comb into the wound, and it was these fragments that were mistaken for spicula of bone. I have seen the ball that did this mischief. The Captain's theory was better than that of the surgeon. He said, "if the bone

is broken, how could I walk?" They answered, "if the bone is not broken, whence these fragments!" The limb was saved by accident, and is now as good as ever. The Captain has his own self will, and not the half dozen surgeons in attendance to thank that he now has two legs to walk with. It was perhaps a natural mistake, but if the Surgeons possessed as much good common sense as the Captain, it never should have occurred.

An assistant surgeon had his arm amputated in a hospital in Washington, and died in the night from hemorrhage. Was this not from ignorance or carelessness?

Another soldier had his arm amputated just above the elbow. The surgeon dressed it, applying fifteen yards of bandage, covered with oiled silk, and tied below and at the shoulder so tight as to ligate it. He also died. I could go on enumerating cases, but will only allude to the case of Col. Newman, as related by Dr. Swinburn of Albany, and published in some of the journals and New York papers. I would like to see the man that could read it and not feel indignant. For this class of Army Surgeons my remarks were intended; and from this class it would seem that Dr. Peters would "avert obloquy." I have never by word or thought "slurred" the careful, competent surgeons of the army. I know quite well how to appreciate their services. They need no defence, for I have not placed them on trial. As for the incompetents, (and I am sorry to say they are but too numerous,) I shall never cease to condemn. Too many of their victims remain to mourn over their sufferings and their wrongs:

"It may be for years; it may be forever."

With these remarks I leave the Medical Army Staff to take a look at the Doctor's next paragraph. It is so long, contains so much, and proves so little, that I hardly know where to begin. The glibness and facility with which he disposes of the question at issue, can only be equalled by that of its invention and the mythical cases cited from a *very convenient* memory. He now says his "*cases*" all occurred within a short time, in one camp, and all attended with derangement of the digestive organs. Now I think the Doctor should begin to see through the mist and understand his "*cases*," for he knows as well as I that the remedies used for the derangement of the digestive organs referred to, consisted of mercurials, saline aperients and aromatic sulphuric acid and opium. And from this treatment comes what? "Spontaneous salivation," of course. As he says he has consulted one of our oldest and most scientific physicians. I will also say for what it is worth, that some years ago I recollect being cautioned by an experienced

physician and teacher, to be cautious in exhibiting calomel in connection with muriatic acid, for fear of salivation by the chemical change alluded to, and made so light of, by Dr. Peters. Whether the Doctor's adviser would have been benefitted by my counsel in his cases or not is of little consequence; of one thing I am fully convinced, and that is, *if he administered mercurials* to his patients, and they became salivated, he would not have been at a loss how to account for it. If Dr. Peters has not yet discovered the danger of administering acids and mercury, he has much to learn before I should be willing to trust myself to his care. And when he says with such apparent ecstasy to the profession: "There's a discovery for *you*," he had better say *for me*, for I can assure him it has occupied minds far superior to ours.

I have not said that acetic acid alone would change the mild chloride to the bi-chloride, but that some acids do, there is little doubt. The *modus operandi* would be as difficult to explain to his satisfaction as why a "Chimera ruminates in a vacuum." "No other paper has the news." This trifling expression is characteristic of one who having been blind, begins to see. I spoke of the recklessness of *some* army surgeons in the use of medicines and their manner of examination and prescribing. On this subject the Doctor is silent, and endeavors to demolish "Medicus" with his wit; but facts will be stubborn things, and he will find that time and experience will upset many a fine theory.

The Doctor seems to think very lightly of my quotation from Braithwaite, which I thought sufficient to demonstrate the object in view. It will not do to dodge from the real question to that of how *acetic acid* can change the chlorides. It must be remembered that we have often to rely upon others more experienced than ourselves for the facts to establish a single point; hence reference to those who have preceded us becomes indispensable. For the purpose of enlightening the minds of such as find their patients salivated after giving *small doses* of hydrargyrum, and are unable to account for it, because they gave only small doses, I will quote some cases:

"The use of six grs. of blue pill in divided doses, for three days, caused excessive salivation with great constitutional disturbance, offensive evacuations, copious sweating, bleeding from the nose, purple spots on the skin, dilated pupils, and such severe local disease that the teeth dropped out and the patient died in six days."—*Lancet*, vol. 1, p. 205.

“Three grs. corrosive sublimate given in three doses caused violent salivation and death.”—*M. Colson in Arch. Gen. de Med. xii, 84.*

“Five grs. of blue pill given for three nights caused fatal salivation.”
London Med. Gazette, 1, 775.

“Two grs. calomel have caused ptyalism, extensive ulceration of the throat, exfoliation of the lower jaw and death.”—*Trans. Dublin Coll. of Physicians, iv. 91.*

It is also known that three drachms of mercurial ointment have caused salivation and death. I would like to ask if soldiers ever use that article? Of course not, that Dr. Peters knows of, judging from his own statements. We expect of course these cases will be attributed to idiosyncrasies, which I am willing to grant.

Now I would like to ask Dr. P. one question, which may be very clear to his comprehension, but not so to mine. It is this: What are the idiosyncrasies I have quoted, and he has harped so much upon, caused by, if not by acids in the “*primæ viæ*,” causing chemical changes? Idiosyncrasies must be caused by something, and what more likely, than that mild mercurials are changed by some acid in the stomach, and hence the wonderful activity of the drug in the cases quoted? Then again it may not be known to Dr. P. that American calomel is often adulterated with corrosive sublimate. But where two grains of calomel cause severe salivation, I would like to ask the Doctor what constitutes the idiosyncrasy? What and where is it located? Unless he can explain I fear his wit and arguments will have about as much effect upon the medical, as the tail of a comet would upon the material world. If you explain, “*Posteritas sum hic res memor.*” If my statistics are wrong Dr. P. is alone to blame. The manner in which they are dodged is very amusing. I still think it strange that those six cases should occur in one month in the 21st, and not affect other regiments in the same proportion. When he said they occurred in the month of August, 1862, I knew that the story was apochryphal; and now they “certainly did occur, but it might be at some other time and place.” Comment is unnecessary.

How ingeniously dates are disposed of. In his first paper he says that his “cases” occurred in the month of August, 1862. The facts stated in my former article in regard to the removal of the sick on the 9th of that month and the marching and fighting which followed left the whole statement in doubt; and if any further evidence were wanting, the manner in which he gets around it is *really convincing*. Hear him: “I do not know

as precise dates are important, but as they have been alluded to, I will say that all these cases occurred in one camp, and previous to the 9th of August, 1862, some may have been seen in the latter part of July." First, it all happened in the month of August. Now he says it might be in July, and at some other camp, and certainly before August 9th. Why? Because when his cases were invented from a few cases of mercurial salivation he did not know that any one would question his correctness and his "literature" would pass unnoticed. According to his last statements his cases must have occurred at camp "Rufus King," which I have the best of reasons to doubt. Next, "Je ne sais oñ le prendre." As to the "most effectual" gargle used, to wit, brandy and water, I deny that any brandy was used for any such purpose, and I know I am right when I assert that all used was to gargle well men's throats, and went to that "bourne" from whence good spirits "never return." I did not say that the disease was confined to "pregnant women and teething children." But that in meu it was rare. As to the literature of the subject, I take no exceptions to his quotations, they are quite familiar to me. It is his own wonderful discoveries, cases, dates, and localities that I have intended to notice. It certainly was unfortunate that he gave dates so precisely in his first communication, and well perhaps that he was indefinite in his last statement as to time and place, for "Medicus" might have been *there* to see. I will cheerfully lend him my pen, if, "with the feather end dipt in acid," or *any thing* else he can obliterate his mistake. I have no doubt the surest method of obliterating it from the Doctor's memory, would be found in the free use of the "*most effectual*," certainly it is too palpable to be hid in the dense "cloud" of smoke attempted in his last communication.

With this subject I have done.

Truly yours,

MEDICUS.

MISCELLANEOUS.

ON A NEW METHOD OF PERFORMING IRIDECTOMY.

BY JULIUS HOMBERGER, M. D.,

Editor of the *American Journal of Ophthalmology*.

A great difficulty in performing iridectomy for the purpose of diminishing intra-ocular pressure, consists in the removal of the iris *to its ciliary insertion*. Another necessity, which is also not easily accomplished in

many cases, is the excision of *a large piece* of the iris. As it is necessary to go far beyond the margin of a dilated pupil with a lanceolar knife, in order to get a large corneal wound, the danger arises of injuring the lens, which is considerably pressed forward in glaucoma. Again, the instances are not rare where even experienced assistants fail to cut off the iris to the edge, and thus cause a negative result of the operation.

It is not my intention to analyse or to criticise the different modifications which have been invented by Von Graefe, Arlt, Frobilius, Bowman, and others, with a view to do away with these difficulties. No practical eye-surgeon will deny that, in spite of all modern propositions, the execution of iridectomy is still attended by the above named inconveniences.—Therefore, though the method which I am going to describe has not yet stood the test of numerous experiments on living subjects, I do not hesitate to recommend it to the readers of this Journal for further trial, confiding in the easiness of its performance and the certain results which it seems to promise.

With a cataract knife, the point of which, directed towards the centre of the globe, is pushed into the sclerotic at a distance of half a line from the margin of the cornea, a linear opening is made, which, by mere pushing forwards of the knife, is lengthened in a radial direction, until the cut reaches three-quarters of a line beyond the edge of the cornea. During the performance of this cut the back of the knife does not for one moment leave its direction towards the centre of the eyeball. The knife is then gradually withdrawn, so that the aqueous humor is slowly evacuated. By this first act of the operation the anterior chamber is opened, and the iris fissured, from its ciliary insertion, up to a point about half a line distant from its periphery.

The second act of the operation consists in the introduction into the wound of one branch of a fine, but strong pair of scissors, slightly curved laterally. The point of one branch of the scissors is introduced along the posterior surface of the cornea into the anterior chamber, and its cutting edge laid into the angle formed by the junction of the iris and cornea.—By one or two movements of the scissors, a wound is produced corresponding with the size of the piece of the iris which is intended to be removed. It will be necessary, in order to introduce the scissors far enough, to enter first but a little way into the wound made by the knife, and to enlarge it by a small, almost rectangular incision.

In the third act, a common iris-forceps is introduced into the anterior chamber, but not in a diagonal direction, as usual. With its points the operator takes hold of that part of the iris next to the angle of the wound, and, by a slight traction (in the direction of a tangent touching the margin of the cornea in the wound,) he tears the already fissured iris up to the pupillar margin, and then, by continued pulling, he severs it from its ciliary insertion. As soon as the iris is torn off up to the opposite angle of the corneal wound, the operator himself, or an assistant, removes the separated segment of the iris, with either knife or scissors.

The advantages of this method I wish to condense in the following points, and would be glad if by my proposition of a more convenient way of performing iridectomy I had contributed a mite to the universal diffusion of this important operation.

1.—The opening in the anterior chamber is made in such a way that the instruments do not in any way come in contact with the pupillary region, and there is therefore no danger of injuring the lens.

2.—The inner edge of the corneal wound is made with much more certainty in the junction of iris and cornea than with either knife or lance.

3.—The tearing of the iris from its insertion loses by the previously made fissure of that membrane the danger of an accidental dialysis, while it insures a peripheral pupil with more certainty than if the iris is cut off after having been dragged out in the manner hitherto practiced.

4.—The cutting off of the iris may be performed by assistants of little experience, because, even if not well executed, it does not, as in the usual methods, make it dangerous or even impossible to resume hold of the iris.

Finally, I may be permitted to remark that I do not consider the division of some fibres of the ciliary muscle (Hancock) of great therapeutical importance, but that I think, that the angular opening, which allows a part, at least, of the aqueous humor to escape for some time, is very favorable to a gradual diminution of intra-ocular pressure. The importance of a compressive bandage during the after-treatment, may, by this circumstance, be considerably lessened, or even totally annulled.—*New York Medical Times*.

SURGEON GENERAL.—The *Star* says: "The President has ordered a court martial for the trial of Surgeon-General Hammond, under charges of fraud and malpractices, brought by the commission, that not long since examined into the affairs of his office,

It is publicly known, that a number of persons claiming to represent the science and philanthropy of the country, have been exerting themselves here as a committee to produce a free judgment of the authorities against the integrity of the action of the commission instituting.

The charges for, as well as against the characters of its individual members, we may not improperly add, that Profs. Agassiz and Hierce, whose names are found among the alleged signers of the paper or address, have already taken occasion to repudiate it, upon the grounds that they never designed that their names should be used in any such manner, or for any such purpose as those of which the manager or managers of the effort to prevent due investigation of the Surgeon-General's official conduct have undertaken to use them."

The English of the above paragraph is not very manifest; but if it means anything, shows intense partizan strife, and confirms us in the opinion, that the Surgeon-General is being used, by several parties, *very meanly*.

UNITED STATES SANITARY COMMISSION,

To His Excellency the President of the United States:

Sir:—The United States Sanitary Commission authorized by the government to act as a Commission of Inquiry and Advice in respect to the Sanitary interests of the National Forces, have been for more than two years and a half close and careful students of the medical and hygienic affairs of the army. They ought to be, they are thought by the people of the United States to be, they claim to be, better acquainted with the working of the Medical Department, whose deficiencies, mistakes, and necessities, it is their solemn duty to discover and obviate, than any other responsible body of witnesses. Trusting in their discretion, zeal, and works, the people of the loyal States have made them their almoners, to the extent of seven millions of dollars worth of Sanitary Stores, and a million of dollars in money. The disbursement of this immense charity has brought our agents into close and continual contact with the Medical Department, to whose steady and rapid improvement from the imperfect state in which we found it, to its present degree of surprising and gratifying efficiency, we are able to lend a most indisputable testimony. We attribute this immense improvement to the fact that for two years the Medical Department has been directed by Dr. W. A. Hammond, Surgeon-General; a man known to all impartial and competent judges, as thoroughly scientific, highly endowed,

large-minded, and an energetic and controlling administrator. He was selected for his office solely for fitness, and in our calm and deliberate judgment, his administration has more than justified all the high hopes and expectations of those who recommended him for the place.

We hear from sources that do not permit us to doubt the fact, that cautious but systematic efforts are now making to remove Surgeon-General Hammond from office. In the name of some millions of constituents, in the name of the homes of this country, whose solicitude, liberality, and watchfulness, we represent, we respectfully and conscientiously protest against the secret tribunal, and the indirect methods, by which the good fame of the Surgeon-General has been already seriously, and we believe unjustly, aspersed. We protest, in our character of experts, a body whose business it has been made, to inquire and advise on this very subject, that the removal of Dr. Hammond would be as serious a blow, at the lives, comfort, and efficiency of the army, as the enemy itself could inflict; that the science of the country, the humanity of its homes, and the army itself, would resent it, as a cruel wrong and an alarming error; and we feel ourselves bound, in the interests of the Soldiers in the field, and of those about to enter the service of the country, in the defence of our own principles and convictions, and in the name of the science, the charity, and the fair-mindedness of the Nation, to beg that no further steps in this direction may be taken, without a full and fair trial of Surgeon-General Hammond upon the charges alleged to have been secretly made against him.

December 29, 1863.

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| H. W. BELLWS, | WOLCOTT GIBBS, |
| WM. H. VAN BUREN, | GEO. T. STRONG, |
| C. R. AGNEW, | |

Standing Committee U. S. Sanitary Commission.

—[*New York Medical Times.*

BERKSHIRE MEDICAL COLLEGE COMMENCEMENT.—The Berkshire Medical Institution had its annual commencement in November. The Diplomas were awarded to the graduates by the venerable President, Dr. H. H. Childs, and delivered by the Deau, Prof. Greene. We give the names, residences, and subjects of these:—

Kirk H. Bancroft, Lowell, Pneumonia; Maurice K. Bennett, Burlington, Ct., Gonorrhœa; Charles F. Couch, Pittsfield, Etiology; A. P. Folsom, Oldtown, Me, Exercise; Wm. H. Graves, New Mulford, Ct., Death; Wm. H. Gray Acton, Scorbutus; E. W. Loveland, South Hartford, N. Y., Importance of a correct Diagnosis; J. F. Niver, Cedar Hill, N. Y., Fractures; C. A. Osborne, Oneida Lake, N. Y., Puerperal Fever; Ralph Sherwood, Fairfield, Vt., Intra-Capsular Fracture Cervix Femoris; David Stephens, Addison, N. Y., Shock; R. S. Turner, Morristown, N. Y., the Human Skin; Frank Whitman, Bernardston, Coxalgia; J. J. Woodbury, North Dana, Dyspepsia; J. K. Draper, U. S. A., Quinia; B. H. Gaskill, Pancoastborough, Ohio, Physiology of Circulation.

Dr. Childs addressed the class with much feeling, complimenting them upon the high rank that they had taken as professional scholars, and invoked the Divine blessing upon their future course. The Honorary Degree of M. D. was conferred upon Drs. M. A. Patterson of Michigan, and Jonathan Brown of Massachusetts. The commencement address was given by Dr. Pliny Earle, Professor of Materia Medica, Hygiene and Psychological Medicine. The address was upon the importance of teaching the latter branch of his professorship in American Medical Schools, where it seems to have been strangely neglected—the Berkshire College having been the first, and thus far the only institution to establish a chair for instruction in this, which Prof. Earle justly styled the noblest branch of medical science—that which treats of diseases of the mind.

Physicians' Hand-Book of Practice for 1864, by WILLIAM ELMER, M. D. *New York:* W. A. TOWNSEND, *Publisher*, 39 *Walker Street*.

The following is the Table of Contents: Preface—Classification of Diseases—Fever—Eruptive Fevers—Constitutional Diseases—Diseases of Blood and Blood-Vessels—of Brain, Spinal Cord and Nerves—Diseases of Respiratory Organs—of Circulating Organs—Digestive and Absorbent Systems—of Internal Organs of Secretion—Cutaneous Diseases—Diseases of the Re-productive Organs—Midwifery and the Diseases of Women—Ready Method in Asphyxia—Poisons and their Antidotes—Diagnostic Examination of the Urine—The Pulse, Table of, &c.—List of Incompatibles—Medicinal Weights and Measures—Abbreviations of Medicinal Properties of Remedies—Materia Medica—Index of Common Names of Remedial Agents—Extemporaneous Prescriptions: Remarks and Examples—Explanation of Signs, &c., to be used in the Record—Names and Addresses—Bills and Accounts—Record of Practice and Treatment—Obstetric Calendar—Obstetric Record—Wants and general Memoranda—List of Nurses.

This is the most complete "Hand-Book of Practice," published. In all its arrangements it is unexceptionable. It is remarkable how much is crowded into a Pocket Memorandum Book, which is almost indispensable to the physician. They are for sale in Buffalo by BREED, BUTLER & Co.

GODEY'S LADY'S BOOK FOR 1864.

We are in receipt of the January number of this popular Magazine and observe that for 1864, great improvements are proposed by the publishers. For the last thirty-four years this Magazine has been one of the most popular literary publications of the country. The illustrations, fashion-plates, and engravings, are always in the highest style of the art, while the communications are by the most eminent and popular authors. The terms are as usual, \$3 per year; Two copies, \$5; Three copies, \$6; Four copies, \$7. Club Terms still more favorable; for details of which, notice January number.

NEW YORK ACADEMY OF MEDICINE.—The annual oration before the Academy of Medicine was delivered on Thursday evening, December 10th, at the hall of the University College, by PROF. JOHN W. DRAPER. The subject, was the Influence of History upon the Medical Profession, and it was treated by the distinguished orator with the most consummate ability. His studies of history enabled him to illustrate his subject with many exquisite sketches, and enrich it with many philosophical deductions. The audience was large and select, and received the address with great favor.—*Medical Times*.

 EDITORIAL DEPARTMENT.

REVIEWS.

Transactions of the Medical Society of the State of New York, 1863.

It was late before we received this volume, and notice of it has been necessarily postponed until it is now almost time for the meeting of 1864. The State Medical Society is in reality an organization for the promotion and diffusion of medical knowledge, and the value of its transactions has been yearly increasing until the yearly volume has become one of great practical importance to the profession of the State, to which it is distributed gratuitously through the County Societies and by other media.

We are informed that the delegation from Erie County Medical Society is never full; this we are sorry to learn, for if the County Society is of any value whatever, it consists in forming connection with the Medical Society of the State; if it fails in performing this function it fails of everything useful, and should not be even tolerated, if it has not vitality and vigor enough to do at least one thing valuable. It had two delegates in 1859, and one in 1863. This is the only representation in several years. The

Buffalo Medical College, entitled to one delegate, has been represented only two years in the past eleven, showing about the same inattention to the meetings of the State Society, as that manifested by the Medical Society of the County. We feel a little mortified that so great indifference and neglect should be manifest in Erie County, to the claims and value of the Medical Society of the State, and have called attention to it in this connection with the view to its remedy.*

Returning from our digression, we are to speak of the Transactions of the State Medical Society, and if time and space permitted we should like to give a brief review of each paper presented, of which the volume is composed, but this is uncalled for, since the volume is already in the hands of so many of our readers.

The Annual Address, by Thomas Hune, is the first article, and is "*An inquiry into the degree and kind of influence which the progress of medical science during the present century, has exerted over medical art.*" It is a paper of great interest, expressing the most enlightened views upon the *objects and limits of the art of medicine.* It has been published in pamphlet form and is an article we earnestly recommend to the careful attention of physicians.

Regimental Surgeons of the State of New York in the War of the Rebellion 1861-3, by Sylvester D. Willard, M. D., of Albany, is another paper which was presented, and is embraced in the volume of the Transactions. The profession of New York are under lasting obligations to Dr. Willard for his efforts to preserve the names of the physicians who have been engaged in the army from the State. He invites co-operation and proposes to continue the record and make the report full, and correct.—This paper is also in pamphlet form, and is interesting and valuable, constituting a condensed record.

Interesting and remarkable cases with suitable comments by their reporters, introduced mainly in illustration of general principles constitute a considerable portion of the book, which is put up in "State paper" style, but is however creditable for such a document. The Society and the contributors are greatly indebted to the Secretary, Dr. S. D. Willard, for the labor which has been bestowed by him in the preparation of the volume, and though errors and defects are to be noticed, it is yet remarkable under the circumstances of publication, how correct and satisfactory the volume is made to appear.

* Since writing the above, we have been assured that it is a mistake, and that the Secretary of the State Society has reported Erie County not represented when delegates were present and their names properly recorded.

Transactions of the Ohio State Medical Society.

We are in receipt of the Transactions of the Ohio State Medical Society through the favor of the Secretary, Edward B. Stevens of Cincinnati, to whose efforts the Society are largely indebted for its prosperity, and especially for the value of the yearly volume of Transactions.

The first article consists of a detailed report of the proceedings, the most remarkable part of which are the resolutions, or report adopted concerning the exclusion of calomel and antimony from the supply table of the army. We cannot copy or review, and will pass them over, saying only that they are "*decidedly steep.*"

The second article is the retiring President's Address upon "The cultivation, advancement and elevation of our profession, by J. W. Russell, M. D., of Mt. Vernon. It embodies the usual means recommended for advancing the standard of medical education, and is a plain, practical, common sense address, passing through its different stages, for the most part quite smoothly, but still having some "steep passages" upon exciting objects.

The third article is upon Electricity in Midwifery, by D. S. Gans, M. D., of Cincinnati. Electricity is recommended for "Deficient Labor Pain and Uterine Hæmorrhage," and for "Asphyxia of the New-born." The manner of application is carefully explained.

We then have Report of Committee on New Remedies and on Medical Societies. These are followed by report of cases: "Mollities Ossium, arrest and cure by the use of Phosphate of Lime and Phosphoric Acid," by N. Dalton, M. D., of Logan.

"Remarks upon certain Adipose Tumors," by Alexander McCride, M. D. of Berea, with a list of the members, constitutes the remainder of the volume.

The papers, are many of them, worthy more extended notice, but we have not space to devote to them, and must close by saying that as a whole, the Report of the Transactions is very creditable to the Society.

BOOKS RECEIVED.

Outlines of the Chief Camp Diseases of the United States Armies, as observed during the present War—a Practical Contribution to Military Medicine—By JOSEPH JANVIER WOODWARD, M. D., Assistant Surgeon U. S. A.; Member of the Academy of Natural Sciences of Philadelphia; of the Pathological Society of Philadelphia, etc., etc. Philadelphia; J. B. LIPPINCOTT & Co., 1863.

For sale by BREED, BUTLER & Co.

A Manual on Extracting Teeth; founded on the Anatomy of the parts involved in the operation; the kinds and proper construction of the instruments to be used; the accidents liable to occur from the operation, and the proper remedies to retrieve such accidents. BY ABRAHAM ROBERTSON, D. D. S., M. D., author of *Prize Essay on Extracting Teeth, etc.* Philadelphia: LINDSAY & BLAKISTON, 1863.

For sale in Buffalo by BREED, BUTLER & CO.. Price \$1.50.

ANNUAL MEETING OF THE ERIE COUNTY MEDICAL SOCIETY.

This Society held its Annual Meeting at the rooms of the Buffalo Medical Association Tuesday, January 12th, 1864. The election was held, which resulted as follows:

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| President, | - | - | - | - | DR. C. C. WYCKOFF. |
| Vice-President, | - | - | - | - | DR. GEO. ABBOTT. |
| Secretary, | - | - | - | - | DR. LEON F. HARVEY. |
| Treasurer, | - | - | - | - | DR. WILLIAM RING. |
| Librarian, | - | - | - | - | DR. J. C. SAMO. |

PRIMARY BOARD.—Dr. C. S. Dayton, Dr. S. W. Wetmore, Dr. P. P. E. Tobie.

CENSORS.—Dr. T. M. Johnson: Anatomy, Physiology, and Surgery. Dr. M. H. Shaw: Practical Medicine and Obstetrics. Dr. J. R. Lothrop: Chemistry and Pharmacy. Dr. O. K. Parker: Materia Medica and Botany. Dr. J. E. Peters: Medical Jurisprudence and Pathology.

It was resolved by the Society that notices be served upon all not members in the County, to become members of this Society, and if failing to do so, they be treated according to the reading of the By-Laws of the Society.

Dr. J. A. Peters read an able paper, the subject of which was Quinine. He was given a vote of thanks, and a copy was requested for publication in the Buffalo Medical and Surgical Journal. Dr. Winne stated to the Society that the case of Dr. Bartlett, which was decided against the Society in the Supreme Court, had been carried to the Court of Appeals, and a decision would be rendered in February, probably favorable to the Society.

Drs. George Ayer and H. B. Horton were admitted as members.

LEON F. HARVEY, Secretary.

B U F F A L O

Medical and Surgical Journal.

VOL. III.

FEBRUARY, 1864.

No. 7.

ART. I.—*Notice of Dysentery, as it occurred in some parts of Central Ohio, By ANDREW J. SCOTT, M. D., Loudonville, Ohio.*

During the early part of the past summer, we had more than an ordinary number of cases of intermittent and remittent fever, all presenting much of biliary derangement, and frequently accompanied by an extremely irritable condition of the stomach and bowels. These continued to prevail till about the first of July, and then gradually gave way, being soon replaced by an occasional case of *dysentery*, which disease by the first of August had become a regular epidemic. At first prevailing very generally in this and a few neighboring towns, selecting for its victims those of delicate health, particularly children and old people, gradually extending into the surrounding country, growing more malignant in character, attacking in turn and indiscriminately all ages, committing its ravages alike on those living in opulence and in the humble sphere in life, till about the middle of September, having reached its culminating point it began to be more sporadic in character and milder in form, disappearing in the localities where it first appeared, till at last the approach of winter for the present and we vain would hope permanently exempt us from so unwelcome a visitor; one that will long be remembered on account of the vacancies it has caused in many a home circle.

Following as it did malarious disease, periodic in character, it was but natural to infer that it also partook of that character, deriving its origin and existence from the same source, and amenable to the same remedies; but a careful observation of the disease in all its different phases convinced me that it had no connection whatever with malarious poison or malarious dis-

case, unless we attribute all disease to that indescribable something entitled malaria. Instead of being benefited by remedies calculated to arrest ordinary malarious disease, it was aggravated thereby. The symptoms were, as I suppose is the case in all such epidemics, various in character, presenting all the range of peculiarities that we see in the constitutions of patients, and characterized by extreme thirst, a red tongue, nausea, pain in the abdomen, straining at stool, tenesmus and frequent discharges of blood and mucus; but was not accompanied by that amount of fever and general indications of inflammatory action that is spoken of by authors, being fairly entitled to be called *typhoid* in its character, so much so indeed that to meet with a case requiring depleting measures was a rare exception from the ordinary cases; an exception indeed, that did not fall under my personal observation, though I heard of a few falling under the observation of neighboring practitioners. The various modes of treatment as laid down by Watson, Wood and other eminent physicians, were in turn resorted to in my cases, except bleeding, an omission which I have now no reason to regret, and should feel fully as well satisfied had the next powerful depletant, namely, emetics, been left out in the same category, as in the few instances in which I employed them, they did not appear to be of any benefit, and decidedly prostrated my patients, sacrificing the strength, which in the future of the disease they so much needed.

One of my neighbors informed me he cured all his patients by administering at the outset a full dose, say ζ vi. bitart. potass; another that he cured all his, by administering opium and tannin in combination, opii gr. i, tanniu gr. iii, every four to six hours; but it was not my fortune to be so successful, though I used these remedies, as well as almost every other mentioned by our standard authors for the treatment of this disease.

The indications, as I conceived in this epidemic, were, to relieve the pain and suffering of the patient, promote the flow of bile, of which there was nearly always not only a deficiency, but an entire absence, arrest the intestinal disease and support the strength. For this purpose I found that opium in some form, calomel, castor oil and brandy, together with cataplasms, warm fomentations, enema, mucilage, and a milk diet, were the best means in my hands; and nothing outside of these remedies appeared to possess much real value, except sub. nit. bismuth, which I have not noticed as a standard remedy in this disease, but which proved exceedingly useful in many cases, allaying irritability of the stomach, and acting as a sedative, affording relief not given by any other med-

icine. The time required for a given case varied, as might be expected, in proportion to the constitution of the patient and the severity of the attack, ranging from a few days to as many weeks; but generally yielding within ten days to the proper remedies, or about that time assuming grave features and rapidly running its course, to be terminated in death. Many of the cases were mild, and evidently nature possessed the power to throw off the disease; in such cases but little treatment was necessary further than to regulate the diet and enjoin quiet on the patient; this rendered the table of mortality more creditable to the physician. But many of the cases were of the most grave character, the following of which selected from over a hundred which came under my personal observation, will serve to give the reader some idea of the character of this epidemic.

August 27th, was called to see M. R., an intelligent little girl of five years, and learned she had been suffering from a severe attack of dysentery for the last four days, and was then having frequent discharges of bloody mucus, with severe pain, a feeble circulation, thirst and much nervous irritability. She had been under treatment. Ordered opii gr. ss, with calomel gr. i, every four hours, alternated with enema, composed of mutton suet, water and five drops of laudanum, mustard cataplasms and warm fomentations.

August 28th. Patient much as when last seen; pulse 140 per minute; had not taken any nourishment; continued treatment, increasing the quantity of laudanum, the anodyne being well borne; and ordered a full dose of castor oil and turpentine at bed time; mutton tea and milk punch to be given to support the strength.

August 29th. The oil had produced free catharsis, changing for a short time the character of the stools, though scarcely ameliorating the unpleasant symptoms, and but little nourishment had been taken. Ordered opii and calomel gr. ss each, every four hours, with anodyne and astringent enema, warm bath and nourishment as before.

August 30th. No change to note, only patient growing weaker; found it had been necessary to increase the quantity of anodyne in enema; that being the only means of securing any rest for patient. Withdrew the mercurial and continued other treatment, urging the free use of milk punch.

August 31st. Patient evidently sinking, extremities cool, pain extreme, and only relieved by anodyne enema; stools more natural; appearance of

bile, but little blood, though very frequent, as often as four in an hour. Ordered anodynes as before, occasional large enema of warm water and milk to relieve the tormina and enema containing laudanum when necessary to secure rest; milk punch and other suitable nourishment.

September 1st. Patient sunk down and died early in the day.

In this case there was but little febrile excitement, the surface being rather cool, and the capillary circulation deficient. From the first time I saw this case it gradually failed; each succeeding visit finding it worse no medicine really proving of any service except *anodynes*, which in a measure relieved the distress they could not cure.

Case 2d—August 27th. Called to see Dr. —, aged 64, (who had been the physician first called to the former case which resulted so unhappily in my hands.) He was suffering from an attack of dysentery which had caused him some distress for a day or two, but had attacked him with alarming violence the previous night. This case was one of more than ordinary severity, and in addition to the symptoms common in such cases, was accompanied by the most irritable condition of the stomach imaginable. Ordered calomel gr. xx, to be followed by a full dose of castor oil, mustard cataplasms, warm fomentations, etc.

August 28th. Patient much as when last seen, though the medicine had operated freely as an emetic and cathartic, carrying off a large quantity of bilious matter. Pulse 100 per minute and quite feeble; other symptoms as when last seen. All food had been rejected almost immediately on taking. Ordered opium gr. iii, alternated with sub nit. bismuth gr. iv, and allowed gum water and toast water for drink; warm fomentations continued.

August 29th. No change to note. Continued treatment.

August 30th. Much as when last seen. Continued treatment.

August 31st. No change. Continued treatment, with the addition of gr. ii calomel, every six hours.

September 1st. Ordered a full dose of castor oil and applied a large blister over the stomach and bowels, to be followed by former treatment.

September 2d. Stomach less irritable; other symptoms much as when last noted. Continued the opium and bismuth, and ordered all the milk punch the stomach would tolerate.

September 3d, 4th, 5th, 6th and 7th. No change to note from the 2d. Continued the treatment, moving the bowels in the mean time with castor oil. ♀

September 8th. Discharges less frequent, tongue slightly moist, had rested better during the night; stomach had retained more food. Continued opium and bismuth with an increased quantity of stimulant and nourishment in the shape of milk punch, hot sling, toast, etc.

September 9th. Patient improving; discharges growing less frequent, with but little blood; pulse feeble, requiring stimulant freely. Ordered sufficient anodyne to secure rest.

September 10th. Patient still improving slowly, and went on to a favorable convalescence, being able to resume his professional labors in a measure by the 25th of the month.

Case 3d—September 15th. Visited Mrs. F——, aged 60 years. Pulse feeble, and only 50 in a minute; surface cold, tongue dry; stomach irritable, discharges frequent and abundant, consisting of coffee-ground colored substance, mingled with blood; pain and nausea. Ordered calomel gr. ii, opium gr. i, every five hours, with subnit. bismuth gr. iii, at equal distance, with mustard cataplasms, warm fomentations and stimulants.

September 16th. But little change. Continued treatment, diminishing the quantity of opium to gr. one-fourth, the pain being less; and ordered astringent enema.

September 17th. No change worthy of note. Ordered castor oil.

September 18th. The oil had for a while changed the appearance of the stools, but they had again assumed the former character, occurring once in two hours; patient free from pain, though evidently prostrating; pulse only 48 per minute. Ordered acetate lead gr. ii, every four hours with astringent enema and stimulants,

September 29th. Patient evidently sinking; stools as frequent as before; added kino, and continued other treatment, endeavoring to arouse the capillary circulation by friction with dry flannel and washing with nitromuriatic acid.

September 20th. Much as when last seen, Continued treatment,

September 21st. Patient died.

In this case it may be proper to remark that this attack had supervened upon a former one about three weeks previous, from which she had recovered readily. After the first day she suffered but little pain or thirst; stomach tolerated medicine, ordinarily well; pulse never raised above 50 in a minute. Neither mercurials nor astringents had any effect. Opium produced stupor, consequently was but sparingly administered, stimulants alone appearing of any benefit, and by their free use unquestionably prolonging life.

Case 4th—Sept. 4th. Was called to see J. D——, a healthy boy of 7 years, who had the previous night an attack, and was then presenting all the symptoms of a well marked case of dysentery. Ordered calomel gr. viii, to be followed with castor oil.

Sept. 5th. Patient much improved, stools nearly natural. Ordered Dover's powder gr. iii, every six hours.

Sept. 6th. Dismissed patient, supposing him well.

Sept. 9th. Was called again to see him, he being reported, having a relapse; found discharges frequent, with all the dysenteric symptoms manifested in the most aggravated form. Ordered calomel gr. viii, to be followed by castor oil.

Sept. 10th. Medicine had operated, but produced no change. Ordered calomel gr. ss, opium gr. ss, every four hours, alternated with xv. drops of a combination of Tr. digitalis and spirits nitre, and warm fomentations.

Sept. 10th, 11th and 12th. No change to note. Continued treatment, with the occasional addition of a few drops of laudanum.

Sept. 13th. Ordered a full dose of castor oil, to be followed after operating by former treatment.

Sept. 14th, 15th, 16th and 17th. But little change. Continued treatment.

Sept. 18th. Ordered castor oil, to be followed by ten drops of laudanum every five hours.

Sept. 19th, 20th and 21st. Used the laudanum, only giving small quantities of port wine.

Sept. 22d. Ordered calomel and oil, to be followed by laudanum with a small quantity of port wine.

Sept. 23d. Stools bilious, slightly streaked with blood, less frequent, the patient having rested for several hours the past night. Gave only laudanum and wine.

Sept. 24th, 25th and 26th. Patient improving slowly. Continued laudanum and wine with milk diet.

From this time on there were no dysenteric discharges, though he still had some fever and a very irritable condition of the bowels, which persisted until about the 5th of October, which was eventually controlled by the internal administration of nit. silver.

In conclusion it may be proper to add that the disease was contagious in character, though not affecting all who came in contact with it; seldom did it enter a family without making more or less impression on most, if not

all its members. While it is a disease that in most cases will yield kindly to treatment, in many cases it appears from the beginning to be of a singularly grave character, bidding absolute defiance to all efforts to even alleviate suffering, on account perhaps of the malignancy of the attack, or some peculiar condition of the system, owing to which, medicines are, either not absorbed at all, or are perverted from their natural influence. Consequently we not unfrequently saw astringents fail to act as such, mercurials to have their specific, or even any effect; while opium and the various anodyne preparations nauseated, and failed to relieve pain, even aggravating an already irritated alimentary canal, producing as it were in an aggravated form the very trouble they were given to relieve. The cases where the disease was confined to the colon and rectum were almost uniformly amenable to treatment, and attended with early and favorable results. It was only where the disease was associated with an irritable condition of the entire alimentary canal, and consequent derangement of the digestive organs, that the disease assumed its gravest type. I am more than ever convinced of the utter contempt that we should feel toward all specifics that are lauded by irregular practitioners in the treatment of this disease, such as *charcoal*, *leptandrin*, etc.; they may be of use in some cases, and at certain times, but he who lauds them as specifics forfeits his right to an honorable place in the profession.

The writer has not presumed in this article to instruct any member of the profession, but has reported these cases, remembering with what anxiety he perused every late journal that fell under his observation, hoping to find something *new*, that would prove as a beacon-light to a shipwrecked mariner. Therefore this has been written, hoping it may call forth the efforts of some who are able to brace up the younger members of the profession when a fearful epidemic threatens alike to sweep away both patients and reputation.

ART. II.—*Cases occurring at Union Chapel Hospital 1862.* By W. H. BUTLER, *Act. Asst. Surgeon U. S. A., late in charge.*

Pernicious Fevers.—Alexander Craig, aged 26, Co. E, 32d N. Y. Vols. was admitted to Union Chapel Hospital July 7th, 1862. He was then suffering from debility consequent on chronic diarrhœa, which he said had troubled him for several months previously. After being in the house a few days he had a return of the diarrhœa, which was checked to some

extent by opium, tannin, acetate of lead, etc., in various combinations. Quinia, brandy, rhubarb and bitters were given as tonics and appetizers. He seemed to be, and was, getting better; went about the house daily, with few exceptions. August 3d, was apparently going on very well, had no fever, but had some looseness of the bowels. For this opium and rhubarb ãã , gr. i, every four hours were given, as these remedies had operated well before, to check the diarrhoea. About midnight he was taken with a bad diarrhoea, and between that hour and seven A. M. of the 4th, had several stools of a watery character. On the way to the ward after the last evacuation he was seized with cramps, pain in the bowels, his lips appeared livid, eyes sunk, cold sweat all over the body, body cold and purplish, breath cold, general collapse, The fingers and hands looked as if they had been soaked in water. Inspirations slow and prolonged, apparently made by a double effort. Breathing 20 per minute. Pulseless; was given at once spts. vini galleii ʒij , and every 20 minutes ʒi , with friction to all the extremities. Seemed to be dying; said he felt as if he was. Eight and a half o'clock he was given brandy ʒi , capsicum gr. ij, and rubbed with whisky and water, and then enveloped in sheets wrung in hot water, with bottles of hot water to his feet. At nine o'clock he took brandy ʒi , tr capsicum and camphor ãã ʒi . Nine and a half, sulphuric ether ʒss . He had a rice water discharge, and after, was given starch enema with tr. opii ʒi , asafetida gr. x. Up to this time none of the remedies seemed to have the slightest effect. Ten o'clock, still collapsed, cold and pulseless. ℞ carbonate ammonia gr. v, to be repeated in two hours. After the second dose he seemed to revive some; had a faint pulse, 130 per minute. Has complained some of thirst, and wants water; still talks in a low whisper. The ammonia was repeated at three o'clock P. M., with a little beef tea at intervals, but all nourishment seemed repugnant to him. ℞ at four P. M. S. quinia in sol. gr. iv, every three hours. He seemed better at seven, and was given some beef essence, which he immediately vomited, and soon after had an involuntary movement of the bowels, very watery, and containing patches or flakes of white mucus. An enema of starch with tr. opium and plumbi acetat grs. iij, was thrown up the rectum; this he retained a short time.

Eight and a half P. M.; with a view of controlling the irritability of the stomach, the following was given: ℞ hydrag chl. mite gr. i, opii pulv. gr. ss, every three hours. To have carbonate ammonia gr. v, if he feels faint; beef essence given at 12 M., and 4 o'clock A. M. He was carefully

watched, fed at times, as he would seem to rouse, with weak brandy sling, and kept warm, but at seven o'clock of the 4th, a sudden change for the worse took place and he died at eight o'clock, living twenty-five hours from period of attack.

Gun-shot wound of Shoulder—Removal of Acromion Process.—William Evritt, aged 22, private 83d Pennsylvania Vols., generally healthy, was wounded at the battle of Malvern Hill. Ball entered in front, two inches from outer aspect of left shoulder, passing apparently below clavicle, between coracoid and acromion processes, shattering the acromion at its junction with spine of scapula. The ball was extracted over spine of scapula six days after, the surgeon having simply to make an incision. No cloth or bone removed. Was admitted to Union Chapel Hospital, Washington, D. C., July 7th, 1862. Wound had simple dressing, little inflammation present, considerable pain on motion.

July 17th. Patient has done pretty well up to date, but for four days past he has complained of pain which required opiates for its relief. Dr. Coolidge, Medical Inspector U. S. A., assisted by Drs. Bliss, U. S. V. Page, U. S. A., Stone, Bigelow. Kennon and Butler, removed the acromion. Patient under ether. An incision was made from one wound to the other, and the broad flap turned over the shoulder. The acromion was dissected out and the spine cut close down to remove all roughness, and tapered well back by bone forceps. Two arteries required ligatures. The flap was brought together with four deep stitches, and supported by broad strips of adhesive plaster going to the opposite shoulder.

July 25th. All going on well; wound is strapped once daily; the cloths changed as often as required, when the wound is gently sponged. Cold water is kept on sufficient to keep it moist as it feels grateful. There has been some tendency of the pus to burrow under the common integument, both before and behind, which is prevented by placing compresses of lint, so the adhesive plaster shall firmly compress the two walls. This tendency was noticed on the twenty-first, and is almost entirely removed to-day. This patient's wound healed slowly, and he was discharged September 3d, 1862, having only moderate use of arm; shoulder quite weak.

Gun-shot wound Shoulder—Death by Pyemia.—William Fuller, Co. F. 18th Massachusetts Vols., wounded August 30th, 1862, battle of Bull Run; entered the hospital August 31st. Appearances—circular wound of arm, four inches below acromion process of scapula; shoulder swollen, complains of pain on motion, some yellowish discoloration over outer part

of scapula, and tenderness on pressure; applied cold water constantly, which had the effect to reduce the swelling.

Sept. 3d. Cut down on outer edge of scapula about two inches below acromion process and extracted part of a musket ball greatly misshaped and irregular.

Sept. 5th. Removed another piece of ball from over the scapula, and one inch towards the spine of back in a separate channel; also a few pieces of comminuted bone, apparently of outer edge of scapula; this proceeding lessened the pain and irritation which had been constant, and soon after the swelling was greatly reduced; wound left open and has discharged a very offensive sanious matter since.

Sept. 15th. Several small pieces of bone found in the dressing this morning, brought away by the copious discharge during the night. Has complained of chill and fever. \mathcal{R} S. quinia gr. x, opii gr. i, night and morning; best diet, mutton broth, etc.

Sept. 17th. Tongue considerably coated this forenoon. \mathcal{R} hydr. mite gr. v, ext. colocynth gr. v. Had a moderate evacuation from bowels and reported better the next day.

Sept. 18th. Some tendency to fever. \mathcal{R} S. quinia gr. x, opii pulv. gr. i, night and morning. Has an anxious look.

Sept. 19th. Is better; more appetite; continued quinia and opii; good diet, oyster broth, etc. Wash the wound sol. chl. zinci and water, to be dressed four times daily. Wound open and discharging freely. To have beer \mathfrak{z} vij, three times; is very yellow, and has daily a chill lasting an hour or more in the morning, followed with fever; complains of the noise of the house and of being nervous; is sleepy and dosy, but roused easily; mutters some at night; lays in a heavy typhoid state; talks rather thick; evidently the result of pus absorption.

Sept. 20th. Quinia gr. x, opii gr. i, at 11 o'clock; \mathfrak{I} best diet, eats pretty well. Opii gr. i, quinia gr. vi, bed time.

Sept. 21st. Tinct. ferri, mu. chl. gutt. xv. 3t. vin. alb. \mathfrak{z} j, 3t., liq. ammo. acetas \mathfrak{z} ii 3t., quinia gr. x, opii gr. i, nt. and am.

Sept. 22d. Combined tinct. ferri chl. and spts. minderin, opii gr. i, bed time.

Sept. 23d. Has had hæmorrhage during the night. Vin. alb. \mathfrak{z} i, ovum. vit. i, every four hours, cont. iron and wine through the night.

Sept. 24th. Had some hæmorrhage during the night, though controlled yesterday by bandages. \mathcal{R} Tinct. ferri, porter, best diet, etc. Died Sep-

tember 25, 1862, of pyæmia. Post mortem 11 o'clock A. M. Found great quantity of serum in pleural cavity and in pericardium. The lower lobe of left lung presented purple, green and red spots—a mottled appearance, and a gangrenous spot about three inches in circumference on lower margin; small points of pus all through the substance of lungs, and a considerable quantity oozed out on pressure. Apex of left lung ulcerated at the point, and was adherent to the ribs—evidences of recent pleuritis on left side. Found old bands of adhesion on upper part of right lung, and evidences of inflammation. Liver—external appearance; color normal, though greatly enlarged, estimated to weigh seven pounds. Cuts firm and looks healthy. The left lobe extended well up against the fifth rib of left side. Gall bladder nearly empty; seemed atrophied. Intestines—stomach healthy; spleen seemed somewhat enlarged and somewhat softened. Kidneys normal. Heart, left side empty; right auricle filled with a fibrinous clot running up into veins of head. Found fracture of scapula caused by the ball, extending from right to left, just below spine and coracoid process—two parts completely severed, and in the centre considerably comminuted. Blood had been effused under nearly the whole extent of the scapula, running back as far as spine of back. the muscles disorganized and greenish. Found a great pocket of coagulated blood running down left arm and all about head of humerus. The muscles for considerable extent in this locality were disorganized and black.

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

TUESDAY EVENING, Jan. 5, 1864.

Minutes of the last meeting read and adopted.

Dr. Gay read the following paper:

At a recent meeting of the Association, I made some remarks upon the treatment of fractures of the bones, and advocated what I was pleased to call the *non-compulsory* plan of treatment, a plan, which, while it does not dispense with suitable appliances, discards all complicated apparatus and the immoderate restraint and force usually employed by Surgeons.

I am reported as advocating, at the same time, measures, the most severe and arbitrary, and a policy styled the do-nothing policy.

I am at a loss to know how such misconstruction could have been given to my remarks, unless the spike of Malgaigne, which was advocated in one

particular fracture *only*, was considered on the one hand severe and barbarous, and the use of adhesive straps and the ordinary appliances were considered, on the other hand, means so mild as to be classed under the head of the so called do-nothing policy.

My object is now to correct such misapprehension, if it exists. I stated then, and reiterate now the same views, viz: That when a fractured limb, after reduction, is placed in that position which insures to the patient least pain and least irritation of the muscles, and left in that position if possible, for a few days without the employment of any considerable force, the greater would be the tendency of the fractured bones, to assume and maintain their normal position. If this proposition be true, which I assume to be true, then as a logical sequence, the more you excite the muscles to contraction by the employment of much force in the onset, and the more irritation and pain you cause, so much the more abortive will be your efforts and the greater tendency of the fractured bones to assume an abnormal position.

I desire to say one word in regard to Malgaigne's Instrument. In the course of the discussion on a former occasion it was said that this instrument had never been used in this country. The absence of practical knowledge was no doubt the reason which led to its condemnation as an instrument of barbarity, and consequently unfit for use. Dr. Hamilton, in his work on Fractures and Dislocations, recommends it, and although he has not yet employed it, proposes to use it the first opportunity that offers in the treatment of the special fracture for which the instrument was designed, viz: Fracture of the upper extremity of the tibia. In an article published in the October number of the American Journal of the Medical Sciences for 1863, in reference to this instrument the author says: This is a new treatment, and the reason why it has not been adopted before this time is probably the repulsive appearance of the treatment to patients and friends. It is found by experience, however, that very little pain is occasioned by wearing for weeks a steel point applied with considerable force to the fragment to be held. * * * This, as a treatment of fractures may be found to be less painful than apparently more comfortable modes of dressing. * * *

This is all I purpose saying by way of correction upon the subject of *extreme* measures and *non-compulsory* means of treatment.

In connection with this subject I desire to call attention to a new article which is destined soon to come into general use in surgery. I allude to

corn chaff. It may be procured at any of the grain Elevators. It may be used in all cases where bran is applicable. Dr. Enos, of Brooklyn first called my attention to it, since which I have used it.

It is light, elastic and porous, and when the dust is sifted from it is much superior to bran. The use of corn chaff has enabled me I think to add something of value to the contributions of surgery, especially that department of surgery which relates to fractures of the femur. For the treatment of this injury I have a method of my own, but for a part of which, am indebted to Dr. Swinburne, of Albany. I will not occupy your time in giving directions *how* to apply this method, nor the dressings, since our surgeon is presumed to be as competent nearly as another in applying any apparatus at hand. I can embrace all I wish to say by simply naming the different parts of the apparatus.

These consist of the perineal and crural bands, scultetus bandage, long corn chaff cushion, for the leg to rest upon, short thigh splints, and straps to fasten them. The counter-extending band is made long, stuffed at its middle with the chaff, and the ends fastened to the head board of the cot which the patient is supposed to rest upon, the extending band, to which is attached a weight, rests over the foot board. The pulley is dispensed with, as it is believed the extension is more steady and uniform without, than with it.

I can hardly see how the bandage of scultetus can be dispensed with, since its application is so simple, and since nothing else will so perfectly control, by uniform pressure around the thigh, the contraction of the muscles. The side splints padded with chaff are strapped on and buckled tightly. This method discards altogether the long side splints as a bungling and unsightly contrivance, and as useless as bungling.

After the first dressing the whole may be removed, the thigh exposed, a soiled scultetus bandage exchanged for a clean one, without the least motion of the limb or pain or inconvenience to the patient. By this method I am at this present time treating an oblique fracture of the femur; the fracture occurring at the junction of the upper with the middle third of the shaft, in a young and muscular patient, and now, eleven weeks after the accident, by the most accurate measurement, the shortening does not exceed one quarter of an inch; the patient, during the whole period of treatment, having been much more comfortable than when burdened with more complicated apparatus.

Dr. Peters presented the following:

I was invited, together with Dr. Ross, by Dr. James P. White to accompany him, December 12th, 1863, to Niagara county to witness the removal of a tumor, supposed to be epithelial cancer, from the labium, and by his courtesy I am permitted to report it here as *apropos* to the discussion had at our last meeting. Found the patient, Mrs. G., a rather tall, spare lady, of 47 years, good general health, and presenting no indications of any unhealthy cachexia. The tumor was first observed about fifteen months since and gradually increased in size until about three months ago, when some escharotic application was made to it, since which time it has been ulcerated and at present discharges a yellow unhealthy pus, of a very unpleasant odor. She has suffered much pain from it and been obliged to take considerable quantities of opium.

The tumor is about the bulk of a hen's egg, though more elongated, reaching from the clitoris to the posterior commissure of the labia, and involving the whole right labium. The orifice of ulceration is of a size to admit one's finger, and the whole inside of the tumor seems to be fast disappearing by the process of ulceration. Dr. White proceeded to operate, assisted by the attending physician, Dr. Wilkins of Middleport, Dr. Ross, and myself. Partial anaesthesia having been produced by means of chloroform, the tumor was removed by a sort of oval shaped incision, and the edges brought together by means of one silk and seven silver sutures. Three arteries were ligated, and the loss of blood, though of course considerable, was not at all excessive. The patient bore the operation well, and being put to bed with her limbs fastened together to prevent any strain upon the sutures from her movements, a full dose of opium was given her, and we left her. Letters received from Dr. Wilkins to a recent date state union to have taken place, the sutures being removed, and the patient walking about.

A careful microscopical examination of the tumor was made by Dr. Mason and the caudate cell containing enlarged nuclei and nucleoli, said to be characteristic of epithelial cancer, was found in abundance. An examination of the base and sides of the mass failed to show any evidence of disease, so that it was concluded that the morbid growth had all been removed.

The first, most natural inquiry in all cases of operation on a malignant growth is, "Will it return?" for if it do the life of the patient is sacrificed. This is a question easy to ask, but to answer it requires not only a complete

knowledge of all the facts in regard to the particular case in question, but a thorough discussion of the pathology of such tumors in general. Can we or can we not cure cancer? Is medical treatment ever of any use in its removal? We cannot answer these questions until we know what cancer is. If it be something heterologous, extraneous to the body, which fastens itself upon the living tissues, and like some foul fiend,

"Monstrum horrendum, informe, ingens,"

goes eating its way to the vitals of its victim, then we should hardly expect either the remedies of the physician, or even the knife of the surgeon, to be of much avail against it.

This has been substantially the view held of it in all ages, and it is undoubtedly to some such idea that it owes its name—Cancer. But we are every day learning that neither the antiquity of an idea nor its novelty necessarily proves its truth. If however, on the other hand, what we term cancer be, not an entity, but a pathological process; not the development of a new growth, but a change in the one already existing; then we should suppose *a priori*, that there could be found some stage in the process at which medication might be available. And this I believe to be the correct idea. To Robin, the microscopist, more than to any other man, the world of medicine is probably indebted for the elucidation of this question.

Starting with the philosophical idea that to know disease we must first know health, this observer first set himself to learn the different phases of normal development of the various tissues of the body, and then armed with this knowledge, boldly proceeded to the investigation of the different kinds of cancer.

The result of this investigation has been to show that what is known as cancer has no real existence, and that what is termed "cancer cell" is only the normal cell of the tissue affected, whose development has either been arrested previous to its arrival at maturity, or has gone on to a stage of degeneration beyond that point. And that we are to attribute the malignancy of a tumor, not to the irruption of some heterologous element into the body, but to a process set up in a tissue on account of some irritated or abnormal tendency of the constitution.

Precisely how this is done is of less consequence, so the fact be established; we are no more in the dark regarding it than we are regarding the progress of cancer under the old theory, or than we are regarding the production of pus. The views of Robin, set forth in the *Dictionnaires*

de Medecine et Chirurgie, etc., are much more strongly expressed than I have here indicated, and that I may not be thought to exaggerate I translate, (from the art. *Heteromorphe*) a few sentences expressive of his views.

"But there is not any more a heteromorphous generation, or a pathological heteroplasty, than there are heteromorphous or heteroplastic substances, elements or tissues. Their existence has been supposed, in default of knowing the facts relative to the generation of the elements, &c.; in default of knowing to what degree their aberrations of development can be extended comparatively to the normal phases of their evolution; in default of being able to connect their different morbid states to the normal states from which they are derived. Thus the words cancerous, schirrous, carcinomatous cells, or their analogues, consequently designate only a *state*, an accidental or morbid phase of evolution, most often of epitheliums, and sometimes of embryoplastic nuclei. But they do not designate a heteromorphous, or determinate and distinct species of element, or of tissue, a species which cannot be connected by its structure, its evolution, and its other properties to the natural tissues."

From these facts it seems to me that a tumor cannot be said to be necessarily malignant *ab initio*, but on the other hand, that any tumor may undergo this process of cell degeneration and exhibit the characteristics of malignancy. The practical application of this would seem to be that some remedy may yet be discovered which shall serve to check this process, and that we should not neglect medical treatment in the early stages of any tumor since any tissue may undergo the malignant degeneration.

The time having arrived for the consideration of the "Special Subject" designated for discussion—*Dr. Rochester* rising in response to the call of the presiding officer said, that in proposing Delirium Tremens, at a previous meeting, he did so, with the express avowal and understanding, that he was not to lead off in the debate, his object being to gain rather than to impart information; but as no one else had volunteered to present the matter, and as it seemed expected of him, he would not decline to bring it forward. Without indulging in any prefatory remarks as to the prevalence or pathology of the disorder, he recognized two distinct forms of the affection, which were perhaps susceptible of many subdivisions. *First*, a wild frenzy, attended with heat of skin, increased arterial action, flushed face, and often irritable stomach, with gastric tenderness and unappeasable thirst, especially for ardent spirits. This was commonly the result of a protracted debauch, the effect of direct and continued alcoholic gastro-cerebral stimu-

lation, and was often manifested when there was no cessation of inordinate dram drinking. This was the veritable *mania a potu*. The *Second* form was a condition of extreme nervous excitement, with physical prostration, sleeplessness, delusions, and inappetency, attended with coolness or moisture of the surface, with a moist, tremulous and slightly furred tongue, with often pallor of the countenance, alternating with flushing—with feebleness of pulse, and without urgent thirst, but with great longing for alcohol. This is usually the result of forced or voluntary abstinence from the habitual excessive use of ardent spirits, and is the true *delirium tremens*.—Between these two forms there are many gradations, and as each particular instance approximates more nearly to the first or second form, there should be a corresponding difference in the treatment adopted. This distinction is not always drawn, and hence perhaps the conflicting opinions of medical men upon the subject. They are both instances of *oino-mania*, but widely different in many essential particulars. The first form is a gastritis with cerebral complication, which latter is probably mere functional excitement. This variety is “cured” by treatment appropriate for gastritis, by counter-irritation over the epigastrium, by swallowing ice, by cold applications to the head, by cathartics acting as derivatives, and by being judiciously let alone. The second form we know less of as respects its pathology; it is the more common, and the more fatal disorder—it is that to which, especially, the inquiry this evening is directed. One tells us, vaguely, that it is “Alcoholismus,” a vinous saturation of the system, and especially of the brain, and that when this is not maintained either by continued supply or by failure of effect, the result is, exhausting depression. Another defines it as Arachnitis. Another regards the alcoholic poison as analogous to uræmia; and still another tells us that the whole difficulty is gastric, and that sub-acute gastritis, softening of the mucous membrane of the stomach, and consequent cerebral sympathy; with the resulting arrest of the digestive and alimental functions, disposes of, and explains the whole subject.

Dr. Rochester, leaving this vexed question to be discussed by others, then proceeded to the consideration of treatment. This unfortunately was rather a matter of empirical experience, than the result of any well established pathological reasoning. It had been his lot to have seen a vast deal of delirium tremens from his connection for the last fifteen years with the hospitals in this and New York city, and the indications, to his mind, were clearly, to support the strength and at the same time allay the excitement of the patients. This can generally be accomplished by the administration

of concentrated nourishment, (as beef essence,) by opium, and by stimulants—they are mentioned in the order of their relative importance. Dr. Rochester had employed and had seen used various methods of treatment, as, stimulation with carbonate of ammonia, the use of the shower bath, the inhalation of chloroform, confinement in dark and in light rooms, the administration in large doses of anti-spasmodics, solely—or narcotics solely as assafoetida, valerian, Hoffman's anodyne, conium, hyoseyamus, belladonna, etc.; he had never given digitalis in the monstrous and dangerous doses recently fashionable, and did not think that practice would be of very long continuance. It is objected to the use of opium, that from an overdose, or from the cumulative effects of repeated doses, fatal narcotism is often induced. This may occasionally be true, but in nine cases out of ten, the fatal coma is the result of asthenia, and this condition is often seen when no opium has been administered. In advocating the nutrient, opiate and stimulating plan of treatment, with the supplementary employment of bitter infusions Dr. Rochester was fully aware of its occasional failure, but thought it, on the whole, the safest and most successful course.

Dr. Rochester desires us to add to the above report of his remarks, the suggestion of the probable success of the hypodermic injection of morphine, as prompt and decided in its action, and certainly not liable to cumulative effects, from any temporary gastric insensibility.

Dr. White said that the views so ably advanced by Dr. Rochester were taught him by his preceptors more than thirty years ago, Dr. Marshall, and Dr. Trowbridge, whose portrait is before us. As to the pathology of this disease we know little or nothing. During the period of his practice he had tried a great variety of remedies—antimony, anti-spasmodics, chloroform, etc., etc., and after each deviation from the original plan, had returned to it with renewed confidence. This consists, in brief, in liberal use of stimulants, short of intoxication, opium to obtain sleep, short of narcotism, nutriment, counter-irritation, moderate restraint under the care of a good nurse. These were the sentiments with which he commenced practice thirty years ago, and the same rules of practice govern him now. There had been little or no progress made in the pathology and treatment of this disease during the entire period. Would notice a remedy mentioned by a British practitioner with high encomiums, ℥ii of red pepper in O j water, ℥ii, every half hour. Chloroform he has given, but it produced convulsions so that patient was in danger of death, and he had given up the practice.

Dr. Strong said that although the subject, so far as regards its nature, conditions and treatment has been discussed somewhat extensively, it still seemed to him that some points had been overlooked. For instance, in the more common form of the disease to which we are called, and which has now been mostly under discussion, whilst I accord to the correctness mainly of the principles and practice contended for by Drs. White and Rochester, viz: Opium to obviate insomnia and restlessness, with as free alimentation as possible, and alcoholic stimulus, q. s. to obviate exhaustion. Yet I have thought that it is too often forgotten when called to treat a fierce attack of this form of the disease that we have before us, primarily and essentially a case of gastritis—of a peculiar character, and from a peculiar cause, it is true, but still gastritis to all intents and purposes. And this being the condition, I have been in the habit in cases that did not readily yield, of superadding to the above, *emp. epis.* over the stomach, with agreeable results. And although I have never had occasion to adopt it, from the fact that other means have proved efficacious, yet by parity of reasoning—the stomach being the seat primarily of the disease—and that disease being more or less acute inflammation of one or more of its coats, I should regard it as good practice to *leech* or *wet-cup* over the same locality.

Reference has been made by Dr. White to the administration of cayenne. I have prescribed it in a case or two, though not, as by the gentleman alluded to by Dr. W., as a main reliance, excluding opium, but conjoined with that agent, and after it, alone, had failed of controlling the disease. Thus superadded, cayenne had acted admirably, by way apparently of increasing the susceptibility of the stomach to the effects of opium, and intensifying its powers. Viewed theoretically it may seem to some as acting on the principle of "*similia similibus*," etc., or of adding fuel to the flame. Yet practically no such result will be verified, and I feel sure that gentlemen adopting it, in the case and for the purpose specified, will be pleased with the intensified potency which it imparts to our sheet-anchor, *opium*.

Dr. Wyckoff had, in the early part of his practice, used antimony extensively, but for the last few years had abandoned its use; relied now principally upon opium. In some instances after using opium largely without inducing sleep, administered chloroform by inhalations, and found that frequently after a patient became quiet from its effects he would sleep for hours under the influence of the opium previously taken.

Dr. Lockwood referred to a case which had greatly interested him; the

patient had had delirium every year, or oftener, for a period of eleven years, and had recovered mainly, after a few of the first attacks, under the treatment of his wife, who gave saline cathartics and nutritious food; under this management, with confinement to the house, he soon became rational. He also remarked, that though various improvements in the treatment of delirium had been suggested and urged, there had really nothing important been gained for the last quarter of a century; the treatment then more generally adopted, was still regarded as most valuable. Dr. Coats of Philadelphia, had written a paper in 1827, and described a plan of treatment in this disease which had never been improved upon.

Dr. Cronyn observed that it had been his lot to have seen many cases of delirium tremens. Thought that the great difference of opinion in regard to the pathology and treatment of the disease arose from want of due discrimination of the form of the affection present in any one or more cases. Considered the division made by Mr. Solly of London, most conducive to correct and successful practice. Quoted several authors, as Dr. Locock, Higginbotham, Graves, etc., and their opinions, and mentioned some instances as they occurred in his practice.

Voted to adjourn.

WILLIAM RING,
Secretary pro tem.

ART. IV.—*A Case of Amputation at the Shoulder Joint, by S. BARRETT, M. D., of Genesee County.*

On the 9th of December I received a telegram from Dr. Well, of Caledonia, requesting my immediate attendance at that place. On arriving there I found that G. B., aged 13, in attempting to get a ride on a freight train had fallen between the cars. The wheels had traversed his left arm to within about 3 inches of the shoulder joint, separating the bone and most of the flesh at that point, leaving the skin and thumb attached to it. The remainder was left on the track. On examination I decided at once to amputate at the shoulder joint. The necessary preparations having been made, he was brought fully under the influence of chloroform. The subclavian artery was compressed by my student, A. Dann, while Dr. Well steadied the stump of the arm by the skin that remained. I made a flap of the deltoid muscle in front, opened the capsule and carried the knife around the head of the bone, brought it down so as to make a second flap to correspond with the first. The axillary artery was secured, and but two

others required ligating. He lost but little blood, although the operation was done in the night by the aid of lamps. There was a good deal of depression of the system from the shock of the injury, but he rallied under the influence of stimulants. The wound united with very little suppuration. He has made a good recovery and is now able to be out of doors.

ART. V.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Removal of Fibrous Tumor—Removal of Adenoid Tumor—Strabismus—Talipes Valgus.* BY J. F. MINER, M. D.

November 21, 1863.

GENTLEMEN:—I am unable to report the results of our last operations, except that for excision of the eye. Immediately after the removal of the diseased eye, the other one, so much affected by sympathy, became free from all intolerance of light, and from the day after the operation the young man has been able to look up with distinctness and comfort; healthy granulations fill the space, and the case has left the hospital, “dismissed, cured.”

You observe that we have another large tumor presented for removal, attracted perhaps by the fame acquired in removing the one a few weeks since; the patients are from the same neighborhood, and have no doubt had communication. I would like to point out some differences, which are not obvious to the unprofessional, but which are important to you as surgeons. The first was the larger of the two, but it grew upon the back of the head and neck, a situation where no large arteries or nerves are located. It could then be removed without doubt and without risk. This one is situated over, or in, the most important surgical region—over, I hope, since I propose to attempt its removal. If I am mistaken, and it shall be found to extend too deeply for removal, the attempt is justifiable, and I shall proceed with care, cutting slowly and safely as possible. There are also differences in the character of these growths, which, though not very apparent previous to extirpation, will be doubtless sufficiently obvious after. Whatever be its nature, removal is desirable and proper. The important vessels situated in this region are quite familiar to you. The internal and external carotid arteries—internal and external jugular veins—pneumogastric and other important nerves.

Hemorrhage is the great fear of the young surgeon, which, after all, is not an accident most to be dreaded. Blood vessels can usually be ligated, and

if serious hemorrhage is allowed during operations of this nature, it is more from want of firmness, and care, than from necessity. Division of nerves is often attended by serious results; paralysis of the muscles of the face, is not uncommon from the division of the facial nerve, while none of you need be told the results of division of the pneumogastric, presiding as it does over the functions of respiration and circulation. You can now observe that the tumor is covered by the integuments and platysma myoides muscle, upon the division of which we come down upon the cyst of the tumor, which is connected to the surrounding tissues quite strongly. These fibrous bands are carefully raised and divided, and the tumor is thus enucleated, and turned out with as little dissection as possible. It is supplied by large vessels, which my colleagues, Drs. Lothrop and Eastman, have ligated so immediately as to prevent serious hemorrhage. At the bottom of the cavity made by this growth you can see pulsating the internal carotid artery, and also that the tumor was over-lapped by the lower portion of parotid gland, and can judge from this, the importance of the surgical region, from which we have succeeded in safely removing this morbid product.

It appears upon section to have a strong fibrous cyst or covering, while the body of the tumor consists largely of fibrous tissue, in parts so dense as to resemble cartilage. It resembles in some respects malignant disease, but from its location and history I think it is benign in character. Microscopic examination might assist in the diagnosis, but the microscope does not always positively determine the character of these growths.

This tumor has been gradually increasing in size; was first noticed about fifteen years since. Has not caused much pain, but has been a deformity, and has also produced a constant feeling of fullness and discomfort. These unnatural and unhealthy products are quite common, and may make their appearance in any part of the system. Their causes are not known, though pathologists have a way of explaining their commencing growth, and possibly the accidents which determine their location. They are not benefited in any of their stages by medication, either general or local, unless we except the removal by caustic applications while small, and this is rarely, if ever, successful. The treatment we have adopted is the only rational one.

2d Case. Strange as it may be, we have also another tumor presented for removal, which would almost make it appear that the German population in Buffalo are made up largely of tumors. It is situated over the face, extending back to the ear, and below covering the angle of the lower jaw. It is lobu-

lated in appearance, feeling as if made up of several distinct lobes or cysts; it rests firmly upon its base without much mobility and is supplied by numerous vessels; large dilated veins may be seen passing over its surface. It has been gradually increasing in size for the last twenty years; is not painful or tender on pressure; has not disturbed the general health.

Upon section, after removal, it appears to be what is denominated *Adenoid* or gland-like tumor. It had neither the appearance, symptoms or history of malignant disease, and has not been removed with any view that it would degenerate into, or take on such characters; indeed, it is probable that benign growths never degenerate into malignant disease. Rokitsky tells us that "carcinomata cannot, with adequate reason, be attributed to external local causes." However this may be, the growth removed has none of the characteristics of malignancy, and our patient may be assured that it is not likely to return.

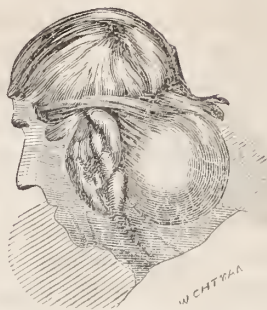
We have had, then, for observation three different varieties of tumor.-- The first removed, last week, was a large adipose or steatomatous growth, the second fibrous in character, and the third adenoid or gland-like. There are a great many different varieties of morbid growths which we denominate tumors, the first and most important division of which is into benign or simple, and malignant or cancerous; these are sub-divided, the benign into a great many different varieties. The principal points to be especially noticed, are first, the physical properties of the morbid growth; secondly, its relations to neighboring structures; and thirdly, you are to carefully study the history of all these morbid products, since it is important in forming correct diagnosis.

Tumors, it is believed, never change their original nature or degenerate into others of a different kind. A simple tumor never becomes malignant, nor does a malignant tumor ever become benign, though after the removal of simple tumors, malignant ones may make their appearance; but no simple tumor will by growth or degeneration become malignant; yet it is unquestionably true that the subject of simple tumor may also become the victim of malignant disease. This, I believe, is the correct position, though others are constantly expressing opposite views, and even the text-books are not uniform in their teachings upon these points. There are a great many other items of interest connected with the subject of tumors, which, however, it is no part of my purpose to discuss.



FIBROUS TUMOR.

Vol. ii, page 261.



ADIPOSE TUMOR.

Vol. iii, page 178.



ADENOID TUMOR.

Vol. iii, page 262.

3d Case.—Convergent Strabismus.—This being in a young boy, I propose to divide the tendon while he is under the influence of sulphuric ether. In children it is better to administer an anæsthetic before making this operation, while in adults it is usually pleasanter to make the operation without it. If no anæsthetic is given, the eye is more steady, and does not roll uncontrolled in every direction; it is under the influence of the will, and after division of the tendon it assumes its proper position, so that the operator is able to assure himself the better, that not only the tendon is divided, but also sufficient of the sub-conjunctival fascia and expansion of the tendon to allow the globe to assume a straight position. Ether embarrasses in this respect, while on every other account it is desirable. The opening through the conjunctiva should be made from before backwards, sufficiently to admit the raising of the tendon and its division, which is made mainly under the conjunctiva, sub-conjunctivally. In this way the deformity at the inner angle of the eye is greatly lessened.

It is a simple and easy operation to make, and remedies a greater deformity than any operation of equal importance in surgery. It has some dangers and some uncertainties of result, but it is almost uniformly successful and satisfactory. Successful in restoring symmetry in the axis of vision, but not in restoring vision itself. Satisfactory in appearance, but incapable of affording, in most cases, perfect sight.

You are all aware that we have convergent and divergent strabismus. It may be also congenital—existing at birth, or acquired—produced by disease or injury. In all cases, however, where motion is not lost—where there is not paralysis, division of the contracted tendon will remedy the deformity. You will be told much about the eye turning too far, or becoming more prominent than the other. Do not be deceived by these

stories; divide the tendon and the eye will assume position to correspond with its fellow. The operation is followed with so uniformly favorable results, that I never feel any doubts as to the termination.

In the healing of the wound in the conjunctiva a small fungus is very apt to make its appearance; so common is this that you may expect that it will appear in nearly one-fourth of your cases. If left it will ultimately disappear; but it produces an unseemly appearance, some irritation, and usually gives rise to anxiety with the patient. It is often the size of a flattened pea, and it is always my habit to excise it with scissors; it is attached by a very slender pedicle, and may be removed without pain or trouble.

Case 4th. Talipes Valgus is the name given to the condition you observe in the foot of this young lady. There is not much arch of the instep, so that the sole of the foot is flattened, and there is eversion of the foot. The tendons of the peroneus longus, and brevis, behind the outer ankle are tense, and apparently too short, and so is that of the extensor communis on the dorsum. We divide sub-cutaneously these tendons and force the foot into a proper position. Strips of adhesive plaster are applied tightly, and over them a bandage so as to retain them and the foot in its new position.

Adhesive plaster, well applied, is the least expensive and most efficient apparatus for retaining the foot in desirable position. All machines fail but this, if applied in manner as now seen, will not fail. It is worth more than all other dressings. If you depend upon anybody's boots you are sure to fail in the results you desire to obtain. Many a well made operation for remedying this deformity is unsuccessful from neglect of this simple and only efficient dressing.

MISCELLANEOUS.

TREATMENT OF DELIRIUM TREMENS.

Surgeon William Hanbury, in an interesting article (*Madras Quarterly Journal*, July, 1863,) on the treatment of Delirium Tremens, states that "during the last few years, the cases which have come under my observation have been successfully treated by the use of stimulants (brandy and porter) in limited quantities, and concentrated nourishment during the first two or three days of the affection, followed at the end of that time by the

exhibition of opium in anodyne doses at night. The small amount of that medicine, when thus administered, which generally sufficed to induce curative sleep, seemed to suggest that its use could be dispensed with, and that the disease might be left—as far as this medicine was concerned—to the efforts of nature alone, and accordingly an opportunity was taken advantage of to test by experience how far the supposition would prove correct.

“An old and very dissipated soldier, who had been previously treated in the way just indicated, suffered from delirium tremens twice subsequently, and on each of these occasions the characteristic symptoms subsided under the use of stimulants and nutritious food, chiefly beef-tea and egg-flip. Somewhat later a sergeant, much addicted to drink, was admitted with dysentery, aggravated, if not caused by this military vice. At the end of two days the symptoms of delirium tremens became developed, and the cure was trusted to nature alone, aided by nutrients and stimulants, and again with a favorable result.

“A short time after the occurrence of the last case, I was consulted regarding the condition of a man, of very drunken habits, affected by the disease, and who had taken several large doses of opium prescribed in the usual manner. He was delirious and in imminent danger of sinking. The face was collapsed and bedewed with a cold sweat, the pulse was small, rapid, and feeble, and the hands tremulous; and as some cases of cholera were under treatment in the hospital at the time, the impression suggested itself that he had already reached the collapsed stage of that disease. A little consideration, however, of the attending circumstances of the case, left no room to doubt that the prostration was due to the unfavorable action of the opium exhibited, and I recommended that its further use should be discontinued, and that brandy and porter, with nutritious diet, should be had recourse to. The effect of this change of treatment was very remarkable, and well calculated to make a deep impression. The pulse rallied, the skin became warm, active diaphoresis succeeded to passive serous exudation. A tranquil manner and calm expression of countenance were substituted for nervous tremour and low delirium; and in about thirty hours after the opium was omitted, he fell into a quiet sleep and awoke, cured, at the end of ten hours.

“The injurious influence of opium, and the sufficiency of the expectant or non ‘*therapeutic*’ treatment to effect a cure, were well demonstrated in this case, and I have been informed by the gentlemen who had first to do with it, that the treatment ‘without opium,’ was also successful in two instances which have since come under his notice.

“But though examples may thus be adduced to prove that opium can be dispensed with, it may well be supposed, in the absence of more numerous facts bearing upon the subject, that the position of a medical man who adopts an expectant treatment must, for the present, of necessity, be a more or less anxious one.”

To illustrate the various and uncertain action of opium in the disease Mr. Hanbury gives an account of three different attacks in the same individual, and remarks that in the first the “remedy had no unfavorable effect when given in a single dose, after the symptoms had continued three days, though it is by no means certain that the sleep which occurred at the end of fifteen hours, was due to the action of the opium. In the second, the moderate use of the medicine brought the disease, as usually happens to a favorable termination. In the third, it utterly failed.

“And in now reviewing the facts, I have no doubt that the injurious influence of opium must be referred to the too early exhibition of the medicine, for we have seen that it was prescribed to allay irritability of stomach two days before symptoms of delirium tremens had appeared at all; and it is by no means certain if its use had been further pressed, that the result might not have proved unfavorable. Again, with regard to the stimulants employed, it seems important to note, and especially for the benefit of those who consider them an essential part of the treatment, that although on the last occasion they were administered from the period of admission, yet the disease showed itself two days subsequently. It would appear indeed that the views of Dr. Pirrie and others, who hold the strange mental aberrations and nervous excitement characteristic of the affection, to be the result of toxæmia affecting chiefly the brain substance, are correct. At first sight, no doubt, it might seem that the access of the disease is the direct effect of the withdrawal of the accustomed stimulus, since it so often shows itself in hospitals, as elsewhere, two or three days after a debauch or course of dissipation; but it must be acknowledged the sequence of events in these instances admits of a different explanation, and resting apparently on physiological grounds. The facts themselves are, moreover, at variance with such a conclusion, for we know that the symptoms often immediately supervene on a state of drunkenness; and Dr. Laycock has shown that the disease may be brought to a successful issue without the use either of opium or stimulants, though the latter would obviously be necessary if the abstinence theory of its etiology were tenable.

“On the whole, then, the result of late inquiry and discussion must be assumed to be a more intimate knowledge of the real nature of the disease. There can no longer exist a doubt that the use of opium at an early period of the affection is not only contraindicated, but that nutrients and rest are more nearly concerned with its successful treatment, than the stimulants with which these remedies have been usually associated. Nor shall we be likely to fall into much error in the event of stimulants being considered necessary in any particular case, if we administer them under the guidance of those general principles which are recognized in the management of other diseases.

“Lastly, with respect to digitalis. It will have been noticed that it acted in the case last detailed, to use a common expression, like a charm, though exhibited at a very critical period of the disease; and were this its invariable effect, the treatment of the affection would doubtless be greatly reduced in simplicity, and many anxieties attending it would be removed. But instances of its unfavorable action have been cited, and it still remains to be shown what are the conditions under which it may be had recourse to with least risk of failure.

“I believe it has hitherto proved most useful when not exhibited at too early a stage of the disease, and it may probably be found, as with opium, that large doses from the first invasion of the symptoms are less safe and effectual than smaller ones given at a later date, and after some time has been allowed for the natural evolution of the disease. Moreover, if it be true as Dr. H. Jones suggests, that digitalis exerts a tonic influence on the heart and increases the contractile force of that organ, so far from being inadmissible in the low state of nervous agitation with muttering delirium verging on coma observed in extreme cases, it should here prove especially applicable. Experience, however, must alone determine this point; but in the meantime, and before resorting to the use of digitalis, it will be considered no more than judicious to adopt means calculated to restore the powers of nature, of a kind somewhat similar to those referred to in the case which has called forth these observations.”—*Am. Jour. Medical Sciences.*

GALVANISM.—A most effectual manner of arousing the energies of a patient becoming comatose from opium, is the use of galvanism. In a child of seven months, it was found that its application across the cheeks aroused it most. Cold affusion had lost its power.

TREATMENT OF DIARRHŒA AND DYSENTERY—BY PROF. SKODA.

Beyond everything stands a strict regulation of the diet. When the intestinal canal is in a diseased state almost any subject introduced into the stomach acts mischievously, and it is not unfrequently necessary to suspend all food until the intestine is in a condition to bear it. Every solid article *eo ipso* is then mischievous, but even fluids, by reason of their temperature, may act as prejudicially. In most cases taking a few spoonfuls of warm soup, or drinking a mouthful of cold water will immediately be followed by severe colics, and soon afterwards by evacuations. We must only allow lukewarm soups or other drinks, and that only by a spoonful at a time. Of course, these stringent rules only apply to a very obstinate diarrhœa, and especially dysentery, for there are many cases of temporary diarrhœa in which the patients continue to eat fruits and the like, and still soon get well. Such cases must, however, not be taken into account, and it is always most prudent at the commencement of a diarrhœa to cut off the supply of food as far as possible, and at all events to prohibit all articles likely to augment the affection.

Opium is the most valuable medicine in diarrhœa, for it keeps the sphincter in a state of permanent contraction, a contraction which is often propagated to the large intestine, and the small intestine is unable to propel its contents far enough to induce the irritation which causes their expulsion. When, by reason of this contraction, these contents are retained, their amount may become considerably diminished by the absorption of the fluid. Frequently, however, there is no spot of the canal which is not so diseased as to prevent such absorption taking place, and then the diarrhœa will continue in spite of the opium and of the contraction of the sphincters. It appears, moreover, that opium, besides its action on the muscular portion of the canal, exerts, by contact, a soothing effect upon the mucous membrane. In consequence of the diminution of the irritation of this membrane, its secretion is probably lessened, as are possibly those of the liver and pancreas. However this may be, opium acts very favorably in profuse secretion from the intestinal mucous membrane. From half a grain to three grains may be given in the twenty-four hours, the best preparation being the *ext. opii aquosum*.

If opium or morphia do not suffice, it must be aided by astringent remedies, by far the best of which, and the most easily supported, is the sulphas zinci. One would have supposed that tannin in its separate state would have proved more useful than the zinc, but this is not the case, and it is

much less easily borne. It acts much better and more energetically when employed as a household remedy (*e. g.*, as a decoction of sloe or wild pear tree) than in its separated form; and is then of great service in practice among the poor. Alum is of no use whatever in diarrhœa. Lead approaches zinc in efficacy, but still it is less certain than it. The dose should not be greater than a quarter of a grain, and this may be repeated every two or three hours, and at most every hour. If these means do not suffice, we must have recourse to enemata of salep or starch (with which may be combined one grain of opium or half a grain of zinc) not throwing up more than two ounces at a time. If the clyster does not cause pain in the rectum, and the disease continues obstinate, the dose of the zinc may be increased to two grains. Tannin may be added to the enema, but the zinc is far more serviceable. In the most obstinate cases we must have recourse to cauterization; but this is only the case when there is a diseased condition of the lower part of the rectum. Very obstinate cases of blennorrhœa confined to the anus may be completely cured by the application of nitrate of silver in substance as high as it can be passed. The injection of a strong solution of this substance does not usually attain the same end.—*Med. Times and Gaz.*, Sept. 12, 1863, from *Wien Allgem. Med. Zeit.* No. 43.—*Am. Medical Journal.*

DIPHTHERIA.

Dr. J. West Walker presents (*British Med. Journal*, May 16, 1863,) some interesting views relative to this disease which are worthy of consideration. He maintains that the true *nature* of diphtheria must be very different from that hitherto received. "We can no longer," he remarks, "consider it to be an acute specific disease, having uniform general and local symptoms. The leather-like formation, hitherto held to be the diagnostic sign, at once loses its significance, if it have to be viewed only in the light of a complication of nearly every ill that flesh is heir to; manifesting itself, it is true, only at certain seasons, such seasons being noted for the extensive prevalence of zymotic diseases generally." He does not deny "that, during a diphtheritic epidemic, a distinct, and, to a certain extent, new zymotic diseases may possibly exist, to which the name diphtheria may, though rather inaptly, be applied; all I maintain is, that if such a disease do exist, we have no positive symptom by which to recognize it; and that, as far as its general symptoms go, they only represent a condition of blood-

poison analogous to, though possibly increased in severity over, diseases already known—presenting differences of degree more than of kind; and that the so-called local pathognomonic formation associated, as it is found to be, with an endless variety of general symptoms, can no longer be employed as a diagnostic sign.”

“If, then,” he adds, “a variety of general diseases, alike only in having the common diphtheritic complication, are no longer to be considered as one distinct disease to be called diphtheria, the sooner, for all practical purposes, the name be done away with the better, for it cannot but mislead. It conveys not the slightest notion of the true nature of the affection (or affections;) and it renders utterly nugatory all attempts to reduce either diagnosis, prognosis, the question of contagion, or the method of treatment, to a scientific basis. Far better would it be to employ the word in all and every case generally, no matter what the general symptoms may be, wherein the pathognomonic sign presents itself, only reducing it to the rank of a qualifying adjective. We should then speak of cases as diphtheritic, whatever the general symptoms showed the patient to be at the time laboring under. We should be induced to study more closely such co-existing malady, and not being led away by a name, be more likely to form a correct idea of any particular case.

The *theory* of the nature of diphtheria, to be induced from the foregoing facts and observations, may be briefly stated in the following conclusions, viz:

- 1.—The characteristic formation is but an external complication, and has no specific relation to any particular state of system.
- 2.—The general symptoms with which this formation is found to be associated are most various; ranging from the most trifling *malaise* to the most virulent septicæmia, and extending through the whole class of acute specific diseases.
- 3.—Possibly, during the prevalence of a diphtheritic epidemic, there may be a distinct general disease, altogether different from other known diseases; but we have no positive evidence on the subject.

4.—Diphtheria, in the sense in which the word has hitherto been employed, is to be looked upon not as one disease, but rather as many diseases alike only in being associated with the common characteristic formation.—*American Journal Medical Sciences.*

BACTERIUMS AND TYPHOID FEVER.—Prof. Sigiari has called the attention of the French Academy to the presence of these infusoria in the blood of a man who died of typhoid fever in the hospital of Sienna.—*Lancet*, Jan. 2, 1864.

ON THE TREATMENT OF ACUTE RHEUMATISM.

By Dr. THOMAS INMAN, Physician to the Liverpool Royal Infirmary.

I know no fallacy in medicine upon which theories have been built more marked than that the sour smelling perspiration is evidence of the elimination of a poison, and that the poison eliminated is an acid, and consequently that alkalies are the remedies *par excellence*. The peculiar smell is simply the result of decomposition. The theory is as untenable as one founded upon the ammoniacal smell of a baby's foul napkin. Only fancy the absurdity of treating a bad typhus case with some acid because the bed linen smelt ammoniacal from the effect of incontinence of urine and the difficulty of renewing the sheets frequently! Yet on precisely similar grounds the generally received pathology of acute rheumatism has been based!

When such an untenable proposition is held by medical professors, a theory so baseless as to prevent the adherence of any one with ordinary common sense, we ought to be more charitably disposed to other theorists than we are and have been. But ignorance is always intolerant and will continue to be, in spite of moralists.

Since I have adopted Dr. Ree's suggestion, however, and treated my patients with lime-juice alone, the result has been far different.

During the ten years I have been a hospital physician, I have had under my care a hundred cases of acute rheumatism, and all of them have been treated with lime-juice at the rate of eight ounces per day. In five the heart has become affected, but in all, the affection has been transitory. Not one has left the hospital with a permanent cardiac disease. One patient died suddenly; he had recently had pneumonia as a complication, which passed off in two days; he was well enough to sit up in bed, and was talking vivaciously, when he suddenly died—no *post mortem* was allowed.

The average duration of the cases under my care is fourteen days; but this is made so high by ten of unusually long duration and great initial severity. In one very interesting example the duration was due to artificial lime-juice having been fraudulently substituted for pure by the druggist, and being used until I discovered the fraud by the impotency of the medicine: while at the Liverpool Northern Hospital, four days generally sufficed for convalescence; and during seven years, only one case lasted for three weeks. Successive junior house-surgeons, fresh from the London Hospitals, as they arrived went through an interesting course of sneers doubts and confidence.

On being elected to the Liverpool Royal Infirmary, however, the plan met no such conspicuous success, and from the region of confidence I was myself beaten back into the domains of doubt.

Thus stood the point: London men, after a trial of the virtue of lime-juice, gave a verdict of not proven. The physicians at the Liverpool Royal Infirmary, at the very time when I, at the Northern Hospital, was meeting with a success which surprised myself, gave the medicine an ample trial and abandoned it as unsatisfactory; and when I was transferred to the same institution, my own experience tallied with theirs. While at the one place I saw case after case so bad one day that all motion was impossible and the patients crying with the intensity of their sufferings, and three days afterwards walking about the wards apparently quite well; and this occurred so frequently that a duration of a fortnight in the hospital was an extraordinary occurrence. The sequence of cause and effect seemed as marked as anything could be. If the lime-juice was not used in a sufficient quantity, or was old, bad, or fictitious, there was no improvement; but as soon as the proper quantity and quality was secured, the restoration was immediate. I could as soon doubt the efficacy of opium in procuring sleep as I could the efficacy of lime-juice in curing acute rheumatism. Yet in another part of the town, in another institution, I began gradually to lose faith in the remedy. The reason of this I cannot as yet make out. It may be that there are varieties in disease of which we know little; that the complaint is influenced by local circumstances not yet thought of or understood. It may be, that, as some epidemics of small-pox are more deadly than others, so at one time the cases of rheumatic fever are mild, at others severe. It may be that epidemic influences vary in their intensity, just as malaria does; few now venture to deny the value of quinine in ague, yet every physician can recall instances in which it has been apparently useless.

To demonstrate, if possible, the cause of this uncertainty, I have treated my patients in a variety of ways. Having heard extraordinary vaunts of the value of large doses of carbonate of potash in one of the London Hospitals, I determined to test the plan fully. The result was a complete failure, and I was forced to the conclusion either that certain symptoms go by the name of acute rheumatism, which have no real claim to the title, or that experience gained in one locality is useless for another. As the doses used were in some cases sufficiently large to induce severe purging, there could be no doubt that the failure was not attributable to a feeble use of the drug.

After the carbonate of potash, I gave a full trial to the nitrate, after that to quinine, to opium, to wine, to steel, to cod-liver oil.

Nor did we omit the use of such simple remedies as liquor ammoniæ acetatis, and the still more simple one of pure water.

From none of these plans have I been able to obtain so satisfactory a result as from the treatment by lime-juice alone, although the balance in its favor over warmth, comfort, and nutritious diet, without medicine super-added, is not unvaryingly large.

The practical effect of the doubt, therefore, respecting lime-juice is simply to modify the belief in the constancy and certainty and celerity of its operation.

Of its superiority over any other medicine yet administered, I have no misgiving.

The way I employ it is simple; the patient is directed to take at least eight ounces of it in the day, and no other medicament of any kind whatever is used, unless it be opium to procure sleep at night. If the skin is very white, the tongue much loaded, and the perspiration excessive, two drachms of the tincture of sesquichloride of iron is given in addition during the twenty-four hours, and some wine at dinner-time and in the evening. If, during the progress of the case, the hands or feet become unusually swelled or painful, they are merely wrapped up in cotton wool which has been freely sprinkled over with tincture of camphor.

If the heart become affected I make no difference in the plan proposed; I continue the lime-juice as if nothing unusual had occurred, with the full confidence that the complication will be evanescent, nor have I yet been deceived. When this accident occurs, mercury, bleeding, or cupping, seem to me to have the effect of aggravating the mischief and of rendering a transient complaint a permanent disease.

Of the *modus operandi* of lime-juice I can form no idea. Vegetable acids, *e. g.*, citric or tartaric, are not substitutes for it. Lemon-juice is inferior to it, though to a very small degree, so that we infer that it is not the particular acid which does the good. I have never known it purge, though it has seemed to gripe occasionally. It acts quietly yet almost certainly, as does arsenic in lepra, quina in ague, and colchicum in gout.

This treatment is very simple, and to the patient very pleasant. One of its chief advantages is, that it does not aggravate the extreme debility which attends and follows the fever.

It ought entirely to supersede the system of drenching, and so commonly

practiced under the notion that a poison had to be eliminated out of, or destroyed in, the system.

I must add, that since the preceding pages were written, I have had under my care three unusually protracted cases of acute rheumatism, attended with extreme debility, total anorexia, and a constant tendency to relapse. These gave me opportunity of testing the real value of every suggestion hitherto offered, and all drugs proved equally worthless for cure; this was at last effected, and suddenly, by simply change of air.

These cases seemed to unsettle the conclusion already drawn; to a certain extent they do, but that extent is small. We do not lose faith in arsenic because many a case of lepra is uncured by it; nor do we have less confidence in quinia because we see at times a man who is cinchonized have an ague fit; we still believe in mercury, though it often fails to remove "secondaries," and we still prescribe opium for the relief of pain, though it is powerless to arrest the agonies of gout.

In fine, we constantly have to confess that we possess no single panacea; that disease often baffles our best endeavors, and that the most skillful physician is but a man after all.

But though a man he may be a destroyer rather than a helper, and surely it is something to know how he may certainly escape being the former if we cannot invariably be the latter.

[Lime-juice may be procured in Liverpool at a shilling the quart bottle. It is generally taken out by vessels going long voyages. It is far more palatable than lemon-juice.]—*London Med. Review, March, 1863, p. 458. Braithwaite's Retrospect.*

EDITORIAL DEPARTMENT.

STATE BOARD OF EXAMINERS FOR THE DEGREE OF DOCTOR IN MEDICINE.

We are gratified to see that the initiative in this measure has been taken by the Faculty of the Buffalo Medical College, and most earnestly hope it may cause the adoption, in tangible form, of the measure, which if carried out will do more for the elevation of the profession than any other reform which could be suggested,

At the Annual Meeting of the New York State Medical Society, now

being held in Albany, the following was presented and on motion adopted:

UNIVERSITY OF BUFFALO, MEDICAL DEPARTMENT.

On motion of Prof. Chas. A. Lee, seconded by Prof. James P. White, it was

RESOLVED, That the New York State Medical Society be requested to appoint a committee to consider the expediency of, and to report a plan for, the appointment of a State Board of Examiners for the degree of Doctor of Medicine, and to report at the next meeting of the Society.

RESOLVED, That the same committee be instructed to bring the subject before the next meeting of the American Medical Association, and that the delegates of this Society be instructed to urge the general adoption of the same plan in other States of the Union. Carried unanimously.

THOS. F. ROCHESTER, Chairman.

SANDFORD EASTMAN, Dean of the Faculty.

Buffalo, Feb. 2d, 1863.

This is certainly an effort in the right direction, and is exceedingly creditable to the institution suggesting it. When the graduation of students in medicine is wholly separated from the duty of teaching, and an impartial Board of Examiners shall decide who shall, and who shall not, receive the degree of Doctor in Medicine, very much will be accomplished for the elevation and advancement of the profession. It is striking at the very root of a great evil, and will meet with opposition; indeed, we have no doubt it will be overwhelmed in the almost unanimous opposition which it will meet from the various institutions now empowered to grant Diplomas. It is a measure that Medical Colleges, as such, cannot at present afford to favor, though the Professors are more fully sensible of its importance than any other individuals. There is no doubt that an impartial Board of Examiners would reject, as unprepared for the duties of the medical profession, from one-quarter to one-third of the young men who, under the present system of graduation are yearly admitted to the practice of medicine. This we believe to be true, and to be more or less applicable to all places in this country where young men are taught the primary branches of medical knowledge, and graduate, after "three years study, and two full courses of lectures, the last at this institution." The State examiners should receive compensation only from the State; should be disconnected from all schools of instruction; should, in a word, be wholly impartial.

It has been claimed that the same was accomplished by the appointment of Curators, who are invited to *attend* the examination of the students and vote upon their qualifications; and this does *appear* quite satisfactory, while in reality it accomplishes nothing. Whoever notices the manner of these appointments, the terms of this service and the opportunity afforded

to determine the respective merits of individuals, will readily discover that in this way the feeblest protection is afforded the open doors of our profession, which should be guarded by ever faithful janitors.

We understand, also, that this plan of appointing State Examiners, has been considerably perfected by the Institution suggesting it, and that the details will be urged upon the consideration of the State Society at its present meeting. It appears that the Buffalo Medical College are in earnest in advocating this measure. The competition in medical schools and the desire to obtain large classes, has had prejudicial influence upon the standard of medical education, and so great has this evil become, that it is quite time for commencing a reform. Young men have been encouraged to pursue the study of medicine without preliminary preparation, and graduated without respectable professional attainment, thus lowering the professional standard, and making the degree of Doctor in Medicine a disgrace, rather than an honor. If this reform, now suggested and urged upon the profession by the Medical College in Buffalo, is favored by the other colleges in the State, we shall soon be redeemed from the power and influence of a system which has disgraced the profession, lowered its standard of attainment, reflected obloquy and contempt upon its degree, and come well nigh reducing medicine, as learned and practiced, "to the level of a trade."

It may be thought that we draw this matter in rather high colors, but the revelations of modern investigation leave no doubt that a poor doctor is vastly worse than none at all. I say revelations of modern investigation for it was formerly believed that any one who could give some medicine was useful in the absence of a physician; but it has been reserved for the physicians of our day to discover, and for the people of our times, in any measure to perceive, that medicine, *per se*, is poison, and useful only when applied under the direction of an honest, educated, intelligent physician. We sincerely hope the profession will see to it that no other than such are hereafter admitted to its ranks.

DIED—In Washington, D. C., February 5th, Dr. WILLIAM H. BUTLER, of this city, who has been connected with the army for the past three years and with Armory Hospital at the time of his death. Dr. Butler was well known to many of our readers, and the present number contains an article from his pen. He has been suffering from tuberculosis for some time, and

been fully conscious that his time was short. In connection with a recent communication for the Journal, he says: "Change the headings as you please, for my life is but for a few days." He preferred to continue in the service until released by death, and has been a faithful and devoted physician, discharging the duties of his office with ability and fidelity up to the last days of his life, until failing strength and approaching death prevented longer service. He was for some time in charge of Union Chapel Hospital, in which position he gained great praise for the ability with which he discharged his duties. We hear of the sad event just as we are going to press, and as there is to be a meeting of the physicians of the city to take action upon the occasion, we shall delay further remarks until our next issue, when suitable notice will be taken of his death.

REVIEWS.

Outlines of the Chief Camp Diseases of the United States Armies, as observed during the present War—A Practical Contribution to Military Medicine. BY JOSEPH JANVIER WOODWARD, M. D., *Assistant Surgeon U. S. A.; Member of the Academy of Natural Sciences, Philadelphia; of the Pathological Society, Philadelphia, etc., etc.* Philadelphia: J. B. LIPPINCOTT & Co., 1863.

The first chapter is devoted to introductory remarks upon the classification of diseases, the meaning of terms, etc. The second chapter is devoted to a consideration of the "Conditions Determining the Character of Camp Diseases." Section 1st, upon "Malarial Influence." Section 2d, upon "Crowd Poisoning." Section 3d, upon "The Scorbutic Taint." He says: these "three wide-spread and powerful influences underlie and determine the character of by far the majority of camp diseases in America. They represent in fact the effect on man of three categories of conditions—climate, mode of life, and food. Intermittent fevers may be named as the typical result of the first of these influences; typhus and typhoid fevers of the second; scurvy of the third. And these three influences, variously combined, will appear continually as determining or modifying conditions, if not always as the causes of all the affections considered in this book."

Chapter iii Camp Fevers, Chapter iv Intermittent Fevers, Chapter v Jaundice, Chapter vi Camp Diarrhoea, Chapter vii Camp Measles, Chapter viii Catarrh, Chapter ix Pneumonia, Chapter x Pseudo-Rheumatic Affections; these constitute the headings under which has been furnished the profession a very valuable treatise upon the diseases of the army. The author describes the symptoms, pathological conditions, causes and treat-

ment with as much minuteness as is compatible with the size of the volume, and we think with an accuracy and truthfulness which could not be surpassed. The book is evidently designed to be practically valuable to the army medical officers, and certainly cannot fail of its object if it is appreciated as it deserves.

There is no work devoted especially to a consideration of these topics which more deserves the attention of the profession; to the Army Surgeon the work is invaluable, while the physician in civil practice will obtain most valuable ideas as to the manner of preventing epidemics, and the causes which operate powerfully to produce the most fatal forms of diseases. The diseases which prevail in the army are new, or mixed, and the great mass of the medical men who treat them, are inexperienced in their care; on this account especially will this book be of value to the Army Medical Staff.

One chief attraction, as noticed in the volume before us, is the rational and common-sense view of medication in these different forms of disease. The hygienic conditions necessary for the relief of these diseases are plainly indicated. Sufficient room, healthy location, and proper food, constitute the staples of treatment in the diseases of the camp; the causes are to be removed and the disease will abate.

This volume contains about 400 pages, and is for sale in this city by Breed, Butler & Co.

BOOKS AND PAMPHLETS RECEIVED.

- A Treatise on Pharmacy.* BY EDWARD PARISH. Philadelphia: BLANCHARD & LEA; 1864.
- The Medical Formulary.* BY BENJAMIN ELLIS, M. D. Philadelphia: BLANCHARD & LEA; 1864.
- The Nervous and Vascular Connection between the Mother and Fœtus in Utero.* BY JOHN O'REILLY, M. D., F. R. C. S. I. New York: ROBERT CRAIGHEAD; 1864.
- Eleventh Annual Meeting for years 1861, '2 and '3 of the Illinois State Medical Society, held at Jacksonville May 5, 1863.* Chicago: GEO. H. FERGUS; 1863.
- Tenth Annual Report of the Trustees of the State Lunatic Hospital at Taunton, October, 1863.* Boston: WRIGHT & POTTER; 1864.
- Death: Its Economy and Beneficence. An Address delivered before the Medical Class of the University of Vermont, Tuesday evening, June 9th, 1863,* by HENRY M. SEELY, M. D. Burlington; 1863.
- The American Journal of Insanity, edited by the Medical Officers of the New York State Lunatic Asylum. January, 1864.* Utica, N. Y.: CURTISS & WHITE; 1864.

ANNALS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY FROM 1860.—J. Munsell, of Albany, proposes to publish, if a subscription of 100 copies can be obtained, the Minutes of the Albany County Medical Society, from the period of its organization; during about half a century, embracing all which has been preserved that relates to its history and progress. The work will also contain biographical notices of deceased members, and will

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ART. I.—*On Hæmatocele retro-uterina, by Dr. Rud. Ferber in Hamburg; translated from the German by H. LASSING, M. D., New York.*

For the Buffalo Medical and Surgical Journal.

Regarding this peculiar disease there have been latterly many investigations, particularly in France, the combined results of which appear to be of interest. For our present treatise we have taken for a basis the detailed treatise which *A. Voisin* first published as a thesis and afterwards as a monograph. (*De l'hématocèle rétro-utérine et des épanchements sanguins non-encystés de la cavité péritonéale du petit bassin, considérés comme accidents de la menstruation, par Aug. v. Paris, 1860, v. Masson, 8, viii 368 pp.*) The views of several other authors upon the same subject are introduced in their proper places. *Voisin* begins with a historical introduction, which he divides into two periods, from the earlier times to *Nelaton*, (1850,) and from him, (who first gave an accurate definition of retro-uterine hæmatocele) down to the latest observations. Although there are exceptional cases, in which hæmatocele is found anterior to and lateral to the uterus, *Voisin* retains the original name of *Nelaton*. He describes a retro-uterine hæmatocele as an encysted sanguinous effusion into the peritoneal cavity of the small basin between the uterus and the rectum, (that is, the *plica douglasii*.) Hæmatocele according to his view is always consequent upon a disturbance of the menstrual function, and therefore always involves one of the organs which take part in the production of this secretion, namely the uterus, fallopean tubes or ovaries. All hæmorrhages arising from any blood vessel not belonging to this region are to be excluded, Effusions between the lig-lata are not to be included, as they

may arise from other causes, particularly exertions of any kind. *Voisin* calls these thrombics. The vessels from which in this case the hæmorrhage arises, according to the anatomical proofs of *Voisin* are in no way connected with those which supply the above named organs. Also of the non-encysted sanguinous effusions into the peritoneal cavity of the small basin he has only considered those which are connected with the catamenia.

A narrower boundary line is drawn by nearly all the other authors. Dr. *Albert Puech* (*Journ. de Brux.* xxxi, pp. 44, sq. Juillet—Nov. 1860,) understands by the term hæmatocele, which he divides according to its location as retro, pro, and latero-uterine, a tumor internal or external to the peritoneum arising from an effusion of blood in consequence of a lesion of one or more of the organs appertaining to the uterus. He claims that it is developed as well during as after the menstrual period, and even possibly during pregnancy. *Trousseau* (*L'Union mèd* 153–155, 1861,) also accepts the theory of an intra and extra peritoneal hæmatocele, and designates as main groups, an “hématoçèle ovarienne,” and “hématoçèle tubaire or cataméniale.” Dr. *T. Gallard* (*Arch. gènèr* 5 Sér. xvi, p. 385, sq. Oct., Nov., Dec. 1860,) applies to those hæmorrhages which result from a functional disturbance of the sexual organs the term of “hématoçèle spontanée;” and a sanguinous discharge consequent upon trauma or a mechanical hindrance he calls a “hématoçèle chirurgicale.” He denies the direct influence of menstruation. Also the bloody cysts he counts as a frequent first stage of the hæmorrhage spoken of among hæmatoceles. In his view the effusions can take place within as well as without the peritoneum.

Of the same view is Prof. *C. Braun* of Vienna, (*Wiener med. Wochenschrift* xi, 28, 29, 30, 34, 35, 1861.) He describes that which he calls “hæmatocele extra uterina,” as an extravasation of blood in the surroundings of the uterus, an enclosure of this in a cyst and a consequent formation of a larger or smaller tumor which crowds itself down into the posterior, or lateral and sometimes also in the anterior, laquear and under certain conditions appears.

According to Dr. *Alfred Hegar* at Darmstadt, finally, (*Mon. Schrift f. Geburtsk.* xvii, p. 418, Juni, 1861,) we have now reached so far that we call all sanguinous effusions in the female pelvis by the name of hæmatocele peri-uterina. In extra peritoneal effusions the peritoneum is either only lifted up or its folds separated, or it may even be torn loose from the uterus. By a rupture of the peritoneum, according to Puech, the external hæmorrhagic effusion can become intra-peritoneal. Extra-peritoneal hæma-

tocele according to Hegar has as a boundary below, the pelvic fasciæ, with this is connected the fascia transv. abd. and iliaca, for this reason sanguinous effusions in the fossa iliaca below the peritoneum can descend to the fascia pelv. The term thrombus, is now rather more confined to sanguinous effusions below the fascia pelv., which are mostly situated around the vaginal canal.

Voisin distinguishes two forms of retro-uterine hæmatocele; the simple, where the effused blood is entirely re-absorbed, and the complicated, where the blood is decomposed and mostly seeks an outward passage. Unencysted hæmorrhages, etc., divides into active and passive; both of which seldom occur. After a review of the different theories regarding the origin of retro-uterine hæmatocele, of which we will speak hereafter.—*Voisin* turns to aetiology. As pre-disposing causes he mentions in particular the period between the 21st and 40th year of age, the time of the greatest activity of the generative system in the female; the composition of the blood, particularly the increase and decrease of the quantity of fibrin; menstruation, in 25 cases, this had commenced between the 14th and 16th years in the majority, of 13 women 9 menstruated regularly, 4 irregularly, in 17 cases 9 were always very profuse, 4 normal, in 4 clots were passed, in 10 was accompanied by pain, the duration varied considerably. Again, obstinate constipation, by the pressure of the bowels filled with hardened fecæces can produce the formation of varicose veins in the lig. lat. The formation of hæmatocele is also favored, as already mentioned, by the several diseases of the circulation, particularly the acute exanthemaes. It was observed in purpura, icterus gravis, scarlatina, morbillas and variola. *Barlow, Simpson, M. Helie, Laboullene*, and others, found the hæmorrhages confined to the tubes without any effusion into the peritoneum. *Scanzoni* and *Barlow*, upon the other hand, observed the actual supervention of a bloody tumor in the peritoneal sac. *Trousseau* calls this species cachectic hæmatocele. As motor causes, *Voisin* observed, that in 10 patients, in whose cases the first symptoms coincided with menstruation, 7 had had coitus during or one day after menstruation. As a cause of nonencysted sanguinous effusions, a rough exercise of the sexual act is particularly enumerated. According to *Gallard*, coitus, even without any excess, has at least as great if not a greater influence upon the origin of the diseases as the menses, for if these were the principal aetiological causes, the disturbance produced must necessarily be observed at the first appearance of menstruation, that is between the 15th and 18th year, but

not in the 30th year. According to *Gallard* corporeal exertion of every nature will readily serve as a cause, particularly the rupture of a vessel; also during menstruation it may be caused by an irregular contraction of the fallopian tubes whereby the ova and blood therein contained is expelled into the peritoneal sac. Also mental emotions may cause this. *Hegar* mentions a case of a girl 18 years of age, where a severe cold was the cause. *Puech* gives us a similar case, but hæmatocele appeared much more rapidly in this case.

As the most frequent cause, however, we may nevertheless consider the sexual excitement during coitus. The erection of the clitoris is always accompanied by a considerable turgescence of the veins of the clitoris, uterus and ovariae, by which as well during as after menstruation the disposition to a rupture of a vessel is considerably increased.

Of many different kinds are the theories relating to the *origin* of the sanguinous tumor in the neighborhood of the uterus. The majority of the observers acknowledge as a principal cause an organic disturbance of the ovaries or a functional disturbance of the tubes. Many admit exclusively the one or the other of these origins. For instance, *Nelaton*, *Denonvilliers*, *Huguier Lenoir* and *Laugier* look at the ovarium as the source of the disease, and this at the time of ovulation, without any primary disease of the organ and outside of this period with preceding disease. Against this, *Trousseau*, in page 58, asserted that the mucous membrane of the fallopian tubes alone is to be considered the source. Now he has changed his views, and with *Puech*, *Voisin*, *Bernutz* and *Gallard*, admits a multiple aetiology of hæmatocele. Nevertheless, each one of these investigators tries to put one or the other of these theories into the front rank, and discussion has therefore not yet ended. *Voisin*, who has subjected all the different views to a stringent review in his work, claims three different causes for the condition known by him as hæmatocele retro-uterina: a congestion of the ovarian follicles, and consequent hæmorrhage occurring during menstruation, the re-flow of the blood from the uterus into the tubes and peritoneal sac, and a hæmorrhage of the tubes. Hæmatocele, therefore, is only the result of such sanguinous effusions which arise from the mucous membrane of the uterus and tubes, and from the membrana propria of the Graffian follicles, a co-existent menstruation and the accompanying increased afflux of blood are always presumed to be present. In the normal state, the ovarian follicles are capable of effusing a certain quantity of blood at the moment of the expulsion of the ovum. A^u

inevitable condition for the origin of an hæmatocele, is a previous disease of the organ. If this consists in the enlargement of one or more follicles, the adducting vessels also become hypertrophied and produce a more active circulation and a disposition to hæmorrhage. Analogous to hæmorrhages from other mucous membranes, a hæmorrhage may also arise from the mucous membranes of the tubes; a pre-disposition to this we find in the physiological sanguinous evacuation during menstruation. But as only two cases produced an encysted sanguinous extravasation in the peritoneum, it is proven that the hæmorrhages of the tubes cannot be considered as the only, nor even as the most frequent cause (*Puech*). Finally, under certain circumstances, the blood effused into the uterine cavity may re-flow into the tubes; to do this, there must be an obstruction to the expulsion of the blood through the canal. The only cause which appears possible to *Voisin* for hæmorrhages during menstruation, is flexion of the uterus. Of this kind, however, there has as yet been but one reliable case observed by *Trousseau*. All other authors nearly, include herewith all those cases in which a hereditary or accidental atresia of the uterus or vagina are present, or where an occlusion from coagulum in consequence of excessive menstruation or metrorrhagia supervened. *Trousseau*, in conjunction with *Velpeau*, observed a case of this kind.

We ought, also, to refer here to the observations of *Marehant* and *Mussi*, where there was imperforation of the os; also the case of *Decis*, where there was a uterus and double vagina without external orifice.

Trousseau adopts as principal varieties of hæmatocele the "accidental" ovarian, hæmorrhagé, with primary disease of the organ, and the "catamenial" hæmorrhage of the tubes, without change in these. His reasoning is briefly as following: The diseased ovarium, or a therein contained blood cyst, requires an opportune cause in order to burst, and to effuse blood into the peritoneal sac. As causes, we find in addition to all sorts of lesions also, but not exclusively, menstruation. This form is the more seldom. The principal cause of hæmorrhage of the tubes, on the contrary, is menstruation, which, according to the experiments of *Rouget*, necessitates a considerable hyperæmia of the mucous membrane of the ducts. But, as hæmorrhages from mucous membranes require for their origin only a congestion (or even only a change in the blood,) and not a disease of the elements composing the membrane, the tubes, in consequence of the frequent motor causes, (monthly afflux of blood,) are the most usual sources of hæmatocele. *Puech* also considers hæmorrhage of the tubes in the first

rank. The view of *Tardieu*, who considered the peritoneal vessels as sources of the hæmorrhages, is admitted by *Trousseau* in carcinomatous or tuberculous peritonitis.

It only remains for us to refer to the theory of *Gallard* (originally that of *Viques*.) which is: the ovum at each menstruation differs in nothing from the condition in which it is found at beginning gravidity. The mechanism by which an hæmatocele peri-uterina arises, differs therefore in nothing from that, under the influence of which an extra uterine conception is formed. An hæmatocele peri-uterina always appears then where a graviditas extra-uterina may show itself. The separation and descent of an impregnated ovulum pre-disposes more to an hæmatocele than the same process with an unimpregnated ovulum. *Gallard*, by this hypothesis, claims to have explained all those which he calls spontaneous hæmatoceles, and lays the highly seldom occurrence of oval residues, either to the immense difficulties of discovering such, or to the careless researches of the observers. Among the chirurgical hæmatoceles, he includes those which arise from trauma ulceration and rupture of the coats of a vessel, or re-flow of the blood. *Voisin* proves this theory to be untenable, yet it is possible that an apoplexy of an ovum deposite intra-uterines may produce a sanguinous tumor, to which fact *Braun* also calls attention.

The symptoms of *hæmatocele retro-uterina*, independent of the entirely unobserved passive smaller extravasations, the residues of which form a much more frequent and unexpected subject of observation at autopsies, in the main, according to *Voisin*, a peritonitis arising from perforation with hæmorrhagic exudations. First we find an intense pain which, with the least pressure or the slightest movement, is much increased; this is located in the pelvic cavity, and is said to resemble labor pains. During the progress of the disease, the pain is increased at each menstruation. At first even there is formed a tumor in the pelvic cavity, which rises more or less towards the umbilicus, and is generally more voluminous in the right hypogastric region than in the left, and may extend itself to the iliac fossa. The sound upon percussion over the same is dull. During its first stage, the tumor is soft and fluctuating, later, of variable firmness, and, at times, becomes again fluctuating. By the touch we can plainly feel the tumor, the os is forced forward, the rectum flattened backward. The walls of the vagina are extended, the lower part of the same, is generally occupied by the tumor, which, to the extent of eight inches, advances towards the orificium vulvæ. Micturition and defæcation are performed with difficulty.

The tumor, by pressure upon the pelvic nerves and vessels, may produce a corresponding pain and œdema of the extremities. The general symptoms are those of a peritonitis combined with those of an internal hæmorrhage. Clinically, according to *Braun* and the other authors, there is no deviation between the symptoms of an intra and extra-peritoneal hæmatocele. Very different and aggravated disturbances may be produced by sanguinous tumors in the course of a gestation or even a parturition. *Braun* bases the following conclusions upon several observations: Hæmatocele may produce a dangerous obstacle to parturition and a diminution of the diameters; hæmatocele retrouterina may occur with accompanying prolapsus of the vaginal membrane; the sanguinous tumors may (during parturition) be immovable, if they expand in the retro-peritoneal reduplications of the uterus or of the vagina, or as intra peritoneal tumors have grown fast to these or even may remain movable if they are seated in the broad ligaments of the womb, the ovaries or the fallopian tubes.

The course of non-encysted sanguinous effusion is very acute, death mostly supervenes in about twelve hours. On the contrary, the course of an hæmatocele is very different. Sometimes it appears with great violence, and at other times we have only the appearance of a sub-acute morbid action, and sometimes it passes entirely unobserved. Mostly we find the tumor at the commencement has attained its full growth in a few cases. A growth of the same was observed during menstruation. *Gallard*, on the contrary, has observed a considerable diminution at this period. Generally, it soon acquires a hard consistency, and the fluctuation gradually disappears. The effused blood separates into serum and fibrin; both are gradually absorbed, or the latter decomposes, commingles with an exudation supplied by the peritoneum, and thus forms a mass resembling current-jelly, which finally forms its way out. In duration, it differs very much. Generally, according to *Puech*, extra peritoneal effusions run a more rapid course than those intra peritoneal; also the smaller are quicker than the larger. Fatal results, compared to recovery, seldom occur.

If the effusion is left to nature it may have the following results: (a) re-absorption; (b) discharge through the rectum, vagina or into the peritoneal sac; (c) dispersion. *Dr. F. Bockelmann*, of Bremen (*Wién. Med. Halle* I 20, 1061) gives us a very accurate description of the local changes just pointed out as resulting from a sanguinous extravasation. The thickened mass is often very slowly re-absorbed, and therefore we can feel the tumor for a long time at least from the vagina. The decomposition and

formation of pus is generally a very bad complication; it may undoubtedly materially abbreviate the duration of the disease; but on the other hand, give origin to very imminent dangers. According to *Puech* discharges took place in 46 cases as follows: 4 through the vagina, in which the results were always favorable, the extravasation disappeared after 24 to 48 hours, but also lasted in one, 8 to 14 days; in two cases discharge took place at two different periods, separated by a considerable interval; ten times through the rectum, less favorable, including three deaths, and lasting in some cases over a month; five times into the peritoneal cavity, all fatal. All these cases occurred without the interference of art, and of the others 22 recovered by re-absorption.

Regarding the *diagnostic points*, which of course mainly rest upon the before mentioned symptoms, *Voisin* again refers to its intimate relation with menstruation. He rejects an exploring puncturing, but *Braun* considers this an important means of diagnosis from ovarian tumors. This author considers it very difficult to distinguish between an effusion within, or without the peritoneum. The circumstances under which displacement of the os may take place have not been sufficiently ascertained to make this a diagnostic point. Equally difficult does *Voisin* consider the diagnosis between this and abscess. *Voisin* also gives a few points of distinction between hæmatocele and ovarian cysts, extra-uterine gestations, uterine fibroids, retroversion and retroflexion of the uterus, varices of the lig. lata, thrombus, accumulation of fæces in the rectum. *Braun* mentions that in hæmatocele here is no appearance of any secretion of milk, which might assist in distinguishing from gravidity.

The pathological condition in hæmatocele retro-uterina is generally as follows: The quantity of the effused blood averages from 6 to 40 ounces. Bladder, rectum and vagina are involved, their walls frequently perforated, in other cases only thinned; these fistulous openings are generally obstructed by clots, the uterus by adhesions is pulled aside or entirely turned upon its axis. The uterus is frequently very voluminous, its walls softened, or infiltrated with blood.

The *prognosis* in cases of non-encysted hæmorrhages is very unfavorable. In hæmatocle, no matter how it terminates, we must always expect peritonitis and internal hæmorrhage.

The *treatment* in the larger effusions consists in the observance of the most absolute rest, the application of ice to the abdomen, and sinapisms to the upper extremities. In hæmatocele the treatment is either surgical,

that is, an opening either by puncturation or incision is indicated, or medical, emollient poultices to the abdomen autip dogisties and, where possible tonics.

Puncturation, according to *Nelaton*, is performed with a trocar through the vagina, and the opening may be enlarged by a bistoury. *Reamur* used another method. According to *Puech* statistics speak against the operation, as in 14 cases there were five deaths, divided as follows:

Recamier 2; 2 resulted in a cure.

Velpeau 1; 1 resulted in a cure.

Robert 1; 1 resulted fatally.

Monold 2; 2 resulted fatally.

Hagaier 1; 1 resulted fatally.

Voisin 7; 2 resulted fatally.

Voisin considers internal treatment for the one alone generally applicable, by which he has only 5 deaths to 20 cures. To promote re-absorption *Braun* recommends inunction with iodine dissolved in glycerine. Generally the internal treatment is of course the same as that in circumscribed peritonitis and internal hæmorrhage.

Voisin closes his monograph with a relation of 36 cases and a plate of an hæmatocele retro uterina and its relation to the neighboring organs.

ART. II.—*Address by J. A. PETERS, M. D., before the Erie County Medical Society at its Annual Meeting.*

[Published by vote of the Society.]

Mr. President and Gentlemen:

I had hoped, as you undoubtedly did, that the orator for the occasion, (Dr. Mackay,) would be able to regale us at this time from his varied stores of knowledge and experience, but he has been unable so to do, and I am compelled to appear in his stead. Under these circumstances, quite as unpleasant to me as to you, I have tried, to the best of my ability, to perform the task set me in an acceptable manner, and I hope the attempt may be received with indulgence, if it do not merit your approbation.

It is certainly neither new nor startling to assert that there are fashions in medicine as in nearly everything else, and that, to a certain extent, they tend to re-produce themselves. As a pendulum when forced far to one side of the perpendicular, flies just as far to the opposite side, and then, passing through shorter and shorter arcs, finally settles in the perpendicular; so the

mind of man, forced, either in religion, science, or politics, from that centre in which Truth lies, is inclined to fly to the opposite extreme, and it is only by constant endeavors, and unwearied labor, that it settles upon the truth. In nothing is this more clearly shown than in the various modes which have had their rise, decline, and fall in the domain of Therapeutics. Not very many years ago, physicians, armed with the lancet in one hand, and a formidable array of anti-phlogistics in the other, waged a guerrilla warfare upon nearly every form and phase of disease. Later, however, they seem to have retired from the list of active combatants, and to have become subordinates to the *vis medicatrix natura*, whoever or whatever that may be; and while they "sustained and supported" the patient watched the fluctuations of the combat with philosophical eye. Was this because they had learned that all diseases arise from a common morbid action which tends to lower vitality, or was it simply the recoil of the pendulum? I fear the latter; let us hope, however, that through shortening arcs we are finding the truth.

This end is to be achieved, not by empirical reasoning on the *post ergo propter* principle, from ever so well ascertained facts, but by the careful collating and comparing of clinical results, with the ascertained truths of physiological science, in order that, so far as in us lies, we may find out the reason why we give a remedy, and the mode whereby it produces its effect; and this result must be equally distant from, and indebted to, the routinism of the mere practitioner, and the theorizing of the mere physiologist. And in proportion as this is honestly and fearlessly done by every physician for himself, according to his abilities, and opportunities, just in that proportion will the tendency to fashions in the profession be done away with, and just so much the sooner will Truth be arrived at. If we permit ourselves to see through other men's eyes, hear through their ears, and think with their brains, if we do not, on the contrary endeavor to form our own ideas, though with all due humility, we are recreant to the cause of Truth in Science, a cause which we are bound, as members of a learned profession to uphold to our utmost.

Three questions must be answered in regard to every medicine before we can be considered to use it understandingly:

I.—What effect does it produce on the system?

II.—How does it produce this effect?

III.—What are its therapeutical uses?

In this paper I purpose endeavoring to answer these questions, as applied to Quinine, according to my belief.

First, then, What is the effect of Quinine on the system?

The answer, if we seek to go no farther than its classification, is ready to our hands—it is a tonic and an anti-periodic. But names are of use in science only when they convey, not when they cover up ideas, and therefore we must be sure we understand clearly what sort of action is implied by these two terms, and it is just here that we find ourselves, if we examine the authorities, afloat on a sea of conjecture and theory. But it is not necessary, in order to define these terms with sufficient accuracy to answer our present purpose, to enter very deeply into the discussion. In regard to the term “anti-periodic” no difficulty is experienced, every one understanding it to be a medicine given with a view to remove the element of periodicity in disease, but the former term “tonic,” has been variously defined by different authors. Headland, (*Action of Medicines*, p. 159) restricts the term tonic to the bitter principles of vegetables, and maintains that they act by adding some needed element to the blood. Dr. Wood (*Dispensatory*) defines them to be medicines “which moderately and permanently exalt the energies of all parts of the system, without necessarily producing any apparent increase of the healthy actions.” Dunglison ranks them as “medicines which have the power of exciting slowly, and by insensible degrees, the organic actions of the different systems of the animal economy—and of augmenting their strength in a durable manner,” But without entering into the minutiae of the definition, I prefer to leave the term to that general definition which every man has, more or less clearly in his mind. We all recognize a quality termed *tone* in the system in health, and are at no loss to determine when it is absent in disease, precisely of what it consists is of minor importance in this place. Let us then define a tonic to be a medicine which has the power of restoring tone to the enfeebled system, and proceed to consider,

II.—How does Quinine produce its effects on the system?

And here we get if possible a greater variety of answers than to our former question. Says one author, it acts by adding something which is wanting to the blood; another considers that it acts on the nervous system as a stimulant, another, that it acts as a catalytic, inducing changes in the blood; and a fourth thinks it may act in all these ways. Some say that it increases the tonic, or contractile power of the muscles; others that it is a sedative to the nerves; some that it acts on the cerebro-spinal centres; others the ganglionic system, and so on, and on, and on.

It seems to me, however, that we must believe it to act in one of two modes, *i. e.*, either upon the blood, or upon the nervous system. It may act upon the blood in three ways, as a depurative, eliminating from the blood some foreign and deleterious element; as a catalytic, inducing by its presence some change in the constitution of the blood; or as a restorative, adding to the blood some needed ingredient of which it has been deprived by disease.

I cannot satisfy myself that we have any evidence beyond conjecture and assertion, to prove that Quinine has any power over the blood as a depurative, or as a catalytic—medicines which act in that way not usually being tonics, in the true sense of the word, and without further argument I think it may be assumed that, if Quinine acts on the blood at all, it does so in the way last named, *i. e.* as a restorative.

If it act on the nervous system it must produce either a stimulant or a sedative effect; both have been alleged in regard to it, both are supported by many facts, and it seems to me that both may be true. Instances are not wanting of other medicines which act as stimulants to the cerebro-spinal centres in certain doses, becoming sedatives when given in increased quantities, indeed, I am not sure that this is not generally the effect of a stimulant pushed beyond a certain point. But I shall have occasion to refer again to this question, and merely saying that in my judgment the action of Quinine is either produced in the blood as a restorative, or on the nervous system as a stimulant, I shall proceed to enquire which of these theories is correct.

And first, let us glance at the phenomena produced by its administration, so that we may judge whether the first or the second of these hypotheses will best account for them. I do not refer to the ultimate or general effect on the system, for which we give the remedy, but to the immediate and transient effects which mark the mode and direction of its action. These are, a sense of warmth at the epigastrium, and a general glow which gradually diffuses itself over the whole system. Under certain circumstances the heart's action is increased, and the brain stimulated almost to delirium; a sense of dizziness is experienced, a ringing in the ears as if of a chime of bells, and sometimes a temporary deafness. Again, under favorable circumstances a sedative effect is produced, and sleep follows its action. *All* these phenomena may not be observed in *every* case, but more or less of them take place whenever quinine is administered either in health or disease.

Now these effects have been said to mark the action of Quinine as an irritant poison, by those who maintain that it acts only on the blood, but I cannot find any reason for ranking it among irritant poisons, except the fact that in certain states of the stomach it produces, or increases, irritation of that organ, a property which exists in many other articles certainly not poisonous. On the other hand, they seem clearly to me to indicate that a stimulant effect has been produced on the nervous system; and I have known instances where Quinine has been taken for its stimulant effect in health. The lamented Dr. Wilcox, late a member of this Society, was accustomed so to take it when undergoing severe exposure to wet or cold, declaring that it "keyed him up" and made him "feel warm."

If Quinine act only as a restorative to the blood, then its action should be slow and almost imperceptible, and no direct effect on the nervous system, and no perceptible effect on a healthy man should be produced. We give iron in anæmia, because we know the blood to be deficient in that metal, and we hope to restore it, and we all know at how slow a rate the process of restoration goes on. While this theory might not be incredible if confined to the action of Quinine as a tonic, it hardly seems reasonable when we are asked to believe that it may be absorbed with such great rapidity as it must be in cases of periodical disease, so as to limit an ague, for instance to a single paroxysm. Nor have we any proof beyond conjecture that quinine can replace any ingredient of the blood. We are told that in debility there is a deficiency of taurine in the blood, Quinine resembles taurine in its ultimate chemical composition; Quinine cures debility, hence Quinine replaces taurine in the blood. It is also conjectured that the same pathological condition exists in all the diseases wherein Quinine is applicable, hence that is the way in which the remedy always acts. To me I confess, notwithstanding the high authority by which it is supported, this reasoning looks very much like a *non sequitur*. It should not be forgotten that identity of chemical composition, in substances of organic origin, is very far from implying identity of *organic* composition, or of physiological use. Nor does it seem likely to be true that any of the ingredients of the blood can be replaced by other substances *resembling* them.

Quinine is given with good effect in all cases of debility, and in all diseases which depend for their cause on malaria. Now we must believe that in all these diseases we have the same pathological condition, which condition consists in a certain deficiency of the blood, to be supplied by Quinine, or else the remedy must act through some other channel.

An attempt has indeed been made to reconcile the conflicting theories by suggesting that both may be true, that Quinine may act at one time as a restorative to the blood, and at another as a stimulant to the nervous system, but notwithstanding this idea has been supported by high authority, I cannot bring myself to believe that a medicine ever acts at different times, in modes inconsistent with one another. Examples are numerous of different *effects* being obtained by giving the same medicine in different doses, but that is very far from implying a radical difference in its mode of action at different times. I doubt whether we have any sufficient proof that, in all these diseases, the same condition of the blood exists, nor do I allege that a condition of the nervous system, common to them all, is absolutely proven; but it seems quite as reasonable to suppose that the same *general* condition of the nervous system is to be found, in a greater or less degree, in them all, and is met by the same remedy acting in a uniform and consistent manner. Quinine can be readily supposed to so stimulate the nervous system in diseases of debility, as to increase the physiological activity of the various organs of the body, causing more nourishment to be assimilated, and so curing the debility. And this view certainly tallies more nearly with its effects in diseases of malarial origin. For in all these diseases we certainly have a powerful impression produced on the nervous system, and it is a curious and interesting study to watch, in a large body of men exposed to the same malarious influences, the various grades of affections induced, from congestive fevers to mild neuralgia. Nay, we may often witness most, or all of these, in the same individual. A man who is attacked, in a malarial locality, with a severe intermittent, will very often find it become, on removing to a healthier atmosphere, a periodic neuralgia. Whatever may be the pathological effect of malaria in the blood, I believe that it produces a powerful depressing effect on the nervous system, (whether the ganglionic or the cerebro-spinal, I shall not stop to inquire,) and that Quinine cures the disease by producing a counter-impression, which enables the system to resist, and finally to triumph over the morbid cause. Very often an attack of intermittent consists of but one paroxysm, the prompt administration of the alkaloid preventing its re-appearance, and I cannot believe that a deficiency in the blood of any one of its elements can be supplied in so short a time, while it is undoubtedly true that an overwhelming impression on the nervous system, whether for good or ill, may be produced very soon.

The conclusion, then, to which I have been driven, and which I wish,

with all due humility, to present, is that Quinine acts on the system by producing a stimulant impression on the nerves and that its effect on the blood is only indirect. Let it be understood, however, that I use the term stimulant only to indicate the direction and mode of its action, and not to measure or limit its rapidity or results.

III. What are the therapeutical uses of Quinine?

Whatever views may be held by the practitioner regarding its mode of action, the great practical question becomes: In what diseases is it applicable? I have adverted to the fact of quinine being a tonic and an anti-periodic, and it justly stands at the head of these classes of remedies, yet I believe it has come to be one of the fashions of the day, and is often given—perhaps with good effect—without any very clearly defined reason for so doing. To a great extent I am convinced it has usurped the place formerly held by mercury as a *pis aller*. Said an old physician, “all of the olden time,” to his pupil, “When you don’t know what to give, give calomel, and you can’t be far out of the way.” Have none said, at least to themselves, “When at a nonplus, give quinine, and you can’t do any hurt?” Now this is something a shade worse than empiricism, for it is founded on no reason, theory, or experience. It is the resort of the lazy man, the man who steals all his ideas, and has not always the wit to steal them correctly.

I have collected a list of diseases in which Quinine has been given, and though I do not suppose it to be full, still it shows how much faith has been placed in the remedy in conditions apparently the most opposite. It has been given in all diseases of debility, in intermittent, remittent and continued fevers, in scarlatina, measles and small-pox, in carbuncle, gangrene and erysipelas, in scrofula, dropsy, passive hæmorrhages, dyspepsia, obstinate cutaneous affections, amenorrhœa, chorea, hysteria, in acute rheumatism, neuralgia, hemicrania, in epilepsy, diarrhœa, dysentery, and has been highly recommended as an anthelmintic.

Quinine may be given in tonic doses whenever, in the course of any disease, there is a loss of tone in the nervous system, or a deficiency of digestive power, provided always that there be no such vitiated condition of the stomach as to render it worse than useless. It is most useful—indeed, I am inclined to say *only* useful in tonic doses—when there seems to be chiefly a lack of sufficient nervous energy to carry on the processes of assimilation, and nutrition, when the stomach can tolerate food, but the stimulus of healthy appetite is lacking. Then Quinine seems to rapidly and steadily bring about a normal condition; under its influence more food

is taken into the stomach, and more of it assimilated, and gradually and steadily, strength and health are restored to the wasted frame. But when, in the course of febrile or inflammatory diseases, there is a high state of febrile action, and the dry, brown tongue indicates the irritation going on in the stomach and in the whole system. I believe quinine, *as a tonic*, only exacerbates the morbid action already existing. Weakness there certainly may be, and need for alimentation, which need must be met by *food*, as beef essence, not by Quinine. Let the tonic be withheld until, by the use of alteratives, or by the spontaneous recedence of the disease, the morbid action has disappeared and our patient only needs to be raised from his enfeebled condition. There is small use in trying to bind up the wounds of a combatant while he is still fighting, though after the fray our dressings may be grateful and necessary. I have often seen this mistake made, (I am not at all sure I did not make it myself before I learned better) in treating a certain class of fevers often found in camp, which are not malarial in their origin, but which, arising from the exhalations incident to such places, assume a typhoid character, though not true typhoid fever. These fevers have been called typhoid, and treated with Quinine as a matter of course, very much to the cost of the government and the injury of the patient, (*vide* a paper by Dr. S. B. Hunt in the Buff. Med. and Surg. Journal, vol. II., p. 202). It is not necessary to enumerate the diseases in which quinine is useful as a tonic; they must necessarily be left to the discretion of the practitioner.

In all diseases of malarial origin, whether fevers or neuralgias, Quinine is our first resort, and most commonly our sheet anchor. Nay, when we suspect any disease under our care to be *modified* by malarial influences, we will find Quinine, in anti-periodic or anti-malarial doses to be a useful adjuvant to our other treatment. In all such cases, whether of intermittent, remittent, or continued fever, I believe the most rational, as well as the most humane plan, is to give the remedy in such large doses as to cut the disease short in the briefest possible time. The opposite course only prolongs the sufferings of our patient, and exposes his system to be the more enfeebled by the disease. Regard must be had to the locality as well as to the temperament of the patient. The more intense the character of the malaria, the larger must be the dose. What would be a large dose here in Western New York, would be of no avail on the banks of the Potomac. My own plan, in treating intermittent in the South, has been to give full doses, (5 to 10 grains) every four to six hours, commencing immediately

after a paroxysm, and continuing until about half an hour before the next paroxysm should begin, when two or three doses were given at once in some crminative such as Fluid Ext. Zingiber, or Pulv. Capsici, and the patient directed to go to bed. When a paroxysm has been prevented, the size of the dose should be gradually decreased until none is taken, when the disease will usually be cured. Of course I need not allude to the many exceptions or variations; I only give this as the plan *generally* most successful in my hands. Whether or not any preparatory treatment is necessary, is a question very often discussed and with no little warmth, but I believe it to be more a question of climate than of accuracy or veracity. I believe those who practice in notoriously malarious localities, usually deem some preparation by cathartics or alteratives necessary, while those who practice in more favored climates take the other ground. Both seem to me right in their respective fields of action. I certainly am in favor of "preparatory treatment" as a rule among the swamps of the South, and do not doubt it to be necessary in similar locations West. Here, I presume it may be dispensed with.

In remittent or continued fevers, as well as in other diseases of a distinctly malarial character, I believe the same theory of large doses holds good. It should be always remembered that a small dose of Quinine, except when given strictly as a tonic, is a stimulant, and in many cases an excitant, while in full doses it may become a sedative. In the one case, by a succession of small doses, we excite and irritate our patient, and do not affect the disease, while in the other, by a full dose, we calm and soothe the patient, and impress, perhaps cure, the disease.

This is seen in the treatment of children, perhaps better than in the case of adults, even when we are not combating the influence of malaria, as for instance when Quinine is given in scarlatina. This medicine has been highly recommended in acute rheumatism and other cases of acute febrile action not dependent for their origin upon malaria, but as my experience in its use in such cases has been limited I shall not have much to say about it. As, however, we do not need or desire in such cases a tonic, still less an irritant effect, it would seem that it should be given in full, or sedative doses.

I have used the terms large and small doses, but I wish to be always understood as using them relatively. Ten grains in certain cases, would be a much larger dose than would thirty under other circumstances.

Nor should it be forgotten that there is sometimes a certain amount of danger in the administration of Quinine, particularly when it is given in

inflammatory or febrile diseases, of non-malarial origin. This danger arises from its effect upon the brain, especially when given in full doses. Given during the hot stage of intermittent, it aggravates the febrile re-action, often producing delirium, yet in congestive fevers, of a malarious character, I believe it should not be withheld, since we must depend upon its agency to remove or counteract the morbid cause. If there be local congestion, especially of the brain, it must be met by appropriate treatment, but Quinine must be relied on to effect the cure. The stage of collapse occurring in these cases needs large doses of the alkaloid, and at once. An overwhelming, depressing effect has been produced on the nervous system, and must be counteracted by the most prompt and efficient means.

To sum up—Quinine acts on the nervous system as a stimulant; in larger doses, a sedative effect is produced, which is not inconsistent with, but follows legitimately from its stimulant action; owing to these qualities it is valuable as a tonic and as an anti-periodic, or anti-malarial, and also (it is said) as a *febrifuge*; notwithstanding under the counteracting influence of a depressing agent, enormous doses will be borne, are absolutely demanded; some caution is needed in its administration.

I have given my own views upon this important subject, but claim for them no more originality than every man is entitled to claim for those ideas which have been taught him by reflection upon the facts observed in his own experience, and the facts and theories promulgated by others. As to their truth, every one must judge for himself, they being put forth with that sort of mental reservation, to which a certain distinguished Professor says every physician is entitled in giving an opinion; so that, if I hereafter become convinced that they are untrue, I shall claim the privilege of contradicting them, without rendering myself liable to the reproach of inconsistency.

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

TUESDAY EVENING, February 2d, 1864.

Dr. T. T. Lockwood in the Chair. Reading of the minutes of the last meeting dispensed with.

Dr. Miner presented the head of a thigh bone, and gave the following account of it. Was called yesterday in consultation with Drs. Sweetland and Powers, to visit Mr. Cash of Evans, who had been thrown off his sled and injured by the fall, or by being struck after the fall, or both. He was

carried home and Dr. Sweetland was immediately in attendance, who on discovering the nature of the injury associated with himself Dr. Powers.— It was now discovered that they had *fracture and dislocation* of the thigh bone, the upper portion or rather the head resting in the inguinal region, or immediately below it, the femoral artery passing over the bone and imparting an impulse to the tumor not at first satisfactorily accounted for. The remarkable injury, and the peculiar condition of the parts induced hesitancy as to the proper course to pursue, and the leg was placed over a pillow in flexed position, to relieve the tension, and in this condition awaited his arrival. Careful examination confirmed the diagnosis, and no doubt was entertained that the head of the thigh bone had been driven from the acetabulum and separated at the neck, from the shaft of the bone. A condition of things so rare and so inexplicable, very naturally led to some doubts and anxieties, but as it was established that fractured bones should be replaced, effort was made while the patient was fully under the influence of chloroform, to replace the dislocated portion. This effort, though entirely futile, so far as accomplishing this object, was yet productive of benefit, making more apparent the complete isolation of the fragment, and the utter impossibility of replacing it. It had also dislodged it from under the femoral vessels, and rendered it movable beneath the integuments outside the muscles and fascia of the thigh. Its removal was now suggested to the attending physicians as the only rational plan of procedure. It was obvious it could not be replaced if desirable, and though it was impossible to know how complete was the isolation, yet it appeared probable—certain almost, that it had no attachments for support, and was completely a foreign substance. Upon suggestion, it was immediately approved, and its removal unanimously agreed to, as the only safe and proper course to pursue, not however without the conviction that to make incision down upon the displace

head of a thigh bone, with the view of removal, because it was separated from the shaft and displaced, was a new and unheard of operation. Incision was however unhesitatingly made, and the head and



neck as here seen, The above cut shows the location, direction, and appearance of fracture.

was extracted. The ligamentum teres had been broken, the capsular ligament ruptured, the neck of the bone fractured within the capsular ligament, and the bare specimen exactly as here presented, without any attachments was taken from underneath the integument. The specimen has been presented not that it is unlike the head of other thigh bones, but because it is so remarkable a relic.

It was not presumed, but that in some of the terrible contusions of gunshot or railroad accidents somewhat similar injuries might be sustained by the neck and head of the thigh bone; but that such a condition should be found in connection with no outward contusion or laceration, nothing but simple fracture so far as the shaft of the femur was involved, was regarded as the rarest injury in the world, and one which perhaps had not its parallel recorded.

What forces could have produced such injury is not readily apparent, but it appears that the dislocation must have taken place first, the head of the bone being protruded through the capsule, muscles and fascia, and subsequently another blow have produced the fracture; when the shaft was again drawn back to its natural position, leaving the head entirely disconnected—a foreign substance so far as nutrition is concerned. This then was accidental excision of the head of the thigh bone; and from what is known of the results of severe injuries of the femur, especially of the head, and of the hip joint, they had nothing to promise the friends of this patient; it would appear altogether probable that death would soon follow so severe injury and such operation. He was however left perfectly comfortable, as much so as is usual after simple fracture of the neck of the thigh bone. The usual dressings for such accident were applied without attempting very great extension; the shortening was slight, and the appearance every way natural. After the removal, it was plain enough that it was the only true course to pursue, but while the condition of the bone was undetermined, it was much less apparent. Dr. Sweetland, one of the oldest and most experienced physicians of Erie County, had never seen or heard of such accident, and it was believed by Dr. Miner that if he should live another century and practice surgery the entire period, he would never again be called to attend a similar injury.

It might be interesting to inquire what was to be expected in case this patient should survive the shock of injury—what provision would nature probably make to supply the loss? The case could not be greatly unlike one of excision of the head of the thigh bone, and if a favorable termina-

tion should take place, it could not but afford as satisfactory result, and on some accounts much more was to be expected. The angle formed by the neck was still left, constituting a base upon which nature could build a useful and firm head for articulation with the acetabulum; and bones which are fractured without being crushed and comminuted, take on healthy graulation sooner, and heal over more rapidly and more safely, than when divided by the saw. Recovery from so severe an injury, involving the hip joint, appears altogether improbable, and yet perhaps it is not impossible.*

Dr. Boardman would like to inquire as to the protection of vaccination. Had re-vaccinated cases two weeks after vaccination without effect, but subsequently found that re-vaccination took effect. Did not understand why the second re-vaccination should take effect while the first did not, which was made two weeks before, and with reliable virus.

Dr. Cronyn had noticed the same thing as related by *Dr. Boardman*, and related cases illustrative of it. Re-vaccinated on Sixth street four children, three of them failed to produce effect, while the other one worked very well. The mother was not satisfied with the virus where it did not work, and in a few weeks he vaccinated them again, when it took finely.—The virus in both cases was fresh and reliable.

Dr. Rochester was glad the discussion had been commenced, since the importance of vaccination could not be over-estimated, and everything connected with it was of interest. Spoke of the uncertainty of vaccination, and of the common causes of its failure; impurity or other imperfections in the virus being the most operative and apparent of any. As he had often before remarked in the Society, he greatly preferred the lymph. When the scale is used we always introduce pus, though vaccine lymph may be incorporated with it.

Said that it was a common occurrence to vaccinate with the crust with a perfect failure, when perhaps vaccination with the same virus two weeks later would take, and with it the old virus would also be lighted up which had laid dormant for many days, and would now produce true vaccine vesicle. Thought there was now an epidemic pre-disposition to small pox, and that possibly this might account for the tendency in vaccination to take effect. Related cases which could not previously be made to take, which have recently taken and passed through the stages beautifully. Has also

* Recent report from attending physician, *Dr. Powers*, assures us that the case is progressing favorably. *Mr. Cash's* son called upon us yesterday, February 17th, twenty days after the injury, and informs us that his father is free from pain or other inconvenience, eating naturally, and sleeping soundly, and desires to know how soon, and how well, I think he will be able to walk.—*Ed.*

seen some of the sorest arms after vaccination, and thinks it due to an erysipelalous epidemic, which now prevails to a great extent.

Dr. Boardman described his manner of vaccination; uses the scale reduced to a pulp, and rubs it in, after making crosses, not deep enough to draw much blood, if he could avoid it.

Dr. Ring related cases similar to those presented by *Dr. Rochester*, and spoke of the comparative value of the lymph, and of the virus as contained in the scale, and also of the protection afforded by vaccination.

Dr. Gay would make one observation. He was himself re-vaccinated a few years since without effect; subsequently was to be exposed to small pox by going to pest house; was now again re-vaccinated and it worked perfectly. The question now arises, would visiting the small pox hospital have anything to do with the operation of vaccination?

Dr. Lockwood remarked that he had recently, as an experiment, re-vaccinated some children that had been vaccinated six years previously, and had good scars, with virus, the product of re-vaccination, and to his surprise it worked finely, passing through all the stages of true vaccine disease.

Dr. Rochester thought it unsafe to use the crusts of re-vaccination, since in this way vaccination is liable to deteriorate; often has had good crusts, but rejects them as unfit for use. It might be well enough to make the experiment, but it was not safe to depend upon its protective influence.

Dr. Boardman said that the scar could not be depended upon as evidence of a protective influence of vaccination; would often get operation when the scar was well marked and perfect.

Dr. Cronyn inquired, if the operation of re-vaccination was evidence of impurity in the first, is not or may not the scale of re-vaccination be perfect?

Dr. Rochester referred to a report made to the Society by himself upon this subject, and published in the *Buffalo Medical Journal*, in which all these points had been considered. Working of re-vaccination was not always proof that the first was imperfect.

Dr. Boardman said, we often hear physicians and others, speak of vaccination running out, but we do not mean by that that the patient would have small pox if exposed; he might have varioloid, but never true, small pox.

Prevailing Diseases.—*Drs. Rochester, Ring, Cronyn, Shaw, Boardman, Gay and Samo*, reported the prevalence of erysipelas, scarlet fever, tonsillitis, diphtheria, etc., etc.

Dr. Samo related the case of a little boy he was attending, who was not very sick for the first few days, though somewhat feverish with loss of sleep and appetite. It was a few days ago covered with a papular eruption, and now covered by ptechial spots, appearing something like purpura.—Thinks it may be diphtheritic in character; has not however seen similar cases.

Voted to adjourn.

J. F. MINER, Secretary.

ART. IV.—*A Case of Intus-Susception of the Colon, with Remarks.*
BY W. GOULD, M. D.

A. B., aged three months, twenty-four days, born in Buffalo, American parents. On Sunday, January 10, 1864, his mother while washing and dressing him noticed a peculiar deathly sickness, which lasted but a short time, and then passed off. Nothing was thought of this until the following Wednesday, when it commenced passing blood from the bowels, and vomited its food as soon as taken. On Thursday, 14th, I was called to see it. It was passing blood freely at short intervals, and vomited whenever it took the breast. Was restless, looked bright, but the countenance indicated much distress. Its bowels had been regular from its birth up to this attack on Wednesday, but during the twenty-four hours preceding my visit, it had passed nothing but blood. I was unable to make a satisfactory diagnosis.

Treatment consisted of acetate plumbi, hydrarg. chlor. mite a a, grs. j, sach. qs. M ft. pulv. vj. S. One powder every hour until the vomiting ceased. And as the discharge from the bowels was attended with considerable pain and effort, two drops tr. opii in a small quantity, of starch water was ordered as an enema as often as the discharge occurred. Tinct. opii comp. was also directed to be given, to relieve the pain and restlessness, in doses sufficient for that purpose.

Friday, 15th. The discharge of blood continues. The vomiting has ceased. Bowels slightly tympanitic. With these exceptions the symptoms and appearances are about the same. As the vomiting had ceased and the bowels had not moved, gave hyd. ch. mite and rhei. a a, grs. ii, to be repeated every two hours until three doses were taken, and then followed with injections of ol. racini and soap suds. This proved unavailing, no fecal discharge followed. My little patient was evidently sinking. Although the discharge of blood was less, the bowels were more tympanitic, and there was evidently some obstruction of the bowels, but the nature of that

obstruction I was certainly at a loss to determine. It might be something swallowed, or impacted feces. The symptoms and progress of the disease in so young a child, were new to me; yet the result was more and more evident to end in death.

Sunday, 17th. My little patient died at 8 A. M. I asked and obtained permission to make a post mortem examination, which was done on Monday, 18th, twenty-seven hours after death, Dr. Gay assisting me. On opening the abdomen, with the exception of a little congestion upon the external surface of the descending colon, the appearance was healthy. In the rectum could be felt a hard mass, which was supposed to be fecal matter, but upon placing a ligature below it, and raising the intestines it slid back some eight or ten inches to its normal position, and proved to be a mass of strangulated intestines, which had been forced down within two inches of the anus. Immediately above the invagination we found stricture of the colon to such a degree as to preclude all possibility of relief from any treatment beyond the palliative. The accident occurred above the sigmoid flexure, and near the angle formed by the transverse and descending colon. In a subject so young the bands of muscular fibre which produce the peculiar sacculated character of the colon is not so marked as in that of adults. To me this case is instructive and interesting.

First—On account of its inevitable fatality.

Second—On its occurrence in one so young.

Third—The peculiarity of its location, in the colon.

Fourth—That no similar case is to be found on record, so far as I can learn, in this city.

Fifth—Cases elsewhere, and what authors say upon the subject.

Upon these several points I propose to make a few remarks, and should I digress a little from the exact order, as noticed above, I trust it will be pardoned.

1st.—In regard to its fatality. It must rank as one of the worst and most dangerous affections to which infants or even adults are liable. Could we possibly in the case of a child only three or four months old, be enabled to make a correct diagnosis, would any treatment beyond the palliative be of use? The answer will be in the negative, and the reason will appear obvious to any one who examines the specimen preserved by me, and notices the large mass of the invaginated portion and the narrow stricture immediately above.

2d.—Its occurrence in one so young. I was induced to examine with

much circumspection the reports of the several Health Physicians of this City, and certainly expected to find many cases of adults, if not of children. I was surprised to find but one case reported from June, 1855, to May, 1859, and of course unable to ascertain the age of the victim, or whether the cause of death was determined by a *post mortem* or, as I fear is too frequently the case, guessed at. Here the question occurs to me as to how many of the deaths reported under the head of "*Ignotus*," ranging yearly from five to forty, may have died from this accident. Of course the question cannot now be answered satisfactorily, and I will frankly say that only for the privilege of making a post mortem examination, so kindly granted by its parents, I would now be in a degree ignorant of the true cause of my little patient's death.

3d.—The peculiarity of its occurring in the colon. Authors say that it may take place in any part of the alimentary canal, while all agree that it most generally occurs in the ilium, near where it terminates in the colon, caused by augmented peristaltic or spasmodic action, forcing a portion of the intestines into the lower or conversely. The first termed "progressive," and the latter "retrograde," which is rare, undoubtedly. As an evidence that it often occurs in the death struggle, it is affirmed that in 300 cases of children who died in a French hospital from worms, or fever, the greater part had from two to four or more intus-susceptions. In these cases it is said that the symptoms were absent during life, and in all probability were caused by the death struggle, and only found in the small intestines.

4th.—That no similar case is upon record, so far as I can ascertain, in this city. I regret that more accurate reports have not been made in former years by our Health Physicians. I find that during the first ten years Dr. Flint published the *Buffalo Medical Journal* no reports appear. In April, 1855, the Health Physician, Dr. John Root, commenced and is entitled to the credit of first making monthly reports to that Journal. They were continued until 1860, when the *Journal* became a New York City institution and the reports ceased. In July, 1861, the *Buffalo Medical and Surgical Journal* made its appearance, and for a time we had the "reports," but we look in vain for them now, and here let me ask, why is this? Are the monthly reports of city mortality of so little account to the profession that a journal published in our midst for the ostensible purpose of information should be denied these reports and your subscribers have to cut them from the daily papers and keep the scraps for future reference instead of having them in the *Journal* where they certainly belong? One of two conclu-

sions I think inevitable. Either the present Health Physician is not aware that we have a *Medical Journal* in Buffalo, or he is indifferent as to whether the profession have his reports in a paper they preserve or not. Another reason may be that the Editor is indifferent as to giving them a place. Perhaps it costs a little too much time and labor, both so precious, to obtain them. Whatever the cause of omission may be, I trust it will be removed and we shall have the reports in the *Journal* in future.

5th.—Cases elsewhere and what authors say upon the subject. I see that in Philadelphia from 1834 to 1840 there are 1881 deaths reported of children under one year. Nine are reported as having died from invagination of the intestines. Whether this fact was determined from symptoms or *post mortem* examinations does not appear. This ratio would give one in just 209 from this cause. If this is true in Philadelphia why not in Buffalo. The term "*Ignotus*" may include many from this cause. Coley, in his work on "Diseases of Infants and Children," barely mentions its occurrence as a *sequel* of Dysentery.

Condie speaks of it as "often met with in children who have died of other diseases and appears to take place in the act of dying, from some convulsive or inordinate movement of the muscular fibres of the intestine canal. These investigations give rise to no symptoms during the life-time of the patient; and after death are reducible with perfect ease. Occasionally, however, the invagination occurring in children gives rise to symptoms of the most serious character, and speedily destroys the life of the patient." He also says that the invagination may take place in any part of the canal, but is most generally seated near the termination of the ilium and that the disease is generally fatal, in fact that all cases falling under his observation, terminated fatally. That so far as treatment is concerned, palliatives are only of use. Where the case is strongly marked and the symptoms are unmistakable the operation of Sapharotomy has been by some recommended with the view of restoring or disentangling the invaginated portion of the bowels, but the practice should be condemned for obvious reasons. Still another point of interest in this case is to determine at what time the accident or act of invagination occurred. My own theory is that it happened as far back as Sunday, 10th, and in all probability at the time his mother noticed his apparent sickness while being washed and dressed. The absence of stercoraceous vomiting is accounted for when we remember the locality of the lesion so near the extremity of the canal. I believe when this occurs early in the disease it is an evidence that the invagination is seated in the small intestines, and *vice versa*.

Buffalo, February 22d, 1864.

ART. V.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Exsection of the Head of the Humerus—Severe Injury—Erysipelas.* BY J. F. MINER, M. D.

Gentlemen:—I have the pleasure of presenting before you a case, which some of you have seen before. M. B. was the inmate of the Hospital of the Sisters of Charity about one year since, and your attention was then called to the remarkable condition of the shoulder joint by Prof. Moore. I have no knowledge of the views he entertained, or of the opinions of the numerous surgeons who have been consulted by this patient. The case first came under my observation something more than two years since—a single consultation at my office, and expression of desire to place himself under my care, being all that I knew of it, until after a great many efforts with private individuals and public institutions, he has come at last, without material change, and is willing to submit to whatever is proposed for his recovery. The shoulder joint has been the seat of the disease, and a great variety of opinions entertained as to the nature of the malady, almost every surgeon having a way of his own, of explaining the condition present. The shoulder has been immensely distended; the ligaments and tendons relaxed, and the head of the humerus easily dislocated from the glenoid cavity, moving in all directions with perfect ease. He has still had some use of the hand and arm, without ability to raise it, but able to use the forearm, while the arm hung by his side. It has never been painful or tender on pressure; has not disturbed the general health. It has never manifested tendency to suppurate, and even when opened it has soon healed, if allowed to do so. It has received treatment from several surgeons, but nothing has ever been accomplished by any, while some have given the disease a name, and declined treatment, or advised non-interference. I understand that the case has been looked upon generally, as entirely hopeless. It has been reserved for us to discover the true cause of the condition which you observe, and is no reflection upon the knowledge or ability of those who have preceded, when I intimate that they remained ignorant of the causes which have produced this condition of the shoulder joint.

When this patient was admitted to this Hospital he had exhausted all other resources; he was willing to suffer any operation which might be advised, and I was also ready to institute almost any course of treatment which would offer any hope of success. With the view of reducing the immense distension, and of creating inflammation and healthy suppuration, I at once made free openings, and three or four quarts of serum, and feebly organized fibrin, resembling whey, and curd, were removed from around

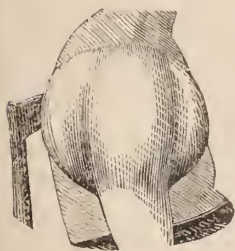
the joint. The cavity containing this had before been opened, sometimes with an exploring trocar, sometimes with a lancet, always with the greatest caution; now it was opened by an incision four or five inches in length. And after removal of all foreign material the place was filled with charpie—pledgets of cotton cloth, with the view of inducing inflammation, and of keeping a free exit for serum or other accumulation. These openings were on either side of the articulation, and sufficiently free to admit the hand. By probing this opening with the hand we have discovered what could not have been known by any other process. The hand or the finger is the most improved probe, and though you cannot get the lead mark, or friction sound, you can yet sometimes obtain a knowledge of the condition of things, not to be gained by any other instrument. Yesterday in making some explorations in the cavity, a hard unyielding mass was found upon the wall of the posterior cavity, and after considerable force with the hand and a little dissection the bone which I here present, was found enclosed in fibrous tissue, encysted, as much so as any foreign substance could be. It is near an inch in length and rounded after the style of a large bean. How long it had been in this situation is not important, but that it should thus become covered, and not produce suppuration, but remain comparatively harmless, is certainly quite remarkable. It has been preserved as the key to the whole mystery, and has opened up to better understanding a case which previously had not, I believe, been understood in any essential particular. This piece of bone had evidently been attached to the bones of the shoulder joint, its separation very clearly indicated disease of the bony tissue. Upon more careful examination the head of the humerus was found roughened, and small projections of bone might be distinctly felt upon the neck.

On making this discovery, I at once proposed exsection of the diseased portions, whatever they might prove to be, and with this view he has come before you this morning. To me, this appears one of the most rare, interesting, and instructive cases, and I am glad to see present so many physicians both of the city and vicinity, who are invited to examine, and determine for themselves, the correctness of the explanation and the propriety of making the operation which I have proposed.

With the advice of my associates, and also of Dr. B. H. Colegrove, of Sardinia, one of the oldest and most experienced Surgeons in Western New York, who is with us this morning, I now propose to exsect the head of humerus and such other portions of bone as may be found diseased. I am going to disregard all surgical teaching in the manner of operation, and

make it after my own style, a fashion applicable perhaps only to this particular case.

A flap is generally raised over the most prominent part of the shoulder, not unlike that made in amputation at the shoulder joint, and the joint fully exposed. Other plans of operation are also practiced. I have already a large opening posteriorly through which I now protrude the end of the bone, which is not bound by ligaments, tendons and muscles, as in conditions of health, but is easily dislodged from the glenoid cavity, and without great force projected through the opening, a little enlarged, which has served us so admirably for examination, and is now made to answer a double purpose. The operation has not proved difficult, and has been accomplished with nearly as great facility as by the more common method. The glenoid cavity appears to be healthy, and all unhealthy portions of the humerus have been removed including the head and anatomical neck; the remainder appears healthy. Inflammation under ordinary circumstances might be feared, but in this case there is little danger; indeed the tissues around this joint are incapable of taking on active inflammation; it has thus far resisted everything calculated to increase inflammatory action. We shall apply simple dressings; rest the fore arm in a sling, and report to you our success, when time shall have determined how much we have gained for our patient.



Outline of Shoulder before operation.



Appearance of Shoulder at the present time. The patient now engaged in labor with the motions of the joint nearly normal. Works at his trade as a carpenter.

Erysipelas.—There are two cases in the ward, to which I will ask your attention but one moment—two cases of *Erysipelas*. The one comes on after a severe injury caused by falling forty feet into a stone quarry; the

other is idiopathic, and has gently caught hold of the patient's ear and nose. I thought you might some of you be interested to see the appearance—the outer manifestations of the disease. As we have not time for other considerations, you will desire to know at least what treatment we adopt. Nitrate of silver, sulphate of zinc, acetate of lead, sulphate of copper, persulphate and perchloride of iron, and a great many other medicines have been suggested and recommended as applications for Erysipelas; and it has been claimed that they prevent the spread, control the inflammation, relieve the pain, &c., &c. Muriated tincture of iron, externally and internally has been urged as all important. These are all fashionable with many practitioners, and probably they are productive of no great harm; I think they have little if any influence. Warm water dressings externally; opium, if necessary to allay pain and procure sleep; adequate support in cases of great depression, is all so far as I know and believe, which you can do for Erysipelas; and the result will be favorable almost invariably, except in some severe forms of epidemic disease.

EDITORIAL DEPARTMENT.

BUFFALO MEDICAL COLLEGE, COMMENCEMENT.

The Commencement exercises in the Buffalo Medical College were held on the evening of February 23d, when the degree of Doctor in Medicine was conferred upon the following gentlemen:

- Edwin Bassett Theft, Fort Miller, Washington county, New York.
- Daniel Augustus Currie, Searsville, Orange county, New York.
- John Mason Brown, Aurora, Erie county, New York.
- Cyrus Emery Stebbins, Butternut, Otsego county, New York.
- Thomas Benton Eagle, Loudonville, Ashland county, New York.
- Samuel Payne Ford, Peterboro, Peterboro county, Canada West.
- Newell Allen Dryer, Lansing, Ingham county, Michigan.
- Oscar Henry Adams, Vanetten, Chemung county, New York.
- Robert Taylor, Loudonville, Ashland county, New York.
- Evan Gabriel Williams, Remsen, Onieda county, New York.
- George McKnight, Sterling, Cayuga county, New York.
- Oakman Sprague Payne, Rochester, Monroe county, New York.
- Gershom Wells Hamilton, Mesopotamia, Trumbull county, Ohio.
- Willis DeLancy Hall, Lockport, Niagara county, New York.
- C. H. Otto Burger, Buffalo, Erie county, New York.

Alexis Edwin Williard, Friendship, Alleghany county, New York.
 Daniel David Halsted, St. Charles, Saginaw county, Michigan.
 Robert Renfrew Smith, Komoka, Middlesex county, Canada West.
 Henry Martyu Gale, Ashville, Chatauqua county, New York.
 Richard Reuben Carr Bordwell, Pen Yan, Yates county, New York.
 Judson Aaron Gillet, Albion, Orleans county, New York.
 Thomas Morford Brown, Clarkesville, Mercer county, Pennsylvania.
 Lafayette Baleom, Ransomville, Niagara county, New York.
 Ira L. Jones, Pulaski, Oswego county, New York.
 Merrill Eugene Shaw, Buffalo, Erie county, New York.
 Byron Thorne Wheeler, Canandaigua, Ontario county, New York.
 Newton Loren Clark, Royalton, Niagara county, New York.
 James Stratton Harlow, Bath, Stuben county, New York.
 George Duryee, Buffalo, Erie county, New York.
 John Moran Flood, Elmira, Chemung county, New York.
 Francis Lucas Nesbitt, Oxford county, Canada West.
 Hiram Dana Walker, ———, Cattaraugus county, New York.
 Clayton Lewis Hill, Lafayette, Onondaga county, New York.
 James Nichols, Limestone, Cattaraugus county, New York.
 George Thompson, Humberstone, Welland County, New York.
 Aralin Hubert Street, Barre Centre, Orleans county, New York.
 Hiram Dexter Kee, Greensburgh, Trumbull county, Ohio.
 Richard Jones, Prince Albert, Ontario county, Canada West.
 Johnathan Edwards, Macomb, Macomb county, Michigan.
 William Henry Gail, Willink, Erie county, New York.
 Henry Van Alstyne Mott, Oreville, Butts county, California.

The Honorary degree of M. D. was conferred upon Eber Smith Carlisle, of Plessis, Jefferson, Co. N. Y.

The following Physicians were appointed Curators for four years:

D. P. Bissell, Utica, Oneida county, N. Y.; T. Nesbitt, M. D., Avon, Livingston county, N. Y.; Dr. Landersale, Geneseo, Livingston county, N. Y.

The Faculty deem the following Theses worthy of honorable mention, viz:

A Thesis on "Dynamics of Inflammation," by George McKnight, of Sterling, Cayuga county, New York.

A Thesis upon "The Philosophy of Cure," by Samuel P. Ford, of Peterboro, Canada West.

A Thesis on "Thoracic Aneurism," by Edwin B. Theffit, A. B., of Fort Millier, Washington, county, New York.

The Valedictory was delivered by Edwin B. Theffit, a member of the

Graduating Class. Prof. Charles A. Lee gave the charge to the Graduates. The exercises were interesting and instructive, and were attended by a large and respectable audience.

Thus closed one of the most prosperous terms ever enjoyed by the University of Buffalo, graduating some forty intelligent, well educated physicians, who, we believe, are to fill places of honor and responsibility, doing credit to themselves and reflecting lustre upon the Institution from which they have graduated.

After the commencement exercises, the Faculty invited the Curators to supper at the American Hotel, where, after full satisfaction of the inner man, the higher intellectual nature also received attention. Prof. Eastman, Dean of the Faculty, spoke of the aims and objects of the College, saying that it was the design to give thorough and complete instruction in every department of medical knowledge, and to elevate the standard of medical education. He invited the Curators to assist them in the effort to advance the standard of acquirement, and thanked them, in behalf of the Faculty, for their attendance and hearty co-operation; hoping to meet them upon this annual anniversary of the College, and ever to merit their hearty approval. Spoke of the importance of physicians not admitting young men to their offices as students of medicine who had not thorough preliminary preparation.

Dr. Miner was called upon in connection with the *Medical Journal*. He said he had nothing especial to communicate on the occasion, so far as the *Journal* was concerned: it spoke monthly for itself, and must stand upon its own merits. He had deep interest in it, and was always glad to talk about it upon all proper occasions; never ceasing to remind the profession, that periodical medical literature was an 'institution' of itself, and should receive its earnest consideration. This was not the topic upon which he proposed to remark, but had risen to reply to the Dean, who had said, that it was the design of the Faculty to make every effort to advance the standard of medical education. This he believed to be true, and would congratulate the Faculty of the University of Buffalo upon having re-proposed and urged the most important measure of reform, calculated, if adopted, to revolutionize the present plan of granting diplomas, and give the profession a security and a protection which it has never enjoyed in this country. The appointment of a State Board of Examiners, independent of teaching, and impartial, was a measure which should receive the approval of all interested in the honor and usefulness of the

profession. It was an intimation on the part of the Buffalo College, so far as it might have been selfishly considered, that she was willing to place her students upon an impartial trial, side by side with those of her sister institutions. It was evidence that it was not her purpose or pride to make yearly a great number of doctors, but to make educated, capable physicians who, in doing themselves honor, should honor her. He did not wish to so heartily approve this measure as to make it appear that he regarded Teachers and Curators as altogether unsuitable persons to make examinations and grant diplomas, but he did desire to congratulate the Faculty of the Buffalo College upon being foremost in re-proposing and advocating, in tangible form, the most important measure for the advancement of the highest interests of the profession—of doing this even at their own sacrifice; for it was manifestly liable to diminish rather than augment the number of medical students. This constituted, in some degree, the grandeur of the action, proving the purity of the motive. He believed that the profession would everywhere rise up to thank them, for the part they have acted in the initiation of this measure.

Prof. Lee remarked, that as he had been instrumental in proposing this measure, and had presented it to the State Medical Society, it would not be inappropriate for him to reply to Dr. Miner's sentiments of approval and congratulation. He had found that distinguished teachers in the colleges of New York regarded the diploma, as awarded by themselves and others, as simply a certificate that the possessor had complied with the requirements of the law; that is, that they had studied three years and attended two courses of medical lectures; that nothing more than this could be said of it. The custom had become universal in many institutions of graduating all applicants after the terms of the law had been complied with. So unexceptionable was this, that classes of a hundred or more had been approved without a single rejection. He had expected opposition to the measure, but, to his surprise, none had yet been offered. It would be presented to the American Medical Association, at its meeting in New York City, in June next, when probably it would meet with opposition, but not sufficient to prevent its adoption. The State Board should be paid without levy upon the student; should be independent of all colleges, and make uniform requirements, thus constituting an impartial tribunal, before which all might be admitted, and if found worthy, receive approbation and a diploma, which would be an indication of merit, and would pass everywhere as evidence of qualification, and not merely as a certificate of

having spent three years in the office of a physician and of having attended two courses of lectures. He regarded this movement as sure eventually to succeed and work a revolution in this country which would be of immense benefit in raising the standard of qualification and of greatly increasing the value of the degree of Doctor in Medicine. In Europe this plan had long been adopted, and an impartial and uniform Board was empowered to grant diplomas. He hoped the same plan would soon be inaugurated here, when a more actual value would properly attach to a medical diploma.

Prof. White made mention of the distinguished absent ex-members of the Faculty of the University of Buffalo, and of the prominent places now occupied by them, as teachers, authors, or otherwise. Three distinguished teachers of Physiology in this country had been connected with the Buffalo College, and two of them, Dalton and Flint, Jr., had gone out from it while Mason still remained to teach Physiology by vivisections, these three being the only teachers in the country who illustrate and enforce their teachings by this method. Others not less distinguished had been connected with the Faculty, but are now engaged in other fields. Would propose as a sentiment: The success, happiness, and increasing fame of the ex-members of the Faculty of the University of Buffalo.

Prof. Lee said it should be remembered, to the credit of this College, that three of the best and most popular Text Books in our language, or in any language, had been written by members of this Faculty, and the material obtained mostly while holding this connection and in Buffalo: Hamilton on Fractures and Dislocations; Flint on Diseases of the Chest; Dalton's Physiology, were three books which were unsurpassed in merit by any works in any country upon these subjects.

Prof. Eastman spoke to the memory of a deceased Curator, Dr. Charles H. Wilcox, and gave incidents in his life, and prominent traits in his character, holding his memory in most pleasant remembrance. This sentiment was drunk standing, and in silence.

Prof. Rochester spoke also of his life and character, and made pleasant reference to his good qualities of head and heart, devotion to his profession, high sense of professional honor, rectitude of life and benevolence of purpose.

Sentiments were given by Drs. Lothrop, Lockwood, Strong, of Westfield, Baker, of Warsaw, Root, of Batavia, and others, and the best spirit of harmony and professional courtesy prevailed. There was nothing to interrupt the current of high social entertainment, and we have do doubt

that the Faculty of the College, as well as the Curators, many of whom had taken much pains to be present, were highly gratified with the social opportunity.

NEW YORK STATE MEDICAL SOCIETY, FIFTY-SEVENTH SESSION.

The 57th Session of the New York State Medical Society, organized Tuesday, Feb 2d, at eleven o'clock, in the Supervisors' room of the City Hall. Dr. Daniel P. Bissell, of Utica, President, in the chair. The session was opened with prayer by the Rev. Dr. Wykoff. After which the President delivered in a brief and very appropriate manner, his Inaugural Address. Among the important points suggested in this address were, that hereafter two Vice-Presidents be chosen, and that, in view of the onerous duties attached to the position of Secretary of this Society, a salary be connected with his office.

The Committee on the Merit Cash Prize Essay, reported that they have received three papers on the subject presented, namely, "How complete is the Protection of Vaccination, and what are the dangers of Communicating other Diseases with Vaccinia?" They have read them all carefully, and while each contains much that is valuable, the one marked 101 is considered a very superior paper, and its circulation calculated to do good. The Committee are unanimous in recommending that paper for the prize. Agreeably to the suggestion of the Secretary, and after consultation with other members of the Society, the Committee have consented to present in their report a competitive subject for the coming year, hoping that its early announcement will secure a wider competition. The subject chosen is the following: "The Pathology and Treatment of Chronic Diarrhœa, contracted in camps and Malarious Regions," illustrated by cases; competitors must be citizens of this State, and they are required to hand in to either of the Committee their essays by the 15th of December, 1864, at latest, and as much earlier as convenient, that sufficient time may be given for examination and consultation.

The report was accepted, and the Secretary broke the seal, and announced Dr. A. N. Bell, of Brooklyn, as the successful essayist.

It was then resolved to append to the essay of Dr. Bell the paper on vaccination, published by the U. S. Sanitary Commission.

Dr. Percy gave an abstract of a paper prepared by him for the Society,

on "The Food of Cities." The matter principally brought before the Society was the diseased condition and innutritious qualities of the milk and meats, from animals fed at the distillery dairies. He gave many instances of disease produced in individuals by this milk, and cases of immediate sickness from swill-fed beef. He also mentioned cases of malignant pustule, and evident invasion of *Trichini spiralis* in swill-fed beef. The remarks made by him brought out several other members, giving their experience on this subject.

On motion, it was resolved,

That a Committee of three be appointed by this Society, to request the State Legislature to appoint a Committee, to meet with them, and devise some law that will completely put a stop to the sale of swill milk.

Dr. Furman presented the following from the New York County Medical Society:

"At a regular meeting of the New York County Medical Society, held January 4, 1864, the following resolution was passed:--

"*Resolved.*—That in view of the unsettled state of opinion among medical practitioners, concerning the propriety of advertising "Specialities" in medical or other journals, the delegates of this society be instructed to bring this subject before the Medical Society of the State of New York at its next meeting, with a view to the establishment of some definite regulations concerning it."

As one of the delegates of that Society, Dr. F. moved that a Committee be appointed to consider this subject and report before the adjournment of this meeting; the chair appointed as such Committee, Drs. Brinsmade, Townsend and Furman.

Dr. Brinsmade presented the following report and resolutions:

The undersigned, appointed a Special Committee to report upon a resolution passed by the Medical Society of the county of New York, in relation 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 advertising "Medical Specialties," either in medical or other journals.

Resolved, That advertisements indicating location and residence, are the utmost limits of self-announcement, consistent with professional dignity; and that all reference to special branches of medical practice, as extra inducements 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 a Delegate to or for membership of this Society; and if already a delegate to or 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 annual meeting, as an expression of the opinion of the Medical Society of the State of New York, and, that for the purpose a Committee of Presentation be appointed.

Signed: THOS. C. BRINSMADE,
HOWARD TOWNSEND,
GUIDO FURMAN.

The report was accepted, and on motion of Dr. Jenkins, the subject was made the special order for the second day of the next annual meeting at twelve M.

Dr. Orton, Secretary of the Nominating Committee, presented that Committee's report, and the Society elected the following officers:

President—Fred. Hyde, M. D.

Vice-President—George J. Fisher, M. D.

Secretary—S. D. Willard, M. D.

Treasurer—J. V. P. Quackenbush, M. D.

Committee of Publication—Drs. S. D. Willard, S. O. Vanderpoel, Samuel H. Freeman.

Censors—Southern District: Drs. H. D. Bulkley, N. C. Husted, John Ball. Eastern District: Drs. B. P. Staats, T. C. Brinsmade, Peter McNaughton. Middle District: Drs. M. M. Bragg, C. B. Coventry, A. F. Doolittle. Western District: Drs. Alex. Thompson, C. M. Crandall, Edward Hall.

The following is a list of the gentlemen's names registered:

Drs. D. P. Bissell, Joel Foster, S. D. Willard, C. E. Van Anden, N. C. Husted, Guido Furman, Wm. Govan, M. C. Hasbrouck, J. O. Cobb, F. Tourletot, A. Haun, A. L. Saunders, John E. Todd, J. F. Jenkins, J. Towler, E. S. Lyman, Jas. Kennedy, Jas. Ferguson, Jas. Lee, Fred. Hyde, B. P. Staats, E. H. Parker, H. K. Willard, H. H. S. Crandall, A. F. Doolittle, Geo. W. Bradford, Alden March, P. V. N. Morris, Louis Elsberg, Jas. Whitford, A. J. Dallas, D. B. Whitney, J. King Merritt, W. L. Appley, C. M. Crandall, J. H. Armsby, John Ferguson, Hiram Corliss, J. G. Orton, T. C. Brinsmade, S. O. Vanderpoel, T. W. Blatchford, A. D. Hull, Howard Townsend, John Swisburne, J. T. Williams, R. L. Allen, E. R. Squibb, J. S. Weidman, D. W. Burdich, R. Blawis, S. H. Harrington, J. K. Chamberlayne, J. Newkirk, E. L. Beadle, H. S. Downs, Jos. Bates, John Ordranax, John V. Holt, H. C. Gray, M. M. Wood, E. W. Bottum, John P. Gray, Austin White, Alex. Ayer, P. P. Staats, Wm. H. Bailey, E. M. Carmichael, M. L. Finch, — Wolcott, Jas. H. Curry, John H. Reynolds, S. H. Freeman, M. H. Colby, J. K. Leaming, O. M. Allaban, P. McNaughton, Jas. Thorn, Avery Cook, Jas. M. Minor, J. N. Northrop, L. Barton, Wm. M. Smith, E. W. Howard, J. V. Lansing, H. B. Salmon, Wm. Rockwell, Jacob Hant, E. S. F. Arnold, I. Botsford, S. R. Percy, J. G. Beekwith, M. C. Edmonds, John Pindar, H. F. Stevens, Oliver White, Jos. C. Hutehinson, I. E. Casey, T. B. Reynolds, J. G. Snell, Henry L. Sabine, C. R. Agnew, Peter Faling, J. H. Wheeler, M. F. Cogswell, Douglas Bly, Chas. A. Lee, J. V. P. Quackenbush, P. Van O'Linda, H. O. Carrington, Jas. McNaughton, Israel Parsons, Wm. F. Carter, Thos. Hun, S. W. Butler, L. A. Sayre, Wm. McCullum, L. G. Warren, J. R. Bontware, H. G. Bigelow, M. L. Meade, J. S. Mosher, J. E. Smith, J. M. Sturdevant, W. H. Craig, F. L. V. Chapin, Gurdou Buck, J. F. Flint, Jos. Lewis, Cyrus Ramsay, Staats Winne, W. C. Anderson, Chas. S. Tripler, Edward Duffy, Levi Moore, S. G. Delamater, Alex. Ennis, W. W. Greene, A. M. Smith, M. H. Burton, D. M. Devendorf, S. W. Greene, J. M. Delamater, Henry Marsh, W. H. Richardson, M. W. Burns, Ashael Perry, Archibald Gow, H. L. Saburn, J. R. Preston, H. S. Case, E. R. Seguin, Daniel Maybern, A. N. Gunn, Geo. W. Little, Thomas E. Burtzell, Chas. F. Taylor, L. G. Warren, F. S. Lowe, Levy McLeane, B. S. Catlin, Asher Wright, H. B. Mayhen, Geo. W. Barr, W. G. Bigelow, A. Calkins. Making a representation of 166.

INCOME TAX OF PHYSICIANS OF THE 30TH DIST. OF NEW YORK FOR 1862.

With the view of showing the amount contributed to Internal Revenue by the Physicians of the 30th District, we called upon Dr. O. F. Presbrey, U. S. Assessor, who kindly consented to give us the following very general facts; amounts returned by individuals are not divulged unless there are suspicions of fraud:

Ninety-six physicians in Buffalo took license; 75 physicians in the other towns in Erie County; 54 physicians in the City division made return of an income derived exclusively from professional services of over \$600 per annum. Of these, twelve were in receipt of over \$600 and under \$1000; twenty two received over \$1000 and under \$2000; seven received over \$2000 and under \$3000; eight were in receipt of over \$3000 and under \$4000; four of over \$4000 and under \$5000; one received over \$5000—\$5500. These figures apply to the city physicians, many of whom return incomes in addition from other sources—rents, bonds and mortgages and other securities.

This shows the amounts received. From it is deducted \$600 and the expenses incident to doing the business, etc., and a tax of 3 per cent is paid upon the remainder.

Thirty physicians receive sufficient income to pay income tax, the smallest of which is 71 cents and the largest tax including income from all sources is \$205.49.

These figures are instructive and very suggestive. It proves that medicine is not practiced for money; that it is not productive of anything like a great income even under the most favorable circumstances; while in the great majority of cases it barely affords a subsistence. Out of 171 physicians not more than 35 or 40 receive more than the law allows as necessary for subsistence and exempt from taxation. Of these only 20 receive over \$2000, and not a single one in Erie county can be said to receive a large professional income. After publishing these statistics from the Assessor, we predict that Buffalo will not be regarded as a desirable field for physicians to cultivate; it has, however, some redeeming features after all. There is not great differences in the receipts of physicians; it is told in few words. One-quarter in the district receive over \$600 and the others less; consequently there is a general level and no summits upon which to build aristocratic pretensions. Again it is a field where physicians are not obliged to contribute largely to Internal Revenue, and may be looked upon favorably on that account. In view of the above facts, it would seem that the time

of physicians in any single instance cannot be wholly absorbed in professional duty, and that the cultivation and advancement of the science of medicine might receive some attention from all. Hereafter, when we look for, and invite contributions for the Journal, and are told, "it is impossible to get a minute's time for such purpose, otherwise it should most certainly be done, and with the greatest pleasure," we shall only have to turn to our statistics to see that either Internal Revenue, or ourselves, are greatly defrauded. Physicians who only receive 5000 or 6000, and this mostly for services at the highest prices, can do much more, if it is offered; they must have time which if devoted to that purpose, would enable them to contribute something to the sum of medical knowledge.

We had supposed that \$10,000 or \$12,000 income would be offered as apology, and had come to consider it *valid*, knowing that money was no stimulus to exertion unless it induce greater efforts to obtain more; but when we see \$5500 is the maximum income, we conclude that "*want of time*" is not the reason it is so difficult for men of experience and culture, to make contributions to medical literature. It is generally true that men who do the most professional labor, also have most time for literary pursuits, and as frequent that those who plead "no time to spare" actually spare the most time.

TRIBUTE OF RESPECT TO THE MEMORY OF DR. WM. H. BUTLER.

At a meeting of the Physicians of Buffalo, held February 12th, 1864, at the rooms of the Buffalo Medical Association, on the occasion of the death of Dr. WILLIAM H. BUTLER, it was, on motion, resolved: That as a token of respect for the memory of the deceased, we will attend his funeral in a body, and wear the usual badge of mourning, and that a portion of our members in accordance with the wishes of his family, will act as bearers of his remains. A committee was also appointed to draft suitable resolutions,

Dr. White spoke briefly, eulogizing the deceased as one who had taken up the study of his profession out of a pure love for it. A young man of more than ordinary talent, he pursued the practice of medicine with zeal, and contributed to the *Medical Journal* during his brief career, a number of valuable articles upon subjects connected with his profession.

Dr. Peters said he had known Dr. Butler for several years, both in civil life and in the military service. He would leave others who knew him

better so speak of his life here, but wished to testify his respect for him while in service. Dr. Butler came out in the fall of 1861, as Assistant Surgeon of the Sixteenth Michigan Volunteers. The regiment on their entry into service suffered a good deal from sickness, the Surgeon being himself sick, and Dr. Butler had a good deal of severe labor thrown on his hands, more than he was physically capable of doing. When the army moved to the Peninsula, Dr. Butler was sick in Alexandria from exposure in the field, and was unable to join his regiment. He was advised by all who knew him to resign, but refused to do so, and as soon as able joined the army in the field. Here he remained until entirely broken down, and was discharged for disability. He was then employed as contract Surgeon in the Army Square Hospital, Washington, and was also appointed Examining Surgeon to the Pension Bureau. On this duty he remained until his death. His name must be added to the long list of those of our profession, who have worn themselves out in the service of our country during the rebellion. He was repeatedly advised that he might prolong his life by seeking another climate and less arduous duties, but always refused to do so, preferring to remain at his post, consciously sacrificing his life to his sense of duty.

The following resolutions were adopted:

Resolved—That in the death of William H. Butler, M. D., the medical profession has lost an earnest, honorable and able representative.

Resolved—That his career in the army, and in the Military Hospital at Washington, affords striking evidence of courage, perseverance and humanity manifested under constant and increasing physical infirmity.

Resolved—That we sympathize most deeply with his bereaved wife and children, and tender to them our heartfelt condolence.

Resolved—That a copy of our proceedings, and these resolutions, be sent to his family, and that their publication be requested in the *Buffalo Medical Journal* and the city papers.

LEON F. HARVEY, Sec'y.

J. B. SAMO, Chairman.

ARMORY SQUARE HOSPITAL, }
Washington, D. C., February 6, 1864. }

It becomes our painful duty to announce the death of Dr. BUTLER, late Assistant Surgeon in this Hospital. He was thoroughly educated and skillful in his profession. He was beloved by his associates in office, and by all the patients who were so fortunate as to be under his care. His faith being strong in the promises of a gracious Redeemer to the last, his end was peaceful and triumphant. Dr. B. had served his country faithfully from the commencement of the war, and fallen at his post. The Masonic Fraternity, of which he was a member, took charge of his remains and have

removed them for interment to Buffalo, N. Y., the place of his former residence. The following are the resolutions adopted by the officers of this institution:

At a meeting of the Officers of Armory Square Hospital, Washington, D. C., held this 6th inst., at the office of the Surgeon in Charge, called upon the occasion of the death of their fellow officer, Act. Ass't Surgeon W. H. BUTLER, who died February 5th, after a lingering illness of several months, from Tubercular Consumption, the following was resolved:

That in this dispensation of an all-wise Providence, we recognize the hand of Him "That doeth all things well," and while we are grieved to part with one endeared to us by so many qualities of the gentleman and officer, we meekly bow, feeling "What is our loss is his gain."

Resolved—As a brother officer, having during the entire war been in the service of his country, in which he has died, and having patriotically left a large practice for it, we part with him with more than ordinary feelings of regret; for by his assiduous attention to his patients; his skillful practice; his gentlemanly and officer-like demeanor, we feel in him our profession has lost a noble man a faithful student.

Resolved—That to his bereaved wife and family, we extend our most cordial and heart-felt sympathies, feeling while in this loss they have been bereft of an affectionate and faithful husband and father, there is "One who is a father to the fatherless, and a husband to the widow," and who will not desert them in this their hour of need.

Resolved—That a copy of the above resolutions be forwarded to the family of the deceased, and be published in the *Army Square Hospital Gazette*, *Washington Chronicle*, *Republican*, and *Buffalo Medical Journal*.

HEALTH PHYSICIAN AND THE REPORT OF DEATHS.

We notice that our friend "Medicus," in his remarks upon intus-susception, and under his own signature, concludes that the present Health Physician is not aware that there is a Medical Journal published in Buffalo, or is indifferent to the interests of the profession, since he does not furnish it with his monthly report of deaths; also, he thinks possibly the Editor is not anxious to give it a place, or willing to make sufficient effort to obtain it.

We do not propose to speak for the Health Physician. Our pages are open, he can speak for himself. The causes of death in Buffalo are estimated by physicians in about one-half of the number as usually reported while the remainder is made up by Friends, or Undertakers, and Quacks. Physicians attach no great importance to the report, since convulsions, teething, anæmia, disease of the brain, heart, lungs, spine, kidney, etc., etc., are the headings under which are arranged the causes of death, even by physicians, to say nothing of other sources from which the Health Physician makes out his monthly report. If the Health Physician should report

ten cases of intus susception in a year, it would never occur to the Editor of this *Journal* that a single case had actually occurred, unless he should fill up by whom certified, and the number verified by *post-mortem* examination. It requires no argument to show that the report of deaths, as furnished, is the merest farce in the world, and though the Editor is ready to publish and to make all reasonable effort to obtain it, still he would not like to have any one infer that he regards the record of the causes of death of any value whatever. It would be well to place in the *Journal* this report imperfect, as it must necessarily be, not that it would show cause of death, but it does show the number of deaths, where they occur, who certifies to them, between what ages, and from what country. The causes of death are unknown to the Health Physician, and all intelligent physicians, who bestow a moment's thought upon it, will discover that under our present system of reporting the causes of death the profession lose nothing if it is unpublished. It was for a time placed in the *Journal* as an original communication, and often occupied two or three pages. While we do not regard it worthy of space at great length, for the reasons we have assigned, still we shall feel under deep obligations to the Health Physician if he will furnish us his report for publication. We have no doubt the present efficient Health officer is most fully aware of the objections we have suggested, and regrets his inability to furnish more reliable statistics.

REVIEWS.

A Treatise on Pharmacy. Designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmacist, containing the official and unofficial Formulas, and numerous examples of Extemporaneous Prescriptions. By EDWARD PARRISH, Graduate in Pharmacy, member of the Philadelphia College of Pharmacy; of the Academy of Natural Sciences of Philadelphia, and of the American Pharmaceutical Association; Principal of the School of Practical Pharmacy, Philadelphia. Third Edition, thoroughly Revised and Improved, with Important Additions, with Two Hundred and Thirty-Eight Illustrations. Philadelphia, BLANCHARD & LEA, 1864.

This is a complete treatise upon Pharmacy, and contains a great amount of information not connected with official preparations. There are introduced in this edition working formulas for many official preparations, from the new edition of the National Pharmacopœia, which will be found to increase the value of the work, especially to the practical Pharmacist. These are followed by remarks upon the properties and uses of these com-

pounds. The process for preparing and dispensing medicines are separately described and illustrated. Chemical compounds are arranged in a manner to show their composition, properties and doses. Formulas are introduced which cannot fail to be of advantage to those who are interested, and the work is made exceedingly valuable by the complete history it contains of the various medical agents, and their uses.

In looking over the remarks under this last head, we are pained to see how easy and natural it is to say of almost all preparations "it is unquestionably a valuable auxiliary to the physician in the treatment of diseases." The above endorsement is placed after preparations as worthless, in our opinion, as Pop Beer, and still they find a place in the works on Pharmacy, and worse still, are represented as valuable in the treatment of what is denominated "Pulmonary Affections," or "Kidney Diseases," or some other equally indefinite and unscientific classification. It is well said however; medicines may be "valuable to the physician," but of no use to patients.

What does the Pharmaceutist mean when he says that "Tar Beer is unquestionably a valuable auxiliary to the physician in the treatment of pulmonary diseases?" Is there any disease of the lung that Tar Beer will cure? We hope the next edition will be definite enough to tell us what pulmonary disease is cured by it. This habit of recommending the various medicinal preparations is not peculiar to the book before us, it is observable in all similar works. Immortal honor is reserved for the author of a work upon *Materia Medica* which treats only of medicines that are really of any value, and assigns to each its relative and actual importance.

This book commends itself highly to the Physician and Druggist, while the medical student cannot select a more complete work.

Proceedings of the American Pharmaceutical Association at its Eleventh Annual Meeting, held in Baltimore, Md., September, 1863. Also the Constitution and Roll of Members. Philadelphia: MERRIHEW & THOMPSON, Printers, 1863.

This volume is very creditable to the Association; its reports are attracting attention among scientific men in all countries. The Report upon the Progress of Pharmacy is perhaps the one of most general interest; it deserves attention, and will no doubt occupy a prominent place as a record of observations and discoveries. The Report on the Drug Market is also full of interest, and contains a great amount of information, both in a commercial and scientific point of view. We regret not being able to reprint portions of this Report. What is said of the leading articles of the *Materia Medica* are of great importance to the physician, and will afford the key to some of the disappointments which he meets in the administration

of drugs. "Instead of a cinchona containing 2 or 3 per cent. of alkaloid, pharmaceutical preparations of the present day, are made from those which contain the half of one per cent. and cost from 15 to 75 cents per pound."

Eleven specimens of Tinc. Opii of the Pharmacopœia, obtained from the best dealers were examined, and gave the following results; Five were in the neighborhood of seven-twelfths, five vary between eight and ten-twelfths, while one was just about half the proper officinal strength.

This book contains Special Reports and Essays; on Aconite Root, By William Proctor, jr. On Leaves and Seeds of Conium Maculatum, By George C. Close. On Solutions of Tartaric Acid, By John M. Maisch. On Still for Apothecaries, By William Proctor, jr. On Still for Pharmaceutical purposes, By Thomas Wiegand. On Buchu Leaves, By P. W. Bedford. On Preservation of Volatile Oils, By Alfred B. Taylor. On Therapeutical Properties of Sanguinarina, By R. P. Thomas, M. D. On Fluid Extracts, By William Proctor, jr. On the Active Principles of the Strychnaceæ, By Ferdinand F. Mayer. On the Constitution of the Impure Oxides of Iron used in Medicine, By Ferris Bringhurst. On the Contamination of American Sulphuric Acid with Arsenic, By John M. Maisch. On the Extraction of Potassa from Marl, By George J. Scattergood. Also Essays on several other topics, all worthy of most careful perusal.

The following subjects for prizes, open to general competition; the awards to be determined and adjudged by a committee to be appointed at the meeting in 1864, agreeably to a resolution of the Association, adopted August 29, 1862. (See Proceedings for 1862, vol. x, pages 47, 48.)

1—An Essay on *Cimicifuga Racemosa* in its Chemical and Pharmaceutical Relations and Medicinal Uses.

2—An Essay based on a Practical and Successful Experiment on the Culture and Preparation of Elsterium in the United States, accompanied by a specimen of the product, of not less than 120 grains.

BOOK NOTICES AND COMMUNICATIONS DEFERRED.

From want of space in this number, we are compelled to defer till our next issue notice of the following works:

Transactions of the Illinois State Medical Society.

Ellis' Medical Formulary. New Edition.

Nervous and Vascular Connection between the Mother and Fœtus in Utero. By JOHN O'REILLY, New York.

Dalton's Human Physiology. 3d Edition. BLANCHARD & LEA.

Several original communications are also reserved for our next issue.

PERSONAL NOTICE.—Dr. J. Andrews' Post Office address is hereafter Jamestown, Chautauqua county, N. Y.

CORRECTION.—Our compositor insists upon spelling "Tefft," in our report of Commencement Exercises, with an "h," giving the name an accent of dishonesty. We assure our readers that it only gives the name an "Irish brogue," and was wholly unintentional. "Repentance comes, alas! too late for reform." Other names in the list of graduates may have suffered, and equally require correction.

B U F F A L O

Medical and Surgical Journal.

VOL. III.

APRIL, 1864.

No. 9.

ART. I.—*Hospital Cases from the Note Book of the late W. H. BUTLER, A. A. Surgeon.*

Chronic Diarrhœa.—Fernando Hobbs, aged 22 years, private Co. H, 14th N. H. Vols., entered Armory Square Hospital, March 6th, 1863. Is of sanguine nervous temperament, rather slight built, blue eyes, light hair. Says he has had diarrhœa for four months, more or less. Has now blood in the dejections, which are thin, watery and frequent, accompanied with tenesmus. He complains of pain over the small intestines, and is weak, having little appetite, though he has not lost much flesh. Treatment—acid. aromat. sulph. gutt. 20, morph. gr. $\frac{1}{2}$, every 3 hours; beef tea and milk diet.

March 8th. The acid and morph. seems to have controlled the blood in the dejections, and tenesmus, though the diarrhœa continues. \mathcal{R} Tannin and opium, gr. j, a a, every 3 hours, in pill. Treatment continued to the 12th. No change.

March 12th. \mathcal{R} Mass hydr. gr. viij.

Pulv. opii. gr. xij.

Acidum Tannicum gr. xij.

M. ft. pillule No. 12. Take 1 pill every 2 hours.

Complains of pain in his stomach, and vomiting food after meals. Ordered bismuth, sub nit. grs. xx, in 4 powders, to take 1 after each meal.

March 13th. The dyspeptic trouble better, but no change in the diarrhœa.

\mathcal{R} Tannin, pulv. opii. a a, gr. xv.

Bismuth, sub nit. grs. xx.

M. ft. pillule No. 15, to take 1 pill every 3 hours.

Treatment continued until the 15th, with the addition on the 14th of enema amyli ℥ij, tannin gr. v. bed time.

March 15th. The dejections are of a greenish, stringy mucus. Turpentine stupe to bowels, and

℞ Cupri sulph. gr. vj.

Opii. pulv. gr. xij. in 13 pills; to take 1 pill every 3 hours.

March 16th. Diarrhœa seems aggravated, and the copper was stopped: the following being substituted:

℞ Ol. Olive ℥ i.

Tr. Lavend. Comp. ℥ ij.

Sach. Alba, and Acacéa a a ℥ ss.

Tinct. Opii. ℥ ij.

Aquæ ℥ ij.

To take 1 table spoonful every 3 hours.

This seemed to give the patient most relief of any medicine tried so far, the dejections being lessened nearly one-third; he appeared better on the 17th, and the remedy was continued.

March 18th. He had relapsed, and the oil and lavender was discontinued, and chalk mixture and paregoric a a ℥ij every 2 to 4 hours given, the diet being exclusively boiled milk and bread. Continued until the evening of the 21st with some improvement in the number, but not in the character of the discharges. They are thin, watery, and very offensive. This evening gave Ol. Ricini ℥ i, Tr. Opii. ℥ i, at bed time, brandy ℥ i, every 3 hours.

March 22d. Passed a comfortable night, but had several dejections ℞ Tr. opii., spts. lavend. comp. and tr. catechu a a ℥ ss, ℥, to take a tea spoonful every 2 hours. Treatment continued on the 23d, with the addition of

Plumbi acetas gr. viij.

Morph. sulph. gr. ss.

Aquæ ℥ iv.

To be given in the morning as an enema.

Brandy ℥ i, every three hours.

March 24th. Cont. med. and brandy.

March 25. Tannin and opi, pills a a, gr. i, every 3 hours,

March 26th. Enemas of plumbi acetas, grs. ij, f. starch ℥ ij, tr. opii. ℥ i, 12 M., 6 and 8½ P. M., tannin and opii pills, 1 every 2 hours. No benefit seemed to follow the large enema of acetate of lead given on the 22d, or those of 3 grains given yesterday, combined with tr. opium, and he seems only slightly affected by large doses of opium.

March 27th. Continue tannin and opium pills every 2 hours, $\mathcal{O}l.$ olive \mathcal{z} i every 4 hours; continued with benefit on the 28th, with the addition of brandy on the latter day \mathcal{z} i, every 4 hours. The dejections continuing so greenish and stringy, I had one of the medical gentlemen connected with the hospital examine a specimen under the microscope, and he reports the spots or patches noticed as floating in the aqueous discharges, as patches of the intestinal mucous surface.

March 29th. To stop all medicine except brandy, \mathcal{z} i, every 3 hours, beef tea freely.

March 30th. Nitric acid was ordered, but could not be obtained, and aromat. sulph. acid was substituted, 20 drops every 3 hours, in water. A tympanitic state of the bowels came on about mid-day, for which

$\mathcal{O}l.$ Terbinth \mathcal{z} ij.

Mucil. Gum Acacia \mathcal{z} iij.

Aque Menth. \mathcal{z} iij.

To take a table spoonful every 3 hours until relieved, and to have a turpentine stupe over bowels.

March 31st. The bowels are better; little tension is apparent; continued the acid, 20 drops every 3 hours, brandy \mathcal{z} i, every 3 hours, beef tea free ly

April 1st. Has continued much the same as respects the diarrhoea for a week past. \mathcal{R} Enema amyli \mathcal{z} i, tr. opii. \mathcal{z} i, plumbi acetas gr. iij, every 3 hours; diet—tea, toast, beef tea and milk; brandy \mathcal{z} i, every 3 hours. \mathcal{R} Pulv. opii. gr. xij, plumbi acetas gr. vj, in 12 pills. To take 1 pill every 3 hours. This treatment carefully followed until the 3d. Twentieth day, ordered hydr. chlor. corrosium gr. j, que \mathcal{z} i, dose, 10 drops, 3 times daily, and to continue enemas. Continued 3 days, when some irritation seemed to be caused, and it was stopped on the 6th. The treatment to-day consisted of emplastr vesical, 4x4, to bowels, enemas as above, three times, morning, noon and night.

7th. Enemas of \mathcal{z} iij. alum water, every 4 hours, (15 grs. to the \mathcal{z} i of water,) and brandy \mathcal{z} i, every 3 hours.

8th. The alum water gives him much pain, and was discontinued.

\mathcal{R} S. Quinia gr. xij.

Morphia gr. iij.

Pulv. Camphor gr. x.

M. ft. chart. No. 12. One powder every 3 hours. Continued brandy. Continued on the 9th and part of the 10th, but the diarrhoea increasing

he was ordered chalk mixture and paregoric, a a ζ ij, every 2 hours; continued until the 14h, simply restraining an excessive diarrhœa.

℞ Mist. Creta Comp. ζ ss.

Tinct. Catechu ζ i.

Ol. Creosote, gutt i, (1.)

To take the above dose 3 times, daily, with Tr. Iron 10 drops, 3 times in water, $\frac{2}{3}$ ss.

15th. Says he is not so well. Treatment changed to Ol. Olive, ζ i, every 4 hours, chalk mixture and paregoric a a ζ ij, every 3 hours. Continued until the 20th, yesterday; the oil being diminished to 30 drops, 3 times daily. The oil being given only 3 times daily after the 15th, he had improved somewhat under this, being up and about the house. To-day only the chalk mixture and paregoric was given.

21st. Ordered oak bark ζ i, to be steeped in water Oj, 2 hours, and to take $f \frac{1}{2}$ i, every 3 hours. Continued with marked benefit until the 22d, when he left for home on a furlough.

Remarks.—The remedies most used, and which seemed to be of most benefit, were sweet oil, the combination of chalk mixture and paregoric, and the oak bark tea.

ART. II.—*Gun-shot wound through left Tarsus—Amputation in lower third of leg, more than six months after the receipt of the injury—Case occurring in Stanton U. S. A. General Hospital, Surgeon JOHN A. LIDELL, U. S. V. in charge—Reported by WM. H. GAIL, M. D.*

Private, Frederick Stackpole, Co. A, Sixth Maine Volunteers, aged 20 years, and of sound constitution, was wounded in the left foot by a conical leaden bullet in the battle of Fredericksburg, Va., May 3d, 1863. The missile passed through the tarsus in an oblique direction from within, outwards, and from before backwards. It entered in the neighborhood of the internal cuneiform bone, and escaped a short distance below the external malleolus, fracturing the bones of the tarsus in its passage. The ankle joint was not involved. He was admitted to Stanton Hospital May 6th, 1863. The injured foot was then inflamed, hot, and swollen to about twice its natural size; but the patient's general condition was good. It was deemed advisable to attempt to save the limb, and with a view to accomplish that result, the ice dressing was prescribed for the foot, together with a good diet and quietude.

May 8th. Suppuration commenced; ordered nutritious diet and milk punch.

May 10th. Slight bleeding from wound, which was stopped by the Liq. Ferri, persulph. on lint.

May 20th. Pus collected in the sole of the foot; liberated it by several incisions through the plantar fascia.

During the month of June no good change occurred. The discharge from the wounds and incisions continued healthy; a few pieces of bone, small in size, also came away. He was cheerful, and had a good appetite; pulse natural; the tumefaction of the foot gradually assumed an indurated character.

During the month of July there were occasional inflammatory exacerbations of the foot. The excessive heat of the weather also debilitated him somewhat. ℞ Tinct. Ferri, Mur. gtt. xv, three times a day.

In the course of the month of August several pieces of carious bone, varying in size from a pea to a hickory nut were removed at different times. The discharge remained about the same in quantity and of good quality. Tried compression of the swollen foot by means of a bandage, but derived no advantage from it. Patient's spirits and appetite good. On pleasant days he leaves the ward to get the benefit of out-door atmosphere.

About the middle of September he had a diarrhœa for three days, which was controlled with bismuth sub. nit.

In the course of the month of October and the fore part of November he recovered entirely from the debility engendered by the excessively hot weather of the summer and the diarrhœa of September, but the foot did not improve; it continued swollen to about twice the natural size, and was very hard in feeling. The orifices of the gun-shot wound remained open, and a probe could readily be passed from the one to the other through the tarsus; the probe also detected a good deal of bare bone in the same locality. The discharge had become thin, serous and straw colored. The patient had become rather thin in flesh, but in every other respect his condition was good.

There being no prospect of making the foot useful, it was amputated, by the circular method, in the lower third of the leg, by Surgeon John A. Lidell, November 24, 1863, the patient being under sulphuric ether. But little blood was lost, and but little "shock" exhibited; some hemorrhage occurred from the stump after it had been dressed. It was opened, a small amount of coagulum removed, and the bleeding stopped by Liq. Ferri, per

sulph. applied on scraped lint. The principal source of the hemorrhage was a small artery in the medullary canal of the tibia, and another in that of the fibula.

Dec. 4th. Patient in good spirits and progressing well in every respect.

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

TUESDAY EVENING, March 1st, 1864.

The President, Dr. Congar, in the Chair. The minutes of the last meeting read and accepted.

Dr. Rochester remarked upon the recurrence of Scarlet Fever, and related an instance where four children had the disease, an intelligent mother assuring him that they had all had it before. This, if true, he regarded as quite remarkable, yet not so strange since all had been exposed to the same influence. He also related an instance where scarlet fever, erysipelas and puerperal fever were all found at the same time, and in the same house; thought there was a well marked connection in these diseases. Had often attended cases of re-occurrence of scarlet fever; his own brother he had attended during two attacks, while he had not himself ever had the disease.

Dr. Wetmore had noticed the prevalence among the soldiers at Fort Porter, of acute pharyngitis, the inflammation extending greatly in all directions. In some cases there was high fever; some appeared diphtheritic in character; these were more troublesome and dangerous than where there was no appearance of diphtheria. Had used the various astringents and caustics,—nit. silver, sul. zinc, tannin, persulphate of iron, etc. Would like to hear the experience of other members of the Association.

Dr. Johnson had been called to visit cases similar to those reported by Dr. Wetmore. Had observed that where there was the diphtheritic exudation the cases were more protracted and troublesome, and did not yield to treatment so readily. He had prescribed the usual remedies in such cases, and they had terminated favorably.

Dr. Miner remarked, that since they had passed the order of exercises for "voluntary communications," and no one had seen fit to offer anything under that head, he would present what he had to say under the present order of exercises, and call it an epidemic of *Fistula in Ano*. His attention had recently been attracted to the nature of this affection by having

had several cases presented for operation, or for determining the propriety of operative treatment with view to its safety. Until within the past few years it was supposed to be unsafe to make radical cure of anal fistula, upon the ground that it acted as a sort of derivative, carrying off the impurities of the system, and protecting it from the encroachments of more serious disease. Idiopathic fistula, associated as it very often is with tubercular disease of the lung, was formerly regarded as almost a part of that disease, and certainly as exercising a great control over its progress and termination. That it is often found associated with consumption there can be no doubt, and in many instances should not be interfered with. In the late stages of consumption, when nothing is to be gained by the radical cure of any associate affection, and when all operative interference is dangerous, there can be no good argument for attempting its cure. Excluding this condition, the question of operation for radical cure of fistula, even when the general symptoms of tuberculosis are present, without as yet any local physical evidences of the disease, is an open one, and one which every practical surgeon is repeatedly called to consider and decide. It is very common to see patients with many of the general symptoms of consumption, who in reality have no disease of the lung; who suffer from fistula which has deranged the digestion, enfeebled the constitution, and induced a condition of debility and anæmia, not unlike that which attends tuberculosis, without of course the local evidences of consumption, though cough and expectoration are often present, induced by the condition of debility which has resulted from protracted suffering and profuse mucous and purulent discharge. It is almost unexceptional, that patients when cured of fistula, improve in flesh and strength; oftentimes this change is remarkable.— That people die after such operation is certain; that they sometimes die of consumption not long after, is quite probable; that they ever die in consequence of the cure of such disease is by no means established.

That fistula in ano induces the very disease for which it is often regarded as a cure, appears rational and philosophical. We see tuberculosis commence and progress when the system is reduced from any cause; and certainly a more direct and efficient agency cannot be conceived, than the constant purulent discharge, deranged digestion, pain and irritation which generally attends fistula in ano. When this condition is produced by any other cause we do not hesitate to attempt its removal, and it will probably be difficult to show why attempt should not be made to remedy this condition of depression by curing the discharge, and by all the common reme-

dies of stimulus and support, by which modern practitioners attempt to relieve or cure, all cases of debility from whatever causes they may spring. It is by no means a new view to take of this disease, and would not have been introduced this evening had there appeared anything more attractive. These considerations and many more connected with this subject, had forced themselves upon his attention in repeated instances during the last few weeks, and it was presented, since many members of the profession, still hold to the former doctrines of non-interference in this loathsome, and in most instances easily and uniformly curable disease, upon the ground that it is protective in its influence.

Dr. Rochester said that before dismissing the previous subject, he would call the attention of the members of the Association to the use of permanganate of potash as a topical application, in diphtheritic and other anginous disorders. Employed as a gargle two grains to an ounce of water; it entirely removed fœtor, and appeared also to allay irritation, and to induce a less morbid action. His experience in its employment was limited to five cases, and he mentioned it rather as an agent worthy of trial, than as a tested and approved remedy. As to the "epidemic" of fistula in ano, with which *Dr. Miner's* patients have been visited, and of which he has given us an account, he had nothing to say, but that gentleman's speculations as to the pathology and treatment of fistula in ano, especially in its relations to pulmonary tuberculosis, he could not but regard as erroneous, and indeed mischievous, if any one should be induced to adopt and act upon them. The question broached was not a new one, and *Dr. R.* was really sorry to see it revived in this Association, after a slumber of two years or thereabouts, for he was still conservative enough, or old fashioned enough to believe, that the accumulated experience of the profession for the past century—even if not given in a numerical or tabular form—was worthy of respect and consideration. That the voice of the profession was unanimous against operations for fistula in ano, in tubercular persons, no one would dispute, save that very small number who bring forward startling revolutions or novelties, more to make themselves conspicuous, than to really advance the interests of humanity or of the medical profession.—That fistula in ano is, as it were, a safety-valve to tubercular persons, was a fact as well established as it was possible, and scarcely any physician whose practice has extended over a period of ten or fifteen years, can fail to have had positive evidence to that effect. It is argued that as pulmonary tuberculosis results from exhaustion, debility and innutrition, that

fistula in ano, by inducing these very conditions, develops tubercle, or hastens its progress when pre-existing. The premises, although true in the main, are by no means universally so, and the conclusion is entirely theoretical, and as before stated, the very opposite of the actual fact. Many instances might be cited in proof of this position, but it really seemed unnecessary to spend time in their rehearsal. The physician who examines a patient with fistula in ano, must be extremely careful in asserting that "the lungs are free from disorder," for the fistula not only acts as a derivative and safe-guard, but on the principle of "*ubi irritatio ibi fluxus*," actually masks or silences the physical indications of pulmonary tubercle. By this assertion Dr. Rochester said that he wished to be distinctly understood to refer to the nice and delicate evidences of tubercular deposit, afforded by localized bronchitis, by roughened or prolonged expectoration, and by modifications of the pitch or note of respiration and vocalization. That when tubercle existed to such an extent as to produce dullness on percussion, or bronchophony, or to exclude air from a considerable portion of the lung—whether there was a fistula or not, it did not require a very delicate, practiced or attentive ear to determine the presence and the action, past or progressive of tubercle. Dr. Rochester did not claim that, in every instance anal fistula prevented the evolution or stayed the progress of pulmonary tuberculosis, and he would even admit that in some few and exceptional cases, that it would not only be proper but best to close the fistula, the precaution being always taken to precede the operation by the establishment of an issue in the arm, and subsequently to keep the same permanently in operation.

In conclusion Dr. Rochester said, that if he had spoken warmly, it was from his earnest conviction that a most fallacious theory had been broached, and that it was his duty to oppose it; that he disclaimed any personal reflection, and that he hoped his remarks would be received, as they were made, simply with reference to the welfare of suffering humanity.

Dr. Miner said that Dr. Rochester had replied to his remarks with more spirit than was common, when simple questions of science or fact were discussed. The accusation, that those who hold to and advocate the opposite from himself, have not the good of humanity or the profession at heart, but a desire to make themselves conspicuous, is so manifestly absurd, as to require no comment. "The accumulated experience of the profession for the past century," was indeed worthy of respect and consideration, and it was with the view of giving it this consideration and examination,

that he had introduced this subject; a slumber in the Society of two years might well be broken. It is true that most physicians, of ten or fifteen years' practice, have seen fatal cases of consumption after operations for fistula; but it is by no means "established" that the cure of the fistula exercised any injurious influence. Every experienced surgeon has observed, after the cure of fistula, marked improvement in the general health and strength—has observed this even in cases with constitutional tendency to, and general appearance of, tuberculosis. They continue for years in better health and strength, but die sometimes years later, of consumption.—This is the "positive evidence," more common than any other, that fistula in ano acts as a "safety-valve in consumption." A physician must be very conservative and old-fashioned indeed not to discover the fallacy of the "accumulated experience of the past century in a matter upon which it is so impossible to obtain any like positive proof." The assertion made by Dr. Rochester, that fistula in ano "masks or silences the physical evidences of tuberculosis," is quite remarkable, and, even with his explanations and qualifications, amounts to the assertion that the earlier, nicer, and more delicate evidences of tubercular disease are not to be discovered when fistula exists, and therefore, though no palpable evidence of tubercle is present, operation should not be made for fear there may be undiscoverable consumption. Following this line of argument, ten or fifteen years later the patient dies of consumption, and it is set down as positive proof that the cure of fistula was the fatal mistake. It was distinctly stated, in introducing the subject, that fistula, in connection with tubercular disease, should many times be allowed to remain, as nothing could be gained by interference. If it acts as a safety valve, preventing the approach or retarding the progress of tuberculosis, it should certainly remain undisturbed; and substituting a similar, but less efficient protection, could hardly be regarded as justifiable. This idea, a part of that old and exploded system of counter-irritation, emetics, cathartics and starvation, has been re-printed in many standard works and brought down to us from a former generation. That such view should obtain support, when the nature and causes of both these diseases were much less understood, is not remarkable; but that it should continue to prevail, when all its fellow absurdities have become nearly extinct, is a matter of surprise and regret. He had often to combat this view in practice, and though he was not ambitious to have others adopt views similar to his own, he was glad of an opportunity to say that he believed it generally—almost always, desirable, in the treatment of any disease of

debility, to relieve the system of all sources of irritation or exhaustion, and to restore it as speedily as possible to its accustomed vigor. Medicines, administered with that view, were useless and inoperative, unless the causes of debility and depression could be removed. Profuse suppuration or unnatural discharges from any cause were much more active in depressing than any known medication in raising the vital powers. This matter does not rest, as asserted, upon theoretical grounds alone. Cases, illustrative of the benefits of early operations in fistula, are by no means wanting, and when we are told that years are necessary to complete our record, we can but think that half the same period would have sufficed had no operation been made.

Dr. Rochester replied that he had no desire to prolong the discussion. Whether his remarks deserved the imputation cast upon them, or whether they would bear the interpretation given them, he preferred to leave to others to determine. On one point however, there was evidently a very material misapprehension. He had spoken of a professional experience of ten or fifteen years, as necessary for proper medical observation, without reference to that time, as applied to the course or progress of tubercle, in any given case. The history of the diseased condition, in question, in most instances, is something like this: A person has a cough, has had perhaps hæmoptysis, physical exploration determines to a greater or less extent the presence of pulmonary tubercle. Fistula in ano sets in. The cough ceases; years pass by, (in one instance eighteen.) The general health, if not robust, is fair. The patient becomes tired of the local annoyance, is operated upon, and is happy for a brief period, but in a few months the old cough returns, and in from one to three years death ensues from phthisis pulmonalis.

On motion of *Dr. Wyckoff* it was

Voted that *Dr. Brown*, House Physician and Surgeon to the Buffalo General Hospital, be invited to participate in the proceedings of the Association until time was afforded to complete his membership in the County Society.

Dr. Ayer was proposed for membership.

Voted to adjourn to the first Tuesday evening in April.

J. F. MINER, Secretary.

APPOINTMENTS CONFIRMED.—The Senate has confirmed the appointment of Medical Inspector Joseph K. Barnes, U. S. A., to be Medical Inspector General, U. S. A., with the rank of Colonel.

ART. IV.—*Tumor in the Neck—Admission of Air into Vein—Death forty hours after Operation.* BY J. F. MINER, M. D.

Joseph Fisher, of Lancaster, Erie County, N. Y., presented for removal a large tumor, situated upon the left side of the neck, extending from about midway of the ear above, to under the clavicle below; posteriorly, to near the spinal processes of the cervical vertebræ, while anteriorly it reached to the trachea, overlapping it in the middle portion. It was movable and lobulated, appearing as if encysted. There was not great pain. It was of two years' standing, having attained this size in that short period. The general health had suffered from it, or other causes not discovered, and the patient presented a sallow, anæmic condition, and was unable to continue labor as a farmer. He was admitted to a private ward in the Buffalo General Hospital March 24th, and assisted by Drs. Lothrop and Brown and students of medicine, operation was made while fully under the influence of sulphuric ether. While attempting to enucleate that portion which extended down somewhat under the clavicle, the internal jugular vein was torn, or partially cut, and air immediately drawn into the vein by the respiratory effort. It appeared almost as much inhaled as if drawn into the trachea; it was as distinct and unmistakable. The vessel was immediately seized and successfully ligated without great loss of blood, not however until two or three distinct inhalations of air into the vein had created the expectation that respiration would perhaps cease almost immediately, as is sometimes the case after such admission of air. This was not the case, and with the exception of a constant cough, no immediate effects were produced. The operation was successfully completed, and the patient placed comfortably in bed, re-action being soon fully established. During most of the next day the patient appeared quite comfortable, conversed freely and naturally, and assured his friends that he was not in pain and felt well. Pulse 120 to 130 per minute; respiration hurried; bronchial rale over left lung, the right having natural respiratory murmur; cough continued severe. Towards night the symptoms increased in severity, and there was some difficulty of articulation and deglutition; respiration more hurried, and pulse more frequent, feeble, and irregular; death took place forty hours after the operation.

That air was admitted into the internal jugular vein there can be no doubt; that this admission of air was the cause of death, or even the cause of the cough, bronchial irritation, etc., etc., is certainly matter of some uncertainty. *Post mortem* examination could not be obtained, and

had it been made, though it would have enabled us to give a more complete history of the case, it probably would have thrown very little if any light upon the immediate causes of death. The exposure and disturbance of the important nerves in this region, may have operated to embarrass respiration and paralyze the muscles of deglutition as directly and fatally as admission of air to the large veins, though this latter is a more fashionable way of explaining the termination of such a case. The facts that no immediate ill effects were produced by the admission of air, and that partial paralysis supervened, lead to the inference that possibly nervous connections were injured or destroyed, and that the unfavorable termination was due to this, rather than to the effects of admission of air to the veins. Possibly both these causes operated to produce this result.

“The veins through which air is usually spontaneously admitted in surgical operations, are those about the neck, particularly the external and internal jugular, and their immediate branches. It may also enter by the veins of the face, the axilla, and the chest. In one of Dr. Mott’s cases it passed in through the facial vein during the removal of an enlarged parotid gland. Dr. Warren had an instance in which it was introduced by the subcapular vein; Clemot saw it enter by the veins of the chest; and Delpeck had a case where it gained admission by the axillary vein.” The reason why the veins in these localities are more subject to this accident is, that they are under the influence of a suction action, during inspiration, owing to a tendency to the formation of a vacuum within the chest during the expansion of the lungs. This action is mostly confined to the veins at the root of the neck, and it is here that air is most liable to enter spontaneously, though it may pass in through the veins of other parts, and is equally injurious when admitted at greater distances from the heart and lungs. This accident has happened to many surgeons, and in some instances been attended by immediately fatal results. The immediate cause of death in these cases has been variously explained; it is remarkable what variety of opinions there is upon the subject among medical writers.

There was in this case none of the common effects of such accident, and it is by no means certain that the admission of air influenced the termination of the case.

The disturbance of the important nerves may have been the cause of the embarrassed respiration, and this together with the shock of operation, may perhaps partially account for the symptoms and termination.

The report of an unsuccessful operation is really of much more value—

is more instructive and suggestive than of many wholly successful cases. They are more valuable again because they are much more rare. Surgery which is successful, is reported with pride and pleasure, while the failures are concealed and suppressed. On this account we have reported the above, giving all an opportunity to judge for themselves as to the causes of failure or the conditions necessary to success.

MISCELLANEOUS.

From the N. Y. Medical Independent.

McMUNN'S ELIXIR OF OPIUM.

Does it possess any superiority over other preparations of Opium?

In the *Philadelphia Medical and Surgical Reporter* for February 27th, 1864, is a communication from "G. C. S.," of which the following is a copy:

"Editor Medical and Surgical Reporter:

"The following recipe for making this preparation was found among the effects of the late Dr. James R. Chilton, the celebrated Chemist of the city of New York:

"1. Take five pounds of Turkey opium, cut in small pieces and dried, and put it into a large, strong, glass jar, with a wide mouth, and pour on it sulphuric ether enough to a little more than to cover it; then stop the jar tight with a glass stopple to prevent its evaporation; set it away in a cool place, and stir it with a stick, so that all the lumps may be broken. At the end of the week drain off the ether, and again pour on as much more, and repeat, stirring it every day for a week longer, when it may be drained off as before. Then stop the jar tight, and lay it down on its side, so that all the ether that accumulates near its mouth may be drained off, and repeat doing so until the opium is all dry. Then expose it to the open air for a few days.

"The sulphuric ether extracts from the opium the *narcotine*, which is its most deleterious principle, and also deprives it of its peculiar noxious odor, so that the elixir will not smell of it thereafter.

"2. Now to free the opium of the smell of the ether, and to extract its valuable medicinal properties, boil it in water, as follows: Pour into a tin boiler four gallons of pure soft water, and when hot (not boiling) put in the opium, when a great ebullition will take place, which is owing to the

evaporation of the ether. Then let it boil ten or twelve minutes, occasionally stirring it so that the lumps of the ether may be all broken and dissolved. Then set it away till the next day, when it should be strained through a cloth strainer, and if there be not four gallons of the solution, pour on the leached opium boiling water enough to make that quantity when it is strained and clear.

“When in the state of watery solution, it is better to be kept in stone crocks that will hold about two or three gallons each, and in a cool place as a cellar; after standing five or six days the clear solution should be carefully dipped off into a large tin can. The skimmings and dregs should be strained, and when clear put with the other.

“3. To this four gallons of watery solution, add five and a half gallons of alcohol, and stir the mixture thoroughly; then cover the can tight so as to prevent evaporation. After standing a few days the clear elixir may be carefully dipped off into another can, and the dregs at the bottom strained, and when clear, poured into another.

“Now, after standing undisturbed for a few weeks, it will be fit to use. It will be equivalent to laudanum, both in its strength and the size of its dose.

“It was doubtless upon receiving this knowledge of making the preparation, that Dr. Chilton was induced to give the following testimonial:

“NEW YORK, December 29, 1836.

“Dr. John B. McMunn having made known to me the process by which he prepares his ‘Elixir of Opium,’ and wishing me to state my opinion concerning it, I therefore say, that the process is in accordance with well known chemical laws, and that the preparation must contain all the valuable principles of opium, without those which are considered as deleterious and useless.

“J. R. CHILTON, M. D., Operative Chemist, etc.
G. C. S.”

A full discussion upon this secret preparation of Opium will be of very great interest to the profession, of interest not only in deciding the question of its alleged superiority over other preparations of opium, but also as to the part the profession themselves have taken in encouraging and fostering a secret remedy which, by their recommendations, has been sold to the public at an enormous profit. It is now, and for many years has been, one of the most stringent rules of the medical profession, that every new discovery in any branch of the science, should not belong to any one individ-

ual of the profession, but should be published to the widest possible extent, for the benefit of the whole profession, that they might successfully combat the diseases they are called upon to treat.

This rule is now a part of the code of Medical Ethics, adopted by the National Medical Association. With most of the profession, *no rule* of this kind has been needed, for they have honorably given to the whole profession through the world the results of their discoveries and scientific researches. So far as our memory serves, this is the only instance in this country wherein a physician has deviated from this just rule, and been sustained by the profession in so doing. The peculiar circumstances under which this remedy was first presented to the profession, had everything to do with its pecuniary success. Dr. McMunn engaged the active co-operation of Mr. Adamson, the proprietor of the well-known drug store, No. 6, Bowery, and at that time one of the best pharmacutists in our city, and an upright, earnest man, strong in his friendship and equally strong in his prejudices. Mr. Adamson's store was the meeting-place of a large number of medical men, and the dictum that went forth from that establishment was considered law. Mr. Adamson was authority, and no man could remain his friend who dared to dispute what he authoritatively asserted; he stated that McMunn's Elixir of Opium was superior to every other preparation of that drug, and induced the profession who visited his store to try it. To any one who raised the question of *secrecy*, Dr. Chilton's recommendation was shown, and it was stated that Dr. McMunn had been at great expense and trouble in the discovery of his secret, and that he was poor and absolutely needed the re-payment of his outlay.

Dr. McMunn may have gone to others before he put himself in the hands of Mr. Adamson, but my memory does not carry me back further than the time I knew them to be associated together. While at Mr. Adamson's store one day, I questioned the propriety of the profession sustaining this *secret* remedy, and stated as my belief, from experiments that I had tried, that it contained no advantages over some other preparations of opium. I was taken up pretty sharply by Mr. Adamson, who in all honesty and earnestness, differed from me on all the points raised, but I offered to back my assertions by proof. A few days afterwards Mr. Adamson and Dr. McMunn called upon me, wishing to interest me in the success of this remedy. Dr. McMunn explained to me that this preparation of opium contained all the active principles of the drug, excepting that it was deprived of much of the bad taste and smell, and was entirely robbed of its

narcotic property, that it was *denarcotized*. I asked him if he meant by that, that the morphia was taken from it, or that morphia was the narcotic principle? He said that morphia was not the narcotic principle, but that there was another principle in opium which was a stimulating narcotic, that caused headache and constipation, and that his preparation was deprived of that injurious principle, leaving all the good properties of the drug behind. I asked him if *narcotine* was that principle which he abstracted, and after some hesitation and circumlocution, he admitted that it was. I told him that as a chemist I had abstracted narcotine from opium many times; that I had tried its effects on others and upon myself, and that I could not discover that it possessed the slightest *narcotic* property, and that I had several times taken it in two-grain doses, without any apparent effect.

My two visitors asserted dictatorially and authoritatively, that I was a dangerous and an ignorant man; that Dr. B. and Dr. C., and all the best physicians of the city knew and acknowledged the advantages of this preparation over all and every other preparation of opium, and that my ignorance was only equalled by my insolence in presuming to think differently from the universally accepted doctrine of the profession.

After this interview they told their friends that I was crazy, and not a little dangerous. Not much liking the treatment I received, I tried many experiments to imitate this secret remedy, and after repeated trials made by exactly the same process that we have presented at the beginning of this article, a preparation that could not be distinguished from it. But nobody would use it; it could be sold at six cents an ounce, whereas the *genuine* was worth twenty-five cents; of course it was worthless. But time proves all things, and after awhile we had scientific facts coming to us from across the water—by transmission across the ocean they were entitled to consideration. Professor O'Shaughnessy and others proved to us that *narcotine* possessed no narcotic property whatever, and that it had been given in a dose of 129 grains at one time, without exciting any obvious effects. It is now known amongst students of materia medica as *anarcotina*, and as safe anti-periodic in 20-grain doses. It would seem that this acknowledged fact should have completely put an end to the use of McMunn's *denarcotized* Elixir of Opium, but charlatans are always ingenious; the theory of denarcotization was dropped, and it was claimed that the elixir was superior to all other preparations of opium, because it did not affect the brain, leave the patient with a headache, or confine the bowels. I think any person can entirely disprove all these assertions, by simply depriving the elixir of

its morphia alone, and using the remaining fluid, and finding thereby its utter uselessness. The process adopted by this recipe of McMunn's leaves in the elixir the morphia, the narcine and extractive matters only, and deprives the opium of its pseudo-morphia, codeia, narcotina, thebaina, meconine, fatty matter, and resin. The narcine is quite inert in doses of two grains, which is a larger quantity than is contained in a dozen bottles of the elixir; the balance of the liquid may be taken in doses of an ounce after the morphia alone is precipitated from it. It therefore seems demonstrable that this elixir is nothing more than a solution of impure morphia.

It has been my fortune to have patients under my care, who have used this McMunn's Elixir of Opium, and they have asserted that they could take it with certain relief of their symptoms, when any other preparation of opium always affected them injuriously, or made them worse. I have repeatedly given to such parties a solution of S. Morphine, in proof spirits, with just sufficient laudanum added to give it color and smell, and while the patients have supposed they were taking the elixir, it has always acted as well.

There are many medical men who now use this elixir, and I frequently hear the assertion from them that it acts better than any other preparation of opium. This, I conceive, is owing to their being accustomed to its use, and being thereby better able to graduate the dose of this than of the stronger and weaker solutions of morphia of our drug stores.

For some years past the preparation of this Elixir of Opium has passed into the hands of a firm of enterprising wholesale druggists, who bought the recipe as a business speculation; they have advertised it largely, and it has been very remunerative to them. Of the physicians who use it in this city, I do not call to mind one who would not condemn a younger brother practitioner who should write a prescription for, or recommend to their patients any of the advertised patent medicines of the day, or any of the patented surgical appliances, and I have heard more than one of these gentlemen refuse to give any consideration in the Academy of Medicine, to pretended surgical appliances for which patents have been obtained. In this I fully sustain them, but I should think it would become them better to be consistent.

The publication of this recipe by "G. C. S.," the correspondent of the *Medical and Surgical Reporter*, deserves the thanks of the whole profession. He has mine most deeply, not only on account of putting this mat-

ter in its true light, but also because the recipe itself proves that my investigations and assertions of the last twenty-five years are correct in every particular.

SAMUEL R. PERCY, M. D.,

Professor of Materia Medica New York Medical College.

FALLACY OF THE CHANGE OF TYPE THEORY.

Opposed, however, to these ideas is a doctrine which has recently been put forth by a late distinguished Edinburgh professor (Alison,) and supported to a large extent by the senior members of the profession. This doctrine is, not that recent changes in practice result from an improved knowledge, or an advance in diagnosis and pathology, but that diseases themselves change. He thought, for example, that inflammation is no longer the same now that it was in the time of Cullen and Gregory; that the human constitution (in a manner which he did not explain) is fundamentally altered, and has become weaker; so that medical men were as right in treating disease by blood-letting in former days as they are now in abstaining from it. So satisfactory does this theory appear to its supporters that they have claimed for it the dignity of an ultimate fact or axiom. Thus, says Dr. Alison, changes of type in inflammatory diseases constitute "a part of the general dispensations of Providence as to those diseases, and are, as far as yet known, *an ultimate fact in their history.*" Dr. Watson says, no less emphatically, in the last edition of his work on the "Practice of Physic": "I am firmly persuaded, by my own observations and by the records of medicine, that there are waves of time through which the sthenic and the asthenic characters of disease prevail in succession; and that we are at present living amid one of its adynamic phases."

Let us for a moment consider what this theory implies, viz: that the constitution of mankind has become weaker and less capable of bearing depletion now than formerly; that the human pulse, by which this is tested, beats less vigorously when diseased than it did for hundreds of years before the days of Cullen and Gregory; that when a strong man now-a-days is seized with an inflammation he presents all the phenomena that used to be observed in a weak one; in short, that the human race has so degenerated during the last five-and-twenty years, that the re-action which formerly used to take place in the economy no longer occurs, and that it cannot bear depletion so well.

But surely this idea may be said to repose on no facts whatever, but merely on supposition; for when we investigate the effects of injuries after the battle of Waterloo and after the battle of the Alma, we find them in the British army identically the same. Neither has any change been observed in this respect in our city hospitals. Then the people generally are better fed, clothed, and housed than they used to be; the comforts and enjoyments of life are far more widely diffused, and its absolute value, according to the bills of mortality, is greatly augmented. Our mental strength, commercial enterprise, engineering skill, martial daring, and bodily vigor might easily be shown never to have surpassed what this country can now boast of—facts entirely opposed to this theory.

Then the treatment of inflammation without anti-phlogistics has also changed for the better among veterinary practitioners. Is it to be maintained, therefore, that our horses and cattle have also, as the result of civilization, been innervated, and that in them also the type of disease is altered? We nowhere observe this any more among them than among mankind; they still draw the same loads—still plow with the same depth of furrow—still run with the same if not greater speed.

Besides, it should not be forgotten that the anti-phlogistic has been shown to be a fatal practice—in acute pneumonia amounting to one death in three cases. Since the practice has been changed, the deaths only amount to one in twenty or thirty, as I have previously shown. To prove that this is a result of treatment, and not of change of type, it is only necessary to consider that in countries such as Spain and Italy, where medical science has not advanced in the same ratio as it has done with us, the old practice is still followed, and with the same fatal result. Have we not all recently been startled by the death of Count Cavour, which followed five bleedings for a fever? Are we then to believe that, whilst the people of Britain, France and Germany, have degenerated, those of Spain and Italy have retained their pristine vigor? In Paris, M. Bouilland continues to pursue his system of bleeding by the *coup-sur-coup* method. He is the only one in that capital who does so. Can we on this account believe that in his wards the type of disease has not changed, whilst in every other hospital and ward it has? On the contrary, we find that wherever large bleedings are practiced at present, the same great mortality prevails as used to prevail, showing that the disease is still the same.

Then it has been argued that epidemic fevers change their type, and so they unquestionably do, but it in no way follows that organic diseases

should do so likewise. The morbid poisons in the atmosphere arising from various sources are more powerful at one period than another, and not only induce symptoms varying in intensity, but cause varied symptoms, such as occur in typhus or typhoid fevers. It is the latter changes which constitute difference in type. But there have been strong and weak men in all ages; while blows, injuries, and changes of temperature have similarly affected them, occasioning symptoms proportioned to their bodily vigor, but in no way altering the character of the symptoms themselves. Have cancer, tubercle, or other structural changes undergone a change of type?—or is it necessary to explain the effects of an improved practice, to assert that, while persons affected with inflammations are now weaker, those affected with phthisis and scrofula are stronger than they used to be.

But it is stated that the pulse has altered; formerly it was found to be strong, now it is comparatively weak. Why, within the last twenty-five years, nature should have changed the pulse of man and animals is not very clear. Judging from the circumstances to which I have alluded, especially the more abundant food and prosperity of the people, it ought to be stronger instead of weaker. But some have already brought forward ideas to explain the suppositious fact. Thus it has been said the use of tea instead of malt liquor, spirits, and wine, renders people weaker and more nervous. Some have thought that the use of potatoes, and others the employment of railways, has something to do with it. Dr. Watson is of opinion that it is attributable to the epidemics of cholera, which, in a manner he has not sought to explain, “leave traces of their operation on the health and vitality of a community long after they have ceased to prevail as epidemics.” (*Pneumonia*, vol. ii, p. 97.) Mr. Robertson of Manchester, is satisfied from experience that it is the boil epidemic which has caused this remarkable change of type. Some suppose that it is dependent on the altered relations between our urban and rural population.—Would it not be well for those who are already discussing the causes of a change that is by no means apparent, to ask themselves, in the first instance, how they establish the fact that the pulse is changed at all?

I need scarcely say that memory and mere opinion in a case of this kind are not of much value. How often do our senses deceive us when objects are at hand; how little can they be depended on when it is simply asserted, that in the memory of this or that practitioner a pulse was stronger twenty years ago than it is now. And yet, gentlemen, we have no further evidence than this advanced by the supporters of a theory which claims as its

fundamental fact a diminished vital force in the heart and pulse of man and animals, to explain a change of practice. But what say science and positive observation to these assertions? It so happens that there is no subject in all physiology with regard to which we possess more elaborate and more exact information than we do concerning the pulse. One hundred and twenty years ago Hales published a remarkable series of experiments regarding the static force of the pulse, and the rapidity of the blood through arteries of different calibres; and similar observations were made by Poisseulle with an instrument invented for that purpose, which he called the "hæmadynamometer," that led him to the same conclusion as that arrived at by Hales. In these experiments the force of the pulse was determined by the height which the impulse of the blood could elevate a column of mercury. It resulted that the static force with which the blood is impelled in the human aorta is equal to the pressure of 4 lb. 4 oz. on the square inch, and in the radial pulse is equal to about 4 drachms.—Valentin confirmed these results in 1844, Ludwig in 1847, and Vierordt so late as 1855; so that not only is there no fact whatever in support of the notion that the pulse of man or animals is weaker now than formerly, but all positive researches during a period of one hundred and twenty years prove the very contrary. It appears to me, therefore, that the theory of change of type, so far from being established on well-known facts, is, on the contrary, altogether fallacious, and entirely opposed to all the known data which histology, physiology and pathology, have accumulated in modern times.—*London Lancet*.

QUACK MEDICAL LITERATURE IN RELIGIOUS FAMILY NEWS-PAPERS.

We have heretofore entered our protest against the iniquity of a large portion of the religious press of the day, in advertising quack nostrums. Without further comment at present, we quote a very appropriate and truthful article, which we find in the *Round Table*, of a recent date:

"A SHORT WORD WITH THE RELIGIOUS PRESS.—It is not a matter of especial wonder when a traveler writes that he saw emblazoned, in huge letters, upon some of the old ruins of Greece, the advertising cards of quack medicines. As Americans, we are pretty thoroughly educated to a point of resignation and indifference, when we find huge bulletins despoiling monu-

ments of art and beauty, and even when they stare us in the face on rocks and hillsides during our summer tours of respite and recreation. Nor does it disturb the exquisite, as it once did, to be obliged to read a daily mixture of criminal news and the disgusting advertisements of the medicine venders. All this we are becoming inured to as a people. But there is one medium of publicity where we look for something higher, purer, better. There is one source of power whence we look to see only healthful streams departing. If the religious press of the country fails to stem the tide, how can we hope to see any effort at restraint in other quarters? If the Christian editors and publishers of the land are false to their high calling and duty, what shall prevent the lifting up of the flood-gates, and the outpouring of a deluge of filth and pollution?

The facts of the case are apparent to every pure-minded man who reads the weekly religious press. Before us are recent issues of two leading religious journals, the *Independent* and the *Observer*. We find in each broad columns staring us in the face, full-freighted with the disgusting details of the properties of certain medicines. "Helmhold's Buchu," "Constitution Water," and "Cherokee Injections," are instances of the most revolting. And these are spread out through long columns, and sent forth under the name and with the sanction and influence of the religious press. They go into the best families of the land, to be read in the pure atmosphere of the family circle and about peaceful and wholesome Christian firesides. They carry disgust to the modest, and tend to aggravate and increase vice and crime.

We protest against these growing indecencies of our religious journalism. And in doing this, it is but simple justice to say that all the weekly religious papers do not thus prostitute their columns. There are several worthy exceptions. But it is a matter of regret that any journals which have attained to a great circulation and influence should go forth from week to week, professedly the religious expounders of the hour, but practically mere money-sheets, laden with purchased puffs and shameless advertisements. Perhaps if less attention was paid to financial successes and more to the possible good to be done in the way of a stronger and healthier Christian literature, they might find quite as many friends, and surely more nearly accomplish the supposed object of their existence.

This we say with a heart in sympathy with every effort that may tend to make men better, purer, happier. We say it not merely inspired by disgust at the presentation of such indecent advertisements at our own

counter, making us doubly ashamed when assured that certain religious papers made no objection to their publication, but rather actuated by a desire to see these great mediums of power and influence working from a higher motive than mere money success, and looking to a grander end to be accomplished than the pleasing and tickling and puffing of men. Christianity can need no help bought with the profits of such indeecency. The cause of humanity demands a literature which shall inspire a truer, purer life.—*Cincinnati Lancet and Observer.*

PROF. JAMES SYME ON IRIDECTOMY.—Sir:—As you ask my opinion of iridectomy, I have no hesitation in saying that it has always seemed to me an entire delusion accepted for the cure of blindness, on the same principle which leads drowning men to catch at straws. Glaucoma has been regarded as so hopeless a disease, that it was peculiarly well suited for the proposal of an operation which promised merely to afford some chance of relief. Such being its modest profession, the destructive inflammation, lenticular opacity, and collapse of the eye-ball, which too frequently result from opening the cornea and cutting out a portion of the iris, were not held to counterbalance the benefit claimed by patients so fortunate as to escape these dangers. But this alleged benefit, from what has come under my observation, does not appear to be at all different from that which every one laboring under incurable deafness may believe for a time he has received from the use of remedial means, whatever they may have been. The truth is, that any man who has paid money, and suffered pain, does not like to confess that his object in doing so has not been accomplished; while his attention and imagination being at the same time excited, he is apt to regard the feeblest glimmer of light, or the faintest perception of sound, as a symptom of improvement. Iridectomy will, therefore, I trust, soon disappear, not only from surgical practice, but from surgical language.

I am, &c.,

JAMES SYME.

—*British Medical Journal.*

Messrs. Editors:—Our humorous friend, the *London Punch*, had, some time ago, a picture called "Wholesome Prejudice." A heavy-built old English gentleman is sitting at a table, on which stands his glass of "port," with which and indignation his face is flushed as he gives vent to the following, in answer probably to some inquiry of a fellow traveler:—"Railroads, Sir?

I hate railroads, and I shall be very glad when they're done away with, and we've got the coaches again."

This was vividly brought back to my mind by seeing the answer of Prof. James Syme to the *British Medical Journal*, October 24, 1863, in regard to "iridectomy." Certainly we all would agree that if iridectomy in Prof. Syme's hands "*too often results in destructive inflammation, lenticular opacity, and collapse of the eye-ball,*" the sooner it "disappears not only from" his "surgical practice, but from" his "surgical language," the better.

Respectfully,

B. JOY JEFFRIES.

15 Chestnut St., Feb. 19th, 1864.

—*Boston Medical Journal.*

LITHOTOMY.

You published last year a paper by the London surgeon whom I just mentioned—Mr. James Lane, "On Lithotomy in the Female Bladder," in favor of the vesico-vaginal incision. Dr. Sims considers that the facility and invariable success with which a cut in the vesico-vaginal septum may now be closed suggest this as "the only justifiable operation for stone in the female bladder." He performed this operation first in 1850. It has since been repeatedly performed in America by Dr. Emmett, of the Women's Hospital of New York, and by Dr. Emmett, of Connecticut. The simplicity, safety, and unfailing success of the operation are spoken of in warm terms,

The application of this to the parallel method of *recto-vesical lithotomy in the male*, is a subject worthy of careful consideration. Recto-vesical lithotomy *in the adult* is a proceeding which was used long before the introduction of metallic sutures, and was followed with modifications by Mr. Lloyd, of St. Bartholomew's. Without these sutures it was liable to a serious objection—the occasional persistence of recto-vesical fistula. The silver-wire sutures, however, promise to obviate this inconvenience. Dr. Sims has mentioned to me a case in which Dr. Bauer, of New York, operated by this plan in 1859, Dr. Sims putting in the sutures. He says: "The patient was placed on the left side, and my speculum was introduced into the rectum, exposing the anterior wall of the rectum, just as it would the vagina in the female. A sound was passed into the bladder. The Doctor entered the blade of a bistoury in the triangular space bounded by

the prostrate, the vesiculæ seminales, and the peritoneal reduplication. He passed the finger through this opening, felt the stone, and removed it with the forceps without the least trouble. The operation was done as quickly and as easily as it would have been in a female through the vaginal septum. After the removal of the stone, Dr. Bauer kindly asked me to close the wound with silver sutures, which I did, introducing some five or six wires with the same facility as in the vagina. There' was no leakage of urine. The patient recovered without the least trouble of any sort. The wires were removed on the eighth day, and on the ninth day the patient rode in a carriage with Dr. Bauer a distance of four or five miles, to call on and report himself to our distinguished countryman, Dr. Mott. The facility and safety of executing recto-vesical lithotomy, (except in children for anatomical reasons,) and the success of closing at once the cut by the introduction of metallic sutures, ought to make this the operation in the male."—*London Lancet*.

CORRESPONDENCE.

EPILEPSY. BY WILLIAM M. CORNELL, M. D. L. L. D.

To the Editor of the *Buffalo Medical and Surgical Journal*:

DEAR SIR:—I have been much interested in reading an article in the December number, 1863, and also a continuance of the same in the January number, 1864, of your journal, upon Epilepsy, translated from the German of Dr. Finkelnburg, of the University of Bonn, Germany, by H. Lassing, M. D., of New York. Dr. Lassing has done good service to the profession by this translation, and quite as much by his own notes. He deserves the thanks of us all.

For twenty years I have been studying the pathology and the best manner of treating epilepsy, epileptiform, and other analagous diseases, which are usually called *nervous*. I have for the last five years confined my practice almost exclusively to these cases. I have written my views of the pathology and treatment of this whole class of diseases very fully in the medical periodical journals of the day. The cases treated by *digitalis*, referred to by Dr. Lassing, in his notes, as published in the *Charleston Medical Journal*, vol. XVIII., May, 1858, is but one of these articles published in that journal. There are several others there. But the more thorough

discussion of this subject may be found in vol. LI. of the *Boston Medical Journal*, 1855. There your readers will find, under the caption of "Observations on Epilepsy," pages 75-159-220-241, 256-316-373 and 342, my views very fully expressed. These were afterwards published in a pamphlet, which is now out of print. During the last five years, since I have resided in Philadelphia, I have written, in the form of correspondence, for the *Medical and Surgical Reporter*, of Philadelphia, a number of articles upon the "Cause of Epilepsy," which, I presume, you have read.

More than five hundred cases of epilepsy and epileptiform diseases have come under my treatment, since I had some reputation in this disease. I say *disease*, though I do not believe epilepsy to be a disease, strictly speaking, but rather the *convulsive manifestation* of other diseases, wounds, etc.

Just previous to the outbreaking of the present rebellion, a clergyman, of the Baptist denomination, came to me from Charleston, S. C., to be treated. You will oblige me by publishing, in this connection, a letter which he wrote of his own accord, and published in their denominational paper of this city, the *Baptist Chronicle*. It is as follows:

The undersigned, a native of Charleston, S. C., had been an epileptic for several years, and his attacks were very severe, exhausting the skill of the ablest physicians of the country, and as eminent, perhaps, as any country can produce, without relief. About a year ago, his attention was called to two articles which appeared in the *Charleston Medical Journal*, from the pen of Dr. W. Cornell, formerly of Boston, and now of Philadelphia, on the subject of Epilepsy. He forthwith opened a correspondence with Dr. C., and received such assurance from him and others as led him to visit Philadelphia, and place himself under Dr. Cornell's treatment. He began to improve immediately, and he believes his improvement has been radical and permanent. He has not had an attack since, now nearly one year, nor anything approaching one, except a little vertigo once or twice, which passed off in a few minutes without any unpleasant effect. He has been a minister of the Gospel all his life and has been actively engaged in the labors thereof, until he became an epileptic: since then he has been compelled to withdraw therefrom. He fondly hopes now, being so much improved, he shall be able to resume his loved work at no distant day. We may be permitted to remark here that Dr. Cornell is a regular bred physician of the Old School, and a Christian gentleman of high standing, and may be implicitly relied upon. He (Dr. C.) has treated, perhaps, in the course of a long practice, not less than five hundred epileptics, drawn to him from every portion of this widely extended country. All of these have not been cured. This was not to be expected. There are, undoubtedly, cases that are beyond the reach of human skill, but many of these have been more or less improved, and the majority of all have been radically and permanently cured, *i. e.* they have never had a fit since, and many of them after the lapse of many years. The following case is given,

selected from many other similar cases that might be quoted, in proof of this statement :

"I feel constrained by a sense of gratitude, and also a desire to benefit others who may be similarly afflicted, to acknowledge, through your columns, the relief I have gained by the use of medicine prepared by Dr. William Cornell, of Boston. For about seventeen years I have been subject to violent attacks of convulsion. They occurred at intervals, varying from two to seven weeks—the fits succeeding each other sometimes to the number of seven or eight. During that time I had been under the treatment of several eminent physicians of Boston and vicinity, sometimes following the directions of one for a year without relief. I have applied to the McLean Hospital, tested the efficacy of Thomsonianism for thirteen weeks the Homœopathic system for two months; and so desirable was health, that I even resorted to Mesmerism to disclose the cause of the difficulty and prescribe the remedy, but still my fits continued.

"Hearing of Dr. Cornell's success in similar cases, I called on him in September last, since which time I have taken his medicine and carefully followed his directions with the exception of a single occasion. On the 5th of January last, being absent from home, I neglected to take medicine, and owing to that circumstance, together with some degree of excitement, I had a slight attack. From that time I have enjoyed unusual health, and have since had no symptoms of the complaint that has probably caused me more suffering than would be experienced in a hundred deaths.

"N. B.—Any information will be gladly given by the subscriber.

"WILLIAM T. PAGE.

"*East Stoughton, Mass., April, 1849.*"

The writer has seen a letter from Mr. Page, the party referred to, written by him within ten days past, reaffirming that up to this moment he enjoys the most perfect health, never having another fit.

Dr. Cornell resides at No. 1722 South Penn Square, Philadelphia, where he may be consulted by victims of this terrible disease who may desire relief, and the aid of his professional skill.

C. M. BREAKER.

Philadelphia, April 10, 1860.

—*Bap. Chron.*

These are *bona fide* letters, and were I in full general practice I would not allow them to be published; but, as I am not, I see no more objection to their being published than there would be to publishing the success of a Medical College as respects the number of its pupils. You, of course, are at liberty to do as you please with them; as you, also, may with the articles referred to in the journals just named. They are before the profession, and they will judge of them as they please. I have never withheld a full and free disclosure of all the treatment, and of all the medicines used, with the manner of compounding them, and have always consulted freely with all members of a State society and of the American Medical Association, of which I am a permanent member. The main idea, as diverse from that of the

faculty generally, when the articles for the "Boston Medical Journal" were written was, that the *primary* or *original* cause of Epilepsy was in the *blood*; some abnormal state or poisonous ingredient therein; and, while this was the *original* cause, the immediate exciting causes were manifold; such as *worms, excessive venery, gluttony, fright, &c., &c.*

When that idea was first published, I was not aware that a single Physician agreed with me in such an opinion, and you may be assured when some five years after it was published, I found myself summoned to Salem, Massachusetts, with Dr. Bell, (then late of the McLean Hospital for the Insane at Charlestown, and at that time President of the Massachusetts Medical Society,) *as experts*, in a case there pending between a man who had sued the city for damages, because his horse had fallen through a bridge, thrown him from his chaise and shaken him, so that ever after he had epileptic attacks. We were summoned by the complainant. The attorney for the city was one of your slow-healing, saucy fellows, who manifested a disposition to castigate Dr. Bell upon the witness-stand, but in every instance he was completely floored by the Doctor, often to the great amusement of the spectators and of the Court itself. Is epilepsy an organic disease? said the attorney. The doctor, naturally tall, straightening himself up to his full height, replied, "Well, sir, that depends upon what you call the *blood*—if *that* is an organ, then I would say epilepsy is an organic disease, for I consider it a disease of the blood."

Pardon me for referring to this trial, for it was just the reverse of most cases, where medical men are made the mere sport of the legal profession. The lawyer was really the sport of the Doctor. To one question which the lawyer asked, Dr. Bell replied, "It would not be possible for me to answer or explain this matter, that an *unprofessional* man could comprehend it." This was the last question, and the impudent attorney felt that for once, he had been rendered *hors du combat*. As said, I was gratified to find my opinion agreed in by so eminent a man; and among the worthies who have fallen victims in this accursed rebellion may be classed, in the foremost ranks, the same Dr. Bell.

Now, sir, I have said all that I wish to say in this paper. If you wish it, I may write more hereafter, and I propose as soon as I can find time to do so, to embody all that I have written, with some things that I have not yet written, in a book for the reading, (I will not say for the improvement) of the Profession, for I do not feel competent to instruct them. But I do hail with pleasure anything upon the subject of Epilepsy, as I did your report from Dr. Lassing.

EDITORIAL DEPARTMENT.

SPECIALISTS.

We publish a communication under the head of correspondence, upon the subject of Epilepsy, and desire to call the attention of our readers, not only to what is said about the treatment of epilepsy, but to the general character of the communication. Newspaper puffs are offered editors of medical journals for re-publication upon the ground that the author, or *victim* whichever you please, is not engaged in general practice, but pursues a specialty. Our correspondent we have no doubt is as professional, and meritorious as others, at least we have no reason to presume otherwise. His communication is not unlike others which have been received, and is published as an illustration of the expectations of specialists, who claim to be highly professional, belong to all the honorable medical societies and associations, in fellowship with the most honorable members of the profession, in every way above suspicion, so far as professional standing is concerned, and yet regard themselves at liberty to publish the most exaggerated statements as regards the cure of those under their care, and sometimes allow partial friends to make statements which would do credit to the most unblushing quackery. It is not uncommon for specialists, in good and regular standing in the profession, to make, or allow, newspaper puffs which are identical in character with those written and published by the most notorious charlatans and impostors. This may not be construed to say, that specialists are charlatans and impostors; for a physician may profitably cultivate one department of professional knowledge and thereby excel in that branch, but he is not on that account at liberty to disgrace himself and the profession by a resort to the very tricks, by which the pretender and the cheat, obtain temporary fame.

Specialties may be all very well, while men pursue them in a proper manner, but temptation has so often overcome those who have thus engaged, that we regard the grace of God as hardly sufficient to save any, howbeit some may possibly escape; not more than enough however to prove the general rule.

With clamor and pretension, the very temples of medical knowledge are defamed; they "offer their unholy sacrifices upon consecrated altars." Local medical societies, national associations and medical journals are bombarded, and partially taken, while the profession are informed, that, if engaged in general practice, they would not advertise; meanwhile the very

reason they are not in general practice, is because they have resolved to "gain the rewards of diligence without suffering its fatigues"—to make appeal to the people in expectation that their superior attainments will be the sooner appreciated.

We do not oppose the pursuit of any one division or branch of medical practice. It is unquestionably proper to give attention exclusively to any department most preferred, and we have no doubt that those who actually do study, and treat exclusively one class of disease, often become better acquainted with its character, and more competent in treatment than the general practitioner; but that large class who make a specialty of treating every known disease, when presented, and of paying special attention to them all, or who advertise one specialty in particular, and all others in general, cannot reasonably be supposed to know more than others, or treat more successfully any of the diseases concerning which they would have us believe them so eminently intelligent. It is not alone, this open and baseless pretension we dislike, but we are often shocked at the claims of men, who, like our correspondent, very likely possess, superior knowledge, and wholly and honestly pursue some one branch of medical knowledge. There are many things to be said in favor of such men; many truths have been discovered by them; much has medical knowledge been advanced by such concentrated effort. Because they have merit, we shudder that it should be made known by the same processes by which those who have none, acquire fame. We cannot endure, that imposture and merit wear the same dress, pass by the same name, and keep the same company.

We desire in this connection to call attention to the resolutions upon this subject, presented to, and adopted by the State Medical Society, a copy of which will be seen in the brief synopsis of its proceedings in our last Journal. These resolutions were presented by the most intelligent, judicious, experienced, and impartial physicians in the State, and were unanimously adopted by the Society. We most cordially approve the sentiments expressed, and hope that those who would be respected by the profession will have sufficient regard for professional honor, to conform to the letter and spirit of these resolutions.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

It will be observed that the meeting of the American Medical Association is to take place the 7th of June next, and is to be held in the city of New York. The profession will take a lively interest in the transactions of the Associ-

ation. Measures of the greatest importance will be introduced for consideration and urged for adoption. Medical Societies, Hospitals, and Medical Colleges, together with the Army and Navy should proceed at once to choose their delegates, furnish them with properly prepared certificates, and to notify the Committee of Arrangements, by sending a list of the names of their delegates.

This meeting will perhaps be the most important ever held by the Association, and members of the several Standing and Special Committees should be ready with full and suitable reports.

The profession cannot too highly estimate the opportunity afforded by this meeting, or be too early or active in preparing communications upon medical subjects to be presented to the Association. We would earnestly urge attention to this subject, and hope for immediate action.

FIBRINOUS COAGULA IN THE HEART.

The two following articles have appeared editorially in the *Chicago Medical Journal*, and are suggestive of so much, both upon the subjects of Heart Clot, and the use of *veratrum viride*, that we take our first opportunity to make the re-print:

"FIBRINOUS COAGULA IN THE HEART.—There is a great deal of scattered experience with regard to this interesting subject which should be collected. Dr. J. F. MINER, Editor of the *Buffalo Medical and Surgical Journal*, in an interesting article entitled, "Intra-Cardiac Blood Concretion," adduces two cases going to show the presence of these formations in death from chloroform. He makes these pertinent suggestions:

"It is perhaps an entirely new view of the dangers of chloroform to regard it as liable to produce death by inducing blood-clot during the periods of suspended respiration which so often occur under its influence; still, in connection with hæmorrhage, which is supposed also to favor this formation, it may have more influence than generally supposed. Whatever interrupts the circulation, or greatly enfeebles it, must certainly be regarded as more or less operative in producing such result."

In which connection we beg leave to call Dr. Miner's attention to our own remarks, under this head, on page 332 (July No.) of this volume.—Any notable reduction of the heart's action directly favors formation of these coagula, and their subsequent danger. The therapeutic and prophylactic indications are obvious. Not only death, but "complications" in the way of local disorders, are exceedingly liable to occur from the formation

and detachment of these coagula into the current of the circulation. We repeat: "He who boasts that with *veratrum viride*, or tartar emetic, or other sedative, he has reduced the pulsation from a hundred, or more, below the normal standard, by no means convinces me that, unwittingly perhaps, he is not responsible for the sudden, or it may be slow and lingering, death which ensues." The attempt to control pulsation should, mainly, if not wholly, be through endeavor to remove the cause, whatever that may be. The heart labors more rapidly in consequence of the demand made upon it, just as its muscularity increases when there is permanent obstruction. The hypertrophy is not disease—the more rapid stroke is not disease! This thing is worth looking after.

The following is the article above referred to:

FIBRINOUS COAGULA IN THE HEART.—The fibrinous coagula occasionally found in the cavities of the heart, and which have long been considered by the greater number of authorities as merely formed *in articulo mortis*, have latterly—since the scientific investigations with reference to Thrombi and Emboli, have thrown so much light on a previously obscure branch of pathology—attracted much attention from pathologists.

At a recent meeting of the London Pathological Society, Dr. Ogle exhibited eight preparations "illustrating the spontaneous formation of fibrinous coagula, at a long period before death, in the cavities of the heart, most of which had undergone considerable softening, and some of which were quite fluid in their centre. In several of these specimens the central puriform fluid was bounded by a firm, smoothish surface, reminding one of the wall of an abscess, and welled out on section of the clot being made. The firm character of these coagula, their color, their adherence to the walls of the heart, and the changes which had taken place or were taking place within them, marked conclusively that the formation of the coagula had occurred sometime, possibly some weeks, before death. Out of the eight cases, this old standing and degenerating coagulum was found in the right auricle in five cases, in the right ventricle in three cases, and in the left ventricle in one case only. In almost all instances the cases had been such as included retardation of the blood's circulation through the lungs, and mostly a long and lingering death; the patients also being chiefly subjects of ill-health or intemperance."

Dr. Ogle thought pyæmia might be produced by bursting of a concretion. No special phenomena had marked the formation; a term of months might have elapsed he believed in some cases. Dr. Ogle also related some

cases of embolism of both middle cerebral arteries, and of the coronary arteries.

We have frequently observed these fibrinous concretions in the cavities of the heart, and in at least one instance seen distinct vascularity of the new formation entitling it to the denomination of polypus.

Our friend Dr. J. P. Linn, exhibited to us, a few days since, a well marked specimen, evidently formed long anterior to the death of a well-known resident of this city.

With regard to the causes, it is evident that all that is requisite is first a nidus upon which the clot may form, then an excess of the fibrin of the blood; and lastly, but perhaps most important of all, such a degree of retardation of the velocity of the circulation as may favor deposit upon the roughened surface of the excess of fibrin present.

The physiological principles involved are well understood, and have been taken advantage of, again and again, in the cure of aneurism and stoppage of hæmorrhage by position, and mechanical and medical appliances.

Propositions to which we wish now to call attention are simply and briefly these: *The increased frequency of the heart's contraction in inflammatory and febrile affections has the physiological object of preventing the formation of coagula in its cavities. Rash interference with this prophylactic effort of nature, by agents which notably retard the heart's action, directly favors formation of these coagula and their subsequent dangers.*

He who boasts that with veratrum viride, or tartar emetic, or other sedative, he has reduced the pulsation from a hundred or more, below the normal standard, by no means convinces me that, unwittingly perhaps, he is not responsible for the sudden, or it may be slow and lingering death which ensues. In this respect, it must be confessed, tartar emetic is immensely superior to its proposed substitutes, because it contemporaneously with its action upon the heart, defibrinates the blood.

ARTIFICIAL LEGS.

It will be observed by reference to advertisement page that Dr. De Forrest Douglass of Springfield, Mass., has invented and patented an artificial leg, which he offers to those who require, as possessing superior merits.—We have always looked upon the “Palmer Leg” as the only leg which could receive unqualified approval, and even that we found after a little longer acquaintance require too much repair; it was too often out of order,

and cost too much to mend. When new it certainly works very finely, and the great objection to be urged against it was its liability to break down and require repair. We have carefully examined and have observed the working of one of the legs invented by Dr. Douglass, and we believe that it possesses all the perfections of an artificial leg, and is made in such manner as to retain them much longer than any other. It is claimed, and we believe rightfully, that they are more perfect and natural in their motions and more durable in construction than those of any other manufacturer. They are light, easily worn, beautifully natural in appearance, and every way attractive for those who require artificial legs. A specimen has been left in our office, which has been examined by a great many surgeons and receives unexceptional approval. Those physicians whose patients are requiring such instrument, are invited to call attention to this, for we believe that it certainly possesses advantages over all others. We have a little patient recently supplied with it, and it is truly matter of gratitude that human invention has been able to so nearly equal nature in the construction of legs.

NEW YORK MEDICAL INDEPENDENT.—We have the pleasure of adding to our exchange list the *New York Medical Independent*, a brief prospectus of which will be seen by reference to our advertisement sheet. We bid the new journal “God-speed” in every honest endeavor to advance the true progress of medical science. The first paragraph of the Editorial Introductory is a little ambiguous; and we suggest that the desire to reform, advance and improve may become revolutionary unless properly controlled. Independent means a great many things, and if we were not well acquainted with the projectors of the enterprise, we should be looking for something radical in medical practice. As it is, we expect nothing more “than is in the bond,”—a first-rate weekly medical journal, worthy the support of those who have at heart the true interests of medical science. The first number shows vigor and strength, and we hope it may accomplish all its objects. We have re-produced one of its first articles, and hope notice will be taken of the selection—“*McMunn's Elixir of Opium*. Has it any Superiority over other Preparations?”

J. W. W. GORDON'S VACCINATOR.—We have received this instrument from the inventor and manufacturer, and among all the mechanical appliances recently invented for the purposes of facilitating the operations of the physician, there is, perhaps, not one which surpasses in value and convenience this instrument. In the plan of construction it resembles a spring lancet, a small capillary tube being substituted for the lancet. This point is excavated for the reception of the virus, and is charged by simply dipping it in lymph or dissolved scale. The case contains vaccinator, plates of glass for rubbing up the vaccine scale or for lymph, and a bottle suitable for preserving virus. Physicians who desire to make this operation frequently, or who would do it so that children have neither occasion or time to cry, cannot do better than to send for this instrument. We have ourselves been very greatly pleased with its operation, and think it superior to any vaccinator heretofore invented.

REVIEWS.

Dalton's Treatise on Human Physiology—Third Edition—Revised and Enlarged, with two hundred and seventy-three Illustrations. Philadelphia: BLANCHARD & LEA, 1864.

This book has been received by the profession with great favor from its very first appearance. It has increased in favor with each edition, and now having reached its third revision it stands preëminently the most recent and complete work upon Human Physiology in the English Language, or indeed in any language.

It is offered to the medical profession as a text-book for students, and also as a means of communicating in a condensed form, such new facts and ideas in physiology as have marked the progress of the science within a recent period. Much of the teaching is of great practical importance to the medical man, influencing, in various ways, his views of pathology and therapeutics. Perhaps to the advance of physiological science more than to any other, are we indebted for what we have gained in the knowledge of the nature of many diseases and their proper treatment; in any case, the recent doctrines of physiology, which are founded upon a careful experimental basis, are of interest for the physician who desires to keep pace with the annual advance of his profession, since they indicate the present position and extent, of one of the most progressive departments of medicine.

The improvements and additions which have been introduced into this

last edition, we notice by the preface, consist in the incorporation into the text of certain new facts and discoveries, relating mainly to details, which have made their appearance within the last three years. These are mainly the results of experiments of the author with regard to the secretion and properties of the parotid saliva in the human subject, and the quantitative analysis of this fluid by Mr. Perkins; the observations of Prof. Austin Flint, jr., on Stercorine, Cholesterine, and the effects of permanent biliary fistula, and those of Prof. Jeffries Wyman on hare-lip in the median line, from arrest of development. New illustrations have also been introduced which materially increase the value of the book.

No words of commendation can now add to the reputation of this work; it is everywhere known and appreciated. The second edition had become exhausted, and students were for some months unable to obtain a supply. The mere announcement of its appearance will afford the highest pleasure to every student of physiology, while its perusal will insure an understanding of the very latest and most advanced views of the science.

Ellis' Medical Formulary: BY ROBERT P. THOMAS, M. D.

This book contains a variety of valuable tables, a tabular view of the doses of the principal articles of the materia medica, and most of the important prescriptions employed in modern practice. These prescriptions are presented in condensed form, and advantageously arranged—collected from the various medical works where they have been recorded.

The work possesses attractions for the young physician, and we fear to say for the book what it really deserves, lest some young practitioner may infer that we think him at liberty to copy his prescriptions. The only objection we see in the book is the one so common and universal in all published prescriptions; medicines are too much compounded. Fashion and habit control this matter in a great degree, and all who desire to make their prescriptions in the highest style of the art, will have a correct and reliable standard in *Ellis' Medical Formulary*, by R. P. Thomas, M. D.

Eleventh Annual Meeting of the Illinois State Medical Society, held in Jacksonville, May 5th, 1863.

The principal papers presented, were Report on Typhoid Fever, by H. Noble, M. D., of Heyworth, Ill.; on Diseases of the Eye, by E. L. Holmes, M. D., of Chicago; Minor Mental Maladies, by Andrew McFarland, M. D.; Report of Committee on Surgery, by Prof. O. Andrews, of Chicago;

Delayed Union of Fractures, by David Prince, M. D., of Jacksonville; Report of Committee on Prize Essays. These Reports and papers have been carefully prepared, and many of them possess great merit. The volume of Transactions shows an energy and ability very creditable to the profession; though we see that the meeting was not attended by a great number of the physicians of the State. This is accounted for in part, at least, by the absence of many as surgeons and assistant surgeons, in the army. Illinois, evidently, has an efficient, capable, and hard working State Medical Society, which will do much towards advancing the interests of the profession and medical science.

The Nervous and Vascular Connection between the Mother and Fœtus in Utero, By JOHN O'REILLY, M. D., F. R. C. S. I.; New York, ROBERT CRIAGHEAD, 85 Centre Street, 1864.

This work consists of an ingenious argument to show that there is a nervous connection between the Mother and Fœtus in Utero. Facts illustrative and demonstrative are introduced, and the philosophy of mental impressions being conveyed to the fœtus in utero by the mother is presented according to the original and enlightened views of the author. It is impossible to give our readers any very satisfactory *resume* of the arguments presented or of the opinions entertained by Dr. O'Reilly. He has studied this subject with great care, and is explaining facts which have been hitherto stupidly denied, because they could not be satisfactorily explained. Physicians who deny that mental impressions made upon the mother can be conveyed to the fœtus in utero, are especially invited to read this book; they will see that there are some "stranger things than dreamt of, in their philosophy." We have been deeply interested in the perusal of the book, and though, perhaps, all the positions are not yet fully established, yet the originality, philosophy, and perspicuity of the work commends it to the careful consideration of all.

Glanders; *by ROBERT JENNINGS, Veterinary Surgeon, Professor of Veterinary Medicine and Surgery in the Veterinary College of Philadelphia, author of the "Horse and his Diseases," "Cattle and their Diseases," etc., etc.

He says: "The sales of condemned Government horses in New Jersey and adjacent States having introduced into our country and immediate vicinity, the terrible scourge known as "Glanders," I conceive it my imperative duty to warn you in time, of the danger which is threatening our community.

If the experience of a Veterinary Surgeon, who has devoted eighteen years of his life to the relief of the noblest animal in the gift of Providence, is not sufficient to excite your sympathy and even your fears, I am convinced that the following reports, based upon evidential facts and undoubted authority, will attain that object.

You will see the proofs that "Glanders" is a disease without remedy, positively incurable, *extremely contagious*, easily *communicated to man*, and that every day human life is sacrificed to incredulity and ignorance!

Through the liberality of gentlemen of this country, who deserve our thanks, I am enabled to offer you this small pamphlet, the fruit of my researches and observations. Circulate it among your friends, and by your personal exertions avert the calamity which is menacing our welfare."

BOOKS RECEIVED.

Announcement Harvard University, 1864.—Medical Department.—Summer Session, Commencing March 14, 1864.

The Vermont School Journal, devoted to the Educational Interests of the State. Published under the sanction of the Vermont State Teachers Association. HIRAM ORCUTT, Editor and Proprietor, West Brattleboro.'

The Sanitary Commission Bulletin, Vol. 1, No. XI. New York, April 1st, 1864.

Report from the Hon. Josiah Quincy, jr., Hon. Alfred Hitchcock, M. D., and Horatio R. Storer, M. D., Commissioners appointed under the 91st Chapter of the Resolves of 1863, to make certain investigations of the subject of Insanity, and the disposition of persons alleged to be insane.

AMERICAN MEDICAL ASSOCIATION.

The Fifteenth Annual Meeting of the "American Medical Association" will be held in the city of New York, commencing Tuesday, June 7th, 1864, at 10 A. M.

Proprietors of Medical Journals throughout the United States and their territories are respectfully requested to insert the above notice in their issues.

GUIDO FURMAN, M. D., Secretary.

NEW YORK, March, 1864.

ETHERIZATION FOLLOWED BY DEATH.—At the meeting of the Imperial Society of Medicine in Lyons, on July 20, M. Chassagny communicated the case of a lady, aged 40, to whom ether was administered previously to the removal of an urethral polypus and two sebaceous cystic tumors on the head. Thirty *grammes* of ether (rather less than an apothecary's ounce) were used; but the anæsthesia produced was incomplete, and the patient was aware that the operations were being performed. The administration of the anæsthetic was not pushed further, because the stage of excitement did not manifest itself, and because, on the contrary, general coldness and slowness of the pulse were present. On the completion of the operation, which occupied a quarter of an hour, vomiting set in; the coldness increased, and was accompanied by clammy sweats; and the patient had convulsions, attended with foaming at the mouth. The attack passed away in a few moments, but soon returned with equal intensity. After the fourth attack, the patient died. M. Chassagny considered that the patient had died of eclampsia induced by etherization, which was thus the indirect cause of death. She had previously been subject to epileptic vertigo.—*British Med. Journ.*, from *Gaz. Med. de Lyon*, 16 October, 1864.

UNIVERSITY OF PENNSYLVANIA.—The number of students attending the medical lectures during the past session was 401; and at the commencement held on the 12th of March the degree of M. D. was conferred on 101 candidates.

JEFFERSON MEDICAL COLLEGE.—The number of students during the past season was 351; and at the commencement held on the 10th of March the degree of M. D. was conferred on 124 candidates.

MASSACHUSETTS MEDICAL COLLEGE.—At the commencement held on the 9th of March, 1864, the degree of M. D. was conferred on 38 candidates.

IOWA UNIVERSITY.—The number of students attending lectures the past session was 107, and at its close the degree of M. D. was conferred on 39 candidates.

UNIVERSITY OF MICHIGAN.—It is stated in the printed catalogue of this institution, that the number of students in the Medical Department at the last session was 340.

PENNSYLVANIA HOSPITAL.—Dr. Joseph Pancoast has resigned his situation as one of the Surgeons of this Institution, and Dr. Thomas George Morton has been selected in his place.

BUFFALO
Medical and Surgical Journal.

VOL. III.

MAY, 1864.

No. 10.

ART. I.—*On a New Instrument for Photographing the Fundus Oculi.*

By A. M. ROSEBRUGH, M. D., *Toronto.*

It is well known that under ordinary circumstances, the pupil of the eye appears quite black, and all parts behind it are perfectly insensible. This was formerly thought to depend upon the total absorption, by the choroid, of all the rays of light that fall upon the fundus of the eye. But since the invention of the Ophthalmoscope it has been very satisfactorily demonstrated that the phenomenon just referred to depends solely upon the refraction the rays of light undergo in passing through the ocular media, and that a sufficient number of these rays are reflected from the interior of the eye to be visible to the eye of an observer placed in a proper position to receive them.

“When a perfectly formed eye is exactly accommodated for a luminous object, the diverging rays from this, incident upon the eye, are refracted by the ocular media in such a manner that they unite at a point in the surface of the retina which is the image of that object. The retina, in consequence of its transparency, transmits much of this light to the choroid, by which most of it is absorbed; but many of these rays are reflected in the same direction in which they entered the eye, and return to the object whence they started.”*

These reflected returning rays would be visible to the eye of an observer placed in line with the light and the eye under examination, but without some special contrivance for the purpose, this position is an impossible one as, if the experimenter places his eye beyond the light his eye is

* Hulke, treatise on the Ophthalmoscope.

dazzled, and if it is placed between the light and the eye under examination, the illuminating rays are intercepted. This is effected in the ophthalmoscope by substituting reflected for direct light. In Liebreich's small ophthalmoscope, the one now in general use by ophthalmoscopists, the light of a lamp is reflected into the eye from the surface of a small concave mirror, which is pierced by a central sight hole, through which the observer looks in the direction of the eye under examination, and is thus enabled to see the light reflected from its illuminated fundus.

We saw just now, that the light reflected from the eye, returns to the luminous object from which it emanates; this being the case these returning rays must be convergent, and as a normal eye is incapable of bringing convergent rays of light to a focus on its retina, the observer looking through the sight hole of the mirror, sees only the pinkish red color of the choroid, without (except in hypermetropic eyes) being able to distinguish any of the details of the illuminated fundus. Before these rays can be brought to a focus on the surface of the retina of the observer they must be made parallel or slightly divergent. This is effected by placing a convex lens over the sight hole of the mirror. This is called the *direct* method of examination in contra distinction to the indirect method about to be described where the observer sees the *inverted aerial* image of the fundus oculi.

In this indirect method, the mirror is held twelve or fourteen inches from the patient's eye and a double convex lens of about two inch focus is placed from one to two inches from the eye, which has the effect of bringing the reflected light from the illuminated fundus to a focus nearly two inches in front of the lens, or about three inches in front of the eye under examination, where the observer looking through the sight hole of the mirror sees an inverted aerial image of the posterior internal surface of the eye.

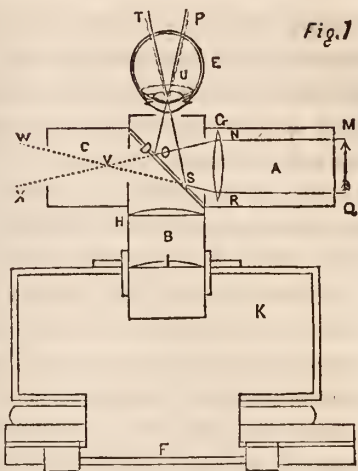
In the modification of this instrument which I have recently invented, this aerial image of the eye ground is received upon a screen of ground glass which can be seen by a number of persons at the same time; and by substituting a prepared photographic plate for the ground glass, photographs are taken, showing the details of the deep structures of the living eye.

This instrument is constructed upon the principle that plate glass has the property of partly reflecting and partly refracting rays of light that are incident upon its surfaces.*

* This is also the principle upon which Prof. Pepper produces the appearance of the *ghost* upon the stage.

CONSTRUCTION.

The Tubes.—The instrument consists of two brass tubes, (A and B, fig. 1,) $1\frac{1}{2}$ inches in diameter, being respectively 4 and $2\frac{1}{2}$ inches in length. The longer tube B moves freely in a brass collar fitted to the aperture of a small camera K, and the shorter tube A is turned toward the source of light.



A tube C of the same width, $1\frac{1}{2}$ inches in length, is joined to the side of the outer extremity of the tube B opposite to and in a line with tube A. The outer extremity of the tube B extends $\frac{1}{4}$ of an inch beyond its juncture with the tubes A and C, and is terminated by a thin brass diaphragm, having a central circular aperture of $\frac{3}{8}$ of an inch in diameter.

At the juncture of the tube A with B there is a circular aperture of one inch diameter, and between C and B an aperture of $\frac{1}{2}$ inch diameter, affording a communication between A and C through B.

The Plate Glass.—At the juncture of the tubes, there is placed an elliptical piece of highly polished thin plate glass, with parallel surfaces, which is inclined at such an angle to the tubes that a ray of light falling upon it through the centre of the tube A from the direction M Q will be reflected at right angles to its original direction and in the same plane with the centre of the tube B, which will be through the centre of the aperture in the diaphragm. A portion of the ray will be refracted by the plate glass, and pass through the tube C parallel to its original direction.

The Lenses.—At the inner extremity of the illuminating tube A, and as close as possible to its juncture with the camera tube B, a double convex lens G is placed $1\frac{1}{2}$ inches in diameter, and having a focal distance of $2\frac{1}{2}$ inches. In the corresponding position of the tube B, or close to the plate glass reflector, the lens H is placed, convexo-plane of 5 inch focal distance; $1\frac{2}{3}$ inches from this is another lens, I, also convexo-plane, and of 5 inch principal focal distance, and having the same diameter, viz, $1\frac{1}{4}$ inch.*

The Camera.—The Camera consists of a mahogany box three inches square and seven inches high, having (to secure steadiness) a base six inches

*I have ascertained that a single lens of $2\frac{1}{2}$ inch focus answers quite as well as the two (H and I) of 5 inch each.

square. At the aperture in the centre of the anterior side there is a brass collar fitted, through which slides the tube B containing the lenses. At the opposite side of the camera is a central aperture $2\frac{1}{2}$ inches square, behind which is a slide with a piece of ground glass $2\frac{1}{2}$ inches square. This slide moves in grooves for the purpose, and can be removed to make way for a slide containing a sensitized plate also about $2\frac{1}{2}$ inches square. The whole is contained in a case about 8 inches in height, which serves the double purpose of supporting the instrument when in use, and holding it afterwards.

PHOTOGRAPHING.—As yet I have not attempted a photograph of the retina of the human eye, but have confined my experiments to the lower animals, and have employed solar light only in order to shorten the time as much as possible; but I do not doubt that diffused light, particularly that reflected from a bright cloud, would with a longer “exposure” answer very well. In using the instrument for this purpose, a tripod, or what answers quite as well, a table of the ordinary height is placed near a window where the light of the sun will fall upon it.

It is well to have the shutters closed, and a beam of solar light admitted of the size of the illuminating tube; but this is not absolutely essential if precautions be taken to prevent diffused light entering the camera, and the ground glass be shaded while examining the image on its surface.

Position of the Instrument.—The camera must be turned at right angles to the source of light, and the tube A, or illuminating tube, turned so that the light will fall full into the tube, and be incident upon the whole of the lens G.

If the camera and tube be now in proper position, a cone of light will issue from the end of the camera tube through the centre of the aperture in the diaphragm, which is the condensed light from the lens G reflected from the plate glass D. This cone forms a focus about one-half inch outside the diaphragm, which can be seen by holding a thin piece of white paper near the diaphragm. If it be a cat, or rabbit, that is to be experimented upon, it is well to have it secured in a box of the right size, with the head projecting through an aperture for the purpose.

In photographing the eye of a cat I found it necessary to put it under the influence of chloroform, but the image of the optic nerve, vessels, etc., upon the ground glass is so very bright and clear that I do not doubt, if the most sensitive process be adopted, the impression could be taken instantaneously, thus rendering anæsthesia unnecessary.

Position of Eye.—In either case the eye must be brought to the proper

position, and the eyelids held apart by an assistant. If it be the eye of a patient to be photographed, the instrument must be mounted upon its case, which will, for most persons, give it the right height. The patient being seated upon a chair as close as possible to the table, should lean forward toward the camera, and bring his eye as near as possible to the aperture in the diaphragm, the brow can rest lightly against the end of the tube, and by bringing the elbow upon the table he can, with the palms of his hands, extemporize a very good rest for his chin.

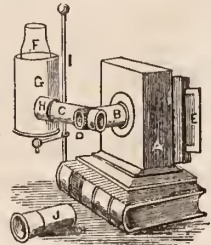
The pupil of the eye to be photographed must have been previously dilated with atropine.

Process.—If the instrument be now in its proper position, and the light from the plate glass enter the dilated pupil, the fundus of the eye will be brilliantly illuminated, and its reflection will pass out of the eye and through the plate glass and lenses, and form an inverted image upon the ground glass at the back of the camera, where the observer in the rear will see the optic nerve entrance, distribution of the arteries and veins, etc., beautifully depicted, but magnified about four diameters.

If the details of the image be not perfectly defined the camera tube must be moved backwards or forwards until the proper focus be obtained. This image can be seen by the observer again very much magnified by placing to his eye a lens of say six inch focal length, and bringing his eye with the lens to within six inches of the ground glass; but the image will be seen even better by moving the ground glass to one side; the observer will then see the *aerial* image of the reflection from the eye, which will occupy the same position as the ground glass previously occupied. The slide containing the ground glass can now be removed and a slide substituted containing a glass plate “prepared” by the ordinary collodion process. An “exposure” of about five seconds is sufficient. If the “developing” prove that a good “negative” has been obtained, it must be “fixed” and used for printing the photographs; if not, other plates should be employed until a more satisfactory result be obtained.

AS AN OPHTHALMOSCOPE.

The position of the Instrument when the light is supplied by a lamp.—A the camera, B camera tube, C illuminating tube, D diaphragm with central aperture, E slide with ground glass, F glass chimney of lamp, G brass tube which acts as a shade, and from which projects H, a brass collar opposite the flame of the lamp, and to which is adapted the illuminating



tube C of the instrument; I, upright of the lamp-stand, J eye-piece to be adapted to the inner extremity of the camera tube B; when this is used, the camera can be dispensed with.

In using this instrument as an ophthalmoscope, that is, for examining the interior of the eye, artificial light should be employed. That from a kerosene oil lamp answers very well, but the best light for ophthalmoscopic purposes is from the gas argand-burner, and the most convenient is the movable table lamp supplied with gas through a flexible tube. The evening is the best time for making these examinations; if in the day time, the room must be darkened, and the instrument be placed in the same position in regard to the light as when solar light is used, by the flame of the lamp should be brought within two or three inches of the entrance of the illuminating tube, and the two must be on the same horizontal line.—A screen, to shade the ground glass and the observer's eye, should be placed between the light and the back of the camera, or, what I have found to be much better, a metallic shade can be placed around the lamp, from an aperture in which projects a tube or collar, somewhat resembling that of a magic lantern, of the right size to allow the illuminating tube of the instrument to fit closely. Indeed with this apparatus the camera can be dispensed with altogether, that is in making examinations of the eye simply; when the object is to demonstrate the fundus of the eye to a number of persons, the camera should be used both with and without the ground glass.

OPTICS.—In the accompanying diagrams I have made the mean position of the optical centre of the eye at the centre of curvature of the cornea, or at a distance one-third of the distance of the diameter from the cornea, making the posterior focal distance of the eye about two thirds of an inch. I have also represented the eyes as “homogenous bodies, possessed of a single condensing refracting surface, which is regarded as the “optical equivalent of the various surfaces in a real eye,

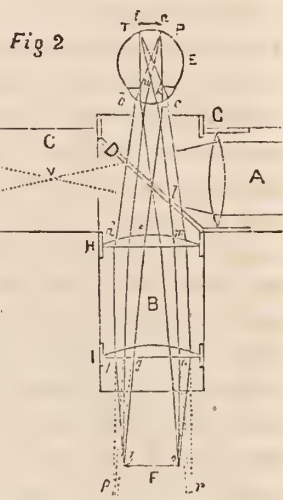
“By giving such hypothetical eyes a higher index of refraction than that of the media of any real eye, we may preserve the proportion between “the distance of the cornea and the retina from the optical centre almost “unchanged, while substituting an equivalent for a real eye, which may be “assumed to be quite accurate in so far as concerns any optical conclusions “with which we have to do.”—*Dr. George Rainy on the Theory of Ophthalmoscope.*

Illumination.—Let M Q (fig. 1) represent parallel rays of solar light incident upon the double convex lens G, at the points N R they are refracted and emerge from the lens convergingly towards a focus V in the tube C, but at O and S they are intercepted by the plate glass D, a portion of the rays are reflected by its polished surface in the direction E, and rays not reflected or absorbed are transmitted and pass to form a focus at V, the principal focal distance of the lens G, and again diverge in the direction W X.

The rays reflected from the surface of the plate glass form a focus at U (which is also the focal centre of the eye E) at the same distance in front of the plate glass D, as V is behind it, these rays at U again diverge and illuminate a portion of the fundus at T P.

Reflection.—Let E (fig. 2) represent the same eye, illuminated as just described, D the plate glass, and H I the lenses in the camera tube. Rays from any portion of the illuminated fundus as *a*, are reflected from the fundus and emerge from the cornea at *b c*, the width of the dilated pupil, and proceed to the plate glass D (parallel rays of light emerging from an eye having its accommodation paralyzed are parallel or very nearly so) where some of its rays will be reflected through the lens G in the direction of the source of illumination, but other rays proceed to *d, e*, where they are incident on the lens H by which they are refracted, and they would proceed to a focus at the principal focal distance of the lens H, viz:

at 5 inches, but they are again intercepted at *f, g*, by the lens I, which refracts them to an earlier focus at *h*. In the same way rays from *i*, on E's retina, proceed from the cornea parallel to the axis *i, k, m*, and are also refracted by the lens H and I, and are brought to a focus at *o*. In like manner all points intermediate between *i* and *a*, on E's retina, are reflected from the fundus and refracted by the lenses forming an inverted image of *i, a*, at *o, h*, which is received upon the ground glass placed at F.



APPLICATION—ADVANTAGES.—The advantages I claim for this instrument are:—

1st. The simplicity of its construction, taking into consideration its two-

fold purpose, viz: as an ophthalmoscope, and as a photographing instrument. My friend, Dr. Noyes, of the New York Eye Infirmary, constructed an instrument for photographing the fundus oculi, and which was I believe to a considerable extent successful, but its construction was too complicated and the instrument too expensive to be generally adopted. Dr. Noyes' instrument is constructed somewhat upon the principle of the binocular microscope. Any good optician can construct this instrument. The one I exhibited to the Institute was made by Charles Potter, of King street, Toronto.

2d. The limited experience necessary in order to use it successfully; the ordinary ophthalmoscope requiring months of practice before it can be used satisfactorily.

3d. Being able to see the aerial image free from reflections from the object lens, which reflections are serious obstacles to beginners.

4th. Being able to receive the image, either of a healthy or diseased fundus, upon a screen of ground glass which can be seen by a number of persons at the same time, and could be taken advantage of by gentlemen lecturing upon the physiology of the eye, or upon the pathology of its deep structures.

5th. With it, artists will be enabled to make colored representations of the fundus, which, with the instruments now in use, has never yet been effected; thus, Mr. Hulke in his Treatise on the Ophthalmoscope, and Jabez Hogg in the preface to his "Manual of Ophthalmoscopic Surgery," (June, 1863,) apologizing for defects in their colored representations, state that it is impossible to procure the services of artists having the requisite knowledge of the use of the ophthalmoscope.

6th. Rendering it comparatively easy to photograph the reflection from the posterior internal surface of the eye.

I cannot conclude without expressing the hope that this instrument will contribute something towards awakening more of an interest in ophthalmoscopic science, as the ophthalmoscope is undoubtedly as essential in investigating diseases of the eye, as the stethoscope in diagnosing affections of the heart and lungs; and I trust its use will aid in banishing from ophthalmic nomenclature the indefinite term of amaurosis, where, as Walther observed, "the patient and physician are equally blind."

ART. II.—*Interesting Case of Diabetes*—BY PROF. JAMES P. WHITE.
BUFFALO, May 2d, 1864.

Dr. Miner:

Dear Sir:—The enclosed letter of Col. Potter shows results so satisfactory in arresting the progress of a most intractable disease, that I send it you for publication in your valuable Journal, if you deem it worthy of insertion. The Colonel describes in the language of a very intelligent layman the plan of treatment which, with such modifications as are required by different individuals I have adopted during the last eight or ten years. It is scarcely to be expected that all patients possess the requisite perseverance and self-denial to secure the success attained by the writer of this letter. According to my observation little can be accomplished by the physician in the treatment of diabetes without the intelligent coöperation of the patient.

When Col. Potter was referred to me for advice by Dr. Eddy of Lewiston, N. Y., he had lost more than sixty pounds in weight, and was rapidly emaciating. At the time of making the diagnosis and putting him upon the course of hygiene and treatment which he describes, he was passing from ten to fifteen lbs. of urine daily, of the specific gravity of 1035 to 1045. Nearly four years have now elapsed since the adoption of this course, with the return of much of the weight lost, and still greater improvement in strength and vigor. It should be remarked that in the mean time that he has entirely changed his pursuits, and from being occupied indoors, in mercantile business, he is now upon a farm, passing much of his time in the open air. It will be perceived that the Colonel has had to wage a constant warfare with his disease, and in doing so, has made himself familiar with the means of testing his urine, and has really manifested great skill in adopting his diet and therapeutics to the indications thus afforded. Hoping the letter may be useful in supplying hints to the practitioner and encouragement to the afflicted patient, I remain

Truly yours,

JAMES P. WHITE.

“SPRING BROOK FARM, March 17, 1864,

James P. White, M. D.:

Dear Sir:—You will doubtless recollect your desponding patient of December, 1860, and his promise to communicate further with you after his retiracy upon a farm in Michigan the next year. Well, here I am, at the present, enjoying pretty good health, and expecting to live longer with more satisfaction to myself and family than I should if I had never

been afflicted, although whenever I depart from the regimen prescribed, my urine becomes heavy, sometimes as high as 0.30, but usually in settled weather from 0.10 to 20. My remarkable preservation having excited a good deal of attention, and having the satisfaction of putting a number on the right track who have applied to me by letter, I deem it a duty I owe to humanity as well as yourself, to now comply with my promise, which I will do by copying your prescription verbatim, with a receipt or rather formula for the bran bread, and a reference to Dr. Joseph Bell's article, (see *Braithwaite's Journal*, January, 1857, p. 112,) for the use of cod liver oil at a time I was losing flesh rapidly, my voice weak and husky, and my lungs evidently sympathizing with the disease, and a formula for rennet sausage which has been of great benefit:

Strychnia grs. ii.

Acetic acid gutt. xxx.

Citrate of iron ℥ ss.

Water ℥ viii.

S Take a teaspoonful 4 times daily.

December, 1860.

J. P. W.

Among the vegetables admissible are cabbage, celery, lettuce, spinach, water cress. (I find *sour kroust* the best preparation of cabbage, although I use it in any form, and what is remarkable, that before I was afflicted it was almost indigestible.)

Drink: water in moderation; broths tepid or cold; claret wine if fond of it, (this is deceitful;) carbonate of soda and water.

Hygiene.—The surface should be kept warm, and occasional warm baths, followed by high friction. Passive exercise in the open air, avoiding excessive fatigue; cheerful society and early hours.

The hygiene is very important. I took a warm towel bath, followed with high friction daily for the first year; good beef in any form, and occasionally beef's liver done better with me than eggs. My urine occasionally, when as high as 0.32, deposits a sharp red sand, and is followed by rheumatic pains. These are removed by wine of colchium until it moves the bowels.

Formula for bran cakes.—Take a sufficient quantity of wheat bran, (say a quart,) boil it in two successive waters for one-fourth of an hour, each time straining it through a sieve, then wash it well with cold water on the sieve, until the water runs off perfectly clear, squeeze the bran in a cloth as dry as you can, then spread it thinly on a dish and place in a slow oven;

if put in at night let it remain until the morning, when, if perfectly dry and crisp, it will be fit for grinding. The bran thus prepared must be ground in a fine mill, (I use a first class coffee mill screwed up tight,) and sifted through a wire sieve of such fineness as to require the use of a fine brush; this is particularly necessary if the bowels are irritable. Take of this bran, so ground, 3 or 4 oz., 3 new laid eggs, 2 oz. butter, and about a half pint of milk, mix the eggs with the milk, warm the butter with the other portion and stir it in, adding nutmeg or ginger, or any other agreeable spice. Bake in patti-pans one-half hour, in a quick oven, or like the common pan-cake for the same length of time. Butter them freely, and use no other bread until the urine is much lighter.

Formula for Pepticus or Sausage.—Take three calves' rennets, rinsed off only, chop them up fine and season as you would sausage, insert them then in small cases, and boil for fifteen minutes, and then smoke them a little and use about $1\frac{1}{2}$ inches with every meal.

You will recollect that you prescribed pepsin, but supposed it impossible to obtain; I found it, but it did not compare with the sausage made as above. My impression is that the sausage made as above is the best pepsin ever made, and must be useful in all stomach difficulties.

The following is Prof. Hadley's analysis at the time of your prescription:

Dr. White:

December 18, 1860.

Dear Sir:—The following is a summary of the results of my analysis of the urine of your Albion patient. The sugar was determined with great care and accuracy:

I—*Afternoon urine, December 14.*

Specific gravity at 60° F. 1039.6

Has an *acid* reaction.

Deposits *uric acid* on standing two or three days.

Contains *sugar* L [C 12, H 14, O 14] 9.55 grs. to 100 meas.

43½ grs. to fluid ounce.

696 grs. to the pint.

Total passed at this time about 14 $\frac{2}{3}$ fl.

II—*Urine passed in the morning.*

Contains no *albumen*.

Fine crystals of *uric acid* on sides of vial.

Has an *acid* reaction.

Specific gravity at 60° F. 1045

Contains sugar 10.546 grs. to the 100 meas.

47 grs. to the fluid ounce.

754 grs. to the pint.

The *per centage* of sugar is by no means small. I have forgotten what Mr. P. estimated the daily measure of the urine.

Very truly yours,

GEORGE HADLEY.

I have thus, dear Doctor, in a plain way given you the process (for which I am mainly indebted to you) to hold diabetes in check. Hoping you will live long to do good to the afflicted, I will only add that it is a *life work* to contend with the disease, but if it is only properly directed and the patient has courage, perseverance with *determination to live*, he may live comfortable with no more aches and pains than falls to the lot of man after he passes fifty, and until he reaches his allotted time of three-score and ten.

Very gratefully yours,

C. S. POTTER,

Kalamazoo.

P. S.—Give my regards to Prof. Hadley, thanking him for the desirable information he gave me in analyzing my own urine.

Last season I mowed (with a machine of course) 110 acres of hay and cut 60 of wheat, under a broiling sun and stood it as well as any man I had. Heretofore I have always been employed in-doors and needed a covering to go a mile.

Wherever you can benefit humanity or inspire confidence you are at liberty to use the foregoing."

REMEDY FOR BOILS.—Dr. D. B. Hoffman, of San Diego, Cal., says (*San Francisco Medical Press*, January, 1864,) that "Tincture of iodine, double strength, of the formula given in the United States Dispensary, applied thoroughly to boils, bunions, and carbuncles, will cut short the suppurative stages more than one-half, as well as relieve the patient of all pain. All of the feverish symptoms, with alternate agues, chills, and unpleasant feelings in the same, that are met with in delicate females and other persons, are relieved almost entirely by the first application."

ART. III.—*Surgical Cases—Sero-Cystic Degeneration of the Mammary Gland and Cystic Tumor in Neck, with wood cut Illustrations.*

By J. F. MINER, M. D.

Mrs. Wm. E. Isham, of Decatur, Michigan, aged 34, of natural delicate constitution, first noticed about ten years since that her left breast was enlarging; was hard, and tender. The progress of the disease was at first very slow, and but little attention was given to it; at length it had become so much increased in volume as to annoy her, more from the bulk and apprehension, than from actual pain. It continued gradually but constantly to increase, though a great many applications were made and many surgeons consulted, both in the west and in the eastern cities. Cancer



Cystic Tumor of Breast weighing 15 lbs.

Doctors and Purifiers of the Blood had also secured the usual attentions paid by subjects of such disease, but the progress was uninterrupted, and the lady had finally nearly abandoned all hope, returning to the home of her mother, in Wales, Erie County, N. Y., to die, rather than with any expectation of recovery. It had grown to the enormous dimensions represented in the illustration, extending high up into the axilla, crowding the arm back from its natural depending position, and extending downwards so as scarcely to be encircled by the two arms, which was necessary for support when locomotion was attempted. The weight of the tumor had become so great that the patient was mostly confined to the recumbent position, and where it had rested upon the bed, the pressure had produced an open ulcer, resembling in some respects a small encephaloid tumor, which had deceived many, and caused them to regard it as of a malignant character. The general health had become much impaired, more from the load, which the patient had so long carried and from the dread of impending evil, than from any actual disease or suffering; pains, however, were complained of as extending through the side, but not with sufficient severity to prevent sleep.

In this condition Dr. Cornwell, of Yorkshire, was invited to take charge

of the case, and direct what efforts, if any, should still be made to obtain relief from the disease, or for allaying the sufferings of its progress and termination. Through favor of Dr. Cornwell I was invited to visit the patient, with view of operation, as he regarded it as benign in character, and possibly susceptible of removal.

March 3d, 1864.—In consultation with and assisted by Drs. Cornwell Colegrove, Wainwright and Havens, it was agreed to attempt the removal, though differences of opinion were entertained as to its practicability and possibility. The tumor was manifestly very vascular; enlarged veins passed over the mass in all directions. The patient could not bear the loss of much blood, but chose to risk all in the attempt to save life, rather than longer carry this "body of death." Sulphuric ether having been administered to full anæsthesia, incision was made over the upper portion near the axilla where it was presumed the larger supply arteries would be found. By carefully separating this portion from its attachments and raising it, the large vessels which supplied the growth were exposed and enclosed in a strong ligature previous to division. After accomplishing this, the difficulties and dangers of the operation were passed. A large number of small vessels required ligature, still the tumor was rapidly separated from its attachments and removed, without injurious hæmorrhage, or serious difficulty. Separating it from the axillary region and securing the vessels previous to division are the only points worthy of mention in the operation. Sufficient integument was dissected from the sides of the tumor to allow of perfect approximation. Thus easily was removed a growth which appeared to rest upon so large a base, possess so great vascularity and extend into the important surgical region of the axilla so deeply, as to be beyond safe removal. Cicatrization took place rapidly, and the patient recovered without unpleasant symptom, as reported by attending physicians Drs. Cornwell and Wainwright.

The mass, upon examination after removal, was found to be made up of a great many cysts, with considerable cellulo-fibrous material interposed between; the different cells or cysts, containing dissimilar fluid, mostly of a serous nature, but of various colors, constituting what was formerly called "*Cystic Sarcoma*," a disease of benign character, and in no way liable to reappear after removal.

Tumors of this character are rarely met with in the breast, and are still more uncommon of the size which this had attained. Hypertrophy of the breast is said to exceed in some rare instances this immense growth, which

weighed after the escape of the contents of several cysts and of the vessels, fifteen pounds. The gland itself was not much involved in the disease, which appeared to have commenced from its lower border, and continued an independent growth.

The breast, ovary and testicle appear to be exposed to nearly the same forms of disease; cystic degeneration of these organs is at least met with, which is identical in general character, and only modified by the different structures or circumstances of growth. Specimens of this disease from all these organs have been obtained and preserved within the last few months, and upon comparison every observer would at once regard them as of the same family—a very troublesome family oftentimes.

Similar disease may locate upon other organs, or may appear as an independent growth, but cystic degeneration is the most common disease of the ovary, frequent in the testicle, and sometimes affects the breast; whenever located upon any of these organs it possesses the same general characters.

Cystic Tumor of the Neck.—The annexed cut represents the appearance of a boy 10 years old, son of Charles Cockle, of Evans, who was presented for operation April 2d, 1864. This tumor commenced to grow, or was distinctly perceivable when the boy was six months old, and had gradually increased in size until the pressure was so great upon the trachea as to cause difficulty of respiration and a peculiar whistling croupy sound often heard in



the adjoining room when the patient was sleeping with the face turned upwards. It was found on removal to weigh eight ounces, and to be composed of a fibrous cyst containing a thick, yellow, oily fluid, with a great abundance of the glistening crystals of cholesterin, hence of the character named by Cruveilhier "laminated, nacreous, fatty tumor." The cyst was most intimately connected with the surrounding tissues, which appeared to consist wholly of vessels admitting of no dissection without hæmorrhage. With care the tumor was enucleated and removed without serious difficulty, and the patient returned home in eight or ten days nearly well.

The points of interest in the case are its location, character, period of growth, and size, rather than anything in the rarity of such disease, or the difficulty of removal. "Oh," says one, "It is nothing but an encysted tumor; such things are of common occurrence and are very easily removed."

This is just what I propose to say; not quite so common, however, and not always so readily removed. It is but a few months since we were invited to witness an operation for the removal of a similar growth, of perhaps half the size of the one here represented which was similarly situated upon the neck of a lady in middle life. Dr. March, of Albany, had been invited to make the operation; while on the part of friends there was great show of preparation. The tumor was cut down upon and removed. It had scarcely any vascular connections; was clearly an extra growth, and had little appearance of being connected with the thyroid gland, or of being an enlargement of that organ. We observed with pleasure the removal of the growth, but as no remarks were made explanatory or otherwise, returned with the private conviction that we had been "sold"—that an operation of little importance had been magnified five hundred diameters.

Upon inquiry, however, the mystery was readily solved. The growth had been regarded as a glandular enlargement, and the most distinguished surgeons of New York City had been misled, and refused to attempt its removal—had really been the magnifying power, and consequently it was regarded as a magnificent thing, to accomplish what so many of the most capable had thought difficult or impossible. Surgeons had blinded each other, and there was great honor reserved for the one who could judge independently and act accordingly. There was no skill requisite to execute, but it required courage to plan. It seemed as nothing when removed which should have importance attached to it, and I have no doubt many practitioners, without consultation and without hesitation, would remove a similar growth with the assistance simply of a neighboring boy.

The history, in outline, which is given of one case, will answer, in many respects for both; at least will show that the case is not without interest, in addition to its being remarkable in size, character, growth, and the effects it produced upon respiration.

CORRESPONDENCE.

*39 West 23d Street, New York, }
April 21st, 1864. }*

To the Editor of the Buffalo Medical and Surgical Journal:

My Dear Doctor:—I have just received your Journal, and was glad to see that the dangerous topic of Specialties and Specialists, is not dangerous enough for your independent spirit. You would not find, in many of our

medical papers, the faintest allusion to this all-important question, merely because the Editor has neither the courage to attack specialists, nor to use his influence against the antiquated notions of old fogyism. You say in your editorial on Specialists that a physician may profitably cultivate one department of professional knowledge and thereby excel in that, and thus admit that specialties are conducive to the well being of the community.

You find fault with the manner of specialists to put their superiority forward, and therein you are perfectly justified, if specialists claim to belong to the regular profession. But I hold that up to the present moment those who have a right to call themselves specialists, by preliminary general education as medical men as well as by special attainments acquired afterwards, have not infringed the code of ethics of the American profession. The offensive quota of specialists are in the first place the immense number of charlatans who take up medicine like a trade, and make it their business to promise everything for the sake of money paid in advance, like the celebrated Dr. ——— in this city, late corn-cutter to Her Majesty the Queen of England, and those whom you very well characterize as "treating every known disease, when presented, and of paying special attention to them all." It is a matter of course that the latter cannot be superior to an honest general practitioner who does not resort to the same dodge. This latter class is represented in numerous specimens in the medical profession of large cities, and of our metropolis in particular. Such men have frequently puffed their names in every possible manner; they sometimes are the proprietors of dispensaries, and even schools, and heaven only knows of the injuries they do to patients and pupils. Their yearly catalogues of diseases treated, annual reports, contain statistical tables ($\frac{1}{20}$ cured, $\frac{1}{40}$ under treatment, and $\frac{1}{40}$ incurable,) so magnificent that they are impossible. But they manage to keep themselves in the profession nevertheless, and would vociferously condemn anybody who would merely advertise his residence in a newspaper.

As to the resolutions of the State Medical Society, they must have been formed with reference to this obnoxious class of mock-specialists, and unfortunately may be destined to prejudice the profession against necessary reforms—which I advocated some, alas! with but feeble support—at the meeting of the American Medical Association in Chicago, 1863, and in the first volume of the *American Journal of Ophthalmology*. Should those resolutions now be adopted by the Association, then you will witness in June, 1864, the breach between the profession at large and the small num-

ber of *real* specialists, which have always deserved to be an honor to medical science, and who have never violated the code of ethics.

I hope that your independence will allot a space to this lengthy epistle in the *Buffalo Medical and Surgical Journal*,

And remain very truly yours,

JULIUS HOMBERGER,

Editor American Journal of Ophthalmology.

PLANTAGO MAJOR FOR BITE OF RATTLESNAE.

To the Editor of the Buffalo Medical and Surgical Journal:

Dear Sir:—I submit to you the following case of a rattlesnake bite in a dog, treated by the external and internal use of the expressed juice of *plantago major*. If you think it would be of any interest to the readers of your worthy Journal, you may give it to them in this or any other form your more mature judgment approves.

In the summer of 1861, whilst attending to some business in my field about one-fourth of a mile from the town of Welland, Canada West, a Mr. Hooker of the same town came over to see me, and he had his dog with him, a beautiful hound, and very highly prized by his master. We were but a few minutes in conversation when our attention was called to what we then thought was an engagement between the hound and some animal of the same kind; but when we reached the scene of action, we found that it was a large rattlesnake. He dispatched the snake, but not until he had received several bites on the snout and head.

I must confess that although I would have been very sorry had Mr. Hooker lost his dog, I was not extremely so to have the chance of testing the power of remedies, where it was impracticable either to destroy or remove the parts. He concluded to do nothing to him until we saw the virus begin to take effect, (a wrong principle, except for the sake of experiment, and that on a canine subject,) but we had not long to wait, for he soon began to manifest symptoms of dullness and listlessness, and his head began to swell. We then took him to Mr. Stones, about eighty rods from where it happened, and Mr. S. being a great man for herbs, got some plantain, bruised it, expressed the juice, and gave him as much as he could of it internally, also applied it externally. By this time the dog's head was so much swollen as to make it impossible to see his eyes. And the constitutional effect was such as to make his walk as zig zag as that of a

certain species of bipeds when bitten by the serpent of the still. In less than an hour the swelling began to subside, but he was very weak. In about three hours he followed his owner home, a distance of half a mile. Next day he was running around town as well as ever.

Yours, most respectfully,

WM. FOSTER, M. Student.

Buffalo, April 28, 1864.

WEB-FINGERED CHILD, WITH EXTRA FINGERS AND TOES.

WATTSBURG, April 29, 1864.

Editor Buffalo Medical and Surgical Journal :

If you think the following worthy of notice, you may publish it:— Was called to see Mrs. D— April 10th, who gave birth in a natural and easy labor to a male child, that had five fingers on each hand, and six toes on each foot, was also web-fingered; in other ways natural. I removed the extra fingers and cut the others apart, which was all it would bear at that time. Child and mother both did well.

Truly yours,

O. L. ABBEY.

MISCELLANEOUS.

TRICHINIASIS IN GERMANY.

In the original department of the *American Journal of Medical Sciences* will be found an interesting account, by a correspondent, of the recently discovered disease produced by the presence of *Trichinæ* in the human system, which we transfer to our pages, as we are confident they will interest our readers.

“A few months ago, there was a festive celebration at Hettstädt, a small country town near the Hartz Mountains, in Germany. Upwards of one hundred persons sat down to an excellent dinner, and, having enjoyed themselves *more majorum*, separated, and went to their homes.

“Of these one hundred and three persons, mostly men in the prime of life, eighty-three are now in their graves; the majority of the twenty survivors linger with a fearful malady; and a few only walk apparently unscathed among the living, but in hourly fear of an outbreak of the disease which has carried away such numbers of their fellow-diners.

“They had all eaten of a poison at that festive board, the virulence of which far surpasses the reported effects of *aqua topkana*, or of the more

tangible agents described in toxicological text-books. It was not a poison dug out of the earth, extracted from plants, or prepared in the laboratory of the chemist. It was not a poison administered by design or negligence. But it was a poison unknown to all concerned; and was eaten with the meat in which it was contained, and of which it formed a living constituent.

“When the festival at Hettstädt had been finally determined upon, and the dinner had been ordered at the hotel, the keeper of the tavern arranged his bill of fare. The introduction of the third course, it was settled, should consist, as usual in those parts of the country, of *Rostewurst und Gemuse*. The *Rostewurst* was, therefore, ordered at the butcher's the necessary number of days beforehand, in order to allow of its being properly smoked. The butcher, on his part, went expressly to a neighboring proprietor, and bought one of two pigs from the steward, who had been commissioned with the transaction by his master. It appears, however, that the steward, unfortunately, sold the pig which the master had not intended to sell, as he did not deem it sufficiently fat, or well-conditioned. Thus the wrong pig was sold, carried on a barrow to the butcher, killed and worked up into sausages. The sausages were duly smoked and delivered at the hotel.— There they were fried and served to the guests at the dinner-table.

“On the day after the festival, several persons who had participated in the dinner were attacked with irritation of the intestines, loss of appetite, great prostration, and fever. The number of persons attacked rapidly increased; and great alarm was excited in the first instance by the apprehension of an impending epidemic of typhus fever or continued fever, with which the symptoms observed showed great similarity. But when, in some of the cases treated by the same physician, the features of the illness began to indicate at first acute peritonitis, then pneumonia of a circumscribed character, next paralysis of the intercostal muscles and the muscles in front of the neck, the hypothesis of septic fever, though sustained in other cases, had to be abandoned with respect to these particular cases. Some unknown poison was now assumed to be at the bottom of the outbreak; and an active inquiry into all the circumstances of the dinner was instituted. Every article of food and material was subjected to a most rigid examination, without any result in the first instance. But when the symptoms in some of the cases invaded the muscles of the leg, particularly the calves of some of the sufferers, the description which Zenker had given of a case of fatal trichinous disease was remembered. The remnants of sausage, and of pork employed in its manufacture, were examined with the microscope, and

found to be literally swarming with encapsuled trichinæ. From the suffering muscles of several of the victims small pieces were excised, and under the microscope found charged with embryonic trichinæ in all stages of development. It could not be doubted any longer, that as many of the one hundred and three as had partaken of *Rostewurst* had been infested with trichinous disease by eating of trichinous pork, the parasites of which had, at least in part, escaped the effects of smoking and frying.

"This awful catastrophe, awakened sympathy and fear throughout the whole of Germany. Most of the leading physicians were consulted in the interest of the sufferers, and some visited the neighborhood where most of the afflicted patients remained. But none could bring relief or cure.—With an obstinacy unsurpassed by any other infectious or parasitic disease, trichiniasis carried its victims to the grave. Many anthelmintics were arrayed to destroy, if not the worms already in the flesh, at least those yet remaining in the intestinal canal. Picric acid was employed until its use seemed as dangerous as the disease; benzole, which had promised well in experiments upon animals, was tried, but was unavailing. As case after case died off, and the dissection of each proved the parasites to have been quite unaffected by the agents employed, the conviction was impressed upon every mind that a man afflicted with the flesh-worm is doomed to die the slow death of exhaustion from nervous irritation, fever, and loss of muscular power, in systems essential to existence.

"But medical science had only just unravelled a mystery; and if it could not save the victims, it was determined, at least, to turn the occasion to the next best account. The cases were, therefore, observed with care, and chronicled with skill. All the multifarious features of the parasitic disease were registered in such a manner, that there can hereafter be no difficulty in the diagnosis of this disorder. A valuable diagnostic feature was repeatedly observed—namely, the appearance of the flesh-worm under the thin mucous membrane on the lower side of the tongue. The natural history of trichina in man was found to be the same as that in animals.

"All observations led to the conviction that the trichina encapsuled in the flesh is in the condition of puberty. Brought into the stomach, the calcareous capsule is digested with the flesh, and the trichina is set free. It probably feeds upon the walls of the intestines themselves; for the irritation of the intestines begins before the bringing forth of young trichinæ has taken place. Copulation is immediately effected; and within a few hours, or a short portion of days, from sixty to eighty live embryos leave the female, and begin their own career of destruction.

“This consists, in the first instance, in an attempt to pierce the walls of the intestinal canal. Great inflammation of the entire surface ensues, ending not rarely in death of the villous or mucous membrane, or in the formation of masses of pus on its surface. Sometimes there are bloody stools. But these severe symptoms only ensue when much trichinous meat has been eaten. When less has been consumed, pain and uneasiness in the abdomen are produced, accompanied, however, in all instances, by wasting fever and prostration. The embryos actually pierce the intestines, and are found free in the effusion, sometimes serous, sometimes purulent, which is always poured out into the abdominal cavity. Thence they again proceed towards the periphery of the body, pierce the peritoneum, causing great irritation, and sometimes peritonitis, to the extent of gluing the intestines together to a coherent mass. They next proceed to the muscles nearest to the abdomen; arrived at the elementary muscular fibres, which, under the microscope, appear as long cylinders with many transverse striæ, they pierce the membranes, enter the fibres, eat and destroy their striated contents, consume a great part of the granular detritus, moving up and down in the fibres until grown to the size necessary for passing into the quiescent state. They then roll up in spiral or other irregular windings, the bags of the muscular fibres collapse, and only where the trichinæ lie a calcareous matter is deposited, perhaps by the trichinæ themselves, which hardens into perfect capsules round the parasites. A muscular fibre may harbor one or several parasites; but every fibre invaded by a single parasite loses its character entirely, and becomes a bag of detritus from one end to the other.

“If it be remembered that one ounce of meat filled with trichinæ may form the stock from which, in a few days, three millions of worms may be bred; and that these worms will destroy in the course of a few weeks not less than two millions of striated muscular fibres—an idea of the extent of destruction produced by these parasites can be formed. We are not in a position to say to what proportion of the fifty or sixty pounds of muscle required for the performance of the human body these two millions of elementary fibres actually amount. In the muscles nearest to the abdomen, the destruction is sometimes so complete, that not a fibre free from parasites can be found. This amounts to complete paralysis. But death is not always produced by the paralysis; it is mostly the result of paralysis, peritonitis, and irritative fever combined. No case is known in which trichiniasis, after having declared itself, became arrested. All persons affected have either died, or are in such a state of prostration that their death is very probable.

"Most educated people in Germany have, in consequence of the Hettstädt tragedy, adopted the law of Moses, and avoid pork in any form. To some of the large pig-breeders in Westphalia, who keep as many as two thousand pigs, the sinking of the price of pork has been a ruinous—at the least, a serious—loss. In the dining-rooms of the hotels in the neighborhood of Hettstädt, notices are hung up announcing that pork will not be served in any form in these establishments. To counteract this panic, the farmers' club of the Hettstädt district gave a dinner at which no other meat but pork was eaten. But it has had no appreciable effect. The raw ham and sausages of Germany are doomed to extinction. The smoked and fried sausages must necessarily be avoided. * * * * *

"In the South of Germany, some people now say that the Hungarian pigs are most frequently affected with trichinæ. This rumor, like the famous pork dinner of the farmers' club, may, however, have been set up with the intention of quieting apprehension about the native pigs. We have already mentioned the accident which befel the crew of a merchant vessel. They shipped a pig at Valparaiso, and killed it a few days before their arrival at Hamburg. Most of the sailors ate of the pork in one form or another. Several were affected with trichinæ and died. Of those whose fate could be inquired into, one only seems to have escaped the parasites. Another outbreak in Saxony has carried away twelve persons. A fourth wholesale poisoning by trichinæ is just reported from Offenbach, the Birmingham of Hesse-Darmstadt. Of upwards of twenty persons infected, three had already died when our correspondent's letter left. Numerous sporadic cases of fever, and epidemics of inscrutable peculiarity, but referred to an anomalous type of fever, are now claimed by medical authors, and with much show of reason, to have been outbreaks of trichiniasis, or flesh-worm disease. Several German physicians experimented with a view of finding a cure for this terrible disorder. Prof. Eckhardt at Glessen, we are told, has obtained permission to try the disease and supposed remedies upon a murderer under sentence of death. We have not been told whether his reward in case of success is to be a commutation of his capital sentence; but should hope this to be the case. The experiment, even if it should not have the romantic character indicated, will probably teach some curious details of the life of these parasites. Almost everywhere, the commonest rules of cleanliness are disregarded in the rearing of pigs. Yet pigs are naturally clean animals, avoiding, like dogs and cats, all contact with ordure. Though they burrow in the earth, and in summer wallow in the mud, they

abhor the heaps of excrements mixed with straw in and upon which they are frequently kept. A due regard to cleanliness will prevent trichinæ in the pig. In wild boars, of which many are eaten in the country round the Hartz Mountains, trichinæ has never been found. Neither has it been met with in sheep, oxen, or horses. Beef is the safest of all descriptions of meat, as no parasites have ever been discovered in it. They have also never been found in the blood, brain, or heart, of those animals in whose striated muscles they love to reside."

DIET IN DIABETES.

Dr. Edward Smith concludes some interesting observations on this subject with the following summary of the proper diet in diabetes:

1. *Fluids*.—To be limited by degrees daily until they shall not exceed five pounds and a half in both fluid and solid food. Of this quantity two to three pints should consist of new or skimmed milk, and one pint, or less, of tea. In the cold season and at night they should always be given when hot. Of all alcohols brandy is the best, and may be given with water only, or added to milk, or beat up with egg and milk, and given several times daily. No fluid should be given in greater quantity than half a pint at a time, and when milk is reduced in volume by cooking, the daily quantity of fluid must be made up by an additional supply of the same or other fluid.

2. *Solids*.—Dr. Prout's combination of eggs and milk (with sharps substituted for bran) is excellent. Four ounces of sharps and 4 oz. of peas, beans, or lentils may be made into bread or pudding, with milk, or into omelets with eggs and herbs. Eggs and gelatin may be given when starchy food cannot be altogether intermitted. Eggs, gelatin, cheese, gluten, bread, meat, fat, and oils may be given as largely as they can be digested. The free use of salad oil should be urged, whether in the cooking of fish or flesh, or in the use of water-cress as a salad, or drunk alone, so that several ounces may, if possible, be consumed daily; but as there are in all persons preferences and dislikes in reference to particular fats, that kind—whether butter, suet, oil, or fat of meat—should be allowed which is the most agreeable. Four oz. of sharps, 3 oz. of wheaten flour, 5 oz. of peas, 1 lb. of meat, 2 oz. of cheese, 2 pints of milk, and 3 eggs, will afford more than about 13 oz. of carbon and 1 oz. of nitrogen daily.
—*Lancet*, Feb. 6, 1864.

ANÆSTHESIA FROM CHLOROFORM PROLONGED BY THE HYPODERMIC INJECTION OF MORPHIA.

TRANSLATED BY DR. HOMBURG, CINCINNATI.

The following observations of Prof. Nupbaum, of Munich, are likely to prove of vast importance not only in surgical, but also for internal medical treatment, for instance, in reference to the therapy of the tetanus, various neuroses, etc., yea, even in experimental physiology. Since it appears to us desirable that the valuable experiments in question should be confirmed by other surgeons and physicians so that experiments may be had in the most varied manner, we hasten to communicate them briefly, even without waiting for a greater number of cases bearing thereon.

Prof. Nupbaum removed, about three weeks ago, from a patient aged forty, a miller, residing in Fœlzel, a great sarcomatous tumor on the neck, using chloroform in the usual manner. To silence pains after the operation, which required a complete separation of plexus cervicalis, he injected beneath his skin, while still under the influence of chloroform, one grain of acetate of morphine. The person operated upon did not subsequently—as usual—awaken from his narcotism, but slept on, breathing regularly and calmly, uninterruptedly, for twelve hours. He endured during this sleep the deepest stitches of the needle, incisions into the skin, and the application of red-hot iron, etc., without even the slightest re-action against the same. Finally, he awoke from deep slumber, exactly as if he had just passed through a chloroform narcotism.

A few days later, Prof. Nupbaum most pleasingly surprised at this exhibition, and the effect just stated of subcutaneous application of morphine on a second patient, a Mr. M., in Swabia, upon whom, in consequence of a cancer, he had just executed the resection of the upper maxillary bone without removing the alveolar process during the chloroform narcotism, and had finally, on account of cancerous irritation in the facial skin, undertaken a transplantation in the neighborhood of the temples and forehead by closing the wound. This patient, too, slept with complete absence of all feeling during eight hours amid the most quiet breathing. His pulse remained in rhythm and number perfectly regular. The effect of the narcotic appears the more surprising in this case, because the same dose of acetate of morphine had a few days previous been injected hypodermically without producing sleep, and still less anæsthesia.

Two other cases embrace a woman fifty years old, and a seven year old boy, upon both of whom only about half a grain of morphine had been

subcutaneously injected; and both slept from five to six hours the same quiet sleep, and enjoyed an equal anæsthetic condition. Another case, in which the experiment in question failed, has up to now not been observed by Professor Nupbaum.

From the preceding observations appears to arise a physiological experimental point, that must on further use tend doubtless to most gratifying results. Obviously it appears as if the hypodermic application of morphine, and perhaps of other narcotics, for instance, of atropia, might during the chloroform narcose preserve for several (six to twelve) hours that peculiar condition of the central nervous system, of which we know—it is to be lamented—as yet so little, and which is temporarily produced by the effect of inhaled chloroform, and to do this by greater or lesser doses of morphine; as long at least as the effect of morphine is maintained; and of course also the arracothesy, which to produce through the inhalation of chloroform is, as well known, one of the most beneficent inventions in aid of suffering humanity.—*Cincinnati Lancet and Observer*.

DEATH FOLLOWING THE EXCISION OF A NÆVUS.

Dr. S. Cabot related to the Boston Society for Medical Improvement, the following case:

March 8th—A child a seven months and a few days old was brought to my office for advice, in reference to a vascular tumor, (raspberry,) situated on the right side of the os frontis, at some distance in front of the coronal suture. As it was increasing rapidly in size, I advised that it should be removed at once, and as it was situated over a smooth bony surface, favorable for the easy arrest of bleeding, I decided to excise, rather than to apply ligature. Assisted by my neighbor, Dr. J. C. White, who kindly attended to the etherization, I cut out the tumor by two semi-lunar incisions, extending through the scalp. There was but little bleeding, about an ounce—certainly not two ounces of blood were lost; two small vessels were tied, and the sides of the wound were brought together by uninterrupted silk sutures. A compress and bandage were applied, and the operation terminated. It took but a short time, and Dr. White says that not more than an ounce of ether was used.

I was obliged to leave my house as soon as the operation was finished, and did not return till after the patient had gone. I told the father of the child to call in a physician and have the stitches removed on the second day.

I should have thought no more about the case, as nothing about it gave any ground for anxiety, if I had not received, on the 14th, a letter from Dr. A. LeB. Monroe, dated 11th, saying, "The child from whose head you removed an erectile tumor last Tuesday, died the next day. I was called the next morning. Pulse very weak and frequent, skin cool, pupils dilated, conjunctivæ injected. At 3 P. M., pulse imperceptible, pupils more dilated, and unaffected by a strong light, respiration slow and difficult; died an hour or so after.

This morning made a *post-mortem* examination. Upon reflecting the scalp, the intervening cellular tissue was found infiltrated with blood, from an inch or more forward of the wound, back over the occiput to the nape of the neck. The track of blood varied from one to two inches in width. Upon removing the calvarium, the vessels of the brain were seen unusually distended, and the brain itself rather softer than we usually find it without disease. The mother says the child never recovered perfect consciousness; it nursed once on the way home, and once afterwards. About 12 P. M. it vomited, and after until 2 A. M." Dr. M. in a subsequent letter says: "The ligature you applied remained firm, and I found no artery unligated." Dr. M. told me afterward that there had been no escape of blood externally, the dressings were unstained.

On reviewing this case, we find a healthy child, after an operation involving a small surface of the head, (the wound when closed not being more than an inch in length,) accompanied by very moderate loss of blood and small degree of etherization, remains in a state of partial unconsciousness for twelve hours, then it is seized with vomiting, which lasts for two hours, followed by collapse and death in twelve hours more—the whole time from the operation to the death being about twenty-six hours.—*Boston Medical and Surgical Journal*, April 14, 1864.



TREATMENT OF TENDINOUS RHEUMATISM BY THE EXTERNAL EMPLOYMENT OF SULPHUR.

Tendinous rheumatism, according to Dr. Renard, differs from acute rheumatism by the absence of the general symptoms, and from the chronic by the presence of local inflammatory symptoms. Dr. Renard suffered from this complaint himself after an attack of acute rheumatism, for which he was copiously bled. The parts affected were the tendons of the hamstring muscles, and no improvement resulted after a long course of diapho-

retics, camphor, terebinthinate, and other liniments, and the administration of the solanacæ. At last Dr. Renard saw a passage in an English medical journal, stating that persons suffering from rheumatism in the legs had only to dust the inside of their stockings with sulphur. He immediately employed this simple remedy, the sulphur being the commercial flowers of brimstone, which contain some sulphurous acid. The curative effect was very well marked, for Dr. Renard walked in the evening, then renewed the sulphur in the stockings before sleeping in them, found himself very much relieved the next morning, and nearly quite cured on the morning after. A few days later he left off the brimstone, and the pain re-appeared in the soles of the feet, but yielded very soon to the re-application of sulphur. Since the year 1857, when he was first attacked, the same experiment was repeated every winter when he was suffering from chronic tenodynia, either in the hams, the heels, or the elbows. He left under the influence of the contact of the flowers of brimstone, the skin becoming hotter, slightly excited, and more disposed to sweating; and, as soon as this effect was produced, the relief of the pain seemed to be immediately marked. Whatever may be the explanation of the manner in which sulphur exerts its curative agency, Dr. Renard affirms that it has a beneficial effect upon the rheumatic pains of the tendons, and that this action is the more rapid and certain in proportion as the tendons are more superficial and the sulphur is kept more closely over the painful parts.—*B. & F. Med. Chir. Rev.*, Jan. 1864, from *L'Union Medicale*, April 21, 1863.—*Chicago Examiner*.

CONFEDERATE MEDICAL AND SURGICAL JOURNAL.—The *London Lancet* states that it has received the first number of what it believes is the first medical periodical published in the South, having the above title. "It is meant not only as the organ of the Southern medical profession, but as a means of imparting information to those who have been debarred from any intercourse with the scientific world." The contents are:—A paper on traumatic tetanus, by Prof. J. Jones; another on resections of the hip; and a third on the external application of the oil of turpentine as a substitute for quinine in intermittent fever; the remainder is of local interest. The place of publication is not given. We cordially unite with the *Lancet* in expressions of sympathy for "our medical brethren in the South," and trust the time is not distant when they will cease to walk in the ways of transgression.—*American Medical Times*.

SPECIALTIES.—The question of specialties has nearly found its level in this country, and has been settled by admitting them in the bosom of the hospitals and centres of instruction, where they can serve purposes of progress and education within salutary limits and subject to the regulations of the general body. Left to themselves they grow rank and overrun the place in lawless outgrowths. In America, the professors of specialties have adopted the fashion of advertising. Thus we read that “Dr. Elsberg, Lecturer on the Laryngoscope and Diseases of the Larynx and Throat in the University of New York, devotes himself specially to the treatment of the larynx and neighboring organs—office hours from four to six P. M.,” which announcement, with others similar to it, appears in large capitals, variously spaced, in the advertising columns of the principal weekly periodicals of America. Here there could not be any difference of opinion about the exceedingly gross impropriety of such a proceeding. However, various standards rule in different countries, and possibly the American profession may find as much reason to wonder at irregularities that we tolerate, as we do at the lax proceedings which their professional code admits.—*London Lancet.*

EDITORIAL DEPARTMENT.

THE CASE OF DR. BARTLETT AGAINST THE ERIE COUNTY MEDICAL SOCIETY.

This case has occupied the attention of the Erie County Medical Society for several years, and finally came before the courts for adjudication. A connected account of it, therefore, may prove interesting to most members of the profession.

At the semi-annual meeting of the Erie County Medical Society held June 18th, 1859, an application for membership was received from Dr. Bartlett. This application, upon motion of Dr. Winne, was referred to a special committee, consisting of Drs. Winne, Rochester, Congar, Wyckoff and Burwell. At the next meeting, January 10th, 1860, the committee asked for further time to consider the application, which was granted. At the same meeting, however, later, the vote granting further time was reconsidered upon motion of Dr. Wilcox, and at the request of Dr. Rochester, one of the committee, the old committee was discharged and a new one appointed. The new committee consisted of five members, viz: Drs. Rochester, Congar, Gay, E. Storck and Burwell. At this meeting also a com-

munication from Dr. Bartlett was read, renewing his application for membership and defining his position as a practitioner of medicine, especially denying the use of secret remedies. After conference the committee reported that they would meet Dr. Bartlett, for a hearing, one month from the day of the meeting of the society, and report at the next semi-annual meeting. Further time was again granted. Accordingly at the meeting in June following, the committee, through their chairman, Dr. Rochester, made the following report:

“That they have had an interview with the applicant, which established these facts: Dr. Bartlett graduated in the year 1854, from the Medical Department of the University of New York. During the same year he came to Buffalo and devoted his time to the treatment of diseases of the throat and lungs, advertising to that effect in the daily and weekly papers of the city. Moreover, he claimed in his advertisement to use the method of Robert Hunter of New York. The advertisement in its first form was discontinued upon his being notified of the impropriety of such a course, and one substituted which merely stated his name, residence, and specialty. He stated to the committee that he had never been guilty, consciously, of unprofessional conduct to any regular physician, and that he had never professed to employ secret or unusual remedies in the treatment of diseases. That he had once only held a consultation with an irregular practitioner, but had repeatedly declined to do so since. That it was his wish and intention to abandon special, and engage in general practice.”

The report concluded with a recommendation that Dr. Bartlett be admitted to membership. It was signed by every member of the committee, except Dr. Burwell, who stated that he refused to sign it, and was opposed to granting the application. The report gave rise to an animated discussion; some members advocating and some opposing admission to membership, while others proposed a public recantation of errors as a condition of his being received as a member. The consideration of the matter was terminated by a vote of 15 yeas to 9 nays, to postpone indefinitely. The matter did not rest here, for at the afternoon session Dr. Rochester moved a re-consideration of the vote to postpone, which was carried, and the report came once more before the society. After some discussion a motion to adopt the report was lost by a vote of 6 yeas to 3 yeas.

There appears to have been no further action in the case till the annual meeting, January 14th, 1862, when Dr. Cronyn *suggested*, as the record reads, the consideration of the application of Dr. Bartlett—the admission of

members being in the regular order of business then under consideration. Dr. Whitney thought it would more properly come under the head of unfinished business. No motion appears to have been made, and nothing further done till the afternoon session, when the president *pro tem*, Dr. Samo, read a letter from Dr. Bartlett asking the society to take the application made by him two years before, under consideration. This letter is referred to in the opinion of the court given by Judge Daniels, which will be presently brought forward. It says the society took no notice of its requests. It might be inferred therefore, that there was not a disposition to deal fairly with him. But it should be borne in mind that the society had given him an interview through a committee, and there was no need to repeat it.

The letter will bear a few comments, being made so prominent by the above mention. It asks the society to lay aside all prejudice, consider his application in a kindly spirit, and not compel him to maintain an antagonism injurious and unpleasant to himself and it. He offers to explain any objections honestly entertained. There is an apparent candor about this which might to many carry the impression that he felt he had all the right on his side. It seems to imply on the part of the society, or at least some of its members, nothing else than prejudice, unkind spirit, bad temper, not strictly and solely a regard for the honor and welfare of the profession and society. In all such cases the individual should be carefully separated from the principle, and a man should not think because his wishes are denied, it is personal hostility—and so be tempted to call it prejudice or dishonesty. If the society had refused to notice this letter because it seemed to imply that its objections were personal and its motives dishonest it would have been perfectly fair. But it was not so. There were no new facts and therefore no need of asking him or giving him an opportunity to explain. The objections were founded upon general, not personal grounds. We do not charge that Dr. Bartlett meant all that one might infer from his language, only that the society might without doing violence to the interpretation, take this view of it and consider it in no way proper in one who should ask it to overlook unprofessional conduct, not use language implying that its motives and spirit needed admonition.

A motion was made and carried to lay upon the table the communication, and we may suppose it still lies there. The application of Dr. Bartlett was not again brought before the society. The matter came before it in quite a different shape, the courts having been appealed to, to grant to

the applicant the asserted rights, which he found the society not willing to recognize. In other words he took legal steps to compel that admission to membership, which he had failed to procure through the voluntary action of the society.

At a special meeting called March 6th, 1863, the president Dr. Winne, stated that a summons had been served upon the society to appear before Judge Davis at a special term of the Supreme Court, and show cause why Dr. Bartlett should not be admitted as a member of the society.— After some discussion, in which various propositions were made, viz: to employ an attorney and defend the suit; to take further time to consider the matter, and if there was good ground to believe Dr. Bartlett would practice regularly, admit him; to let the case go by default; to deny the jurisdiction of the court, and enter a protest, but give as little publicity to the matter as possible. Finally a motion prevailed to give the president power to employ an attorney and act as in his judgment seemed best. In accordance with the granted authority, the president employed counsel and defended the suit.

The case of Dr. Bartlett rested, it may be supposed, upon the general ground that bringing forward proofs of having graduated at a regular college, and having been regularly licensed to practice, he had a right to ask admission, slight admitted irregularities repented of and discontinued, not being a sufficient cause of rejection. The defence by the society was mainly alleged quackery, or, to soften the expression, unprofessional conduct, the advertisement mentioned above being the principal item of proof.

The result of the hearing was the issuing a peremptory mandamus for the admission of Dr. Bartlett to membership in the society. In order that the grounds of the decision may be more fully known it is copied entire:

“I am led by my reflections on this case to the conclusion that the application of the relator was improperly rejected. It is true that he had been guilty of acts of gross empiricism in the publication of the advertisement annexed to his affidavit, and had that publication been continued at the time of his application, I should regard the action of the society as entirely justifiable. But it appears without contradiction, that it had been abandoned for years, and the practice of the relator had been changed from the specialty mentioned in the advertisement to one of a general character.— There are no allegations made by defendant affecting the moral character of the relator, and I feel constrained to consider his course at the time of his first establishing himself in Buffalo, in the light of youthful indiscretions,

rather than unpardonable offences. The *locus penitentiæ* was not shut against him, and his abandonment of his empirical conduct, for so long time before his application, affords satisfactory evidence of an intent to avail himself of the right and duty to reform. While I have no doubt that that the members of the society who voted for the exclusion were animated by a high sense of duty to their profession, yet they seem to me to have gone beyond their just powers in refusing him admission for acts which the relator had himself repudiated and abandoned. If the relator should resume his obnoxious course after his admission, he will be justly liable to the censure of the society, and ultimately to removal from its membership. But with the evidence of his present good conduct and of his adhesion to, and intention to conform to their rules and ethics, he was legally entitled to admission to the society, notwithstanding the professional errors of his early practice. The relator is entitled to the writ prayed for."

In order that the true character of the advertisement may be known it is here inserted, as first published, about May 1st, 1855:

"PROFESSIONAL NOTICE.—Dr. F. W. Bartlett, for the last three years associated with his brother-in-law, Dr. Robert Hunter, in the City of New York, in the treatment of diseases of the throat and lungs, has removed to Buffalo, and will continue to practice upon the method introduced by them, and successfully employed in the treatment of Bronchitis, Asthina and Consumption, in stages of progress heretofore deemed beyond the control of medicine. For the beneficial result of the treatment many residents of Buffalo bear grateful testimony. It consists mainly in the application of medicines in the condition of vapor, by means of an inhaling instrument, to the Bronchial and Pulmonary membranes, conjoined with such general treatment as experience has shown to be useful.

Dr. Bartlett refers to persons of the highest respectability in this, and the principal cities in the country, to substantiate his claims to the confidence of the public."

This advertisement was discontinued about January 12th, 1859, and the following inserted as a substitute:

"PROFESSIONAL NOTICE.—Dr. Frederic W. Bartlett may be consulted for all acute and chronic diseases of the throat and lungs at his office, 158 Pearl street."

This last was continued to near the time of Dr. B.'s application to the society for membership.

This was read at a special meeting, August 4th, 1863, and after some discussion it was voted that the president be requested to communicate with the president of the State Medical Society, and after consultation with him, that he be empowered to make appeal to the Term of the Supreme Court to be held in November, 1863, if he should judge it best to do so.

The president thought best to make an appeal, and the result of the second hearing before Justices Davis, Daniels and Grover was, the affirming of the previous order to admit.

At a special meeting, March 2d, 1864, the decision of the court, affirming the previous opinion of Judge Davis, was read. It was then voted that the president Dr. Wyckoff, Dr. Winne, and such other person as they may associate with themselves, be authorized to take any course they may think most conducive to the honor and welfare of the society. It should be stated that a motion had been previously made and withdrawn, to carry the case to the Court of Appeals. Acting under the discretionary power given them by the society, the gentlemen constituting the committee thought proper to carry the case to the Court of Appeals, where it now rests. In addition to the alleged irregular practice, the society claimed the right by its charter to exclude, as well as to admit. That it had the right to regulate its own affairs and to select its members, or rather to decide what specific acts should constitute a sufficient ground for denying the privilege of membership to one who, but for such disqualifications, would be considered as entitled to it. At the same time, while the society claimed to be acting within its legitimate powers in deciding what previous acts or circumstances should give it the right of exclusion, it would not assert that it should be exercised capriciously or against the admission of a regularly licensed physician against whom nothing could be alleged; whose conduct had been in every respect in accordance with the rules and ethics of the profession.—The society held that conduct which would have subjected a member to discipline or expulsion, would exclude a person applying for membership guilty of the same, from admission. The court held that such defence was not tenable in law. In order that the matter may be more plainly set forth the opinion of the court given by Judge Daniels, is here copied entire:

“The relator was regularly licensed as a physician and surgeon in this State in February, 1854, and has resided in the city of Buffalo, where he has practiced his profession since the early part of 1855, and is entitled to be admitted as a member of the Medical Society of Erie County, unless that right has been forfeited by the peculiar mode of practice adopted by him for the three or four years succeeding his settlement in Buffalo. That is insisted by the society to be the case, and to establish that result it relies upon the facts, that the relator devoted his professional attention to the treatment of diseases of the heart and lungs by medicated inhalations, and advertised his speciality in the public journals of the city.

The relator never has been a member of the Medical Society of Erie County, and there is nothing before the court to show that he has been a member of the State Medical Society. The statutory regulations of the practice of physic and surgery, and the by-laws and medical ethics both of the defendant and the State Medical Society have been referred to, for the purpose of sustaining the defendant in its objections. But while the statute provides that physicians and surgeons may be tried before the county court upon charges preferred against them for professional misconduct, gross ignorance, or immoral conduct, the proceedings are by its express language limited to those who are members of the medical society. They, and they alone, can be tried under its provisions. The relator therefore is not subject to these proceedings. The by-laws of the society are framed in the same manner. The offences prohibited and the punishments pronounced are alone for members, and no others, except in the single disability presently noticed.

For a member to conceal his art of curing diseases, to pretend to any superior skill or knowledge in the treatment of diseases, to consult or attend patients with a known quack, or any person not regularly authorized to practice, or with any physician who does not attach himself to the medical society, after residing in the county for one year, is punishable on the first conviction with a fine of five dollars, on the second ten dollars, on the third with expulsion. A member may also be expelled for neglecting or refusing to comply with the by-laws and regulations of the society, or of the State Medical Society. The object of the by-laws and of the code of ethics adopted by this society, or prescribed by the State Medical Society, is to regulate the conduct and define the duties of members and no others, except as others may be incidentally affected by the deportment of members towards them. For that purpose physicians neglecting to apply for membership after a year's residence in the county are excluded from consultations, and from attendance upon patients with its members. So also are those 'whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, and organic chemistry; or resort to public advertisements,' etc.

But the by-laws and ethics have not provided or declared that the physician who neglects to apply for membership within one year, or whose practice was based upon an exclusive dogma, or who had resorted to public advertisements, etc., shall be excluded from future membership. On the

contrary the only disability imposed upon him is that which results from the duty of members of the society to avoid consultations and attendance upon patients with him. If the society have the power under the statute rendering it lawful for it to make by-laws and regulations relative to the admission of members, to exclude applicants upon those grounds, *they have not exercised it.*

But the relator for more than three years before his application to the Special Term for a mandamus, and for upwards of two years before the society finally refused his application for membership, had discontinued both his public advertisements and his special practice, and had devoted his professional attention to general practice as an allopathic physician, with the intention of making that his future business. In that respect this case differs from that of *ex parte Paine*. The misconduct charged against the relator in that case was, that he was willing to practice on the allopathic or homœopathic system as patients desired, and was so engaged when the application to the society for membership and to the court for a mandamus were respectively made. The writ was denied because the court saw that the society could expel him for such professional misconduct as soon as he was admitted. The court declined to allow the writ where it could be rendered so completely ineffectual. The relator has, however, wholly discontinued that misconduct, which, if continued after membership, would violate the by-laws of the society, and might therefore result in his expulsion.

But it is claimed that the society acted judicially in denying membership to the relator. The objection is a good one, if it had any real foundation in fact. But so far from that being the case, the society had no jurisdiction over him. He had committed no offence against its by-laws, or the statute that gave it the power either to try or condemn him. If the society had been desirous of dealing with him as an offender against its laws, or the laws of the State, it should have given him the notice provided for in the statute, requiring him to become a member. Or he should have been received as a member upon his own application when he applied for that purpose, and then it could have enforced the by-laws against him, if he afterwards professionally misconducted himself. He offered in his last application for membership 'to explain any charges preferred, or to meet any objections honestly entertained.' But so far as the papers disclose no opportunity of that nature was extended by the society. Under the by-laws it could not be done, for they declare that 'no candidate shall be pres-

ent until the question of his admission be determined by the Society.' The objections made to the admission of the relator to membership in the society are not well founded, and must be overruled. He has applied for the proper process to enforce his rights and shown himself entitled to it. The order of the Special Term should be affirmed."

In a future number some comments will be made upon the facts and principles involved in this case. L.

AMERICAN MEDICAL ASSOCIATION.—The Fifteenth Annual Meeting of the "American Medical Association" will be held in the City of New York, commencing Tuesday, June 7th, 1864, at 10 A. M.

GUIDO FURMAN, M. D., Secretary.

New York, March, 1864.

ABSTRACT OF THE PROCEEDINGS OF THE BUFFALO MEDICAL ASSOCIATION.

ANNUAL MEETING, April 5, 1864.

Minutes of the last meeting read and accepted. After the report of the Treasurer for the past year and the transaction of miscellaneous business, there was made the following election of Officers for the ensuing year:

| | | |
|-------------------|-------|-------------------------|
| For President, | ..... | JOHN B. SAMO, M. D. |
| “ Vice President, | ..... | WM. RING, M. D. |
| “ Secretary, | ..... | JOSEPH A. PETERS, M. D. |
| “ Treasurer, | ..... | T. T. LOCKWOOD, M. D. |
| “ Librarian, | ..... | T. M. JOHNSON, M. D. |

Dr. John S. Trowbridge was proposed for membership.

Dr. Ayer was elected a member upon compliance with the by-laws.

J. F. MINER, Secretary.

REVIEW.

The Transactions of the American Medical Association, held at Chicago, June 2, 1863.

We have received this volume too late to speak in detail of the interesting papers it contains. We hope hereafter to be able to do so, and for the present simply announce its appearance and give the table of contents.

Contents.—Minutes of the Fourteenth Annual Meeting of the American Medical Association; Report of the Committee of Publication; Report of the Treasurer; Address of Wilson Jewell, acting President of the Association; Report of the Committee on Medical Education, by Christopher C. Cox, Surgeon U. S. Volunteers, of Maryland; Report of the Committee on

Medical Literature, by Charles A. Lee, M. D.; Diatheses—their Surgical Relations and Effects, by E. Andrews, A. M., M. D., Prof. of Surgery in the Medical Department of Lind University; The American Method of Treating Joint Diseases and Deformities, by Henry G. Davis, New York; Cases of Diarrhoea Adiposa, by John H. Griscom, M. D., Physician of the New York Hospital; Report on American Necrology, by Christopher C. Cox, Surgeon United States Volunteers; An Inquiry into the Physiological and Medicinal Properties of the Veratrum Viride, together with some Physiological and Chemical Observations upon the Alkaloid Veratria obtained from this and other species: being the Prize Essay to which the American Medical Association awarded the Gold Medal for 1863, by Samuel R. Percy, M. D., Professor of Materia Medica and Therapeutics in the New York Medical College; Laryngoscopic Therapy, or the Medication of the Larynx under Sight, by Louis Elsberg, A. M., M. D., Lecturer on Diseases of the Throat in the University of New York, Fellow of the New York Academy of Medicine, Delegate from New York Med. Chir. College; Plan of Organization of the American Medical Association; Code of Ethics of the American Medical Association; Officers and Permanent Members.

RECEIVED.

- The Diseases of the Ear, their Diagnosis and Treatment. A Text Book of Aural Surgery in the form of Academical Lectures. By Dr. ANTON VON TRÖLTSCHE, Aural Surgeon and Lecturer in the University, in Wursburg, Bavaria. Translated from the German and edited by D. B. ST. JOHN ROSA, M. D., Assistant Surgeon to the New York Eye Infirmary. Illustrated with wood engravings. From the second and last German edition. New York: WM. WOOD & CO., 1864.*
- Defence of Brigadier-General WILLIAM A. HAMMOND, Surgeon-General U. S. Army.*
- Laryngoscopic Medication; or, the Local Treatment of Diseases of the Throat, Larynx, and neighboring organs, under sight. By LOUIS ELSBERG, A. M., M. D., Lecturer on the Diseases of the Larynx and Throat in the University of New York. From Papers read before the American Medical Association, New York Academy of Medicine, and New York County Medical Society, and published in the Transactions of these Societies. With seven wood cuts representing the various Implements employed. New York: WM. WOOD & CO., 1864.*
- United States Sanitary Commission, No. 79. Department of the Special Inspection of the General Hospitals U. S. Army. Third (preliminary) Report of the Committee, May, 1863. By HENRY G. CLARK, M. D., Inspector-in-Chief.*
- Twenty-Fifth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1863.*

McMUNN'S ELIXIR.

Since the publication in our last Journal of the recipe for making this preparation from the late Dr. James R. Chilton, the celebrated Chemist of

New York, Mr. Wm. H. Peabody, No. 251 and 432 Main street, Buffalo, has manufactured with great care the article, which he supplies at wholesale, or puts up in prescriptions. Having examined specimens, and observed its practical effects, we have no hesitation in saying that we believe it unsurpassed by any preparation of opium, while it is supplied at one-half or one-quarter the expense of the proprietary article. We most heartily recommend it to those who believe that McMunn's Elixir has superiority over other preparations of opium.

Report of Deaths in the City of Buffalo, for the Months of January, February and March, 1864. BY SANDFORD EASTMAN, M. D., *Health Physician.*

| Whole number of deaths from disease in..... | January. 125 | February. 117 | March. 142 | Total. 384 |
|--|-----------------|------------------|---------------|---------------|
| In addition to these the following still-born were reported..... | 8 | .... | 1 | 4 |
| Total..... | 128 | 117 | 143 | 388 |

LOCALITY.

| | | | | |
|--------------------------------|------|------|------|-----|
| City at large | 116 | 99 | 124 | 339 |
| Sisters' Hospital..... | 6 | 6 | 5 | 17 |
| Buffalo General Hospital..... | 2 | 1 | 5 | 8 |
| Catholic Foundling Asylum..... | .... | 4 | 2 | 6 |
| Erie County Alms House..... | 3 | 5 | 5 | 13 |
| Erie County Penitentiary..... | 1 | .... | .... | 1 |
| Fort Porter..... | .... | 2 | 1 | 3 |
| Providence Insane Asylum..... | .... | .... | 1 | 1 |
| Total..... | 128 | 117 | 143 | 388 |

BY WHOM CERTIFIED.

| | | | | |
|---|-----|-----|-----|-----|
| By regular Physicians at Public Institutions..... | 11 | 16 | 19 | 46 |
| By regular Physicians in city at large..... | 64 | 62 | 80 | 206 |
| By irregular Practitioners..... | 31 | 15 | 15 | 61 |
| By Coroner..... | 6 | 8 | 8 | 22 |
| By Undertakers..... | 16 | 16 | 21 | 53 |
| Total..... | 128 | 117 | 143 | 388 |

CAUSES OF DEATH, IN THE THREE MONTHS.

Accident, 7; do. by burn, 3; do. by drowning, 4; Albuminuria, 2; Apoplexy, cerebral, 7; Asthma, 1; Brain, congestion of 3; do. softening of 1; Bronchitis, 3; Cancer of stomach, 2; do. of womb, 1; Cholera infantum 1; Chorea, 1; Cirrhosis of liver, 2; Consumption, 54; Convulsions, 26; Croup, 12; do. diphtheritic, 4; Debility, 9; Delirium tremens, 6; Dentition, 1; Diarrhœa, 8; Disease of the brain, 1; do. heart, 6; do. liver, 1; do. lungs, 1; do. stomach, 1; Diphtheria, 11; Dropsy, general, 4; do. abdominal, 2; do. brain, 3; do. heart, 1; do. ovarian, 1; Dysentery, 1; Epilepsy, 3; Erysipelas, 5; Fever, 2; do. puerperal, 8; do. puerperal convulsions, 1; do. scarlet, 13; do. typhoid, 8; do. typhus, 3; Gangrene, 1; Gun-shot wound, 2; Hemorrhoids, 1; Hemorrhage from lungs, 1; do. uterus, 1; Inflammation knee-joint, 1; do. bowels, 7; do. brain, 2; do. brain and meninges, 11; do. lungs, 35; do. lungs typhoid, 9; do. lungs and pleura, 3; do. peritoneum, 1; do. stomach, 2; do. womb, 3; do. appendix vermiformis, 2; Insanity, 3; Intemperance, 3; Intussusception, 1; Injury of spine, 1; Marasmus, 3; Measles, 3; Murder, (strangulation,) 1; Ovarian tumor, 1; Old

age, 16; Paralysis, 3; Premature birth, 2; Pemphigus, 1; Pyæmia, 4; Rheumatism, 4; Shock of operation, 1; Scrofula, 2; Spina bifida, 1; Suicide, 1; Suffocation, 5; Tetanus, 1; Trachitis, 1; Unknown, 9; Wound in throat, 1.

The following shows the number of deaths in the City in each month of the present year; the number in 1863, and the average of each month for the five years, 1859 to 1863, inclusive:

| <i>Month.</i> | 1864. | 1863. | <i>5 years' average.</i> |
|---------------|-------|-------|--------------------------|
| January, . | 128 | 115 | 129 |
| February, | 117 | 94 | 117 |
| March, | 143 | 104 | 131 |

The number of deaths in the first three months of the present year is 75 *more* than in the corresponding period of last year; and 11 *more* than the average for five years.

SANDFORD EASTMAN, M. D.,
Health Physician.

A PRIZE ESSAY ON ANÆSTHETICS.

The following resolution was offered and passed by the Mississippi Valley Dental Association. We direct the attention of our readers to it:

1—*Resolved*, That a gold medal, not exceeding \$100 in value, be awarded by the Association for the best Essay on Anæsthetics, to be approved by a committee of the Association.

2—That essays competing for prize must be placed in the hands of the committee as early as January 1st, 1865.

3d—That the committee have power to reject all essays presented, if regarded as unworthy of the award.

4—That rejected essays be promptly disposed of by the committee as directed by the authors.

5—That when the committee has made the award, the approved essay be sealed up, and thus preserved till the committee report to the Association, when it and the envelope containing the author's name are to be opened.

6—That the copy-right shall belong to the Association.

7—That the committee shall not permit any one to inspect or see the copy of any essay till after making a report to the Association.

8—That the committee report at the next annual meeting.

The following persons compose the committee to report upon the Essays presented:

| | |
|----------------|--------------|
| J. TAFT, | JAS. TAYLOR, |
| GEO. WAIT, | A. BERRY, |
| GEO. F. FOOTE, | Cincinnati. |

BUFFALO

Medical and Surgical Journal.

VOL. III.

JUNE, 1864.

No. 11.

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

TUESDAY EVENING, May 3d, 1864.

Society met pursuant to adjournment, the newly elected President, Dr. Samo, in the Chair. Present, Drs. White, Rochester, Miner, Strong, Congar, Wetmore, Ring, Johnson and Peters.

On taking the chair the President begged to be excused from making a speech, but in a few words returned his thanks for the honor done him, and expressed his determination to discharge the duties of his office to the best of his ability.

On motion of Dr. White the reading of the minutes was dispensed with.

Moved that Drs. H. Van Guysling, O. H. C. Burger and E. B. Tefft, be invited to take part in the proceedings of the Association until such time as they shall have completed their memberships in the Erie County Medical Society. Carried.

Voluntary communications being in order,

Dr. White wished to exhibit to the members a vial of specimens which he considered to be cholesterine or cholesterine and bile. Had given some of them to Prof. Hadley for examination, but had not yet received his report, still he had no doubt as to their character, they answered so fully the descriptions of *biliary calculi*. Their history, which he would give, rendered them very interesting to him. About three years ago the patient from whom they were taken, a lady twenty-six years old, was delivered of twins—her first confinement—and was soon afterwards attacked with puerperal mania, and was brought to this city for his treatment. He found on examination uterine enlargement, with incomplete involution of the organ. The *os tincae* was ulcerated, and the lining membrane inflamed. Her

intelligence seemed entirely gone, there being a total neglect of all her duties, and loss of all knowledge of her position. Gave her tonics, and treated the local disease topically, and her mind was soon restored simultaneously with the cure of the uterine disease. From that time he saw her but two or three times until August of last year, when there existed a tumor of the abdomen about half way between the umbilicus and the *mons veneris*, and about an inch to the right of the *linea alba*. This tumor was about the size of a large orange, and was somewhat nearer the umbilicus than the *mons*, seemed attached to the abdominal parietes and was very painful. Had supposed it to be connected with the uterus, and would confess himself very much surprised when, after two or three months it ruptured and discharged a semi-purulent and albuminoid fluid, together with the specimens shown, which he regarded as biliary calculi. The size of the tumor has diminished, the general health of the patient is improved, her insanity has not returned, and she attends to all her household duties, though a fistulous opening remains in the hypogastric region through which the semi-purulent fluid and these concretions are from time to time discharged.—The gall bladder must have been in some way tapped, but he was utterly unable to say how. The liver was not enlarged; there was no icterode, nor were there any symptoms to call attention to the liver, until these calculi were discharged. Had not ventured to explore it much; had once or twice passed a whalebone probe a short distance into the opening, and had dilated the opening occasionally to assist the passage of the calculi.—Regarded it as a very remarkable case, and had seen no mention of a similar one.

Dr. Congar had supposed cholesterine was not confined to the liver, but might be found in nearly every organ. Its production is universally ascribed to the liver, but he would like to inquire whether it was not carried in the blood to the most remote parts of the body? *Dr. Austin Flint jr.* in a recent article speaks of a kind of blood-poisoning from this source, it having been found after death in several different organs of the body. Any source of irritation in these cases might become an outlet for the cholesterine just as it does sometimes for tubercle or other blood poison.

Dr. Rochester said that he thought a precisely similar case was mentioned by *Stromeyer*, where cholesterine was found in a tumor of the abdomen of a woman—as also in the testicle of a man—upon examination however, he finds *Stromeyer* does not state that the cholesterine was found in the form of biliary calculi. *Crystals* of cholesterine are certainly found

in nearly all tumors, had seen some himself a few days since in examining a fatty tumor. Biliary matter may certainly be absorbed into the blood, as we all know occurs when an obstruction takes place in the duodenum, the coloring matter of the bile being absorbed, and giving rise to the icterode appearance of the conjunctivæ and skin. Biliary matter with cholesterine is mentioned as occurring in the urinary bladder. Was inclined to think these specimens were biliary calculi and came from the gall bladder.

Dr. White knew that cholesterine was found in other parts of the body than the liver, but did not know that biliary calculi were. These concretions when cut open present a laminated appearance with nuclei, the laminae being white and yellow. Thinks there is no doubt that these are biliary calculi. Might mention, not to seem excessively ignorant, that he knew that the absorption of cholesterine is mentioned by Symond in his work on Organic Chemistry.

Dr. Wetmore mentioned having taken from the gall bladder of a subject on the dissecting table 420 biliary calculi, of a good size, which were counted, besides many smaller ones not counted. They were precisely similar in appearance to the specimens shown by *Dr. White*.

Dr. Miner had found crystals of cholesterine in a fatty tumor—one species of tumor had been named by Cruveilhier from this circumstance. Has seen a case where the gall bladder was completely filled, containing from an ounce and a half to two ounces of perfectly black calculi. The woman in whose gall bladder they were found had become as black as a negro, though originally white. Her eyes however were jaundiced, which was not the case with the negro, and the skin very much roughened. She died with ascites from the obstruction of the portal circulation, and on post mortem examination he could find no disease of the liver or any other organ except as stated. Disease of the liver may have existed, and he failed to detect it from lack of experience in observation at that time. It would appear probable that such condition would be associated with manifest disease of that organ.

Dr. White discharged a patient on Saturday last who had been brought here from Oswego for his attendance. She had been confined about six months ago, and was informed by her attendant, a Homeopath, that she took cold, and had inflammation of the womb. About two months ago she was brought here a raving maniac, it requiring two relatives, strong men, to restrain her. Found the uterus enlarged, inflamed, and emitting a copious yellow discharge. The long diameter of the uterus by measure-

dermic injection, which was accordingly done, and one-fourth of a grain of morphia was thrown under the skin of the abdomen. The effect was almost instantaneous, in less than ten minutes she felt sleepy, in half an hour she took some champagne, and from that time the case progressed steadily to recovery. He would give his hypothesis in regard to it, which was that during ovarian excitement, (of course the patient was mistaken in supposing herself pregnant,) hemorrhage occurred into the cavity of the abdomen, causing peritonitis. The uterus was inflamed, with a strawberry color of the orifice. He found it difficult to pass the sound on account of some obstruction, the passage being followed by a few drops of dark colored blood. The after treatment consisted of quinine and morphia in *full* doses. Supposed this to be the same kind of case as sometimes resulted in the formation of pelvic hematocle. He considered it very interesting in its use, progress, and termination, as well as affording an illustration of the value of hypodermic injection.

Dr. White called attention several years ago to the danger of making injections into the womb, and had long since abandoned the practice. The most harmless fluids often produce a train of symptoms resembling those related by *Dr. Rochester*, (or what had been called "womb colic,") owing as he supposed to the passage of a portion of the fluid into the cavity of the abdomen. This result would even follow the injection of warm water, while the crayon of pure caustic would not lead to any such result.—Wished to compliment *Dr. Rochester* on his treatment in the case reported, and on the ingenuity of the hypothesis by which he accounted for it.

Dr. Strong was bound to doubt whether blood or any other fluid could exist in any quantity within the cavity of the abdomen, and the patient recover so readily, and without graver symptoms being produced than *Dr. Rochester* had narrated.

Dr. Rochester wished to correct any misapprehension which might exist in the minds of gentlemen present, in regard to the case he had reported, by saying that it was a very severe case indeed, and the symptoms as grave, and the recovery as difficult as could well be imagined.

Dr. Strong had no wish to criticise the diagnosis, or treatment of the case related, but was bound to doubt the hypothesis by which it was attempted to explain it. Thought the symptoms might follow from less grave causes.

Some further discussion here took place, upon this point, which was participated in by *Drs. White, Rochester and Strong*.

Dr. Rochester would relate the case of a patient, a young gentleman, who had shown him occasionally for the past year or two a tumor on the ring finger of his left hand. The patient ascribed it to an injury received from working on the brakes of a fire engine, and sometime since painted it with tincture of iodine, which destroyed the skin and showed underneath a languid growth which pressed out the little finger. In that condition he came to *Dr. Rochester*, who made a free incision, as he supposed, to the bone, not meeting with any obstruction he measured the distance on the outside and finding he had passed the point where the bone ought to have been, decided it to be enchondroma, a cartilaginous growth from the medullary centre of bones, and requiring amputation, from its liability to recur. Accordingly a few days ago, assisted by *Dr. Boardman*, he administered chloroform, and made a longitudinal incision upon the mass, and found a cartilaginous mass, connected on the upper side of the phalanx with a ring of bone. The tumor could have been removed, but as that would give no security against its recurrence, it was decided to amputate, which was done through the lower phalanx. On examination it was found to consist of a spongy growth from the medullary portion of the bone, and underneath the flexor tendons, on the lower surface was another similar and independent tumor, about the size of a split pea. Had seen on two occasions at Bellevue removals of enchondromata of eight years duration. Believed that surgeons were agreed that it was necessary to remove the bone in such cases.

Reports on prevailing diseases being in order, *Dr. Strong* reported having seen a good deal of pharyngitis and laryngitis. *Dr. Rochester* had noticed some diarrhœa of a dysenteric character.

Some discussion took place as to the relative prevalence of diphtheria in the country towns and in this city, it seeming to be a fact that it had been more frequent in the former, than the latter locality.

After the transaction of considerable miscellaneous business, it was moved and carried that *Dr. John Trowbridge* be allowed to resume his connection with the Society on paying fees, and *Dr. Ayer*, who was proposed at the March meeting, was elected a member on complying with the by-laws.

Adjourned.

JOSEPH A. PETERS, *Secretary*.

ART. II.—*Report of a case of Puerperal Convulsions*:—BY ROBERT TAYLOR, M. D.

PENDLETON, Ohio.

April 24.—Dr. Day and myself were called to see Mrs. Lieut. A. A—, aged 22, of a nervo-sanguinolent temperament; having been found early in the morning, in her chamber, greatly agitated and unconscious. Shortly after, she was attacked with a convulsion, succeeded by several more before our arrival. When first seen, she was in a great state of nervous excitement, delirious, not recognizing any one, pulse slow, full and labored. I immediately bled her from the arm. After the abstraction of twenty-five ounces, the pulse became less labored and more natural. Cold applications were now applied to the head, and sinapis foot-baths and other warm applications used to the lower extremities.

The above treatment did not, however, in the least arrest the frequency of the convulsions. We now resorted to the inhalation of chloroform, then chloroform and sul. ether in combination, one part of the former to two parts of the latter. There was no return of convulsions during the time the patient was under an anæsthetic, which was continued for sixteen hours, with a single exception. This time we allowed the anæsthetic influence to pass off, hoping that the convulsions might not return. But in this we were disappointed, as a convulsion came, succeeded by a second, before we had time to arrest them, by the only treatment that proved efficient in our hands.

Labor was progressing naturally, and under ordinary circumstances favorably. Instrumental interference was talked of, for the purpose only of terminating labor rapidly. But after due consideration, we concluded to allow nature to complete the work; as there was a cephalic presentation and no pelvic deformity.

April 25th.—The child was born at 3 A. M. Chloroform, now was discontinued, as the exciting cause was removed, to-wit: the pressure of the child on the pelvic nerves.

After the anæsthesia had passed off, the patient presented the same restlessness, nervous excitement and unconsciousness which were present when first seen. These phenomena were soon followed by two convulsions in quick succession, which were again arrested by the partial effects of chloroform and the administration of a full dose of morphia sulphas, followed in a half an hour by the fluid extract of valerian ζ i. Here the convulsions entirely ceased, but the same fits of nervous excitement still continued, which were followed by deep sleep and stertorous breathing, instead of the convulsions as heretofore.

The pulse throughout the day varied from 80 to 100 per minute. Respiration 10 to 12, skin warm, with free perspiration.

April 26th.—Pulse 120, rather feeble; respiration 8, and very labored. the nervous excitement followed by sleep, the same as before. Nurses were required to prevent the patient from leaving her bed during the fits of excitement.

The treatment consisted of chicken broth and brandy; cold water was also allowed, as the patient manifested great thirst.

April 27th.—Patient evidently sinking; no other change perceptible. Gave carb. ammonia in addition to yesterday's treatment.

April 28th.—Entire absence of nervous excitement; patient remaining quiet; respiration 24, pulse 130, very feeble. Continue the stimulating and supporting treatment.

Died at 9 P. M. No autopsy being made, therefore I submit the following remarks:

1st.—The exciting cause was evidently an increased pressure on the pelvic nerves, convulsions being produced through reflex action.

2d.—The convulsions, after the birth of the child, was evidently the continuation of shock on the nervous centres, and might have been prevented, by a continuation of the anaesthesia, till the system had somewhat regained its wonted vigor, which was fully proven by the entire subsequent arrest, by treatment.

3d.—The slow, labored and stertorous respiration during sleep might lead us to suspect cerebral compression.

Lastly.—The new train of symptoms, which took place on the last day to-wit: Increased respiration, feeble and rapid pulse, great prostration and death by asthenia, together with the blood-letting, and the length of time the patient was under the influence of chloroform, might all be considered as favorable symptoms and circumstances favoring the formation of heart-clot; all of which amounts only to mere conjecture, in the absence of direct evidence.

The treatment was begun on the principle, which many authors advocate, the removing of a hyperemic condition of the system, without having the least effect in arresting or mitigating the severity or number of convulsions.

Antispasmodics and anodynes were used, conjointly with blood-letting, without benefit; but after the birth of the child these remedies were indispensably useful in controlling the nervous excitement, to which I have alluded in my notes.

In conclusion I submit the notes of the above case to the consideration of the profession, believing the treatment by the inhalation of chloroform to be the most rational and efficient. Also believing that had this been the treatment adopted at the beginning, and strictly adhered to throughout labor, nearly eight convulsions might have been avoided, and possibly with a different result.

MISCELLANEOUS.

ON THE HYPODERMIC TREATMENT OF UTERINE PAIN.

By J. Henry Bennett, M. D., late Physician-Accoucher to the Royal Free Hospital.

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 present 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 injection into the rectum. This 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 do 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 one 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 and 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 in 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 edification in sea-sickness is the fact that the stomach absorbs fluids with difficulty. By injecting subcutaneously, this difficulty is got over. Moreover, a subcutaneous injection would be managed easier on ship-board 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 morphie 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.—*Lancet*.

Mentone, near Nice, February, 1864.

EDITORIAL DEPARTMENT.

THE CASE OF DR. BARTLETT AGAINST THE ERIE COUNTY MEDICAL SOCIETY.

(CONCLUDED.)

In a preceding article we have given the facts and the judicial decisions bearing upon the case. At present we propose to make such comments as occur to us, for the purpose of putting the actions, we might say the case, of the society in its true light. We trust it will appear that, if the courts have decided that the law is against it, it certainly has on its side equity; and further, that the facts when interpreted properly will satisfy all reasonable minds that its action could not have been dictated by prejudice, but by nothing else than a high regard for the interests and objects for which it was formed.

The statutes regulating the practice of medicine, the charter of the society granted in 1813, the by-laws of the society, and the code of ethics adopted by it, are all referred to in the progress of the case, on the one hand, by the society to prove its authority, and on the other by the courts as ruling its opinion. Those portions of them therefore, which bear most directly upon it are quoted here.

Laws of the State of New York relative to the medical profession, Title vii, § 1: "The president of every county medical society shall give notice, in writing, to every physician and surgeon not already admitted into such

society, within the county in which the society of which he is president is situated, requiring such physician or surgeon, within sixty days after the service of such notice, to apply for and receive a certificate of admission, as a member of such society."

The penalty for not applying is forfeiture of license until by special application he is admitted.

Act of April 10, 1813, relating to the establishing of County Medical Societies, § 14: "That it shall be lawful for the respective societies to make such by-laws and regulations relative to the affairs, concerns and property of said societies, relative to the admission and expulsion of members," etc. "as they or a majority of the members at their annual meeting shall think fit and proper."

It is provided however, that they shall not be repugnant to the by-laws of the State Medical Society, nor conflict with the laws or constitution of the State or the United States.

The by-laws of the Society, Article V, relating to the admission of members, § 1: "Every physician and surgeon residing in the county of Erie, of temperate habits, good moral character, and legally authorized to practice physic or surgery in this State, who may hereafter wish to become a member of this society, may be admitted by a $\frac{2}{3}$ vote of *two-thirds* of the members present at a regular meeting."

It may be "inconsistent with the constitution and laws of the State and of the United States" to establish a rule that a majority shall not elect to membership. Perhaps an applicant who failed of a two-thirds vote, but obtained a majority, might have a question with the society as to the legality of his rejection. But it is not material in this case, for the applicant never received a majority vote.

Code of Ethics adopted by the society, Chapter II, Article I, § 3: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or hand bills, inviting the attention of individuals affected with particular diseases"—"to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Code of Ethics, Chapter II, Article IV, § 1: "No one can be considered a regular practitioner, or fit associate in consultation, whose practice is based on an exclusive dogma."

It is also pronounced "derogatory to professional character"—"to dis-

pense a secret nostrum," for the reason that if good, all members of a beneficent profession should know of it, and if its value lies alone in mystery, such craft is disgraceful, equally, whether it depends upon ignorance or avarice.

From the above quotations it will be seen that in the case of Dr. Bartlett, if as he alleges, no notice was given, the society was at fault, and should guard against a similar omission.

It will be also seen that the society has the power to make by-laws and regulations relative to the admission of members, i. e. it has some *discretion* in regard to the matter, and is not, at least the wording of the act seems to warrant such an inference, obliged to admit to membership any one who seems to have clear qualifications. It has a right to inquire into his character, and it would seem, past and present professional conduct, leaving out of view gross ignorance, immoral conduct, or want of a license. At any rate the law seems to imply authority to exercise some discretion or choice, and as a consequence, some right to exclude. The very right to regulate admissions seems to imply the right to exclude. We make this point, because the language of the court, as we shall see, clearly asserts its right to impose members upon the society; the society having no remedy, but to expel, if any of its by-laws are violated by the members, after their compulsory admission.

But the court says granting the society's right to exclude by a by-law framed under the authority given by statute, no such by-law has ever been framed. If the society has the right, it has not exercised it. It will be seen above, that the only by-law relative to admission of members, declares that any physician or surgeon in Erie county, of "temperate habits, good moral character, and legally authorized to practice physic and surgery in the State," may become a member, if he obtains the requisite vote.

There is nothing here which can be applied to the case of one who either is, or has been engaged in irregular practice. It is not specified as one of the conditions of admission that the applicant shall not be at the time, and shall not have been guilty of professional misconduct. If it will give the society authority to exclude from future membership, one who has been guilty of professional misconduct, a by-law to that effect should be framed at once.

It will be moreover apparent to all who read the advertisement included in the preceding article on this subject, that by the code of ethics the publication of such is derogatory to the dignity of the profession and highly

reprehensible. It is an offence against the regulations which govern the conduct of all high minded and honorable physicians, and is an imitation of empirics. No man of ordinary intelligence could allege ignorance of its nature, or expect indulgence on the score of its being an indiscretion. The sentiments and the written rules of the profession are very widely known, and any man having acquaintance with medical men, or students, could not have failed to have been made aware of them.

The defence of the society in the second trial at the General Term of the Supreme Court has been briefly alluded to. It is due to the legal gentleman who very ably defended the case, to state more fully the grounds of his defence. It will be remembered that in the first trial at the Special Term, the case was argued as if the application had been made to the court in the first instance, and the question of admission was to be determined by it. The defence insisted that the question before the court was not whether the court should order the admission of the applicant, but whether the decision of the society should be reversed. That is, the society had passed judicially upon his claims and rejected him; 'twas for the court to sustain or overrule the decision. This would give to the society a sort of judicial capacity, and would bring into consideration the rights of the society as a corporate body. The society as a corporate body has powers granted it by statute; it can have a seal, can hold property, grant licenses to practice, examine students, and make rules for the admission and expulsion of members. It acts as a quasi-judicial body in the exercise of an ample discretion, vested in it by the Act under which it was incorporated. If the court interfered at all with it, it could only do so as it would in the case of any other judicial body, upon a question addressed to its judicial discretion. This point was argued upon the general provisions of the statute relating to corporate bodies. The common law gives corporate bodies no right to expel members; it is only derived from express authority granted by the charter. In a case of expulsion a court would not grant a mandamus unless a clear case of abuse of power was made out. The right of expulsion is a right given by statute, and when mentioned in the charter courts have heretofore in most cases not interfered by mandamus. But in the case of the society the right of expulsion is mentioned also with that of admission, the society having authority over one as well as the other. It seems therefore that the intent of the statute was to vest control of both admission and expulsion in the society, else it would not have been expressly mentioned. Not absolute control, but such as would amount to an

ample discretion. In all cases some abuse of this discretion should be shown, as for instance, a denial of a strict legal right of admission, to justify the courts in interfering. It does not seem that the court considered at all the question of abuse of discretion, on the part of the society. It assumed the right of compelling admission, and if it saw fit to deny the writ of mandamus, it would be on the grounds of expediency, not of right.

The defence also maintained that the writ of mandamus was not the proper process, it being applied for, where the party has a right to have anything done, and has no other legal means of compelling its performance. It will not do for cases of doubtful right. It is a legal remedy, not an appeal to the equity of the courts. No party is entitled to it, unless he has a clear legal right to demand what he asks. It cannot be claimed that a practitioner has under all circumstances a clear legal right of admission, especially in the case under consideration. If that were the case it would defeat the evident intent of the statute, granting the society control over admission and expulsion of members. Moreover when a court, or officer, or an inferior tribunal has acted judicially, or has exercised a discretion, the court cannot correct that discretion by mandamus.

To the foregoing attempt to state the points of defence may be appended the following quotation which will present the matter more forcibly: "The writ will not be allowed in cases where corporations, and ministerial and other officers have acted judicially, nor where they have a discretion in regard to the performance of an act, and have exercised the discretion conferred upon them. But if they refuse to act when required by law the court will compel them by mandamus, and the operation of the writ is the same in these respects as when directed to subordinate judicial tribunals." These cases (cases cited, but reference omitted here) hold that corporations may act judicially. They do so in this case. These corporations (county medical societies) are made the tribunal to judge as to the admission of members by the statute. The authority is wisely lodged there. They are presumed by the statute to be composed of men of learning, wisdom, and integrity. The preamble to the Act of 1813, asserts that the object of these societies is the diffusion of true science, and particularly the knowledge of the healing art. What provisions or action as to membership will most promote this object must, as a general rule, be much better known to them than to any court; and when this tribunal has once passed upon an application for membership, this court should be very slow to

reverse its decision, and never unless a clear case is made out, of an abuse of the discretion conferred upon the original tribunal. Had the society refused to take any action on his application, it could, no doubt, have been compelled by mandamus to do so. But having taken action and judicially decided the relator's case, the court if it can interfere at all, can only do so in case of an abuse of discretion, i. e. practically not at all. We concede that the by-laws and all other acts must be reasonable, that they must not be vexatious, unequal, oppressive, or manifestly detrimental to the interests of the corporation; but we contend that, in the first instance, the corporation is, in cases like that before the court, the judge of what is reasonable, and that that judgment cannot be disturbed unless in case of manifest abuse."

This very imperfect statement of the main points in the defence, will doubtless be of interest to the members of the society, few of whom were present at the trial. They did not weigh with the court, as has been apparent in what has gone before. The question of right to compel admission was assumed by the court, as will be seen by reference to the decision of Judge Daniels, unless forfeited in some way. But the court held that it was not forfeited. For though he had been guilty of practices condemned by the by-laws of the society, and in violation of the code of ethics, his right of admission was not thereby affected, because those by-laws and regulations were only for the government of members; he not being a member, they did not apply to him. They could not operate to exclude him because, though a violation of them would subject a member to discipline or expulsion, they had not expressly stated that acts, which would be a violation of them in a member, should when committed by one not a member, exclude him from future membership. The relator therefore, though guilty of irregularities, and of acts which would have been violations of by-laws had he been a member, having abandoned all such practices, and declared his intention to conform to the general regulations governing the conduct of regular practitioners, and not only declared his intention to conform, but actually conformed, (no proof to the contrary being presented,) was entitled to membership. Whatever control the society might have over the subject of admission, it had not made any by-law which would apply to his case.

But it seems from the case cited in the opinion of the court, that the right to admission did not depend upon the abandonment of irregular practice. The case cited, that of *ex parte Paine*, was one where the applicant

was at the time of making application for membership, in the continuance of unprofessional conduct, and declared his intention to adhere to it. The court denied the writ of mandamus, not because the right of admission did not exist, or had been forfeited, but because the writ could be made ineffectual by an immediate expulsion from the society. That is, it denied the writ, not because no legal right existed, but because it would have been unwise or impolitic. If the society has no better case than this, there is very little advantage in statutes.

It is true it can expel a *member* guilty of offences against its by-laws; but it cannot prevent an irregular practitioner, after years of empiricism, from participating in the benefits of membership in the society, and from being ranked with regular and honorable physicians; provided only he make a hasty repentance, and declare that he means to be guilty of no more misconduct. The court claims that it can force him upon the society, and it can overrule any attempt to exclude. With such a man, high-minded physicians must associate at the bed-side, or be guilty of a breach of the by-laws. Carrying out the decision of the court to its possible limits, would make the profession a respectable refuge for damaged reputations, and disappointed empirics. It may be strictly legal, but it is far from being equitable. The plainest common sense would have no difficulty in deciding that there was very little justice, if much legality in it. The society must submit to the decision of the tribunal before which the case will soon come. If it be adverse, it has no remedy. But it will not increase its respect for that mighty and weighty thing in law, viz: a precedent, which holds such sway over judicial minds. Common sense men make laws, in the main, for the ends of justice, but the courts construe them. It is possible that the intent of the law may be violated by construction. The society is impressed with the idea that the intent of the statute giving it power to regulate admissions is plain. Whether it will be held so or not, is to be determined. The judges at the General Term held that the society could not act judicially in this case, because the relator not being a member, it had no jurisdiction over him to try or condemn him.

The last paragraph of the opinion of the court should not be passed over without comment. It states that no opportunity was given the relator to explain, etc. This is not true, as he had an interview with the committee. But allowing it to be true: if the society had no right to sit in judgment on him, why should it give him a hearing? Moreover the court held that it

could not do so because the by-laws declare that "no candidate shall be present until the question of his admission be determined by the society." All which in plain language is thus. The society was at fault for not giving a hearing: but it could not because its by-laws forbade. The society was wrong for not doing what it had no right to do. The suggestion, that "if the society had been desirous of dealing with him as an offender against its laws," "he should have been received as a member upon his own application, and then it could have enforced the by-laws against him, if he afterwards professionally misconducted himself;" may strike the society as a very ingenious way of dealing with any similar case. It seems something like this, if you wish the door kept shut, open it; if penalties for misconduct are to be enforced, they must be remitted. If the society desires to keep a man from membership on account of misconduct, admit him, and then trust to being able to find cause to turn him out. The society must lie low as it were; give no hint, by making inquiries as to the past, of its future purpose; encourage in other words misconduct; then when the unsuspecting applicant is fairly in, punish him by expulsion, if his offence will warrant. But, on the other hand, such action on the society's part would make the way quite easy and pleasant for those who wish to make an experiment of empiricism. They could try it, and if it disappointed, or if they tired of it, they could reform and be sure of membership, because the society would desire to get them under control.

In the opinion given by Judge Davis there is a little confusion as to which application is meant, that to the court, or that to the society. He says, "had that publication been continued at the time of his application, I should regard the action of the society as entirely justifiable." The connection would lead to the inference that the application to the society was meant. If so, the Judge was not correct as to his facts. It will be seen that the first advertisement was kept in the paper till a few months before his application to the society, and the second, which is equally objectionable in view of the one which preceded, up to the time of the application, June, 1859.

We have thus, at the risk of wearying our readers, considered the legal aspect of this case thus far. From it the society may be led to this most consoling conclusion; that it is likely to have an irregular practitioner forced upon it, despite any right or power it has in the premises. Let a practitioner prove his license, and go before the court, and it will assumed the right to compel his admission to the society. If he is practicing irreg-

ularly at the time, the court may think it unwise to grant a mandamus. If he has abandoned irregular practice, though he may have sinned long and thoroughly, it will most probably grant the writ, for it will be lenient to such "indiscretion." A licensed physician has an absolute right of admission, no matter what professional irregularities he may have been guilty of, and the society has no discretion in the matter of admitting to membership. This is the present aspect of the case.

We must beg indulgence for a brief consideration of the facts in this case, and the inferences which seem fairly deducible from them. The society disclaims all personal bias. This is a question of example, of professional policy, so to speak, in which the public is as much interested as the profession. It concerns the usefulness as well as the respectability of the profession. As a legal question, novel in some of its features, the society is interested to have a decision beyond appeal. It is moreover not indifferent to the equities of the matter. It is truly desirous of acting justly; and equally desirous that its rights should be determined and respected.

The facts of the case stated briefly are as follows: Dr. Bartlett, a recently graduated physician comes to Buffalo, and without making application to the society for membership early, begins his practice by a public advertisement, announcing himself a specialist, and a follower of the method of a well known quack. This advertisement he continues nearly four years, and then substitutes for it another, less objectionable, but still in public journals. Four years and over, after his coming to the city he applies to the society for membership, stating that he had abandoned special practice and public advertisements, and had engaged in, and meant to continue to devote himself to, general practice; not claiming any especial skill, or using secret remedies, or associating with irregular physicians. In other words, conforming in all respects to the rules and ethics of the profession. One year after his application was made, it was rejected by the society, and more than two years after, he applied to the court for a process to secure his admission. His admission was twice ordered by the court, and twice the society has continued the case by appeal. The matter now rests with the Court of Appeals, and the decision will be final when given.

Now we suppose that a favorable interpretation of the facts would be, that a young medical man, a stranger, anxious to be engaged in business, took what he deemed the best means to advance his own interests, without thinking to bring down upon himself the censures of the profession; in

mere thoughtlessness as it were, or ignorance perhaps. As soon however as he found he was conducting himself in an unprofessional manner, he hastened to discontinue all acts which could be so construed, and sought in good faith to associate himself with the profession in a regular way, desiring to comply with, and be governed by its rules and ethics. Accordingly he made his application, explained his conduct, announced his intentions, and desired, perhaps expected to be received. But the society being slow to receive him he began to feel aggrieved, and upon a final rejection, resolved to get justice through the law. Now such an interpretation we say might, by those favorably disposed, be put upon the case, and the applicant be put in the light of one whose rights had been denied; and the society in the position of being unwilling to grant a simple act of justice.

But another interpretation of the facts more favorable to the society might be made, which would entirely free it from any imputation of injustice or even vindictiveness, and place it in its proper position as a jealous guardian of the welfare and honor of the profession.

Accordingly the facts would bear this interpretation. A young man, just admitted into the profession, on coming to the city in which he intends to reside, shows himself utterly indifferent to those things which are usually the first care of those entering professional practice, viz: to join the regular medical organizations, and to observe scrupulously rules and ethics. Young medical men are usually more scrupulous in these matters than older ones; and have generally high ideas of professional etiquette and honor. They are usually anxious to associate with, and secure the approbation of their elders. Of the many recent graduates who have located themselves in this city, meaning to practice regularly, all have early sought admission to the society. The fact that Dr. Bartlett did not, gives rise to a presumption, that, at first he intended to ignore the regular profession; not mere thoughtlessness. Secondly, he advertises in the public journals, an act of itself such a violation of all the rules and customs of the profession as no young man just entering it with high ideas of its honor would for a moment entertain. But further, the method he proposes to use and the special diseases he intends to treat, both create presumptions against him.— What young man proud, as young men are usually, of being admitted to an honorable calling, would for a moment propose as his model a well known quack? What young man of modesty, and above all inexperienced, would set up a claim to superior skill in certain diseases, when from his very circumstances he could not possess it? We cannot believe that such

acts could consist with a high regard for the profession, or with an intention to observe its regulations. In a young man, an advertisement to the public, announcing his intention to treat special diseases is downright presumption; because skill is only acquired by experience, it does not come by nature. No doubt a young man who had made a single disease a separate study would be better prepared to treat it, than a young man of equal abilities who had studied all diseases. But he would be far inferior to most practitioners of experience, who would know much more practically of the single disease to which he proposed to give his attention, although they had not made it a specialty. The public does not see it in this light, and therefore if a man advertises as a specialist, it is inclined to give him credit for superior skill, though a little reflection would convince it of its error. For this reason the ethics of the profession condemn as dishonorable advertising specialties, as being attempts to get business greater than is merited by knowledge or experience.

But it is leniently construed to have been done from no motive of this nature, but thoughtlessly or ignorantly, and discontinued as soon as it was made to appear that it was unprofessional. The applicant himself, and those charitably disposed towards him, must not be surprised if the society is inclined to put quite another construction upon it. It seems not to be an unfair presumption that the advertisement was continued as long as was needed to answer its purposes. It brought Dr. Bartlett before the public as a specialist, it created as all such things do, most undeservedly usually, a belief in his superior skill in the diseases he proposed to give special attention to, and of course brought more or less practice. Having been continued awhile, it spread widely enough for the purpose of his supposed excellence, and could be without detriment withdrawn. He will not undertake to deny that he is still employed as a specialist in consequence of his advertisement. The society assumes that it was withdrawn because it had answered its purpose. Certainly, if a sense of the impropriety of the act was the cause of its being withdrawn, four years seems rather a liberal allowance of time for the nature of the act to appear. Now it may be that an additional motive was a desire to still keep within the possibility of future recognition by the profession. It probably began to be apparent that this was of considerable importance. For no doubt he often found himself in an unpleasant situation, being cut off from consultation with members of the society. If the friends of patients, especially after he undertook general practice, asked him to seek advice, whom should he call

upon? No member of the society could consult with him, His isolated position was unpleasant and detrimental, much more so perhaps than he was prepared for when he, as the society assumes, early neglected professional regulations.

The profession is often accused of being harsh in its judgments, and unreasonable in its opposition to anything which looks like quackery. It is not an unfair spirit, when the peculiarities of medical practice are considered. When it is considered by what easy methods a reputation may be obtained, altogether disproportionate to any skill or knowledge, from the fact that the public is inclined to believe in unfounded pretensions, simply because they are put forward. Nothing can be more creditable than the nice sense of honor which a true professional man feels, in circumstances where by acts which the body of the profession have justly stamped as unbecoming, and even dishonorable, so much personal advantage can be gained, at least for a time, and a reputation for superiority over associates established, when in fact none exists. The profession is jealous of asserted superiority, justly so, because it has an undue influence. Now a public advertisement is a claim to superior skill, and reaps the fruits which belong to it.

No single member of the society desires to act unjustly towards Dr. Bartlett, or indulge harsh judgments towards him. Some members even, and four of a committee of five, were prepared to put a very favorable construction upon his conduct and accept him as a member. But human actions are usually prompted by mixed motives, and in judging of them it is usual to ascribe them to those which seem most likely to have had the greatest influence. It is not always possible to judge correctly of motives from actions, but it is the custom of men. The society has done no more. It had not determined that the exclusion should be final. Time and good conduct might, and probably would have removed all objections to admission. But we are all incredulous of reform from sincere regret of having erred, when, at the same time, there are strong urgings of personal advantage to help it on. We are apt to feel that the latter is the more weighty, especially if facts make it plausible in theory. The profession and the public often take diverse views of these matters. To the latter, a public advertisement seems no unpardonable offence. The profession condemns it, mainly because it is the method of quacks, and very often the less deserving the person, the more boastful the advertisement. The public cannot so readily see that as with quacks, those who take this method

have generally poorer abilities for the thing they promised to do, than many others. It must be understood that this relates only to the practice of medicine under present professional regulations.

It may be well here to say a few words regarding specialists. There is with the great body of the profession a feeling of decided opposition to them. The codes of ethics condemn them. They find no favor in public assemblies of medical men. Now why is this? In the first place all, or almost all quacks are specialists. But it is no proof that a thing is in itself bad, because unworthy men practice it. In the second place, it often is a resort of incompetent and inexperienced medical men to gain business which they could not otherwise get. There may be other reasons, but these are the most obvious. Now it may be well to consider whether, because quacks and ignorant or inexperienced medical men resort to special practice it should be so condemned by the profession. There can be no objection to the practice of a specialty when from study and experience a man is well qualified to treat particular diseases. Skill in the treatment of special diseases, when it really exists, ought to bring to the possessor abundant employment. No one can object to the preference given to a really skillful physician in any branch of practice. The reputation and success are legitimate; the result of care, investigation, study and experience. When put in this form there would probably be less objection on the part of the profession, for it has always honored excellence. But it is because special practice offers such opportunities for utterly worthless and incompetent men to gain a great reputation with the public, to abuse its credulity, and do violence to its purse and persons, that the condemnation has heretofore been so decided. The matter has so gone, that the mere announcing of a specialty creates at once a presumption of quackery, ignorance, or a dishonest desire to thrive. Young men, the ink on whose diplomas is hardly dry, announce an intention of giving particular attention to and of course a desire to practice in special diseases. It is perfectly apparent that practically their treatment is worth but little, that is, no more than that of many young but inexperienced men of good abilities. But with the public it may outweigh in the treatment of a special disease the authority of grey hairs, and large general experience in the special as well as other diseases. The profession knows that these claims to special skill may pass for more than they are worth. That if it remains silent or approves, it gives value to attainments in many cases, not in all, not at all above those of the general practitioner; often indeed inferior. Therefore it sets its face against specialists.

But it is worth while to reflect, whether if it gave them its approval there would not be a gain. Whether it would not diminish the success of quacks and keep pretenders within bounds. For after all, it is a belief in the possession of superior skill that leads sensible men and women to trust themselves in their hands. Let the public once fully understand that thoroughly educated and competent specialists are to be found in the profession, and they will not run to quacks for that benefit which they believe the experience or studies of the regular profession will not give. Of course it would not be reasonable to expect the profession to endorse special practice before special merit existed. It must be acquired, but when acquired let it be recognized and encouraged. In fact, real merit could not be deprived of its legitimate success. But, by allowing real ability to work in special cases, bogus merit will be much less likely to pass for genuine, and almost monopolize specialties. The remedy is somewhat with the profession itself. It seems proper that specialists should be required to give exclusive attention to their particular branches, and resign general practice. Indeed that is but a just concession to professional sanction. Perhaps this can only be done in the larger cities, but the larger cities are also the productive fields which quacks so profitably cultivate. In cities where specialists are not under the ban of the profession at large, quacks do not meet with the greatest success. This is not meant to imply a sanction of public advertisements, or a boastful claim of superior skill as social opportunities favor. It is quite as objectionable to proclaim from house to house and to ears professional and unprofessional, success and cures, or even one's specialty, as to put it into the newspapers with certificates of Doctors of Divinity, mayhap. Special practice demands a man of truth, and honorable motives, above playing upon fears or exaggerating ailments, above the dishonest desire to succeed beyond his merits; more perhaps than general practice.

In this matter, touching the best method of dealing with the subject, there are acknowledged difficulties. But it appears reasonable to suppose that a less stringent condemnation of specialists, would result to the injury of quackery, and the benefit of the profession. It would not be difficult to show how badly many diseases which are selected for special practice, are treated by the general practitioner—to instance a single class, viz: diseases of the eye—and how much better they fare with competent specialists.—That being the case specialists will practice, and it is much better that they should be restrained by professional rules, than allowed to run wild, vexing and being vexed. In Europe special practice is sanctioned by the pro-

fession. We should remember that to specialists we are indebted for many of the valuable monographs which of late years have been written; and that it is special practice which makes such excellence in writing on special subjects possible.

In conclusion we may be allowed to state that in the case which has been considered at such length, the objections to the reception of Dr. Bartlett rested upon acts which even the court calls "gross empiricism." But the adoption of a specialty is certainly not to be considered so objectionable as advertising it. Nor is the treatment of a special disease so much to be condemned, as professing to follow the method of a quack. The profession may soon be brought to countenance a specialist, if there is a belief in his special merit. But the other acts are, in their nature, unbecoming and reprehensible, and cannot be made less so by any attempt at explanation or palliation.

L.

THE NEWLY DISCOVERED DISEASE DEPENDING UPON TRICHINA SPIRALIS, IN ERIE COUNTY.

In our last number we made reprint of an account of this disease, its occurrence in Germany and the fatality attending it. Since then we have been startled by the discovery of this same disease in a neighboring town. Dr. Krombein of our city in connection with Dr. Dinger of Lancaster, has discovered the cause of death in several instances to be *trichina spiralis*, which is found in immense numbers in the muscles of the victims. Dr. Krombein has sent us specimens of the muscular tissue obtained upon *post mortem* examination, which are seen on microscopic examination to contain innumerable trichinæ. We have also received portions of the sausage and ham, of which the unfortunate victims had eaten, and these also contain immense numbers of these parasites. Dr. J. R. Lothrop and Prof. George Hadley have also made careful examination of these specimens, and Dr. Lothrop's report will be seen in connection with the interesting communication from Dr. Krombein. These cases of trichinous disease are the first in this country positively traced to this cause, though it is stated in the *American Medical Times*, February 20, 1864, "that during the past week an instance of the poisoning of a whole family, and the death of one member, caused by eating a ham, occurred in the city of New York. The case was investigated by Dr. Schnetter, who found the ham full of *trichina spiralis*, and did not hesitate to attribute the poisoning to this parasite."

It will be seen that in the cases reported by Dr. Krombein the history is complete—he has not only found the worms in the ham and sausage, but also in the muscles of the patients who have died, leaving no doubt as to the cause of death. This is important, since nothing less than perfect demonstration can be satisfactory in the investigation of a disease, which has been denominated *new*. “Three disgusting and dangerous diseases in man thus owe their origin to the ingestion of the flesh of the pig, viz: tape-worm, hydatids and trichina.”

Dear Doctor:—At your request I give you herewith the history of the two cases of Trichiniasis that occurred lately in Cheektowaga. I was invited by my friend Dr. Dingler of Lancaster, on Sunday, the 15th of May, to see with him two patients whom he had attended for four days.—T. F——, a blacksmith, aged 30 years, and his wife aged 20 years, were taken ill simultaneously the 29th of April with stiffness of the limbs and the whole body, bloating of the face, with a slight œdema of the eyelids; soon after there followed distinct pains in all the limbs and body, so that they could not bear even the slightest touch. By and by the pains diminished; there set in very labored respiration and great prostration, combined with profuse sweats. In the commencement of the illness they both had had, slight diarrhœa for a few days, and during the whole course of the sickness they suffered greatly from sleeplessness and unquenchable thirst. The woman, who was in the 3d month of pregnancy had aborted the 12th, and from that time there was œdematous swelling of both lower extremities. Fever in both patients was very high, (pulse 138 in the man, 146 in the woman,) but the skin was not hot, but rather cool. I considered at first, like Dr. Dingler, both cases to be “acute muscular rheumatism,” of a somewhat peculiar character, but during my return home I suddenly remembered to have read some months ago in a German Medical Journal (*Medicinische Chirurgische Monatshefte*, September number, 1863,) of some cases of Trichiniasis which resembled very much the two cases above stated, and therefore I immediately wrote to Dr. Dingler that as soon as one of the patients should die, he might send me some particles of muscle for microscopical examination. Two days afterwards he visited me, telling that the man had died yesterday evening, (the 16th of May, at 9 o'clock P. M.) We went there and found the woman dead also, (she died the 17th at 11 o'clock A. M.,) and cut from both some particles of the muscles of the thorax, the abdomen and the thigh. The microscopical examination in which Dr. Homburger kindly assisted me, disclosed many trichinæ, both in the encysted and in the free state.

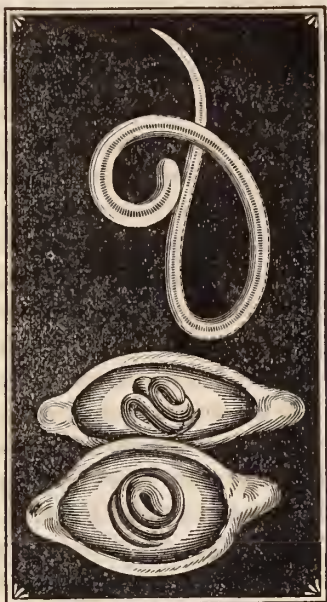
I wish to say further, that at the time Dr. Dingler and myself saw the said patients, he told me that he had another family under treatment, having the same disease, residing about two miles distant, from the above patients, (at Marilla,) the wife was a daughter of this same family, who a short time before her illness paid a visit in company with her husband to her parents. This family consisted of seven members—the man about 60 years of age, the wife 55 years, and five children respectively 24, 22, 18, 14 and 12 years old. Father and mother are dead, children still alive but Dr. Dingler says they are in a dangerous situation.

I remain very truly yours,

L. KROMBEIN, M. D.

Mr. Editor:—The specimen of human muscle taken from a person after death, and also the sausage he had eaten of, which you brought me, supposing them to contain the *Trichina Spiralis*, I carefully examined under the microscope, both alone and with Dr. Hadley. The parasite was found in both, in great abundance, but in different states. In the muscle taken from the human body, the worm was free, while in the sausage it was encysted. In the first I failed to find the worms enclosed in a cyst. They were often more or less coiled, two or three turns of an elliptical form; but often the shape was not regular, though seldom straight. The irregular forms in which the worm was found were probably caused by tearing or scraping the muscle to render it thin enough to become transparent under the microscope—the normal shape being more or less coiled. Under the microscope the worm could be readily seen with a low power, and presented uniformly a pointed head, a body increasing in size to the tail, which had somewhat of a truncated appearance, with a slight fissure. There was an appearance of an intestinal canal running the whole length of the body, somewhat undulating, and filled with granular matter. The appearance is here represented magnified 100 diameters. With a high power, the external covering of the body appeared made up of rings, somewhat after the articulate plan of structure, which gave fine markings across the body, and on the inner or concave side of the curves, a serrated appearance. In the neighborhood of the worms there were often numerous fat globules, and in some portions of the muscle, an abundance of granular matter. The elementary fibres of the muscle were in many places distinct, but in others less so, there being appearances as if the sheath or sarcolemma of the fibres had been emptied of its contents and collapsed. The worm could be easily seen through the muscular fibres, and was detected often lying transversely to their course.

In the portions of the sausage examined, the worms were enclosed in an ovoid cyst, and here were found free. Even scraping the muscle did not rupture the cyst. They were much smaller than the free worm, were always coiled, occupying the centres of the cyst, and in most cases single. One cyst only was observed in which were two worms, separate from each other, each occupying an extremity of the cyst. The cysts were enclosed by the muscular fibres, which had the appearance of having been pushed aside, and at either end, the space where the muscular fibres separated was filled with fat globules. I did not find a cyst without a worm. The appearance was as here represented, magnified over 200 diameters. The worm occupied about one-third of the cyst space. In one small piece of the muscular tissue, of the sausage, I should rather say small collection of scrapings, nearly thirty cysts containing worms were counted. I made no attempt to ascertain the nature of the other cyst contents. It appeared to be filled with transparent fluid, which did not extend into its prolongations.



The worm appears then, in this case in the encysted state in the sausage, and in the free state in the human muscle. It would therefore appear probable, that taken into the stomach in the encysted form, the worm escaped from its envelop by being set free in the process of digestion, and immediately set out on its progress towards its ultimate destination, viz: the striated muscles. The first step was, probably, piercing the intestinal walls, thereby creating the initiatory diarrhoea; afterwards passing through the peritoneum on its migration outwards. Arriving at the muscles, its abode is fixed in them. Its ultimate destination is a matter of doubt.—The opinions of observers will be given on this subject presently. The observations in this case only extend to the two states in which the worm was found, it being a conjecture merely, that the encysted state is an immature or embryotic one. It is also merely conjecture, that removal from the animal in which it exists in this state of cyst-life, to another, is an essential step in the perfection of its development, as in the case with the cysticercus

cellulosæ which passes its cyst-life in the tissues of one animal, and develops the fully formed tape-worm in the intestines of another.

Perhaps some process of reproduction would be necessary to account for the immense number of worms which probably existed in the body of this trichinous patient. For there is reason to suppose, that all the muscles as well as the piece of the pectoral muscle examined, were infected. It is difficult to believe that as many worms could have been taken into the stomach in the portion of sausage which one person would eat, as must have existed in the body of the patient, to have proved fatal by their presence. Yet it may have been so. For when we consider that a minute scraping was found to contain about thirty worms, the number in a piece of sausage as large as would be ordinarily eaten by a healthy man, must have been immense. If such process of reproduction took place it must have been rapid, since death followed close upon the eating. The fact that the free worms were of different sizes, may give a show of probability to the idea. But then again, these encysted worms being asexual, and as it were in a state of transition, are supposed to be incapable of producing in any manner a progeny similar to themselves. This may not be true of the free worm, which may be in a higher state of development, and therefore may produce a progeny similar to itself even in a short time. This case may give rise to some general considerations respecting the mode of life, etc. of this worm. Its seat is well known to be the striated muscles, with the exception of the heart and the sphincter ani externus, in which it has not hitherto been found. Its diffusion is sometimes so extensive, that the smallest muscles, those of the eye, tympanum and larynx, do not escape.

Several migrations seem necessary to its perfect development. If the ova are swallowed, either before or after the development of the embryo, they may arrive at the tissues by two avenues, viz: by the blood, or by penetrating the intestinal walls. In the latter case, a solution of the enclosing capsules which contain the embryo must take place. When capsules enclosing worms, in an immature or embryonic state, visible under the microscope, are taken into the stomach, it does not seem doubtful by what way they would arrive at their destination, viz: by boring through the intestinal and other tissues.

The cyst is not of uniform shape, being generally oval, though it may be nearly circular, or on the other hand elongated at the extremities. The cyst may be opaque or transparent, according to the length of their residence in the muscles. Sometimes the cyst walls have depositions of live

salts, more abundant as the age increases. Some maintain that the worm easily escapes before some calcareous incrustation takes place. It has been a question whether the cyst was formed by the re-action of the tissues, or was a part of the worm structure, being in fact the result of a kind of metamorphosis of the animal. This view is supported by the regular form of the cyst. Authorities, however, adopt both methods of formation, and the migration must be followed by exudation which would furnish the material for the capsule, if the formative power would tend to such a shape. Usually there is but a single worm in a cyst, but it may, in instances, contain two or more. The worm is tenacious of life, and endures unhurt considerable degrees of heat and cold. It may not be destroyed by moderate frying, and it survives the process of smoking, to which preserved meats are subjected. In the cyst it is motionless, but observers state that movements have been seen when free. The cyst fluid is transparent, and generally occupies a circular or oval space in it, not extending to the prolongations,

The trichinæ, like all encysted entozoa, are by most observers, considered as the imperfectly developed young of other parasites. They are therefore in a kind of embryonic condition. Reasoning from what is known of other encysted worms—of the *cysticerus cellulosa* for instance—we should suppose them incapable of higher development in the situation in which they are found. They must migrate or become abortive and die. But nothing is satisfactorily known, and no other migration has been ascertained. What becomes of those that escape from their cysts is unknown. They are stated to remain in the human body encysted, thirty or forty years. Küchenmeister states that there is no doubt that those found in the muscles of man mostly die, becoming finally calcified in their cysts. No experiments or observations have ever established the fact of a higher development. The same authority, however, states his belief that the trichinæ are the young, undeveloped brood of the *trichocephalus dispar*, a long thread worm, which is found in the human cæcum. This worm has separate sexes, and is therefore capable of producing its like, though it must undergo several migrations and transformations before complete development. Those who wish to know his ground for this belief, will do well to consult his work on parasites, from which the above general statements are derived.

It should be further stated, that Herbert maintains a triple mode of life for the trichinæ, namely, in the encysted state; quite free, which he regards as living free, being developed from eggs borne by the blood; and

lastly half-free, in cases of the peritonem, and much larger than the first and second forms. He believed that free worms had no power to encyst themselves. He also gave trichinous flesh to dogs and pigeons, and they all became trichinous. No experiments by others have had like results.

It remains, only, to add that no especial pathological importance has heretofore been attributed to the presence of the *trichina spiralis* in man. It has appeared that the immigration of the trichina caused no special reaction, and that its residence for many years was borne without injury. The cases related by Dr. Krombein appear to establish the fact, that it may prove fatal.

If the observation proves correct that all worms existing in the human muscle examined, were free, their final destination, had their presence not proved fatal, would be of much interest. Would they after a time become encysted, and after a long time die and become calcified? Or in progressing in their development arrive at a higher state, and thereby infect the body with the *trichocephalus dispar*? Purely zoological reasons would determine to the belief that such destination was probable, inasmuch as the encysted worms are but imperfectly developed young of other parasites, and that a migration is necessary to complete transformation. But while facts in the developmental history of this worm are wanting, no positive opinion is possible. It is beyond the power of any one to state, how they can reach situations in which the higher development can take place.

J. R. LOTHROP.

ABSTRACT OF THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

FIFTEENTH ANNUAL MEETING.

Condensed from "New York Medical Independent."

FIRST DAY—MORNING SESSION.

At 11 o'clock A. M. order was called by the retiring President, Dr. ALLEN MARCH, of Albany, aided by Drs. J. COOPER, of Delaware, PRINCE, of Illinois, and COX, of the U. S. Volunteer Medical Staff.

Drs. JOHNTON and FURMAN, Secretaries, present.

All ex-Presidents and Secretaries were invited to a seat on the platform.

Dr. WILSON JEWELL, one of the ex-Presidents of this Society, was present, and took a seat upon the platform.

The roll of members by States, was then called by the Secretary.

Dr. BISSELL moved for a recess of ten minutes, to enable the delegates of the different States to appoint the Nominating Committee, which was carried.

The President then read his annual address, the subject of which was Medical Education.

On motion, it was resolved to thank the President for this able address, and to ask that a copy be furnished for publication.

Convention then adjourned until 3 o'clock.

It was announced that the following papers would be read:

1—By Dr. E. R. SQUIBB, a report on the Practical Working of the United States Drug Laws.

2—By the same, upon the same subject.

3—By Dr. C. C. COX, a report of American Medical Necrology.

4—By Dr. GURDON BUCK, a case of Plastic Operation.

5—By Dr. N. W. KINGSLEY, on Congenital Cleft; treatment of Congenital Fissure of Palate by mechanical appliances.

6—By Dr. J. H. GRISCOM, on the Physiological and Dietetic relations of Phosphorus.

7—By Dr. H. O. HITCHCOCK, on a Modified Ring Pessary.

8—By the same, Death from Air in the Circulation, introduced through Uterine Sinuses.

9—By Dr. ECHEVERIA, on Bromide of Potassa in Epilepsy, etc.

10—By Dr. DURHAMEL, on Spotted Fever in Washington, D. C.

11—By Dr. A. K. GARDNER, on Pessaries.

12—By Dr. L. WEBER, on Typhus and its treatment.

13—By Dr. J. KNEELAND, on Medicine and Surgery among the Onondaga Indians.

14—By Dr. C. W. PARSONS, on Medical Topography and Epidemics of Rhode Island.

AFTERNOON SESSION.

Dr. S. G. ARMOUR, Chairman of the Committee on Nominations, presented the following report: For President, Dr. N. S. DAVIS, of Illinois. Vice Presidents, Wm. H. MUSSEY, of Ohio; Dr. WORTHINGTON HOOKER, of Connecticut; Dr. WILLIAM WHEELAN, of District of Columbia; Dr. F. E. B. HINSEY, of Maryland. Treasurer, Dr. CASPER WISTAR, of Pennsylvania; Secretary, Dr. G. FURMAN, of New York. The next meeting of the Association is to be held in Boston.

Drs. ASKEW, of Del., and BISSELL, of N. Y., escorted the President

elect to the chair. He said in substance, that he was very grateful for the honor conferred upon him. His interest in the profession was unabated. He had been identified with the Association from its infancy, and was deeply interested in its progress. He regretted the absence of the Southern members of the Association, and hoped for their speedy return. The speech was brief, terse, conciliatory, and non-committal on the great questions of the time.

Invitations from various sources, extending courtesies to the delegates, were read and accepted.

DRS. PALMER, ASKEW and HUBBARD, were appointed by the Chair a Committee to examine "volunteer papers," and select those considered proper to read before that body.

Dr. GARDNER, of N. Y., spoke in relation to the appointment of a permanent Secretary.

Dr. HOOKER, of Conn., was in favor of a boiling-down process. He would abbreviate the amount of matter published. He did not see any necessity for a permanent Secretary, and was opposed to the incorporation of new regulations.

Dr. KENNEDY was in favor of paying the expenses of the Secretary.

Dr. MORGAN called for the settlement of the question without further debate.

Dr. LOOMIS was in favor of a permanent Secretary, a permanent Treasurer, and a permanent Committee of Five.

Dr. BOND, of Baltimore, thought it would be a proper time to decide upon the question when the money had been raised to pay the cost of such a luxury.

Dr. JEWELL argued in favor of a competent Secretary.

After considerable debate, the amendment in its original form (providing for a permanent Secretary to be elected for ten years,) was adopted. After which the meeting adjourned until Wednesday morning at 10 o'clock.

SECOND DAY,—MORNING SESSION.

Dr. DAVIS, the President, called the Association to order at the hour appointed for the commencement of the exercises.

The SECRETARY read the minutes of the last meeting.

Dr. C. W. STEARNS, of N. Y., was invited to participate in the proceedings of the meeting. Dr. KNIGAT, of Westchester Co., Dr. W. B. SOUTHARD, of Kalamazoo, Mich., Dr. O. WHITE, of Oswego, and Dr. LIVINGSTON, of Mass., were also elected members by invitation, and allowed to take part

in the proceedings. Dr. BROWN SEQUARD, of Boston, and Dr. JOHN P. GRAY, of the State Lunatic Asylum, Utica, were elected permanent members of the Association. The former, on being introduced to the Association, made a brief and modest acknowledgment of the honor conferred upon him.

Dr. WISTAR, the Treasurer, reported that the demand for copies of the annual volume was exceedingly small, only 150 copies having been sold, though the Society numbers 3,000 members. The receipts of the year amount to \$943; balance on hand \$450.

The following white-haired and venerable gentlemen were introduced as seniors in the profession: Dr. GREEN, Mass., Dr. COCK, N. H., Dr. NOYES, Mass., Dr. PARSONS, Conn., and Dr. GERBERT, Phila., were invited to take seats upon the platform. The regular order of business was resumed, and reports were called for.

Upon a re consideration of the vote relative to the report of the Committee on Compulsory Vaccination, that report was read. The Committee, consisting of Drs. JAMES F. HIBBARD, WILSON JEWELL, and JOHN H. GRISCOM, report that, for various reasons, they deem compulsory vaccination impracticable, and recommend the following resolutions:

Resolved, That this Association deems it its duty to institute measures looking to the vaccination of every person within the limits of country over which it exercises jurisdiction.

Resolved, That a Committee be appointed under the direction of this Association, to take cognizance of all matters pertaining to vaccination.

Resolved, That a Committee of — be appointed in each State, to superintend the measure in its State, which Committee shall be subordinate, auxiliary, and advisory to the Central Committee.

The report was referred to Section on Hygiene.

The most important part of the proceedings to-day was a set of resolutions offered by Prof. GARDNER, requesting Congress to enact a law which will not classify drugs and medicines among the contrabands of war, so that horrors of war may be mitigated in the South as well as in the North, and asking the government to permit a flag of truce boat to go South with medicines to be applied for the benefit of wounded Union and rebel soldiers in rebel hospitals, who, from the exigencies of war, cannot be properly treated by the surgeons of the rebel army. In offering the resolutions, Dr. GARDNER said he was actuated by motives of common humanity, and for the advancement of medical science. He hoped they would be adopted.

The election of permanent Secretary was made the order of the day for Thursday.

A vote of thanks to the retiring President, ALDEN MARCH, M. D., was passed.

Dr. C. C. Cox, medical purveyor of Baltimore, addressed the Convention upon the subject of the acknowledgment due to members of the profession who are serving their country in the army.

Dr. HAMILTON of New York, and Dr. MUSSEY of Chicago, spoke in support of the resolution, which was subsequently adopted.

[To be concluded in July number.]

SEMI-ANNUAL MEETING ERIE COUNTY MEDICAL SOCIETY.

The Semi-Annual Meeting of this Society was held June 14th, and was well attended. The exercises in the morning consisted in admission of new members and the transaction of miscellaneous business. The afternoon session was assigned for hearing the Address. Dr. Dorland of Hamburg, was the regularly appointed orator. We were not able to attend the afternoon meeting and cannot speak of the proceedings.

The following gentlemen were elected to membership on compliance with the by-laws:

| | |
|----------------------------|--------------|
| Dr. H. Van Guysling, | Buffalo. |
| “ E. B. Tefft, | “ |
| “ J. C. Greene, | “ |
| “ A. J. Houghton, | Tonawanda. |
| “ E. B. Horton, | Eden. |
| “ J. S. Havens, | Aurora. |
| “ O. W. Beckwith, | Evans. |
| “ U. C. Lynde, | Springville. |
| “ P. Goodyear, | Alden. |

The Secretary was directed to call the attention of members to the law requiring a copy of the diploma to be filed in the County Clerk's Office before membership can be completed.

RENDERING CASTOR OIL TASTELESS.—It is stated by Stan. Martin that the disagreeable taste of this oil may be concealed by beating it well up with the contents of an egg, and adding a little salt or sugar, and a few drops of orange flower water.—*Am. Jour. Pharm.*

REVIEW.

The Diseases of the Ear, their Diagnosis and Treatment. By DR. ANTON VON TROELTSCH. From the German, New York: WM. WOOD & Co.,—1864.

This book has been translated from the German by D. B. St. John Roosa, M. D., of New York, and by so doing he has conferred a great favor upon the medical profession. There are few works devoted especially to diseases of the ear, and perhaps it may be truthfully said, that there is not in the whole range of medical and surgical knowledge, any one subject of equal importance so poorly understood by medical practitioners throughout the country, as the diseases of the ear and the means by which they may be relieved or removed.

This book is believed to be founded upon pathological investigation and ample experience, and to contain some views not found in any other work upon diseases of the ear.

The method of illuminating the external ear is the best in use, and certainly deserves attention; it is fully illustrated by wood cuts. In the practice of aural surgery there is unquestionably much to be learned, and the appearance of this book is an indication that attention is being attracted to the subject, and though all the opinions expressed may not prove correct, still the views are founded upon careful observation and appear to be well sustained. We most heartily recommend the work to our readers, and believe that it will be found worthy their attention and confidence.

Published by Wood & Co., New York. For sale in Buffalo by Breed, Butler & Co.

 BOOKS RECEIVED.

The Principles and Practice of Obstetrics: Illustrated with One Hundred and Fifty-Nine Lithographic Figures, from Original Photographs and with numerous Wood Cuts. By HUGH L. HODGE, M. D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania; lately one of the Physicians to the Lying-in Department of the Pennsylvania Hospital; lately one of the Physicians to the Philadelphia Almshouse Hospital; Consulting Physician to the Philadelphia Dispensary; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, etc., Author of a treatise on "The Peculiar Diseases of Women." Philadelphia: BLANCHARD & LEA—1864.

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.

The Pathology and Treatment of Venereal Diseases, including the results of recent Investigations upon the Subject. By FREEMAN J. BUMSTEAD, M. D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York; late Surgeon to St. Luke's Hospital; Surgeon to the New York Eye and Ear Infirmary. A new and Revised Edition, with Illustrations. Philadelphia: BLANCHARD & LEA—1864.

A Manual of the Practice of Medicine. By THOMAS HAWKES TANNER, M. D., F. L. S., Member of the Royal College of Physicians; Assistant Physician for the Diseases of Women and Childrea to King's College Hospital, etc., etc. From the last London Edition, Enlarged and Improved. Philadelphia: LINDSAY & BLAKISTON—1864.

On Rheumatism, Rheumatic Gout and Sciatica, their Pathology, Symptoms and Treatment. By HENRY WILLIAM FULLER, M. D., Cantab., Fellow of the Royal College of Physicians, London; Physician to St. George's Hospital, etc., etc. From the last London Edition. Philadelphia: LINDSAY & BLAKISTON—1864.

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.

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.

Lectures on Medical Education, or on the Proper Method of studying Medicine. By SAMUEL CHEW, M. D., Professor of the Practice and Principles of Medicine, and of Clinical Medicine in the University of Maryland. Philadelphia: LINDSAY & BLAKISTON—1864.

Annual Announcement of the Medical Department of the University of Buffalo, for the Session of 1864-5.

A new Ophthalmoscope, for Photographing the Posterior Internal surface of the living Eye; with an outline of the Theory of the ordinary Ophthalmoscope. By A. M. ROSEBRUGH, M. D. Read before the Canadian Institute, January 16th, 1864.

BURNS.—The best treatment of burns and scalds was introduced by Dr. Kentish, of Bristol, about half a century ago, and consists in the use of stimulating applications to the injured surface. Dr. Skey has fully tested this treatment for a number of years, in a great number of cases, and feels convinced after using all other methods, which are supposed to soothe, allay, or calm the pain, and believes that any one trying the two plans, will adopt the stimulating treatment. As an instance he gives the following: Five were brought into the hospital at one time, severely burnt by an explosion of gas. One died immediately, the remaining four were badly burnt about the face, chest, and arms. The face and chest of each man were washed with a solution of ten grains of nitrate of silver. To the arms was applied the celebrated Carron, or boiled oil. Twenty-four hours elapsed, and on inquiry whether the patients were suffering any pain, each made the same reply, "I am easy everywhere, except in the hands and arms." The oil was removed, the solution was applied, and relief followed immediately. The solution may be applied at any time, so long as the pain remains. Ten or fifteen grains to an ounce of water for an adult,—five to seven for a child, is the strength employed.—*London Lancet.*

STATE OF URINE IN HEPATIC DISEASE.—Dr. Eiselt, of Prauge, has called attention to the fact that in cases of melanotic cancer of the liver, the true nature of the affection may be sometimes discovered during life, by the presence of melanine in the patient's urine. Such urine, when left for some hours exposed to the air, becomes of a dark hue, even as dark as

porter. Frerichs has shown that the two substances tyrosine and leucine, which were formerly only known to the scientific chemist, are invariably to be found in the urine of patients laboring under acute or yellow atrophy of the liver.—*Braithwaite*.

Report of Deaths in the City of Buffalo for the month of April, 1864.

Abscess, 1; Accident, 3; do. by burn, 3; do. by drowning, 10; Apoplexy, 1; Bronchitis, 3; Cancer stomach, 2; Consumption, 16; Convulsions, 9; Croup, diphtheritic, 4; Croup, 2; Debility, 3; Dentition, 1; Diarrhœa, 1; Disease of the brain, 3; do. heart, 3; do. liver, 1; Diphtheria, 4; Dropsy, 2; Effects of frost bite, 1; Empyema, 1; Erysipelas, 2; Fever, 1; do. puerperal, 4; do. puerperal hysteria, 1; do. scarlet, 5; do. typhoid, 10; Hæmorrhage from lungs, 1; Inflammation of Brain, 1; do. brain and meninges, 3; do. lungs, 9; do. lungs typhoid, 4; do. veins of womb, 1; Intemperance, 3; Intussusception, 1; Marasmus, 4; Ovarian Tumor, 1; Old age, 2; Paralysis, 1; Pyæmia, 2; Serofula, 1; Suicide. (poison,) 1; Tabes Mesenterica, 2; Ulceration in Bowels, 1; Unknown, 3; Uræmia, 1; Still-born, 5. Males 77. Females, 67.

Locality.—City at large, 128; Hospital of Sisters of Charity, 8; Buffalo General Hospital, 1; Catholic Foundling Asylum, 3; Protestant Orphan Asylum, 1; Erie County Alms House, 3.

By whom Certified.—By Regular Physicians at Public Institutions, 16; by Regular Physicians in city at large, 74; by Irregular Practitioners, 16; by Coroner, 18; by Undertakers, 20. Total, 144.

SANDFORD EASTMAN, M. D., Health Physician.

ACTION OF QUININE.—That quinine is a tonic I have long had reason to doubt. Quantities of this valuable drug appear to me to be annually wasted in administering it in all sorts of affections as a simple means of increasing appetite or communicating strength. I consider it a vegetable alkaloid, which, like others of its class, operates on special parts of the nervous system through the blood-vessels. Why it does so we are ignorant. That vegetable poisons do possess this influence constitutes an ultimate fact in the science of therapeutics. But in a similar manner to that in which opium operates on the brain, strychnine and hemlock on the spinal cord, and other drugs operate on other parts of the nervous system: so, I believe, quinine acts on the ganglionic system of nerves, controlling and diminishing those phenomena of fever which physiology has proved to be produced by their irritation or injury.—(*J. Hughes Bennett*) *Lancet*.

BUFFALO

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VOL. III.

JULY, 1864.

No. 12.

ART. I.—*Surgical Diseases of Women—Granulation and Ulceration of Cervix Uteri*—By J. F. MINER, M. D.

Surgical Diseases of Women, so-called, include a long list of the more common and more important diseases of females; diseases which are mainly local in character, and which require for treatment local applications rather than general medication. It will be the object to consider briefly some of these diseases, their causes, pathological conditions and the means which we possess for their relief or cure. This will be done with the view of separating the valuable from the worthless, and reducing the mass of mixed truth and error which has accumulated to more consistent and available proportions. Inquiries from correspondents, constantly impress the belief that though much has been written upon this subject, still practitioners are not able readily to determine what may, and what may not, be done for the relief of many of the conditions included under this head; there is perhaps more difficulty in ascertaining what may not properly be attempted, than what may, and a constant distrust is manifested, induced mainly by the feeling that some plan of cure, or article of application or instrument for appliance, is successful in other hands, which in their own is injurious.

There are great differences of opinion among medical men upon the subject of uterine diseases, one class holding that the actual lesions of this organ have not an independent origin, but are the result of diseases of other organs, or of the general system, and that the accompanying symptoms usually present in actual disease of the uterus do not depend upon this disease at all, and may be removed by attention to the general system or without any treatment especially directed to the condition of the uterus.

On the other hand it is held, that the diseases of the uterus exercise immense influence over the whole system through the spinal nerves; and that the only rational and successful method of cure, is found in measures adapted to rectify the diseased condition of this organ. This latter class either hold that the sympathetic influence of this organ is only manifested when inflamed or ulcerated, or maintain that the inflammation and ulceration are of slight, if of any importance, and that the whole difficulty arises from some sort of displacement. Inflammation, ulceration, metritis, endo metritis and the various *versions* constitute the pathological conditions upon which hang the great burden of female woes, according to the views of both parties who believe in independent local change. It is not with the view of taking sides in these controversies, that the opinions of authors have been mentioned, but with the hope of remaining impartial and of presenting the results of experience and observation unbiased by prejudice. It may be well however to say in passing, that unquestionably neither of the parties referred to are wholly correct, the truth laying between, rather than at either extreme, and extending somewhat on both sides. It can hardly be doubted that general conditions of the system do sometimes predispose to uterine irritation and inflammation, certainly it will not be denied that uterine diseases disappear under favorable general influences and without any local medication. That the subsidence of local disease is due to improvement in general health and vigor often appears probable, and this has led some to suppose that the local lesion was the effect of general disease, springing from it as a cause and depending upon its removal as a cure. To commence the treatment of manifest local change by the administration of medicine, which, to say the least, is of doubtful influence even over the general system, and to trust exclusively to this, as the main and only available means of cure, is shutting our eyes to palpable truth and combatting disease with uncertain weapons, while the instruments of control are within our grasp. Before estimating however the value of our remedies, either local or general, we should remember that nature, with an Almighty power, is operating to restore health by influences which we do not fully understand, but having definite laws and working successful issues, which we often erroneously ascribe to our remedies.

Congestion, inflammation, ulceration—different stages of the same original disease, with its sub-divisions into endo-metritis, endo-cervicitis, complicated by the flexions and *versions*, express the morbid conditions present in almost all cases—in at least the great majority of instances of uterine

disease. Inflammation then, in its various stages and locations with its complications, is *the* disease the treatment of which has given rise to a specialty in practice, and been thought difficult of detection and stubborn of cure. Of course various other diseases are also included in the scope of such specialty when presented, but the treatment of this one, constitutes so large a proportion of the cases presented that the others are only exceptional, and come nearly as much within the scope of the general practitioner of medicine and surgery as of the uterine specialist.

All that is known of this disease—its causes, diagnosis and treatment—may be acquired by every physician with the greatest ease. It is not obscure and uncertain in its general symptoms, while its local conditions are plain and obvious; even the inexperienced practitioner may readily distinguish its nature, and properly administer to its cure. It is principally with the view to simplify and render more plain a large class of cases over which hangs, or has been supposed to hang some mystery, that this article is written. These diseases have indeed been obscured by the curtain of false modesty, sometimes, alas! by prejudice and indolence, but aside from this, there is no intrinsic difficulty of diagnosis, and the treatment is more simple and successful than in most of the diseases which depend in any degree upon medication for favorable termination.

It will appear remarkable that so many different conditions should be classed under one general head and considered in any degree as one disease; but a little reflection and experience it is believed will convince of the propriety and consistency of such view. We sometimes meet cases of displacement, *retroversion* for instance, without any accompanying inflammation, but these cases are comparatively rare, and when found are of little importance, since retroversion without inflammation is productive of no inconvenience other than arises from pressure upon the rectum, nerves or blood vessels, and, in some instances this is not cause of complaint. Passive, subacute or chronic inflammation is the almost universal form observed, while acute inflammation is rarely seen, except after labor, abortion, or the sudden arrest of menstruation, and will not be considered at present only in its relation to subsequent chronic disease.

When it was discovered that the uterus sometimes had versions and flexions, it was at once imagined that everything was explained. If Simpson's sound demonstrated version or flexion, diagnosis was complete and wholly satisfactory; patient and doctor rested from further investigation; we wish we might add, from further interference. The os uteri

was tender, and irritable, cervical canal open, and granular, and numerous general and local evidences of uterine disease present, but the one word "retroversion" included everything, and at the same time indicated necessity of rectifying the mal-position. Here commenced the pressary age. Now, when its use has nearly passed away, or is much more confined to its legitimate scope, is a poor time to speak of its abuse; it is well however sometimes to confess our errors even if too late to rectify their injuries. The pressary system of practice is not so completely abandoned that estimation of its benefits may not be useful, nor is *retroversion*, *anteversion*, etc. so well understood that it is not constantly regarded as the primary uncomplicated disease; sufficient in itself to account for every conceivable uterine symptom. It is well understood that great differences of opinion prevail upon these points, with men of equal ability and experience. This will not appear remarkable when we reflect upon the nature of these diseases, and their terminations under different and opposite plans of treatment. We are, no doubt, sometimes misled, by nature accomplishing cures, while yet vigorously opposed by remedies.

Having already trespassed upon the reader by the length of our preliminary remarks, we proceed to give in brief the *symptoms*, *causes*, *local changes*, and *treatment for chronic inflammation of the uterus*.

General Symptoms of Uterine Inflammation.—These are exceedingly numerous and varied; all diseases of the uterus affect other and distant organs in greater or less degree, and these sympathetic disturbances are greatly similar in character, whatever may be the nature of the uterine affection. Diseases of this organ, the most dissimilar produce the same general symptoms, and consequently diagnosis cannot be made from these indications alone. Most, or all, of the functions of the general system are more or less interfered with; many times the slighter lesions producing the severer constitutional disturbances. The stomach is perhaps more frequently affected than any other organ. We see it in pregnancy and in every form of uterine disease. We have anorexia and voracity, sometimes loathing of food, or great desire for the most disgusting articles; nausea and frequent vomiting; indigestion, and all the numerous forms of discomfort which attend dyspepsia. Bowels are constipated or relaxed; dejections natural and proper, or watery, profuse, deficient, dry or hard. Mucous diarrhoea is often observed, and the bowels are distended by gas, and disturbed by its passage from one part of the bowels to another; distension of the abdomen is often so great as to induce the belief of pregnancy.

Of all the conditions of the bowels not one exerts so prejudicial influence over local disease as large fæcal accumulation, which sometimes seems to be, and perhaps is, the cause of the uterine disease, rather than caused by it. In cases of retroversion, obstruction of the bowels is sometimes caused by the pressure. The bowels are necessarily much influenced by the secretion from the liver, and this organ is thought to be often affected in its action by sympathetic influence and stimulated to profuse secretion of bile or rendered torpid in its action, inducing deficiency. These conditions of the liver, though often present, are not so certainly traced to uterine disorder as most of the disturbances we include under the head of general symptoms of uterine disease.

The *heart* is disturbed in its action nearly as frequently perhaps as any organ, and the advice of the physician is often asked from apprehension of organic disease. Palpitation and pain in the præcordial region are the more common symptoms complained of, though intermission in the heart beat, and great irregularity in the distribution of the blood are often observed; these symptoms are paroxysmal, and generally induced by some unusual excitement. It is quite common to find the feet and hands cold, and see them remain so for hours, while the face is flushed, head hot, and perhaps also other parts of the system; the heat extending down the spine, and being especially complained of in the lumbar region. Many other disturbances in the circulatory system are occasionally observed; the force of the heart is sometimes so lessened, that alarming symptoms are produced by fright, surprise, grief, or other emotions.

The *kidneys* are particularly liable to sympathetic disturbance, and the urine to become profuse and limpid, or scanty and highly charged with the salts, which may be in proper proportions, or one may be in undue quantity in relation to the others. The urine is often secreted in small quantity and its discharge attended by pain. It is often retained and great distension of the bladder produced unless attention is directed to its condition. In some cases extension of inflammation to the bladder and urethra cause great pain in micturition or immediately after, though this is often complained of, when there is no ground to suppose that the pain is from inflammation, but is sympathetic merely,

There is great sensitiveness in many parts; the bowels are tender and sensitive on pressure, the surface generally appears sensitive, particularly is this noticable in the spinal region; pressure upon the vertebræ causes pain in so great degree that physicians have been misled by this symptom alone.

“Spinal irritation” or “spinal disease,” has been found in thousands of instances, when a better acquaintance with the symptoms of uterine inflammation or congestion, would have led to a more correct diagnosis. This disease is not as fashionable now as formerly, when to the error of diagnosis was added the barbarity of practice common in the days of religious persecution; they were cupped, leeches, blistered, pustulated; burned, in a word they were “burned, torn by wild beasts, sawn asunder, persecuted, tormented;” they were not cured, though they sometimes recovered from the disease, and more remarkable still, from the effects of treatment.

The *nervous system* suffers most in uterine affections, and through it are produced some of the most severe and troublesome complications. *Spasms and hysterical convulsions* are apt to appear upon unusual excitement; they are distressing symptoms of uterine disorder, are exceedingly varied in form and severity, and show great irritability of the nervous system. These symptoms show themselves in paroxysms, which are often repeated.

The *mental* faculties are greatly affected during the existence of uterine disease; this has been noticed in rare instances ever since uterine disease has been recognized; recently attention is more than ever directed to this point. It is now being claimed by some special workers in uterine pathology that insanity in women is caused by inflammation, irritation, or other uterine disease, in a large majority of cases. There can be no doubt that the sexual and uterine system exert a great influence over the mental operations, while it is equally certain that insanity cannot with our present modes of investigation be traced back to tangible, local, organic change in the uterus or appendages in a majority of cases. Puerperal mania is sometimes complicated with uterine inflammation or irritation, with patulous ulcerated or granular condition of the neck and os uteri; two cases are now under treatment in the Buffalo Asylum with this condition. But mania is often present when no known method of examination can detect any uterine change, and when these conditions are found, it is not easy to estimate the dependence of insanity upon it, as a cause. These conditions may even be present and apparently cured by local applications, the insanity at the same time gradually passing away, and still the evidence is only presumptive that insanity was caused by the uterine condition or cured by its removal. Puerperal mania terminates favorably according to statistics, in great majority of instances, and has done so without our once even looking for any local change in the uterus. This may be accounted for in the great tendency of such acute cases of disease to terminate

spontaneously in recovery. There seems to be a wonderful relation between the sexual system and the intellectual; the mind is no doubt greatly influenced in its operations by conditions of this system which we do not understand. Mania is caused, or there is reason to believe it caused, by functional derangements of the uterine system, much more frequently than organic. Cases are not rare, where chlorotic girls have violent mania which subsides and forever disappears upon the appearance of the menstrual secretion and general improvement of the system. Mania is sometimes observed in girls at puberty, and often in women at the cessation of menstruation. Unnatural excitement from masturbation and excessive indulgence in sexual connection or unnatural chastity are common causes of insanity. Insanity is sometimes associated with inflammation, congestion and ulceration of the uterine neck, and it appears probable that such local disease acts in some cases at least as a principal cause of the mania.

There are a great many other sympathetic disturbances of the general system; indeed it is remarkable how numerous and varied are the general symptoms of uterine disorder. They require to be understood, though very little definite knowledge of the specific disease can be learned from them; they simply point to disturbance of the uterine system as their source and cause, but do not indicate the form of disease present. ♦

Local Symptoms of Uterine Inflammation.—Pain and heat in the sacral region; tenderness in the lower portion of the abdomen; discomfort in assuming erect position; feeling of weight in the pelvis; leucorrhœa; painful micturition; deranged menstruation; to which may be added the conditions observed in the cervix and os uteri, viz: enlargement, congestion, abrasion of the mucous membrane, ulceration, induration, softening, tenderness, atrophy the result of inflammation, and the various displacements and versions. These conditions are caused by inflammation in the body or neck of the uterus, which may effect the mucous membrane in any portion, or may extend to the sub-mucous tissues.

The more common causes of this inflammatory action ^{are} pregnancy, abortions and labor, severe exercise, cold, constipation, suppressed menstruation, sexual indulgence, to which might be added other, and less easily traced, but not less operative causes.

Means of Diagnosis.—At the present time there is no excuse for neglecting physical examination in cases of supposed disease of the uterus, by which we may arrive at positive knowledge of the extent and nature of

these affections. It is a low and imperfectly educated female, who objects, when suffering from such disease, to a careful and thorough examination, and it is a fastidious, flimsy, unmanly, ignorant and incapable physician who consents to continue the care of females with the general symptoms of uterine disturbance, without instituting such examination. It should be done thoroughly, by good light, in proper position, with suitable instruments; at the same time it should be done with the reserve of a gentleman and the delicacy of a true physician.

By the *touch* we may learn the condition of the rectum, if free from hemorrhoidal tumors or fecal accumulations; the bladder, if it is inflamed or contains calculous or other foreign substance; the whole pelvis, if it contain tumors or any sort of unusual conditions. Especially we may learn the condition of the uterus, its position, shape of the neck and body, sensitiveness, hardness, patulence of the os, and if from the os or cervix are protruding any unnatural growths; the weight of the organ may be also estimated.

With the *speculum*, (which should always be used of as large size as the case will admit,) we shall be able to see many conditions of disease, and to make direct application to surfaces which are thus fully exposed. We shall see irritable, bleeding, granular, ulcerated surfaces, patulous, indurated, or otherwise diseased conditions, which depend upon congestion and inflammation as a cause. The most common lesion, that is the stage of inflammation in which advice of physician is most often asked, is that of congestion of the neck, with enlargement and tenderness, and a granular abraded mucous membrane. This inflammation not only appears upon the neck, but almost invariably extends more or less within the cervical canal, and even may involve the whole lining of the uterus, though this is believed to be quite rare.

This granular condition has been called "ulceration of the neck, or os uteri," but granulation is more descriptive of the appearance and more truthful of the pathological change. This epithelial disease is the most common form, and is met in practice more frequently than all others combined. As the disease progresses the papillæ increase in size and length, and the diseased patches appear raised above the surrounding healthy tissues. These diseased surfaces are seen covered in their first and milder stages with yellow mucus, which as inflammation progresses in severity, becomes mixed with pus, or is mainly purulent in character; these surfaces also bleed upon the slightest provocation. The low leucorrhœa is

indicative of this condition, and is probably never present without having some such origin; though it is said that such granular surfaces are sometimes dry, and furnish no such product.

With the *sound* we may learn the size and length of the cervical canal and uterine cavity, and the position of the uterus; may determine if the organ is flexed or retroverted. We may also judge of intra-uterine growths or extra uterine attachments or connections with pelvic tumors. With this condition of congestion or inflammation will also be found *versions* and *flexions*, which are believed to depend upon it as a cause, though versions may accrue from other causes, and not necessarily produce great harm; it is not very uncommon to meet with mal-positions of the uterus which are yet productive of little inconvenience; are corrected occasionally by pregnancy and return again after delivery. The almost universal effect of congestion and inflammation is to increase the weight of the womb, and thereby depress below its natural level. Other causes besides the increase in weight may tend to this result.

What are our means of cure?—When there is evidence of inflammation of the mucous membrane only, a judicious use of caustics and astringents will be the most effective treatment which can be adopted. If the inflammation extends to the deeper structures, and is more active in character other means may be premised, since the caustic and astringent applications are found useful mainly when the disease is primarily of the mucous membrane, or has extended from it to the deeper tissues, if they are involved. In the early and more active stage, *baths* and mild saline *cathartics* are often useful in subduing the inflammation and relieving pain preparatory for local applications. The *sitz bath*, composed of tepid water, and used twice daily, is often serviceable, and should be at least mentioned as a means of allaying the earlier urgent symptoms. The temperature of the water may be gradually lowered from tepid to cold, as is found most agreeable and useful.

The caustics and astringents most in use are nitrate of silver, persulphate and perchloride of iron, acid nitrate of mercury, chloric and nitric acid, iodine, caustic potassa, and actual cautery. Of these, the nitrate of silver is the almost universal remedy, and though it sometimes does harm, and cannot be used, and sometimes fails altogether, still it will so generally answer the purpose that it may well be regarded as the standing remedy to be discarded only when it fails, or produces injurious effects. The great majority of cases are successfully treated by the judicious appli-

cation of this remedy alone. It should be applied in solid stick, to the granular surface, which should previously be wiped free from secretions. This application should be made as frequently as the activity of the disease renders necessary. As an ordinary rule nitrate of silver may be applied once a week; to this rule however there are frequent exceptions. The application should be made to the whole diseased surface, extending up the cervical canal and upon the mucous membrane of the cervix, and should be continued until the disease has entirely disappeared; three months is not a long time for the treatment of granulations or ulcerations upon the uterine neck. Nitrate of silver often seems to produce bad effects when first applied; there is more pain, greater amount of discharge, and in severe cases blood is mixed with the mucus, or the blood may be so much in quantity as to mask the mucus, and the patient appear to have hemorrhage; sometimes patients think they are menstruating. A discharge then of bloody serum or blood mixed with secretions is common from the effects of nitrate of silver. This will soon subside, and should not be regarded as unfavorable. Pains also in the back and disturbances of the stomach are not unusual or unfavorable symptoms; they subside without producing serious harm.

When from extension of disease to the deeper tissues, or from other causes nitrate of silver is not successful, and more powerfully stimulant or caustic impression is desired, we may hasten the cure and produce favorable change by more active agents. Chromic acid is a favorite remedy, may be safely and usefully applied in the severe cases of irritation, where the surface is spongy, irritable and vascular. Nitric acid, caustic potassa, and actual cautery are sometimes useful when the milder and less formidable applications fail. The actual cautery since the invention of anæsthesia has lost many of its horrors, and is of great service in some instances. It can be used without great risk and controlled in its action, and on this account has advantages over the strong acids and potassa.

In cases of *flexion* and *version*, what means have we of rectifying the condition? We can introduce the uterine sound, and if there is not dilatation of the uterine cavity, so that the sound turns in it, we may replace the womb in natural position, and require our patient to retain the recumbent posture, but this may be repeated as long as we please, and will never permanently rectify the flexion. That practice, of which we sometimes hear, where physicians armed with the uterine probe, replace from time to time what they denominate a "retroverted" or "retroflexed uterus,"

“putting the uterus back in its place,” is of no benefit to the patient, and a disgrace to the physician. Flexion of the uterine neck may sometimes be prevented by inducing congestion and swelling, but version will still continue, and the condition is made worse rather than better.

Shall we attempt any form of pessary? There are stern pessaries which, if carefully introduced, will retain the organ in upright position, but they produce great discomfort, increase the irritation, and sometimes induce acute inflammation. They are occasionally tried by practitioners, but are usually soon abandoned as more troublesome than the disease. Then there are a great variety of other instruments all having the view to elevate the uterus from its depressed situation, and of forming a support upon which it may rest. If the womb is congested and rests upon the perineum in greater degree than natural, it will be difficult to show why it may not as comfortably be sustained there, as upon a ring, air bag, or other substance foreign to the parts, which is itself resting upon the same base, thus constituting at best a mere wedge. All pessaries are liable to produce more or less irritation of the mucus membrane, and increase of uterine disease, and it requires care to use them so as not to do great harm. Occasional cases of great prolapse may be supported in this way, but flexion and version are rarely if ever corrected by this means. Flexion or version connected with irritation, congestion, or ulceration, may reasonably be regarded as depending upon this disease, and the plain object in treatment will be to remove the condition upon which it depends.

Possibly these instruments may occasionally have proved useful, but there is another explanation of their *modus operandi* than the one usually given by the inventor, and acted upon by the prescriber. Their introduction may have a stimulating effect upon the old and indolent action, substituting a new and temporary inflammation, which may be recovered from, for an old and morbid one, which might last for years.

The importance of flexions and versions of the womb has been greatly exaggerated. It is much more remarkable that it should submit to being daily replaced, tipped, twisted and turned by means of the uterine sound, than that it should remain flexed or retroverted with comparative impunity. Believing that the displacement theory is a great fallacy, and being disgusted with the speculation in popular favor and prejudice, which has been successfully prosecuted by appeals which affect so forcibly the popular mind, protest and denial is a duty and a privilege. Dislocation of the womb, by those who know no better, may be regarded as sufficient to

account for untold pains and aches, and has been made a pretext for any amount of unnecessary and injurious treatment.

Not to be misunderstood, it may be well to say, that there is no doubt of the existence of the various flexions and versions; that their causes are obvious, and generally acknowledged. It may also be well to state that sudden flexion or version has been induced by falls or unusual exertion and replaced with permanent restoration by position, aided by the hand introduced into the vagina. The importance and necessity of replacing a retroverted uterus, if it occur in the third or fourth month of pregnancy is well understood. These and similar exceptional cases, are not at all considered in the statements concerning flexion and version, and our means of rectifying such positions.

Successful management of uterine disease, depends upon a correct and common-sense regulation of food, air, clothing, exercise, and repose, as well as the proper application of local or specific remedies. The experienced practitioner is fully aware of the importance and necessity of attention to the details of treatment, and will not neglect attention to the general system, and strict regulation of the habits of life.

If ulcerative disease has lasted for years under varying circumstances, perhaps wholly undetected, and improperly treated, it will be presumption to promise a speedy cure, but even under the most adverse conditions we should indulge largely in hope; there are few cases in which we may not entertain high expectations of cure, if we can inspire confidence and courage. Perseverance in treatment will not be continued, unless we can give assurance of ultimate success; and treatment should be commenced with the understanding that we are confident of recovery, though it may be long delayed.

ART. II.—*Three Cases of Gun-Shot Wound of Bladder.* By the late W. H. BUTLER, Acting Assistant Surgeon, U. S. A.

Fibrinous Thickening of Bladder.—Charles Wolver, aged 20, private Co. "H," 24th New York Volunteers, was wounded at Centreville, August 30th, 1862, by a musket ball entering above pubis and one inch to right of median line, passing obliquely to the left and downward, coming out four inches above coccyx and three inches to the left of median line. Entered hospital September 1st. Posterior wound closed when he entered the house. From the anterior wound urine has almost constantly flowed, although a flexible catheter has been placed in the urethra from the beginning. Pulse

125. Difficulty has been experienced in passing the catheter, which was eventually overcome by withdrawing the stylet gradually after the catheter passed under the pubis, giving it an upward tilt on the inner end. Pulse 110 to 125 most of the time since. Treatment—cleanliness, good diet, beef tea, meat broth, etc.; opium in full doses. Bowels confined until September 9th, when the tongue became thickened and coated, and he complained of oppression in his bowels. ℞ Enema warm water; a moderate evacuation followed; no pus or blood.

10th.—Has marked jaundice. ℞ Mass hydrag. gr. vi.; follow in six hours oleum ricini ℥ i. Had a free and painless evacuation.

11th.—Vinum album, ovum vitellus No. 1, every 4 hours; pulv. ipec. comp. gr. xij. S. quinia gr. xii, mass hydrag. gr. vij. bed time; was quiet, until the latter part of the night, when he became restless and delirious.

12th.—Pulse 120 and weaker. ℞ Milk punch, ℥ iv. every 1½ hours beef essence, etc. 6 P. M. ℞ Tinct. opii. ℥ iv. spts. vini gallici ℥ i. sig. 1 teaspoonful every hour till he sleeps. Spits up clots of blood to-night, and has some through the day; respirations accelerated, pulse 140; he gradually failed, and died 8 A. M., September 13th, living 14 days with this serious wound, which seemed almost hopeless from the beginning. The jaundice seemed to be almost immediately developed after the first evacuation of the bowels. This might have been accidental, and probably was.

Post mortem 3 hours after death by Drs. Butler and Kennon, Mr. Fuller present. Appearance of body very yellow and emaciated. Rigor mortis well marked, bowels tympanic, eyes sunken, sugillation well marked on the back, neck and thighs, Pupils markedly dilated; external appearance of wound very dark and dry. Found on cutting through abdominal walls slight fracture of superior part of pubis, some small pieces of bone being detached. The ball entering on the upper and to the right side of the bladder, ulceration had taken place to considerable extent beneath the parities of abdomen and to the right of bladder. A small piece of bone was driven into the bladder from the os pubis. Walls of the bladder thickened at least an inch and its capacity lessened, say one half. The ball passed through the left side of bladder and through upper part of ischiatic notch. Outer wound completely closed, and could not be forced open. Lungs normal anteriorly; left lobes covered with plastic lymph, and cavity of chest filled with serum, (of a pale yellow color,) and the Pericardium also filled with serum. Liver much enlarged, estimated to weigh six pounds; kidneys normal; spleen congested. Heart normal externally; on opening

the cavities, found them all filled with thick and tenacious fibrinous bands; this was particularly marked in the right auricle, the mass on being removed taking casts of the veins well up into the head; walls of usual thickness. Some clotted blood on left ventricle, mixed with the fibrine or lying over it; stomach and intestines healthy.

Gun-shot Wound through Bladder.—John Mahay, age 19, private Co. H, 101st N. Y. Vols., was wounded at the battle of Bull Run, August 29, 1862, the ball entering the crest of the pubis about an inch to the right of the symphysis and passing directly through the bladder in a downward and outward direction, making its exit between the spine of ischium and coccyx. Several pieces of bone have at different periods passed through the urethra, and although he has never been perfectly free from pain, sometimes of the most severe character, his appetite and strength continued remarkably good up to a late period.

The wounds made by the entrance and exit of the ball would-close up for a longer or shorter period and again open and discharge urine, pus and blood; and when urinating that fluid would pass quite as freely through these fistulas as through the urethra. Generally urinated freely, but never without pain referred to the penis and perineum, at times very severe, the urine always albuminous, muco-purulent or bloody, and in considerable quantities.

During the early part of the treatment, a catheter was retained in the bladder, and the attempt has been made at different periods to introduce it, but was attended with so much suffering that the patient was unable to endure it; it never seemed to be of much benefit. Has suffered severe pain referred to the kidneys at different periods, which was allayed by cupping, warm fomentations and opiates.

About six weeks ago he was placed under the influence of ether, and the anterior opening dilated, through which an irregular shaped piece of bone was extracted, and at the same time a stone was distinctly felt, but it was not deemed prudent to operate for its removal at that time, since which time, however, he has been gradually failing, and died on the evening of the 24th instant.

Autopsy the following day, when it was discovered that the course of the ball varied but little from the foregoing description; the bladder greatly contracted, and the walls or coats three-eighths of an inch thick, and its cavity nearly filled by two stones weighing 3 ij. grs. x, and 3 ij. grs. lvi.

==3 vi. gr. vii.; several pieces of necrosed bone removed from point of exit of ball.

Sherman E. Perry, age 27, private Co. "K," 16th N. Y. Vols. Wounded at the battle of Salem Church, near Fredericksburgh, Va., late in the afternoon of May 3d, 1863, body inclined forward when he was struck by a conical ball, which first passed through his canteen and then entered the body about half way between the anterior superior spinous process of ilium and the symphysis pubis, and two inches below a line drawn from one anterior superior spine of the ilium to the other at a point corresponding to the inguinal canal, passing downwards, backwards and to the right, through the right side of sceral bone, and making its exit midway between the sacro-coccygeal articulation and the great trochanter of the right femur. He fell to the ground when struck, but soon got up and walked some 40 rods to the rear, where he entered a small house. He lost considerable blood the first twenty-four hours, and thinks the bladder was about half full when the ball entered, judging from the time he last urinated. I ought to have said that the ball lodged at a point above described as the exit, from which spot it was extracted on the 4th day by a surgeon of the 121st New York, who attended to the case until the 12th, at which time he was taken by the rebels to United States Ford and delivered up to our officers, taken across on a pontoon, and then carried in an ambulance to Potomac Creek Hospital, and attended to by Surgeon Oakly, of the 6th army corps. No urine was passed through the urethra for eight days, but blood and urine passed freely through the wound. He remained here until the 13th day of June, when he was transferred and admitted into Armory Square Hospital, by which time the wound had nearly healed up. A flexible catheter was constantly retained in the bladder for about four weeks previous to his admission, and continued for three or four days afterwards, about which time, on withdrawing the catheter, a piece of blue cloth immediately followed, which was rolled upon itself and was being very nicely encrusted with fine sand, serving as the nucleus for the formation of a stone. On the 21st of June, and after the introduction of a catheter, a small, flat piece of bone passed through the urethra. It was well known that something still remained in the bladder, from the fact of his having pain and difficulty in urinating, and at times the urine would suddenly cease to flow, which condition of things continued until the 21st of July, when he experienced unusual pain in attempting to urinate, and

the cause soon became apparent in the shape of a stone, measuring about three-fourths of an inch long and one-half an inch in diameter, which resembles a peanut more than anything else in size, shape and color. He suffered very severe pain during its passage to the end of penis, from which place it was extracted with small forceps. Sept. 9th.—The evidence of further deposits in the bladder being conclusive and giving the patient trouble, Dr. D. W. Bliss, surgeon in charge, performed the lateral operation for stone, and removed a soft calculus of a flat oval in shape, three-fourths of an inch long, one-half inch wide and one-fourth inch thickness, the nucleus of which seemed to be cloth; weight 23 grains.

Patient made a rapid and complete recovery, and was transferred to New York Oct. 28, 1863, about which time his term of service expired.

ART. III.—*Case of Gun-Shot Wound, with fracture into the Elbow-Joint—Read before Students' Medical Society.* BY E. N. B. SMITH.

John Brunner, Co. B, 49th Regiment, N. Y. Vols., arrived in this city, Thursday, May 19th, had been wounded at the battle of the "Wilderness," May 5th, two weeks previous to his arrival. Dr. Long conducted him to the office of Dr. Miner, who, by request examined the wound. The ball, a Minié, had entered the fore-arm about $1\frac{1}{2}$ inches below the olecranon process.

May 20th, Dr. Miner, accompanied by Drs. Long, Lothrop, Stork, Brown and medical students, visited the patient at his home for the purpose of making any operation the appearance of the joint might indicate. The arm was badly swollen from the tips of the fingers to the shoulder, and, judging from external appearance, the joint was so badly broken up that much doubt was entertained of saving the arm. Dr. Miner thought best to lay open the wound and find out its internal condition, which was done by making an incision about 4 inches in length directly over the external wound. The ball had broken off the olecranon process, shattered the ulna to a distance of $2\frac{1}{2}$ or 3 inches below its point of entrance, and also fractured the inner condyle of the humerus, not touching the radius, which retained its normal position. Not finding the joint as badly comminuted as he expected, he removed all the pieces of bone and the ball; cleansed the wound, drew it together, and applied a cold compress; gave morphia sulph $\frac{1}{2}$ gr. to quiet pain when necessary.

The principal point of interest in this case is the effort made to save the arm, whereas eight or ten years ago it was thought impossible to save a limb that had a joint opened or badly injured—conservative surgery in such a case as this was considered out of the question.

It will be observed that the results of the case are as yet undetermined, and possibly the patient may lose his arm, or even his life. Whatever may be the termination the case is an interesting one; and when the result is known will contribute one case towards establishing what course it is safe and best to pursue under similar circumstances.*

CORRESPONDENCE.

IS CONSUMPTION EVER CONTAGIOUS, OR COMMUNICATED BY ONE PERSON TO ANOTHER, IN ANY MANNER?

BY W. M. CORNELL, M. D., LL. D., PHILADELPHIA, PENN

Dr. H. S. Bowditch, in the *Boston Medical and Surgical Journal*, Vol. lxx. No. 17, has handled this subject in an able manner, as he does all subjects that he attempts. Dr. B. has had much experience in this disease, and his observations are important to the profession. Still, I think he has arrived at erroneous conclusions respecting the communication of consumption from one person to another. I do not say it is *contagious*; because, strictly speaking, but few diseases are so; that is, communicated by simple *touch*, which is the real derivation of *contagious*; but, that this disease is communicated from one person to another in some way, I have not a doubt.

In a small work which was published in 1850, on "Consumption Treated," I said, "consumption is *contagious*. I mean by this, that it can be taken by one person from another. The ancient Romans so believed, and hence burnt the beds, clothes, furniture, and books of those who had died of this disease." Upon this point, I will add only one quotation from Dr. B.'s article, which he seems to have gathered from what he calls "the learned work of Dr. Young." In a note, Dr. B. says, "Practical and Historical Treatise on Consumptive Diseases, by Thomas Young, M. D., F. M. S., London, 1815."

Dr. B. continues, "It would seem from Dr. Young's statements, that all the chief authors who, previously to the last quarter of the last century,

* This patient is rapidly recovering, and the motions of the joint are retained as yet in remarkable degree.

treated of the subject, were full believers in the contagiousness of consumption." He then says, "Aristotle, among the Greeks, Galen, Morton, of London, 1619; Phinius, 1728; Morgagni, 1761, and Wothering in 1775—all these, and, indeed, every other writer of note, believed consumption was communicated from one person to another."

Now, all the use I wish to make of these writers, and of the general opinion held by them is this, old maxims and general opinions of the whole medical profession are usually correct. If it were so, in this case, then Dr. B.'s conclusion, that consumption is not communicated from one person to another, is not correct. I like the Doctor's caution. I am aware that it may be truthfully said, in reply to this remark, that the whole profession have often been wrong. This is true. *They* were wrong, and Jenner right, upon vaccination. *They* were wrong, and Harvey right, upon the circulation. *They* were all wrong, in this country, and abroad who followed *Rush*, as to his notions of venesections, whom a late eminent English physician says, "was peculiarly blood-thirsty." Many other cases of a parallel character might be given, but they are not necessary.

My reply to these cases is, they have not remained under these erroneous views for centuries, as the whole profession did respecting consumption, if that were an error. The profession soon acknowledged Jenner to be right; they soon adopted Harvey's plan of the circulation, and they have now almost to a man forsaken the blood-thirsty practice of Rush; and the presumption is, that the old medical writers would much earlier have abandoned their views of the contagiousness of consumption had not those views been correct. At least, I am satisfied that they were.

A single word may be said here upon Dr. B.'s remarks, as follows: "Only two writers of note and of undoubtedly strong minds, and these Americans, can be found to defend the proposition of contagiousness.—These two writers are nearly at the two extremities of the period named under consideration, viz: Benjamin Rush, 1793, and Drake, 1854."

I claim to have maintained this opinion, and published it in 1850.—But, I may not be a "writer of note, nor of a strong mind." I am far from attributing any intentional neglect to Dr. B. in this case, for two reasons; the first is, he is not *such* a man, but of liberal views and always above small things; and the second is, he reported favorably as a committee upon inhaling and otherwise using a powder of Nitrate Argent et Podo-phyllum by me, which report was, and still is, referred to in the *Dispensatory*, mentioning me by name, under the article *Argentum*. So that I

am satisfied to believe that it was a mere oversight in Dr. B. in not giving me credit here, as formerly.

One remark may be made respecting the writers of late, referred to by Dr. B., who maintain that consumption is *not* contagious; it is this, most of them add, "it is better not to sleep with a consumptive person." Why this caution, if there is no danger? Who would caution a man not to fly off to the moon? Does not such caution manifest a little want of confidence in the expressed opinion? One would certainly think so.

One other remark in passing, which is, old women and old nurses generally believe consumption to be contagious. I hear them express this opinion every day. It was expressed by one yesterday, whose wife lately died of the disease, and whose surviving husband now seems laboring under the same. It may be said, this is but an old woman's opinion, and is of no more value in the argument, than "Mrs. Winslow's Soothing Syrup" would be in this disease. I know all that, and I also know that old women first used, and from their first using, many medicines, they were adopted by the profession, and *thus* found their way to being official. Take, for instance, the best parturient we have, called by them *muttercorn*; by us *ergot*. This was long used by the German old mothers, before we used it.

I here add the same remarks as before, ~~what~~ everybody says is true; or generally has a foundation in fact. We find this verified respecting nine-tenths of the old surgeon's adages.

One preliminary remark, and then I have some *facts* to adduce. I am, as you know, a *specialist*, and one of my *specialties* has long been *Phthisis*. Upon this I have written, and in treating it, as in one other specialty, I have had some patients from abroad. I am not purposing to discuss *specialties* here; but I do mean to do it sometime, as I am sure half the profession are wrong upon the subject.

A young man came to me as a *specialist*, with phthisis. I inquired, were either of your parents consumptive? The reply was, *no*. Were your grand-parents? No. They both lived to old age. The patient added, "my wife died of consumption, and I was with her, lived with and lodged with her, and my mother says I took the consumption from her." Now, here was a case in point. He was evidently *going* in consumption, and I could not learn that any of his near blood relatives had died of this disease. I think, with his mother, that he took it from his wife; and still, I believe wives oftener take it from their husbands. I have a case nearer home. I belonged to a consumptive family. My father, mother and an

only brother, all died of phthisis; the latter before he was thirty years old. He married into a healthy family, no member of which, certainly for two generations, both on the father's and mother's side, had died of consumption. My brother had the true tuberculous consumption. His wife, always healthy and robust, nursed him, lodged with him to the last, and died of the same disease within two years of my brother. She certainly had no *hereditary* taint. How do you account for it? I believe she took the disease from her husband.

I have another case in point. A young man of my acquaintance, of a consumptive family, married a young lady in perfect health, who belonged to a family not one of which had died of consumption for many years. Her grand-father on each side and grand-mother and parents, were all healthy, and her brothers and sisters. Her husband sickened and died of phthisis. She lived with him, nursed and slept with him to the last. I was not her husband's medical attendant; but within a year from the time of his death, his widow came to me for medical advice. I found her much below the standard of health, in her father's family, with considerable emaciation, slight "*hacking cough*," as she called it, and all the well known symptoms of consumption. She said, "I am very much as my husband was when he was first taken sick; and do you think I could have taken the disease from him?" She died within two years. There is a large family of her brothers and sisters, and every one of them enjoy perfect health, and the whole family connection is as free from any tubercular taint as I have ever known in any family.

Now, I do not know how to account for these things unless consumption is contagious or infectious. I believe it is, and that the ancient physicians were right upon this subject, and that facts in my practice for twenty years fully harmonize with this belief.

I beg leave here to quote a page from my little work upon this subject, alluded to above, assuring my readers that my views have undergone no change upon this subject during the fourteen years that have elapsed since it was published, namely: "If a husband or wife has this disease, and the healthy companion continues to lodge with the sick one, does the healthy one escape the disease? Many cases of this kind I have known. The same is true of a sister, who takes the nursing of, and sleeps with a consumptive sister. I know it seems hard to the sick that a companion, or a near friend, should be afraid (as it is termed) to lodge with them. But it is the first law of nature to preserve one's self. If the sick *must suffer*

unless the healthy are thus exposed, the case would be different. But such is not the fact. They can have all proper and necessary attention, without the health of a friend being thus endangered. This breathing the air, as it issues from a decayed or decaying lung, and imbibing the perspiration from a consumptive body, is at the risk of health and life. Who has not seen a whole family of sisters, living together, and nursing each other, successively follow one another with fearful strides, to the dark and silent resting-place, while the one or two who had married early and had removed from the parental mansion, have escaped? I have seen many such cases."

I might quote still more, all going to show that I had written upon this subject, though not recollected by my friend Dr. B.

And now, Sir, may I call your attention to one other point not exactly connected with the one now under discussion, yet still relating to consumption. In a little book which I published in 1848, I spoke of the use of *alcohol* in consumption, and of preferring to send *consumptive patients North* instead of South. I had never seen either of these ideas in print, nor heard them expressed by any one, previous to that time; and I know that many physicians who now embrace both, *then* laughed at them.— If you are aware of their having been broached previous to 1848, tell me *where* I can find it.

A SUGGESTION.

Dr. J. F. Miner, Editor Buffalo Medical and Surgical Journal:

Dear Sir:—The recent report of Drs. Krombein and Dingler, upon the *Trichina Spiralis* disease in Erie County, as also the able paper upon the same subject by W. Keller of Darmstadt, re-published in the *American Journal of Medical Sciences*, suggests to my mind a solution of the vexed question of the National Hotel disease at Washington, which several years ago proved so fatal, and which defied all attempts at analysis and treatment. If any of your readers are sufficiently familiar with that disorder to judge of the comparative symptoms between it and those produced by *trichina*, their opinion is solicited as to the correctness of the surmise of

Yours Respectfully,

THOS. F. ROCHESTER.

MORRIS, June 26th, 1864.

Editor of Buffalo Medical and Surgical Journal :

DEAR SIR:—Inclosed find a case that occurred about twelve miles distant from me, which, if you find worthy, you will note in your Journal, and please give us through its columns your opinion, &c.

J. W. STILLE.

James H. Birdsall, a young man, previously in good health, was attacked with inflammation of the left lung about the first of April last. For several days his life was considered in imminent danger. At length the violence of the symptoms was overcome and the hope of recovery indulged. About this time improper exposure kindled into activity the smothered embers of disease. Frequent chills, followed by fever and attended with severe pain, and laborious breathing, which became more and more aggravated during a period of three weeks, led us to suspect the formation of abscess. On the sixteenth of May a consultation was held, the presence of fluid to a large extent positively detected, and an operation for its removal recommended. The day following an opening was made between the ribs of the left side and nearly three quarts of pus escaped, with decided and immediate relief to the patient. The wound was then closed, with directions that it be re-opened as often as symptoms indicated the accumulation of fluid in the cavity of the abscess. It became necessary to remove the dressings daily in order to give vent to the accumulation for fourteen days, the discharge averaging about a pint a day, when nature, exhausted, finally gave way.

A *post mortem* examination disclosed a cavity of large dimensions between the lung and the walls of the chest, the lung itself, together with the heart, having been forced far toward the opposite side by the continued pressure of the accumulated fluid. The left lung, instead of being destroyed by suppuration, as was supposed, had become consolidated by the inflammatory process; all appearance of air cells or bronchial tubes having been entirely obliterated. The pericardium was adherent to the heart throughout and both lung and heart so firmly attached to the mediastinum as to present the semblance of one solid mass. The right lung was compressed by the displacement of the mass to one-half its natural thickness.*

* We should presume that the above case was one of pleuritic inflammation, ending in *empyema*, which is not an infrequent termination. Whether the fluid is serum or pus, the physical signs are the same. Abscess of the lung is said to sometimes form, and by rupture, produce some such results as above described. The condition of the lung, in this case, was probably produced mostly by pressure.—Ed.

●
MISCELLANEOUS.

ABSTRACT OF THE TRANSACTIONS OF THE AMERICAN MEDICAL
ASSOCIATION.

FIFTEENTH ANNUAL MEETING.

Condensed from the "New York Medical Independent."

[CONCLUDED.]

THIRD DAY—MORNING SESSION.

The Convention re-assembled this morning.

Dr. MAURAN, of Rhode Island, called the attention of the Convention to the prizes offered by Rhode Island, amounting to \$200, for the best essay on the following thesis:

1—What evidence is there that inflammatory and febrile diseases have undergone any general change of type?

2d—The effects of climate in America on Tuberculous diseases.

Dr. E. R. SQUIBB of New York, from Committee on the Practical Workings of the United States Law relating to the Inspection of Drugs and Medicines, presented a report.

Dr. STORER read the following resolutions, which were adopted:

Resolved, That in the opinion of the American Medical Association, it is expedient that there should be attached to every public hospital for the insane, one or more consulting physicians, who may be consulted at the discretion of the Superintendent; such measure being for the interest of the hospital, its medical officers, and its patients.

Resolved, That a copy of the above resolution be transmitted to the Board of Trustees of each of our public hospitals for the insane, and also to the Secretary of the Association of American Superintendents, with the request that it may be endorsed by that body, and the act proposed be urged upon the respective boards with which the members are officially connected.

The Committee on Nominations, Dr. ARMOUR of Michigan, reported the following Standing Committees:

On Insanity—Ralph Hills, Ohio; C. H. Nichols, District of Columbia; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Ct.; E. R. Van Duser, Mich.

On Exsection and its Connection with Conservative Surgery—Lewis A. Sayre, N. Y.; G. W. Norris, Pa.; G. C. Blackman, Ohio; H. S. Tewksberry, Me.; E. Andrews, Ill.; G. B. Twitchell, N. H.; G. C. Hughes, Iowa; George Clymer, U. S. N. J. R. W. Dunbar, Md.; R. H. Gilbert, U. S. A.

On Alcohol and its Relation to Man—G. E. Morgan, Md.

On Microscopic Observations on Cancer Cells—L. J. Sanford, Ct.*

On Medical Ethics—J. J. Murphy, Ohio; M. L. Linton, Mo.; B. F. Schenck, Pa.; S. Wickersham, Ill.; A. J. Fuller, Me.

On the Microscope—J. M. Corsc, Pa.

On Quarantine—D. D. Clark, Pa.; E. M. Snow, R. I.; W. Jewell, Pa.; E. D. Fenner, La.; J. W. Houek, Md.

On Causes of the Extinction of the Aboriginal Races of America—G. Suckley, New York.

On International Medical Ethics—Robert Thompson, Ohio; G. Shattuck, J. B. Upham, Mass.; G. C. E. Weber, Ohio.

On the Relations which Electricity sustains to the Cause of Disease—S. Littell, Pa;

On the Morbid and Therapeutic Effect of Mental and Moral Influences—A. B. Palmer, Mich.

On the Causes and Treatment of Ununited Fractures—F. H. Hamilton, N. Y.

On Diphtheria—L. Clark, Ill.

On the Drainage and Sewerage of large Cities, and their Influences on Public Health—W. J. C. Dehamil, Dist. of Col.; E. C. Baldwin, Md.; C. Ramsay, N. Y.

On the Uses and Abuses of Pessaries—J. P. White, N. Y.

On International Medical Ethics, to Investigate the Conditions demanded for a Diploma of Doctor of Medicine in the various Medical Schools and Universities of Europe—J. B. Upham, Mass.; R. Thompson, Ohio; G. C. Shattuck, Mass.; G. C. E. Weber, Ohio.

On Climatology and Epidemic Diseases—C. W. Parsons, R. I.; P. A. Stackpole, N. H.; T. M. Logan, Cal.; J. R. C. Hamill, Ill.; J. C. Weston, Me.; B. H. Catlin, Ct.; C. L. Allen, Vt.; T. Antisell, Dist. of Col.; J. W. H. Baker, Iowa; A. Sager, Mich.; O. S. Mahon, Md.; J. W. Russell, Ohio; D. F. Condie, Pa.; H. Townsend, New York.

On Autopsies in relation to Medical Jurisprudence—F. C. Finnell.

On so-called Spotted Fever—J. J. Leviek.

On the Introduction of Disease by Commerce, and the means for its Prevention—A. N. Bell, N. Y.

On Patent Rights by Medical Men—D. Prince, Ill.; T. Antisell, Dist. of Col.; S. Smith, N. Y.

Dr. W. B. ATKINSON of Philadelphia, was proposed for Permanent Secretary of the Association, and Dr. STORER of Boston, for Assistant Secretary.

Dr. KENNEDY moved the substitution of the name of Dr. FURMAN as Secretary, paying a high eulogium to the character of Dr. FURMAN.

The nomination of Dr. FURMAN was lost by a vote of 36 for 75 against, whereupon Dr. W. B. ATKINSON was elected unanimously.

The Committee on Prize Essays, through Dr. PEASLEE of New York, reported that they had received three essays for competition, viz: On the Surgical Treatment of Morbid Growths in the Larynx, which was received too late to be acted upon. This essay was written with excellent care, and showed great research on the subject.

What effect has the milk and meat of diseased animals on public health?

The Committee gave this a high eulogium and expressed a hope for its publication.

The third essay, "Pathology of Jaundice," was given the prize. Dr. J. FLEET SPIER of Brooklyn, N. Y.

The meeting then adjourned to 4 o'clock P. M.

AFTERNOON SESSION.

The meeting was called to order by the President, and the roll of delegates called by the Secretary.

A resolution was passed, amending the by-laws so as to elect the President by ballot.

A resolution of thanks to the profession of this city for their hospitality, was passed.

Also, a resolution recognizing the services, patriotism and sacrifices of the army surgeons.

Also, a vote of thanks to Secretary FURMAN.

Also, a resolution requesting Rail Road Companies to convey delegates at half fare.

Also, a resolution to appoint a Committee to codify the ordinances of the Association.

A resolution on the death of Dr. B. F. BACHE of Philadelphia, was referred to the Committee on Neerology.

Report of Section on Chemistry was adopted.

Dr. J. HOMBERGER offered the following:

Whereas, The position of Specialists and Specialties is but very ill-defined, be it *Resolved*, That the American Medical Association go into a Committee of the Whole, in order to define the position of Specialism and Specialists, as well as the duties of the profession towards Specialists, and the duties of Specialists.

This resolution was followed by an animated debate. It was referred to a Committee of five, of which Dr. HOMBERGER is Chairman.

Resolution to memorialize the Legislature to enact a law providing for the compensation of medical men when attending as witnesses in courts.

Report of Committee on Epidemics, etc., was adopted.

A resolution to apprise Congress of the unworthiness of Dr. MORTON for a reward as the inventor of Sulphuric Ether as an anæsthetic, was passed.

Report of Section on Surgery was adopted.

The amendment to the Constitution providing for the taking of the

Chair by the President elected at the succeeding meeting, was also adopted.

A motion to offer a prize for an Essay on Abortion, was referred to the Committee on Prize Essays.

A vote of thanks to President DAVIS for the able manner in which he presided over the meeting, was unanimously passed.

After which the Association adjourned to meet in Boston on the first Tuesday in June, 1865.

THE TOMB OF SECRETS.

We read that "a physician in Paris was accused, on the 11th inst., before a French Police Court, of having revealed the 'secret disease' of one of his patients, and that to the patient's damage. He was found guilty, and condemned by the court to pay a fine of 500 francs, and to undergo a year's imprisonment. Moreover, at the expiration of his imprisonment, he was to remain for five years under the surveillance of the police, and to pay all the expenses of the trial. Besides this, having injured the patient's reputation, he was ordered to pay the patient 1000 francs as damages."

There can be no doubt that this vigorous administration of the law was conceived in the very best spirit, even though part of the punishment is one not known to English jurists, except in the instance of men possessing diplomas of a different class—tickets of leave. Imprisonment and fine, in cases of libel, have, ere this, been imposed by English judges; but "surveillance of the police" is an institution with which we are practically unacquainted, but which all who are aware of the French system know to imply complete social ruin. It is our intention, however, to treat rather with the principles than with the particulars. The French law is jealous of professional confidence. It recognises the social necessity of preserving in the highest perfection the good faith and inviolable integrity of the medical practitioner. English legislation, generally speaking, prefers the practical appeal to the pocket, and seeks not so much to punish as to compensate—making the damages awarded the measure of the penalty, unless in cases where the judge, according to the nature of "the information," deems the offence rather of a criminal than of a civil character.—*Lancet*.

PREGNANCY WITHOUT EMISSIO-PENIS.—Prof. Scanzoni relates the case of a woman, aged 29, in whom he detected a four months' pregnancy, although the orifice of the vagina was closed by a firm and tense membrane, in which an aperture big enough to admit a probe was discovered with

much difficulty. In his long experience he had never met with a similar instance, although he has seen cases in which remains of the hymen existed, and one in which this membrane continued quite uninjured. The membrane only yielded slightly upwards, so that emissio-penis was completely impossible, and the question is, how did the semen reach the uterine orifice four inches distant? After the seventh month the opening gradually widened a little, so that a quill could be easily introduced; and by the time labour set in the finger could be passed in. As the labour advanced, there was found to be also a thin circular membrane attached to the walls of the vagina at the junction of its upper and middle third; but a large opening existed in this, so that it caused no obstruction to delivery. As, however, the thickened hymen formed a dense ring, which prevented the passage of the head, a small crucial incision was performed, and the delivery easily terminated.—*Alleg. Wien Med. Zeit.*, No. 4. [Dr. Mattei, *Union Medicale* No. 36, relates a similar case of a woman who became pregnant after having been married 11 years. The husband was aware that she was malformed, but had contented himself with incomplete connection. On examination, a cul-de-sac was found, which, probably formed through the attempts at copulation, only admitted the finger to the extent of $1\frac{1}{2}$ centimetre. The most careful examination by means of the speculum, could not detect the aperture by which the semen must have entered. After severe labor for three days, the tissues in front of the head gave way and admitted the finger. Delivery was completed by the forceps].—*Medical Times and Gaz.*, May 28, 1864.—*Med. News.*

EDITORIAL DEPARTMENT.

COMPLETION OF VOLUME THIRD.

This number completes our third volume, and seals up the record, so far as opportunity to change or improve our past is concerned; three years with our Journal "have now become history." It will be remembered that our commencement was in those perilous days of commencing rebellion or revolution, when one thought filled all minds, and one effort engaged all hands; when news of the war overshadowed all other intelligence, and left scarce a niche to be occupied by any other adventurer. At this time everything stood still, or moved slowly backwards in expectation of some great change. It was a great thing to be born at such a time; to come up to

life under such circumstances of peril and danger. It was a great thing to live, after we were born, and stand a trembling witness of the death of our superiors; yes, it was a great thing, and speaks volumes for us, which perhaps it might not be in good taste to write up. Our past is fully before our attentive readers, though it is to be presumed we have a private history not altogether familiar to them—not to be fully understood until the “secrets of all hearts are made known.” However, with many changes between hope and despondency we have made thus far our monthly returns, for which we have been more indebted to “foreign trade.” than to any “internal revenue.”

At present under any ordinary circumstances, we should be an established “institution.” but what can now be established which depends in any degree upon the price of gold? We have (as an institution) mourned over the fact that our medical gospel could not be offered the profession “freely, without money and without price;” but no amount of tears can avail “to wash away the stains” of debt, or obliterate the printer’s bills. Gold or its equivalent in “green-backs.” is the only available remedy. This is history, and not written to delinquent subscribers, since we have but few upon our list, and these we expect to hear from, before our next issue.

We are as yet unable to announce the price of volume four, for it is impossible to ascertain upon what terms it can be published. We desire to receive only sufficient to pay the publication, and we hardly as yet know which is best, to raise the price to meet the immense increase in cost or to raise on the price of professional services and let that of the Journal remain unchanged. Meantime, while we are undecided is a good opportunity to subscribe, or pay up old dues. A few physicians have received our Journal from the beginning, and have as yet never made any suitable acknowledgments; but under numerous embarrassments, we are not disposed to “look back” “after having put our hands to the plow.”

We desire to express our most hearty thanks to our contributors and correspondents for their kind and generous co-operation, and trust they will continue to furnish their welcome articles, thus greatly assisting to make the Journal of practical value to the general practitioner, and more fully constituting it a medium of professional communication. We also acknowledge our obligations to the profession generally for their generous support and kind indulgence, for their numerous expressions of confidence and favor, and shall be but too happy, if we are able to merit their continued approbation.

With past experience as a guide, and with constant, untiring effort, we shall offer our future Journal, with the hope that it may grow better, as it grows older.

DR. ROSEBRUGH'S OPHTHALMOSCOPE.

Prof. Helmholtz's immortal discovery of the Ophthalmoscope in 1851, marks the commencement of a new era in Ophthalmic Medicine and Surgery. Up to that time nothing was, or indeed could be known of the appearances of the deep structures of the living eye; now, with this instrument, all parts of the eye, involved in vision, can be brought under the eye of the oculist, and the health or disease of any structure pronounced upon with a certainty in many cases that cannot admit of a doubt; in the case of disease, its particular locality can be perceived and the appropriate treatment, whether medical or surgical, resorted to. In a word, the ophthalmoscope is to the eye what the stethoscope is to the heart and lungs, and the laryngoscope to the throat. It is, however, to be regretted that the time, patience and perseverance necessary in order to use this instrument satisfactorily are such as to prevent its general adoption by the profession; in fact we are of the opinion that up to the present time there are very few expert ophthalmoscopists beyond that limited few who are sufficiently in advance of the text books and the age to be able to keep pace with the advanced ideas of such ophthalmologists as Helmholtz, Von Graefe, Donders and Liebreick.

The new ophthalmoscope of which a full description appeared in this Journal for May, the invention of Dr. Rosebrugh's oculist of Toronto, proposes to do away with the objections to the ordinary ophthalmoscope, to which we have referred.

We have had the privilege of putting Dr. Rosebrugh's instrument to a practical test, and we have great pleasure in reporting that it is all that it claims to be, namely: an ophthalmoscope that will demonstrate the fundus of the eye to any person without any previous knowledge of the mode of using it. In brief, the great advantage of Dr. Rosebrugh's ophthalmoscope consists in *the limited experience necessary in order to use it satisfactorily*; thus placing it within the reach of every medical practitioner.

There is another feature in this new instrument of no little importance, namely: it can be adopted to a small camera obscura upon the ground glass plate of which the image of the fundus oculi can be thrown so as to

be seen by a number of persons at the same time; and still farther, a prepared photographic plate being placed in the position of the ground glass plate, photographs can be taken showing the details of the deep structures of the living eye. We have one of these photographs in our possession, showing very clearly the optic nerve entrance and the distribution of the vessels of the retina of a cat.

Dr. Rosebrugh does not claim that his instrument is yet perfect, but that it is based upon the right principle, and is at least a great step in advance; and as the advantages of the ophthalmoscope are now almost universally admitted, we believe the profession will fully appreciate the Doctor's very ingenious invention.

We do with Dr. Rosebrugh most heartily "express the hope that the invention of this instrument will contribute something towards popularizing Ophthalmoscopy, as, in investigating diseases of the eye, the ophthalmoscope is undoubtedly even more essential than the stethoscope in diagnosing diseases of the heart or lungs; and trust its use will aid in banishing from ophthalmic nomenclature the indefinite term of amaurosis, where, as Walther observed, 'the patient sees nothing, and the surgeon likewise—nothing.'"

REVIEW.

Bumstead on Venereal Disease.

We have received the second edition of this valuable work, we should rather say invaluable work, for it is the only systematic treatise so far as we know which ought to have the authority of a guide in the study and treatment of syphilis. It is one of the most important, if not the most important work which has been offered to the profession. When we consider the erroneous notions which were held before its appearance by the majority of the profession; when we take into account the consequences involved in correct knowledge, or we had better say want of correct knowledge of the subject of which it treats, the above commendation does not seem at all extravagant. Besides that it clears up thoroughly the experience of good and careful observers, it enables them to lay aside many doubts as to methods of treatment, and to give more distinct and definite assurances to patients. The clear and undoubted distinction which is drawn, between the chancre and the chancreoid, i. e. between the infecting and the non-infecting chancre, will not only, in most cases, enable the surgeon to make

a certain diagnosis, and hence proceed understandingly in the treatment of them, but will afford him the means of relieving patients from that distressing doubt and apprehension which in many cases weigh so heavily.

This edition shows some changes, consisting of additions from the most recent investigations; of taking away, as in the chapter on syphilization, which is considerably lessened both in matter and importance; and of arrangement. Syphilization which seemed always so repugnant, now appears in its true light, simply as a measure which by its depurative action upon the system, leads to apparent benefit in the treatment of syphilis. As first proposed, as a prophylactic against syphilis, it certainly seemed rather shocking, though, of course, had there been any real truth at the bottom of it, scientific men would have been compelled to follow whithersoever it might lead. When we consider that the virus used was always that of the chancre, which is followed by no constitutional infection, we can see how absurd was the idea, and also that whatever benefit follows the repeated inoculation of the same virus in cases of true syphilis, can only be purely and simply depurative.

The arrangement in this edition is much more satisfactory than in the first, viz: an entirely separate consideration of the chancre and the chancreoid. Their consideration together was perhaps a necessary concession to the doubts of the profession, at the time the first edition was issued. No such necessity now exists, since the new doctrines put forth concerning them are very generally accepted.

The work is divided into three parts. In the first the author treats ably and fully of gonorrhoea and its complications. We do not propose to say more of this than that the subject is as thoroughly and clearly treated as in any existing work, and we may say more fully up to the times. The subject of stricture of the urethra, is treated in a full and satisfactory manner. All methods of dealing with this often perplexing disease, which have been found to have any value, receive due attention, among them the "immediate plan" of Mr. Holt, which commends itself to our judgment as one likely to be of more service than any yet proposed. It secures the best results of dilatation at less expense of time. The second part discusses the chancreoid and its complications. The third part treats of syphilis. Nothing essentially new, we believe, has been added in regard to the difference between chancre and chancreoid, though their discussion in separate chapters is not only proper, but aids a thorough recognition of the broad distinction between them.

We have then, in this important treatise, what we have nowhere else, in any work with which we are acquainted, the two kinds of sores on the genitals classified, discussed, and in topical arrangement, placed separately, as being distinct—wholly different in their nature, in their consequences, and in the measures of treatment to which they should be subjected. We wish to call attention to the prominence given to the suppurating bubo, as a means of diagnosis. It may be taken for granted, in almost all instances, that when there has been or is, a suppurating bubo in the groin in connection with a sore on the genitals, there neither has been, nor will be constitutional infection, and therefore no need of specific treatment, or any other than local. We must admit that all cases are not capable of an exact diagnosis. There are certain mixed cases, in which symptoms of both chancre and chancroid are present. These cases are however few. For the formation and giving of a correct opinion exactness is desirable, but as far as treatment is concerned, it matters little, if the correct practice is only to treat syphilitic manifestations when they appear.

In regard to treatment, it will be observed that the author gives in this edition, his preference to the external use of mercury, both in the form of bath and inunction, the latter being an excellent method in all respects, except its want of cleanliness. Used in these ways, the effect of mercury is more rapid, and less irritating to the digestive organs, and less likely to cause troublesome salivation. We think the discussion of the action and benefit of mercury, and the reasons for choosing one form rather than another, in fact the directions given for the use of the drug, is particularly full, definite and satisfactory. We notice that the author differs from Dr. Dixon, whose recommendations are generally sound and practical, in regard to the importance of dilating the pupil by mydriatics in the treatment of iritis. He insists that it is an essential measure, in which we fully concur with him. It should be added that the author favors the withholding of mercury till some manifestations of general syphilis other than the chancre appear. The belief that mercury will prevent the secondary manifestations of syphilis, has been so general, that such a recommendation will, we think, be adopted with hesitation. When the belief prevails, as it should, that these manifestations are governed by a law, and not controlled by medicine, the plan of preventing secondary symptoms by mercury will fall into disuse. One thing, which we have not heretofore admitted, we may learn, viz: that nature has some power to eliminate the poison of syphilis. Therefore we must trust to hygienic influences as well as medicinal.

It is difficult to overstate the value of this work to the general practitioner. A careful study of it will save him, in numberless instances, from that needless use of mercury in many obscure cases, upon a vague suspicion that there may be something "specific" about them. When he has once settled in his mind, the general truth, which the book under notice so convincingly presents, that syphilis has pretty definite laws of manifestation, unmistakable, and for the most part constant, he will not grope in the dark, to feel out, as it were, by the use of mercury a "specific" taint. Let him consider this, and the fact, that of ten sores on the genitals, eight are generally chancroids, needing no specific treatment; and he will often have occasion to feel thankful for so valuable a guide as Dr. Bumstead has furnished him. But though cases of true syphilis are really more rare than was formerly supposed, let no one think lightly of it. This limitation only serves to show what a terrible disease syphilis is. It thoroughly infects the blood, there being no escape, and often runs a most destructive course in spite of our measures.

In conclusion, we may say, that no man ignorant of the facts and doctrines of the book before us, has any right to undertake the treatment of venereal sores. The book is one which every practitioner should have in his possession, and we may further say, the *only* book upon the subject which he should acknowledge as competent authority.

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The Principles and Practice of Obstetrics: Illustrated with One Hundred and Fifty-Nine Lithographic Figures, from Original Photographs, and with numerous Wood-Cuts. By HUGH L. HODGE, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania; lately one of the Physicians to the Lying-in Department of the Philadelphia Hospital; lately one of the Physicians to the Philadelphia Almshouse Hospital; Consulting Physician to the Philadelphia Dispensary; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, etc.; Author of a treatise on "The Peculiar Diseases of Women." Philadelphia: BLANCHARD & LEA, 1864.

It would at first seem that there was really nothing to be added to our numerous and valuable works on obstetrics—that everything known of the art had been embodied in several of the recently published works upon this subject. An examination of this book will, however, convince us of this error, and show how wide is this field, how actively it is being cultivated, and how much yet remains to be discovered. In this volume, the author

has presented not simply his own opinions, but also those of the most distinguished in the profession, so that it is a digest of the theory and practice of obstetrics.

This branch of medical practice had received but little attention, or had made but little progress, until within the last fifty years, and the appearance of such a volume shows how much has been accomplished during that short period. The preface contains, with a great many other things, a history of obstetrics in the United States, in which it is stated that at the commencement of the last century obstetrics in the United States was regarded altogether as a subordinate branch of medicine; its practice was entrusted to women, and it was only in cases of tedious and dangerous labors, that the assistance of the surgeon was required. Obstetrics has not been taught in our schools as a distinct branch of medical practice until within a comparatively short period. Harvard University, in Cambridge, Massachusetts, in its arrangements of professors, did not bestow any special attention upon obstetrics until as late as 1815, when Dr. Walter Channing was appointed Lecturer upon Obstetrics and Medical Jurisprudence. We must not follow this history, though it is exceedingly interesting and shows how great improvements in this department have been made within the last half century.

Great labor has been bestowed upon the preparation, and great expense incurred, in the publication of this work. It is astonishing that such an extensive and complete treatise upon any branch of medical practice should appear at such a time, and shows that the medical profession of America are anxious to be in possession of all that is known upon the subject. We have no work in our language so extensive and complete upon the art and practice of obstetrics; and though several works of great merit have appeared within the last few years, still, no medical library can be considered complete without this volume.

The illustrations are numerous and complete; as an illustrated work, it is superior to any which has appeared. We should be glad to give a list of the subjects represented, but suffice it to say that everything desirable has been faithfully and naturally represented by lithographic plates, prepared with great accuracy and care. On this account, as a textbook for the student and young practitioner, it is of incomparable value.

For sale in Buffalo by THEODORE BUTLER.

BOOKS RECEIVED.

A Hand-Book of Uterine Therapeutics. By EDWARD JOHN TILT, M. D., Member of the Royal College of Physicians; Consulting Physician to the Farrington 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.

Transactions of the State Medical Society, of Indiana, at the Fourteenth Annual Session, held in the city of Indianapolis, May 17 & 18, 1864.

Atlantic Monthly, July Number.—This is the first number of vol. xiv, and is a good index of what is constantly furnished the readers of this journal. A long list of contributors are announced, whose reputations are sufficient guarantee that the character and worth of the *Atlantic Monthly* is to be fully maintained.

Peterson's Magazine.—The publishers supply us regularly with this beautifully illustrated and highly entertaining magazine. Whoever is looking for the latest fashions and the most readable story should send for "Peterson."

Godey's Lady's Book.—This fashionable magazine is occasionally placed upon our table. We suppose the irregularity is due to the fact that we do not always acknowledge the favor, or give our readers the table of contents. We always receive thankfully such courtesies, but we do not always have time and space to speak of it.

ERRATA.—In the article communicated by Dr. Lothrop on *Trichina*, in last number,

page 433, 2d line, for *here* read *none*.

" 434, last line, for *live* read *lime*,

" 434, 2d line from bottom, for *cyst* read *cysts*.

" 435, 2d line, for *easily* read *rarely*.

" 435, 9th line from bottom, for *a* read *or*.

" 435, 3d line from bottom, for *Herbert* read *Herbst*.

" 436, 1st line, for *cases* read *sacs*.

There are several other errors caused by omission of a letter, as *capules* for *capsules*, and *cysticerus* for *cysticercus*, but as the meaning is apparent, they need not all be pointed out. The last revise of the proof-shoots was by mistake of printer overlooked.

CANADA MEDICAL JOURNAL.—We have received the first number of a new Medical Journal, published in Montreal. Edited by G. E. Fenwick, M. D. and F.W. Campbell, M. D., L. R. C. P. S. It is to be published monthly, and contains forty eight pages.

We heartily congratulate the profession of Canada upon the appearance of this Journal. This number contains original matter of great interest, and this enterprise should enlist the interest of the whole Canadian profession.

Report of Deaths in the City of Buffalo for the Month of May, 1864:

Whole number of deaths from disease, 138. In addition to the above, 2 still-born were reported in the city.

SEX.—Males, 88, Females, 52.

COLOR.—White, Male, 87; White, Female, 52; Colored, Male, 1.

NATIVITIES.—United States, m 47, f 36, total, 83; German States, m 19, f 4, total, 23; Ireland, m 12, f 7, total, 19; England, m 1; Scotland, f 1; Canada, m 3, f 1, total, 4; Prussia, m 2; Portugal, f 1; Unknown, m 4, f 2, total, 6. Total, Males, 88, Females, 52—140.

PARENTAGE.—American, m 13, f 8, total, 21; German, m 37, f 19, total, 56; Irish, m 20, f 16, total, 36; English, m 5, f 1, total, 6; Scotch, m 1, f 1, total, 2; French, m 1; Prussia, m 3; Austria, f 1; Canada, m 1, f 1, total, 2; Switzerland, m 1; Portugal, f 1; Unknown, m 7, f 4, total, 11. Total, Males, 88, Females, 52—140.

CONDITION.—Married, 35; Single, 91; Widows, 4; Widowers, 1, Unknown, 9. Total, 140.

LOCALITY.—City at large, 120; Hospital of Sisters of Charity, 3; Buffalo General Hospital, 3; Catholic Foundling Asylum, 7; Erie County Alms House, 4; Small-Pox Hospital, 1; Fort Porter, 2. Total, 140.

AGES.—Under 5 years, m 32, f 23, total, 55; 5 to 10 years, m 8, f 3, total, 11; 10 to 20 years, m 5, f 5, total, 10; 20 to 30 years, m 8, f 4, total, 12; 30 to 40 years, m 7, f 3, total, 10; 40 to 50 years, m 10, f 3, total, 13; 50 to 60 years, m 6, f 3, total, 9; 60 to 70 years, m 1, f 3, total, 4; 70 to 80 years, m 6, f 2, total, 8; 80 to 90 years, f 2; 90 to 100, m 1; Still-born, m 2; Unknown, m 2, f 1, total, 3. Total, Males, 88 Females, 52—140.

BY WHOM CERTIFIED.—By regular Physicians at Public Institutions, 20; by regular Physicians in city at large, 57; by irregular Practitioners, 19; by Coroner, 12; by Undertakers, 32. Total, 140.

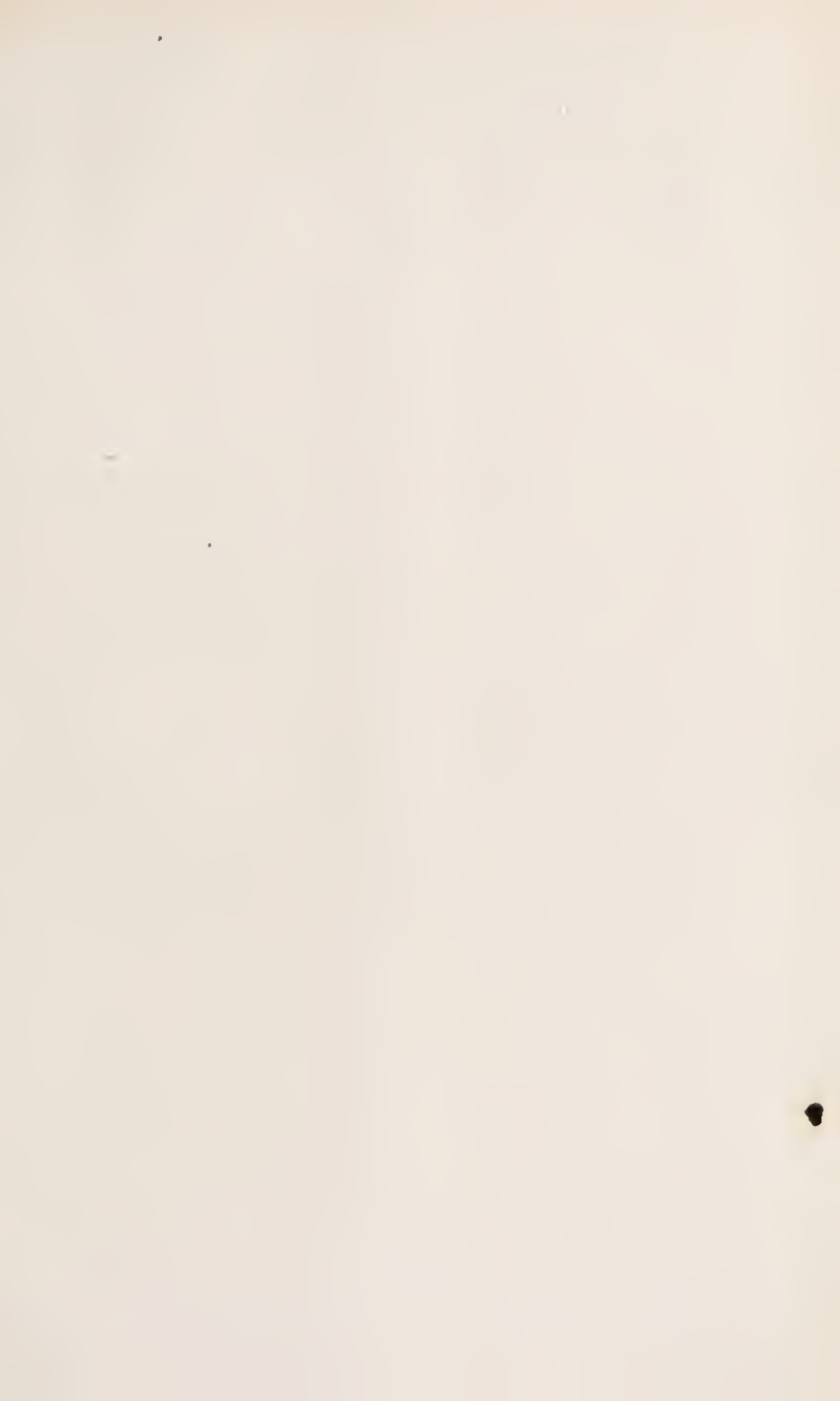
CAUSES OF DEATH.—Accident, m 7, f 2, total, 9; accident by drowning, m 3, f 1, total, 4; œdema glottidis, f 1; congestion of brain, m 1; bronchitis, m 2; consumption, m 9, f 7, total, 16; convulsions, m 4, f 3, total, 7; croup, m 1, f 3, total, 4; cyanosis, f 1; debility, m 1, f 3, total, 4; delirium tremens, m 2; detention, m 1; diarrhoea, m 2; disease of the heart, m 3, f 1, total, 4; disease of the liver, f 1; diphtheria, m 2, f 1, total, 3; dropsy general, m 1, f 1; dropsy abdominal, m 1; erysipelas, m 2; fever, f 1; remittent fever, f 1; puerperal fever, f 1; puerperal convulsion fever, f 1; scarlet fever, m 5, f 2, total, 7; typhoid fever, m 1, f 3, total, 7; typhus fever, f 1; gangrene, m 1; gun-shot wound, m 1; hæmorrhage from umbilicus, m 1; inflammation of bowels, m 1, f 2, total, 3; inflammation of brain and meninges, m 2, f 1, total, 3; inflammation of liver, f 2; inflammation of lungs, m 12, f 1, total, 13; inflammation of pericardium, m 1; inflammation of stomach, f 1; intussusception, m 1; infanticide, m 1; marasmus, m 4; measles, m 1, f 3, total, 4; murder, m 1; old age, m 1, f 2, total, 3; otitis, m 1; paralysis, m 1, f 1, total, 2; rupture of heart, m 1; small-pox, m 1, f 1, total, 2; suicide, m 1; syphilis, m 1; unknown m 4, f 1, total, 5; whooping cough, f 1. Deaths from diseases, Males, 86, Females, 52—138.

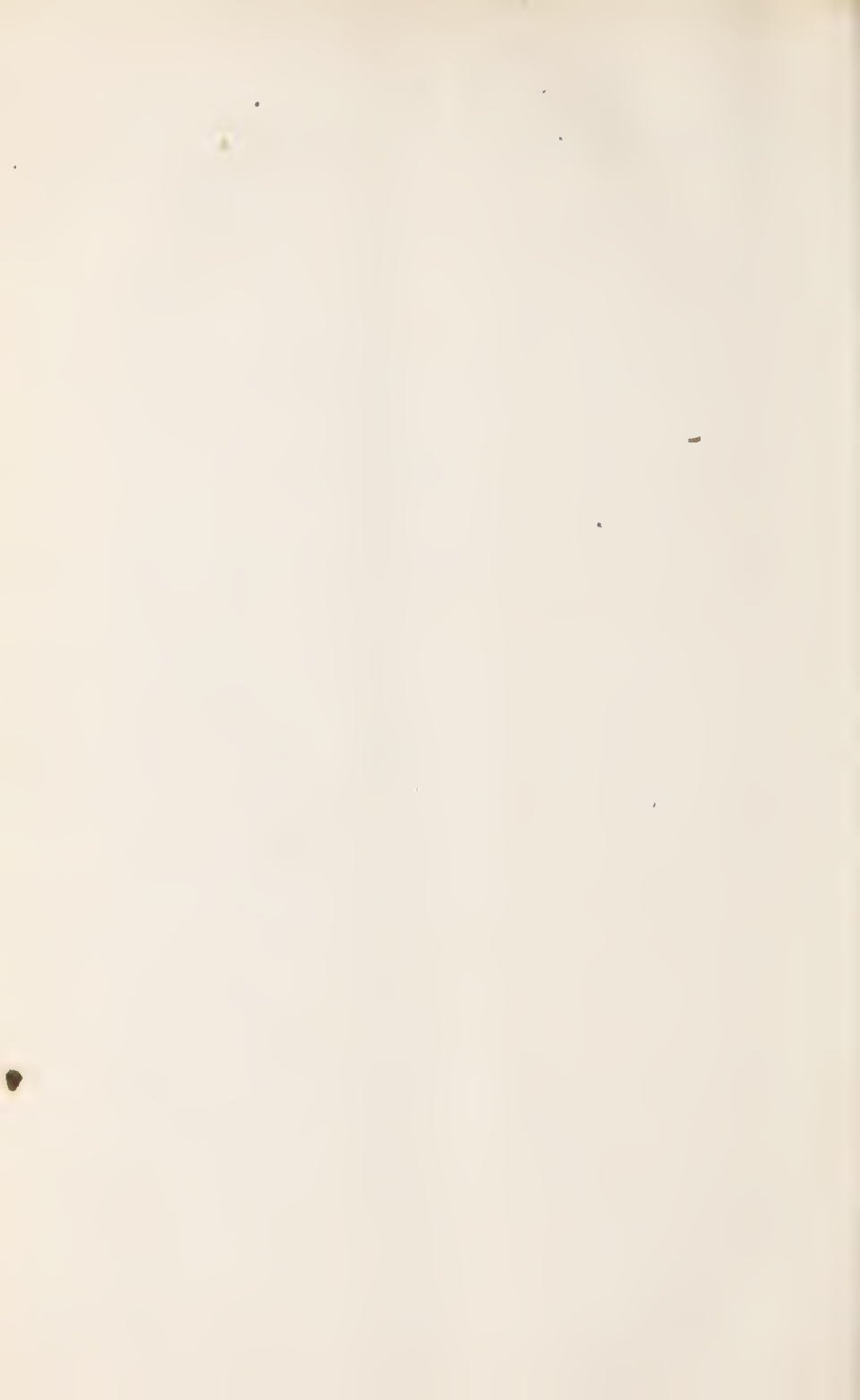
The following shows the number of deaths in the city in each month of the present year, the number in 1863, and the average of each month for the five years, 1859 to 1863, inclusive:

Month of January, 1864, 128, January, 1863, 115,—5 years' average, 129. February, 1864, 117, February, 1863, 94,—5 years' average, 117. March, 1864, 143, March, 1863, 104,—5 years' average, 131. April, 1864, 144, April, 1863, 121,—5 years' average, 121. May, 1864, 140, May, 1863, 132,—5 years' average, 121.

The number of deaths in the first five months of the present year, is 106 more than in the corresponding period of last year, and 53 more than the average for five years.

SANDFORD EASTMAN, M. D., Health Physician.





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